In this Issue...

Kudos to **HANDS staff** and **David Hunter** for helping HR to get employee health insurance packets out to the county centers. We appreciate the help!!  
- *Rebecca, Lisa and Valerie (HR)*

KUDOS to **De Troutman** for always doing print jobs in a fast and efficient manner; especially before the flu clinic when I needed forms on short notice! And to **Sheri Clark** for always helping me when I need it!  
- *Tina Flener*

Thank you to all **staff** for their hard work assisting with same day scheduling in Daviess County.  
- *Linda Hughes and Judy Payne*

Kudos to **Brenda Hagan**. Whenever I call her with questions, she is always there to give me an answer as quickly as she can.  
- *Mary Dowdy*

Kudos to **Mina Desai** for all your help with the catering bid.  
- *Mary Dowdy*

I would like to thank **David Hunter** for helping POE with our phone issues and getting this resolved.  
- *Mitzi Helton*

**Gazette 2014: A Look Ahead**

The Gazette Committee strives to create a quality publication for YOU the reader. We feel that the newsletter is an excellent communication tool to spread news across the district and you can help make the newsletter even better. In 2014, we want to know what is happening in your health center or community. Whether it is just a few lines about an exciting happening in your area or an informational article that you feel would benefit your co-workers, we’d love to hear about it. If writing an article just isn’t up your alley, give one of us a call and the committee will be happy to write up a blurb for you.

Also, don’t forget you can also submit your baby and wedding announcements, or other exciting life events for the “Focus on Employees” Section. Remember, you can submit items at any time. If you miss an issue deadline, don’t fret, we will gladly add it to the next issue.

If you are interested in becoming a part of the Gazette crew, please contact any member of the committee for further information. *We would love to have you as part of our team!*

Angel Thompson ~ Angela Woosley ~ Carrie Conia ~ Linda Wahl ~ Shanni Jones

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**2014 Gazette Deadlines**

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Hello everyone, my name is Stephanie Johnson and I have recently joined Green River District Health Department (GRDHD) as a MNT Nutritionist. I just wanted to say hello and thanks to everyone who has been so kind to me in my transition into this new role. I thought I would introduce myself and share some of my personal and professional experiences.

**Education Background:**
I did my undergraduate work at Western Kentucky University (WKU) from August 2008-May 2012. I graduated from WKU with academic honors and a Bachelor of Science degree in Nutrition and Dietetics. After completing my undergraduate work, I applied for and was accepted into WKU’s 2012-2013 dietetic internship. The reason I chose this internship in particular, is the emphasis in Community Nutrition, which is my favorite field in dietetics. During this time I was able to grow and experience various learning opportunities, one of which led me to intern at GRDHD. After receiving my Certificate in Dietetic Practice from WKU dietetic internship, I sat for the registered dietitian exam and passed it on August 22, 2013!

**What Led Me to This Field:**
I would say that my passion for nutrition and for helping others led me to this particular career path.

**Nutrition Tip:**
In ending, I just wanted to share a nutrition tip with everyone. I know with the up coming holidays, few people want to hear the words “healthy” and “holidays” in the same sentence. However, it is important to keep in mind that we can enjoy all of the foods we love, but the key is to watch the serving size. Being healthy does not mean that we have to give up on the foods we love, yes even dietitians like to eat dessert, but to learn to eat them in the right amounts.
Recently during the 2013 Alumni Homecoming festivities at Brescia University, Mary Danhauer, APRN, received the University’s highest award as the Distinguished Alumni recipient. Mary graduated from Brescia in 1976 with a Bachelor of Science in Chemistry, fortunately her desire to continue her education did not stop there.

After graduation from Brescia, Mary began her teaching career of high school science at Mount Saint Joseph Academy where she was a member of the Ursuline community. She also taught at St. Mary’s High School in Nebraska City, but after several years of teaching Mary went back to college attending Murray State University and received a MSN in Horticulture. Utilizing her education in horticulture she designed, built and managed the greenhouses, along with the outside gardens and orchards at Mount Saint Joseph for several years.

Interestingly enough Mary shared that she was “bitten by the bug” to learn more about the medical field. It was there that she became a certified EMT and a volunteer on the Rescue Squad. She was the first nun and second women on the squad. After returning to Owensboro, Mary taught Science and Math classes at Owensboro Catholic High School before entering college again to receive a Bachelor in Nursing from Western Kentucky University. After graduation Mary worked in the ER department at the Vanderbilt University Hospital and began taking classes at Vanderbilt University and graduated with a Master degree in Nursing as a Family Nurse Practitioner.

Mary has worked in an array of settings from public health to the private sector since receiving her advanced nursing degree. Mary will tell you that she has been touched by all the experiences she has received while serving in the medical field, but the best experience was during her the time she served as the clinician in Mandeville, Jamaica. Mary spent 3 years in a medical clinic serving the underserved people of this community; she was touched by the generosity and joy of the Jamaicans which has helped her today to continue her work with the poor and underserved.

Currently Mary works full time at the McAuley Clinic with nurses and volunteer staff and one day a week at the health centers in Daviess and Henderson Counties where she completes exams for the FP and Cancer screening patients.

I had the opportunity to witness Mary accept her award that evening in September and in listening to her acceptance speech she summed up what we as Public Health do everyday in serving the people in our local communities. Mary said “I keeping telling patients that I only do what I was trained to do, nothing more, and nothing less. It has become a way of life, a way to live as fully human as I can and hopefully, to be a blessing to others as they are to me.”

Congratulations Mary, thanks for your dedication and hard work to all those you serve.

Submitted by Connie Nalley
Accreditation —  

Mock Reviews a Success

In September staff from various departments, programs and locations from around the district participated in a “mock review” of the documentation we have selected to submit to the Public Health Accreditation Board (PHAB) to fulfill the accreditation requirements of the twelve domains. During the two day event, participants reviewed the standards and measures associated with each domain and evaluated our selected files to determine if we meet the criteria outlined by PHAB. During its conclusion, the group summarized strengths and weaknesses of the material and provided suggestions for improvement.

After making some adjustments to the documentation, we invited Accreditation Coordinators from local Kentucky health departments who have already received accredited status, are currently engaged in pursuit of accreditation and a public health accreditation specialist to repeat the event in October. In addition to reviewing the documentation, these six individuals shared their expertise and personal experiences with the PHAB accreditation process and on-site review. The group presented their findings to the Accreditation Team and Board of Health members in a wrap up session at the end of day two.

Both mock reviews were a big success! The participants provided a wealth of information and valuable feedback to the agency as we move forward with PHAB accreditation. We will submit our formal application to PHAB by December 1. During the next few months we will complete the documentation requirements and continue preparations in anticipation of the spring 2014 PHAB on-site visit.

Special thanks to:

- **Internal Site Review participants:** Season Barnett, Stephanie Bivens, Jan Bratcher, Brandon Chandler, Suzanne Craig, Jenny Hagan, Athena Minor, Tiffany Nalley, Lisa Paul, Jeff Rascoe, and Angela Woosley

- **External Site Review participants:** Angela Carman (UK-KAPHTC), April Harris (Three Rivers District Health Department), Alan Kalos (Northern Kentucky Health Department), Judy Mattingly (Franklin County Health Department), Crissy Rowland and Susan Hollis (Barren River Health Department)

- **Daviess County Health Center tour participants:** Linda Hughes, Angela Nale, Shelly Austin and Ryan Christian

- **District Office tour guides:** Merritt Bates Thomas and Clay Horton

- **Event support assistance:** Valerie Roby, De Troutman, Sheri Clark, Kristina Miller, David Hunter, Shanni Jones and Mason Pennington (I sure hope I’m not leaving someone out on this)

-Submitted by Carrie Conia
Feature on First Steps

The First Steps Point of Entry (POE) for the Green River District is located in the District office of the Health Department. First Steps is a program that serves children age’s birth to three with developmental delays. **Anyone can make a referral** for a child if you are concerned the child is not meeting his developmental milestones (doctors, nurses, parents, daycare providers, DCBS, HANDS). Demographic parent information must be obtained by the POE in order to proceed with the referral as this is a voluntary program and the parent must agree to participate in the services.

To determine if a child meets the definition of developmental delay to qualify for First Steps services, several steps have to be taken. First, the parent or caregiver is given an Ages and Stages Questionnaire to complete based upon the child’s current age (adjusted for prematurity for less than 36 weeks gestation if the child is under the age of two) to assess their skills in communication, gross motor, fine motor, problem solving and personal social areas. The family also has the option of the District Child Evaluation Specialist conducting the ASQ screening at the office if they are unable to complete themselves. If the ASQ screening shows there is a concern for a delay, the child qualifies for an Initial Evaluation and Five Area Assessment. This is an in depth assessment on the five skill domains. The evaluation scores must show moderate to significant developmental delay to meet the eligibility criteria. However, the evaluation scores alone do not determine automatic eligibility for First Steps services. A recent well child exam or medical summary indicating a delay by the pediatrician must also be obtained in order for a child to be deemed eligible. If a child is presenting with a speech delay only, a hearing evaluation is required by a qualified professional and/or will be provided by First Steps as part of the evaluation process through the CSHCN.

If a child is referred to First Steps with a medically verified established risk diagnosis (Down’s syndrome, Cerebral Palsy, infantile spasms, Autism, etc.) the child will automatically be eligible for First Steps services and evaluated to determine what the current needs may be.

First Steps is a program whose services are provided to the family in the child’s natural environment (home, daycare, private sitter). The POE provides Service Coordination (SC) and has a District Child Evaluation Specialist on site who also conducts evaluations. This POE has experienced Service Coordinators that meet with the family at their home to do a complete family assessment to determine the family’s concerns and priorities for their child. The SC then coordinates the necessary services and providers to develop family functional goals and outcomes for the child and family through the Individual Family Service Plan (IFSP). The IFSP is implemented by the respective providers using the consultative model and coaching the parent/caregiver since they are with the child more than anyone else. The IFSP is updated every six months or as needed to provide the optimum services for the child. The SC monitors services, making referrals to other community resources, and assisting the family in getting the child enrolled in preschool if the child qualifies at age three. The SC remains with the family until discharge at age three, the child has met his outcomes and is now developmentally on target, or the parent withdraws from First Steps.

First Steps services that a child may be eligible for and benefit from in meeting their developmental goals are:

- Speech/language Therapy
- Vision/hearing services
- Occupational Therapy
- Physical Therapy
- Developmental Intervention
- Assistive Technology equipment

The child is assessed annually to determine the child’s current developmental status and if he continues to qualify for eligibility. If the IFSP team has concerns that a child is not progressing and may be showing signs for Autism Spectrum Disorder (ASD), the POE has two certified staff members who can administer a screener to determine if the child is at risk for ASD. If the screener
Meeting Minutes

Meeting minutes provide a written record of meetings, events, discussions or other activities. Different types of meetings may require different styles of minutes. Formal minutes are used when conducting traditional meetings for large groups or legislative bodies to document old and new business, announcements, reports and the precise wording of motions. Most GRDHD and community partner meetings use shorter, less formal minutes to summarize details and activities.

To promote consistency, assure credit for activities and inform individuals who were unable to attend the meeting, please include the following items when recording minutes for our organization:

- Title meeting minutes with the full agency name and department, program or organization.
- Provide the date of the meeting.
- Identify the attendees (and absentees if appropriate) by name. Add agency or organization affiliations for community partners, guests or other participants who are not part of GRDHD staff.
- Note whether previous minutes were approved or revised.
- Record the topics discussed, decisions reached and action items with responsible person and due date. Use the meeting agenda as a guide to summarize discussions. Be sure to include the main points of focus, key ideas presented and any conclusions or recommendations.
- Conclude minutes with the name of the recorder.

Submit your minutes to the committee chair or facilitator for review prior to the next meeting. Approved meeting minutes are available in the “Meeting Minutes” folder on the common drive. You can also find templates for meeting sign-in sheets and meeting minutes in this folder.

-Submitted by Carrie Conia

signifies concerns, the Service Coordinator will assist the family in referring the child for an Intensive Level Evaluation through a Child Evaluation Center.

   Early intervention is so important in assisting a child catch up to their same aged peers by the time they start preschool. If you have questions about whether a child may be delayed, would like more information about the First Steps program, or would like to make a referral, please contact this POE at 270-852-2905 or 1-888-686-1414, or fax us at 270-852-2941. Join us on Facebook at First Steps-Owensboro.

   - Submitted by Mitzi Helton, First Steps Program Manager
Talking With Your Teen!

According to the Office of Adolescent Health—a division of Health and Human Services — 39% of teens (that equates to 4 out of 10) wish parents would talk to them more about relationships, sex and contraception. Is that shocking to you? Adolescents often look to their parents for advice, but often parents are clueless how to begin the dialog.

Experts say the best way to start is to look for teachable moments. An easy way to start conversations is by using the media of choice of the young adult. For example, explore together the lyrics to a song heard on the radio or after a movie or television show where something pertinent has happened. Did you know that 8 out of 10 teens wish their parents knew more about their choices of music or favorite television shows?

Here are some other helpful tips to talking with your teen:
Keep composed—remember previous Gazette articles on Celebrating Calm.
Be present—often we are multitasking, so take a pause and listen to what your teen is saying or asking.
Be sympathetic—if your teen is concerned, show support for those emotions.
Stress safety—as a parent, we want our teens to be safe.
Provide facts—often teens exaggerate or consider extremes. Provide solid irrefutable information.
Talk—don’t preach.
Discuss, discuss, discuss anything and everything. Ask their opinion, reflect on current events, laugh about new trends—its okay to be open with your teen.

For more information on talking with your teen, visit www.hhs.gov

-Submitted by Angela Woosley RN, BSN, MEP

Making a Difference in One Child's Life

One of the tasks we home visitors do is screen children for developmental delays. One child was screened using the Ages and Stages Screening tool and the scoring showed delays in gross motor skills. The home visitor took activities to the home for parents to do with their child and helped oversee the activities during home visits.

The child and parents made great strides. When the evaluator for First Steps arrived to assess the child, he had improved so much he barely qualified for services. This child will continue to make great strides with this increased intervention, but won’t need services as long. This saves Medicaid dollars. It also gives the parents a sense of accomplishment that they could help their child gain skills.

Building Stronger Families partners with many community agencies and programs including programs housed in the health department. BSF takes referrals from clinic nurses and lab staff, HANDS, First Steps. In turn, we make referrals to these same programs as well as the Commission for Children with Special Healthcare Needs. Working together as a team, all of us are making a difference in one child’s life.

-Submitted by Linda Wahl
It’s that time of year…..United Way Campaign time.

You can have money taken from your check and it will go to United Way to help agencies in your own community.

You – direct how much you want to give.
You – direct what county you want your money to help.
You – direct what agency you want your money to help.
You – help agencies that are depending on you.

You choose where the dollars are spent. Local agencies help families learn to be better parents, keep children safe in childcare centers and after school programs, help those hit by fire, flood and ice storm, help those with addictions and those who have been abused. At the end of life, they are there to help ease the pains.

The Green River District Health Department has been recognized in the past as a generous group by the United Way of the Ohio Valley. Please consider helping again this year... and perhaps increasing your donation to $2, or increasing your gift by $2. If everyone gave $2 more, the burden on the agencies would be lifted amazingly. Your gift helps so many others....2 out of 3 people have had a family member touched by a United Way agency. If everyone gave an average of $2 per person we would raise over $10,000.

Already we have raised over $2,100!!! We are off to a great start.

**Drawings will occur again this year!!!!!!**

$150 – those who pledge $2 or more.
$75 – everyone in this drawing.
$15 – third drawing – have a nice lunch.

**Thank YOU** for all you do for the Green River District. **Your pledge does make a difference...to a child, a victim, an addict, a dying person.**

You must complete a form each year. Please turn your pledge cards into the HR department or to Linda Wahl.
Flu Season 2013-2014

The 2013-2014 flu season is upon us already. Area hospitals have already reported confirmed influenza cases within the Green River District. This means it is time to prepare yourself and your family for the flu season.

**CDC Says “Take 3” Actions To Fight The Flu**
Flu is a serious contagious disease that can lead to hospitalization and even death.

1. **Take time to get a flu vaccine.**
   CDC recommends a yearly flu vaccine as the first and most important step in protecting against flu viruses. Flu vaccines are still available at the health department, local pharmacies, primary care providers, and other medical providers.

2. **Take everyday preventive action to stop the spread of germs.**
   - Try to avoid close contact with sick people.
   - While sick, limit contact with others to keep from infecting them.
   - Cover your nose and mouth with a tissue when you cough or sneeze.
   - Wash your hands often with soap and water.
   - Avoid touching your eyes, nose and mouth. Germs spread this way.
   - Clean and disinfect surfaces and objects that may be contaminated with germs like the flu.

3. **Take flu antiviral drugs if prescribed.**
   - If you get the flu, antiviral drugs can treat your illness.
   - Antiviral drugs are different from antibiotics. They are prescription medicines (pills, liquid or an inhaled powder) and are not available over-the-counter.
   - Studies show that flu antiviral drugs work best for treatment when they are started within 2 days of getting sick, but starting them later can still be helpful.

By the end of the 2012-2013 flu season, Kentucky long term care facilities had reported 58 influenza or ILI outbreaks in long term care facilities across the state as well as 92 reported hospitalizations of long term care residents (many more cases go unreported). There were 2 pediatric deaths associated with influenza last season as well. Let’s do our part to protect ourselves, our families, and our community against the spread of influenza during the 2013-2014 Flu Season.

- Submitted by Jessica Austin

The top five hot spots to find bacteria/germs:
- The kitchen sponge or dish rag is a germ's favorite place to live with 6,000 bacteria per square centimeter.
- The kitchen sink comes in second.
- The bathroom sink is third.
- Kitchen tap handles are fourth.
- And the refrigerator door is fifth.
Note: The top of the toilet seat comes in dead last with less than one bacterium per square centimeter.

**What are the dirtiest public places?**
Here they are in order of dirtiness. **Playgrounds have most contaminated surfaces.** Here are the other top eight:
1. Public telephones
2. Public rest-room surfaces
3. Counter pens
4. Chair armrests
5. Elevator buttons
6. Escalator handrails
7. Shopping cart handrails
8. Grocery store refrigerator handles

We can't avoid all these places and the germs they harbor. So what's the best way to keep from getting sick? It's just like mother always said... **wash your hands.** But most people don't do it correctly. You have to lather and scrub for 20 full seconds using warm, running water in order to get the germs off! This lifts the organisms off the skin and allows them to be rinsed away. Washing hands before and after eating is especially important for children (who eat with their hands).

Illnesses may be spread in a variety of ways: in human waste; in body fluids; by direct skin-to-skin contact; by touching an object that has germs on it; and in drops of water, such as those produced by sneezing and coughing.

Many infected people carry communicable diseases without having symptoms and many are contagious before they experience symptoms.

**Remember:** Handwashing is one of the best ways to prevent the spread of illness or disease!

- Submitted by Amy Brown
Great American Smoke Out
November 21, 2013

Kids and Tobacco: Some Facts You Should Know

Did you know, every day, nearly 4,000 children smoke their first cigarette? Another 1,000 become regular, daily smokers, putting themselves at risk for nicotine addiction and the many diseases associated with smoking, including lung cancer.

Did you know almost all tobacco use begins during childhood and young adulthood? The Surgeon General’s office says if young people can remain tobacco-free until they are 18, most will never start using it.

Did you know flavored cigarettes are against the law because they appeal to children – but flavored cigars aren’t? Cigarette-sized cigars are available in flavors like grape, chocolate, and strawberry, and look like cigarettes. More than one-third of high school seniors have tried a cigar. Many smokeless products like chew, snuff, and dissolvable tobacco also come in candy-like flavors. So does the tobacco used in hookahs, a type of water pipe that’s become popular in the US. A survey in 2011 found that about 26% of high school students had used hookahs.

Did you know e-cigarettes contain carcinogens and toxic chemicals, according to an analysis by the Food and Drug Administration (FDA)? One sample even included diethylene glycol, a toxic ingredient found in antifreeze. These products are easy for kids and teens to buy – they’re readily available online and in shopping malls. And at this time, e-cigarettes, unlike FDA-approved nicotine replacement products or conventional cigarettes, do not have any health warnings.

Most importantly, did you know parents can do a lot to help keep their children from using tobacco?

• Set an example by not using tobacco yourself.
• If you use tobacco, you can still make a difference. Your best move, of course, is to try to quit.
• Meanwhile, don’t use tobacco around your children, don’t offer it to them, and don’t leave it where they can easily get it.
• Talk to your children about the dangers of tobacco.
• Tell your children you expect them to never use tobacco – or if they’re already using it, to quit.
• Be aware of what your children are doing and who their friends are.
• Network with other parents who can help you encourage children and teens to refuse tobacco.
• Encourage your children’s schools to enforce tobacco-free policies.
• Enforce movie-age restrictions and discourage teens from playing video games that feature tobacco.

Getting to know GRDHD’s Tobacco Control Program:
The Green River District Health Department Tobacco Control Program was founded in 1998. The four goals of the program are:
1) Increase capacity for tobacco control efforts
2) Eliminate exposure to secondhand smoke
3) Prevent initiation of tobacco use
4) Promote cessation among all populations.

The GRDHD Tobacco Program is very active in community health coalitions and local youth councils in all seven counties. We provide training on tobacco control initiatives, advocate for smoke free policies, provide resources to help people stop using tobacco, promote tobacco education and awareness, and enhance tobacco control projects in local schools and communities.
Diabetes is one of the **major health and development challenges** of the 21st century. No country, rich or poor, is immune to the epidemic. It is a chronic, incurable, costly, and increasing but largely preventable **non-communicable disease (NCD)** which is responsible for millions of deaths annually, debilitating complications, and incalculable human misery.

As the legitimate global voice for people with diabetes, the **International Diabetes Federation** is working to make changes for the millions of people living with diabetes.

IDF is committed to building global political priority for diabetes. Without political priority, and global and national level action, diabetes will not receive attention and resources and people with diabetes will continue to suffer and die preventable deaths.

As an accredited organization to the United Nations (UN), and in official relations with World Health Organization (WHO), IDF works with the UN system to prioritize diabetes and related NCDs. It aims to create political opportunities at the highest level, and to raise the issue of diabetes and NCDs on the global political and development agendas.

Through its close relations with governments and its extensive network of Member Associations and regions, IDF connects the global political arena to action on the ground.

In the last six years, there has been major progress in moving diabetes onto the global health and development agenda, with *[UN Resolution 61/225 on Diabetes]* in 2006 and the *[UN High-Level Summit on NCDs]* in 2011. In order to build on these achievements and take full advantage of future political opportunities, IDF has developed a new advocacy strategy with goals for the next three years. By 2015, the aim is to have:

† Follow-up to the **Political Declaration on NCDs** benefit people with diabetes.
† Diabetes and NCDs integrated into the **post-2015 development framework**.
† **Global resources mobilized** for diabetes and NCDs.

IDF advocates for **improved diabetes prevention, treatment and care** by using an approach that combines diabetes advocacy with a focus on non-communicable diseases (NCDs).

In 2009 IDF formed the **NCD Alliance** with its three sister federations – **Union for International Cancer Control, World Heart Federation** and the **International Union Against Tuberculosis and Lung Disease**. The four organizations came together under a shared agenda to form a powerful voice collectively representing over 1,000 member associations and a further 1,000 supporting partners and NGOs. Together they have an extensive network of member associations on the ground and unrivalled political legitimacy. In forming the NCD Alliance a political niche for collaboration and joint advocacy on NCDs was filled.
In observance of National Diabetes Month 2013, the National Diabetes Education Program (NDEP) and its partners want you to know that Diabetes is a Family Affair.

Diabetes is a challenging disease that affects the entire family in many ways. If you are living with diabetes or have a loved one with the disease, family support is very important when it comes to managing diabetes and preventing serious health problems such as heart disease, stroke, blindness, kidney disease, and nerve damage that can lead to amputation. It’s also important to know that if you have a family history of diabetes – such as a mother, father, brother, or sister – you are at risk for developing type 2 diabetes.

NDEP and its partners are working with individuals, families and communities to take action and encourage simple, but important lifestyle changes to improve their health – particularly if they have diabetes or are at risk for the disease.

To help you get started, the NDEP offers many resources to help you make healthy lifestyle changes as a family. The NDEP also has resources that can be used in community settings that are part of the extended family, such as schools, businesses, and the health care community, among others. Some resources include:

- **4 Steps to Manage Your Diabetes for Life** shares four steps to help people with diabetes understand, monitor, and manage their diabetes to help them stay healthy.
- **Help a Loved One with Diabetes** provides practical tips for helping a loved one cope with diabetes and things you can do to help.
- **Family Health History Quiz**. Knowing your family health history is important. Take this quiz to learn more about your family history of diabetes.
- **Tasty Recipes for People with Diabetes and Their Families** is a bilingual recipe booklet that can help families make healthy food choices without giving up the foods they love.
- **Helping the Student with Diabetes Succeed: A Guide for School Personnel** is a comprehensive guide to help students with diabetes, their health care team, school staff, and parents work together to help students manage their diabetes safely and effectively in the school setting.

This November, use these resources and more to make healthy lifestyle changes as a family. Learn more at [www.YourDiabetesInfo.org/DiabetesMonth2013](http://www.YourDiabetesInfo.org/DiabetesMonth2013).

The U.S. Department of Health and Human Services’ National Diabetes Education Program is jointly sponsored by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) with the support of more than 200 partner organizations.
There is a new recourse available to staff that creates a place for some “one stop shopping” that will be called Employee Resources. The Employee Resources page can be found on the Employee Services page of our website, and to help staff, IS has created a shortcut and placed it on everyone’s desktop. The next time you log into the GRDHD network, you should see a new icon on your desktop entitled Employee Resources. If you click on this icon is should take you straight to the new Employee Recourse page, or you can navigate in through the website. If you navigate in through the website you may need to hit your “refresh” button to have the new Employee Resources show up.

Once you are on the Employee Resources page you will see items that should be familiar to you, but they are now grouped together in one place. On the Employee Resources page you will find:

- Vision, Mission and Values of GRDHD
- 10 Essential Public Health Services
- Program Booklet
- Employee Health and Safety Manual
- Administrative Reference
- Policies and Procedures

In our hope that grouping these things together will be of benefit to staff.

Please let me know if you have any questions.

-Rebecca Baird
Congratulations to **Donna Whistle** (District Office) for passing the certification exam as a Certified Lactation Specialist (CLS). Training and testing in Chicago for a week, Donna will bring that expertise into her position as GRDHD’s PH Services Coordinator Regional Breast-feeding Promotion.

Congratulations to **Rebecca Horn** who will be the Health Educator III in Community Education.

**Abby Young** recently attended the “Fulldraw Outfitters” on October 5th in Aguilar, Colorado. The antelope (Pronghorn) Abby shot made the ‘Boone and Crockett’ records book with a measurement of 80 1/2 inches total. Husband Scott also shot one the same day. (Pictured below: Abby with her husband Scott)

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**Congratulations to Shelly Austin** from Daviess County HANDS

Shelly was chosen from a random drawing of correct responses to the trivia question in the last issue of the Gazette.

*See page 15 of this issue for your chance to win a Subway gift card.*

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**New Employees**

**Welcome to the GRDHD Team!**

*Stephanie Johnson*
*Daviess County Health Center  
Nutritionist I*

---

**Saying Goodbye . . .**

**Cheryl Stowe**, School Health  
**Jane Weedman**, School Health  
**Olivia Torain**, Henderson County HANDS  
**Tricia Foster**, Daviess County Health Center  
**Kara Henshaw**, Union County Health Center  
**Vinetta Dawson**, Henderson County HANDS  
**Melissa Taylor**, Ohio County Health Center  
**Dawn Cagle**, Henderson County HANDS
November 2013

6  Managers Meeting, District Office 8:30-11:30am
11 Veterans Day
20  TEC Committee Meeting, District Office 9-11am
27  APRN Meeting, District Office 9-11am
28 Offices Closed for the Thanksgiving Holiday
29 Offices Closed for the Thanksgiving Holiday

December 2013

11  Managers Meeting, District Office 8:30-11:30am
18  TEC Committee Meeting, District Office 9-11am
24 Christmas Eve
25 Christmas Day
26-27 Offices Closed
30 Offices Closed
31 New Years Eve
1  Happy New Year!

The Green River Gazette is published bimonthly by the Green River District Health Department.

For questions, comments, suggestions or submissions, please contact a member of the committee.

Carrie Conia  •  Angela Woosley  •  Shanni Jones  •  Angel Thompson  •  Linda Wahl

**Disclaimer: The articles contained in the Gazette have been verified through trusted sources.
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