

# ALABAMA DEPARTMENT OF PUBLIC HEALTH

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## ANNUAL REPORT 2000







## Alabama Department of Public Health 2000

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Chair, Tuscaloosa

**George C. Smith, M.D.**  
Vice Chair, Lineville

**Donald E. Williamson, M.D.**  
Secretary, Montgomery

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Millbrook

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**Joe B. Eichelberg, P.E.**  
Montgomery

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George C. Smith, M.D.  
James H. Walburn, M.D.  
Donald E. Williamson, M.D.

### **Middle Row Standing L to R:**

Marsha D. Raulerson, M.D.  
Robert H. Story, M.D.  
Regina Benjamin, M.D.  
Mike Mikell, R.Ph.  
Arthur F. Toole, III, M.D.  
A. Ray Hudson, M.D.  
Jorge A. Alsip, M.D.

### **Back Row Standing L to R:**

David C. Montiel, M.D.  
Craig H. Christopher, M.D.  
Larry Browder, D.M.D.  
William R. Sternenberg, D.V.M.  
James G. Chambers, III, M.D.  
Pamela D. Varner, M.D.

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The Honorable Don Siegelman  
Governor of Alabama  
State Capitol  
Montgomery, Alabama 36130

Dear Governor Siegelman:

It is my pleasure to submit the 2000 Annual Report of the Alabama Department of Public Health. The Department has played a crucial role by being a beacon of hope for many Alabama citizens by providing needed services and assuring high quality professional health care. The Department accomplished much this year. The Children's Health Insurance Program continued to grow and thereby reduced the number of uninsured children in Alabama. From the creation of the program in February 1998 through 2000, the number of low-income children without health insurance dropped by approximately 57 percent representing approximately 80,000 children.

During 2000, two amendments were added to CHIP. The first amendment created ALL Kids PLUS which provides an additional set of benefits aimed at more comprehensively meeting the health needs of children with special health care needs. With the approval of the second amendment, no Native American child who enrolls in ALL Kids will have to pay any premiums or co-pays.

Other departmental accomplishments included improvements in the death rate for stroke, heart disease and some cancers. In addition, Alabama's safety belt usage rates in 2000 increased to the highest rate

ever recorded in the state. The estimated safety belt usage rate was 71 percent, a 22 percent increase from the 1999 survey result of just 58 percent. Child restraint usage rates increased by 28 percent, rising from 60 percent in 1999 to 77 percent in 2000.

The Department also improved data collection for cancer, spinal cord injuries and immunization. This information served as a tool to better understand the health problems affecting the citizens of Alabama.

Despite the many notable successes for the year, the Department continues its resolve to eliminate health disparities and other serious health care issues within the state. During the last year, we formulated and adopted new Assisted Living Facility regulations to ensure high quality health care to residents of these facilities.

We remain committed to a goal of high quality health care for all Alabamians. We are blessed to have so many competent and professional staff members to help achieve the goal.

Sincerely,

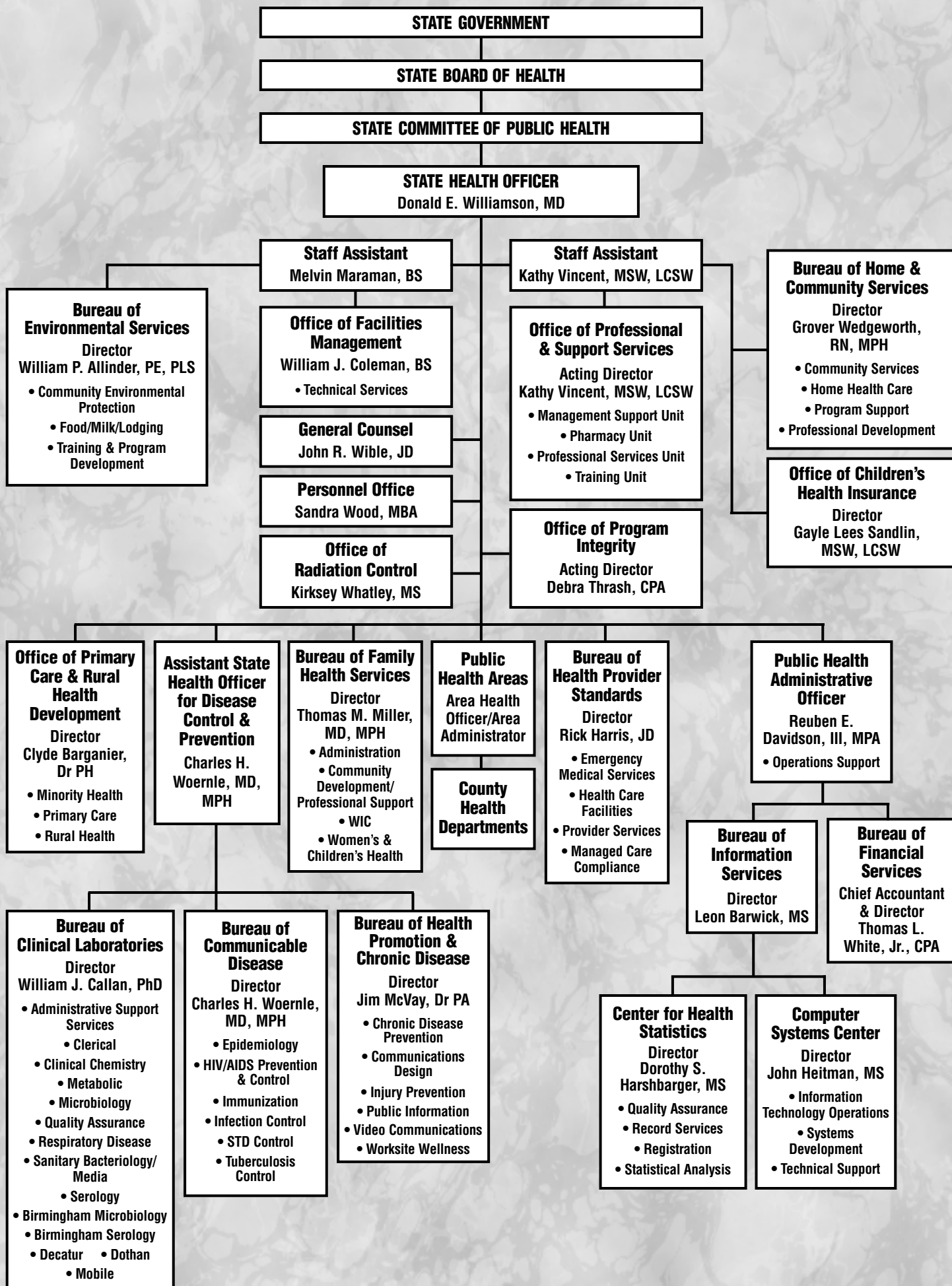


Donald E. Williamson, M.D.  
State Health Officer



# ALABAMA DEPARTMENT OF PUBLIC HEALTH 2000





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## **MISSION**

To serve the people of Alabama by assuring conditions in which they can be healthy.

## **VALUE STATEMENT**

The purpose of the Alabama Department of Public Health is to provide caring, high quality and professional services for the improvement and protection of the public's health through disease prevention and the assurance of public health services to resident and transient populations of the state regardless of social circumstances or the ability to pay.

The Department of Public Health works closely with the community to preserve and protect the public's health and to provide caring, quality services.

## **AUTHORITY**

Alabama law designates the State Board of Health as an advisory board to the state in all medical matters, matters of sanitation and public health. The Medical Association which meets annually is the State Board of Health. The State Committee of Public Health meets monthly between the annual meetings and is authorized to act on behalf of the State Board of Health. The State Health Officer is empowered to act on behalf of the State Committee of Public Health when the committee is not in session.

More than 120 years ago medical leaders in Alabama advocated constitutional authority to oversee matters of public health. The purpose of the authority was to develop a system of hygiene to preserve and prolong life; to plan an educational program for all people on the rules which govern a healthful existence; and to determine a way for enforcing health laws for the welfare of all people.

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# BUREAU OF COMMUNICABLE DISEASE

**The mission of  
the Bureau of  
Communicable Disease  
is to prevent and  
control designated  
communicable diseases  
and illnesses  
in Alabama.**

**The bureau consists  
of the following  
divisions:  
Epidemiology, HIV/AIDS  
Prevention and Control,  
Immunization,  
Infection Control,  
Sexually Transmitted  
Diseases Control and  
Tuberculosis Control.**

## EPIDEMIOLOGY

The Division of Epidemiology is directed by the state epidemiologist. He and the environmental toxicologist share responsibility for the overall coordination of consultation and investigation of infectious and toxicological problems. The division also contains several branches: General Communicable Disease, Zoonotic Disease, Public Health Assessments, and Hazardous Substances Emergency Events Surveillance System. In addition, because the environmental toxicologist also functions as the bioterrorism coordinator, a report on that activity is included under Epidemiology.

## GENERAL COMMUNICABLE DISEASE

The General Communicable Disease Branch is responsible for tracking the occurrence of reportable diseases and conditions, and investigating disease outbreaks and trends. Infections generally associated with food-borne transmission continued to account for the vast majority of diseases reported to the division in 2000, including 664 cases of salmonellosis, 106 cases of shigellosis, 163 cases of campylobacteriosis, 224 cases of giardiasis, and 58 cases of hepatitis A.

Somewhat troubling is the continued occurrence of cases of rubella in the state. While generally a mild illness in the infected individual, fetal infection during pregnancy carries a significant risk for development of congenital rubella syndrome, marked by potentially severe birth defects in the affected infant.

Increasing reports of salmonellosis were one of the only exceptions to the general rule of declining incidence of infectious disease throughout the state. Primary among these was a 60 percent decrease in the incidence of *E. coli* O157:H7 cases in the state, reversing the trend of increasing annual cases since 1996. Shigellosis cases continued to drop, with a significant proportion of year 2000 cases reported from a single community outbreak in Tuscaloosa County in late 2000. Though hepatitis A numbers were up very slightly, a significant portion of these cases were also associated with a community-wide occurrence in Shelby County.

Cases of meningococcal disease declined for the fourth year in a row. The numbers of infections with *Vibrio vulnificus*, a bacterium endemic in Gulf of Mexico waters, remained consistent with previous years. However, in 2000 the division was not notified that any of these infections proved fatal. Few cases of legionellosis, mumps or listeriosis were reported in 2000.

In October, the division began several initiatives to better track the development of the influenza season within the state. The project included the use of a system of physicians that reported the number of individuals seen by their practices with flu-like symptoms weekly. Based on this system, it was determined that as 2000 ended, influenza activity remained minimal in the state.



## Cases of Notifiable Diseases, by Year, 1996-2000

Notifiable Diseases	1996	1997	1998	1999	2000
Campylobacteriosis	264	244	186	182	163
Cryptosporidiosis	*	*	*	16	12
<i>E. coli</i> 0157:H7	15	15	23	28	11
Ehrlichiosis (Human Monocytic)	*	*	*	2	2
Giardiasis	299	364	289	341	224
<i>H. influenzae</i> invasive disease	13	19	12	18	14
Hepatitis A	217	91	87	52	58
Hepatitis B	78	88	73	80	65
Histoplasmosis	19	14	28	24	9
Legionellosis	5	3	9	6	3
Listeriosis	12	8	8	9	4
Lyme disease	9	12	27	16	6
Malaria	8	10	6	7	15
Meningococcal invasive disease	95	87	51	39	34
Mumps	6	9	9	12	3
Pertussis	26	35	28	19	21
Rocky Mountain spotted fever	15	8	13	17	10
Rubella	2	0	0	2	4
Salmonellosis	507	481	696	602	664
Shigellosis	144	283	453	110	106
<i>Vibrio vulnificus</i> infections	4	4	4	4	4
(* ) Not reportable					

## ZOO NOTIC DISEASE

The Zoonotic Disease Branch is charged with monitoring, controlling and preventing diseases transmitted from animals to humans. The number of cumulative cases of animal rabies in 2000 was 79, with 95 percent of the laboratory-confirmed animals being wildlife. Two cats, a dog (all unvaccinated), and a cow were the only domestic animals found rabid. Raccoons accounted for 65 percent of rabies cases and bats accounted for 25 percent; yet, domestic animals still accounted for two-thirds of the almost 3,500 laboratory examinations.

Lyme disease was reported in six patients, according to the case definition, but the Centers for Disease Control and Prevention maintains that no reported cases of Lyme disease in the Southeast have yet been confirmed by the

Western blot test or culture. Other arthropod-borne diseases included 10 cases of Rocky Mountain spotted fever, 2 cases of ehrlichiosis, and 15 imported cases of malaria in travelers – an unusually high number. One case of LaCrosse encephalitis occurred during May.

The Zoonotic Disease Branch collaborated with CDC and 20 cooperators in Alabama in a West Nile Virus surveillance project. Following the discovery of the novel encephalitis virus in New York State in 1999, the surveillance program was established in Alabama to monitor the potential migration of the virus southward with migrating birds.

Surveillance was very successful: Alabama trapped and tested about as many mosquitoes as the affected states in the Northeast U.S. (61,656 mosquitoes, 2,261 mosquito pools, 27 species); test-

ed 819 sentinel poultry samples; examined over 200 dead birds plus 75 injured raptors from the SE Raptor Rehabilitation Center; performed 25 horse serologies and eight horse necropsies. All tests/exams were negative.

Histoplasmosis (usually associated with long-time bird roosts) was confirmed in 10 patients. Although media reports during the year highlighted recalls of delicatessen meats because of *Listeria* contamination, reports in the state were limited to four cases – about one-third the norm since the disease became reportable in 1988. The state reported 12 cases of cryptosporidiosis in the second year of reporting that protozoan disease. Other foodborne or waterborne zoonoses included 12 cases of *E. coli* 0157:H7 and 4 cases of vibriosis from shellfish. Only one case of brucellosis, tetanus and tularemia were reported. No positive reports were received for anthrax, leprosy, leptospirosis, psittacosis or trichinosis in 2000.

## PUBLIC HEALTH ASSESSMENTS

The Public Health Assessments Branch integrates public health assessments, community involvement, blood sampling and environmental health education at hazardous waste sites in Alabama. These activities assess biological and environmental sampling data in conjunction with community concerns so relationships between human exposure to hazardous substances in the environment and potential public health impact can be established. In 2000, the program completed activities at six sites in three counties. Conditions at two sites posed public health hazards. Activities at eight sites continued into 2001.

Public exposures have been reduced by verbal and written warnings, fences to restrict public access, community and physician education and news releases. Community members were encouraged to list health concerns, describe their contact with contaminated areas, review and comment on draft reports, identify physicians to receive educational material, and describe their educational needs. Community members were kept informed through letters, written reports, fact sheets, public meetings, poster displays, door-to-door visits, telephone conversations, flyers and brochures, and media interviews.

### HAZARDOUS SUBSTANCES EMERGENCY EVENTS SURVEILLANCE SYSTEM

The HSEES Branch compiles data on the acute health effects experienced by responders, employees, and the general public during accidental and intentional emergency releases of hazardous substances. In the seven-year period between Jan. 1, 1993, and Dec. 31, 1999, 1,234 events involving 1,346

different substances were found to meet the criteria for inclusion into the surveillance system. One hundred sixty-one of these events resulted in injury to a total of 488 individuals. There was injury in 36.2 percent of the events where chlorine was present, 15.9 percent where ammonia was present, and 15.5 percent where acids were present. The Alabama HSEES program conducted educational outreach activities directed at ammonia and chlorine use in specific industries, conducted activities to discourage the use of mercury thermometers in schools, and conducted an analysis of events occurring in the agricultural industry in the state. The intent of the outreach activities is to reduce the morbidity and mortality resulting from hazardous substances emergency releases as well as reducing the frequency of the events.

### BIOTERRORISM PREPAREDNESS

In recent years, there has been increased concern about the risk of terrorist events. The state's response involves several

organizational units within the Alabama Department of Public Health. Terrorist events can either be announced (overt) or unannounced (covert). An unannounced event will only be detected through routine surveillance. During investigation of outbreaks or clusters, investigators consider the possibility of terrorism.

If a terrorist event is announced or an outbreak is suspected of having a terrorist cause, the department's bioterrorism response is activated. Such activities are coordinated by the department's bioterrorism coordinator. During an event, the coordinator makes sure that the state health officer knows about the situation and knows which resources to call.

In support of detection and evaluation of terrorist events, the Bureau of Clinical Laboratories is upgrading its ability to handle organisms that require Biosafety Level 3 containment. Physical modifications to the state laboratory facility in Montgomery have been undertaken to provide areas for the analysis of samples requiring higher levels of biohazard safety. Additionally,

**Number of substances released in all events and events with victims, by substance category, 1993-1999**

Substance Category	Event		Events with victims		Percent of this substance events with victims
	Number	Percent	Number	Percent	
Acids	151	11.2	24	14.9	15.9
Ammonia	97	7.2	15	9.3	15.5
Bases	86	6.4	8	5.0	9.3
Chlorine	58	4.3	21	13.0	36.2
Mixture of Categories	67	5.0	5	3.1	7.5
Other Inorganics	220	16.3	32	20.0	14.5
Paints and Dyes	37	2.7	3	1.9	8.1
Pesticides	81	6.0	7	4.3	8.6
PCB's	30	2.2	0	0.0	0
Volatile Organics	187	13.9	11	6.8	5.9
Other	332	24.7	35	21.7	10.5
<b>Total</b>	<b>1346</b>	<b>100.0</b>	<b>161</b>	<b>100.0</b>	

pulsed field gel electrophoresis and polymerase chain reaction capabilities, required by the Centers for Disease Control and Prevention for detection and diagnosis of biological agents of doctrinal significance, are being mastered to enable the department to rapidly and accurately identify suspect samples.

The Health Alert Network, part of the Bureau of Health Promotion and Chronic Disease, will be responsive to the department during the time of an actual or potential threat by transmitting, through secure downlinks, health information and instructions/training to each local health department and health care provider/organization in the state. During the coming year, a system to permit the rapid call-down of personnel across the state will be procured.

A number of activities are ongoing to increase readiness to deal with terrorism. To increase the speed of surveillance data transmission, the Division of Epidemiology is considering the installation of a secure web-based system to provide reporting from laboratories and medical providers. The bioterrorism coordinator maintains contact with others outside the department that would be involved in response to terrorism. These include the Federal Bureau of Investigation, Alabama Bureau of Investigation, the Alabama Emergency Management Agency, and CDC. Included are also officials from neighboring states that might be impacted by a terrorist event in Alabama. Training by the Health Alert Network has moved the focus from initial awareness training to proficiency-type training tailored for specific responder audiences. This type of training is designed to be delivered to

diverse audiences from infection control personnel to those who work in emergency room settings. Several additional satellite downlink training events will be conducted to permit access of each local health department and health care provider across the state to information and training presented by the department.

In addition, current status evaluation and planning are being conducted in cooperation with the University of Alabama at Birmingham, School of Public Health. An advisory committee was formed of members/leaders of groups across the state whose members would likely be involved in either preparation or response to a terrorist act. This group will administer a survey to assess the current state of readiness of Alabama for any terrorist activity. It will also undertake the completion of the health component of the Department of Justice survey of domestic preparedness, whose completion is a charge of the Alabama Emergency Management Agency. Finally, it will address directions in which the department should move to improve the ability of the state to confront any public health emergency that may result from terrorist activity. This includes an assessment of the need for training of personnel from first responders to emergency room physicians.

A second study is being undertaken by the Samford University School of Pharmacy and underwritten by the department to determine the state of readiness of pharmacies across the state to provide needed pharmaceuticals, medications and medical treatment equipment. The National Pharmaceutical Stockpile Program of the CDC

developed the standard for those items that likely would be needed in response to a terrorist event.

While the impetus for the above activities has been bioterrorism preparedness, other important outcomes include enhanced capability of the state to respond to any public health emergency, improved laboratory capacity for other investigations and improved communication among departmental offices and other providers.

## **HIV/AIDS PREVENTION AND CONTROL**

The goal of the Division of HIV/AIDS Prevention and Control is to reduce the spread of HIV among the citizens of Alabama while increasing survival time and quality of life for those who are already infected. During 2000, the division underwent many new and exciting changes to ensure its ability to maintain quality services. Globally, the field of HIV/AIDS is growing rapidly toward the technological medium of collecting, maintaining, and disseminating information. In an effort to keep up with this type of progress, the division is currently installing a document management/database integration system. This is a technologically advanced computer system that will provide the division with more efficient patient and information management. Staff are now being trained to use the system. The long-term goal will include Sexually Transmitted Diseases and Tuberculosis divisions accessing the system.

Other improvements in the division included the creation of two new positions. The Direct Care Services Branch has added

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the position of special projects coordinator and the Prevention Program Development Branch has added the prevention evaluation coordinator. Both positions have been filled with persons who have extensive HIV/AIDS experience. These positions will enable the division to have a more active role/partnership in the community in relation to the creation and evaluation of new and existing HIV/AIDS projects and services.

During 2000 the Surveillance Branch recorded increasing numbers of HIV infection in Alabama. As of Dec. 22, 2000, there were 6,202 cases of AIDS and 5,355 cases of HIV infection. As in 1999, African Americans continue to represent the largest numbers of HIV/AIDS cases in the state. On June 28, 2000, the division's Surveillance Branch received an Honor Award from the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry. The award read: "In recognition of sustained efforts to monitor the HIV/AIDS epidemic and assist public and private partners in utilization of surveillance data in conducting HIV prevention, care and research activities."

A Community Planning Group is operating successfully in each public health area. CPGs are facilitated by area HIV coordinators, who serve as co-chairs with at least one community co-

chair elected by each group. Group members include community leaders, infected/affected individuals, and representatives from health departments, social service agencies, community-based organizations, AIDS service organizations, medical centers, and mental health and substance abuse treatment facilities. The groups are involved in designing effective prevention programs, strategic planning, community advocacy, the consensus process, training trainers, developing prevention strategies, addressing cultural differences, collaborating, building coalitions and evaluating programs.

In 1994-1995, HIV Care Consortia were implemented in each of the then eight public health areas. Alabama epidemiological and surveillance data are used as criteria for funding the consortia. Funding is awarded by a formula based on the number of persons living with HIV/AIDS in a defined service area and the geographic area to be served. Consortia funds supplement medical/clinical services and support services including case management, transportation, and access to service/treatment. These consortia in collaboration with existing HIV clinics, local AIDS service organizations and local health departments provide an accessible system of care and services for an estimated 90 percent of persons reported as living with HIV in Alabama.

A major accomplishment of the HIV/AIDS Division is the development of the Alabama Drug Reimbursement Program, which provides medications to Alabama citizens living with HIV when they have no other third-party payor. This program operates a dedicated HIV/AIDS pharmacy with statewide distribution of medication through a network of HIV/AIDS specific clinics. During 2000, approximately 921 persons received medications, while approximately 430 people remain on a waiting list to access the program.

In October 2000, the division sponsored the 13th Annual Alabama AIDS Symposium via satellite. The theme was "Common Ground: Bridging Prevention and Care Services." The satellite conference lasted four hours and included a distinguished panel of six physicians from within and outside the state of Alabama. The satellite was downlinked by 22 states with a total of 1,359 sites.

In December 2000, the division sponsored a "Red Ribbon Hanging Ceremony" on the 13th Annual World AIDS Day. The theme was "All Men Make A Difference." During the event, anyone could hang a ribbon on a cypress root tree in remembrance of or support for persons living with HIV.

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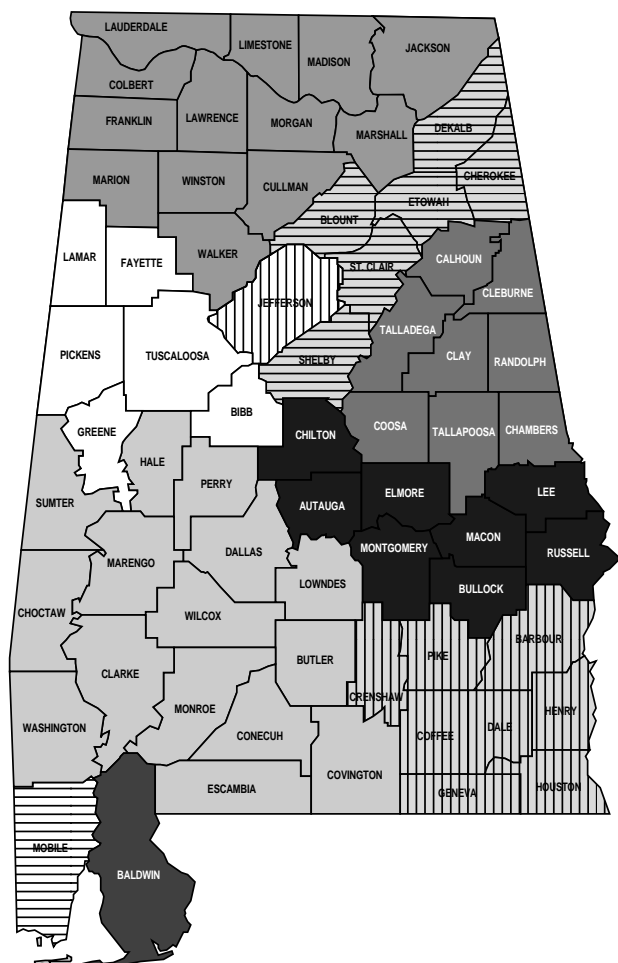
## **IMMUNIZATION**

During 2000, the



## ALABAMA HIV PREVENTION PLANNING GROUPS (CPG)

Service Area as defined by CPG

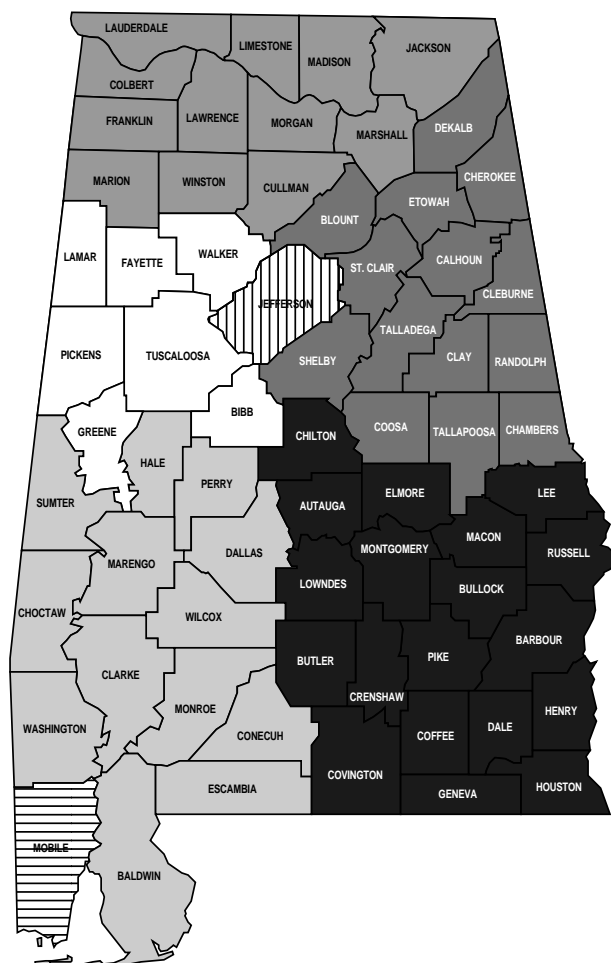


### COUNTIES IN SERVICE AREA

- NORTH ALABAMA CPG**
- WEST ALABAMA PLANNING COUNCIL**
- JEFFERSON COUNTY CPG**
- HOPE, HIV ONGOING CPC**
- CHEAHA-COOSA VALLEY CPG**
- SOUTHWEST ALABAMA CPG**
- EAST ALABAMA CPG**
- SOUTHEAST ALABAMA CPG**
- MOBILE COUNTY CPG**

## ALABAMA HIV / AIDS CARE CONSORTIA

Service Area as defined by Consortium



### COUNTIES IN SERVICE AREA

- RW CONSORTIA OF NORTH ALABAMA**
- WEST ALABAMA DIRECT CARE CONSORTIA**
- JEFFERSON COUNTY CONSORTIA**
- EAST ALABAMA HIV CONSORTIA**
- SOUTHWEST ALABAMA CARE CONSORTIA**
- SOUTHEAST ALABAMA CARE CONSORTIA**
- MOBILE COUNTY AIDS CONSORTIA**

Immunization Division contin-



ued its participation in the Vaccines for Children Program, a federal entitlement program that provides vaccines to children who are on Medicaid, uninsured, underinsured, or Alaskan Native or American Indian. Currently in Alabama, there are 516 private and public clinics enrolled in the VFC Program.

<b>Immunization: Cases of Vaccine Preventable Diseases</b>			
<b>Disease</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>
Measles	0	0	0
Mumps	9	28	3
Rubella	0	2	4
Diphtheria	0	0	0
Tetanus	0	0	1
Pertussis	30	21	18
Polio	0	0	0
Hib	0	0	0
Hepatitis B	77	86	64
Varicella	Not Reportable		

The Immunization Division continues to work toward an immunization registry which will make childhood vaccine histories available to all vaccine providers in the state. This year, security and privacy safeguards were implemented, quality assurance tools were added, and the private provider interface was updated. There are currently 550,000 patient records in the registry, with weekly updates from Blue Cross/Blue Shield and Medicaid.

The division also developed a computer database program to better enable area and state personnel to track patients in the Perinatal Hepatitis B Program. This program, named Artemis, allows staff to update computer records via the Internet. It has been so successful in Alabama that four other states are now piloting the program.

## INFECTION CONTROL

The mission of the Infection Control Section is to provide infection control and infectious disease training and consultation. These services are structured to meet the needs of the department

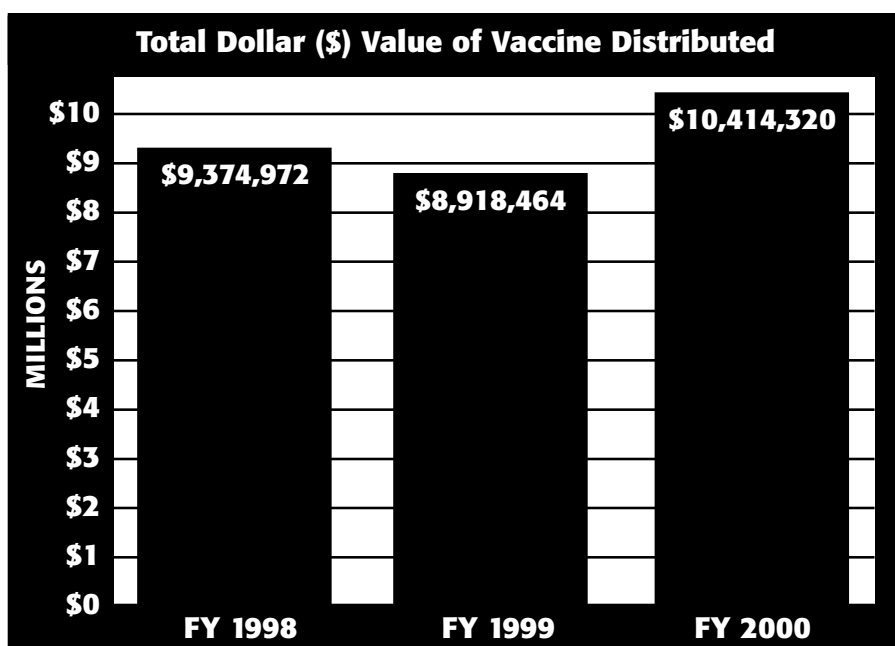
and the medical community as well as the general public.

During the year 2000, inservice training was provided statewide, and via satellite teleconference to other states, to a total of 3,826 participants. These individuals included health care providers from the department, hospitals, extended care facilities, hospices, home health agencies, physician and dental offices as well as other sectors (teachers, day care providers and various industries).

Alabama's Infected Health Care Worker Management Act of 1995 mandates that health care workers who are chronically infected with the hepatitis B virus or the human immunodeficiency virus report themselves to the state health officer. The purpose of this law is to prevent transmission of these viruses from infected health care workers who perform invasive procedures to their patients. The Infection Control Section provided consultation, initiated investigations, and conducted appropriate follow-up of these reported individuals.

The Alabama Department of Public Health Refugee Health Screening Program ensures newly arriving refugees into Alabama are properly provided health screenings. The Infection Control Section coordinates this program to ensure communicable and infectious diseases are not being introduced into the state. One hundred forty-four refugees from Bosnia, Cuba, Egypt, Iran, Kenya, Russia, Serbia, Somalia, Sudan, Vietnam and Zaire settled in Alabama in 2000. The counties in which they settled are Clay, Jackson, Jefferson, Madison, Mobile, Morgan and Tuscaloosa.

## SEXUALLY



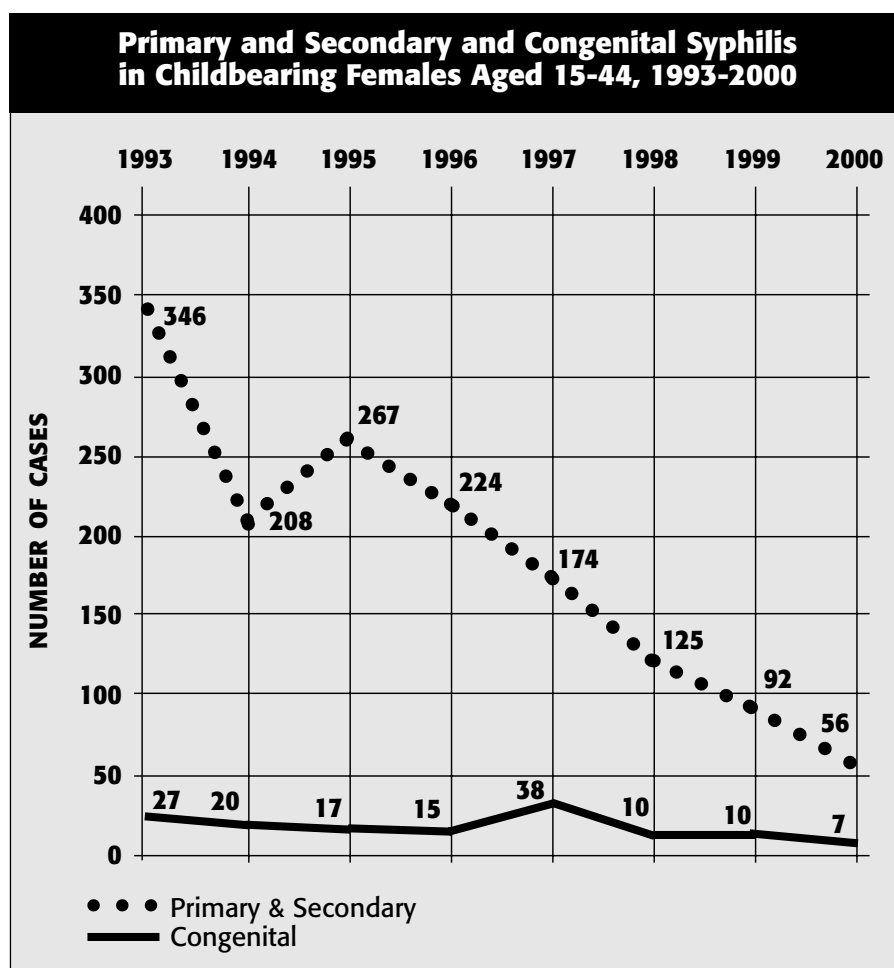
## TRANSMITTED DISEASE

During the calendar year 2000, the Sexually Transmitted Disease Control Division continued to experience an overall decrease in infectious syphilis, despite the occurrence of an outbreak of early syphilis in a Hispanic community in Morgan County during the last quarter of the year. Infectious syphilis among women of childbearing age and congenital syphilis also decreased. In 2000, primary and secondary syphilis declined by 39.9 percent from 203 cases in 1999 to 122 cases in 2000, while primary and secondary syphilis among women of childbearing age declined from 92 cases in 1999, to 56 cases in 2000, representing a 39.1 percent decrease. Congenital syphilis decreased from 10 cases reported in 1999, to 7 cases reported in 2000, a decrease of 30.0 percent.

Unlike syphilis, reported cases of gonorrhea and chlamydia increased in 2000. In 2000, there was a 9.3 percent increase in reported gonorrhea morbidity with 12,042 cases being reported, compared to 11,027 cases reported in 1999.

Reported chlamydia cases increased by 22.5 percent, with 15,321 cases reported in 2000, compared to 12,511 cases reported in 1999. The year 2000 was the sixth full year of report-

ing for chlamydia cases and the fifth year of increased testing by public health clinics. Increased testing possibly accounts for a sizable portion of the increase in the number of reported cases in 2000; however, since testing availability is not expected to change appreciably in the future, any future changes in reported chlamydia morbidity should represent actual changes in the incidence of disease.



Sexually Transmitted Diseases	1993	1994	1995	1996	1997	1998	1999	2000
Primary & Secondary Syphilis	869	661	664	528	409	274	203	122
Gonorrhea	15,793	15,954	16,128	13,127	11,756	12,726	11,027	12,048
Chlamydia*		508	3,444	8,307	8,520	10,102	12,511	15,321

\*Chlamydia was not reportable until October 1994.

## **TUBERCULOSIS CONTROL**

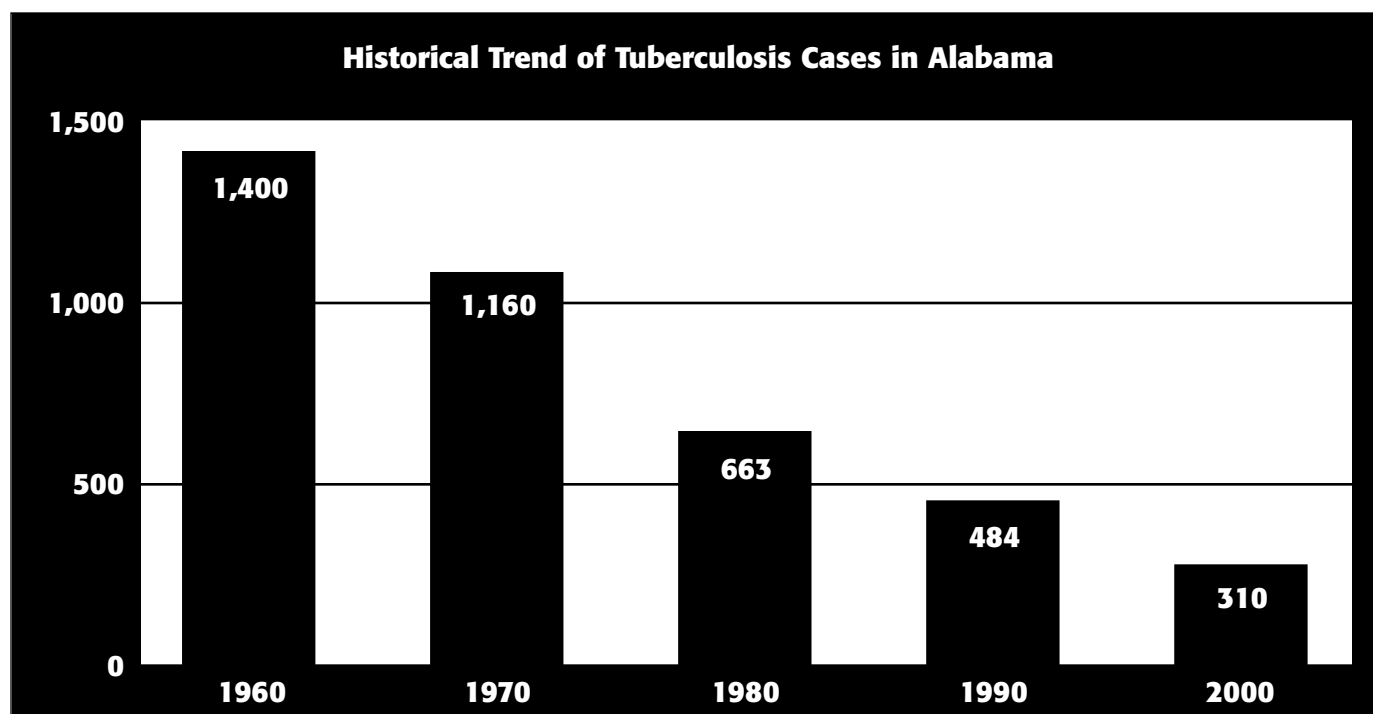
The Division of Tuberculosis Control strives to eliminate tuberculosis in Alabama. Until that goal is attained, the department's goal is to prevent the transmission of TB to Alabama's public, and to provide any medications and services necessary to diagnose and treat active TB disease as well as provide treatment for latent TB infection.

In 2000, the Tuberculosis Control Division verified 310 reported cases of TB for the state. This is four fewer cases than in 1999 representing a 1.3 percent decrease. This continues

an established trend of annual declines in the rate of TB disease in Alabama. To maintain and continue the momentum for this trend, medications will continue to be delivered to at least 90 percent of the TB patients through the directly observed therapy program. Under this program, a tuberculosis control staff member, or other responsible person actually observes and records the patient taking the anti-TB drugs. This practice, continuing to gain widespread popularity in other states, ensures that patients receive an adequate and complete course of therapy to cure active disease and prevent the transmission of

the tuberculosis bacteria to others. Other field staff activities include contact investigation, training of health department staff, and consultation services to other facilities and state agencies.

Alabama's TB control program has consistently met or exceeded all Centers for Disease Control and Prevention program guidelines in areas such as completion of recommended therapy, investigation and examination of contacts, and completion of preventive therapy. Alabama is recognized nationwide as having one of the premier TB control programs.





# BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

**The Bureau of Health Promotion and Chronic Disease manages programs and provides support for programs related to chronic disease prevention, cancer prevention, tobacco use prevention, disability prevention, communications design, health education, public information, risk surveillance, worksite wellness, video communications and bioterrorism.**

**The bureau's mission is to improve the public's health by reducing risk factors for disease, disability and death through public education and information programs.**

## CHRONIC DISEASE PREVENTION

The goal of this division is to promote healthful lifestyles and behaviors; to educate Alabamians about the benefits of a healthy lifestyle; to provide information on disease prevention related to osteoporosis, cardiovascular disease, asthma, arthritis, diabetes and other risk-reduction programs; to disseminate health-related information to Alabamians; to conduct a statewide screening program for breast and cervical cancer for underserved women; and to conduct a statewide program providing free anti-hypertensive medications to low-income persons with hypertension who have no resources to obtain medication.

## DIABETES

The Diabetes program provides access to care through comprehensive programs that identify and screen high-risk patients for the complications of diabetes as well as provide diabetes education to patients. In fiscal year 2000, the Diabetes Branch assessed 255 patients and provided services as follows:

### Diabetic Eye Disease Assessment

- ▶ 176 were assessed to determine their last eye examination.
- ▶ 88 patient assessments were performed on follow-up examination. Twenty-eight patients had some form of diabetic eye disease. Forty-nine patients had prior treatment for diabetic eye disease and two were treated during this fiscal year for retinopathy.

- ▶ Eye care counseling was provided for 164 patients.

### Cardiovascular Disease Risk Factors Assessment

- ▶ 164 patients were assessed for hypertension - 114 had hypertension or a history of hypertension; and 150 patients were counseled about hypertension.
- ▶ 164 patients were counseled on the need to exercise and 23 were referred to a regular exercise program.
- ▶ 151 patients were counseled regarding the need to lose weight and 166 were counseled regarding their diet.

### Foot Care Assessment

- ▶ 167 patients were assessed to determine foot problem risk - 151 were at risk; 112 were evaluated for foot problems; 27 had a current foot problem and 22 were recommended for treatment. Nineteen patients reported for and received treatment.

## HYPERTENSION

Hypertension, or high blood pressure, is the most common chronic disease in the nation. Untreated, hypertension can lead to stroke, heart attack, kidney damage, congestive heart failure, and death. The goal of the Hypertension Branch is to reduce morbidity and mortality linked to uncontrolled hypertension.

The Hypertension program reaches patients through joint-care and full-care programs. Joint-care patients are referred to the health departments by community physicians. The health departments provide medication, monitoring and education to the patients and

provide the physician reports on the patients' progress. Full care patients receive physicals, electrocardiograms, and laboratory work, as well as medication, monitoring, and counseling provided by contract physicians and health department staff in the local health department.

During the past year the program provided medications to 15,750 patients and recorded more than 65,000 total visits. The program is designed to serve only those patients who could not otherwise afford care. To qualify for services, the patient cannot be under private care, cannot be eligible for Medicaid, and cannot have an income greater than 150 percent of poverty level. Based upon these guidelines, the program is serving less than 10 percent of the state's eligible population.

## **TOBACCO PREVENTION AND CONTROL**

The branch was awarded increased funding through the Centers for Disease Control and Prevention's "Comprehensive State-Based Tobacco Use Prevention and Control Programs" grant. The increased funding enabled the program to hire full-time area coordinators in the public health areas to facilitate the development of local coalitions and to implement the State Plan at the local level. Four manuals have been developed and were disseminated in monthly meetings to train the area coordinators.

### **2000 Service Activities**

- Reconvened the 43-member Alabama Tobacco Use Prevention and Control Task Force to update the State Plan to comply with CDC's "Best Practices for

Comprehensive Tobacco Control Programs" through a Robert Wood Johnson grant co-authored by the American Lung Association of Alabama and branch staff.

- Obtained \$800,000 worth of free advertising space for 11 anti-tobacco use billboards across the state through the Master Settlement Agreement between the Office of the Attorney General and the Tobacco Industry.
- Trained 180 youth leaders on the Teens Against Tobacco Use prevention program and subsequently reached more than 800 K-8th grade students.
- Developed smoke-free restaurant dining guides in Tuscaloosa and Mobile and disseminated over 3,000 guides to chambers of commerce, city halls, pharmacies, local universities, rest areas and participating restaurants.
- Conducted the "Smoking is Old" campaign, utilizing state-appropriated funds, by developing and distributing 925,000 book covers and 1,500 screen savers and mouse pads through area coordinators for dissemination to schools statewide.
- Collaborated with the American Lung Association of Alabama to screen more than 18,000 students in 49 schools for asthma and to obtain data on exposure to tobacco smoke in the home.
- Developed and disseminated more than 20,000 calendars in a joint project with the Alabama Cooperative Extension System "Welfare to Work" program to educate

high-risk populations on the dangers of tobacco use and to publicize the 1-800-4-CANCER hotline.

- Collaborated with the Oral Health Branch to conduct the Dental Health Care Provider Survey to collect baseline data on the number of oral health professionals who routinely ask whether a patient uses tobacco, provide behavior modification counseling and offer drug therapy.
- Collected baseline data on the number of worksites which have policies on tobacco use in a joint project with the Cardiovascular Health Branch.
- Distributed approximately 48,000 pieces of educational material to some 45,000 people at 140 health fairs and other educational events.

## **CANCER PREVENTION**

The Cancer Prevention Branch continued implementation of funding from the Centers for Disease Control and Prevention for the Alabama Breast and Cervical Cancer Early Detection Program which provides no-cost breast and cervical cancer screening services to eligible women including a Pap smear, pelvic exam, clinical breast exam, mammogram and diagnostic procedures if indicated. The program targets women primarily ages 40-64 who are at or below 200 percent of the federal poverty level and are uninsured or underinsured.

During the past fiscal year, services were available in 66 counties and more than 400 providers participated in the program. As of August 2000, Jefferson County began offering services making the program

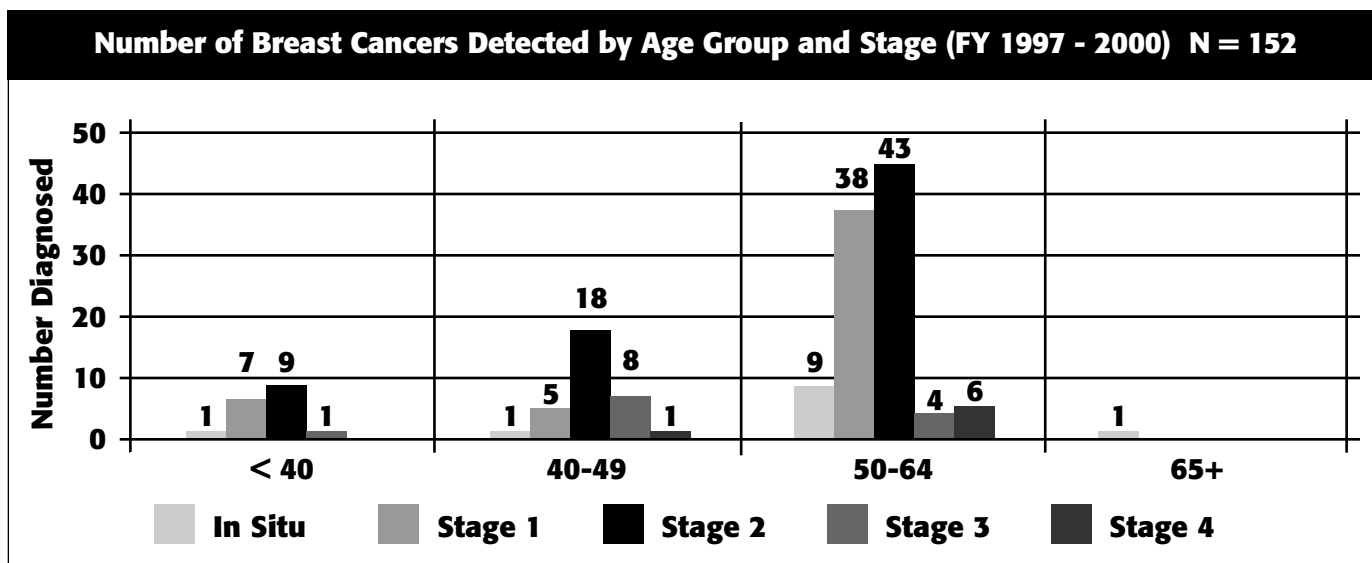
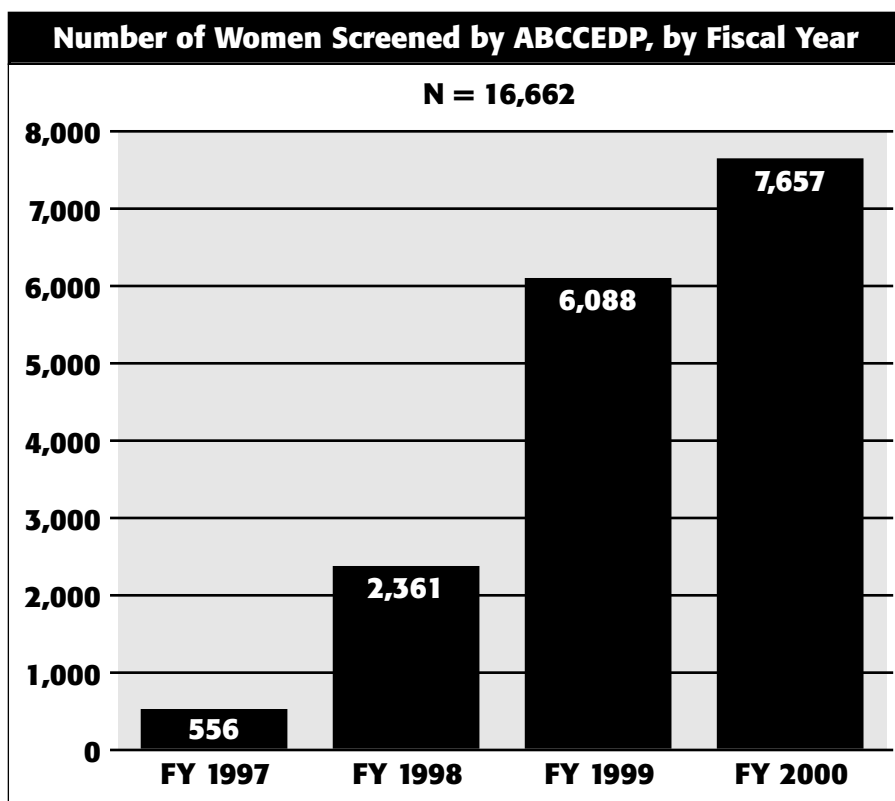
statewide. Outreach projects have been funded across the state to assist in recruiting eligible women for these most needed services. Special emphasis is currently being placed on screening women for cervical cancer who have never or rarely been screened (have not had a Pap smear in the past five years). The national goal for this indicator was 20 percent. As of July 2000, 40 percent of the

women receiving Pap smears through the ABCCEDP had never or rarely been screened for cervical cancer.

Over the past four years, 16,662 annual screening visits have been provided representing 13,056 women. For fiscal year 2000, 7,657 women were screened. The program has provided more than 11,000 mammograms and over 14,000 Pap smears. Most of the women

served were between age 50 and 64 (58 percent). By race, 49.6 percent were white and 48.2 percent were African American. Since the program's inception through Sept. 30, 2000, 152 women were diagnosed with breast cancer, five with invasive cervical cancer and 51 with pre-invasive cervical cancer. All patients diagnosed with cancer were offered treatment and received treatment if they requested it, regardless of ability to pay. To assist in providing treatment, the ABCCEDP received a one-time award of \$500,000 to assist with the payment of breast cancer treatment from the University of Alabama at Birmingham Comprehensive Cancer Center as part of a grant from AVON, Inc.

The ABCCEDP is also required to spend at least 60 percent of funds toward screening-related services. For fiscal year 2000, 66.5 percent of the budget went toward screening services (45 percent on direct clinical services and 21.5 percent for screening support services) and 33.5 percent was expended for administrative services based on CDC cost-allocation guidelines.



## CANCER REGISTRY

Cancer is the second leading cause of death for Alabamians as it is elsewhere in the nation. According to the American Cancer Society's "Cancer Facts and Figures 2000," one of every four deaths in the United States is from this disease and approximately one of every three people will be diagnosed with cancer at some point in their lifetime. Effective prevention measures exist to substantially reduce the number of new cancer cases each year and to prevent many cancer deaths. Cancer surveillance serves as the foundation for a comprehensive strategy to reduce illness and death from cancer and enables public health professionals to better understand and tackle the cancer burden. Information derived through surveillance such as that conducted by the Alabama Statewide Cancer Registry is critical for directing effective cancer prevention and control programs and in identifying when and where cancer screen-

ing efforts should be enhanced.

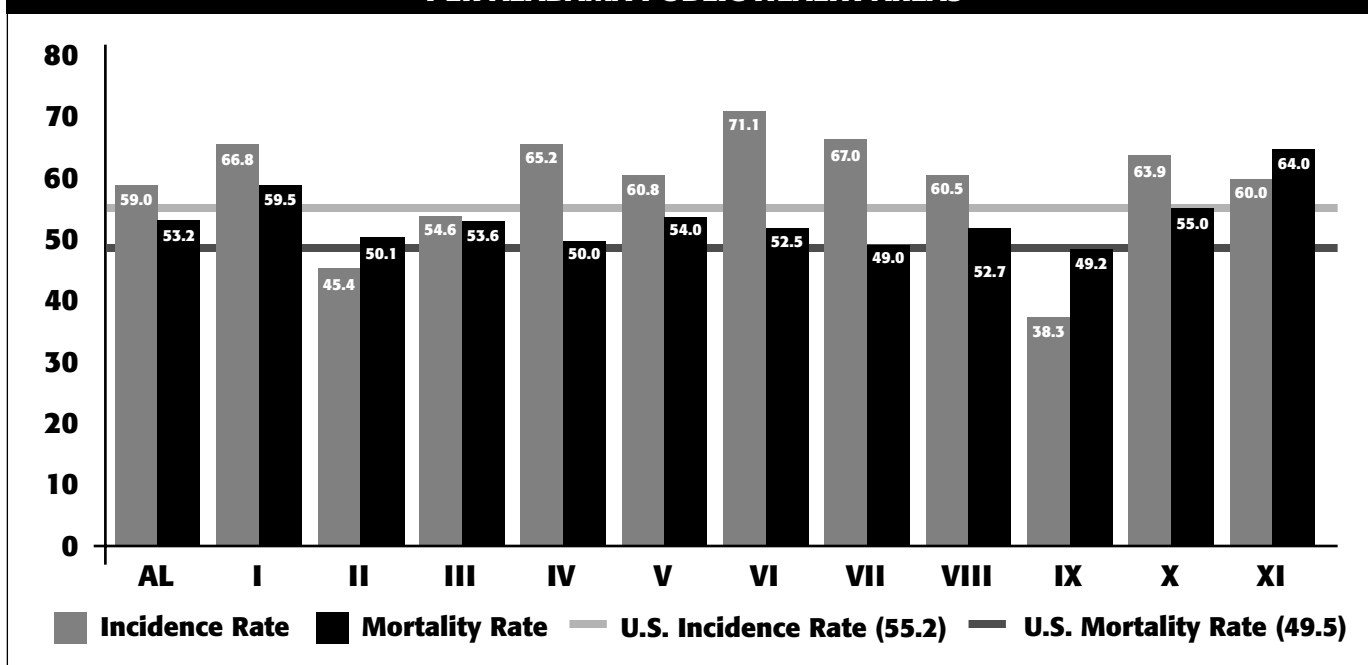
The registry provides data to determine cancer patterns among various populations, monitor cancer trends over time, guide planning and evaluation of cancer control programs, help prioritize health resource allocations, and advance research.

The registry enables reporting of cancer data by age, sex, ethnicity and geographic region. Comprehensive, timely and accurate data about cancer incidence, stage at diagnosis, first course of treatment and deaths provide useful feedback for evaluating progress toward cancer prevention and control. Data from the registry have been used in a variety of ways but have most often been used to answer questions regarding suspected cancer excesses, to identify geographic regions within the state where cancer prevention and control programs would be beneficial to the local population, to evaluate existing cancer prevention and control programs, and to analyze specific types of can-

cer in Alabama.

The most recent report from the registry, Alabama's Cancer Status Report 2000, shows that more than 16,000 people were diagnosed with cancer during 1998, or approximately 44 people each day, and that more than 13,000 people died, or approximately 36 people each day. This information shows that the 1998 Alabama cancer mortality rate is 35 percent higher than the national cancer mortality rate. Lung cancer was diagnosed in more than 3,000 people that year and more than 2,800 people died during 1998 due to lung cancer. This accounts for eight people each day dying from lung cancer and another eight people being diagnosed with the disease. Alabama's incidence of lung cancer is 40 percent higher than the national lung cancer incidence, and the 1998 lung cancer mortality rate is 10 percent higher. Alabama males rank No. 8 in the United States in lung cancer mortality.

**LUNG CANCER 1996-1998 MEAN INCIDENCE & MORTALITY RATES  
PER ALABAMA PUBLIC HEALTH AREAS**





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## **CARDIOVASCULAR**

In Alabama, heart disease has been the leading cause of death for more than 70 years. In 1999, major cardiovascular diseases accounted for almost 40 percent of all deaths in Alabama.

The mission of the Cardiovascular Health Branch is to improve the cardiovascular health of all Alabamians through support for heart-healthy policies and settings that promote cardiovascular health. The major objective of the branch is to establish a state coalition of health partners to identify areas critical to the development of a statewide cardiovascular disease prevention program and work with these partners to formulate a comprehensive state plan for cardiovascular disease prevention in Alabama. Through targeted efforts at reduction of the major risk factors that lead to cardiovascular disease, such as physical inactivity, high fat diet and smoking, significant strides can be made in reducing the burden of heart disease and stroke in the state.

## **ARTHRITIS PREVENTION**

Arthritis is not a single disease that affects individuals in the same manner, but includes more than 100 diseases and conditions. It affects an estimated 740,000 Alabamians and costs about \$1.04 billion annually to treat. Persons aged 65 and older are the fastest growing segment of Alabama's population and the impact of arthritis is expected to increase dramatically by the year 2020, as the "baby boomers" age.

In Alabama, the arthritis problem is magnified by a high level of obesity and lack of leisure time physical activity. Also,

there is a shortage of facilities, and properly trained professionals in arthritis treatment, care, education and rehabilitation programs.

To address these issues, the Arthritis Prevention Branch coordinated the efforts of individuals, groups, agencies, and facilities committed to reducing the burden of arthritis in Alabama. Cooperative partnerships have been established among the Alabama Department of Public Health, Alabama Chapter of the Arthritis Foundation, and the University of Alabama at Birmingham.

In addition, a state coalition composed of individuals and groups dedicated to decreasing the burden of arthritis has been established and two meetings have taken place. The coalition has formulated a comprehensive state of arthritis control plan. This plan focuses on prevention education activities targeted toward maintaining appropriate weight, avoiding occupational or sports-related injuries, and increasing physical activity. Initial steps toward establishing self-management programs have been established.

In order to provide increased awareness about arthritis and self management in a rural, low income, low literacy, and medically underserved area of Alabama, a community intervention project has been established in East Wilcox County.

## **INJURY PREVENTION**

The Injury Prevention Division endeavors to reduce death and disability from injury through the coordination and implementation of health promotion and education programs, as well as special events.

The Alabama Smoke Detector

Initiative, funded by the Centers for Disease Control and Prevention, is a community-based, injury-prevention project which is designed to ensure that all of Alabama's households have access to home smoke alarms and receive education on fire prevention, detector installation and maintenance, and home evacuation plans. Smoke alarms have been provided in Wilcox and Perry counties.

The Alabama Trauma Registry collects data from seven trauma centers in Alabama. Links for data exchange are being established with the Alabama Department of Rehabilitation Services. The Injury Prevention Division is in the first of three phases involved in establishing the registry. This registry will be expanded to include the 18 hospitals reporting greater than 50 trauma cases per year after the data are collected from the trauma centers. The third phase will expand the registry to include all of the hospitals that receive trauma patients.

Occupant restraint observational surveys were conducted at 23 sites in each of 15 counties for a total of 345 sites. Seat belt, child restraint for children under age 6, and motorcycle helmet usage were surveyed. The seat belt usage rate for 2000 was 71 percent, an increase of 22 percent over the 1999 rates. The usage rate for child passenger safety seats was 77 percent, an increase of 26 percent over 1999. Although the motorcycle helmet usage rate was 100 percent, the sample size was too small to draw statistically significant conclusions.

The Injury Prevention Division was awarded a grant from the Centers for Disease

Control and Prevention for fiscal year 2000-2001 to establish the "Alabama State Capacity Building Injury Surveillance Program." The purpose of the program is to establish the Injury Prevention Division as the focal point for the injury prevention collaboration and surveillance efforts within the state. An epidemiologist will be hired for the program. An initial meeting was held with representatives of state/private agencies and academic institutions.

The division coordinated and conducted the *Buckle-Up America!* Poster Contest for elementary school children, and a traffic safety essay contest for junior high school students. The Injury Prevention Division staffed exhibits at the Alabama Primary Health Care Association Conference, Internal Medicine conference, and the Alabama Public Health Association educational conference. Exhibits were also provided for National Child Safety Awareness Week, Buckle Up Alabama! Week, Celebrate Life, Sensational Saturday, National Walk Your Child to School Day, Delta Airlines, and numerous health fairs sponsored by schools and other organizations. The Injury Prevention staff also participated in the Impaired Drivers' Trust Fund, SAFE KIDS, Seat Belt Passage Task Force, State Safety Coordinating Council, Area Briefings on Traffic Safety/Seat Belts, Traffic Safety Coordinating Committee, Southeast Regional Injury Control Network, and the State and Territorial Injury Prevention Directors Association.

Information and educational materials were furnished to numerous individuals and organizations, as requested. The

division also provided bi-monthly articles for *Injury News in Alabama's Health*, news releases to the media and radio and television appearances.

## COMMUNICATIONS DESIGN

The Division of Communications Design continued to see an increase in demand from state, area and local offices for professional health advocacy and educational outreach services, with the strongest growth occurring in requests for Internet activities; focus groups and surveys; marketing strategies coupled with evaluation components; commercial broadcast announcements; and displays. Health department programs indicated a clear need for high quality materials to compete for professional credibility and public attention.

Most funding sources now require a website to expedite information exchange. Appropriately enough, the last year of the twentieth century recorded a leap in the department website's volume of Internet traffic, with the number of hits jumping from an average of 2,000 to 26,000 per day. The impetus for the higher volume came from reorganization of the site's navigation that offered a clearer view of site contents on the home page; additions that included more forms on line, statistics, links and program summaries; and the growth of Internet use by public, government and private professional sectors.

A new website design to accommodate the growing number of department program Internet pages and activities was developed in 2000 and will be

implemented in 2001. It will include more interactive educational activities and more directories, links, manuals and forms. In addition, county and area health offices will be set up through the department website with their own pages.

Electronic file transfer of documents and images became the norm this year rather than the exception, streamlining the information production and delivery process for all forms of print and Internet communications. In-house, on-demand printing and binding continued to be substituted for large quantities of offset printing when possible to save on turnaround and storage and to allow for greater revision flexibility.

## PUBLIC INFORMATION

The goal of the Public Information Division is to improve public health by providing information through the mass media and through departmental publications.

The division provides health information to the media and agency staff about departmental objectives and activities. In 2000 the division prepared and distributed more than 50 news releases; assisted with news media campaigns for several programs; edited the monthly publication, *Alabama's Health*; assisted with the design of other newsletters; maintained educational material listings; distributed newspaper clippings; and coordinated regular appearances on a television talk show.

The division sent news releases to the news media electronically and through facsimiles based on the media outlet's expressed preference. One hundred forty-nine news organiza-

tions received electronic mail from the department as did area and county offices. More than 13,500 faxes were transmitted to the news media, and the division continued publishing news releases on the department's Internet web site.

Printing costs for *Alabama's Health* are reduced by printing in-house. The magazine was placed in an electronically accessible format through the department's Intranet system and on the agency's web site.

In order to communicate agency objectives and plans to the public and to special target audiences, division staff also composed and edited a variety of publications and worked on numerous projects and promotions. These included reports, fliers, address/telephone rosters, news conferences, proclamations, public service announcements and fact sheets. Special promotions included community-wide health fairs.

The division was instrumental in compiling data from various agencies inside and outside the department for *Healthy Alabama 2010*. *Healthy Alabama 2010* continues to examine the health status of Alabamians and strives to reduce the racial disparities regarding health in the state. The overall goal of the *Healthy Alabama 2010 Objectives* is to increase the life expectancy and quality of life for Alabamians.

The National Public Health Information Coalition recognized the department's 1998 Annual Report with an award for excellence in public health communication at the coalition's annual meeting in Denver, Colo. Factors considered in the judging of this awards competition included target audience, objectives and budget.

## RISK SURVEILLANCE

The purpose of the Risk Surveillance Unit is to identify and measure the health practices, attitudes and conditions that place adults in Alabama at risk for chronic diseases, injuries and preventable infectious diseases. More than half the deaths that occur each year can be attributed to modifiable health risk factors. The Alabama Behavioral Risk Factor Surveillance System or BRFSS is an annual telephone survey which monitors the health-related risk behaviors among the adult population in Alabama. The information gathered in these surveys is used by public health officials to determine health areas that need to be addressed, eliminate health disparities and to evaluate success in reducing the prevalence of health behaviors that endanger public health. By providing this information, public health officials can strive for change through programs which promote healthy lifestyles and improved health status for all Alabamians.

In 1999, 2,097 Alabama adults participated in the Alabama Behavioral Risk Factor Survey and reported the following concerning their health practices and daily living habits:

- ▶ 23.4 percent classified themselves as current smokers.
- ▶ 23.7 percent of women, age 40 and over, reported not having a mammogram and clinical breast exam.
- ▶ 14.4 percent of women, with intact uterine cervix, had not received a Pap smear within the past three years.
- ▶ 36.6 percent classified themselves as overweight, based on body mass index.

The Risk Surveillance Unit also responds to numerous data requests from within the department, from outside agencies, and news media. Also, the data serve as an effective tool in planning for future public health activities.

## WORKSITE WELLNESS

The Worksite Wellness Division was established in 1993 to provide active and retired state employees and their eligible dependents with a convenient and cost-free way to have their health status evaluated and to provide assistance with reducing their health risks. With funding from the State Employees' Insurance Board to implement the state wellness program HealthWatch, the division has grown each year.

In 2000, the division marked new records with the number of participants screened and the amount of wellness activities offered. Over 10,000 participants were screened to determine problems with blood pressure, glucose and cholesterol levels as part of the health screening program. This number was almost doubled from the prior year.

To date, blood pressure screenings have been conducted in 63 counties to more than 45,000 participants. During the past year, blood pressure screenings were conducted at 720 sites to more than 25,600 participants. These programs have provided virtually every employee with access to regularly scheduled blood pressure monitoring and counseling.

One of the most exciting and popular additions to the HealthWatch program was the implementation of the Weight Watchers at Work program.

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Over 1,200 participants with a body mass index of at least 27 attended one or more sessions of the 10-week program to reduce their weight as a means of decreasing their risk of obesity related diseases. Adult immunizations were provided to another 10,000 participants to immunize against influenza, pneumonia or tetanus.

HealthWise, a wellness program for public education employees, was funded for the first time by the Public Education Employees' Health Insurance Plan. HealthWise provides health screenings to determine problems with blood pressure, glucose and cholesterol levels. It also provides a colorectal cancer screening for high-risk participants. This program began in October 2000 with over 1,500 receptive teachers and other covered members participating before the end of the year.

## **VIDEO COMMUNICATIONS**

The department continues to excel in video production and satellite conferencing. The Video Communications Division was awarded a contract by the American Public Health Association to uplink portions of its 128th Annual Meeting in Boston in November 2000. For the second year in a row, the department's expertise in satellite conferencing/distance learning provided the opportunity for public health professionals from across the nation to take part in selected sessions of the APHA Annual Meeting without leaving their home state. Plans are now being made for the division to travel to Atlanta to provide a satellite uplink for the 129th

Annual Meeting of the American Public Health Association in October 2001.

The Video Communications Division is the organizational unit which was established in 1991 to provide "in-house" video production and satellite conferencing for department inservice training, public relations and educational and informational programs. The Video Communications Division also initiated national satellite conference activities and the subsequent development of the Public Health Training Network by working in collaboration with the Centers for Disease Control and Prevention in 1992. Today the network is the nationally recognized provider of public health training and education programs with the Alabama Department of Public Health producing more programs than any other state or federal agency. In 2000, the Alabama Department of Public Health produced 38 continuing education programs (satellite conferences) for the network and the national public health workforce. This is approximately 40 percent of the total number of programs produced by all of the Public Health Training Network partners.

The Alabama Department of Public Health is the only state public health agency in the country to have "in-house" equipment and staff to produce live, satellite delivered continuing education programs. This includes the department's Ku-band satellite uplink vehicle (purchased in 1995) which is specifically designed for interactive delivery of educational programs via satellite and the office

and production suite which includes an edit room, a master control room and a studio. In addition, the department now has 60 county health department facilities (out of 67) which have installed satellite downlink antennas which provide convenient and efficient access for employees to participate in satellite conference training and educational programs.

The Video Communications Division produced a total of 59 satellite uplinks in 2000 to provide training and administrative support to the department's 4,500 employees and to other public health professionals throughout the United States. Over 62,000 public health professionals participated in the division's satellite conference programs.

The division also continues to utilize the Internet for processing electronic registration for program participants and as a vehicle to disseminate conference packet/handout materials. The division's web site is located at: <[www.alapubhealth.org/alpht](http://www.alapubhealth.org/alpht)>.

In addition to the satellite conferences for public health, the division provides specialty programs for other state and federal agencies such as the Department of Human Resources, the Governor's Office and the Alabama Department of Senior Services. The Video Communications Division also produces other projects such as video educational programs, press conferences, television and radio public service announcements. Thousands of videotapes are reproduced and distributed in Alabama and nationally each year.

# BUREAU OF CLINICAL LABORATORIES

**The goal of the Bureau of Clinical Laboratories is to provide testing for diseases of public health significance; offer diagnostic capabilities unavailable in the private sector; provide private laboratories with reference services; administer regulations; provide educational services; institute new testing procedures; and provide data to agencies.**

## CLINICAL CHEMISTRY

The Clinical Chemistry Division provides a variety of services, both clinical and environmental. Clinical chemistry, hematology, and flow cytometry testing are performed in the Clinical Services Branch of this division. This branch experienced a reduction in specimen volume for clinical chemistry and hematology, but flow cytometry testing remained approximately the same.

Environmental and clinical blood lead testing are performed in the Lead Branch of the division. Clinical blood lead specimen volume remained approximately the same, while environmental lead samples increased about 9 percent. Environmental lead testing was performed on paints, dust wipes, soils, waters and other miscellaneous samples. The Environmental Lead Section received 66 soil samples from a rifle range with 50 of the 66 samples testing positive (lead value > 500 ppm).

The Environmental Lead Section of the Lead Branch is in the final stage of the American Industrial Hygiene Association's (AIHA) accreditation process for the analysis of paints, soils and dust wipes. In Alabama there are only three accredited laboratories for paint, soil, and dust analyses.

## METABOLIC

The Metabolic Division provides testing for the following inborn errors of metabolism: hypothyroidism, phenylketonuria, congenital adrenal hyperplasia, galactosemia and sickle cell anemia (including other abnormal hemoglobins). The Newborn Hemoglobin Branch and Galactosemia

Branch tested 61,421 specimens during the fiscal year of which 34 were positive for sickle cell. In the Adult Hemoglobin Program, 6,982 specimens were tested. The Hypothyroid, Phenylketonuria, and Congenital Adrenal Hyperplasia (CAH) Branch tested 61,629 specimens, of which 3 were identified as positive for phenylketonuria, 5 for galactosemia, 4 for hypothyroidism, and 0 for CAH.

## MICROBIOLOGY

The Microbiology Division continued its bioterrorism grant for year two. A doctoral level microbiologist experienced in molecular technology and a student aide were hired for the bioterrorism program. The division started developing the molecular laboratory by purchasing specialty equipment and reagents for molecular technology procedures. Personnel were trained in molecular subtyping of foodborne pathogens, West Nile Virus Enzyme Immunoassay (EIA) and Polymerase Chain Reaction (PCR) procedures, and phase contrast/fluorescent antibody testing for the detection of potential bioterrorism biological agents. Bioterrorism laboratory procedure manuals were developed. Renovations were begun to advance portions of the division from a Bioterrorism Level B to a Bioterrorism Level C laboratory (Biological Safety Level Three Plus). Staff participated in monthly bioterrorism task force and quarterly bioterrorism advisory council meetings. There were two anthrax bacilli hoaxes that were investigated and tested for this fiscal period.

The division also received \$121,992 in funding from the Centers for Disease Control and

Prevention for an Epidemiology-Laboratory Capacity Grant for Emerging Infectious Diseases. This award made it possible to hire a second microbiologist and to purchase the Pulsed-Field Gel Electrophoresis system which will be used as a surveillance tool in deoxyribonucleic acid fingerprinting of infectious organisms.

The Reference Bacteriology Section identified two specimens positive for *Streptobacillus moniliformis*, the causative agent of Rat Bite Fever. Twenty-two specimens were for *Neisseria meningitidis* serogrouping. These 22 specimens consisted of: 10 serogroup Y., 6 serogroup C., 4 serogroup B., and 2 were unable to type.

Eleven known specimens were typed as *Escherichia coli* 0157:H7 and 7 cases of *Bordetella pertussis* were detected by culture or fluorescent antibody techniques.

The Reference Bacteriology and Enteric Sections worked collaboratively on foodborne outbreaks. In one outbreak, a total of 16 culture positive people became ill after eating contaminated barbecue/50 total ill by culture or interview from a restaurant in Morgan County. The infectious agent was *Salmonella mbandaka*. A second foodborne outbreak that occurred due to contaminated barbecue was a result of *Salmonella typhimurium* and 20 people were known to have become ill in Jefferson County. A third foodborne outbreak involved pizza from Jefferson County, in which *Clostridium perfringens* and *Bacillus cereus* were the causative agents. The fourth foodborne outbreak also involved contaminated barbecue and a total of 41 of 75 inter-

viewed become ill in Dale County. This contamination was caused by *Staphylococcus aureus* and the Staphylococcus enterotoxin A agent.

The Enteric Section reported a 22 percent increase in the number of positive *Salmonella* species and a 48 percent decrease in the number of *Shigella* species identified.

The Parasitology Section identified six malaria specimens. Three were identified as *Plasmodium vivax* and 3 were identified as *Plasmodium falciparum*. Three stool specimens submitted contained *Schistosomua mansoni* and 1 stool contained *Cyclospora* species.

The Rabies Section had a 13 percent increase in the number of animals submitted for testing, although there was a 44 percent decrease in the number of positive animals. One of the positive animals was a cat on which the laboratory performed strain typing and found it to be infected with the southeastern raccoon strain of the rabies virus. Rabies Monoclonal Antibody Typing for all positive domestic rabies cases is now available at the Central Laboratory.

## QUALITY ASSURANCE

The Quality Assurance Division continued the tradition of offering training events to both private sector and public health personnel. In March 2000, a national audio conference was presented on packaging and shipping regulations. This audio conference was available to all interested laboratory personnel. In July 2000, a Bioterrorism satellite conference, cosponsored with the National Laboratory Training Network, was available national-

ly to private sector laboratory personnel. Newborn screening seminars were presented to hospital and physician office personnel throughout the year at sites including Birmingham, Cullman, Dothan, Florence and Phenix City.

In addition, microscope wet prep training was presented by Quality Assurance personnel in Blount and Pike counties to approximately 30 public health nurses. This training enables nurses to provide this service when nurse practitioners are not available in county health departments.

Finally, Quality Assurance Division personnel assisted with the Southern Association of Microbiology annual conference held in Birmingham during September.

## RESPIRATORY DISEASE

The Respiratory Disease Division received 15,028 specimens to identify for mycobacteria and actinomycetes. The Mycobacteriology Section performed 1,276 DNA probes, 1,666 high performance liquid chromatographies, and 691 drug susceptibilities for the identification and drug susceptibility pattern of *M. tuberculosis* and other, non-tuberculous mycobacteria. The Mycology Section received 4,337 specimens for fungal identification and identified over 1,228 dermatophytes, 316 yeasts, and 876 other fungi, including 9 *Histoplasma capsulatum* and 3 *Blastomyces dermatitidis*.

The division continues participation in the Tuberculosis Cooperative Agreement Grant, a Centers for Disease Control and Prevention Tuberculosis Multi-Drug Resistant Susceptibility Study, and the National

Genotyping and Surveillance Network Grant. The division continues to genotype strains of tuberculosis in the ongoing establishment of a DNA fingerprinting library of tuberculosis isolates in Alabama in cooperation with the University of Alabama at Birmingham.

The Mycology Section is also continuing participation in the study of significant systemic mycosis conducted by the Medical Mycological Society of the Americas through the Department of Microbiology and Immunology at the University of California in San Francisco.

## SEROLOGY

Preparations were made to prepare for Y2K problems well in advance of the new millennium. Despite the assurances from one company that provided Rubeola testing, its equipment was not Y2K compliant. Due to the efforts of the MCH and Measles Section, the tests were performed manually with calculations and computations performed with no interruption of testing.

A new test, Serodia Treponema Pallidum Particle Agglutination (TP-PA), was incorporated into the syphilis testing program in April 1999 to replace the confirmatory test used for 25 years. New data were released in April 2000 from CAP Today (College of American Pathologists) which revealed this test to be more sensitive and more specific than the old standard treponemal test, FTA-ABS. Based on unpublished data from the Centers for Disease Control and Prevention, the new test will detect cases of primary syphilis sooner with a sensitivity of 89 percent for the

TP-PA compared to 84 percent for the FTA-ABS.

The March 24, 2000, *Morbidity and Mortality Weekly Report* (MMWR) states that indigenous rubella is targeted for elimination in the United States by the end of 2000, but that epidemics continue to occur among susceptible foreign-born adults. This was confirmed in Alabama with the testing of three positive rubella IgM tests on Latinos/Hispanics relocating in the state to work in large poultry plants in Marshall County as well as one positive case from DeKalb County. As a result of these confirmed cases, a rubella alert was issued on April 28, 2000, to obstetricians, family physicians, and birthing hospitals providing services in Marshall, DeKalb and Etowah counties. According to the alert, an estimated 10 percent of the general U.S. population is thought to be susceptible to rubella. Susceptibility is thought to be higher among the foreign-born Latino/Hispanic women of child-bearing age because of the differing vaccination practices in their countries. These cases reaffirm the potential problem with rubella outbreaks in these isolated communities, since rubella can cause problems for newborns if contracted in the first trimester of pregnancy.

The MCH Section screened 8,110 maternity patients for Rh, ABO, and antibodies capable of causing Hemolytic Disease of the Newborn. A total of 35 antibodies in this category were detected and reported to the county health departments. The Syphilis Section showed an increase of approximately 9 percent from the STD Clinics with a VDRL positivity rate decrease from 4 percent to 3.6 percent.

The Virology Section contin-

ued to receive an increase of Chlamydia specimens; 33,728 requests were received showing an increase of 29.7 percent over the previous year.

## BIRMINGHAM MICROBIOLOGY

The Birmingham Microbiology Division performed 254,083 examinations on 99,696 specimens. Specimens included urine culture-enumeration of total bacteria present; identification of relevant bacteria and therapeutic drug sensitivities, 9,666; Gonostat and culture for the identification of *Neisseria gonorrhoeae*, 75,822; Coliform test for public and private water sources, 9,279; and dairy testing, both farms and retail supplies, 3,417. The division participated in and successfully completed all applicable proficiency testing including: Clinical Laboratory Improvement Act, Food and Drug Administration, and Environmental Protection Agency.

The Sanitary Bacteriology section provided proficiency test samples to eight industry milk laboratories and two state laboratories. The laboratory evaluation officer inspected three industry dairy laboratories and five public water utility laboratories for compliance with state and federal regulations.

The Microbiology Section participated in the Centers for Disease Control and Prevention's Gonococcal Isolation Surveillance Program, providing 300 *N. gonorrhoeae* isolates for surveillance of drug-resistance patterns. The section provided assistance to the regional STD training courses held at the Jefferson County Department of Health.



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In addition, the personnel of this division participated in the planning and implementation of the annual educational conference of the Southern Association of Clinical Microbiologists held in Birmingham in September.

### **BIRMINGHAM SEROLOGY**

Fiscal year 2000 was a very active year for influenza. Specimens for isolation were received from county health departments, hospitals, and private clinics. The dominant strain isolated this year was Influenza/A/H3N2/Sidney. This was consistent with the rest of the country.

The total specimens received for all tests was approximately 9 percent less than last year. There were no significant changes in any of the tests. Animals positive for rabies were of two groups; bats and raccoons. There were more raccoons positive for rabies in this service area than in previous years.

### **DECATUR DIVISION**

### **LABORATORY**

The Decatur Division Laboratory and Morgan County Health Department moved back to their newly renovated location (510 Cherry St.) in June 2000. The facility was renovated with new flooring, ceilings and a cooling system.

There was a decrease in the total number of HIV specimens tested during this period. The number of infected per thousand HIV-EIA tests performed increased from three to five; that indicates a 66 percent increase in the number of persons infected per thousand. This laboratory is no longer performing Hepatitis B tests.

### **DOTHAN DIVISION LABORATORY**

The Dothan Division Laboratory continued to operate with reduced staff for the fiscal period. The number of positive rabies specimens was greatly reduced this year with a large number of raccoons and foxes dying from an outbreak of canine distemper.

### **MOBILE DIVISION**

### **LABORATORY**

“Red Tide,” caused by the toxic microscopic algae, *Gymnodinium breve*, threatened the Alabama Gulf Coast in October and November 1999. The Mobile Laboratory examined 28 positive samples, collected by the Alabama Department of Public Health and the Alabama Department of Environmental Management, during the event. Shellfish growing waters, which are routinely monitored for harmful algae, remained unaffected. Gulf Coast beaches were examined periodically for phytoplankton under the conditions of an ADEM and EPA grant. Besides the *Gymnodinium breve* bloom, the Mobile Laboratory was called on to identify other algal blooms or discolored water containing *Prorocentrum micans*, *Prorocentrum minimum*, and *Gymnodinium sanguineum*.

The Recreational Waters Testing Program was expanded to include 11 sites along the Mobile Bay and Gulf Coast beaches. Weekly monitoring for the fecal pollution indicator, *Enterococcus*, was done under contract with ADEM and EPA. The Mobile Laboratory was part of surface water studies collected by the Mobile and Baldwin county health departments. Fecal coliforms, *E. coli*, fecal streptococci, and *Enterococcus* densities are components of these studies.

# BUREAU OF FAMILY HEALTH SERVICES

**The Bureau of Family Health Services protects and promotes the health and safety of women, infants, children, youth and their families in Alabama through assessment of community health status, development of health policy and assurance that quality health services are available.**

## COMMUNITY DEVELOPMENT AND PROFESSIONAL SUPPORT

The Division of Community Development and Professional Support provides technical assistance and professional support to the counties and areas on community development and clinical practice.

### COMMUNITY DEVELOPMENT

The goal of the Community Development Branch is to build the capacity of the county health departments to meet the challenges of the changing health care environment. The branch has worked to change the paradigm in which maternal and child health services are conceived and operationalized at the state, area and county levels. As defined, the paradigm's emphasis shifts from a "direct personal health care" mindset to a "community capacity-building" perspective, and from state domination of the maternal and child health care systems to much greater reliance on collaboration, community coalitions, and active partnerships at the local county level.

### 2000 Service Activities

- ▶ The Bureau of Family Health Services Community Systems Development grant program provides support for counties to develop and implement community-based initiatives. Technical assistance and training are provided in the areas of program development and evaluation.
- ▶ The fiscal year 2001 Cooperative Agreement will require the development of county specific performance measures and indicators that

communities can use to monitor specific health issues and to identify the roles that county health departments could be expected to play in addressing these issues. An introductory course for area staff was held in September 2000 at the University of Alabama at Birmingham School of Public Health. Additional training sessions that will build on this introductory course have been planned for 2001.

### PROFESSIONAL SUPPORT

The Professional Support Branch provides training, technical assistance, consultation and program and policy development, primarily in the areas of clinical practice.

### 2000 Service Activities

- ▶ The Medically At Risk Program was approved by Alabama Medicaid to provide case management services under Title XIX effective Jan. 1, 1999. The Operational Protocol Manual was developed by the Professional Support Branch social work consultant and approved by Alabama Medicaid. Services are being provided to Medically At Risk children and their families in 66 Alabama counties upon referral from a primary medical provider or a dentist. All case managers are required to attend training sessions conducted by the Professional Support Branch.
- ▶ Statewide training on revisions to the counseling methodology, PT+3, was accomplished. The changes included new techniques and tools for counseling the family planning client in a

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therapeutic way, while tailoring the counseling to better meet the needs of the client.

- ▶ The 1115 Family Planning Waiver was implemented on Oct. 1, 2000. Care coordination trainings were provided by the Professional Support Branch to supervisory staff and care coordinators statewide. The Professional Support Branch nurse and social work consultants worked with Alabama Medicaid to develop the Operational Protocol Manual and support materials for the waiver.
- ▶ Maternity Care Coordination and Targeted Case Management training was provided on an ongoing basis by the Professional Support Branch for care coordinators and case managers statewide.
- ▶ The Professional Support nurse consultant worked closely with the Family Planning director in a project designed to establish Best Practices in the family planning clinics. The goal of the project was to find more efficient ways to serve family planning clients. A family planning focus group was created to look at the findings from this project and make recommendations for changes in family planning clinics.
- ▶ Professional nursing and social work consultation was provided to public health areas and counties by the Professional Support Branch.
- ▶ The Professional Support nurse consultant continues to work with the Bureau of Information Services to streamline the requirements for data entry into the com-

puter system, Public Health of Alabama Clinic Operations Network or PHALCON. Training updates in regard to entering program-specific information into PHALCON are being planned.

- ▶ The Professional Support Branch continued to operate the Healthy Beginnings and InfoConnection toll-free hotlines for pregnancy, child health and family planning inquiries. Registered nurses, social workers and nutritionists are available for consultation. Additionally, family planning related consultations were provided to patients who called on the 1115 Family Planning Waiver hotline.

## ORAL HEALTH

The Oral Health Branch had a successful year through a variety of oral health initiatives. Dental staff continued to assist in collecting data through WIC clinics as part of an infrastructure grant designed to develop an educational model for the prevention of early childhood caries. Numerous focus groups, consisting of WIC parents and other caregivers, were conducted statewide, and the data collected will be utilized to produce a variety of educational materials and teaching tools for use in WIC clinics by the fall of 2001.

The branch also played a key role in the development of two new dental clinics in underserved areas of the state. One new dental clinic opened in Monroe County at the MCH Rural Health Clinic in Frisco City. Building renovations began and equipment was purchased to develop a dental clinic in the Coffee County Health Department/Family

Services Center. Both clinics will serve low-income children and families and are located in counties with no Medicaid dental providers.

These dental facilities resulted from collaborative efforts by the Monroe County Hospital, the county health departments, State Health Department, local school systems, the Alabama Medicaid Agency, the UAB School of Dentistry and several other organizations. While staffing continued to be a major barrier for successful operations at these sites, the Monroe County clinic addressed the problem by contracting with the UAB dental school to utilize residents from its pediatric dental program. The approach proved to be very successful since the residents were fully licensed dentists and required no on-site supervision by dental school faculty. It is hoped that this program, which is funded by a Health Resources and Services Administration grant, can be used as a model and replicated in other underserved areas of the state.

Staff from the branch also worked diligently with the Alabama Medicaid Dental Task Force. Several projects resulted from collaborative efforts by this group. First, the governor increased Medicaid dental fees to 100 percent of the Blue Cross/Blue Shield fee schedule. Secondly, a Robert Wood Johnson Foundation grant application was submitted and funded that will assist the Medicaid program in providing education and outreach initiatives to dental professionals and Medicaid clients. Thirdly, Alabama was one of eight states chosen to participate in the National Governor's Association Oral Health Policy Academy to improve children's oral health.

State Health Department staff from the Children Health Insurance Program, Rural Health, and the Bureau of Family Health Services joined representatives from the governor's staff, the Alabama Medicaid Agency, the UAB Dental School faculty, the Alabama Dental Association, Alabama Primary Health Care Association, and a state legislator to attend the policy academy and develop a state plan that would improve the oral health of Alabama's children. The Oral Health Branch will be strategically involved in these statewide initiatives that promote access to dental services, increase awareness of the benefits of optimal oral health, and provide preventive services to underserved populations.

The oral health staff continued to supply thousands of pamphlets and pieces of educational literature to educators, nurses, dental professionals, students and others statewide. Prevention programs were also provided through school systems, county health departments, and other agencies. The state Fluoridation Program also had a successful year as several additional water systems received fluoridation funding through state and federal grants.

### **2000 Service Activities**

- ▶ 43,054 Patient encounters were recorded in Houston, Jefferson, Mobile and Tuscaloosa county health department dental clinics.
- ▶ 41,243 Dental sealants were placed through county health department dental programs.
- ▶ 1,314 Patient encounters occurred in Auburn and

Opelika City Schools' dental clinics.

- ▶ 304 Dental sealants were placed through these school-based programs.
- ▶ 23,000 K-6 grade students participated in the school-based fluoride mouthrinse program.
- ▶ 23,000 Students received free oral hygiene kits and dental health education programs.
- ▶ 350 Dental/dental hygiene students, nurses, nutritionists, clinic staff and others received dental health education or continuing education presentations.

### **WIC**

WIC provides nutritious foods, nutritional and substance abuse education, breastfeeding counseling, coordination with and referral to other health and social programs for pregnant women, infants, and children who demonstrate nutritional risk, and serves as an adjunct to good health care during critical periods of growth and development.

### **2000 Service Activities**

- ▶ Served 103,960 participants on an average monthly basis.
- ▶ Served 25,785 pregnant, breastfeeding, or postpartum women; 33,735 infants; and 44,440 children on a monthly basis.
- ▶ Served approximately 58 percent of those in need.
- ▶ Provided more than one million visits for certification, recertification, nutrition education, and food instrument pick-up.
- ▶ Provided 3.3 million food instruments which were used at any of the 889 WIC-approved grocery stores, statewide. This resulted in

\$73 million spent in Alabama stores.

- ▶ Monitored 407 grocery stores, trained representatives of 970 stores, conducted 38 compliance investigations, sent 17 sanction/warning letters to grocery stores, and 13 to participants, and collected approximately \$85,406 from grocery stores for errors/overcharges.
- ▶ Provided training for 515 employees during 2000.
- ▶ Provided 34,880 Farmers Market Nutrition Program checks which were used to purchase fresh, locally grown fruits and vegetables from any of the 44 authorized farmers in the three participating counties. This resulted in 4,403 participants spending \$74,648 at the three authorized Alabama farmers' markets.
- ▶ On-site printing of food instruments, on demand, has resulted in a significant reduction of voided food instruments and has eliminated unclaimed food instruments. This procedure has also streamlined food instrument issuance and eliminated many of the manual procedures for clerical staff at the local clinic level.

### **WOMEN'S AND CHILDREN'S HEALTH**

#### **Women's Health**

The Women's Health Branch continued to provide administrative and systems development support and technical assistance to counties and areas on women's health clinical programs and special projects. Women's Health programs and projects in year 2000 included

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Family Planning, Maternity, Perinatal, the Alabama Smoking Cessation Reduction in Pregnancy Trial (SCRIPT), the Alabama Tobacco Free Families Program, the Alabama Unwed Pregnancy Prevention Program and the Uncompensated Maternity Care Project.

### **The overall goals of the branch are**

1. Reduce the incidence of pregnancy related mortality and morbidity by ensuring statewide access to quality women's health care services, and
2. Reduce the incidence of unintended pregnancy.

### **Maternity**

With the health department no longer being a major provider of maternity services for Medicaid and uninsured women in year 2000, concern was raised regarding the lack of a safety net for these women. Because of this concern, the Uncompensated Maternity Care Project was initiated to better understand and better serve the needs of those among Alabama's maternity population without private insurance or Medicaid. The goals of the project have been to determine the number and demographics of this vulnerable population; study the level of health care services available to them; and, as needed, help put in place appropriate and accessible systems of care. Annual data show that about 1,400 women are uncompensated maternity patients, that a growing percentage of this number is Hispanic, that these women access care later and less frequently and that their birth outcomes are poorer than their counterparts' with insurance.

The project has encouraged the development, through community-based coalitions, of local health care networks. In addition, the bureau has re-directed some Maternal and Child Health Block Grant funds to help pay for prenatal care in these new systems.

In response to the growing Hispanic immigration into Alabama, in November, the bureau organized the first-of-its-kind Hispanic Interest Group Meeting around the topic of health care, with an emphasis on uncompensated maternity care. More than 100 people from around the state participated in the gathering that provided input into Alabama's Hispanic immigration, encouraged participants to give a local perspective to the topic, and closed with a session on "Where we go from here" that provided guidance for an ongoing response to the needs of Hispanics in Alabama. At the meeting, the state health officer noted that the department did not have the resources to be the entire solution for access and provision of health care for Hispanics, but he pledged that the agency would be part of the solution and an active partner with others to meet this new and growing need.

### **Family Planning**

Direct patient services were provided to approximately 87,000 family planning clients in fiscal year 2000. In October 2000, the new Family Planning Medicaid Waiver Program (Plan First) was implemented. Plan First is a joint venture between the Alabama Medicaid Agency and the department. This program is an 1115(A) Medicaid Research and Demonstration Waiver expanding Medicaid eligibility for family planning services to women age 19-44 at or below 133 percent of the federal poverty level. With implementation of the program, approximately 55,000 women were automatically notified of their eligibility for these services. Plan First also includes a psychosocial assessment to determine one's risk for an unplanned pregnancy and offers care coordination services to those identified as "high risk." To facilitate the care coordination services, the Central Office trained 180 public health employees. Also, the Alabama Department of Public Health established a toll-free hotline, designed posters, handouts and brochures to advertise the program.

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### **Alabama Smoking Cessation-Reduction in Pregnancy Trial (SCRIPT) and the Alabama Tobacco Free Families (ATOFF) Program**

A five-year partnership with the University of Alabama at Birmingham to implement the SCRIPT Project continued in year 2000. Among the first 800 pregnant Medicaid smokers enrolled in the trial, a significantly higher percentage of patients quit smoking in the SCRIPT group (17 percent) than in the control group (9 percent). Recruitment and randomization of more than 1,200 eligible participants was completed and a dissemination phase is being planned for implementation during the final year of the project (fiscal year 2001) in the eight SCRIPT sites (Calhoun, Covington, Cullman, Houston, Jefferson, Lee, St. Clair and Walker counties).

The collaboration between the department and UAB will be further extended as the ATOFF Program begins. ATOFF is a four-year (2000-2004) multi-component, multi-channel health communications and policy change program to reduce the smoking prevalence rate among a representative sample of pregnant females whose maternity care is supported by Medicaid as well as the smoking prevalence of all women of childbearing age (14-44) in the original eight SCRIPT counties. Because 80 percent of SCRIPT program participants reported they live with at least one smoker, ATOFF will also focus on male partners and families of these women with the purpose of creating a social environment supportive of a tobacco-free family home.

### **Perinatal Program (State and Regional Perinatal Advisory Committees)**

The Alabama Perinatal Health Act of 1980 was established to reduce infant mortality and handicapping conditions. The statute established the State Perinatal Program and the mechanisms for its operation. The State Perinatal Advisory Committee was formulated to advise the state health officer in the planning, organization and evaluation of the perinatal program. There are five perinatal regions, based on neonatal intensive care unit locations. The Regional Perinatal Advisory Committees are subcommittees that provide representation from each county to advise and inform about regional perinatal concerns. During 2000, funds were allocated in accordance with a spending plan developed by the Family Health Services director with the committee and with the approval of the State Committee of Public Health.

### **Alabama Unwed Pregnancy Prevention**

During 2000, the Alabama Unwed Pregnancy Prevention Program was established and funded through a partnership with the Alabama Department of Human Resources. The program's purpose is to address the issue of unwed pregnancy among women of childbearing age. The overall plan provides insight and direction for workable and recommended strategies to reduce non-marital pregnancy. A total of 35 projects statewide has been funded to date that encourage community involvement by community-based organizations, churches, schools, health departments and county agencies.

### **Children's Health**

The Child Health Branch and Quality Assurance Branch are housed within the Women and Children's Health Division in the Bureau of Family Health Services. The children's health programs include the Newborn Screening Program, the Alabama Childhood Lead Poisoning Prevention Project, Healthy Child Care Alabama, Child Death Review, the Alabama Abstinence Education Program, and School Health. These programs are involved daily with protecting and promoting the health and safety of infants, children and adolescents within the state.

### **Alabama Newborn Screening Program**

The Alabama Newborn Screening Program continued to screen babies for galactosemia, phenylketonuria, hypothyroidism, hemoglobinopathies, and congenital adrenal hyperplasia during the past year. Infants identified with abnormal newborn screening results were provided follow-up services. A total of 60,741 babies were screened and follow-up services were provided for 951 patients. The following disorders were identified and referred for treatment: 63 confirmed hemoglobinopathies, one classical galactosemia, 10 congenital hypothyroidism/thyroid stimulating hormone, four classical PKU, three congenital adrenal hyperplasia, and others are being followed to case disposition. Medical consultants at the University of Alabama at Birmingham and the University of South Alabama, along with numerous primary medical providers, the county health departments, and the seven community-based Sickle

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Cell Organizations provided support for the program's goals and purposes of preventing infant mortality/developmental impairment (mental retardation - neurological deficit), decreased morbidity, delayed physical growth, and other catastrophic illnesses and conditions resulting in deaths.

### **Alabama Childhood Lead Poisoning Prevention Project**

During the eighth year of the Childhood Lead Grant from the Centers for Disease Control and Prevention, 178 lead cases were entered into medical and environmental case management. Eighty-four primary and secondary homes of lead poisoned children were inspected during the year. Follow-up inspections were completed on all homes where children's blood lead levels did not improve in a six-month period.

### **Healthy Child Care Alabama**

Every day more young children leave home and spend a part or most of their day in some type of child care setting. The Healthy Child Care Alabama project is based on the principle that families, child care providers, and health care providers in partnership can promote the healthy development of young children in child care and increase access to preventive health services and safe physical environments for children. The four nurse child care health consultants provide technical consultation either on-site or by telephone to 17 targeted counties. They conduct health and safety education and promote safe, healthy and developmentally appropriate environments for all children in child care. Educational initiatives strengthen and improve nutritional ser-

vices, increase awareness in the areas of social and emotional health, and address the needs of children with special health needs or who are developmentally delayed.

### **Child Death Review**

The Alabama Child Death Review concluded the year with a milestone event. For the first time in its history the State Child Death Review Team proposed a series of recommendations aimed at improving the welfare of Alabama's children. These recommendations touch a wide spectrum of critical issues and include: concerns for children in day care settings, public awareness and prevention campaign involving preventable child deaths, support for graduated driver's license legislation, standardized child death investigation protocols, concern for the growing number of "undocumented children" in Alabama, and continued concern for the high infant mortality rates in Alabama. These recommendations were sent to the governor for his consideration and action.

Further, the Birmingham and Mobile fetal infant mortality reviews continue to grow and show meaningful results. As evidence of this, the governor's new Infant Mortality Task Force is looking at ways to implement a modified, statewide fetal infant mortality review throughout every county in Alabama. The Alabama Child Death Review will work closely with the State Perinatal Advisory Committee to make this a reality. And finally, the review continues to try to modernize and improve its effectiveness and efficiency. One way this is happening is through continued review and modification of the data collection tool.

Through this process the review is trying to ensure that not only are timely data being collected, but also that the "right" data are being collected. Another way the review is modernizing is through electronic rather than manual receipt of all certificates (birth, death, fetal death). In this way time is saved, repetition is avoided, and facts are recorded much more accurately.

One last example of how the review has modernized is the development and publishing of the Alabama Child Death Review web page. Now information regarding the ACDR is available, in a moment's notice, to anyone and everyone who has a computer (<http://www.alapub-health.org/CDR>).

### **Alabama Abstinence**



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## Education Program

The goal of this five-year federally-funded grant program which began in fiscal year 1998 is to reduce the occurrence of sexual activity among adolescents 17 years of age and younger in Alabama. Program activities in fiscal year 2000 included: 1. 18 community-based projects that implemented abstinence-only education to 42,000 participants in 32 counties, 2. a statewide media campaign that consisted of a website, radio/television public service announcements, educational materials, program incentives/enhancements, news releases and, 3. a comprehensive, intensive, five-year longitudinal evaluation of each of the 18 projects and the program as a whole.

## Clinical Services

The department continues to see a reduction in the number of child health patients who were provided services in fiscal year 2000. This reduction is a direct result of statewide implementation of Patient First, Medicaid's managed care program, and ALL Kids, the State Child Health Insurance Program. A total of 40,373 patients were provided services by county health department staff. These patients made a total of 106,351 visits to local clinics.

## Quality Assurance

The Quality Assurance Branch audited 11 county health department sites and four WIC private contract agencies during calendar year 2000. The purpose of the audits is to meet federal mandates for evaluation and to measure specific components of clinical care against practice guidelines.

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## ADMINISTRATION

### Epidemiology and Data Management

The Epidemiology and Data Management Branch has two main purposes. The first is to conduct population-based studies pertaining to the health of mothers and children in Alabama. The second is to translate these and other studies into information necessary for allocating resources and for reshaping programs to better promote the health of women and children. The branch's activities during 2000, often conducted in collaboration with other groups within and outside of the Alabama Department of Public Health, included the following:

► Planning and coordination of a five-year maternal and child health needs assessment

► Preparation of reports and

presentations, including:

- The Maternal and Child Health Services Block Grant Annual Report/Application, which contained the initial report of the needs assessment
  - A second report about the needs assessment that is intended for use by the March of Dimes, county health departments and other interested groups
  - Two slide presentations about infant mortality that were made to the Alabama Infant Mortality Task Force
  - A slide presentation about infant mortality that is for adaptation and use by county health departments
- Provision of in-service education about performance measures, outcome measures, and health status indicators to Alabama Department of Public Health area staff

# **BUREAU OF HOME AND COMMUNITY SERVICES**

**In 2000, the Bureau of Home and Community Services continued to administer the statewide Home Care Program in partnership with county, area and state level staff to fulfill its mission – to ensure the delivery of compassionate and effective health care services in the home and community while striving to be consistently responsive and innovative in meeting the changing health care needs of Alabama citizens.**

This mission supports the mission statement of the Alabama Department of Public Health – to serve the people in Alabama by assuring conditions in which they can be healthy. In the fulfillment of its mission, the Bureau of Home and Community Services works with a cooperative effort on all levels and phases of program operation while at the same time ensuring compliance with federal and state regulations and laws; federal, state and private payor home care program requirements; and the department's business policies and procedures.

During this past year, changes mandated by the Balanced Budget Act of 1997 have continued to be phased in and have continued to have a tremendous impact on all facets of the Home Care Program. The major impact was the implementation of the Prospective Payment System which instituted a per episode payment rate versus a per visit payment rate. Many home care agencies throughout the country have not survived these changes. The Bureau of Home and Community Services has not only survived, but has also been able to maintain its agency values: integrity, competence, compassion, innovation, excellence, effectiveness and commitment. The Bureau of Home and Community Services operates within the framework of four divisions: the Division of Billing and Program Support, the Division of Home Health and Life Care, the Division of Community Services, and the Division of Quality Assurance/Performance Improvement and Accreditation.

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## **HOME HEALTH PROGRAM**

The Bureau of Home and Community Services is a Medicare-certified home health agency with 31 subunits. Quality and compassionate home health care is provided to patients who are required to be homebound or confined to the home unless the payor source does not require homebound status, such as Blue Cross/Blue Shield. Services available through home health include skilled nursing, home health aide services, medical social services, physical therapy, occupational therapy and speech therapy. All disciplines work together as a team to meet the patient's health needs and provide quality care. The home health aide services of the home health program are fully accredited through the Home Care University of the National Association for Home Care. Approximately 680,000 home health visits were made in 2000 in efforts to assist many Alabama citizens in reaching their optimal health goals.

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## **LIFE CARE PROGRAM**

The Bureau of Home and Community Services through the Life Care Program is a statewide direct service provider of home care services. Life care services are provided under contract for many specialized federal and state funded programs for the disabled, poor and elderly. Life care services can also be purchased by individuals through an Options program. Life care patients are not required to be homebound, and physicians are involved in the patient's care as needed or as required by specific program guidelines.

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Services offered by the Life Care Program include: home-maker services, personal care services, skilled respite services, unskilled respite services, companion services, adult day health services and nursing visits. In fiscal year 2000, approximately 898,000 hours of services were provided.

### **COMMUNITY SERVICES**

The Division of Community Services within the Bureau of Home and Community Services functions as an administering agency for the Elderly and Disabled Medicaid Waiver. This program is designed to offer an alternative to nursing home care for the elderly and/or disabled Medicaid recipient. Through professional case management services, the client's needs are assessed and an individualized plan of care is initiated. The plan of care will specify the services that are needed by clients to remain at home so long as their health and safety are ensured. The client chooses a direct service provider to provide the specified services. In fiscal year 2000, E/D Waiver case management services were provided for approximately 3,400 patients with service hours totaling approximately 184,000.

### **BILLING AND PROGRAM SUPPORT**

Billing and reimbursement activities are pivotal operations within the Bureau of Home and Community Services. While many challenges have faced the Billing Program this year, the greatest challenge has been the changes brought about by the implementation of the Prospective Payment System. Because of all the software issues to be resolved, these changes are still being implemented.

Although a centralized billing system is utilized, billing and reimbursement activities still require input from all levels of Home Care Program staff statewide. These activities include: the collection of billing data at the point of service delivery by visiting staff, billing data reviews by supervisory staff, data entry by support staff, billing data processing, submitting claims and posting reimbursements by the Division of Billing and Program Support for Medicare, Medicaid and privately insured patients.

The analysis and evaluation of Home Care Program patient census, service delivery and billing data are essential aspects of program support. Information is summarized and provided to administrative and managerial staff to assist them with setting goals and making decisions that promote quality of care and efficiency of operations in the provision of services to Alabama citizens.

### **QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM**

The year 2000 marks the end of the first year of operations for the Quality Assurance and Performance Improvement Program. The goal of the program is to provide an organized, systematic, and continuous approach for quality care that will result in improved patient outcomes, customer satisfaction, communication between service providers and customers, clinical performance, documentation, employee job satisfaction, management performance, and agency performance reviews. This goal enables all staff to expeditiously identify and resolve issues that may impact upon the quality of patient care. Service satisfaction surveys and quality improvement audits are the principal evaluation tools used to assess the service delivery processes. Indicators of areas for improvement are addressed through education and corrective planning.

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## **EDUCATION**

The Bureau of Home and Community Services continues to be committed to the philosophy of an education plan for all employees. An education plan includes orientation, continuing education and inservice training. Orientation and training manuals have been developed over the past five years for all disciplines and most job positions. The bureau plans and produces 12 hours of mandated continuing education for the home health aides and the home attendants each year. Orientation and training are conducted at the local level by the area continuous quality improvement/education coordinator under the direction and using manuals developed by the Bureau of Home and Community Services. This process supports the philosophy that quality patient care is promoted by training home care staff to perform job tasks and to understand the operation of the work environment.

## **HOME CARE COMPLIANCE PROGRAM**

Since 1999, the Home Care Compliance Program has continued to promote the prevention, detection and resolution of instances of conduct that do not conform to federal and state regulations, rules and laws, the department's ethical business practices, the Home Care program policies, and private payors' requirements governing the home care industry. Under the direction of the compliance officer, complaints are responded to by conducting audits and investigations where noncompliance is suspected. The compliance officer works with the Office of General Counsel in resolving compliance issues including the application of internal disciplinary actions and reporting to licensure boards for further actions.

# BUREAU OF HEALTH PROVIDER STANDARDS

**The mission of the Bureau of Health Provider Standards is to ensure that services of licensed and certified health care facilities are provided in a manner consistent with standards which ensure access to and quality of health care.**

## HEALTH CARE FACILITIES

The Division of Health Care Facilities ensures that services of health care providers are consistent with standards which determine quality health care. Penalties for nursing homes not in compliance with Medicare and Medicaid requirements for 2000 continue to be enforced.

The federal government has implemented mandatory assessment tools in certified long term care facilities and home health agencies. For the first time, mandates have provided the comprehensive collection of health care data in a national repository. During the calendar year 2000, the state of Alabama processed more than 271,000 records from nursing homes and home health agencies.

Inspection processes and Medicare reimbursement are based on this data.

The division investigated 228 complaints. There were 208 allegations of resident abuse and 20 allegations of neglect. Long Term Care surveyed 189 facilities and conducted 232 follow-up visits for certification purposes.

The Clinical Laboratory Improvement Amendment or CLIA is administered by the Laboratory Unit. This unit was responsible for monitoring 2,915 CLIA federal certified laboratories, 273 state licensed independent clinical and 38 state licensed independent physiological laboratories in 2000. There were 327 CLIA re-certifications and 20 follow-up visits, 27 initial and biennial licensure surveys for a total of 374 surveys conducted.

The Medicare Other Unit, responsible for certification and licensure of home health agencies, hospices, hospitals, dialysis

facilities, ambulatory surgical centers, rural health clinics, various types of rehabilitation facilities, portable X-ray units, abortion centers and sleep disorder centers, conducted 104 recertification surveys, 73 follow-up visits, 24 complaint investigations, seven hospital validations, three prospective payment system unit validations, 26 initial certification surveys, 22 initial licensure surveys, and 10 abortion center surveys.

The Nurse Aide Registry Program tracks 241 approved training programs. The registry has a total of 61,734 nurse aides. There are 30 nurse aides that are on specific time limited sanctions and 635 that have been placed on the abuse register permanently.

The assisted living facilities industry continues to grow. As of January 2001, there were 1,236 licensed facilities totaling 58,104 beds.

## PROVIDER SERVICES

This division processes initial licensure and certification applications; maintains and distributes the Provider Services Directory; and publishes, maintains and distributes facility licensure rules. The division also processes bed change requests, change of ownership applications, and provides consultation to health care providers and the general public relating to health care licensure requirements and certification standards and procedures.

In 2000, the division issued 1,179 annual renewal license certificates, 80 initial license certificates, 72 change of ownership license certificates and 198 other licensure status changes. There are 1,491 facilities or providers certified to participate

in the Medicare and Medicaid reimbursement programs. The division certified 49 initial facilities and 20 initial chiropractors in 2000. Additionally, 513 chiropractors are currently certified for Medicare.

## EMERGENCY MEDICAL SERVICES

During 2000, the Emergency Medical Services Division completed the project for implementation of statewide credentialing of all advanced level emergency medical technicians providing care to Alabama's prehospital patients.

All prehospital patients may now benefit by having advanced life support services immediately available to them through the use of treatment protocols which allow advanced level personnel to quickly initiate lifesaving procedures prior to contacting hospital based physicians for further direction.

414	Permitted ambulances inspected
118	Licensed transport services inspected
296	Advanced Life Support services permitted
5,390	Individual EMT licenses processed and issued
2,571	EMT licensure exams administered
30	EMT training institutions accredited
216	EMS education courses reviewed and approved
18,338	Individual continuing education records reviewed and approved
553	EMS continuing education courses reviewed and approved

## MANAGED CARE COMPLIANCE

The Division of Managed Care Compliance jointly regulates health maintenance organizations with the Alabama Department of Insurance and monitors selected activities of organizations offering supplemental Medicare coverage through "Medicare Select" products and those HMOs that contract with the Health Care Finance Administration to provide health care services to Medicare beneficiaries.

In addition, the division regulates utilization review agents and is responsible for the department's emergency/disaster response and preparedness program and the medical planning portion of the Chemical Stockpile Emergency Preparedness Program. The CSEP Program assists citizens in the Anniston area to be prepared for events occurring from the destruction of chemical weapons.

### 2000 Service Activities

#### Managed Care Organizations

- For the year ending September 2000, there were 213,133 enrollees in the seven licensed HMOs in Alabama.
- The division performed a total of 16 surveys of HMOs. Of these, four were comprehensive statutory surveys, seven were follow-up surveys, and five were data or file audits.
- The division received and investigated 278 HMO enrollee and HMO provider complaints.
- The division received and reviewed 1,271 requests for material modifications

(changes to HMOs' operations); and three applications for service area expansions.

- Two plans surrendered their certificate of authority, four plans divested themselves of their membership, and one plan became non-operational.
- The division reviewed and trended a total of 44 quarterly reports from both the HMOs and Medicare Select organizations.
- A total of eight organizations, of which three were also licensed HMOs, offered supplemental Medicare coverage through Medicare Select products. Three applications for service area expansions were received from the Medicare Select organizations.

For the year ending September 2000, the organizations reported 170,227 individuals were enrolled in Medicare Select products.

#### Utilization Review

- In 2000, the division certified 123 utilization review agents.

#### Emergency Response

- In 2000, emergency staff duty officers received and responded to 27 emergency calls with 11 of these calls referred to the Bureau of Environmental Services for action.
- Maintained and tested disaster related equipment monthly.
- An emergency staff duty officer responded to the State Emergency Operations Center in Clanton due to a tornado in Tuscaloosa County and a possible ice and snow storm in North Alabama.

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### **Chemical Stockpile Emergency Preparedness Program**

- ▶ Participated with the Alabama Emergency Management Agency in exercises/drills.
- ▶ Completed emergency planning with nine hospitals.
- ▶ Achieved 90 percent of the creation of the Calhoun County Medical Emergency Operations Center.
- ▶ Began implementation of the Medical Emergency Operations Center concept in Etowah and Talladega counties.
- ▶ Provided draft plans for EMS response to the six CSEPP counties.
- ▶ Coordinated the provision of personal protective equipment, decontamination showers, and adequate supplies of nerve agent antidote to all CSEPP hospitals.



# OFFICE OF RADIATION CONTROL

The Office of Radiation Control ensures the protection of the public from excessive exposure to ionizing radiation through a variety of activities, including registration and inspection of equipment that produces ionizing radiation including particle accelerators, licensing and inspection of users of radioactive material, environmental monitoring, maintaining continuous radiological emergency response capability, and public and professional education activities.

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## 2000 Service Activities

### X-RAY REGISTRATION AND COMPLIANCE

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- ▶ Registered 458 new tubes.
- ▶ Inspected 1,641 tubes in 811 facilities.
- ▶ Inspected 155 mammography facilities.
- ▶ Reviewed 207 radiation shielding plans.

### RADIOACTIVE MATERIAL COMPLIANCE

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- ▶ Inspected 167 licenses for compliance to standards for usage of radioactive materials.
- ▶ Inspected 13 particle accelerator facilities.
- ▶ Mailed 269 information packets on radon.

### RADIOACTIVE MATERIAL LICENSING

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- ▶ Issued 23 specific licenses, 334 specific license amendments and 41 particle accelerator registration amendments.

### EMERGENCY PLANNING AND ENVIRONMENTAL MONITORING

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- ▶ Collected 762 environmental samples.
- ▶ Participated in four nuclear plant emergency planning drills.
- ▶ Participated in four hospital radiological emergency response drills.
- ▶ Trained 261 radiological emergency response workers.

# BUREAU OF ENVIRONMENTAL SERVICES

**The bureau enhances the quality of services and products of food, milk and lodging establishments and enforces rules relating to sewage disposal, solid waste, vector control, indoor air quality and lead assessment.**

## TRAINING AND ENVIRONMENTAL PROGRAMS

This unit serves as a facilitator for the Bureau of Environmental Services by providing structured training through workshops, seminars and conferences for bureau and county personnel. Each year, the Training Unit coordinates the mandated Basic Environmentalist Training Course which is designed to educate newly hired public health environmentalists on the interpretation of the rules and regulations. The Training Unit assisted with the Annual Onsite Sewage Treatment and Disposal Conference. This conference (with more than 300 individuals attending from throughout the United States) was organized more than 10 years ago to educate industry, business and governmental professionals about onsite treatment and disposal concepts and practices. The Training Unit processed more than 175 in-state/out-of-state training requests for bureau personnel, as well as conducted food service sanitation workshops statewide resulting in more than 667 food service professionals being trained (day care, summer feeding, school lunchrooms, restaurants and nursing homes).

## FOOD, MILK, AND LODGING

The safety of food sold at retail in Alabama, and of food, other than red meat and poultry, processed in Alabama, is the responsibility of the environmental staff of the county health departments and of the Division of Food, Milk, and Lodging at the Central Office. This division promulgates rules and regula-

tions affecting safety and sanitation of food, sanitation of lodging facilities in the state, and also issues guidelines for the inspection of prisons and jails. The division administers and enforces sanitation rules for milk and seafood. Rules for establishments such as restaurants, grocery stores, convenience stores, food manufacturing plants, hotels, and camps are enforced by the county health departments' environmentalists. The division consists of three branches: Food and Lodging, Milk and Seafood.

### Food and Lodging

State law requires any facility selling food to have a permit from the county health department. The Rules for Food Establishment Sanitation require food facilities to be inspected up to four times per year on a routine basis, depending on the type of food being prepared and the amount of food preparation steps involved. Hotels and camps are inspected two times per year.

County health departments conducted 63,487 (an increase of 5.7 percent from 1999) inspections at permanent food establishments; in addition, 3,674 inspections (an increase of 7.9 percent from 1999) were made at temporary food establishments such as food booths at fairs and festivals and 5,851 inspections were made at other locations. County health departments investigated 4,135 complaints from the public concerning food or food establishments and made 1,456 inspections of hotels and camps.

## Milk

Milk is a basic food for both the general public and school children in Alabama. Milk products such as ice cream and cheese are also important dietary components for Alabamians. To help ensure the safety of milk and milk products, sanitation inspections are routinely conducted at dairy farms, milk processing plants, bulk milk haulers and bulk milk tankers. Milk is routinely sampled and tested for compliance with bacterial and chemical standards from the time it leaves the cow until it is on the grocery store shelf. When out-of-state plants ship dairy products into Alabama, they are issued permits and their products are also tested for compliance with bacterial and chemical standards.

In 2000, the Milk Branch conducted 79 pasteurization equipment tests; 539 dairy farm inspections; 88 milk, frozen dessert, and cheese plant inspections; and 93 bulk milk hauler and tanker inspections. The branch collected 2,520 raw (before pasteurization) milk samples; 2,984 pasteurized milk samples, 380 milk samples to test for aflatoxin, a carcinogenic mold; and 108 dairy products to test for the presence of *Listeria monocytogenes*, a pathogenic microorganism. A total of 10 milk tankers containing 525,365 pounds of milk were disposed of due to antibiotic contamination.

## Seafood

The seafood industry of Alabama plays a vital role in our economy and our health. Finished product value ranges between 375 and 400 million dollars. Seafood is high in protein, low in fat, and is considered a major component of a

healthy diet. The Seafood Branch ensures that seafood processing establishments meet food safety standards and that shellfish are harvested from approved waters.

State health officials administer the seafood program; the five main functions of the program are as follows:

1. Classification and sampling of Alabama shellfish growing waters;
2. Shellfish processing plant permitting, inspection and sampling;
3. Blue crab processing plant permitting, inspection and sampling;
4. Seafood processing plant permitting, inspection and sampling;
5. Special studies program for the bacterium *Vibrio vulnificus* and for harmful algal bloom monitoring.

During 2000, 118 processing plants (shellfish, blue crab and other seafood) were issued permits, 476 inspections were conducted, and 74 food product samples were collected for bacterial analysis. Special studies were conducted for *Vibrio vulnificus* in which 26 samples were collected and for harmful algal bloom monitoring in which 93 samples were collected. There were 488 bay water samples and 14 bay oysters collected for bacterial analysis. There were 111 processing water samples collected for bacterial analysis.

Mobile Bay was ordered closed to shellfish harvesting once for a total of 10 days. This is a record for the least days closed in a year.

In fiscal year 2000, the Alabama Department of Public Health, Seafood Branch, began implementing Hazard Analysis

Critical Control Point Based inspections. The "HACCP Based" inspections were mandated by the U. S. Food and Drug Administration through the Interstate Shellfish Sanitation Conference. No Alabama shellfish processing firms were permitted without an approved HACCP plan during fiscal year 2000. The HACCP inspections also included a new inspection checklist formulated by FDA and approved by the conference. All Shellfish Control Authority inspectors were required by FDA to attend classes and pass written and field inspection exams to become standardized using the new HACCP regulations and inspection form. The Seafood Branch staff has met these requirements.

*Vibrio vulnificus* remains one of the top issues in the shellfish program. New proposed regulations on Gulf states include; stronger education programs, time/temperature requirements, possible summer harvest closure, and post-harvest treatment.

Harmful algal blooms has become another top issue for the Seafood Branch. At the request of the U. S. Environmental Protection Agency, Alabama was asked to prepare a response plan to this issue. In cooperation with the Alabama Department of Environmental Management, the Alabama Department of Conservation and Natural Resources, and the Seafood Branch, this goal was accomplished. The Alabama Department of Public Health will function as the lead agency for sampling, standardization, maintaining data bases, shellfish harvest closure, and public health advisories.

## 2000 Service Activities

The Seafood Branch provided departmental representation on several committees, including the Interstate Shellfish Sanitation Conference, Auburn Sea Grant, Mobile Bay National Estuary Program, Governor's Technical Advisory Committee on coastal programs, and the Gulf of Mexico Public Health Committee. In addition, the branch serves as public health contact for "Harmful Microalgae and Associated Public Health Risks in the Gulf of Mexico."

## COMMUNITY ENVIRONMENTAL PROTECTION

### Soil and Onsite Sewage

The division and branch carried out programs to protect water resources from onsite sewage disposal system pollution. These included the meetings of the state's Onsite Sewage Management Committee, a consortium of representatives of government, business and higher education chartered under the Alabama Non Point Source Management Program; continued coordination in the development of training curriculum and training center; presentation of alternative system workshops; and the drafting of new rules to replace the current Chapter 420-3-1. Revised Onsite Sewage Rules took effect on Jan. 21, 2000, allowing the permitting of lots less than 15,000 square feet with special requirements, establishing new procedures for approval of new technologies, and authorizing professional geologists and professional soil classifiers to perform percolation tests.

The Alabama Onsite Wastewater Training Center at the University of West Alabama started with four advanced level training classes, and seven training events were held around the state for the licensing of septic tank installers, manufacturers and pumpers in coordination with the Alabama Onsite Wastewater Board and Alabama Onsite Wastewater Association. A memorandum of understanding was signed by the state health officer and the Alabama Onsite Wastewater Board in support of the new licensing law.

The Solid Waste Branch provides technical assistance to county environmentalists who work in the solid waste and septage management programs. Local activities include investigation of unauthorized dumps and the permitting/inspection of transfer stations, processing facilities, garbage collection vehicles, and septage/grease land application sites. Many counties also enforce local mandatory garbage collection programs and review applications for certificates of exception for such programs.

▶ Permits to install onsite sewage systems .....	24,621
▶ Onsite sewage systems installed.....	26,543
▶ Training participants .....	5,671

▶ Unauthorized dumps inspected .....	3,370
▶ Transfer/processing facilities inspected .....	82
▶ Septage management facility inspections.....	64
▶ Collection vehicles inspected .....	587
▶ Certificates of exception reviewed/issued .....	4,072

This branch provides information on issues related to indoor air quality, lead-based paint and other lead hazards. Regarding the lead hazard program, the primary focus of the branch is to enforce the regulations promulgated under the Alabama Lead Reduction Act of 1997. These rules require the training and certification of individuals and firms engaged in lead identification and remediation activities in pre-1978 housing and child-occupied facilities. Branch personnel also provide support for the Alabama Childhood Lead Poisoning Prevention Project: a program to identify children with elevated blood lead levels through screening by local health departments and private physicians, and to provide environmental surveys to identify sources of lead hazards and recommend methods to eradicate the hazard. This program ensures that proper medical treatment or case management is undertaken by a responsible authority as well as prevention of lead poisoning in homes containing lead hazards.

The Indoor Air Quality/Lead Branch has suspended onsite investigations of indoor air quality problems. However, the branch remains the EPA-designated state indoor air contact providing advisory service for those who request it and providing indoor air quality and asbestos information and printed materials upon request.

### **Lead Contractor Certification Program Activities**

- ▶ Certification of firms to conduct lead based-paint activities.....39
- ▶ Inspection of lead abatement project sites .....46
- ▶ Visits to housing authorities for compliance assistance .....24

### **Childhood Lead Poison Prevention Program Activities**

- ▶ Lead outreach (inspections and awareness) workshops .....33
- ▶ Inspection of homes with confirmed cases of children with high blood lead levels .....105
- ▶ Environmental lead sampling of dust, soil, water and paint chips (approximately).....2,300

## OFFICE OF PROFESSIONAL AND SUPPORT SERVICES

### MANAGEMENT SUPPORT

The Management Support Unit supported a number of important department initiatives during 2000. Unit staff worked with various department units and the nursing directors, social work directors and clerical directors, in developing and implementing several operational plans to achieve goals identified through the 1998 strategic direction project. The importance of adequate clerical support in successful implementation of new programs such as Plan First and the achievement of strategic departmental goals was widely recognized by department management. The Management Support Unit developed a clinic clerical staffing guide, working closely with the area clerical directors and administrators and the state nursing and social work directors. Unit staff also facilitated the area clerical directors in creation of a strategic plan for hiring and retaining clerks at county health departments. The plan was endorsed by the state health officer.

Unit staff continued to serve as overall project facilitator for the Centers for Disease Control and Prevention grant, "Public Health Preparedness and Response to Bioterrorism," coordinating with the University of Alabama at Birmingham on two surveys and development of a state bioterrorism preparedness and response plan. Unit staff also facilitated the Outreach Work Group for the Governor's Task Force on Children's Health Insurance, convening representatives from state agencies and other interested organizations over a five-month period.

The Management Support, Training and Video Communications units continued to work closely with the schools of public health at Tulane University and UAB and the state health departments in Arkansas, Louisiana and Mississippi on the development of the South Central Public Health Workforce Training Center. Efforts made during 1999 to secure major funding support from the Health Resources and Services Administration were successful. Highlights of accomplishments included development of curricula for four training courses and video scripts for two of these courses as well as establishment of an Alabama Workforce Development Steering Committee. The center provides learning opportunities for public health workers to assist and support their new and expanded roles in the transformation of public health to a much broader, community focus.

### TRAINING

The Training Unit collaborated with interdepartmental and intradepartmental groups to provide quality education for all employees. Workshops were organized and managed through Auburn University at Montgomery, Alabama State University, Emory University, UAB, State Personnel office, and the TechnaCenter, as well as some private companies. Distance learning opportunities are provided through satellite conferences each month and continuing education credits are awarded to appropriate professionals. The Training Unit manages the department's

training calendar which continues to be an efficient marketing tool for keeping the area/county staff aware of training opportunities.

## PHARMACY

The Pharmacy Unit consults and coordinates with all public health units on medication-related activities. These activities include but are not limited to distribution issues, clinical information, drug scheduling, purchasing and legal issues.

The Pharmacy Unit provided assistance in the areas of osteoporosis, cardiovascular disease, bioterrorism, State Diabetes Council, arthritis and home health. Assistance was also provided in the rescheduling of drugs and the Controlled Substances List. Ongoing support is provided to county health departments in purchasing issues and clinical information. The Pharmacy Unit is also responsible for coordinating distribution of the National Pharmaceutical Stockpile in the event of a biological terrorist event.

The Pharmacy Unit coordinates obtaining drugs for indigent patients. The unit collaborates with other agencies on pharmacy-related activities involved with the department. Assistance is also provided in coordinating professional education satellite programs for nurses, pharmacists and physicians. The unit also provided medication reviews for state employees which enhanced their knowledge about the medications they are taking.



*Prop used at osteoporosis presentation.*

## NUTRITION AND PHYSICAL ACTIVITY

In 2000, the Nutrition Section was appropriately renamed the Nutrition and Physical Activity Unit emphasizing that nutrition and physical activity are inseparable in promoting healthy lifestyle messages. The unit continues to promote good nutrition and physical activity messages that are easily incorporated into daily living as healthy lifestyle choices.

The unit offered a new program to employees this year. The "Food and Fitness Program" was a voluntary program to learn healthy eating and physical activity lifestyles. Employees met with a registered dietitian to develop a customized dietary plan. Program participants set their individual health goals. The program included environmental strategies, such as a listing of the calories from the vending machine foods; it included peer support from team competitions; and it included an education component from group nutrition classes and individual counsel-

ing sessions with the dietitian. The end of the year evaluations indicated the program was so successful that it has been continued with an expanded enrollment.

The Nutrition and Physical Activity Unit continues to work with intra- and interdepartmental groups to support healthy lifestyles. Collaborations with the State Farmer's Market Authority and Department of Agriculture enabled the unit to develop a farmers' market in Uniontown as an approach to increasing fruit and vegetable consumption.

A priority of working with the faith communities was established. A satellite conference to inform health professionals of the potential that faith communities have for successfully communicating health messages and to encourage collaboration between health and faith partners in planning and implementing effective interventions to reach congregations and the larger community was the first of this type for the health department.



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The unit continues to work with the Osteoporosis Prevention and Treatment Education grant in developing simple, positive and engaging messages for the public. The unit was responsible for coordinating the Osteoporosis Task Force and the activities completed for the grant. A statewide conference was held in May. Dietitians participated in osteoporosis screening events, gave presentations to schools, organized "Do the Dairy" milk mus-tache events, and served as a resource for professionals and the public. A resource directory identifying sites completing osteoporosis diagnosis was published.

Collaboration continues with universities in providing public health rotations for dietetic students; in cosponsoring a statewide obesity awareness conference with the Alabama Nutrition and Fitness Coalition; in providing medical nutrition therapy to food stamp recipients in Jackson and Marshall counties through a grant from the Alabama Cooperative Extension System; in educational awareness campaigns with the Diabetes Branch and the Cardiovascular Health Branch to increase awareness of the importance of healthy lifestyles in preventing complications; in monthly physical activity web page updates with the department's Communications Design Division; and the department's Video Communications Division to provide satellite presentations on current nutrition topics.

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## **NURSING**

In 2000, the Nursing Unit along with area, county and state program representatives worked to coordinate the provision of nursing services in public health programs statewide. Assisting the Clinic Protocol Committee, the unit worked to maintain program and professional nursing standards through periodic updates and clarification of nursing protocols. The unit is available to offer guidance and support for public health nursing as the role of public health evolves and changes to meet the needs of the public. The unit acts as the departmental liaison for the Alabama Board of Nursing to ensure compliance with nursing licensure requirements. The unit works with other government agencies, professional organizations, and academic institutions to provide information and resources for the promotion of public health in Alabama.

Serving as the department contact for the U.S. Department of Health and Human Services' Region 8 Office of Women's Health, nursing representatives participated in several initiatives regarding women's health. The unit coordinated arrangements for selected health department nurses and nurse practitioners to participate in the Leadership Institute for Women's Health and Health Policy designed to enhance clinical and leadership skills in the area of women's health. The unit also participated in the exciting Young Women's Health Summit 2000 in August. Alabama's representative served as mentor for six young women from Alabama

and Mississippi. The main activity for the mentor involved a "back home project" producing a community-based intervention in young women's health.

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## **SOCIAL WORK**

The Social Work Unit, along with the program social work consultants and area and county staff, worked together to coordinate the provision of social work, case management and care coordination services. Services provided for the citizens of Alabama include HIV/AIDS case management, home care, maternity case management, medically at risk case management for patients enrolled in Patient First, Children with Special Health Care Needs and the newly implemented Plan First, a family planning program. The Social Work Unit is available to offer support and provide clarification for issues related to professional standards and values, as well as to respond to requests for resource assistance and information from the general public.

# OFFICE OF CHILDREN'S HEALTH INSURANCE

**Building on the successes that the program experienced during its first two years of existence, great strides continued to be made in reducing the number of uninsured children in Alabama. From the program's inception (February 1998) through Sept. 30, 2000, the number of low-income children without health insurance dropped by approximately 57 percent (from a baseline established using 1997 data). This figure represents approximately 80,000 children.**

During 2000, two amendments were added to the program. The first created ALL Kids PLUS, an additional set of benefits aimed at more comprehensively meeting the health needs of children with special health care conditions/needs. ALL Kids Plus was designed so that these additional services would be offered or paid for by state agencies which currently serve this population. Contracts were negotiated with three state agencies (four programs) so that the financing of the additional benefits would maximize the state's monetary resources. The second amendment was written with regard to the state's Native American population. With the approval of this amendment, no Native American child who enrolls in ALL Kids will have to pay any premiums or co-pays.

Also during 2000, the application form for the program was changed. The application is now jointly used by SOBRA

Medicaid, ALL Kids, and the Alabama Child Caring Foundation, three major programs which provide health insurance to low-income children in Alabama. Measures were also put into place which provide for a more seamless application process for these programs. Applications can now be transferred among the three programs as eligibility criteria dictate.

Outreach for the program continued extensively throughout the public school systems in the state. Numerous presentations were also made to provider associations, advocacy groups and others.

CHIP staff provided principal support to the Governor's Task Force on Children's Health Insurance. CHIP staff chaired committees which identified and investigated issues associated with the task force and developed recommendations for task force approval.



# OFFICE OF PRIMARY CARE AND RURAL HEALTH DEVELOPMENT

**The Office of Primary Care and Rural Health Development facilitates and participates in activities to improve accessibility of primary care and promotes the health status and attainment of stable health care services for rural residents with special concern for minority and other medically underserved populations.**

## MINORITY HEALTH

Last year, Minority Health worked with numerous organizations to reduce health disparities in the state. The Minority Health Advisory Council was invaluable in planning several initiatives to increase awareness of the multiple racial and ethnic groups in the state. A two-day multi-cultural forum was held at Tuskegee University and brought together more than 200 participants from throughout the state to form locally based partnerships in addressing health disparities. Several service and educational organizations cosponsored the meeting which featured presentations by noted national and state leaders on relevant topics including infant mortality, cancer, cardiovascular disease, diabetes, AIDS and immunizations.

Minority Health, the Bureau of Family Health Services, and the Hispanic Interest Coalition of Alabama hosted a one-day meeting to seek solutions to the health care needs of Alabama's growing Latino population. Approximately 200 people attended statewide representing numerous state agencies, faith communities, and service organizations. The meeting produced a greater appreciation of cultural barriers to care and gained consensus among participants that regional networks should be developed to encourage community-based study and responses from local resources.

Culturally appropriate intervention strategies were developed last year through collaboration with the Cardiovascular Health program to improve the health status of all Alabamians with emphasis on African Americans. Highlighting this effort was a satellite teleconfer-

ence titled "Engaging Faith Partners in Community Heart Health" which brought together physicians and faith leaders to discuss opportunities and strategies the faith community is using to communicate health messages.

Minority Health facilitated the department's participation in a Montgomery community health screening initiative to provide culturally appropriate health education material to more than 2,000 participants. "Healthy Fair 2000" was designed to unite the faith and medical communities in addressing health disparities by providing free medical testing for several diseases and chronic disorders contributing to health status disparities.

Minority Health continues to oversee the National Health Service Corps program to encourage primary care student placements in clinical rotations located in medically underserved communities. The SEARCH Program provided placement experiences for 39 health professions students.

## PRIMARY CARE

Alabama received its second \$100,000 grant from the National Health Service Corps to fund a state loan repayment program which assists health professionals in repaying their educational loans. This program provides \$50,000 matching awards to reduce educational loan indebtedness for primary care physicians or dentists who work in a designated health professional shortage area. Last year's grant recruited three African American female physicians who are now providing care in three federally qualified health centers. Technical

assistance continues to be provided to the Alabama Board of Medical Scholarship in determining which communities qualify as medically underserved.

Primary care activities include facilitating applications for federal designation of communities which qualify as health professional shortage areas, a designation which enables a community's participation in 37 federally sponsored health care programs. Current HPSA designations among Alabama's 67 counties include 63 with primary care designations, 60 with mental health designations, and 25 with dental health designations. A survey of dental health resources in all 67 counties was made to determine which qualify as dental HPSAs. Survey results are now being evaluated at the federal level which are expected to result in all counties being designated as low-income dental HPSAs.

The National Health Service Corps activity during the previous year resulted in placement of 13 physicians, three dentists, five nurse practitioners, one physician assistant, and one nurse midwife. There are currently 48 NHSC sponsored health care providers in the state. The office's participation in a pilot project to increase mental health professional placements has produced 20 new NHSC mental health placement sites with four placements being made. The office has coordinated state participation in a multi-state regional meeting to encourage integration of mental health services in primary care settings.

The Office of Primary Care and Rural Health Development is collaborating with the

Southwest Alabama Area Health Education Center in the Southern Rural Access Project's Recruitment and Retention initiative. Using eight southwest Alabama counties as a pilot area, a series of public forums will be held to develop local strategies for both recruiting and retaining health professionals. Another component of this initiative is a pilot expansion of the office's computer-based registry for physician placement opportunities to include vacancies in other selected health disciplines.

## **RURAL HEALTH**

Foreign trained physicians continue to be a significant source of primary care physician placements in many rural communities unable to recruit American physicians. These physicians are placed through the J-1 Visa Waiver Program as well as the newly implemented National Interest Waiver Program. At this time, 119 physicians are fulfilling service obligations required by the J-1 Visa Waiver Program. Fifteen placements were made during the past year. Consultative requests regarding the potential use of these physicians is an extensive effort and resulted in approximately 900 verbal consultations this past year plus more than 1,800 inquiries through the office's web site. Several refinements were made in the program to enhance primary care delivery and encourage retention of J-1 physicians. Another initiative focused on expanding specialty care medical services to rural communities through promotion of telemedicine arrangements. An informal partnership was formed with a consortium of rural hos-

pitals to assess the feasibility of rapid response telecommunication linkages in teleradiology and teleconsultation services through the University of South Alabama's telemedicine program. Assistance also was provided to a northwest Alabama mental health facility in obtaining a federal grant to develop and implement a psychiatric teleconsulting system.

Two databases are maintained in Rural Health with information being shared to rural constituencies. One provided information on 268 grants available in rural health through monthly notices. The second database maintains information on the location and specialties of Alabama's physicians and is updated regularly through a collaborative arrangement with the state Medical Licensure Commission.

The Medicare Rural Hospitality Flexibility Program is a federally funded initiative to stabilize health care access in rural communities with small hospitals. The grant is awarded through this office and administered in collaboration with the Alabama Hospital Association through the Critical Access Hospital Grant Oversight Committee. Grant funds and technical assistance are available to eligible hospitals in assessing the financial impact of converting to a Critical Access Hospital and to improve the availability and quality of health care in their communities.

# BUREAU OF INFORMATION SERVICES

**The Bureau of Information Services provides vital record functions and statistical analysis of health data through the Center for Health Statistics. It also includes the Computer Systems Center, which houses data operations, systems and programming, technical support and the support desk.**

## CENTER FOR HEALTH STATISTICS

The Center for Health Statistics operates the vital records system and collects and tabulates health-related statistical data for the state of Alabama. The center files, stores and issues certified copies of vital records including birth, death, marriage and divorce certificates for events that occur in Alabama. An automated vital records system called ViSION or Vital Statistics Image Oriented Network allows vital records to be issued through all 67 county health departments. Customers can obtain most vital records from the Center for Health Statistics through their county health department in 30 minutes or less. Records may also be obtained through the mail in about 10 to 14 days.

The Statistical Analysis Division in the center conducts studies and provides analysis of health data for public health policy and surveillance. Staff prepare various statistical analyses of natality, pregnancy, general mortality, infant mortality, causes of death, marriage, divorce and other demographic and health-related data for the state and its geographic subdivisions. This information is distributed through numerous publications, reports, presentations, special tabulations, the department's web site and by telephone to the public, news media, researchers, government or private agencies, and various units within the department.

### 2000 Service Activities

► Issued more than 400,000 certified copies of vital records with more than 260,000 of these records requested through local health departments.

- Coded, keyed and scanned more than 185,000 new vital records into the vital records database.
- Prepared 2,100 new birth certificates after adoption and 3,100 after paternity determination; filed over 400 delayed birth certificates; amended more than 4,300 birth certificates and over 1,200 death certificates.
- Processed more than 900 requests for copies of information from sealed files due to a new law which became effective, Aug. 1, 2000, allowing adoptees to obtain copies of their original birth certificates.
- Filed more than 8,700 paternity affidavit forms which fathers signed to acknowledge their legal responsibilities when they were not married to the mother of the child.
- Received more than 99 percent of birth certificate data through electronic transmission using the electronic birth certificate software installed in 67 hospitals throughout the state.
- Made more than 1,200 visits to county health departments and vital record providers such as funeral directors, hospital and nursing home staff, county coroners, medical examiners, physicians and probate judges.
- Keyed electronic index records for more than 5,400 old death records and more than 58,400 marriage records.
- In May 2000, implemented an automated telephone system which provides recorded information 24 hours a day about obtaining Alabama birth, death, marriage and divorce certificates. From May through December,

received more than 53,000 calls from customers requesting vital record information through the automated system.

- Implemented the 10th revision to the International Classification of Diseases, the first revision in 17 years to the World Health Organization's worldwide classification system for coding cause of death information.
- Produced seven volumes of statewide data, tables, figures and graphs on pregnancy, birth, infant mortality, causes of death, marriage and divorce trends.
- Provided health-related vital

statistics information and expertise to the public; the news media; governmental, educational, and private agencies; and other offices in the health department.

- Produced special reports on suicide in Alabama and the United States and selected key indicators of women's health in Alabama.
- Responded to more than 1,000 requests for statistical information and analytical assistance.
- Provided Alabama vital events data to the National Center for Health Statistics for inclusion in national statistics.

- Surveyed new mothers for the Pregnancy Risk Assessment Monitoring System, a grant from the Centers for Disease Control and Prevention to study factors related to pregnancy and infant health in Alabama.
- Presented professional papers at the PRAMS National Meeting 2000, the American Public Health Association Annual Meeting in Boston and other national meetings.
- Provided computerized birth certificate data to the Social Security Administration to initiate social security numbers for 60,724 newborns.

#### VITAL STATISTICS RECORDS 1999

ESTIMATED POPULATION	4,168,564	RATE/PERCENT	
Births	62,070	14.9	(Per 1,000 population)
Births to Teenagers	10,069	35.2	(Per 1,000 females aged 10-19 years)
Low Weight Births	5,800	9.3	(Percent of all live births)
Births to Unmarried Women	20,658	33.3	(Percent of all live births)
Deaths	44,720	10.7	(Per 1,000 population)
Marriages	49,375	11.8	(Per 1,000 population)
Divorces	25,280	6.1	(Per 1,000 population)
Induced Terminations of Pregnancies	11,827	13.1	(Per 1,000 females aged 15-44 years)
Infant Deaths	607	9.8	(Per 1,000 live births)
Neonatal Deaths	382	6.2	(Per 1,000 live births)
Post Neonatal Deaths	225	3.6	(Per 1,000 live births)

#### ALABAMA'S LEADING CAUSES OF DEATH – 1999 AND 1998<sup>1</sup>

CAUSE OF DEATH	1999			CAUSE OF DEATH	1998		
	RANK	NUMBER	RATE <sup>2</sup>		RANK	NUMBER	RATE <sup>2</sup>
Total All Causes		44,720	1,072.8	Total All Causes		43,905	1,056.7
Diseases of the Heart	1	13,381	321.0	Diseases of the Heart	1	13,449	323.7
Malignant Neoplasms	2	9,489	227.6	Malignant Neoplasms	2	9,687	233.1
Cerebrovascular Diseases	3	3,137	75.3	Cerebrovascular Diseases	3	2,936	70.7
Accidents	4	2,284	54.8	Accidents	4	2,209	53.2
Chronic Lower Respiratory Diseases	5	2,174	52.2	Chronic Obstructive Pulmonary Diseases and Allied Conditions	5	1,994	48.0
Diabetes Mellitus	6	1,337	32.1	Influenza and Pneumonia	6	1,525	36.7
Influenza and Pneumonia	7	1,210	29.0	Diabetes Mellitus	7	1,303	31.4
Nephritis, Nephrotic Syndrome & Nephrosis	8	980	23.5	Nephritis, Nephrotic Syndrome & Nephrosis	8	699	16.8
Alzheimer's Disease	9	772	18.5	Suicide	9	567	13.6
Septicemia	10	686	16.5	Septicemia	10	538	12.9
All Other Causes, Residual		9,270		All Other Causes, Residual		8,998	

<sup>1</sup> 1999 deaths are coded using the International Classification of Diseases 10th revision (ICD-10). 1998 deaths are coded using the ICD-9. Publications showing mortality data under ICD-10 will differ substantially from those under ICD-9 because of changes in coding rules, changes in category names and, importantly, changes in the tabulation lists used to produce data under ICD-10.

<sup>2</sup> Rate is per 100,000 population.

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## **COMPUTER SYSTEMS CENTER**

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- ▶ The Computer Systems Center plans, provides and supports the information technology needs of the department. The center's goal is to deliver relevant information to department users through integrated information processing and telecommunications systems.
- ▶ Completed all year 2000 transition cleanup activities for departmental systems, ensuring successful continuation of billing, home health and clinical services.
- ▶ Developed and fielded a functional needs worksheet system for the Elderly and Disabled Waiver program. This new system enabled all county case managers to better assess the needs of their clients and to develop a plan of care.
- ▶ Added new features to the Lotus Notes report distribution system. Reports for Women, Infants, and Children, the Bureau of Family Health Services and other divisions are now electronically distributed statewide.
- ▶ In support of the new family planning waiver program, upgraded the clinic, billing and reporting systems to collect and manage family planning data.
- ▶ Developed an Internet-based system for tracking and managing children who are at risk for Hepatitis B. The system is now used in Alabama as well as three other states under Centers for Disease Control and Prevention sponsorship.
- ▶ Enhanced the Public Health of Alabama County Operations Network (PHALCON) system to print maternity waiver billing forms as required under the new contracts with regional providers.
- ▶ Installed new personal computers, printers and network connections for additional Medicaid eligibility workers supporting the family planning waiver program.
- ▶ Installed a new network system throughout the Central Office location in the RSA Tower, providing additional network speed, bandwidth and redundancy for future growth.
- ▶ Added new capability for clinic system users to view Medicaid eligibility on-line, permitting real time verification of eligibility for WIC and other health programs.
- ▶ Developed plans and began development of new care coordination and document management systems for the department's use next year.

# BUREAU OF FINANCIAL SERVICES

**The Bureau of Financial Services provides accounting, accounts receivables, payables, payroll, third party collections, purchasing, budgeting, mail, supply, production planning and administrative support to enable the department to accomplish its goals in financial accounting, reporting and management.**

In addition, financial management services were provided for the Alabama Public Health Care Authority's \$47 million building program. The State Committee of Public Health authorized the department to establish the authority in 1995 which enabled the selling of bonds in 1996 for construction or renovation of inadequate facilities.

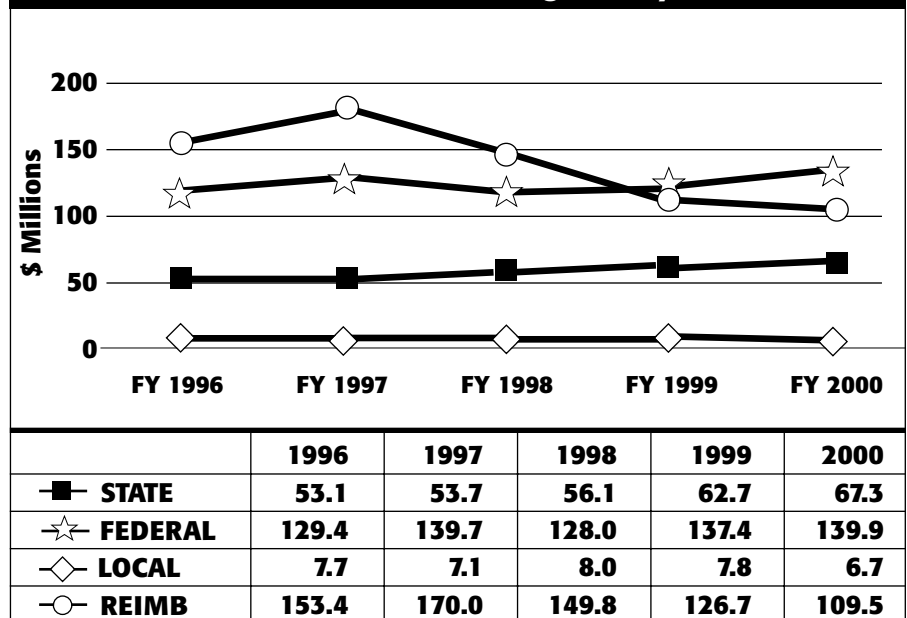
During 1997, 1998 and 1999, land was acquired by counties identified with the greatest need. Groundbreaking ceremonies were held and facilities were designed for construction. Twenty-seven facilities were constructed/renovated and occupied in Bibb, Blount, Bullock, Calhoun, Chambers, Chilton, Choctaw, Clay, Cleburne,

Cullman, Dallas, Elmore, Jackson, Lamar, Lawrence, Macon, Marengo, Marion, Monroe, Montgomery, Perry, Russell, St. Clair, Shelby, Sumter, Talladega and Tallapoosa counties.

During fiscal year 2000, the Morgan County facility was completed and occupied. DeKalb County is the authority's final project. DeKalb is nearing completion and will be occupied in early fiscal year 2001.

Economic financial management and cooperation by local governments and the department have enabled the majority of counties identified to renovate inadequate facilities or construct new ones.

**Public Health Funding History**

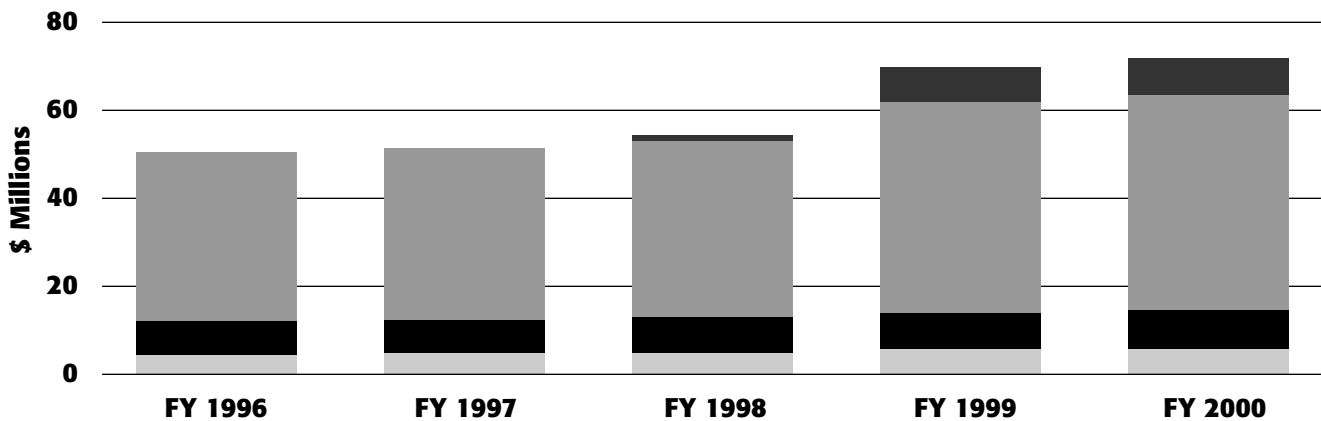


Excludes Children's Health Insurance Program.

State funds include Cigarette Tax and Alabama Legacy for Environmental Research Trust Fund.



## Public Health Funding General Fund and Education Trust Fund

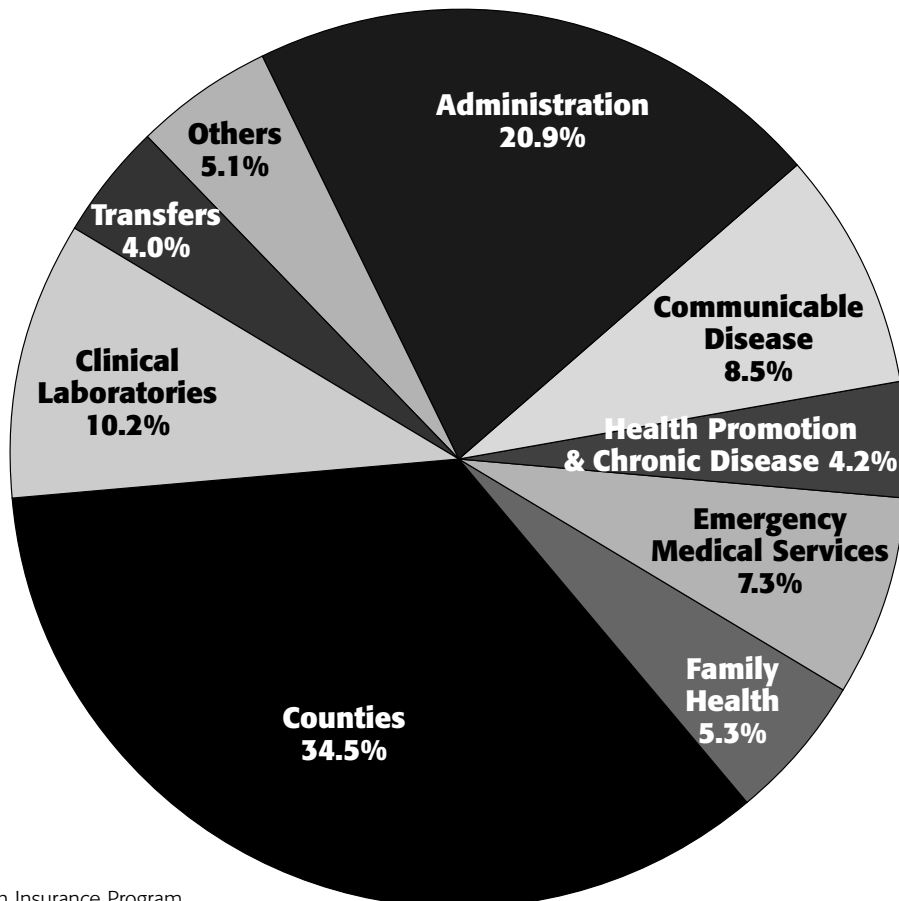


	1996	1997	1998	1999	2000
ETF - EMS	4.2	4.6	4.6	4.8	4.6
ETF - Health	10.4	10.7	11.5	12.1	12.6
GF - Health	36.9	36.9	38.4	44.4	45.5
GF - CHIP	0.0	0.0	1.5	8.5	9.0

FY 98 ETF funding is from General Fund

FY 99 Children's Health Insurance Program includes \$3.5 carry forward from FY 98

## Use Of State Funds – FY 2000 General Fund and Education Trust Fund Only (\$62.6 Million)



Excludes Children's Health Insurance Program

# OFFICE OF PERSONNEL AND STAFF DEVELOPMENT

The Office of Personnel and Staff Development worked diligently during the year 2000 processing requests for personnel actions, leave reports, and State Employee Injury Compensation Trust Fund claims, providing guidance in disciplinary actions, revising and developing personnel policies, and performing other personnel-related activities.

## 2000 Service Activities

- ▶ Developed a Personnel Procedures Manual for the purpose of assisting those employees responsible for initiating and completing personnel transactions.
- ▶ Participated in restructuring of the data processing, microbiologist and public health educator classifications series, affecting approximately 145 departmental employees.
- ▶ Conducted "Interview and Selection" training of approximately 45 supervisors.
- ▶ Developed policies on placement of disciplinary documents in personnel files, and violence in the workplace. Revised several other personnel policies.

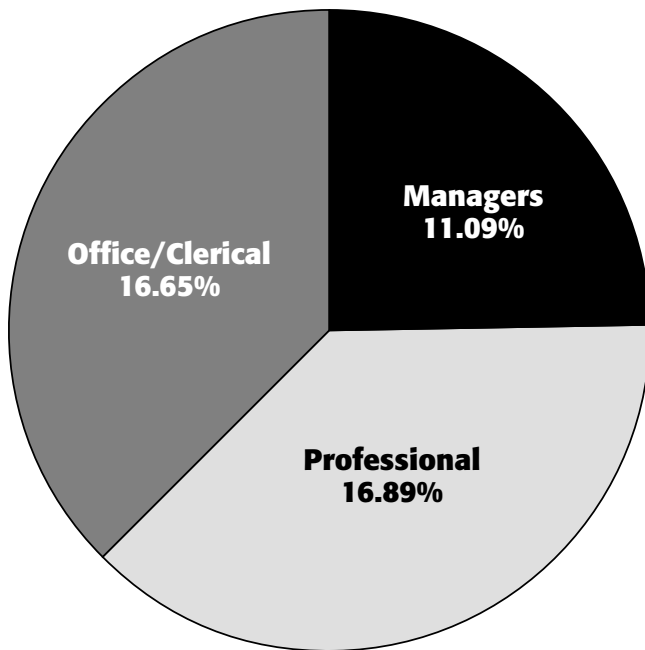
## Alabama Department of Public Health Employees 1999 vs. 2000

Category	As of Dec. 1999	As of Dec. 2000
Officials/Administrators	688	701
Professionals	861	902
Technicians	75	70
Paraprofessionals	1,166	1,020
Admin. Support/Clerical	805	825
Skilled Craft	7	7
Service Maintenance	102	91
<b>Overall Total*</b>	<b>3,704</b>	<b>3,616</b>

\* Excluding Contract Employees

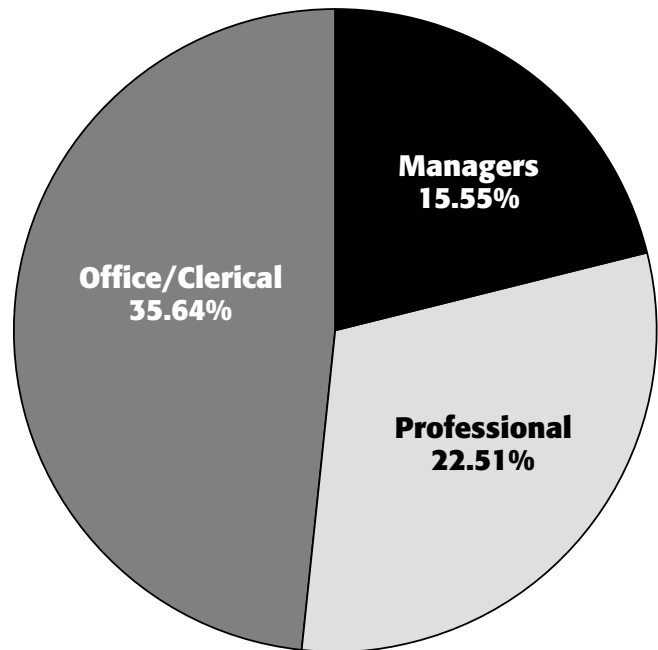
## ADPH 2000 Department Work Force Comparison

**Alabama Labor Market**



**Alabama Labor Market  
Total Average Minority  
Employment = 22.83%**

**ADPH Minority Employment**



**Departmental Minority Employment  
as of December 2000 = 35.73% Consisting  
of 1,292 Minority Employees**

# OFFICE OF PROGRAM INTEGRITY

**In 2000, the Office of Program Integrity continued its mission of objective evaluation of county health departments in the areas of financial and administrative activities.**

External contract agencies providing WIC services were also audited. In addition, Program Integrity expanded its audit focus to include Regional Emergency Management Services Agencies.

In addition to routine audit services, Program Integrity staff provided assistance to units within the Central Office. The data retention specifications of the ViSION system were evaluated and compared to the retention requirements of the Records Disposition Authority. A validation of the patient encounter form data within the PHALCON system was performed. Facility reviews were conducted at the Health Care Authority sites. Finally, Program Integrity assisted in the review of home health records prior to billing for services in one county.

## State Activities Conducted in 2000 Compared to 1999

	1999	2000
Financial/Administrative Audits Conducted/Completed	17	22
Federal Program Audits Conducted/Completed	15	21
External WIC Agencies	10	9
WIC Training Center	1	0
Home Health Administrative County Audit Project	1	1
State Level Projects	0	2
EMS Regional Agency Audits	0	1

# ALABAMA DEPARTMENT OF PUBLIC HEALTH

## MAILING AND STREET ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS AND ADMINISTRATORS February 2001

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 1</b>				
Karen M. Landers, M.D., AHO	Box 929, Tuscumbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
Roger Norris, Area Adm.	Box 929, Tuscumbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
<b>COLBERT-</b>				
Karen M. Landers, M.D., AHO	Box 929, Tuscumbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
NW AL REGIONAL H H OFFICE	Box 929, Tuscumbia 35674-0929	256-383-1234	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
<b>FRANKLIN-</b>				
Karen M. Landers, M.D., AHO	Box 100, Russellville 35653-0100	256-332-2700	332-1563	300 E. Limestone St., Russellville 35653-2448
<b>LAUDERDALE-</b>				
Karen M. Landers, M.D., AHO	Box 1036, Florence 35631-1036	256-764-7453	764-4185	200 W. Tennessee St., Florence 35630-5420
<b>MARION-</b>				
Roger Norris, Area Adm.	Box 158, Hamilton 35570-0158	205-921-3118	921-7954	2448 Military St. South, Hamilton 35570
HOME HEALTH OFFICE	Box 158, Hamilton 35570-0158	205-921-2859	921-7282	2448 Military St. South, Hamilton 35570
Winfield Branch (open Thurs. only)	Box 158, Hamilton 35570-0158	205-487-3688		Winfield Community Center, Winfield
<b>WALKER-</b>				
Roger Norris, Area Admin.	Box 3207, Jasper 35502-3207	205-221-9775	221-8810	705 20th Avenue East, Jasper 35502-3207
<b>WINSTON-</b>				
Roger Norris, Area Adm.	Box 1029, Double Springs 35553-1029	205-489-2101	489-2634	24714 Hwy. 195, South, Double Springs 35553
HOME HEALTH OFFICE	Box 1047, Haleyville 35565-1047	205-486-3159	486-3673	2324 14th Ave., Haleyville 35565
HALEYVILLE BRANCH (Open Tuesday and Thursday only)	Box 1047, Haleyville 35565-1047	205-486-2479	486-8764	2324 14th Ave., Haleyville 35565
<b>PUBLIC HEALTH AREA 2</b>				
Ron Grantland, Acting Area Adm.	Box 1628, Decatur 35602-1628	256-340-2113	353-4432	201 Gordon Drive, SE, Decatur 35601
<b>CULLMAN-</b>				
Tony Williams, M.D., LHO	Box 1678, Cullman 35056-1678	256-734-1030	737-9646	601 Logan Ave., S.W., Cullman 35055
Ron Grantland, Acting Area Adm.	Box 1678, Cullman 35056-1678	256-734-1030	737-9646	601 Logan Ave., S.W., Cullman 35055
HOME HEALTH OFFICE	Box 1086, Cullman 35056	256-734-0258	734-1840	601 Logan Ave., S.W., Cullman 35055
ENVIRONMENTAL OFFICE	Box 1678, Cullman 35056-1678	256-734-0243	737-9646	601 Logan Ave., S.W., Cullman 35055
<b>JACKSON-</b>				
Ron Grantland, Acting Area Adm.	Box 398, Scottsboro 35768-0398	256-259-4161	259-1330	204 Liberty Ln., Scottsboro 35769-4133
HOME HEALTH OFFICE	Box 398, Scottsboro 35768-0398	256-259-3694	574-4803	204 Liberty Ln., Scottsboro 35769-4133
ENVIRONMENTAL OFFICE	Box 398, Scottsboro 35768-0398	256-259-5882	259-5886	204 Liberty Ln., Scottsboro 35769-4133
<b>LAWRENCE-</b>				
Tony Williams, M.D., LHO	Box 308, Moulton 35650-0308	256-974-1141	974-5587	13299 Alabama Hwy. 157, Moulton 35650
Ron Grantland, Acting Area Adm.	Box 308, Moulton 35650-0308	256-974-1141	974-5587	13299 Alabama Hwy. 157, Moulton 35650
HOME HEALTH OFFICE	Box 308, Moulton 35650-0308	256-974-7076	974-7073	13299 Alabama Hwy. 157, Moulton 35650
ENVIRONMENTAL OFFICE	Box 308, Moulton 35650-0308	256-974-8849	974-7073	13299 Alabama Hwy. 157, Moulton 35650
<b>LIMESTONE-</b>				
Ron Grantland, Acting Area Adm.	Box 889, Athens 35612	256-232-3200	232-6632	310 West Elm St., Athens 35611
HOME HEALTH OFFICE	Box 69, Athens 35612	256-230-0434	230-9289	110 Thomas St., Athens 35611
<b>MADISON-</b>				
Lawrence L. Robey, M.D., LHO	Box 467, Huntsville 35804-0467	256-539-3711	536-2084	304 Eustis Ave., S.E., Huntsville 35801-3118
ENVIRONMENTAL OFFICE	Box 467, Huntsville 35804-0467	256-539-8101	535-6545	311 Green St., Huntsville 35801
<b>MARSHALL-</b>				
Ron Grantland, Acting Area Adm.	Drawer 339, Guntersville 35976	256-582-3174	582-3548	4200-B, Hwy. 79, S., Guntersville 35976
HOME HEALTH OFFICE	Drawer 978, Guntersville 35976	256-582-8425	582-0829	4200-A, Hwy. 79, S., Guntersville 35976
ENVIRONMENTAL OFFICE	Drawer 339, Guntersville 35976	256-582-4926	582-3548	4200-B, Hwy. 79, S., Guntersville 35976
WIC CLINIC	Drawer 339, Guntersville 35976	256-582-7381	582-3548	4200-B, Hwy. 79, S., Guntersville 35976
<b>MORGAN-</b>				
Ron Grantland, Acting Area Adm.	Box 1628, Decatur 35602-1628	256-353-7021	353-7901	510 Cherry St. N.E., Decatur 35602
HOME HEALTH OFFICE	Box 2105, Decatur 35602-2105	256-306-2400	353-6410	201 Gordon Dr., S.E., Ste. 107., Decatur 35601
ENVIRONMENTAL OFFICE	Box 1866, Decatur 35602-1866	256-340-2105	353-7901	510 Cherry St. N.E., Decatur 35602
<b>PUBLIC HEALTH AREA 3</b>				
Albert T. White, Jr., M.D., AHO	Box 70190, Tuscaloosa 35407	205-345-4131	759-4039	1200 37th St. East, Tuscaloosa 35405
William W. Denton, Area Adm.	Box 70190, Tuscaloosa 35407	205-554-4501	556-2701	1200 37th St. East, Tuscaloosa 35405
<b>BIBB-</b>				
William W. Denton, Area Adm.	Box 126, Centreville 35042-1207	205-926-9702	926-6536	281 Alexander Ave., Centreville 35042
HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	1200 37th St. East, Tuscaloosa 35405
<b>FAYETTE-</b>				
William W. Denton, Area Adm.	Box 351, Fayette 35555-0351	205-932-5260	932-3532	211 First St., N.W., Fayette 35555-2550
HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407	205-932-3963	507-4718	1200 37th St. East, Tuscaloosa 35405
<b>GREENE-</b>				
J. Fred Grady, Asst. Area Adm.	Box 269, Eutaw 35462-0269	205-372-9361	372-9283	412 Morrow Ave., Eutaw 35462-1109
HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	1200 37th St. East, Tuscaloosa 35405
<b>LAMAR-</b>				
William W. Denton, Area Adm.	Box 548, Vernon 35592-0548	205-695-9195	695-9214	300 Springfield Rd., Vernon 36692
HOME HEALTH OFFICE	Box 548, Vernon 35592-0548	205-695-6916	695-9100	300 Springfield Rd., Vernon 36692
<b>PICKENS-</b>				
J. Fred Grady, Asst. Area Adm.	Box 192, Carrollton 35447-9599	205-367-8157	367-8374	Hospital Drive, Carrollton 35447-9599
HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	1200 37th St. East, Tuscaloosa 35405
<b>TUSCALOOSA-</b>				
J. Fred Grady, Asst. Area Adm.	Box 2789, Tuscaloosa 35403	205-345-4131	759-4039	1101 Jackson Ave., Tuscaloosa 35401
HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	1200 37th St. East, Tuscaloosa 35405
ENVIRONMENTAL OFFICE	Box 70190, Tuscaloosa 35407	205-554-4540	556-2701	1200 37th St. East, Tuscaloosa 35405

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 4</b>				
Carole W. Samuelson, M.D., AHO	Box 2648, Birmingham 35202-2648	205-933-9110	930-0243	1400 Sixth Ave. S., Birmingham 35233-1598
Carole W. Samuelson, M.D., LHO	Box 2648, Birmingham 35202-2648	205-930-1500	930-0243	1400 Sixth Ave. S., Birmingham 35233-1598
Gwen Veras, Area Adm.	Box 2648, Birmingham 35202-2648	205-930-1510	930-1576	1400 Sixth Ave. S., Birmingham 35233-1598
BESSEMER HEALTH CENTER	2201 Arlington Ave., Bessemer 35020-4299	205-424-6001	426-1410	2201 Arlington Ave., Bessemer 35020-4299
CENTRAL HEALTH CENTER	1400 Sixth Ave., S., Birmingham 35233-1598	205-933-9110	930-1350	1400 Sixth Ave., S., Birmingham 35233-1598
CHRIS MCNAIR HEALTH CENTER	1308 Tuscaloosa Ave. S.W., Birmingham 35211	205-715-6121	715-6173	1308 Tuscaloosa Ave., S.W., Birmingham 35211
EASTERN HEALTH CENTER	5720 First Ave., S., Birmingham 35212-2599	205-591-5180	591-6741	5720 First Ave., S., Birmingham 35212-2599
LEEDS HEALTH CENTER	210 Park Drive, Leeds 35094-1846	205-699-2442	699-8406	210 Park Drive, Leeds 35094-1846
MORRIS HEALTH CENTER	Box 272, Morris 35116-0272	205-647-0572	647-0109	586 Morris Majestic Rd., Morris 35116-1246
NORTHERN HEALTH CENTER	2817-30th Ave., N., Birmingham 35207-4599	205-323-4548	521-6851	2817-30th Ave., North, Birmingham 35207-4599
WESTERN HEALTH CENTER	1700 Ave. E. Ensley, Birmingham 35218-1543	205-788-3321	785-8495	1700 Ave. E. Ensley, Birmingham 35218-1543
WESTERN M H CENTER	1701 Ave. D. Ensley, Birmingham 35218-1532	205-788-7770	788-7552	1701 Ave. D. Ensley, Birmingham 35218-1532
<b>PUBLIC HEALTH AREA 5</b>				
Mary Gomillion, Area Adm.	Box 267, Centre 35960	256-927-7000	927-7068	833 Cedar Bluff Rd., Centre 35960
Jane Burt, Asst. Area Adm.	Box 267, Centre 35960	256-927-7000	927-7068	833 Cedar Bluff Rd., Centre 35960
AREA 5 HOME HEALTH HEADQTRS	Box 681106, Ft. Payne 35968	256-845-6020	845-0035	2401 Calvin Dr., S.W., Suite 300, Ft. Payne 35967
<b>BLOUNT--</b>				
Jane Burt, Asst. Area Adm.	Box 208, Oneonta 35121-0004	205-274-2120	274-2210	1001 Lincoln Ave., Oneonta 35121
HOME HEALTH OFFICE	Box 8306, Gadsden 35902	256-547-5012	543-0067	109 S. 8th Street, Gadsden 35902
LIFE CARE OFFICE	Box 680347, Ft. Payne 35968	205-274-9086 or 1-888-469-8806	625-4490	Box 680347, Ft. Payne 35968
<b>CHEROKEE--</b>				
Jane Burt, Asst. Area Adm.	Box 176, Centre 35960-0176	256-845-1931	845-2967	833 Cedar Bluff Road, Centre 35960
HOME HEALTH OFFICE	Box 680347, Ft. Payne 35968	256-845-8680 or 1-800-732-9206	845-0331	2401 Calvin Dr., S.W., Suite 200, Ft. Payne 35967
LIFE CARE OFFICE	Box 680347, Ft. Payne 35968	256-845-8685 or 1-800-600-0923	845-0790	2401 Calvin Dr., S.W., Suite 200, Ft. Payne 35967
<b>DEKALB--</b>				
Jane Burt, Asst. Area Adm.	Box 680347, Ft. Payne 35968	256-845-1931	845-2967	2401 Calvin Dr., S.W., Ft. Payne 35967
HOME HEALTH OFFICE	Box 680347, Ft. Payne 35968	256-845-8680 or 1-800-732-9206	845-0331	2401 Calvin Dr., S.W., Suite 200, Ft. Payne 35967
LIFE CARE OFFICE	Box 680347, Ft. Payne 35968	256-845-8684 1-800-600-0923	845-0790	2401 Calvin Dr., S.W., Ft. Payne 35967
ENVIRONMENTAL OFFICE	Box 680347, Ft. Payne 35968-1604	256-845-7031	845-2817	2401 Calvin Dr., S.W., Ft. Payne 5967
<b>ETOWAH--</b>				
Mary Gomillion, Area Adm.	Box 555, Gadsden 35902-0555	256-547-6311	549-1579	109 South 8th St., Gadsden 35901-2454
HOME HEALTH OFFICE	Box 8306, Gadsden 35902	256-547-5012	543-0067	109 South 8th St., Gadsden 35901-2454
LIFE CARE OFFICE	217 2nd Ave., E., Oneonta 35121	205-274-9086 or 1-888-469-8806	625-4490	217 2nd Ave., E., Oneonta 35121
<b>ST. CLAIR--</b>				
Mary Gomillion, Area Adm.	Box 627, Pell City 35125	205-338-3357	338-4863	1175 23rd St. N., Pell City 35125
HOME HEALTH OFFICE	Box 8306, Gadsden 35902	205-547-5012	543-0067	109 South 8th St., Gadsden 35901-2454
LIFE CARE OFFICE	217 2nd Ave., E., Oneonta 35121	205-274-9086 or 1-888-469-8806	625-4490	217 2nd Ave., E., Oneonta 35121
Satellite Clinic (Wednesday only)	P.O. Box 249, Ashville 35953	205-594-7944	594-7588	411 N. Gadsden Hwy., Ashville 35953
<b>SHELBY--</b>				
Mary Gomillion, Area Adm.	Box 846, Pelham 35124	205-664-2470	664-4148	2000 County Services Dr., Pelham 35124
ENVIRONMENTAL OFFICE	Box 846, Pelham 35124	205-620-1650	664-3411	2000 County Services Dr., Pelham 35124
<b>PUBLIC HEALTH AREA 6</b>				
Teresa A. Childers, Area Adm.	Box 4699, Anniston 36204-4699	256-236-3274	237-7974	3400 McClellan Blvd., Anniston 36201
<b>CALHOUN--</b>				
Donald Bain, Asst. Area Adm	Box 4699, Anniston 36204-4699	256-237-7523	238-0851	3400 McClellan Blvd., Anniston 36201
ENVIRONMENTAL OFFICE	Box 4699, Anniston 36204-4699	256-237-4324	238-0851	3400 McClellan Blvd., Anniston 36201
<b>CHAMBERS--</b>				
Donald Bain, Asst. Area Adm.	Box 319, LaFayette 36862-0319	334-864-8834	864-8805	18 Alabama Ave. East, LaFayette 36862-1745
VALLEY BRANCH	5 North Medical Park Dr., Valley 36854	334-756-0758	756-0765	5 North Medical Park Dr., Valley 36854
<b>CLAY--</b>				
Teresa Childers, Area Adm.	86892 Hwy. 9, Lineville 36266	256-396-6421	396-9172	86892 Hwy. 9, Lineville 36266
HOME HEALTH OFFICE	86892 Hwy. 9, Lineville 36266	256-396-9307	396-9236	86892 Hwy. 9, Lineville 36266
<b>CLEBURNE--</b>				
Donald Bain, Asst. Area Adm.	Box 36, Heflin 36264-0036	256-463-2296	463-2772	Brockford Road, Heflin 36264-1605
<b>COOSA--</b>				
Teresa Childers., Area Adm.	Box 219, Rockford 35136-0235	256-377-4364	377-4354	Main Street, Rockford 35136
<b>RANDOLPH--</b>				
Donald Bain, Asst. Area Adm.	468 Price St., Roanoke 36274	334-863-8981	863-8975	468 Price St., Roanoke 36274
HOME HEALTH OFFICE	3882 Hwy. 431, Roanoke 36274	334-863-8983	863-4871	3882 Hwy. 431, Roanoke 36274
WEDOWEE SATELITE (Open Tues. P.M. & Wed.)	468 Price St., Roanoke 36274	256-357-4764		Randolph County Court House, Wedowee 36278
<b>TALLADEGA--</b>				
Teresa Childers, Area Adm.	501 W. South St., Talladega 35160	256-362-2593	362-0529	501 W. South St., Talladega 35160
HOME HEALTH OFFICE	311 North Elm Ave., Sylacauga 35150	256-249-4893	208-0886	311 North Elm Ave., Sylacauga 35150
SYLACAUGA CLINIC	311 North Elm Ave., Sylacauga 35150	256-249-3807	245-0169	311 North Elm Ave., Sylacauga 35150
<b>TALLAPOOSA--</b>				
Teresa Childers, Area Adm.	2078 Sportplex Blvd., Alexander City 35010	256-329-0531	329-1798	2078 Sportplex Blvd., Alexander City 35010
DADEVILLE CLINIC	Box 125, Dadeville 36853-0125	256-825-9203	825-6546	220 LaFayette St., Dadeville 36853

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 7</b>				
Ruth Underwood, Acting Area Adm.	Box 480280, Linden 36748-0280	334-295-1000	295-0006	303 Industrial Drive, Linden 36748-0877
<b>CHOCTAW--</b>				
Ashvin Parikh, Asst. Area Adm.	1001 S. Mulberry Ave., Butler 36904-0629	205-459-4026	459-4027	1001 South Mulberry Ave., Butler 36904
HOME HEALTH OFFICE	1001 S. Mulberry Ave., Butler 36904-0629	205-459-4011	459-4016	1001 South Mulberry Ave., Butler 36904
ENVIRONMENTAL OFFICE	1001 S. Mulberry Ave., Butler 36904-0629	205-459-4026	459-4027	1001 South Mulberry Ave., Butler 36904
<b>DALLAS--</b>				
Ashvin Parikh, Asst. Area Adm.	100 Sam O. Moseley Dr., Selma 36702-0330	334-874-2550	875-7960	100 Sam O. Moseley Dr., Selma 36702-0330
HOME HEALTH OFFICE	100 Sam O. Moseley Dr., Selma 36702-0330	334-872-2323	872-0279	100 Sam O. Moseley Dr., Selma 36702-0330
ENVIRONMENTAL OFFICE	100 Sam O. Moseley Dr., Selma 36702-0330	334-872-5887	872-4948	100 Sam O. Moseley Dr., Selma 36702-0330
<b>HALE--</b>				
Ashvin Parikh, Asst. Area Adm.	Box 87, Greensboro 36744-0087	334-624-3018	624-4721	1102 N. Centerville St., Greensboro 36744-0087
HOME HEALTH OFFICE	Box 87, Greensboro 36744-0087	334-624-3657	205-652-2366	1102 N. Centerville St., Greensboro 36744-0087
ENVIRONMENTAL OFFICE	Box 87, Greensboro 36744-0087	334-624-3018	624-4721	1102 N. Centerville St., Greensboro 36744-0087
<b>LOWNDES--</b>				
Ziba M. Anderson, Asst. Area Adm.	Box 35, Hayneville 36040-0035	334-548-2564	548-2566	507 Montgomery Hwy., Hayneville 36040
HOME HEALTH OFFICE	Box 35, Hayneville 36040-0035	334-548-5345	548-5424	507 Montgomery Hwy., Hayneville 36040
<b>MARENGO--</b>				
Ashvin Parikh, Asst. Area Adm.	Box 480877, Linden 36748-0877	334-295-4205	295-0124	303 Industrial Drive, Linden 36748-0877
HOME HEALTH OFFICE	Box 480877, Linden 36748-0877	334-295-0000	205-459-4016	303 Industrial Drive, Linden 36748-0877
ENVIRONMENTAL OFFICE	Box 480877, Linden 36748-0877	334-295-1000	295-0006	303 Industrial Drive, Linden 36748-0877
<b>PERRY--</b>				
Ashvin Parikh, Area Adm.	Box 119, Marion 36756-0119	334-683-6153	683-4509	Rt. 2 Box 4-C, Hwy. 45 South, Marion 36756
HOME HEALTH OFFICE	Box 119, Marion 36756-0119	334-683-8084	872-0279	Rt. 2 Box 4-C, Hwy. 45 South, Marion 36756
ENVIRONMENTAL OFFICE	Box 119, Marion 36756-0119	334-683-6153	683-4509	Rt. 2 Box 4-C, Hwy. 45 South, Marion 36756
UNIONTOWN SATELLITE (Open T., W.)	Box 119, Marion 36756-0119	334-628-6226	628-3018	200 North St., Uniontown 36786
<b>SUMTER--</b>				
Ashvin Parikh, Asst. Area Adm.	P. O. Drawer 340, Livingston 35470	205-652-7972	652-7919	1121 N. Washington St., Livingston 35470
HOME HEALTH OFFICE	P. O. Drawer 340, Livingston 35470	205-652-2273	652-2366	1121 N. Washington St., Livingston 35470
ENVIRONMENTAL OFFICE	P. O. Drawer 340, Livingston 35470-0340	205-652-7972	652-7919	1121 N. Washington St., Livingston 35470
<b>WILCOX--</b>				
Ziba Anderson, Asst. Area Adm.	Box 547, Camden 36726-0547	334-682-4515	682-4796	107 Union St., Camden 36726-0547
HOME HEALTH OFFICE	Box 547, Camden 36726-0547	334-682-5122	872-0279	107 Union St., Camden 36726-0547
ENVIRONMENTAL OFFICE	Box 547, Camden 36726-0547	334-682-4515	682-4796	107 Union St., Camden 36726-0547
<b>PUBLIC HEALTH AREA 8</b>				
Bobby H. Bryan, Area Adm.	6501 U.S. Hwy 231 N., Wetumpka 36092	334-567-1165	514-5832	6501 U.S. Hwy 231 N., Wetumpka 36092
<b>AUTAUGA--</b>				
Bobby H. Bryan, Area Adm.	219 N. Court, Prattville 36067	334-361-3743	361-3718	219 N. Court St., Prattville 36067
HOME HEALTH OFFICE	219 N. Court, Prattville 36067	334-361-3753	361-3806	219 N. Court St., Prattville 36067
<b>BULLOCK--</b>				
Ron Wheeler, Asst. Area Adm.	Drawer 430, Union Springs 36089-0430	334-738-3030	738-3008	103 Conecuh Ave., W., Union Springs 36089-1317
<b>CHILTON--</b>				
James R. Martin, Asst Area Adm.	Box 1778, Clanton 35045-1778	205-755-1287	755-2027	301 Health Ctr. Dr., Clanton 36405
LIFE CARE OFFICE	Box 1778, Clanton 35045-1778	205-755-8407	755-8432	301 Health Ctr. Dr., Clanton 36405
<b>ELMORE--</b>				
Bobby H. Bryan, Area Adm.	6501 U.S. Hwy 231, Wetumpka 36092	334-567-1171	567-1186	6501 U.S. Hwy 231, Wetumpka 36092
<b>LEE--</b>				
Bobby H. Bryan, Area Adm.	1801 Corporate Dr., Opelika 36801	334-745-5765	745-9830	1801 Corporate Dr., Opelika 36801
LIFE CARE OFFICE	1801 Corporate Dr., Opelika 36801	334-745-5293	745-9825	1801 Corporate Dr., Opelika 36801
<b>MACON--</b>				
James R. Martin, Asst. Area Adm.	Box 830180, Tuskegee 36083-0180	334-727-1800	727-7100	812 Hospital Rd., Tuskegee 36083
LIFE CARE OFFICE	Box 830180, Tuskegee 36083-0180	334-727-1888	727-1874	812 Hospital Rd., Tuskegee 36083
<b>MONTGOMERY--</b>				
James R. Martin, Asst Area Adm.	3060 Mobile Hwy., Montgomery 36108	334-293-6400	293-6410	3060 Mobile Hwy., Montgomery 36108
HOME HEALTH OFFICE	3060 Mobile Hwy., Montgomery 36108	334-293-6525	293-6402	3060 Mobile Hwy., Montgomery 36108
ENVIRONMENTAL OFFICE	3060 Mobile Hwy., Montgomery 36108	334-293-6452		3060 Mobile Hwy., Montgomery 36108
LIFE CARE OFFICE	3060 Mobile Hwy., Montgomery 36108	334-293-6528	293-6402	3060 Mobile Hwy., Montgomery 36108
<b>RUSSELL--</b>				
James R. Martin, Asst. Area Adm.	Box 548, Phenix City 36868-0548	334-297-0251	291-5478	1850 Crawford Rd., Phenix City 36867
HOME HEALTH OFFICE	Box 548, Phenix City 36868-0548	334-298-5581	291-0498	1850 Crawford Rd., Phenix City 36867

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 9</b>				
Ruth Underwood, Area Admin.	Box 1227, Robertsdale 36567	334-947-6206	947-6262	22070 Highway 59, Robertsdale 36567
<b>BALDWIN--</b>				
Charles Watterson, Asst. Area Adm.	Box 369, Robertsdale 36567-0369	334-947-7015	947-5703	23280 Gilbert Dr., Robertsdale 36567
ENVIRONMENTAL OFFICE	Box 369, Robertsdale 36567-0369	334-947-3618	947-3557	23280 Gilbert Dr., Robertsdale 36567
BAY MINETTE BRANCH	Box 160, Bay Minette 36507	334-937-0217	937-0391	257 Hand Ave., Bay Minette 36507-0547
<b>BUTLER--</b>				
Ziba M. Anderson, Asst. Area Adm.	Box 339, Greenville 36037	334-382-3154	382-3530	350 Airport Rd., Greenville 36037
LIFE CARE OFFICE	Box 339, Greenville 36037	334-382-8158	382-0025	350 Airport Rd., Greenville 36037
GEORGIANA SATELLITE (Open Tues. & Fri.)	Box 339, Greenville 36037			Jones Street, Georgiana 36033
<b>CLARKE--</b>				
Ruth Underwood, Area Admin.	Box 477, Grove Hill 36451	334-275-3772	275-4253	140 Clark Street, Grove Hill 36451
ENVIRONMENTAL OFFICE	Box 477, Grove Hill 36451	334-275-4177	275-8066	120 Court Street, Grove Hill 36451
<b>CONECUH--</b>				
Charles Watterson, Asst. Area Adm.	Box 110, Evergreen 36401	334-578-1952	578-5566	526 Belleville St., Evergreen 36401
HOME HEALTH OFFICE	Box 110, Evergreen 36401	334-578-5265	578-5679	101 Court Street, Evergreen 36401
ENVIRONMENTAL OFFICE	Box 110, Evergreen 36401	334-578-9729	578-5679	101 Court Street, Evergreen 36401
<b>COVINGTON--</b>				
Ziba M. Anderson, Asst. Area Adm.	Box 186, Andalusia 36420-0186	334-222-1175	222-1560	County Road 56, Andalusia 36420
OPP SATELLITE (Open Tues. Only)	Box 186, Andalusia 36420-0186	334-493-9459		108 N. Main Street, Opp 36467
LIFE CARE OFFICE	Box 186, Andalusia 36420-0186	334-222-5970	222-1560	County Road 56, Andalusia 36420
ENVIRONMENTAL OFFICE	Box 186, Andalusia 36420-0186	334-222-1585	222-1560	County Road 56, Andalusia 36420
<b>ESCAMBIA--</b>				
Charles Watterson, Asst. Area Adm.	1115 Azalea Place, Brewton 36426	334-867-5765	867-5179	1115 Azalea Place, Brewton 36426
ENVIRONMENTAL OFFICE	1115 Azalea Place, Brewton 36426	334-867-5765	867-5179	1115 Azalea Place, Brewton 36426
ATMORE BRANCH	8600 Hwy. 31 N., Suite 17, Atmore 36502	334-368-9188	368-9189	8600 Hwy 31 North, Atmore 36502
<b>MONROE--</b>				
Ruth Underwood, Area Admin.	416 Agriculture Dr., Monroeville 36460	334-575-3109	575-7935	416 Agriculture Drive, Monroeville 36460
HOME HEALTH OFFICE	416 Agriculture Dr., Monroeville 36460	334-575-2980	575-2144	416 Agriculture Drive, Monroeville 36460
ENVIRONMENTAL OFFICE	416 Agriculture Dr., Monroeville 36460	334-575-7034	575-7935	416 Agriculture Drive, Monroeville 36460
<b>WASHINGTON--</b>				
Ruth Underwood, Area Admin.	Box 690, Chatham 36518	334-847-2245	847-3480	2024 Granade Ave., Chatham 36518
HOME HEALTH OFFICE	Box 690, Chatham 36518	334-847-2257	847-3299	Court St. & Granada Ave., Chatham 36518
ENVIRONMENTAL OFFICE	Box 690, Chatham 36518	334-847-2399	847-3480	Court St. & Granada Ave., Chatham 36518
<b>PUBLIC HEALTH AREA 10</b>				
Russell Killingsworth, Area Admin.	P. O. Box 1055, Slocomb 36375-1055	334-886-2390	886-2842	465 S. Kelly, Slocomb 36375
<b>BARBOUR--</b>				
Ron Wheeler, Asst. Area Admin.	Box 238, Eufaula 36027-0238	334-687-4808	687-6470	133 N. Orange St., Eufaula 36027-1619
HOME HEALTH OFFICE	Box 217, Clayton 36016-0217	334-775-9044	775-9129	25 North Midway Street, Clayton 36016
CLAYTON BRANCH	Box 217, Clayton 36016-0217	334-775-8324	775-3432	41 North Midway Street, Clayton 36016
<b>COFFEE--</b>				
Russell Killingsworth, Asst. Area Admin.	2841 Neal Metcalf Rd., Enterprise 36330	334-347-9574	347-7104	2841 Neal Metcalf Rd., Enterprise 36330
HOME HEALTH OFFICE	2841 Neal Metcalf Rd., Enterprise 36330	334-347-9574	347-3124	
<b>CRENSHAW--</b>				
Ron Wheeler, Asst. Area Admin.	Box 326, Luverne 36049-0326	334-335-2471	335-3795	100 East 4th Street, Luverne 36049
<b>DALE--</b>				
Russell Killingsworth, Asst. Area Admin.	Box 1207, Ozark 36361-1207	334-774-5146	774-2333	200 Katherine Ave., Ozark 36360
<b>GENEVA--</b>				
Kenneth Ball, Asst. Area Admin.	606 S. Academy St., Geneva 36340-2527	334-684-2257	684-3970	606 S. Academy St., Geneva 36340-2527
<b>HENRY--</b>				
Russell Killingsworth, Area Admin.	Box 86, Abbeville 36310-0086	334-585-2660	585-3036	505 Kirkland St., Abbeville 36310-2736
HEADLAND BRANCH	Box 175, Headland 36345-0175	334-693-2220	693-3010	2 Cable Street, Headland 36345-2136
<b>HOUSTON--</b>				
Peggy Blakeney, Asst. Area Admin.	Drawer 2087, Dothan 36302-2087	334-678-2800	678-2802	1781 East Cottonwood Rd., Dothan 36301-5309
HOME HEALTH OFFICE	Drawer 2087, Dothan 36302-2087	334-678-2805	678-2808	1781 East Cottonwood Rd., Dothan 36301-5309
ENVIRONMENTAL OFFICE	Drawer 2087, Dothan 36302-2087	334-678-2815	678-2816	1781 East Cottonwood Rd., Dothan 36301-5309
<b>PIKE--</b>				
Ron Wheeler, Asst. Area Admin.	900 So. Franklin Dr., Troy 36081-3850	334-566-2860	670-0719	900 So. Franklin Dr., Troy 36081-3850
HOME HEALTH OFFICE	900 So. Franklin Dr., Troy 36081-3850	334-566-8002	670-0719	900 So. Franklin Dr., Troy 36081-3850
<b>PUBLIC HEALTH AREA 11</b>				
Bernard H. Eichold II, M.D., AHO	Box 2867, Mobile 36652-2867	334-690-8101	432-7443	251 N. Bayou St., Mobile 36603-1699
HOME HEALTH SERVICES	Box 2867, Mobile 36652-2867	334-690-8130	690-8907	248 Cox St., Mobile 36604
INSPECTION SERVICES	Box 2867, Mobile 36652-2867	334-634-9801	634-9806	1110 Schillinger Rd., Suite 200, Mobile 36608
SOCIAL SERVICES	Box 2867, Mobile 36652-2867	334-690-8981	694-5004	251 N. Bayou St., Mobile 36603
WOMEN'S CLINIC	Box 2867, Mobile 36652-2867	334-690-8935	690-8929	1557 Springhill Ave., Mobile 36604
IMMUNIZATION OFFICE	Box 2867, Mobile 36652-2867	334-690-8883	690-8899	251 N. Bayou St., Mobile 36603
CALCEDEAVER CLINIC	Box 2867, Mobile 36652-2867	334-829-9884	829-9507	1080AA Red Fox Rd., Calcedaever 36560
CITRONELLE CLINIC	Box 2867, Mobile 36652-2867	334-866-9126	866-9121	19250 Mobile St., Citronelle 36522
EIGHT MILE CLINIC	Box 2867, Mobile 36652-2867	334-456-1399	456-0079	4547 St. Stephens Rd., Eight Mile 36663
TEEN CENTER	Box 2867, Mobile 36652-2867	334-694-3954	694-5037	248 Cox St., Mobile 36604
SCHOOL BASED CLINIC	Box 2867, Mobile 36652-2867	334-456-2276	456-2205	800 Whitley St., Plateau 36610

AHO--AREA HEALTH OFFICER, LHO--LOCAL HEALTH OFFICER

NOTE: THE PRIMARY "MAILING ADDRESS" FOR COUNTY HEALTH DEPARTMENTS WITH MULTIPLE SITES IS THE FIRST LINE LISTED UNDER THE COUNTY NAME IN BOLD PRINT. ALL OTHER SITES SUCH AS HOME HEALTH, ETC., SHOULD BE SENT TO EACH SPECIFIC ADDRESS AS SHOWN ABOVE. "STREET ADDRESSES" ARE USED ONLY FOR PONY EXPRESS, FEDERAL EXPRESS, AND UPS DELIVERIES!



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Director, Bureau of Health Promotion and Chronic Disease  
James J. McVay, DrPA

Director, Communications Design Division  
Sally Palmer

Director, Public Information Division  
Arrol Sheehan, MA

Editor  
Geraldine Rose Daniels, JD

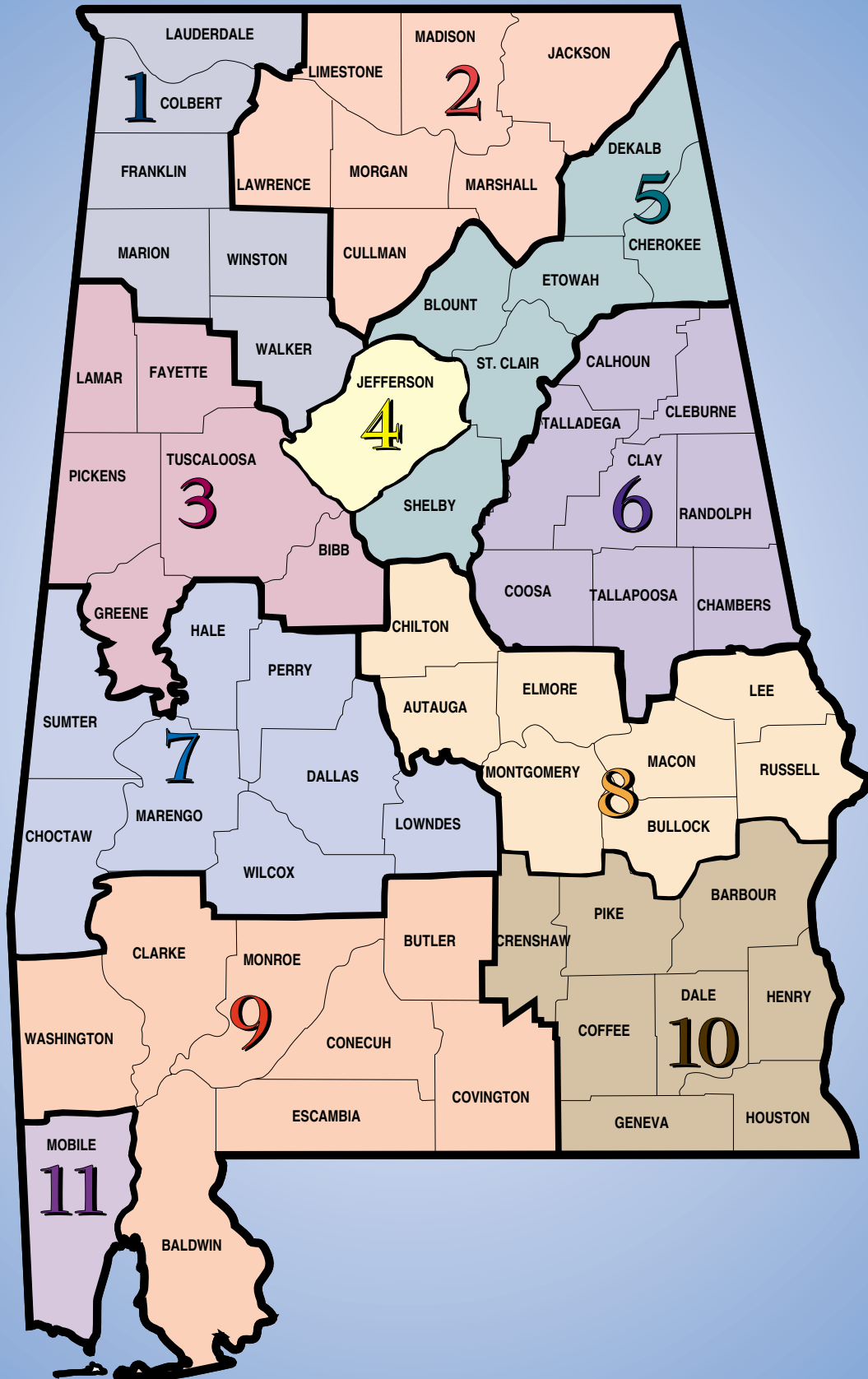
Production Assistants  
Patsy Killough  
Marianne Lansdon  
Toni Prater  
Carol Holcombe

For additional copies of this report contact:  
Geraldine Rose Daniels or Toni Prater  
Alabama Department of Public Health  
Bureau of Health Promotion and Chronic Disease  
The RSA Tower, Suite 900  
201 Monroe Street  
P.O. Box 303017  
Montgomery, Alabama 36130-3017  
(334) 206-5300

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**STATE OF ALABAMA**  
**DEPARTMENT OF PUBLIC HEALTH**  
**PUBLIC HEALTH AREAS**





State of Alabama  
Department of Public Health

The RSA Tower  
201 Monroe Street  
Montgomery, Alabama 36104

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