

ALABAMA
DEPARTMENT
OF PUBLIC
HEALTH



a d p h

ANNUAL
REPORT
2002

STATE COMMITTEE OF PUBLIC HEALTH

Pictured Below:

Front Row Seated L to R:

Marsha D. Raulerson, MD
George C. Smith, MD
Donald E. Williamson, MD

Middle Row Standing L to R:

Ashley C. Cousins, PE
Jorge A. Alsip, MD
Jennie Rhinehart
Glen Malone, DVM
A. Ray Hudson, MD
Steven P. Furr, MD
Pamela D. Varner, MD

Back Row Standing L to R:

Kenneth W. Aldridge, MD
Larry Browder, DMD
Allan R. Goldstein, MD
Arthur F. Toole, III, MD
J. Allen Meadows, MD
James G. Chambers, III, MD
Craig H. Christopher, MD

George C. Smith, MD.....Chair, Lineville
Marsha D. Raulerson, MD.....Vice Chair, Brewton
Donald E. Williamson, MD.....Secretary, Montgomery

Kenneth W. Aldridge, MDTuscaloosa
Jorge A. Alsip, MDDaphne
James G. Chambers, III, MDHuntsville
Craig H. Christopher, MDBirmingham
Steven P. Furr, MDJackson
Allan R. Goldstein, MDBirmingham
A. Ray Hudson, MDJasper
J. Allen Meadows, MDMontgomery
Arthur F. Toole, III, MD.....Anniston
Pamela D. Varner, MDBirmingham

Council on Animal and Environmental Health

Glen Malone, DVMMontgomery

Council on Dental Health

Larry Browder, DMD, Montgomery

Council on Health Costs, Administration and Organization

Jennie Rhinehart.....Tallassee

Council on Prevention of Disease and Medical Care

Ashley C. Cousins, PE.....Montgomery



Photograph by Mark L. Wright

The Honorable Bob Riley
Governor of Alabama
State Capitol
Montgomery, Alabama 36130

Dear Governor Riley:

It is my pleasure to present to you the 2002 Annual Report of the Alabama Department of Public Health. While the Department remains dedicated to addressing the health concerns of Alabama's citizens, it has also focused increased attention on protecting Alabamians from bioterrorist events.

To ensure a more coordinated response to potential emergency events, the Department created the Center for Emergency Preparedness. The Department has established response plans which will enable the vaccination of all Alabama citizens against smallpox should it be used as a weapon of mass destruction. In addition, working with our partners in the private sector, we have worked to enhance hospital preparedness and have developed the capacity for mass distribution of pharmaceuticals to our citizens should that become necessary.

In addition to this enhanced focus on terrorism, the Department continues to strive to provide services that will help our citizens live healthier and more productive lives. To address the problem of cardiovascular disease in the state, the Department has worked with local farmers' markets and communities to enhance physical activity and promote heart healthy diets. These activities will result in the reduction of stroke and heart disease. The Breast and Cervical Cancer Early Detection Program has now assisted 25,000 women by providing free screenings to women between the ages of 40 and 64. As a result of this activity, over 350 breast cancers have been detected and treated.

Today, over 57,000 children are enrolled in ALL Kids, a program which provides free or low-cost health insurance to the children of low-income, working parents in our state. Through the partnership between ALL Kids, Medicaid, and the Alabama Child Caring Foundation, we have been able to reduce the level of uninsurance among Alabama children to below the national average.

In addition to the progress in insuring children, progress has also been made in reducing the likelihood of death and disability due to motor

vehicle accidents. In 2002, Alabama's child restraint usage rate increased to 89 percent. In addition, safety belt usage for adults remained at 79 percent, exceeding the national average. The improved use of child restraints and safety belts in motor vehicles will have long-term consequences in reducing death and disability due to motor vehicle accidents.

While infant mortality remains far too high in our state, progress continues to be made as 2001 revealed the fewest infant deaths in our state's history. In addition, we saw the lowest percentage of births to teenagers ever reported. Unfortunately, challenges such as maternal smoking, low birth weight babies, and pregnant women without insurance persist. Working with partners in the public and private sector, we remain committed to reducing Alabama's infant mortality rate.

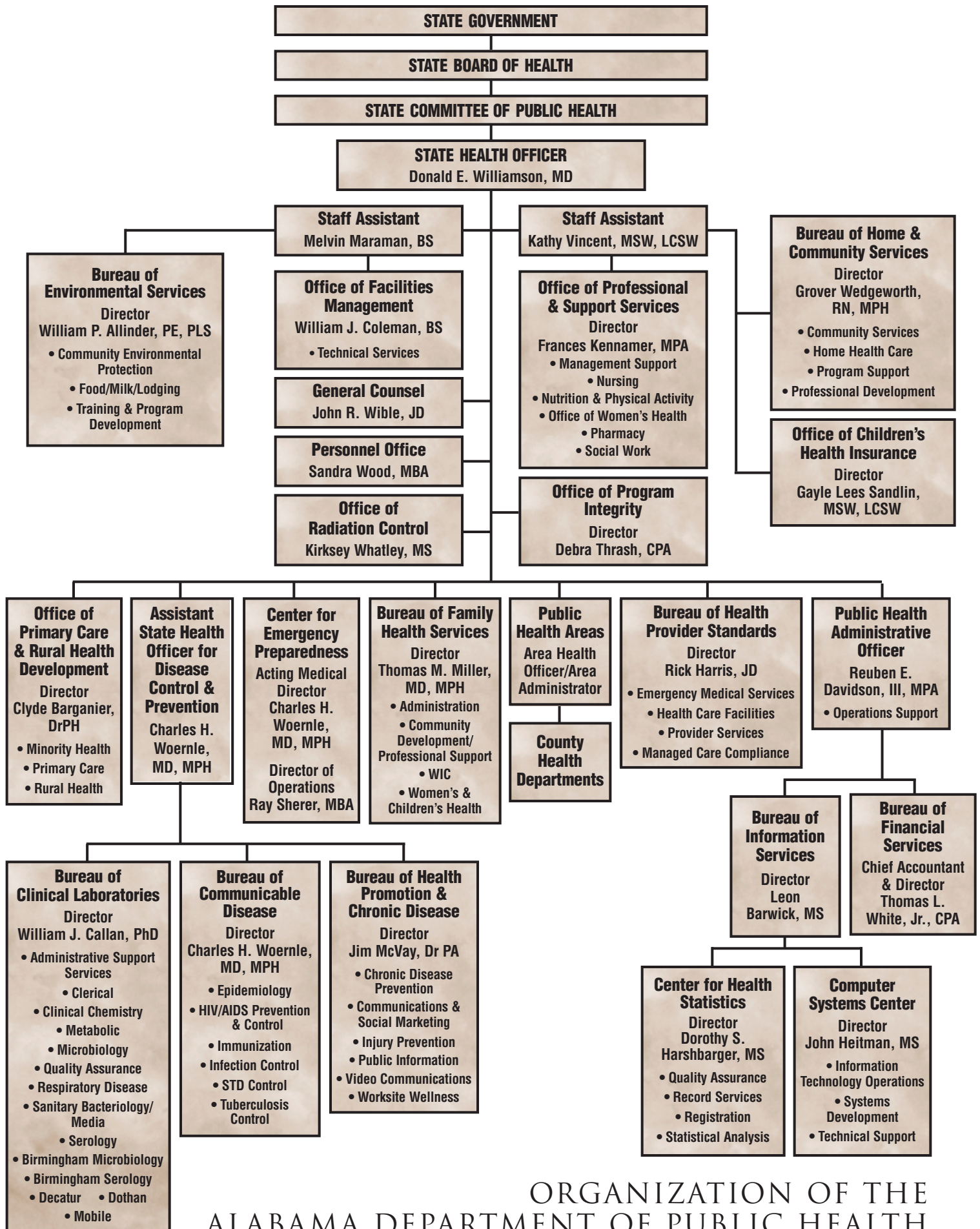
As we continue to enhance our ability to respond to terrorist threats, we remain committed to services and programs that will reduce preventable death and disability for our fellow citizens. In the coming year, we look forward to working with our public and private partners to improve the health status of Alabama.

Sincerely,



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





ORGANIZATION OF THE ALABAMA DEPARTMENT OF PUBLIC HEALTH

September 30, 2002

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 125 years ago medical leaders in Alabama advocated constitutional authority to oversee matters of public health. The purpose of the authority was 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 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 contains several branches: General Communicable Disease, Zoonotic Disease, Public Health Assessments and Hazardous Substances Emergency Events Surveillance System.

COMMUNICABLE DISEASE

The Communicable Disease Surveillance Branch is responsible for tracking the occurrence of reportable diseases and conditions and investigating disease outbreaks and trends. Infections generally associated with foodborne transmission continued to account for the vast majority of

disease reported to the division in 2002, including 861 cases of salmonellosis, 839 cases of shigellosis, 228 cases of campylobacteriosis, 206 cases of giardiasis and 39 cases of hepatitis A.

Shigellosis case reports were significantly higher than the number of cases reported in 2001. This was primarily the result of a large community-wide daycare-associated outbreak in Mobile County. Mobile County accounted for over 57 percent of reported shigellosis cases in 2002.

Cases of meningococcal disease declined again in 2002, continuing a six-year trend. There were 12 cases of measles in 2002 resulting from an outbreak in a daycare center in Lee County. The last reported case of measles in Alabama prior to the outbreak occurred in 1998.

CASES OF NOTIFIABLE DISEASES, BY YEAR, 1996-2002

NOTIFIABLE DISEASES	1996	1997	1998	1999	2000	2001	2002
Campylobacteriosis	264	244	186	182	163	175	228
Cryptosporidiosis	*	*	*	16	12	18	43
<i>E. coli</i> O157:H7	15	15	23	28	11	15	20
Ehrlichiosis (Human Monocytic)	*	*	*	2	2	0	2
Giardiasis	299	364	289	341	224	228	206
<i>H. influenzae</i> invasive disease	13	19	12	18	14	26	17
Hepatitis A	217	91	87	52	58	79	39
Hepatitis B	78	88	73	80	65	84	102
Histoplasmosis	19	14	28	24	10	1	9
Legionellosis	5	3	9	6	3	13	8
Listeriosis	12	8	8	9	4	8	4
Lyme Disease	9	12	27	16	6	10	11
Malaria	8	10	6	7	15	6	7
Measles	0	0	1	0	0	0	12
Meningococcal invasive disease	95	87	51	39	34	33	23
Mumps	6	9	9	12	3	0	3
Pertussis	26	35	28	19	21	38	41
Rocky Mountain Spotted Fever	15	8	13	17	10	19	16
Rubella	2	0	0	2	4	0	0
Salmonellosis	507	481	696	602	664	718	861
Shigellosis	144	283	453	110	106	199	839
<i>Vibrio vulnificus</i> infection	4	4	4	4	4	6	4

ZOONOTIC DISEASE

The Zoonoses program is charged with monitoring, controlling and preventing diseases transmitted from animals to humans. The number of cumulative cases of animal rabies in 2002 was 76. Usually raccoons account for two-thirds of the rabid animals found, but because of a canine distemper enzootic over the past three years, the population of raccoons has greatly decreased. As a consequence, only 27 percent of the rabid animals detected were raccoons.

Disturbingly, five cats and one dog, all strays, were laboratory-confirmed to have rabies. A review of records over the past 10 years reveals that of 41 dogs and cats found with rabies, 35 of them were strays. The lack of effective animal control programs in many rural areas of the state presents a public health risk because of rabies. Although those were the only domestic animals found with rabies, domestic animals still accounted for two-thirds of the almost 3,400 laboratory examinations.

The Division of Epidemiology further cooperated in a national program to begin establishing a barrier of wildlife rabies from Lake Erie to the Gulf of Mexico via oral rabies vaccination. The barrier in Alabama is expected to follow the Coosa-Alabama River system and baiting with the vaccine will probably start in 2003.

Lyme disease was reported in 11 patients, according to the case definition. Other arthropod-borne diseases included 16 cases of Rocky Mountain spotted fever, three cases of Ehrlichiosis and five imported cases of malaria in travelers. Alabama had 48 human cases of West Nile virus in 2002, with three fatalities. One fatal case of eastern equine encephalitis occurred in Mobile County in late summer.

For the third year, the Zoonosis Branch collaborated with CDC and 24 cooperators in Alabama in a West Nile virus surveillance project. Following the movement of the novel encephalitis virus into the state in 2001, it was expected that West Nile virus would become well established the next year. Surveillance was very successful and allowed for early public alerts and a massive education promotion. West Nile virus activity was detected in all of the state's 67 counties, and 607 of 1,133 dead birds tested were positive for the virus, indicative of the high level of virus circulating among mosquitoes and birds. In addition, 193 horses and 63 mosquito pools were found with West Nile virus.

Although media reports during the year again highlighted recalls of delicatessen meats because of *Listeria* contamination, reports in the state were limited to four cases, which was about half of that expected. The state reported 43 cases of cryptosporidiosis, by far the largest number since protozoan disease became reportable in 1999. Other foodborne or waterborne zoonoses included 20 cases of *E. coli* 0157:H7 and 13 cases of vibriosis. Nine cases of histoplasmosis were reported, but only one case of tularemia and tetanus. No positive reports were received for brucellosis, anthrax, leprosy, leptospirosis, psittacosis or trichinosis in 2000.

PUBLIC HEALTH ASSESSMENTS PROGRAM

The Public Health Assessments program evaluates hazardous waste sites in Alabama to identify actual or potential public health hazards, determine the extent of risk and populations at risk, and to communicate the hazards to the public and other agencies. This includes

recommended ways for individuals to avoid or minimize the risk of exposure. Hazardous waste sites are usually industrial facilities, landfills or other locations where hazardous substances, or contaminants, have been accidentally or intentionally released into the environment.

In 2002, the program conducted health evaluations, community involvement, and environmental health education activities at 10 hazardous waste sites and numerous environmental health inquiries not related to actual sites. Two health assessors were hired in 2002.

HAZARDOUS SUBSTANCES EMERGENCY EVENTS SURVEILLANCE (HSEES) SYSTEM

The Hazardous Substances Emergency Events Surveillance program 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 nine-year period between Jan. 1, 1993, and Dec. 31, 2001, 1,599 events involving 1,730 different substances were found to meet the criteria for inclusion in the surveillance system. One hundred ninety-eight of these events resulted in injury to a total of 522 individuals. There was injury in 33.3 percent of the events where chlorine was present, 15.3 percent where ammonia was present and 13.2 percent where acids were present. Evacuations were called for in 181 of these events, with a total of over 23,800 people evacuated.

NUMBER OF SUBSTANCES RELEASED IN ALL EVENTS AND EVENTS WITH VICTIMS, BY SUBSTANCE CATEGORY, 1993-2001

SUBSTANCE CATEGORY	EVENT		EVENTS WITH VICTIMS		PERCENT OF THIS SUBSTANCE EVENTS WITH VICTIMS
	NUMBER	PERCENT	NUMBER	PERCENT	
Acids	197	11.4	26	13.1	13.2
Ammonia	111	6.4	17	8.6	15.3
Bases	111	6.4	9	4.5	8.1
Chlorine	69	4.0	23	11.6	33.3
Mixture of Categories	47	2.7	6	3.0	12.8
Other Inorganics	284	16.4	40	20.2	14.1
Paint and Dyes	54	3.1	6	3.0	11.1
Pesticides	102	5.9	9	4.5	8.8
PCBs	34	2.0	0	0.0	0
Volatile Organics	280	16.2	15	7.6	5.4
Other	440	25.4	47	23.7	10.7
Total	1,729	100.0	198	100.0	11.5

CENTER FOR EMERGENCY PREPAREDNESS

The department's Center for Emergency Preparedness was created in June 2002. The mission of the center is to provide overall direction and management of the department's assessment, planning and response to acts of bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies, such as meteorological, geological, chemical, radiological and industrial disasters.

The center ensures a coordinated and integrated process for monitoring progress, allocating resources, developing work plans, and coordinating activities with units within the Alabama Department of Public Health responsible for various activities related to disaster preparedness and response.

Since its creation, the center has been planning for bioterrorism by working with other states to coordinate the department's bioterrorism response activities; assisting in the hiring of staff in public health areas; participating with department staff to prepare plans to vaccinate health care workers and public health

response teams in Alabama to protect them in the event of a bioterrorist release of smallpox; preparing and currently tabulating the results of a survey researching the capacity of hospitals to respond to bioterrorism to use the information to fund hospitals to respond to attacks more effectively; and assisting other units within the department in their preparations for a bioterrorist attack.

In 2002, emergency staff duty officers received and responded to 19 emergency calls. Seven of those calls were referred to the Bureau of Environmental Services for action.

The Chemical Stockpile Emergency Preparedness Program, once part of the Bureau of Health Provider Standards, was relocated to the center. In the past year, activities of the program included:

- ◆ Participation in exercises with the Alabama Emergency Management Agency and the Anniston Army Depot.
- ◆ Completion of response plans for nine hospitals, county emergency medical services agencies, and the medical emergency operations centers.
- ◆ 100 percent completion of the medical emergency operations

centers in Calhoun, Etowah, Talladega and St. Clair counties.

- ◆ Providing each of the nine Chemical Stockpile Emergency Preparedness Program hospitals with chemical agent detector kits.

HIV/AIDS PREVENTION AND CONTROL

The goal of the Division of HIV/AIDS Prevention and Control is to reduce the spread of HIV infection among the citizens of Alabama, while increasing survival time and quality of life for those citizens who are currently living with HIV or AIDS. During the past year the division continued its AIDS awareness campaign by increasing the length of time the advertisements will be displayed on 18-wheeler trucks that are moving across the state. The AIDS Awareness Campaign was awarded the Lantern Certificate of Achievement presented by the Southern Public Relations Campaign in July 2002.

In 2002, the HIV/AIDS Direct Care Branch made a commitment to promote collaboration, cooperation and coordination among direct care, prevention and STD activities, as well as helping to

increase participation of consumers of HIV care and prevention services in the planning process. On Nov. 18, approximately 75 people representing HIV/AIDS service organizations, community planning and prevention, HIV/AIDS surveillance, STD and consumers of HIV services attended a collaborative and networking event sponsored by the HIV/AIDS Direct Care Branch. The special guest speaker for this year's event was Alabama's Ryan White Title II Project Officer with the Health Resources and Services Administration Regional Office in Atlanta, Georgia. The event also provided an opportunity for participants to have input in the development of Alabama's Statewide Coordinated Statement of Need for 2003. The meeting provided a venue for the participants to work together to identify strategies in overcoming specific barriers to HIV care and services. The Direct Care Branch will begin to sponsor this meeting annually.

Several other activities were designed to focus on the goal of improving dialogue between Ryan White HIV/AIDS providers, consumers, and the AIDS Division staff. Each member of the seven statewide area Ryan White Care Consortia was provided an opportunity to complete a consortium member satisfaction survey. Several voluntary focus groups were convened across the state to solicit the required information. The group makeup included consumers and HIV prevention and care providers. The focus groups were led by staff members from Direct Care, HIV Prevention Planning and Communication branches. The suggestions and comments will be used to create, develop and further enhance direct care activities for 2003.

Collaboration and cooperation between the HIV/AIDS Special

Projects and the Limestone and Julia Tutwiler Correctional Facilities' HIV Units have resulted in the successful implementation of the HIV care discharge plan. The plan has ensured that persons receiving medication and treatment in prison do not discontinue upon their release. Each prisoner has been successfully referred to physicians, clinics, housing and other support services.

The Alabama Drug Reimbursement Program is presently serving 1,242, with 180 patients on the waiting list. The program's drug formulary presently includes 27 HIV medications. The plan is to increase the number of available medications in 2003.

The HIV/AIDS Surveillance Branch has been collaborating with other health department divisions to investigate HIV/AIDS cases which have been reported without risk factor. This collaboration will ultimately provide accurate data for HIV/AIDS prevention programs to target specific populations at risk for HIV infection. The staff is also in the process of completing the HIV Enhanced Perinatal Study for 1999 - 2000. This study is funded by the Centers for Disease Control and Prevention and is designed to investigate potential and actual perinatal HIV transmission as well as preventive measures taken by the physician and mother to reduce the risk of HIV transmission. In 2003, the HIV/AIDS Surveillance Branch will implement the HIV incidence study using the serological testing algorithms for recent HIV seroconversion, STARHS. The HIV Incidence Study will allow the surveillance staff to determine HIV infections within the past 140 days as well as provide current assessment of recent exposure. In conclusion the Surveillance Branch is continuing

to utilize the health department's Web site by providing more detailed statistical data which may be accessed by community service providers for purposes that include writing grants, proposals, prevention programs, direct care initiatives and more.

In 2002, the HIV Prevention Community Planning Program added three new HIV coordinators. Program activities are now covered in all 11 public health areas. The youth FOCUS program implemented at Jacksonville High School in Jacksonville continues to be successful. Interactive learning activities in the classroom and community engage students in risk reduction and program development skills. The program is led by one part-time employee, a former school teacher and current Board of Education member. Students receive class and community service credit as well as opportunities for travel to national conferences and other similar meetings. The Cheaha Coosa Valley HIV Prevention Community Planning Group in Public Health Area 6 laid the foundation to gain the support of two additional local school systems to implement this model community planning process.

As a result of the program success, other school systems across the state are either replicating the program or expressing interest in hearing more about it. In Public Health Area 5, the regional community planning group has engaged the leadership of Litchfield High School in Gadsden to implement the FOCUS Program model. The director of the HIV/AIDS Prevention Planning Branch projects a total of five more school systems to be added to the FOCUS Program in 2003.

In 2002, a prevention project evaluator was hired by the AIDS Division. This employee works

closely with division-funded projects by providing technical assistance and monitoring of the funded activities. In September, a training was sponsored in which funded project representatives received computer training on the Web-based reporting system for project activities.

The support and dedication of the regional staff members in carrying out the mandated HIV prevention planning directives are essential to the success of the HIV Prevention Planning Branch, planning and program activities.

In December of 2002 the AIDS Division ended the year with staff participation and support in World AIDS Day activities across the state. The theme for this year was "AIDS Does Not Discriminate...People Do." For the first time the AIDS Division directly managed the 15th Annual AIDS Symposium in December. The conference was evaluated by the attendees as successful and invigorating considering 2002 is the 21st year of the epidemic.

The division continues to work toward establishing its immunization registry, known as ImmPRINT. Enrollment and training activities are being developed in cooperation with Blue Cross Blue Shield of Alabama and the Alabama Medicaid Agency for private vaccine providers. ImmPRINT is already in use in a number of federally qualified health centers and in all county health departments.

TOTAL DOLLAR VALUE OF VACCINE DISTRIBUTED THROUGH ALL VACCINE PROGRAMS

FY 2000:
\$10,414,320

FY 2001:
\$19,341,992

FY 2002:
\$15,613,400

INFECTION CONTROL

The Infection Control Section of the Bureau of Communicable Diseases has as its mission to provide infection control and infectious disease training and consultation. These services are structured to meet the needs of the Alabama Department of Public Health, the medical community and the general public.

During 2002, inservice training was provided statewide at various locales, and via satellite teleconference to other states, to a total of 5,552 participants. These individuals included health care providers from the Alabama Department of Public Health, hospitals, extended care facilities, hospices, home health agencies, physician and dental offices as well as other sectors (teachers, day care providers, body artists 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

IMMUNIZATION

ImmPRINT



**Immunization Provider Registry
with Internet Technology
1-800-469-4599
Alabama Department of Public Health**

During 2002, the Immunization Division distributed \$15,613,400 in vaccine to 537 public and private providers statewide. This represents a 19 percent decrease in vaccine distribution caused by vaccine shortages for many vaccines. Most of the vaccine shortages have been resolved as the year comes to a close.

IMMUNIZATION: CASES OF VACCINE PREVENTABLE DISEASES

DISEASE	2000	2001	2002
Measles	0	0	12
Mumps	0	0	0
Rubella	4	0	0
Diphtheria	0	0	0
Tetanus	2	0	1
Pertussis	18	41	37
Polio	0	0	0
Hib ¹	0	0	1 ²
Hepatitis B ³	64	4	4
Varicella	Not Reportable	Not Reportable	Not Reportable

¹ Hib reported in children 5 years of age or younger.

² Child was 3 weeks old therefore Hib was not vaccine-preventable.

³ Hepatitis B vaccine is given to children 0-18 years of age. Hepatitis B for 2001 and 2002 include only those cases occurring in this age group.

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. Infection Control personnel provided consultation, initiated investigations, and conducted appropriate followup 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. Infection control staff coordinate this program to ensure communicable and infectious diseases are not being introduced into the state. Sixty-six refugees from Afghanistan, Bosnia, China, Cuba, the Philippines, the Ukraine and Vietnam settled in Alabama in 2002. The counties in which they settled were Autauga, Etowah, Houston, Jefferson, Mobile and Shelby.

In 2002 the state health officer appointed the Alabama Task Force on Antibiotic-resistant Organisms. This task force is made up of statewide infectious disease physicians, infection control practitioners, representatives from the Alabama Nursing Home Association, the Home Health Association, and public health employees with expertise in infectious diseases and infection control. The task force reviewed and revised the Alabama Department of Public Health's 1991 Position Paper on Methicillin Resistant *Staphylococcus aureus*. A new document has been completed and will be distributed in 2003 to all health care facilities in Alabama. The purpose of the new document is to update and expand information on the infection and to include infection control recommendations concerning

Vancomycin Resistant Enterococcus resistance in Alabama health care facilities/settings.

SEXUALLY TRANSMITTED DISEASES

During calendar year 2002, the Sexually Transmitted Disease Control Division documented an increase in the total number of early syphilis cases reported, with a marked increase in reported infectious syphilis, as compared with 2001. Alabama reported a total of 335 cases of early syphilis in 2001, and 365 cases in 2002. This represents an increase of 8 percent in early cases. Statewide primary syphilis cases decreased from 42 cases in 2001 to 30 in 2002, which is a 29 percent reduction. Reported cases of secondary syphilis have increased from 100 in 2001 to 120 in 2002, or by 17 percent.

Secondary and early latent cases of syphilis have increased in 2002 as a result of syphilis outbreaks in three of the state's larger counties: Montgomery, Tuscaloosa and Jefferson. The number of early cases has continued to increase in Montgomery County. In 2001, a total of 101 early cases were reported and 198 cases were reported in 2002. There was an increase in primary syphilis cases from 15 in 2001 to 20 in 2002. Secondary syphilis increased from 39 in 2001 to 76 in 2002. Early latent cases increased from 47 in 2001 to 102 in 2002. The STD staff assigned to Montgomery County and STD program staff members are working with community-based organizations, religious directors, professional organizations, community leaders and other programs within and outside of the health department to stop the outbreak of syphilis in Montgomery County.

Tuscaloosa County had a 50 percent increase in early syphilis from 2001 to 2002. The syphilis outbreak in Tuscaloosa County has been contained. No primary cases of syphilis were reported in 2001 or 2002. In 2001, only one case of secondary syphilis was reported and three cases were reported in 2002. A total of four early latent cases were reported in 2001 and seven were reported in 2002.

Jefferson County's STD Program reported 47 early syphilis cases in 2001 and 36 in 2002. An increase in syphilis cases occurred between the first and second half of 2002. The county reported an increase in early syphilis from 14 cases in the first half of 2002 to 19 cases in the second half of the year, and this increase is now contained.

There were five congenital syphilis cases reported in 2001; all were presumptive cases. In 2002 there were eight congenital cases reported; all of these were presumptive cases as defined by Centers for Disease Control and Prevention's congenital syphilis case definition.

Chlamydia reported an increase in positive cases from 14,524 in 2001 to 15,636 in 2002. Among women of childbearing age, between 15 - 44 years of age, there was a reported increase from 12,868 cases in 2001 to 13,439 cases in 2002. The increase in cases reported is believed to be a result of the promotion of more consistent reporting by the Infertility Prevention Project. There was a slight decline in the number of reported cases of gonorrhea during this same period: from 11,182 in 2001 to 10,119 in 2002. This decline is also reflected in the cases of gonorrhea reported among women of childbearing age: from 5,433 in 2001 to 4,756 in 2002.

TUBERCULOSIS CONTROL

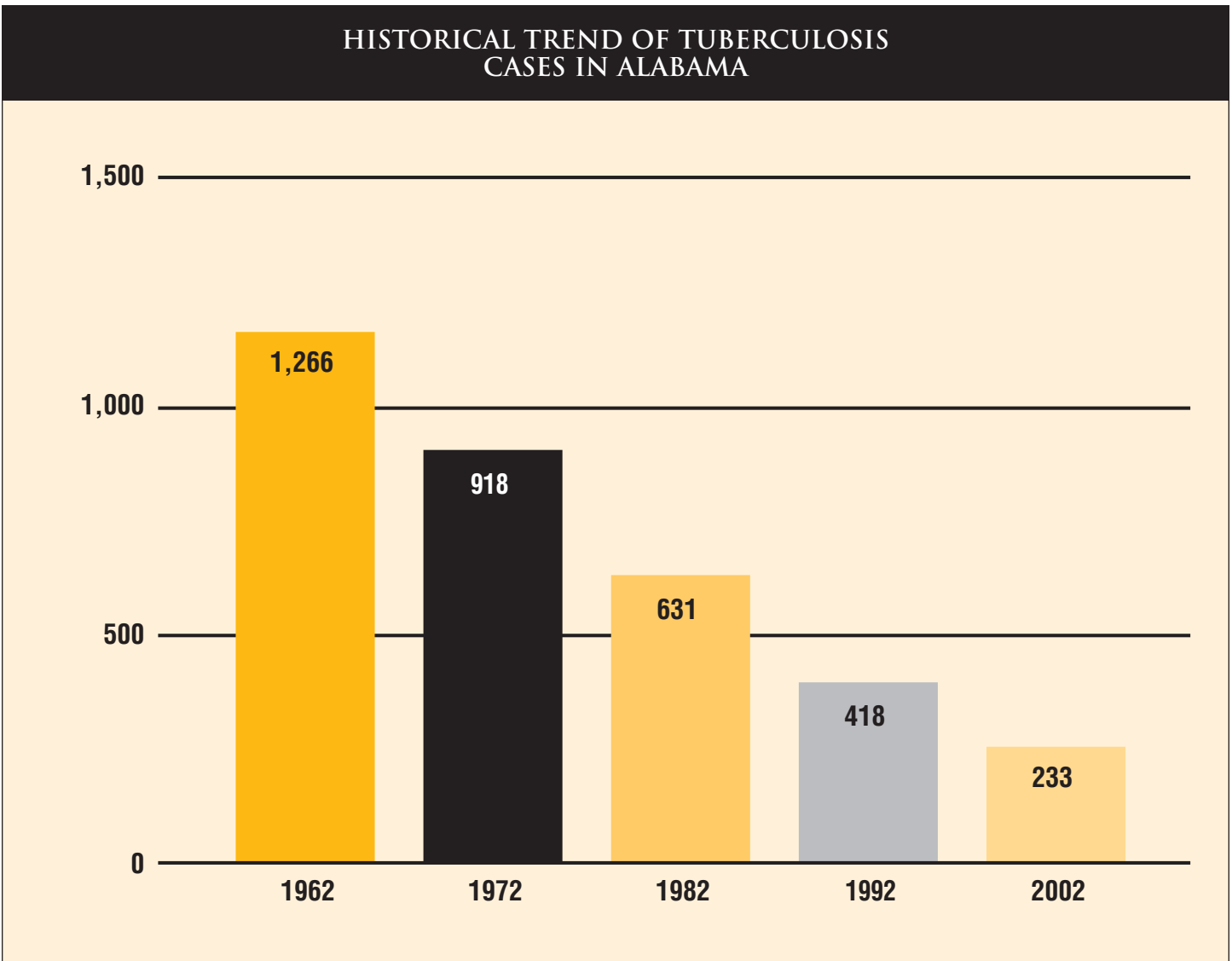
The Division of Tuberculosis Control strives to eliminate tuberculosis in Alabama. Until that goal is attained, the department's goal is to prevent the transmission of TB to Alabama's public, and to provide any medications and services necessary to diagnose and treat active TB disease as well as provide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

In 2002, the Tuberculosis Control Division verified 233 reported cases of TB for the state. This is 32 fewer cases than in 2001 representing an 11.9 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 observes and records the patient taking the anti-TB drugs. This practice 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 related to chronic disease prevention, tobacco use prevention, cancer prevention, disability prevention, communications and social marketing, health education, public information, risk surveillance, worksite wellness and video communications.

adph

CHRONIC DISEASE PREVENTION DIVISION

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 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

In 2002, statistics were released that showed Alabama leading all 50 states in the rate of diabetes. Almost 1 in 10 adults in the state report having been diagnosed with the disease, an increase of 71 percent since 1990. Approximately 439,000 individuals know that they have diabetes and it is estimated that 200,000 more have it, but do not know that they have it. Diabetes directly contributes to the incidence of heart disease and stroke, among the leading causes of death in the state, and is the leading cause of kidney failure, nontrauma-related limb amputations and adult onset blindness.

Staff of the Diabetes Branch partner with many other agencies to prevent diabetes and to help people with diabetes live longer, healthier lives by reducing complications linked to the disease. Based on national objectives, the branch works to increase the percentage of persons with diabetes who receive the recommended influenza and pneumococcal vaccines, foot exams, eye exams and A1C tests. Results of surveys

conducted during the past year showed improvement in those indicators. The program also promotes good nutrition, physical activity, weight loss and smoking cessation as key factors in preventing and managing diabetes and works to reduce health care disparities.

Health department activities during 2002 included the following:

- ◆ Participation in a national diabetes awareness campaign to promote monitoring and control of blood glucose, blood pressure and cholesterol levels among persons with diabetes;
- ◆ Involvement as sponsor or cosponsor in education and training conferences, including satellite video conferences for multiple organizations and agencies involved in diabetes-related activities;
- ◆ Provision of educational and training sessions, technical assistance, and printed materials about diabetes and related issues for health care professionals, community organizations, and people living with or at risk for diabetes;
- ◆ Coordination of community coalitions through county health departments at five sites;
- ◆ Initiation of a pilot project to promote improved prevention and self-management strategies in two rural areas of the state.

HYPERTENSION

The mission of the Hypertension Branch is to reduce the morbidity and mortality related to uncontrolled hypertension. Hypertension is linked to heart attacks, congestive heart failure, stroke and kidney disease. The American Heart Association estimates that the direct and indirect cost of these diseases to Alabama is more than \$5 billion a year. Yet, a hypertension patient can be treated in the local health

departments for less than \$200 a year.

In the 2002 fiscal year, the program served 15,000 low-income patients whose income was less than 150 percent of the poverty level. After they had been referred by private physicians, the patients were served through the local health department clinics. The clinics provide medication, monitoring and education to the patients and provide progress reports back to the referring physicians. The number of counties with contracted physicians will be significantly reduced. Partnerships are being developed with a number of community health centers, local pharmacies and private physicians that will result in reduced costs for the department.

The program continues to emphasize the value of lifestyle modification; proper nutrition, proper body weight, smoking cessation and limited alcohol use, as preventive measures to the onset of hypertension, and as effective measures to help control the high blood pressure of diagnosed hypertension patients.

TOBACCO PREVENTION AND CONTROL DIVISION

The Tobacco Prevention and Control Division provides technical assistance and limited funding to the Coalition for a Tobacco Free Alabama and 19 local coalitions across the state through the support of central office staff and 11 area tobacco control coordinators with funding from the state and the Centers for Disease Control and Prevention. The mission of the division is to implement the Alabama Tobacco Use Prevention and Control State Plan, thereby eliminating exposure to secondhand smoke, preventing youth from starting to use tobacco and assisting those who use tobacco to stop. The

division also houses the Youth Tobacco Prevention Program that provides minigrants to 17 communities statewide.

2002 Accomplishments

- ◆ The Department of Education's 2001 Youth Risk Behavior Survey revealed a 37 percent decrease in smoking among 9th - 12th graders from the 1999 survey. The Tobacco Division's 2002 Youth Tobacco Survey confirmed this decrease noting a prevalence rate among 9th - 12th graders of approximately 25 percent, dropping Alabama below the national average for this age group.
- ◆ The Tobacco Use Prevention and Control Evaluation Plan was presented as a model plan at the Centers for Disease Control's "Surveillance and Evaluation Workshop." The evaluation plan underwent peer review and was adopted by the Alabama Tobacco Use Prevention and Control Task Force for inclusion in the revised State Plan at its November 2002 meeting hosted by the division.
- ◆ The Youth Tobacco Prevention Program funded 17 communities statewide to conduct prevention and empowerment programs, reaching more than 10,500 4th - 12th graders. In addition, 16 school systems received drug testing strips to implement programs that encourage youth not to use tobacco and 8,822 3rd - 8th graders in 41 schools were taught the Life Skills Training curricula.
- ◆ The division utilized the American Cancer Society's "Communities of Excellence in Tobacco Control Community Assessment Guide" to assess 15 communities with tobacco control coalitions. The division's evaluation team compiled the

results and disseminated reports on the assessments at four regional strategic planning sessions. The strategic planning meetings enabled local coalitions to develop annual action plans to address identified needs in tobacco control in their communities.

- ◆ Surveillance activities included: opinion polls of residents and key opinion leaders in Gadsden and Selma regarding their knowledge; behaviors and beliefs about tobacco topics; health care provider practices survey to determine their protocol for assessing and treating their patients' tobacco use; a statewide sample survey of homes with children to assess the number of children exposed to tobacco smoke in the home; compilation of the 2002 Youth Tobacco Survey summary reports; and a statewide sample of adults' attitudes, beliefs, behaviors and knowledge of tobacco with questions from the national Adult Tobacco Survey.
- ◆ The Mobile County Health Department added tobacco use policy questions on its food service inspection form resulting in the identification of 321 smoke-free restaurants. Almost 50 percent of Mobile area restaurants are smoke free, although the city ordinance only requires that 75 percent of all restaurant seating be smoke free.

CANCER PREVENTION

The Cancer Prevention Branch is responsible for implementing the Alabama Breast and Cervical Cancer Early Detection Program and the Alabama Cancer Prevention and Control Program. The program provides no cost breast and cervical cancer screening services to women between the ages of 40 and 64, who are at or below 200 percent of the federal poverty level, and are

uninsured or underinsured. Services include a Pap test, pelvic exam, clinical breast exam, screening mammogram, and diagnostic services if indicated.

The statewide screening program continues to expand and has provided services to over 25,000 women since its inception in October 1996, diagnosed over 350 breast cancers, 10 invasive cervical cancers, and detected 90 pre-cancerous cervical lesions. Approximately 51 percent of patients served are Caucasians and 49 percent are African American and other minorities.

As of October 2001, women diagnosed with breast or cervical cancer through the Alabama Breast and Cervical Cancer Early Detection Program may be eligible for Alabama Medicaid benefits. To be eligible for treatment coverage women must be diagnosed through the program, have no other credible insurance coverage, be a U.S. citizen or documented resident, and reside in Alabama. To date, approximately 212 applications have been referred to Medicaid and over 191 have been approved.

The Alabama Cancer Prevention and Control Plan provides the infrastructure for facilitating implementation of the Alabama Comprehensive Cancer Control Plan. This comprehensive approach to coordinating cancer prevention and control initiatives involves partnerships between the Alabama Department of Public Health and other health care providers, research and academic institutions, and community-based private and volunteer organizations to effect change in behavioral risk practices, increase usage of early detection and follow-up examinations, provide access to state-of-the-art treatment services and promote a toxic-free environment. The Alabama Comprehensive Cancer

Control Coalition is responsible for developing, updating, implementing and evaluating the plan.

This diverse network uses surveillance data and scientific research to develop educational messages for priority populations and health care providers, link cancer prevention and control activities with communities, and improve the accessibility, availability and quality of cancer treatment services and programs in Alabama. Currently, special projects focus on colorectal, ovarian, prostate and skin cancers.

CANCER REGISTRY

The purpose of a population-based cancer registry is to provide cancer data and cancer risk factor information to public health and medical professionals, volunteer agencies, community groups, and others who are interested in cancer prevention and control. Cancer is the second leading cause of death for Alabamians and approximately one out of every three people will be diagnosed with cancer at some point in his or her lifetime. In Alabama, there will be approximately 22,600 new cancer cases diagnosed during 2002, 62 people diagnosed each day somewhere in the state. There are expected to be approximately 9,800 cancer deaths in Alabama during 2002, or 27 people dying every day as a result of cancer.

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 health professionals to better understand and tackle the cancer burden.

During 2002, the Alabama Statewide Cancer Registry began collaborating with the American

Cancer Society to publish the first *Alabama's Cancer Facts and Figures*. The goal of this publication is to illustrate a variety of factors that affect prevention, detection and quality of life by providing not only data, but also interpretation of how these factors affect one another.

The registry is also participating in an American Cancer Society study evaluating cancer survivors' quality of life. This study will examine the behavioral, psychosocial, treatment, and support factors that influence the quality of life and survival of cancer survivors in the United States.

In addition to the partnership with the American Cancer Society, the Alabama Statewide Cancer Registry also began working on a national cancer outcomes research project, in collaboration with University of Alabama at Birmingham, funded by the National Cancer Institute. The purpose of this study, CanCORS, is to prospectively study cancer care processes and patient centered outcomes, in a population-based sample of newly diagnosed lung and colorectal cancer patients.

As part of this project, the registry is analyzing demographic and treatment associations in patients diagnosed with lung cancer without tissue confirmation. This review will evaluate potential disparities in patients diagnosed without tissue confirmation based on race and/or location within the State of Alabama, and in cancer care treatment.

Initial analysis shows the rate of patients diagnosed with lung cancer without tissue confirmation was higher in patients over the age of 70 and in those thought to have distant metastases. There was a trend toward a higher rate among blacks than whites.

The rate varied significantly

based on county of residence and the use of chemotherapy, and radiation was less frequent in these patients.

This preliminary review shows (a) age, but not race/sex, was significantly associated with the group of individuals diagnosed without tissue confirmation suggesting a role of functional status and/or comorbidities; (b) marked

disparities correlated with geographic location within Alabama suggesting that access to specialized medical care modulated both diagnosis and treatment; and (c) patients diagnosed without tissue confirmation receive less therapy for lung cancer compared with those patients having tissue confirmation of the diagnosis.

CARDIOVASCULAR HEALTH

In Alabama, heart disease has been the leading cause of death for more than 70 years. In 2002, major cardiovascular diseases, which include heart disease and stroke, accounted for almost 40 percent of all deaths in Alabama. Over the past ten years, cardiovascular disease has claimed the lives of more than 170,000 Alabamians. In addition, the financial burden of cardiovascular disease to the state is staggering. The cost to Alabama has been estimated at more than 4.5 billion dollars. This figures includes health expenditures and lost productivity resulting from illness and death. As the number of people living with cardiovascular disease continues to rise and the state's population continues to age, the health and economic burden of cardiovascular disease will greatly impact the health status of this state.

The mission of the Cardiovascular Health Branch is to improve the cardiovascular health of all Alabamians through support for heart healthy policies and community settings that promote cardiovascular health. In 2002, the branch released the 2002 Alabama Stroke Report, profiling the burden of stroke in Alabama. Stroke is the third leading cause of death in Alabama. Although stroke mortality rates have declined over the past two decades, Alabama's stroke mortality rate is approximately 15 percent higher than the national rate.

In 2002, the branch conducted a pilot project to address risk factors related to heart disease and stroke. Working with community partners and community health advisors in Wilcox County, the Cardiovascular Health Branch facilitated the development of local farmers' markets in Pine Apple, Camden and Alberta to encourage consumption of fresh

**ALABAMA CANCER INCIDENCE RATES,
BY SITE AND SEX, 1996-2000***

	MALE		FEMALE		MALE AND FEMALE	
	RATE	COUNT	RATE	COUNT	RATE	COUNT
All types	486.1	45,926	349.5	43,302	403.4	89,228
Bladder	28.8	2,587	6.4	829	15.4	3,416
Brain & CNS	7.8	783	5.5	660	6.6	1,443
Breast (Female)			113.8	13,791		
Cervix			10	1,161		
Colorectal	57.8	5,322	41.2	5,289	48.2	10,611
Esophagus	8	775	1.9	238	4.6	1,013
Kidney	13.9	1,342	7.1	884	10.1	2,226
Larynx	9.3	908	1.9	230	5.1	1,138
Leukemia	10.9	1,034	6.8	834	8.5	1,868
Liver	4.8	447	1.8	235	3.1	682
Lung	108.7	10,292	45.1	5,716	71.6	16,008
Hodgkin Disease	2.6	270	1.9	221	2.2	491
Non-Hodgkin-Lymphoma	18.1	1,719	12.6	1,587	15	3,306
Melanoma	14.6	1,403	8.6	1,025	11.1	2,428
Myeloma	6.1	567	3.7	471	4.7	1,038
Oral Cavity	18.1	1,747	6.2	780	11.5	2,527
Ovary			14.2	1,751		
Pancreas	12	1,096	8.7	1,129	10.1	2,225
Prostate	121.5	11,586				
Stomach	9.1	821	4.6	596	6.5	1,417
Testis	3.9	414				
Thyroid	2.6	257	6.7	780	4.8	1,037
Uterus			17.7	2,197		

*Rates are per 100,000 and age-adjusted to the 2000 U.S. (5-year groups) standard.

produce and a heart healthy diet. Walking trails in the communities of Pine Apple, Rosebud and Snowhill were also established to provide opportunities for physical activity in those local areas. Through support for heart healthy communities and targeted efforts at reduction of major risk factors that lead to cardiovascular disease, significant strides can be made in reducing the burden of heart disease and stroke in Alabama.

ARTHRITIS PREVENTION

Arthritis is not a single disease that affects individuals in the same manner, but it includes more than 100 diseases and conditions. The 2001 Behavioral Risk Factor Surveillance System indicates that 41 percent of Alabamians have some form of arthritis. 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. There is also a shortage of facilities and properly trained professionals in arthritis treatment, care, education and rehabilitation programs.

To address these issues, the Alabama Arthritis Prevention and Treatment Coalition was established with individuals and groups dedicated to decreasing the burden of arthritis. Four annual meetings have taken place.

The coalition has implemented a comprehensive state of arthritis control plan. This plan focuses on the following: promoting self-management programs offered by the Alabama Chapter of the Arthritis Foundation; communicating through the news media the benefits of physical

activity, weight management, and avoidance of occupational or sports-related injuries; utilizing current technologies such as the Web site, video, and satellite conferences; enhancing the understanding of the frequency, distribution and potential risk factors for arthritis in the state of Alabama; improving access to rheumatology care in certain geographic locations; and integrating evaluation measures into activities.

Workgroups have completed to date: a case-based training module with continuing education units attached, access to a rheumatologist in three rural locations with more than 200 patients being evaluated, a Preventive Education for Arthritis in the Work Place Task Force, an educational video for distribution to 14,000 seniors at nutrition sites, a public service announcement, arthritis surveys (children/high risk elderly), and an evaluation plan.

The Arthritis Self-Help Course has been established in a rural, low income, low literate, and medically under-served area in East Wilcox County. Ten people from the community were trained as lay-health instructors. Ten classes, each consisting of six sessions with a total of 106 participants, have been provided by these instructors.

To sustain these efforts in Wilcox County, two PACE (People with Arthritis Can Exercise) instructors have been trained and classes are provided in Pine Apple. In addition, plans for 2003 have been established for a health communications campaign with the theme "Physical Activity: the Arthritis Pain Reliever."

INJURY PREVENTION

The Injury Prevention Division endeavors to reduce death and disability from intentional and unintentional injuries through data collection and the coordination and implementation of health promotion and education programs. Current funded programs include injury surveillance, fire safety, motor vehicle safety, and violence against women.

Trauma surveillance is an important tool that is fundamental in assessing the true impact that traumatic injuries have on public health. Trauma injury surveillance in Alabama is accomplished through the Alabama Trauma Registry which is operated by the Injury Prevention Division. The registry is a centralized database for the collection, storage and analysis of statewide trauma data, and there are approximately 25,000 records in it at this point. Head and spinal cord cases must be reported to the Alabama Trauma Registry by all acute care hospitals according to Alabama Law 97-611, enacted on May 6, 1998. After case identification and data acquisition, moderate to severe head injury and spinal cord injury cases are referred to the Alabama Department of Rehabilitation Services for follow-up. This subset of Alabama Trauma Registry data is called the Alabama Head and Spinal Cord Registry. To date, approximately one half of all Alabama acute care hospitals have submitted data to the registry. The data collected can be utilized to monitor trends in the incidence of traumatic injuries, to determine the need for the development and implementation of educational awareness programs, and to monitor the effectiveness of interventions aimed at reducing these injuries.

The Alabama State Capacity Building Injury Surveillance Program, funded by the Centers for Disease Control and Prevention, seeks to reduce unintentional and intentional injuries by establishing a focal point for injury collaboration and surveillance within the Injury Prevention Division. An injury advisory council has been formed to collaborate with organizations across the state. The council has offered expertise with the development of a statewide injury prevention plan which addresses motor vehicle crashes, bicycle-related injuries, falls in the elderly, residential fires, youth violence, sexual assault, and domestic violence. This plan will assist in developing and supporting public policy and decision-making efforts for injury prevention.

The division is also committed to reducing violence against women, specifically sexual assault and domestic violence. Through the Rape Prevention and Education Program, the Alabama Coalition Against Rape receives funding and support for its 15 member rape crisis centers. The centers provide a 24-hour rape hotline, and provide educational information to schools, organizations and communities regarding rape prevention. Through the Violence Against Women Program, a partnership with leaders throughout Alabama resulted in the establishment of a statewide plan to address violence against women. The comprehensive plan addresses every aspect of our society from health care providers to law enforcement to the judicial system to victims themselves. Efforts to prioritize and implement portions of the plan are underway.

Alabama has ranked among the top 10 nationally for fire-related deaths and injuries for several years. The best proven protection

against fire-related deaths is a working smoke alarm. Through the Alabama Smoke Alarm Initiative, smoke alarms can be provided and installed in communities with high fire fatality rates. The community-based project involves local fire departments and community volunteers and is designed to ensure that areas in Alabama with high rates have access to home smoke alarms and receive information regarding fire prevention, smoke alarm installation and maintenance, and home evacuation plans. Smoke alarms have been provided in 10 communities in Bibb, Perry, Sumter and Wilcox counties. The program is currently underway in four communities in Bullock and Macon counties.

The use of seat belts and child restraints has been shown to reduce fatalities. In 2002, 79 percent of Alabamians buckled up their seatbelts and 89 percent put their children in car seats. These are dramatic increases from years past. Through the Occupant Restraint Program, ADPH will continue to increase awareness and provide education to Alabamians regarding the importance of appropriate occupant restraints. In addition to conducting observational surveys to determine Alabama's usage rates, educational activities include a statewide poster contest for elementary school children and a traffic safety essay contest for junior high students.

The division also serves on the Alabama Suicide Task Force, a collaboration with several state agencies with the goal of publishing a state plan to address suicide and obtain funding for prevention activities. Additional efforts include the promotion of bicycle and playground safety and the establishment of funding to address youth violence.

COMMUNICATIONS AND SOCIAL MARKETING

The Communications and Social Marketing Division established a Social Marketing Branch in 2002 to provide programs with subject and audience data to help them refine their communications goals, better target their messages and select mediums, and create evaluation tools.

To achieve this, the new Social Marketing Branch offered the following services to health department offices and partnering organizations:

- ◆ Community health assessments, including targeting specific communities from broad (statewide) to specific (down to sub-zip code, census tract level), improving outreach and programming
- ◆ Baseline information to set appropriate, realistic and effective objectives
- ◆ Benchmark data to evaluate program efficacy
- ◆ Community-specific multimedia analysis to decrease cost-per-contact through better targeting of messages and mediums
- ◆ Ability to improve quality and competitiveness of proposals, presentations and reports to funding sources by quantifying need through data-based targeting and evaluation of communications
- ◆ Training on social marketing and its application to health behavior change and improvement of public health practice, employee performances and department services

Communications Development, Production and Delivery

The division continued to provide development, production and delivery of communications for the agency. Development of a new section of the division was begun to help offices plan the

design and delivery of internal and external communications utilizing social marketing, educational, management, professional media and community-based research and tools. Research included public and professional information access issues and solutions, the design of a functionality and usability study of the department's Web site, and Web site marketing.

An average of 877,000 page views a month were recorded on www.adph.org in 2002. Having completed the transition from the agency's Web site being based on proprietary software to open-source, active server pages in 2001, the division not only migrated the existing 30 program sections to the new site but also added 41 more sections. Individual files included a total of 1,518 HTML and 685 PDF.

Media activities included placing over 8,652 television spots and 15,543 radio spots for department programs. Approximately 11,000 pages of forms, reports, manuals, scripts, presentations, posters, brochures, fact sheets, flyers, displays, incentives, cards, letterhead, identification badges, and other items were designed and typeset through the division. The division requested 157 million pages of administrative and educational materials to be reproduced at outside printers, and the Document Imaging Branch printed over 12.5 million black-and-white pages and 560,000 color pages in-house.

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 news media and agency staff about

departmental objectives and activities. In 2002 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 other newsletters; distributed newspaper clippings and video monitoring reports; and coordinated regular appearances on a television talk show.

The division sent notices and news releases to the news media electronically and through facsimiles based on the media outlet's expressed preference. More than 150 news organizations received electronic mail from the department as did area and county public health offices. More than 13,500 faxes were transmitted to the news media, and news releases continued to be published on the department's Internet Web site. To improve internal communications, news releases also were sent to all public health employees through e-mail for the first time.

The department's official publication, *Alabama's Health*, continues to be printed in-house and made available 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, open letters, fliers, address/telephone rosters, news conferences, proclamations, public service announcements and fact sheets. Initiatives included promoting community-wide health fairs and assisting with numerous media and in-house releases on public health concerns such as West Nile virus, smallpox immunization and bioterrorism. Staff also participated by serving as a panelist for a

satellite conference on crisis and emergency risk communication.

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, to 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 2001, 2,795 Alabama adults participated in the Alabama Behavioral Risk Factor Survey and reported the following concerning their health practices and daily living habits:

- ◆ 23.8 percent classified themselves as current smokers.
- ◆ 9.6 percent reported being told by a doctor that they have diabetes.
- ◆ 31.2 percent reported no leisure time physical activity or exercise.
- ◆ 37.2 percent classified themselves as overweight, based on body mass index.

The Risk Surveillance Unit 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 and evaluation.

VIDEO COMMUNICATIONS

The Video Communications Division produced the first satellite conference for department employees 10 years ago and the Alabama Department of Public Health continues to lead the nation in the utilization of this technology to educate the public health workforce. During the past year, the department was able to capitalize on the ability to utilize satellite technology to broadcast emergency communications for both staff and the news media concerning the public health mandate to prepare for a national smallpox vaccination program by coordinating several emergency programs regarding smallpox.

The Alabama Department of Public Health is the only state public health agency in the country to have both the equipment and staff to produce live satellite conferences for continuing education, inservice training and news conferences for the media. The infrastructure includes a Ku-band satellite uplink vehicle, purchased in 1995, which is specifically designed for interactive delivery of educational programs via satellite and an office and production suite which includes an edit room, a master control room and a studio. In addition, the department now has 62 county health department facilities that have installed satellite downlink antennas that provide convenient and efficient access for employees to participate in satellite conference training and educational programs.

The Video Communications Division 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 training 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 2002, the department produced over 30 continuing education satellite conferences for the training network and the national public health workforce.

The department also provides video production and satellite conferencing services to other Alabama agencies and national organizations. The Video Communications Division was awarded a contract by the American Public Health Association to uplink portions of the Annual Meeting in Chicago in 1999, Boston in November 2000, Atlanta in October 2001, and Philadelphia in November 2002. Plans are now being made for the division to travel to San Francisco to provide a satellite uplink for the upcoming APHA Annual Meeting in November 2003. In addition the division produced programs for the Alabama Board of Nursing, the Association of State and Territorial Directors of Health Promotion and Public Health Education, the Alabama Consortium of Health Educators, the Retirement Systems of Alabama, the Alabama Alcoholic Beverage Control Board, the March of Dimes – Alabama Chapter, and the Centers for Disease Control and Prevention.

The division continues to maximize the growth of Internet technology for marketing programs, processing electronic

registration for program participants and as a vehicle to disseminate conference packet/handout materials. This past year, the division designed a new Web site, known as a learning management system. Participant enrollment in courses can be electronically monitored as well as all administrative functions, such as reporting and marketing. The site also has the capability to include other functions such as video and audio streaming.

The Video Communications Division also produces other projects such as video educational programs, news conferences, and 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 to 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 DIVISION

The Lead Branch of the Clinical Chemistry Division provided both clinical blood lead testing and environmental lead testing. Increased testing volumes occurred in both areas. The Bureau of Clinical Laboratories is one of four laboratories in the state accredited by the American Industrial Hygiene Association, AIHA, to perform lead testing on paint, soil and wipe samples. On Sept. 25, 2002, the Environmental Section of the Lead Branch had another AIHA site inspection to ensure compliance with a new ISO 17025 standard.

The Clinical Services Branch of the division increased viral load testing capabilities through grant participation with the HIV/STD Division. This branch also works closely with the state Tuberculosis program. Additional services include routine chemistry testing, hematology, therapeutic drug monitoring, and flow cytometry for CD4 counts.

METABOLIC DIVISION

The Metabolic Division provides newborn screening testing for five disorders: hypothyroidism, phenylketonuria, congenital adrenal hyperplasia, galactosemia and sickle cell anemia (including other abnormal hemoglobinopathies). During fiscal year 2002, the division tested approximately 63,000 newborns within the first 48 hours of life as well as a second test at 2-6 weeks of life. Thirty-eight infants were identified as positive for sickle cell anemia, 18 were positive for hypothyroidism, seven were potential positives for galactosemia, two were positive for phenylketonuria, and no positives were detected for congenital adrenal hyperplasia.

This year, the division implemented an automated test for PKU. This system can test

specimens in several hours as opposed to a manual test which requires an overnight incubation time. It also gives a more quantitative result which is helpful for physicians monitoring the diet of patients with phenylketonuria.

The adult hemoglobin testing section tested 10,626 specimens.

MICROBIOLOGY DIVISION

The Microbiology Division received funding for its Bioterrorism Program for the fourth year as well as supplemental funding that totaled \$4,381,284. Additionally, the division received a total of \$87,959 continued funding for the Epidemiology Laboratory Capacity Grant. Funds from the bioterrorism award allowed renovation plans to begin upgrading the overall laboratory and specifically for the enhancement of a Biosafety Level 3+ facility.

The Emerging Infection Disease Surveillance Section experienced an unprecedented surge of specimens at the beginning of the 2002 fiscal year. The Bioterrorism Program within the section was inundated with specimens to rule out *Bacillus anthracis*, the causative agent of anthrax, during the national 2001 anthrax outbreak. The first clinical specimen for ruling out anthrax was received on Oct. 8, 2001. The first environmental sample for bioterrorism was received on Oct. 10, 2001.

In all, there were 318 events investigated; 30 clinical specimens processed; 436 environmental samples examined and of these, 389 were tested to rule out the presence of *Bacillus anthracis*. Approximately 50 of the environmental samples submitted were due to assistance given to the United States Postal Service in conducting clean-sweep testing of the Alabama U.S. Postal Processing Center in Birmingham.

adph

No evidence of *Bacillus anthracis* was found in any of the environmental or clinical samples submitted for testing.

The bioterrorism staff successfully participated in the Centers for Disease Control and Prevention Bioterrorism Proficiency Testing Program for *Yersinia pestis*, the causative agent of plague. Some personnel received training in the rapid response methods (real-time polymerase chain reaction and time-resolved fluorescence assays) to rule out suspect bioterrorism agents. Other training included attendance at an Emergency Foodborne Response Counter-Terrorism Workshop sponsored by the Food and Drug Administration to address the possibility of terrorist attacks on the nation's food supply.

The Epidemiology Laboratory Capacity Program within the section implemented an algorithm to test for the West Nile virus during the national 2002 outbreak. Within two weeks of the request, personnel had implemented the test and began receiving serum and cerebrospinal fluid for West Nile virus testing on Aug. 26, 2002. The IgM capture antibody assay was used to test the 134 specimens received during this period, of which, 18 were positive. These positives were forwarded to the CDC in Ft. Collins, Colo., for confirmation.

The Reference Bacteriology Section had a 32 percent increase in the number of specimens received this fiscal year period over the past fiscal year. There was an approximate 41 percent decrease in the number of positive *Bordetella pertussis* specimens received. The number of positive *Escherichia coli* O157:H7 cultures remained about the same as the past fiscal year. There was a 200 percent increase in the number of specimens submitted

for *Bacillus* species identification; however, none was *Bacillus anthracis*. Twenty-five percent identified were *Bacillus cereus*. There was one *Listeria monocytogenes* and two *Vibrio cholerae* non 01/0139 isolates submitted. There were two foodborne investigations in Jefferson County, one involved *Bacillus cereus* and the other involved *Clostridium perfringens*.

The Parasitology Section had three malaria specimens which were identified as *Plasmodium falciparum*, and one *Cryptosporidium* species. There was a small decline in specimens tested and an equivalent decline in the number of specimens with the presence of parasites.

The Enteric Section had an 11.5 percent increase in the number of specimens submitted, with a 2 percent increase in the number of *Salmonella* species identified and a 28 percent increase in the number of *Shigella* species identified. There was a *Shigella* outbreak in Mobile County which may have attributed to the increase in *Shigella* isolates.

The Gonorrhea Section had a decline in the total number of Gonostat for this fiscal year. This decline was due partially to the temporary transfer of specimens to the regional labs during renovation.

The Rabies Section had a decline in the number of specimens tested as compared to the previous fiscal year. The number of positive specimens also declined from 40 in the previous year to 21 for this reporting period. There were five domestic animals infected with rabies. An employee was sent to the national training for Laboratory Methods for Detection of Rabies in January 2002.

QUALITY ASSURANCE

The Quality Assurance Division provided training events to both private sector and public health personnel in 2002. Rapid Plasma Reagin and Darkfield Microscopy training was presented to personnel at the Mobile County Health Department in January. Newborn screening seminars were presented to nursing personnel at hospitals in Tuscaloosa and Birmingham. PHASES I and II were offered to all bureau personnel by Quality Assurance personnel at all five laboratories throughout the spring.

Responding to requirements of the Bioterrorism grant, Quality Assurance personnel participated in developing and presenting Level A training to hospital laboratory personnel throughout the state. In a related note, the Quality Assurance Division accepted the responsibility of safety officer for the bureau.

The Quality Assurance Division has been involved in writing requirements for and choosing a Laboratory Information System. Division personnel have also been involved in gathering information for HIPAA compliance.

Microscope and Wet Prep training was provided to nursing personnel in Blount, Butler and Montgomery county health departments. One Quality Assurance employee traveled to Augusta, Ga., to present Darkfield Microscopy training to disease intervention specialist and nursing personnel.

Finally, an antibiotic resistance workshop was offered to hospital personnel in October 2002.

RESPIRATORY DISEASE DIVISION

The Respiratory Disease Division received 13,966 specimens to identify for mycobacteria and actinomycetes. The Mycobacteriology section performed 1,347 DNA probes, 1,652 high performance liquid chromatographies, and 500 drug susceptibilities for the identification and drug susceptibility pattern of *M. tuberculosis* and other nontuberculous mycobacteria. The Mycology section received approximately 4,608 specimens for fungal identification and identified over 1,306 dermatophytes, 353 yeasts and 911 other fungi, including 15 *Histoplasma capsulatum* and five *Blastomyces dermatitidis*.

The division continues participation in the Tuberculosis Cooperative Agreement Grant, CDC Tuberculosis Multi-Drug Resistant Susceptibility Study, and the National Genotyping and Surveillance Network Grant. In cooperation with the University of Alabama at Birmingham, the division continues to genotype strains of tuberculosis in the ongoing establishment of a DNA fingerprinting library of tuberculosis isolates in Alabama.

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 DIVISION

The Syphilis Section screened specimens using the VDRL test (Venereal Disease Research Laboratory) on 44,782 patients. Confirmatory testing for all results other than nonreactive (1,692 patients) was performed using the TP-PA test (*Treponema*

pallidum Particle Agglutination). The rate of reactive syphilis specimens increased to 3.4 percent from 3.0 percent the previous year. TP-PA testing revealed a 76 percent reactivity rate for fiscal year 2002 which coincides with previous confirmatory results.

The Maternal and Child Health section performed Rh, ABO, antibody testing on 6,504 specimens. From these specimens, 189 antibodies were detected in the screening process with 30 antibodies found to be significant in potentially causing Hemolytic Disease of the Newborn. Predominant significant antibodies detected were the anti-D with the next most common being anti-M and anti-C, respectively. Total specimens decreased slightly; however, significant antibodies increased from 21 to 30.

The Measles Section performed 5,613 EIA tests for Rubella IgG and 108 EIA tests for Rubeola IgG. IgM testing is also available for both Rubella and Rubeola, however, due to the decrease in the prevalence of both Rubella and Rubeola the numbers for IgM testing are relatively small. The Rubella IgG testing revealed 91 percent of patients immune and no specimens reactive with the IgM testing. The majority of active measles cases are from patients born outside the United States.

The EIA Section changed its chlamydia testing from an EIA methodology to a more sensitive direct-DNA probe. By using this format, other capabilities present themselves for future use.

BIRMINGHAM MICROBIOLOGY DIVISION

The Sanitary Bacteriology Section provided proficiency test specimens for seven industry dairy laboratories and one state laboratory. The laboratory

evaluation officer inspected four industry dairy laboratories and five public water utility laboratories for compliance with state and federal regulations.

The Microbiology Section continued its participation in the CDC Gonococcal Isolation Surveillance Program, providing 300 isolates of *N. gonorrhoeae* for surveillance of drug resistance patterns.

BIRMINGHAM SEROLOGY DIVISION

The Birmingham Serology Division performs the following tests: VDRL/TPPA, HIV, Chlamydia, rabies and influenza. There was a 10 percent increase in the total number of specimens tested in fiscal year 2002 as compared to fiscal year 2001. All tests except rabies showed an increase. The increase in the number of positive specimens was a reflection of this change.

All employees are presently going through training for the Gen Probe method of testing chlamydia. Several clinics made adjustments in how the swabs were taken and submitted. The adjustment period has ended and very few specimens were lost.

Influenza season was very mild. All of the early isolates were identified as Influenza A/H2N3. The CDC further characterized these as Influenza A/Panama/99-Like H2N3. At the end of the testing season, Influenza B/Hong Kong was isolated.

DECATUR DIVISION

During the first two months of the fiscal year, the public expressed concern about anthrax and a white powder they found at the bottom of containers the division laboratory or health departments had provided to collect water samples.

Compared to fiscal year 2001, there was some increase in the total number of specimens received for testing. This increase can be attributed to the *N. gonorrhoeae* tests. There was a slight decrease in the number of specimens submitted for rabies and bacteriological testing on water samples. The total number of positive tests for HIV and syphilis serology decreased as well.

MOBILE DIVISION

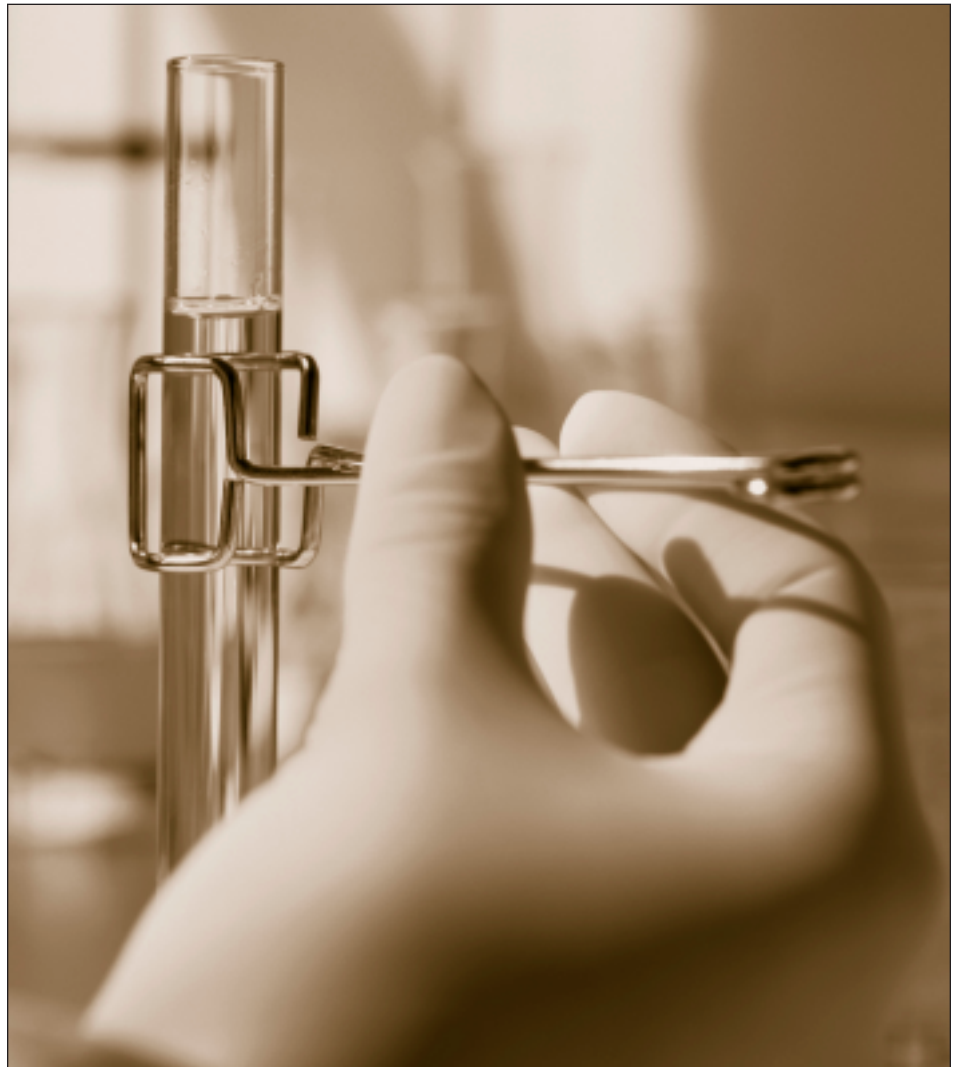
The Mobile Division, partnering with the Alabama Department of Environmental Management and Baldwin County Health Department, received Environmental Protection Agency grant money to develop a BEACH Act and to expand monitoring of Alabama swimming areas along the Gulf of Mexico and Mobile Bay. In another partnership with the State Health Department, Department of Natural Resources, ADEM, and the Dauphin Island Sea Lab Consortium, the Mobile Division received funding for additional harmful algal bloom monitoring including samples for offshore surveillance. Mobile staffers developed a database and digitized seven years of monitoring results. This effort is part of a larger Gulf of Mexico program known as the Harmful Algal Bloom Sensing/Observation System. Researchers are using the data to develop predictive models based on the *Karenia brevis* blooms of 1996 and 2000. A staff member was selected to participate in a national workshop to develop the United States component of the Global Ocean Observing System, *Ocean. US*. The laboratory provided support for a study of post harvest treated oysters. Specimen volume remained steady in this past year with a slight increase in positive rabies specimens.

DOTHAN DIVISION

Fiscal year 2002 was busy for the Dothan Laboratory, due to performing Gonostat and rabies specimens for the Montgomery Laboratory during its renovation. The overall test volume for the laboratory was up nearly 12 percent. This was the first year in which no dairy specimens of any type were run by the Dothan Laboratory.

The total number of rabies specimens, as well as the number of positives, continued to decline. For the first time the highest number of positives was found in bats instead of raccoons.

In the upcoming year the Dothan Laboratory will undergo renovation.



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.

adph

PROFESSIONAL SUPPORT DIVISION

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 maternal and child 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. The bureau has for the past five years emphasized its paradigm shift for how maternal and child health services are delivered at the county local staff level. The cooperative agreement serves as the catalyst for broader participation by the county staff to implement local initiatives focusing on "community development." The paradigm shift augments the provision of direct personal care services while emphasizing the essential maternal and child health services as well. The branch defines community development as a "shift in thinking or mindset" of direct personal health care services only to conclude a more global "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 county level.

2002 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.
- ◆ A cooperative agreement between the public health areas and the bureau was modified to

better define community-based activities at the local level. Site visits were made to the 11 public health area teams to identify opportunities for enhancement of the agreement and to gather input by the area staff.

- ◆ Nine prepared presentations were circulated to county health departments to increase community outreach and public awareness. Program specific presentations include the Children's Health Insurance Program or ALL Kids, Hypertension and Plan *first* Family Planning Medicaid Waiver Programs. Preventive health presentations included tobacco, folic acid, infant mortality, osteoporosis, Sudden Infant Death Syndrome and Shaken Baby Syndrome.

Professional Support

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

2002 Activities

- ◆ A contract was negotiated with the Department of Human Resources to provide care coordination services to teens who come to local health departments for family planning services. Approximately 168 social work and nurse care coordinators worked either full or part time in the Teen Family Planning Care Coordination program in 2002. Training at the Central Office was provided for new workers on a quarterly basis during 2002. Sixty-five care coordinators attended training, which included psychosocial, contraceptive, sexually transmitted diseases and HIV information. Public health care coordinators working in the teen care coordination program

also provide abstinence-based sex education in public schools and other sites and facilitate support groups for teens at local health departments. The abstinence-based sex education curriculums have been well received in local public school systems in the state.

- ◆ The Medically at Risk Program was approved by the Alabama Medicaid Agency to provide targeted case management services under Title XIX effective Jan. 1, 1999. The Operational Protocol Manual developed by the bureau's social work consultant was updated in 2002. Twenty-four full-time public health social workers and nurses provided services to Medically at Risk families in all counties in Alabama during fiscal year 2002. Training was conducted on a quarterly basis for all new workers during fiscal year 2003. Eighty-seven case managers received training in fiscal year 2002.
- ◆ The 1115 Family Planning Waiver (Plan *first*) was implemented on Oct. 1, 2000. The bureau's social work and nurse consultants worked with the Alabama Medicaid Agency to develop the Operational Protocol Manual and support materials for the waiver. Forty-two social workers and nurses provided Plan *first* care coordination during 2002 in all 67 counties. Training was conducted on a quarterly basis for new workers in the Plan *first* program. Fifty-six care coordinators received training. Sexually transmitted diseases and HIV information was added in the 2001 fiscal year to the psychosocial and contraceptive information provided in the training.
- ◆ Maternity care coordination was provided by licensed public health social workers and nurses through subcontracts with

Medicaid's primary contractors in 28 counties, down from 40 counties in 2001. The program decreased due to several factors, the major being the low reimbursement rate offered by the primary contractors for care coordination. Training was provided on a quarterly basis for new maternity care coordinators. In 2002, 26 case managers received training.

- ◆ Targeted case management continued to be provided by licensed public health social workers for specific diagnoses (HIV, sickle cell disease, elevated lead in children and newborn screening diagnosis). Public health social workers staffed four sickle cell clinics in 2002, however, due to the lack of staff, two of the clinics were dropped. Targeted case management training was provided quarterly. Sixty-one case managers received training in fiscal year 2002.
- ◆ There were 295 case managers and care coordinators trained.

WOMEN'S AND CHILDREN'S HEALTH *Women's Health Branch*

The Women's Health Branch provides 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 2002 included 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, 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 over 1,400 women were uncompensated maternity patients in 2001, 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 development through community-based coalitions of local health care networks. In addition, the bureau has redirected some Maternal and Child Health Block Grant funds to help pay for prenatal care in these new systems. Projects were funded in 20 counties in 2002.

Family Planning

Direct patient services were provided to more than 99,000 family planning clients during the 2002 fiscal year. The number of clients served has increased by 4 percent from the previous year.

Plan *first*, a 115(A) Medicaid Research and Demonstration Waiver implemented in October 2000, accounted for 60 percent of those served. Plan *first* expanded Medicaid eligibility for family planning services to women age 19-44 at or below 133 percent of the federal poverty level. Since implementation of the program, approximately 97,308 women have been enrolled.

Plan *first* is a joint effort between the Alabama Medicaid Agency and the Alabama Department of Public Health. Each month the Medicaid agency sent more than 1,000 letters to women automatically eligible for the Plan *first* Program. The department continues to operate a computer based toll-free information hotline, which helped over 8,000 women choose a family planning provider and schedule an appointment for services. This agency continues to distribute specifically designed brochures and posters to market the program. The brochure has been translated into Spanish, and these materials were given to private providers and health departments to be distributed in communities statewide. A Plan *first* television commercial was produced and run for four weeks throughout the state. Calls to the toll-free hotline tripled during that time.

The Plan *first* program, through the Alabama Department of Public Health, continued providing psychosocial assessments to those enrolled to determine one's risk potential for an unplanned pregnancy. Those identified by the assessment as high risk are then offered care coordination counseling and education from a trained nurse or social workers. The care coordination service and accompanying literature are specifically designed to meet the literacy needs of the eligible women. To facilitate the

care coordination service, the central office continues to provide training on a quarterly basis, for those workers new to the program. These care coordinators risk assessed more than 32,000 women and determined that 41.5 percent were at high risk for having an unintended pregnancy.

The Family Planning Teen Care Coordination Program continues in its effort to reduce teen pregnancy. This program is funded through a partnership with the Alabama Department of Human Resources and provides care coordination for all family planning teens age 18 and under. Services consist of individual counseling, case plan development and follow-up, preventive health education classes and teen support groups. Over 9,000 teens were served in 2002.

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

SCRIPT was a five-year collaborative project between the University of Alabama at Birmingham and the Alabama Department of Public Health that lasted from 1997 to 2000. Based on 10 years of previous studies involving approximately 2,000 public health patients, the SCRIPT methods were found to be effective in increasing smoking cessation or reduction rates among pregnant Medicaid smokers. The Bureau of Family Health Services, in collaboration with UAB, developed a dissemination plan to train all public health maternity care services staff to deliver the SCRIPT methods as part of routine care. In late 2001, public health area nursing and social work directors selected professional staff as SCRIPT trainers. Free basic tobacco intervention skills training for SCRIPT took

place in Montgomery in May 2002 with nine public health areas represented. Participants successfully completing the course will be certified as basic tobacco intervention skills instructors and qualified to train public health staff who provide maternity care or care coordination services to deliver the SCRIPT model in their own county health department clinics. Instructor certification and staff training are presently underway. As of Sept. 30, 2002, there are 11 county health department professional staff who were trained to deliver SCRIPT. The training is sponsored by the Alabama Tobacco Free Families Program.

The ATOFF Program is a four-year community-based program that started in 2000 and will continue to 2004. The program uses a campaign of media and policy change and a professional practice education component to reduce the smoking prevalence rate of pregnant females whose maternity care is supported by Medicaid, and all females of childbearing age (14-44) in the eight SCRIPT counties (Calhoun, Covington, Cullman, Houston, Jefferson, Lee, St. Clair and Walker). The program also focuses on male partners and families of these women with the purpose of creating a social environment supportive of a tobacco-free family home. Training for private providers also began in early 2002. As of Sept. 30, 2002, more than 800 health care and other interested professionals have received a four-hour basic tobacco intervention skills course of a one to two hour overview of the U.S. Public Health Service/DHHS clinical practice guideline: *Treating Tobacco Use and Dependence*. ATOFF's first TV/radio campaign, which focused on a better quality of life for the mother as a result of not smoking when pregnant, has

won three major national/international media awards. The second campaign focuses on the health hazards of secondhand smoke and the importance of not smoking when children are in the car. As a result of the two campaigns, the ATOFF Quitline has received more than 6,300 calls and requests for smoking cessation materials.

Perinatal Program (State and Regional Perinatal Advisory Committees)

The Alabama State Perinatal Advisory Council was formed to advise the state health officer in planning, organization and evaluation of the perinatal program. Five perinatal regions, based on regional neonatal referred hospitals, compose the regional perinatal health care system of the state. Regional Perinatal Advisory Councils provide representation from each county to advise and inform about regional perinatal issues.

During 2002, the state perinatal program capacity was enhanced by creating five full-time positions to provide a staff nurse for each perinatal region. The regional nurse positions have a primary role of coordinating council activities for the purpose of strengthening the perinatal health care system in each region. Additional responsibilities of the regional staff include: conducting a regional needs assessment to identify gaps and barriers in perinatal services, providing assistance to the High Risk Infant Follow-up and Tracking clinics in each perinatal region and fostering collaboration between clinics and the Early Intervention program, partnering with perinatal issues and coordinating fetal and infant mortality review processes in each region.

The perinatal program continued to fund community-based

projects focusing on perinatal concerns in each of the five perinatal regions. Seventeen of these projects were funded in 2002.

Alabama Unwed Pregnancy Prevention

The Alabama Unwed Pregnancy Prevention Program was established and funded in 1999 through a partnership with the Alabama Department of Human Resources to address the issue of unwed pregnancy among women of childbearing age. Since 2000, a media campaign has been implemented to encourage parent-teen communication, which includes four public service announcements, a 1-800 hotline, brochures and pamphlets, and a Web site. Thirty statewide projects continue to receive funding to provide information and activities to reduce non-marital pregnancy through community-based organizations, churches, schools, health departments and county agencies.

CHILD HEALTH BRANCH

The Child Health Branch programs include the Newborn Screening Program, the Alabama Childhood Lead Prevention Project, Healthy Child Care Alabama, Child Death Review and the Alabama Abstinence Education Program. A new initiative is the Universal Newborn Hearing Screening Program. These programs are involved daily with protecting and promoting the health and safety of infants, children and adolescents within the state.

Newborn Screening

The Alabama Newborn Screening Program is a five-part preventive health care system designed to identify and treat selected heritable disorders that otherwise would become catastrophic health problems. Such

disorders that otherwise would become galactosemia (GAL), congenital hypothyroidism/TSH, (T4/TSH), classical phenylketonuria (PKU) and congenital adrenal hyperplasia were screened on over 62,569 newborns.

The following disorders were identified and referred for treatment: 30 confirmed Hb, 0 galactosemia, there were 11 new diagnosis of Durate Variants (DG Carriers) with ongoing monitoring and evaluation at the Sparks Center, 18 T4/TSH, 0 classical PKU, 2 hyperphenylalaninemia, and four CAH-two born in 2002 and two born in 2001, and accounted in the year 2002 report. Follow-up services were provided for over 900 clients.

Medical consultants at the University of Alabama at Birmingham and the University of South Alabama, primary medical providers, county health departments, and the seven community-based sickle cell organizations provided support for the program's goals and objectives to prevent infant mortality, developmental impairment, decreased morbidity, delayed physical growth and other catastrophic illnesses and conditions resulting in death by providing testing for diseases of public health significance, offering diagnostic capabilities, providing private laboratories with reference services, administering regulations, providing education services and providing data to agencies.

Newborn Hearing Screening

The Alabama Department of Public Health provided grants totaling \$70,000 to five additional hospitals to start or enhance current hearing screening programs. These second-round grants brought the total number of hospitals that have participated in this initiative to 55. All but one of the 60 birthing facilities in

Alabama have the capability to screen infants for hearing loss before discharge.

The rules and regulations regarding "The Care and Treatment of Infants Identified Through the Newborn Screening Program" were approved by the State Committee of Public Health and became effective on Oct. 23, 2002. The revisions do not make hearing screenings mandatory, but require the hospitals to report the results of voluntary hearing screenings done on infants. The revisions allow the department to release the hearing results to physicians registered with the Voice Response System and allow the department to provide counseling and management for infants with hearing loss, infants with high risk factors, and/or infants who did not receive an initial screening.

The Newborn Screening Collection Form has been revised to obtain the hearing screening information. These modifications allow the hospitals to document the hearing screening results on a familiar form and also link the metabolic and hearing programs. The tracking on a follow-up system is in place and staff are working with the hospitals and health care providers to ensure that accurate and timely information is reported.

The Alabama Department of Public Health was successful in creating the position of Newborn Hearing Screening Coordinator.



Alabama Childhood Lead Poisoning Prevention Project

During the tenth year the Alabama Childhood Lead Poisoning Prevention Project, funded through the Centers for Disease Control and Prevention, collected reports of 19,260 blood lead screenings through which 358 lead cases were referred for medical and environmental case management and 79 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

Healthy Child Care Alabama is a collaborative effort between the Alabama Department of Public Health and the Alabama Department of Human Resources. Eight nurse consultants (registered nurses) serve 45 counties by providing developmental, health and safety classes, coordinating community services for special needs children, identifying community resources to promote child health and safety and encouraging routine visits for children to their health care providers.

The nurse consultants will also work with community agencies and organizations to reduce injuries and illnesses and promote quality child care. The nurse consultants can perform health and safety assessments of child care facilities and if a problem is identified, assist the child care provider in correcting the concern.

At the end of the 2002 fiscal year the nurse consultants documented 830 health and safety trainings and educational sessions for providers. There were 393 new provider contacts and visits made with a total of 2,569 provider con-

tacts in 2002. A major focus has been placed on the importance of every child having a medical home. Collaboration between the nurse consultants and ALL Kids insurance staff has proven very effective in getting the information to parents with uninsured children.

Alabama Abstinence-Only Education Program

The goal of the Alabama Abstinence-Only Education Program, a five-year federally funded grant program which began in 1998, is to reduce the occurrence of sexual activity among adolescents 17 years of age and younger in Alabama. The program continued funding for 13 community-based projects in 2002. The 13 projects provided abstinence-only education in the school setting to approximately 34,000 participants 17 years of age and younger in 24 of Alabama's 67 counties. Project activities were conducted in educational facilities, a public health care facility and city/county/state social service organizations. The projects used the funds to provide: 1) abstinence-only-until marriage education, 2) direct services and 3) educational, recreational and peer/adult mentor programs. A statewide media campaign consisted of news releases, radio/television public service announcements, outdoor media (billboards), project enhancements/incentives and a Web site. Over the five-year duration of the grant period, program evaluators are conducting a comprehensive, intensive, longitudinal evaluation of each of the community-based projects and the abstinence program as a whole.

Alabama Community-Based Abstinence-Only Education Program

Federal funding to expand and enhance current community-based abstinence-only education implementation for fiscal year 2002-2004 was received on July 6, 2001. The goal of the program is to reduce the proportion of adolescents who have engaged in premarital sexual activity, including but not limited to sexual intercourse; and reduce the incidence of out-of-wedlock pregnancies among adolescents 12-18 years of age, with a focus on predominantly adult role models, as well as adolescents age 12-18. Eleven community-based projects were also conducted which included: abstinence seminars/abstinence certification training conducted in 15 select locations for adult role models (community leaders/parents, faith-based individuals, teachers/counselors/educators, health care professionals) who have contact with adolescents 12-18 years of age; abstinence-only education for adolescents age 12-18; abstinence-only education for adult role models; and a statewide media campaign which included a Web site. Over the three-year duration of the grant period, a pre-test and post-test will be administered to all program participants to capture the data required to report progress toward achieving goal/objectives.

Child Death Review

The Alabama Child Death Review System is making a difference in the lives of Alabama's children. Child Death Review data shows that in 1998 and 1999 there were 500 infant/child deaths per year that met criteria for case review. New data show that in both 2000 and 2001 the number of infant and child deaths that met criteria has decreased to 385 per year. While the Alabama

Child Death Review System probably cannot be credited for all of this decrease, the system is a significant factor in saving lives.

The data mentioned were available because of the publication and distribution of the system's first annual report. The two-year report was published in February 2002 and distributed to the governor and the state legislature, as well as to over 300 citizens and agencies in Alabama and throughout the country. The second annual report is being developed and is scheduled for publication in February 2003.

The Child Death Review System program staff hosted two major conferences during calendar year 2002. The first conference titled "Southeast Regional Conference on Child Fatalities," was an informative conference that attracted over 300 attendees from over 20 different states, including Alaska. High-profile national experts in all areas of child death investigation were attracted to either attend or present at the conference.

The second conference was the first of a planned, continuing program feature that will provide training opportunities for all local teams. In the years to come, training conferences will be offered on a statewide and regional basis.

Year 2002 marked the inauguration of the capability to complete and submit data collection forms online. Now teams can log onto the ACDRS Web site and complete all data forms, then submit them directly into the database with the push of single button.

Clinical Services

The department saw a slight increase in the number of child health patients who were provided services during the 2002 fiscal year. A total of 39,742 patients were provided services by county

health department staff. These patients made a total of 85,423 visits to local clinics.

Quality Assurance Branch

The Quality Assurance Branch audited 11 county health department sites and four private WIC contract agencies during calendar year 2002. The purpose of the audits is to meet federal mandates for evaluation and to measure specific components of clinical care against practice guidelines.

ORAL HEALTH BRANCH



The Oral Health Branch continued to promote community water fluoridation as a major objective during fiscal year 2002. Board resolutions or ordinances were established for the following systems: East Brewton, Flomaton, Ridge Road and Riverview. Upon approval, these four water systems became eligible for funding to purchase new fluoridation equipment. The new fluoridation dollars were provided through a grant from the Centers for Disease Control and Prevention and were administered through the Oral Health Branch. Additionally, state funds were provided to qualifying water systems that currently fluoridate, and needed financial assistance to upgrade inadequate or substandard equipment.

Initiating water fluoridation during 2002 were the Blount County Water System, Excel Water System, New Brockton Water Department and the Wedowee Water, Sewer and Gas Board. With the addition of these new systems, the 129 fluoridating systems and 14 naturally fluoridated systems serve an estimated population of 4,137,000 statewide. Other notable successes during 2002 include:

- ◆ An oral health component was added to the Targeted Case Management for Medically at Risk and Maternity Care Coordination certification training sessions with county health department social workers and nurses. Reimbursement for case management with qualifying clients needing dental services was approved by the Alabama Medicaid Agency.
- ◆ The WIC education model to prevent early childhood caries in WIC children was also finalized this year and added to the fiscal year 2003 State Nutrition Education Plan. The program should serve as a national model for other states as Alabama WIC nutritionists promote good dental health practices through their nutrition education counseling.
- ◆ The Coffee County Health Department began providing dental services through the new Jerry Brunson Dental Clinic. The doors opened in June 2002 and began providing services on a part-time basis three days per week. Four local dentists and two dental hygienists work part-time in the clinic providing services primarily for Medicaid children. The new clinic was a collaborative effort of many agencies including the Coffee County Family Services Center, the Coffee County Health Department, the state health department and other local entities.

- ◆ A new Public Health Dental Advisory Committee was formed and met for the first time in June 2002. The state dental director established the committee to seek guidance and recommendations for future public health dental initiatives. The committee consists of public and private practicing dentists with a broad range of expertise and specialty training including pediatric dentistry, geriatric dentistry, children with special needs, mental health dental programs, county health department dental clinics, school-based dental clinics, community health center clinics and others. The Chair of the Council on Dental Health, State Committee of Public Health, also serves on the committee.
- ◆ Alabama's oral health program showed improvement as an organization titled Oral Health America provided report cards on the status of state oral health programs. Alabama improved from a C- in 2001 to a C average during 2002. The national average also improved to a C.

Dental Services/Preventive Program Activity

45,279	Patient encounters occurred in Coffee, Jefferson, Mobile and Tuscaloosa county health department dental clinics.
29,052	Dental sealants were provided through Coffee, Jefferson and Tuscaloosa county health department clinics.
1,371	Patient encounters occurred in Auburn and Opelika City Schools dental clinics.
193	Dental sealants were placed through school-based programs.
15,000	K-6 grade students participated in the

15,000 school-based fluoride mouthrinse program. K-6 grade students received free oral hygiene kits and dental health education instruction.

**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 2002, often conducted in collaboration with other Alabama Department of Public Health staff, included the following :

- ◆ Preparation of the Maternal and Child Health Services Block Grant annual report and application, which included updates regarding ongoing maternal and child health needs assessment.
- ◆ Production of *State of Alabama 5-Year Maternal and Child Health Needs Assessment*, a report for general readership. Hard copies have been distributed in collaboration with the Alabama Chapter of the March of Dimes, and an electronic copy is posted on the Alabama Department of Public Health's Web site.
- ◆ Implementation of an electronic data linkage project, in order to better estimate the proportion of newborns who are screened for certain metabolic and hematologic conditions, such as phenylketonuria and sickle cell disease.

BUREAU OF HOME AND COMMUNITY SERVICES

In 2002, 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.

Changes mandated by the Balanced Budget Act of 1997 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 Support, the Division of Home Care Service, the Division of Community Services and the Division of Quality Assurance/Performance Improvement and Accreditation.

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 with Medicare, Medicaid, private insur-

ance and no payment source. 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 444,051 home health visits were made in 2002 in efforts to assist many Alabama citizens in reaching their optimal health goals.

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 specialized federal and state funded programs for the disabled, poor and elderly, as well as contracts with other payor sources. 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.

Services offered by the Life Care Program include: homemaking services, personal care services, skilled respite services, unskilled respite services, companion services, adult day health services and nursing visits.

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 specified services. In fiscal year 2002, Elderly/Disabled Waiver case managers provided more than 85,000 hours of case management and recruitment, and provided a total of 1,132,566.21 hours of Elderly/Disabled Waiver/Lifecare service.



BILLING AND SUPPORT

Billing and reimbursement activities are pivotal operations within the Bureau of Home and Community Services. 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 Support for Medicare, Medicaid and privately insured patients. Fiscal year 2001 saw the transition in Medicare billing from a per visit reimbursement system to a per

episode reimbursement system based on a 60-day episode of care.

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 operations in the provision of services to Alabama citizens. Information is also provided to the fiscal intermediary for cost reporting and auditing purposes in compliance with federal Medicare program laws.

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT PROGRAM

The year 2002 marked the end of the third 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. One addition to the program is the utilization of the new government reports that are obtained from Outcome Assessment Information System (OASIS) data. Indicators of areas for improvement are addressed through education and corrective planning.

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 manuals that 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 of 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 payor's 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 the General Counsel in resolving compliance issues including applying 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 of quality health care. Standards to ensure that nursing homes are in compliance with Medicare and Medicaid requirements for 2002 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 required the comprehensive collection of health care data in a national repository. During the calendar year 2002 the state of Alabama processed more than 294,000 records from nursing homes and home health agencies. Inspection processes and Medicare reimbursement are based on this data.

The division investigated 242 abuse and neglect complaints. There were 163 allegations of resident abuse and 79 allegations of neglect. Long Term Care surveyed 287 facilities and conducted 235 follow-up visits, and six initial surveys for certification purposes.

The Clinical Laboratory Improvement Amendment or CLIA, is administered by the Laboratory Unit. This unit was responsible for monitoring 3,036 CLIA federal certified laboratories, 293 state licensed independent clinical and 55 state licensed physiological laboratories in 2002. There were 233 CLIA recertifications and 47 follow-up visits, 64 initial and biennial licensure surveys for a total of 344 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 184 certification surveys, 78 follow-up visits, 41 complaint investigations, six hospital validations, 34 initial certification surveys and 22 initial licensure surveys.

The Nurse Aide Registry Program tracks 222 approved training programs. The registry has a total of 69,118 nurse aides. There are 30 nurse aides that are on specific time limited sanctions and 769 that have been placed on the abuse register permanently.

The assisted living facilities industry continues to grow. As of December 2002, there were 282 regular licensed facilities totaling 8,457 beds and 58 specialty care facilities totaling 1,445 beds.

PROVIDER SERVICES

This division processes initial licensure and certification applications; maintains and distributes the Provider Services Directory; and publishes, maintains and distributes licensure rules. The division also processes bed and station 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 2002 the division issued 1,274 annual renewal license certificates, 89 initial license certificates, 66 change of ownership license certificates and 417 license status changes. Also, there were 1,552 facilities and providers certified to participate in the Medicare and Medicaid programs. During this year the division processed 90 initial certifications, 44 change of ownership certifications and 249 certification changes.

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EMERGENCY MEDICAL SERVICES



During 2002 the Emergency Medical Services Division began implementation of new patient care reporting software for use in the prehospital setting. The software will replace the scannable forms which are now used for gathering of information on the treatment of prehospital patients throughout Alabama. The system, when fully implemented, will result in the saving of a great deal of time and money associated with Alabama's current patient care reporting system. Data will be sent directly to the EMS Division via a secure Internet connection.

Also during 2002, Alabama's Patient Treatment Protocols were extensively revised and new pre-hospital drugs and invasive procedures were added to the treatment regimen now available to

Alabama's credentialed emergency medical technicians. In order to support the implementation of these new drugs and procedures, appropriate training modules were developed and the state's emergency medical technician credentialing process was modified. Education sessions for the training of instructors were conducted in numerous locations across the state by the regional EMS agencies and EMS Division staff to make emergency medical services training personnel aware of changes in protocols, drugs and procedures.

MANAGED CARE COMPLIANCE

The Division of Managed Care Compliance jointly regulates health maintenance organizations (HMOs) with the Alabama Department of Insurance, certifies organizations performing utilization review activities for Alabama citizens, and monitors selected activities of organizations and HMOs offering supplemental Medicare coverage. During the 2002 fiscal year, the division's responsibilities for the department's emergency/disaster response and preparedness program and the medical portion of the Chemical Stockpile Emergency Preparedness Program were transferred to the department's new Center for Emergency Preparedness.

Service Activities

- ◆ For the year ending September 2002, there were 118,391 enrollees in the four licensed HMOs in Alabama. The division performed a total of four HMO surveys. One of these was a comprehensive statutory survey, and the remainder were focus surveys of selected functions important to the regulatory program.
- ◆ The division received and investigated 83 HMO enrollee member complaints and 24 provider complaints.
- ◆ The division received and reviewed 295 requests for material modifications (changes to previously approved HMO operations, processes or documents).
- ◆ A total of six organizations, including two HMOs, offered supplemental Medicare coverage through Medicare Select products. A total of 172,159 enrolled individuals were reported for the end of the fiscal year.
- ◆ Three HMOs contracted with the federal Centers for Medicare and Medicaid Services to provide health care services to Medicare beneficiaries. Enrollment at the end of the fiscal year was reported at 45,224.
- ◆ Through a combination of recognition of the American Accreditation HealthCare Commission's accreditation and Alabama requirements, the division certified 11 new organizations to perform utilization review activities in Alabama. Of those new organizations, five were accredited. Another 90 organizations were recertified, representing 65 URAC accredited organizations and 25 Alabama certified organizations. One hundred fourteen agents were recognized as certified at the end of the fiscal year.

Permitted ambulances inspected	376
Licensed transport services inspected	119
Advanced Life Support services permitted	294
Individual EMT licenses processed and issued	5,278
EMT licensure exams administered	2,193
EMT training institutions accredited	30
EMT training programs approved	34
Individual continuing education records reviewed and approved	2,592
EMS continuing education courses reviewed and approved	222

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, of users of radioactive material, environmental monitoring, maintaining continuous radiological emergency response capability, and public and professional education activities.

2002 Service Activities

X-RAY REGISTRATION AND COMPLIANCE

- ◆ Registered 409 new tubes.
- ◆ Inspected 2,534 X-ray tubes.
- ◆ Inspected 152 mammography facilities.
- ◆ Reviewed 217 radiation shielding plans.

RADIOACTIVE MATERIAL COMPLIANCE

- ◆ Inspected 123 licenses for compliance to standards for usage of radioactive materials.
- ◆ Inspected 22 particle accelerator facilities.
- ◆ Mailed 369 information packets on radon.

RADIOACTIVE MATERIAL LICENSING

- ◆ Issued 25 specific licenses, 385 specific license amendments and 47 particle accelerator registration amendments.

EMERGENCY PLANNING AND ENVIRONMENTAL MONITORING

- ◆ Participated in four nuclear plant emergency planning drills.
- ◆ Participated in four hospital radiological emergency response drills.
- ◆ Trained 265 radiological emergency response workers.
- ◆ Responded to 56 incidents involving radioactive material.

BUREAU OF ENVIRONMENTAL SERVICES

The Bureau of Environmental Services completed a statewide computerization project in 2002. County environmental offices were equipped with state-of-the-art computer equipment and a program specific software package designed to advance environmental activities and save time. Approximately 200 desktop computers and related hardware were purchased to equip county environmentalist offices to run the specially designed programs that compile environmental health data (food, lodging, onsite sewage, solid waste and administrative data). The use of networked data within the counties and throughout the state will increase consistency among programs and make delivery of environmental public health services more efficient and customer friendly.

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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 with the interpretation of the rules and regulations. The Training Unit assisted with the Annual Onsite Sewage Treatment and Disposal Conference. The conference (with more than 300 individuals attending from throughout the U.S.) was organized more than 12 years ago to educate industry, business and governmental professionals about onsite treatment and disposal concepts and practices. Two food seminars were presented this year: the Gulf and South Atlantic States Shellfish Conference held in Point Clear and the FDA Food Safety Seminar held in Mobile. Both workshops allowed individuals from throughout the U.S. to come together in an educational arena and receive the skills necessary to perform their job duties.

FOOD, MILK AND LODGING

The safety of food sold at retail in Alabama and of food processed in Alabama, other than red meat and poultry, 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 regulations affecting safety and sanitation of food, sanitation of lodging facilities in the state, and issues guidelines for the inspection of prisons and jails. The division also administers and enforces sanitation

rules for milk and seafood. The county health departments' environmentalists enforce the rules for establishments such as restaurants, grocery stores, convenience stores, food manufacturing plants, tattoo facilities, hotels and camps. The division consists of three branches: Food and Lodging, Milk and Seafood.

Food and Lodging Branch

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 a year on a routine basis, depending on the type of food being prepared and the amount of food preparation steps involved. Hotels, camps and tattoo facilities are inspected two times a year.

In 2002, county health departments conducted 55,862 inspections at these establishments; in addition, 3,504 inspections were made at temporary food establishments such as food booths at fairs and festivals and 5,294 inspections were made at other locations. County health departments investigated 3,855 complaints from the public concerning food or food establishments and issued 8,395 notices.

"Body art" includes tattooing, body piercing and branding. In 2002, county health departments completed the first full year of regulatory activities for this program, established in 2001. Under the requirements for licensing the body art facilities and issuing permits to the operators, 96 facilities were licensed and over 200 operators were permitted. The county health departments conducted 158 inspections at body art facilities, issued 39 legal notices and investigated 50 complaints.

Milk Branch



Milk is the 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 2002, the Milk Branch conducted 43 pasteurization equipment tests; 478 dairy farm inspections, 101 milk, frozen dessert and cheese plant inspections; and 134 bulk milk hauler and tanker inspections.

The branch collected 1,923 raw (before pasteurization) milk samples, 2,576 pasteurized milk samples, 354 milk samples to test for aflatoxin, a carcinogenic mold, and collected 14 dairy products to test for the presence of *Listeria monocytogenes*, a pathogenic microorganism.

A total of 24 milk tankers containing 1,460,070 pounds of milk (or 169,775 gallons) were disposed of due to antibiotic contamination.

Seafood Branch

With high nutritional value, seafood is increasingly featured as a component of a healthy diet. The seafood industry of Alabama plays a vital role in the state and coastal economies of Alabama. The Seafood Branch ensures that seafood processing establishments meet food safety standards and that shellfish are harvested from clean waters.

The seafood program is administered by state health officials and has five main functions:

- ◆ Classification and sampling of Alabama shellfish growing waters;
- ◆ Shellfish processing plant permitting, inspection and sampling;
- ◆ Blue crab processing plant permitting, inspection and sampling;
- ◆ Shrimp, fish and specialty products processing plant permitting, inspection and sampling;
- ◆ Special studies program for the bacterium *Vibrio vulnificus* and for dinoflagellate organisms.

During 2002, 113 processing plants (shellfish, blue crab and other seafood) were issued permits, 286 inspections were conducted and 457 field visits to plants were made.

Eight bay oyster samples, 150 bay water samples and 170 water samples from processing establishments were collected for bacterial analysis. Mobile Bay was ordered closed to oyster harvesting three times for a total of 19 days.

2002 Special Activities

- ◆ The U.S. Food and Drug Administration completed a mandatory review of the Seafood Branch's operations, which is done on a periodic basis in order to ensure that Alabama's shellfish sanitation program meets federal stan-

dards. All program elements were found in satisfactory compliance.

- ◆ The Seafood Branch provided department representation on several committees, including the Interstate Shellfish Sanitation Conference, the Technical Interagency Committee, the Environmental Protection Agency's Gulf of Mexico Public Health Program, the Gulf of Mexico Harmful Algal Bloom Program and the Mobile Bay National Estuary Program.
- ◆ The branch continued the Harmful Algal Bloom Program in which water samples from Mobile Bay are collected and analyzed for the presence of dinoflagellates; an additional 10 sampling sites in the Gulf of Mexico have been established to better ensure early detection in both recreational and shellfish harvesting waters.
- ◆ Special studies were conducted for *Vibrio vulnificus* in which 12 samples were collected and for dinoflagellates in which 62 samples were collected.
- ◆ The State Board of Health adopted the Hazard Analysis Critical Control Point requirements of the U.S. Food and Drug Administration into Alabama's Shellfish Sanitation Rules effective May 6, 2002.

COMMUNITY ENVIRONMENTAL PROTECTION

Soil and Onsite Sewage

The division and branch carried out programs to protect the public health and water resources from onsite sewage disposal system pollution. These included the meetings of the Alabama Onsite Sewage Management Committee, a consortium of representatives of government, business and higher education, chartered under the Alabama Non Point Source

Management Program, and its sub-committees; continued support for training at the Alabama Onsite Wastewater Training Center at the University of West Alabama; provided statewide training with system manufacturers at 12 seminars across Alabama for county environmentalists and engineers on three approved advanced treatment systems; developed and printed a new septic tank brochure for homeowner education; and made progress toward the drafting of new onsite sewage rules to replace the current Chapter 420-3-1, with several meetings attended by industry and regulatory personnel.

The department continued to provide assistance in a number of training programs to include training conducted at the Alabama Onsite Wastewater Training Center at the University of West Alabama and training around the state for licensing of septic tank installers, manufacturers and pumpers in coordination with the Alabama Onsite Wastewater Board and Alabama Onsite Wastewater Association.

Permits to install for onsite sewage systems	18,728
Onsite sewage systems installed	18,320
Training participants	828

Solid Waste

The Solid Waste Branch provides technical assistance to county environmentalists who work in the solid waste, septage management and vector control programs. Local activities include the investigation of vector control complaints and unauthorized dumps, the permitting/inspection of transfer stations, processing facilities, garbage collection vehicles and the permitting and inspection of septage/grease land application sites. Many counties

also enforce local mandatory garbage collection programs and review applications for certificates of exception for such programs.

Unauthorized dumps inspected	2,658
Transfer/processing facilities inspected	91
Septage management facility inspections	29
Collection vehicles inspected	904
Certificates of exception reviewed/issued	2,990
Vector complaints investigated	733

Indoor Air Quality/Lead Branch

This branch provides information on issues related to indoor air quality, lead-based paint and other 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, risk assessment and remediation activities in pre-1978 housing and child-occupied facilities. Branch personnel also provide support for the “Alabama Childhood Lead Poisoning Prevention Project.” The project identifies children with elevated blood levels through screening by local health departments and private physicians, provides environmental surveys to identify sources of lead hazards and recommends methods to eradicate the hazard. This program ensures that responsible authority undertakes proper medical treatment or case management and that there is prevention of lead poisoning in homes containing lead hazards.

The Indoor Air Quality/Lead Branch has suspended onsite

investigations of indoor air quality problems because of insufficient funds. However, the Indoor Air Quality/Lead Branch remains as the EPA designated state indoor air contact providing advisory service and printed materials for those who request it, and providing indoor air quality and asbestos information.

LEAD CONTRACTOR CERTIFICATION PROGRAM ACTIVITIES:

Certification of firms to conduct lead-based paint activities	47
Inspection of lead abatement project sites	50
Visits to housing authorities for compliance assistance	53

CHILDHOOD LEAD POISON PREVENTION PROGRAM ACTIVITIES:

Lead outreach (inspections and awareness) workshops	50
Inspection of homes with confirmed cases of children with high blood lead levels	116
Environmental lead sampling of dust, soil, water and paint chips (approximately)	2,500

OFFICE OF PROFESSIONAL AND SUPPORT SERVICES

The Office of Professional and Support Services supported a number of important department initiatives during 2002. Staff worked with Health Administration and various other department units in developing and implementing new programs and initiatives such as the Center for Emergency Preparedness and a plan for compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Staff continued to provide managerial support to the CDC-funded project, "Public Health Preparedness and Response to Bioterrorism," coordinating meetings of the department's bioterrorism task force and administering the contract with the University of Alabama at Birmingham. Staff participated in the intense planning and coordination necessitated by the 9/11 attack and the anthrax scare. Further senior office staff worked with the assistant state health officer for disease control and prevention to develop the state's expanded public health preparedness and response plan made possible through a large increase in CDC grant funds.

Several other units in the Office of Professional and Support Services continued to provide leadership in the Workforce Development project called PHASES (Public Health of Alabama Staff Enrichment). PHASES encompasses a variety of opportunities for public health workers, not only through training but through internal and external internships and job shadowing experiences. The Management Support Unit continued to facilitate the department's Workforce Development Committee, and worked closely with other department units such as Health Administration, Video Communications and Social Marketing as well as schools of

public health at Tulane University and the University of Alabama at Birmingham and the state health departments in Arkansas, Louisiana and Mississippi. Highlights of accomplishments during 2002 included presentation of the first two training videos in the series, "Orientation to the Essentials of Public Health" and "Community Partnerships and Perspectives," to over 1,500 department staff and of the first two levels in a web-based management course series.

MANAGEMENT SUPPORT UNIT

The Management Support Unit supported the department through management of the Records Disposition Authority, the fee manual, grant resource development and grant review, and the Policy Clearinghouse. Staff also participated in the administration of the department's Institutional Review Board. In addition, staff participated in development of the department's HIPAA privacy policy as well as development of training for the HIPAA regulations. Staff of the Management Support Unit worked closely with the Training Unit to coordinate training activities.

TRAINING UNIT

Even though the department training coordinator position remained vacant for most of 2002 following the retirement of the incumbent, collaborative work continued with interdepartmental and intradepartmental groups to provide quality education for all employees. Staff in the Nursing and Management Support units enabled training services to continue in the absence of a dedicated coordinator. Workshops were organized and managed through Auburn University at Montgomery, Alabama State

University, Emory University, UAB, the State Personnel Department, and the TechnaCenter, as well as private companies. Eighteen live workshops were produced and presented and 20 distance-based/satellite learning conferences were organized. Distance learning opportunities were provided through satellite each month and continuing education credits awarded to appropriate professionals. The Alabama Department of Public Health training calendar continued to be published as an efficient marketing tool for keeping staff aware of training opportunities. Training and nursing staff assumed statewide responsibility for cardiopulmonary resuscitation training for home health and clinic staff.

PHARMACY UNIT

The Public Health Pharmacy director participates on the department's bioterrorism task force and coordinates development of Alabama's procedures for ordering and processing the National Pharmaceutical Stockpile, a special stockpile of drugs and supplies which would be shipped by the federal government to the state if indicated following any terrorism event. Over 700 pharmacists across the state have volunteered to help during a crisis and approximately 120 of them received training in 2002. CDC completed two site visits in 2002 and has given Alabama's National Pharmaceutical Stockpile program approval.

The Pharmacy Unit coordinates state agencies accessing the Minnesota Multi-State Contracting Alliance. The alliance is a voluntary group purchasing organization operated by the State of Minnesota serving government-based health care facilities. Currently the alliance serves 39 states. This alliance

allows the State of Alabama to purchase medications and clinic supplies at substantially reduced prices over what can normally be obtained by a state government.

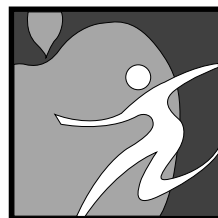
Consultation and assistance are provided in the areas of osteoporosis, cardiovascular disease, bioterrorism, diabetes, arthritis and home health. Assistance is also provided in the rescheduling of drugs and the Controlled Substances List.

The unit continues to consult and coordinate with all public health units, including county health departments and other agencies on medication-related and pharmacy-related activities. These activities include, but were not limited to distribution issues, clinical information, drug scheduling, purchasing and legal issues.

The Pharmacy Unit coordinates obtaining drugs for indigent patients. Assistance is also provided in coordinating professional education satellite programs for nurses, pharmacists and physicians. The unit also provides medication reviews for state employees which enhance their knowledge about their medications.

In addition the unit provides internship experiences to pharmacy students, hosting two to three students each year from Auburn University and Samford University.

NUTRITION AND PHYSICAL ACTIVITY UNIT



N&PA
THE NUTRITION
AND PHYSICAL
ACTIVITY UNIT
 Alabama Department of
 Public Health

The mission of the Nutrition and Physical Activity Unit is to implement nutrition and physical activity interventions and promote policy and environmental

initiatives to increase the number of Alabamians who maintain a healthy weight and eat a balanced diet. To fulfill the mission the unit works with various groups.



In collaboration with the Osteoporosis Task Force, educational materials were developed, limited screenings were provided, and the state plan was coordinated and implemented. Screenings were done at health fairs and conferences, and an intra-agency project between the health department and mental health agency screening residents at each mental health facility resulted in patients' medicines and physical activity levels being reviewed.

Educational presentations on osteoporosis prevention were also provided to students, adults, health professionals, and senior citizens. Prevention messages were also provided on television talk shows and through radio spots. Two presentations were done at Auburn University at Montgomery, Camp Seale Harris, and various schools and health fairs.

Participation in the State Diabetes Council resulted in coordinating the group's annual plan. Diabetes educational presentations were given at various sites and 1,600 Plate Planner educational handouts were distributed to assist in diabetes management and weight loss.

Planning, coordinating and implementing environmental nutrition and physical activity initiatives for the Alabama Cardiovascular Health Program resulted in completing a survey of restaurants in rural West Alabama for availability of heart healthy items; implementing the "Physical Activity Enhancement Project" in five schools with the Department of Education; coordinating screening of school children to identify rates of overweight youth among ages 9 through 14 in five schools; facilitating and participating in a satellite program: *Reducing Cardiovascular Disease Risk Factors in Youth: Physical Activity in Schools*; and implementing intervention for the cardiovascular health secondary prevention project with Alabama Quality Assurance Foundation.

The Food Stamps' Nutrition Education Plan grant permitted dietitians to work with patients at the Limestone County Health Department, schools meeting the income criteria, local and state media outlets, and with community nutrition related programs, such as farmers' markets specializing in benefits for senior citizens and elementary school children. As the state 5-A-Day coordinator, assistance was given to communities in three areas of Wilcox County to establish farmers' markets, with the purpose of increasing citizen consumption of fruits and vegetables and providing local growers with sales outlets. Nutrition brochures and posters, food safety literature, and an information sheet on various statewide food pantries and soup kitchens were distributed. Working with the Alabama Coalition Against Hunger, various coalitions and community projects provided an avenue to promote healthy eating and physical activity.

To promote physical activity for all ages, exercise videotapes were shared with area agencies on aging, serving 23 counties. Brochures, bookmarks and pamphlets were provided to farmers' markets in Montgomery, Huntsville and Tuscaloosa. Work with other agencies including with the National Park Service Rivers and Trails, Alabama Department of Transportation's Walk to School Program and Walking School Bus, Governor's Commission on Physical Fitness, and various community health programs has afforded opportunities to increase activity. Motivational signage for walking trails has been implemented in several sites.

The unit serves as a resource for other health professionals, educators and students, and the general public. Planning and assisting in activities with the Healthy Alabama Nutrition and Fitness Coalition; developing and implementing the Alabama Integrated Nutrition Program with partners across Alabama USDA food and nutrition programs; collaboration with the Alabama Pediatric Association's Nutrition and Fitness subcommittee; and serving as a preceptor for dietetic interns are examples.

The Food and Fitness program continues to promote sound guidance to employees on strategies for achieving and maintaining a healthy weight and lifestyle, such as walking competitions. This year members walked miles that equaled walking the circumference of Alabama and walked from Montgomery to Texas.

NURSING UNIT

In 2002, the Nursing Unit continued to work with state, area and local health departments to assure the provision of high quality nursing services to Alabama citizens. The unit per-

forms as a liaison to the Alabama Board of Nursing to ensure compliance with nursing licensure requirements, and works in collaboration with the department's Clinic Protocol Committee to maintain program and professional nursing standards through periodic updates and clarification of nursing protocols. The unit provides representatives to work with other departmental programs and committees to maintain professional standards of nursing care. 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 works with other government agencies, professional organizations and academic institutions to provide information and resources for the promotion of public health in Alabama.

The Cardiopulmonary Resuscitation Program, previously maintained by Public Health Area 1, is now housed in this unit. This program provides a valuable source for certification for CPR as needed by health care professionals. The program provided training for 1,507 CPR providers and recertified 90 instructors.

The unit serves as a provider of continuing education, with approval through the Alabama Board of Nursing and the Alabama State Nurses' Association, for public health nurses by reviewing and approving workshops, teleconferences and other programs for continuing education credit. In 2002, 37 continuing education activities were approved through this unit.

The unit has served as a resource for the nursing component in the development of departmental bioterrorism plans such as the smallpox initiative plan and National Pharmaceutical Stockpile plan.

SOCIAL WORK UNIT

The Social Work Unit worked to promote and support sound professional practice. Working in conjunction with all public health disciplines, the unit participated in Bioterrorism Response planning, and spearheaded the State Suicide Prevention Plan. With collaborative efforts of program consultants, area social work directors, managers and county staff, case management/care coordination services were provided to citizens of all ages. Services included Plan *first* and Teen Family Planning, Medically at Risk Case Management, Children with Special Health Care Needs, Elderly and Disabled Waiver Case Management, Home Delivered Meals, Home Health Medical Social Services, as well as some HIV/AIDS Case Management, the Breast and Cervical Cancer Case Management Service, and Maternity Case Management.

Responsible for assuring that a system of professional public health social work practice was available across the state, the unit worked in conjunction with other supervisory staff and the Alabama Board of Social Work Examiners to ensure that professional standards of practice were maintained. Inservice training for professional development was consistently offered with contact hours provided to assist staff in maintaining licensure and upgrading professional practice skills. The unit also actively participated in national, state and local organizations, such as the Association of State and Territorial Public Health Social Workers, and the Suicide Prevention Advocacy Network. The development of public health social work initiatives and collaboration building enhances state and local public health social work standards as well as effecting the nation's public health.

The Care Coordination Electronic Computer System was implemented to capture all Public Health Social Work program documentation and reimbursement requests. This new system provides an opportunity for increased accuracy and complies with HIPAA standards, thus providing efficiency for public health social work staff across the state. The Public Health Social Work web page was designed to increase the general public's understanding of Public Health Social Work services and to enhance efforts to recruit new staff. Prospective employees are able to obtain an application for employment online. The site continues to offer visitors an opportunity to review the Public Health Social Work Goals and Methods, Public Health Social Work program service options, and to contact area social work directors and central office staff regarding questions and employment opportunities. Staff members visit Clinical Social Work Examiner-accredited schools of social work throughout the state to recruit quality staff.

OFFICE OF WOMEN'S HEALTH

The Alabama Legislature passed Act 2002-141, which was signed into law on May 12, 2002, creating the Office of Women's Health within the Alabama Department of Public Health. The office was created to be an advocate for women's health issues. Purposes of the office as described in the legislation are as follows:

- ◆ To educate the public and be an advocate for women's health by establishing appropriate forums to educate the public regarding women's health, with an emphasis on preventive health and healthy lifestyles.
- ◆ To assist the state health officer in identifying, coordinating and establishing priorities for

programs, services and resources which the state should provide for women's health issues and concerns.

- ◆ To serve as a clearinghouse and resource for information regarding women's health data, services and programs that address women's health issues.
- ◆ To provide an annual report on the status of women's health and activities of the office to the governor and the legislature.

The law provides for an advisory committee for the office. This steering committee consists of three physicians appointed by the Medical Association of the State of Alabama; three nurses appointed by the Alabama State Nurses' Association; three pharmacists appointed by the Alabama Pharmaceutical Association; three employers appointed by the Business Council of Alabama; three consumers, one appointed by the governor, one appointed by the lieutenant governor, and one appointed by the speaker of the house; three members appointed by the Alabama Hospital Association; and three registered dietitians appointed by the Alabama Dietetic Association. The state health officer announced the director for the office in August. The Steering Committee held its inaugural meeting on Dec. 13, 2002.

The Office of Women's Health now serves as the department's point of contact for the U.S. Department of Health and Human Services, Region IV Office of Women's Health, relieving the Nursing Unit of this responsibility. The activities of the Young Women's Health Project, which began under the Nursing Unit, will be continued as the Office of Women's Health continues to participate in new and ongoing initiatives to promote women's health.

OFFICE OF CHILDREN'S HEALTH INSURANCE

The Office of Children's Health Insurance was designed to decrease the number of children in the state who are without health insurance.

At the end of fiscal year 2002, 52,495 children were enrolled in ALL Kids, which reflected a net increase of 13,255 (33 percent) children from the end of the last fiscal year. In addition to surpassing its enrollment goal, the program made several important changes in its enrollment unit, eligibility rules and benefit structure. Further accomplishments were also realized in the areas of outreach and general program administration.

One of the most important changes to the enrollment unit was the addition of three Medicaid workers (two enrollment workers and a secretary) to process Medicaid applications referred from ALL Kids for children in 25 counties in Alabama.

During fiscal year 2002, the three-month waiting period before enrollment was dropped for children within the following groups:

- 1 Children whose current individual coverage was terminated voluntarily;
- 2 Children whose current COBRA coverage was terminated voluntarily; and
- 3 Children whose current Alabama Child Caring Foundation coverage was terminated voluntarily.

These changes were made either due to the extremely high cost of the coverage or the limited benefits provided by the coverage. Also during the past year a change was made in the eligibility rules to allow for enrollment in ALL Kids for children who have exhausted the lifetime benefits for their current coverage and meet the other ALL Kids eligibility criteria.

The program continued to refine outreach efforts that had proven successful in the past and to structure new endeavors. Outreach continued statewide through the public schools

utilizing partnerships with school nurses. The program also continued to partner with county health departments, the Covering Alabama Kids project, and all interested civic organizations in a variety of activities. An enormous media campaign was held across the state utilizing paid television and radio spots. Regional consultants within each public health area were employed and efforts were focused on hard-to-reach or specialized populations.

Applications and other materials were translated into Spanish and the program continued to employ bilingual staff.

During fiscal year 2002, CHIP was awarded two special grants; one from the Robert Wood Johnson Foundation (Supporting Families after Welfare Reform grant) and one from the federal Health Resources and Services Administration (a State Planning grant). Supporting Families after Welfare Reform is a two-year grant which will support better automated communication between the Alabama Department of Public Health and the Alabama Medicaid Agency as well as assist with the transition of the Medicaid For Low Income Families program from the Department of Human Resources to the Alabama Medicaid Agency. The State Planning grant will allow the state to determine the size and demographics of the uninsured population in Alabama on both state and sub-state levels, as well as promote the study of health insurance coverage options for the uninsured.

To better monitor the program, CHIP continued to contract with the University of Alabama at Birmingham to conduct three surveys:

- 1 New Enrollee Survey,
- 2 Continuing Enrollee Survey, and
- 3 Disenrollee Survey.

UAB analyzed the results of all three surveys. The results indicated that ALL Kids was successful in each of the areas surveyed: high degree of family satisfaction, improved access to health care and improved child health status.

ALL Kids



OFFICE OF PRIMARY CARE AND RURAL HEALTH

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

A comprehensive description on the health status of Alabama's multi-cultural population was the major focus of the Minority Health Section in 2002. Alabama's diverse population is one of its greatest strengths and resources. The decade from 1990 to 2000 produced significant changes in the cultural diversity of Alabama's population. In January 2002, the Minority Health Section produced a brochure, "Our Multi-Cultural Population: A Resource and A Healthcare Challenge," to provide Alabamians with a document that describes the state's four racial and ethnic groups and their health concerns, behaviors and attitudes about health care.

In collaboration with the Alabama Department of Public Health Center for Health Statistics, the Minority Health Section contributed to the publication of a report demonstrating the disparities in health outcomes of Alabama's racial and ethnic populations. This report, "Atlas of Racial Disparities in Mortality," was produced in June 2002, by the Center for Health Statistics and is the first publication analyzing the mortality disparities for Alabama.

Over 2,000 copies of this document were distributed to community-based organizations, medical facilities, health care providers, academic institutions, faith organizations and concerned citizens. Elimination of disparities in health outcomes is a major goal of the federal planning document, "Healthy People 2010," and the Alabama Department of Public Health. The atlas publication was produced to increase awareness of racial disparities in mortality and was designed for a variety of audiences.

The Minority Health Section continues partnering with community-based organizations and academic institutions in securing grant funds for activities to achieve parity in health outcomes among Alabamians. During 2002 several proposals were funded to address disparities in cancer, teenage pregnancy, syphilis, and language interpretation for limited English proficiency residents. The addition of an employee to the Minority Health staff provides a resource to community organizations in developing effective outreach in health care activities to the state's growing Latino population.



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PRIMARY CARE

The Primary Care section received a \$125,000 grant for the State Loan Repayment Program from the National Health Service Corps. This program provides grants ranging from \$20,000 to \$70,000 to offset educational loans for primary care physicians and general or pediatric dentists who will commit to practicing in critical health care shortage areas of the state. Participating local health care organizations hire the professionals and provide 50 percent of the award, with the remaining 50 percent coming from the federal grant allocation.

The Primary Care Section collected and analyzed data to designate as Health Professional Shortage Areas, or HPSAs, those communities satisfying federal criteria. Assessments are performed in designating a shortage of primary care physicians, dentists and mental health workers. A HPSA designation qualifies the community for several grants and programs to increase health care access. Sixty-two of Alabama's 67 counties are now designated as primary care physician HPSAs with information on 22 of these counties being updated during the year. Elimination of these HPSA designations would require an additional 238 physicians strategically placed in Alabama communities for an estimated 1.8 million underserved residents. All 67 counties are designated as dental health HPSAs for the low-income population. Essentially, the entire state has been considered deficient in mental health care workers through designation of 22 Mental Health Catchment Areas. Data were collected earlier this year to update these 22 catchment areas as Mental Health HPSAs and will be submitted for updated designations to the Federal Division of Shortage Designation.

Applications for assistance from the National Health Service Corps to recruit health professionals to Alabama communities resulted in 88 approvals this year. Efforts to recruit and fill these approved slots are underway through joint activities with the Primary Care Section and recruiting communities. Historically, only 15 percent of approved slots have been filled, primarily because of limited financial assistance available from the Corps. However, significant funding increases for this federal program bring encouragement that this percentage will be higher this year.

A demonstration program developed through Primary Care and funded by the Southern Rural Access Project provides a model for aggressively recruiting health professionals to live and work in Alabama's rural communities. The program is administered through the state's Area Health Education Centers with technical support from the Primary Care Section. Activities include organizing a community's civic leaders and its health institution leaders in collaborative activities to both recruit and retain health workers in the community.

RURAL HEALTH

The J-1 Physician Waiver Program remains the principal source of recruitment of primary care and mental health workers for many Alabama communities. Presently, 81 waiver physicians are practicing in the state with 27 applications being received during 2002. Approximately 1,250 consultations were provided on the program to community level leaders, health care employers, physician recruiters, and immigration officials. Alabama's rural health Web site received over 9,000 transactions on the program. The state-administered J-1 Program's

guidelines are continuously reviewed for appropriate changes. Recent federal legislation has increased the number of allotted placements in the state program from 20 per year to 30. While the program's priority is placement of primary care physicians, its guidelines were amended during the year to include allowing each year up to 10 physician placements to provide sub-specialty care.

Work continued on building health technology "bridges" between tertiary/specialty health care resources in urban areas and medically underserved residents in rural, remote areas. Successful initiatives included a project demonstrating the use of remote surveillance technology to provide around-the-clock monitoring capability for elderly, homebound patients, and delivering mental health services through telehealth psychiatric consultations. Rural Health is functioning as an information clearinghouse for application of emerging health care technologies and their potential for serving rural Alabamians. A ListServe has been established to provide communication links with organizations and individuals in the state interested in maintaining current information on this topic.

Two federal grant applications were submitted and approved during the year to strengthen small, rural hospitals and improve health care in their communities. A continuation application was submitted for the Medicare Rural Hospital Flexibility Program in collaboration with the Alabama Hospital Association and awarded \$430,000. This grant program focuses on the smaller, rural hospitals. Grant funds can be used to explore the feasibility of converting to a federally designated Critical Access Hospital, conducting community needs assessments, developing health care

networks, integrating Emergency Medical Services in communities, and improving the quality of care being delivered. Eighteen hospitals were approved for funding this year by the Alabama Rural Hospital Flex Grant Committee which evaluates and approves funding proposals from prospective hospital grantees.

The other federal grant application submitted was for the recently enacted Small Hospital Improvement Program. Federal grant funds are made available through this program for all rural hospitals in a state having less than 50 beds operational. The application process was conducted in a joint educational process

with the Alabama Hospital Association and identified 27 eligible hospitals in the state. The application resulted in an award to the state of \$276,830. Eligible hospitals may use these grant funds to update financial operations for Prospective Payment Systems, plan and implement HIPAA requirements, reduce medical errors, and improve quality of care.

Grant opportunities and health related community data are continuously being requested from staff. A grant notification process has been operational through mail and fax. In conjunction with the Alabama Rural Health Association, a ListServe is

now under development and provides notices on grant opportunities of interest to community-based organizations in rural communities. More extensive support is being planned for those applicants interested in applying for funding through the federal Rural Health Outreach Program. This will include a statewide conference call hosted by Rural Health to offer technical assistance for applicants and identify potential collaborators for outreach grant applications. During the year 160 organizations and individuals received routine communications of notices for 233 grant opportunities.



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.

2002 Service Activities

- ◆ Issued more than 415,000 certified copies of vital records with more than 271,000 of these records requested through local health departments.
- ◆ Coded, keyed and scanned more than 175,000 new vital records into the vital records database.
- ◆ Prepared 2,300 new birth

certificates after adoption and 3,300 after paternity determination; filed over 325 delayed birth certificates; amended more than 4,500 birth certificates and over 1,400 death certificates.

- ◆ Processed more than 500 requests for copies of information from sealed files due to a change in the law which allows adult adoptees to obtain copies of their original birth certificates.
- ◆ Filed more than 8,900 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 500 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.
- ◆ Provided training to more than 850 vital records providers at 11 locations across the state.
- ◆ Keyed electronic index records for 130,000 death records and 113,000 marriage records.
- ◆ Received more than 81,000 phone calls through the automated telephone system from customers requesting vital records information about obtaining Alabama birth, death, marriage and divorce certificates. The system provides recorded information 24 hours a day.
- ◆ Conducted studies and analyzed vital events data for geographic areas throughout the state.
- ◆ Produced four volumes of statewide data, tables, figures and graphs on pregnancy, birth, infant mortality, causes of death, marriage and divorce trends.

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- ◆ 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.
- ◆ Surveyed new mothers for the Pregnancy Risk Assessment Monitoring System (PRAMS) (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, the Maternal and Child Health Epidemiology Annual Meeting, and the Southern Demographic Association Annual Meeting.
- ◆ Produced the special reports "Homicide: Higher Risk for Black and Other Races," "Diabetes in Alabama," and the "Alabama Maternal and Child Health Chart Book." Produced the monograph *Alabama Atlas of Racial Disparities in Mortality* in cooperation with the Minority Health Section of the ADPH Office of Primary Care and Rural Health Development. Produced the "Alabama Health Data Sheet" and the monograph *Dying in Alabama: Leading Causes and Factors* in cooperation with the Center for Demographic Research of Auburn University at Montgomery.
- ◆ Presented data at the Alabama Teen Pregnancy Prevention Conference and the Alabama Cooperative Extension Systems' Diabetes Workshop.
- ◆ Maintained a Center for Health Statistics Web site to provide Internet access to statistical reports, tables, maps and graphs, and to provide information for obtaining vital records in Alabama. Vital records forms and instructions are available to be downloaded.
- ◆ 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.
- ◆ Provided computerized birth certificate data to the Social Security Administration to initiate Social Security numbers for over 59,000 newborns.

VITAL STATISTICS RECORDS 2001

ESTIMATED POPULATION	4,486,580	RATE/PERCENT	
Births	60,295	13.4	(Per 1,000 population)
Births to Teenagers	8,993	28.3	(Per 1,000 females aged 10-19 years)
Low Weight Births	5,815	9.6	(Percent of all live births)
Births to Unmarried Women	20,739	34.4	(Percent of all live births)
Deaths	45,196	10.1	(Per 1,000 population)
Marriages	45,052	10.0	(Per 1,000 population)
Divorces	24,159	5.4	(Per 1,000 population)
Induced Terminations of Pregnancies	11,852	12.2	(Per 1,000 females aged 15-44 years)
Infant Deaths	567	9.4	(Per 1,000 live births)
Neonatal Deaths	355	5.8	(Per 1,000 live births)
Post Neonatal Deaths	212	3.5	(Per 1,000 live births)

ALABAMA'S LEADING CAUSES OF DEATH – 2001 AND 2000¹

CAUSE OF DEATH	2001			CAUSE OF DEATH	2000		
	RANK	NUMBER	RATE ¹		RANK	NUMBER	RATE ¹
Total All Causes		45,196		Total All Causes		44,967	
Diseases of the Heart	1	13,117	293.7	Diseases of the Heart	1	13,354	300.3
Malignant Neoplasms	2	9,783	218.1	Malignant Neoplasms	2	9,772	219.7
Cerebrovascular Diseases	3	2,983	66.5	Cerebrovascular Diseases	3	3,177	71.4
Chronic Lower Respiratory Diseases	4	2,196	48.9	Chronic Lower Respiratory Diseases	5	2,043	45.9
Accidents	5	2,187	48.7	Accidents	4	2,097	47.2
Diabetes Mellitus	6	1,339	29.8	Diabetes Mellitus	6	1,315	29.6
Alzheimer's Disease	7	1,100	24.5	Alzheimer's Disease	9	891	20.0
Influenza and Pneumonia	8	1,095	24.4	Influenza and Pneumonia	7	1,130	25.4
Nephritis, Nephrotic Syndrome & Nephrosis	9	978	21.8	Nephritis, Nephrotic Syndrome & Nephrosis	8	933	21.0
Septicemia	10	770	17.2	Septicemia	10	778	17.5
All Other Causes, Residual		9,648		All Other Causes, Residual		9,477	

¹ Rate is per 100,000 population.

COMPUTER SYSTEMS CENTER

In 2002, the Computer Systems Center added a division to support the Bureau of Financial Services. The new division consolidated the responsibility for performing third party billings, as well as providing analysis and programming for the systems supporting finance, personnel, property and budgeting. With the formation of this division, the department has increased the recovery of costs for services, improved the accuracy of financial reports, and streamlined the development of new financial management initiatives.

In preparation for compliance with the new Health Insurance Portability and Accountability Act, HIPAA, and bioterrorism security initiatives, the Computer Systems Center completed an analysis of the current methods of formatting and transmitting data with the new requirements. After completing the analysis, the center developed a work plan for full compliance and transition to the new standards. After evaluating a number of alternatives, it was determined that it would be most cost effective to purchase a translator to read data from the existing clinical systems, translate the data into the acceptable format and send the new transaction to the receiving party such as Medicaid or an insurance payor. The center developed the specifications in preparation for release of an Invitation to Bid for a HIPAA/Security Translator.

To better manage the growing case management workload, the center developed the Care Coordination System in coordination with the project manager in the Office of Professional and Support Services. This new system uses Lotus Notes to automate the collection of time-keeping data and all the forms used for

tracking patient activities. The new application was installed throughout all counties in 2002. The center ordered, installed and configured over 315 new computers for case managers in 66 counties.

The Bureau of Environmental Services sponsored a new database application to track environmental activities and generate forms and letters in the counties. The system was developed by one of the area environmentalists and tested in several counties by other environmentalists. CSC installed over 260 new computers statewide configured with the new environmental system.

In response to a need for better homeland security and response in case of a bioterrorist attack, the Alabama Department of Public Health began building its capability for emergency response. The center is supporting the department's initiatives, which are funded by federal grants from the Computer Systems Center, by purchasing a Laboratory Information System, increasing information technology security, and implementing a project to integrate several disease management information systems. Several employees are assigned to these projects and each project is in the early stages of development and implementation.

To increase service to citizens of Alabama, several new enhancements were added to the systems supporting Vital Records. On the department's Internet Web site the ability for citizens to submit queries and receive reports regarding Alabama's mortality and natality statistics was added, and the fax machines used in the counties to request and print vital records were replaced. Additionally, a new death certificate tracking system was developed and tested to assist the

county registrars with their duties.

The center added three new features to the Public Health of Alabama County Operations Network to improve productivity of staff and services to patients. The first feature, installed in January, allows the network to issue benefits to WIC participants for three months at a time. Midyear a second improvement was added that automated printing of the infant growth charts. And finally, the center added the capability of automated printing of health forms, allowing faster service to all clients.

During 2002, the Computer Systems Center and the Bureau of Home and Community Services finalized the purchase of a commercial Home Health automated system. The contract for the new system was finalized and installation will begin in 2003.

Several critical network upgrades were completed in 2002, at the central office and the Clinical Laboratories. The network connection to the Internet was upgraded to provide increased speed and response to employees. The center purchased and installed Voice over Internet Protocol to improve the Children's Health Insurance Program office's telephone service. Additionally, the center implemented SameTime, a system which allows workers in public health areas to work remotely and communicate instantly with each other via the network. This new capability will be expanded for further use to save time and travel costs.

CSC SUPPORT SYSTEMS	
CATEGORY	QUANTITIES
Help Desk Calls	9,329
Personal Computers Supported	3,000
Personal Computers Installed	816
County Support Trips	1,373

PORTFOLIO OF CURRENT INFORMATION SYSTEMS			
NAME	PURPOSE	PROGRAM SUPPORTED	DATE INSTALLED
PHALCON (Public Health of Alabama County Operations Network)	Clinic System	WIC, Family Health, Disease Control	1999
Lotus Notes	E-mail, Calendaring	All	1996
OnlineCare Coordination System	Capture data for case management patients	Case Management	2002
HCIS (Home Care Information System)	In Home Patient Care System	Home Health	1991
Community Based Waiver System	Elderly and Disabled Care Support System	Community Based Waiver	1994
IRIS (now ImmPRINT)	Internet based immunization registry system	Immunization	1996
ARTEMIS	Hepatitis B Case Management System	Immunization	2000
HRS (Human Resource System)	Maintain personnel information	Personnel	1990
Vital Records Information System	Collect, maintain and issue vital records	Health Statistics	1994
AFNS (Advantage Financial System)	Maintain financial information	Finance	1988
Cost Accounting	Reimbursement justification	Finance	1990
Billing	Medicaid billing for ADPH services	Family Health, Case Management	1988
CHIP (Children's Health Insurance Program)	Enrollment System for the ALL KIDS Children's Health Insurance Program	Children's Health Insurance Program	2000
Death Tracking System	Track death certificates	Health Statistics	2001
Reports Databases	Distribute electronic reports	All	2000
Health Provider Standards Imaging Project	Digitally store and retrieve surveys	Health Provider Standards	2001
Environmental System	Manage County Environmental Activities	Environmental	2002

BUREAU OF FINANCIAL SERVICES

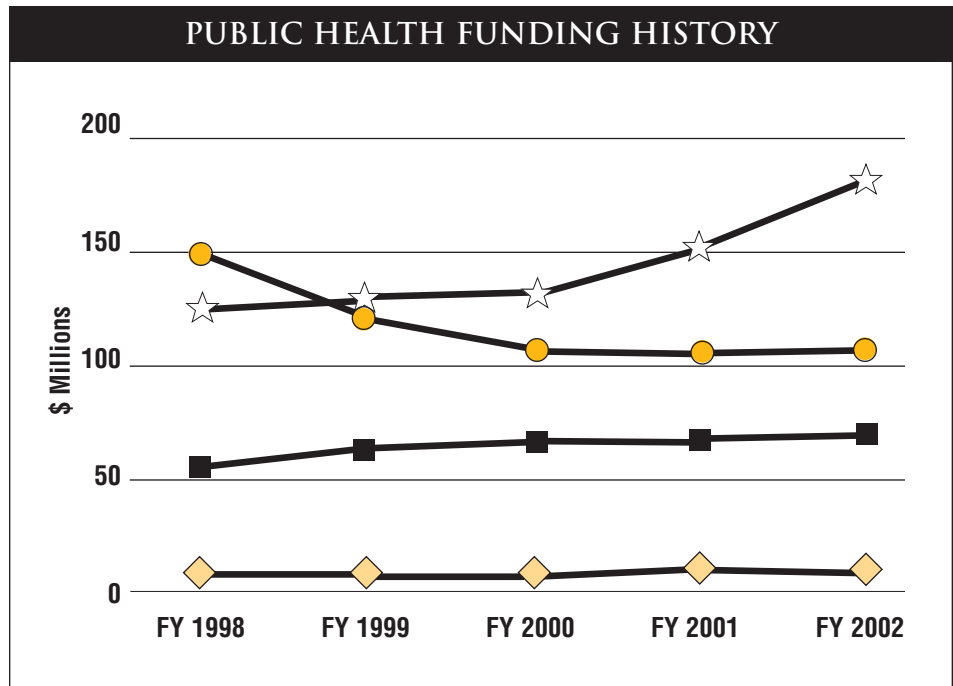
The Bureau of Financial Services provides accounting, accounts receivable, payroll, third party collections, purchasing, budgeting, production planning and administrative support to accomplish its goals in financial accounting, reporting and management.

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.

From 1997 through 2002, land was acquired by counties

identified with the greatest need. Groundbreaking ceremonies were held and facilities were designed for construction. Twenty-eight facilities were constructed/renovated and occupied in Bibb, Blount, Bullock, Calhoun, Chambers, Chilton, Choctaw, Clay, Cleburne, Cullman, Dallas, DeKalb, Elmore, Jackson, Lamar, Lawrence, Macon, Marengo, Marion, Monroe, Montgomery, Morgan, Perry, Russell, St. Clair, Shelby, Sumter, Talladega and Tallapoosa counties.

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.

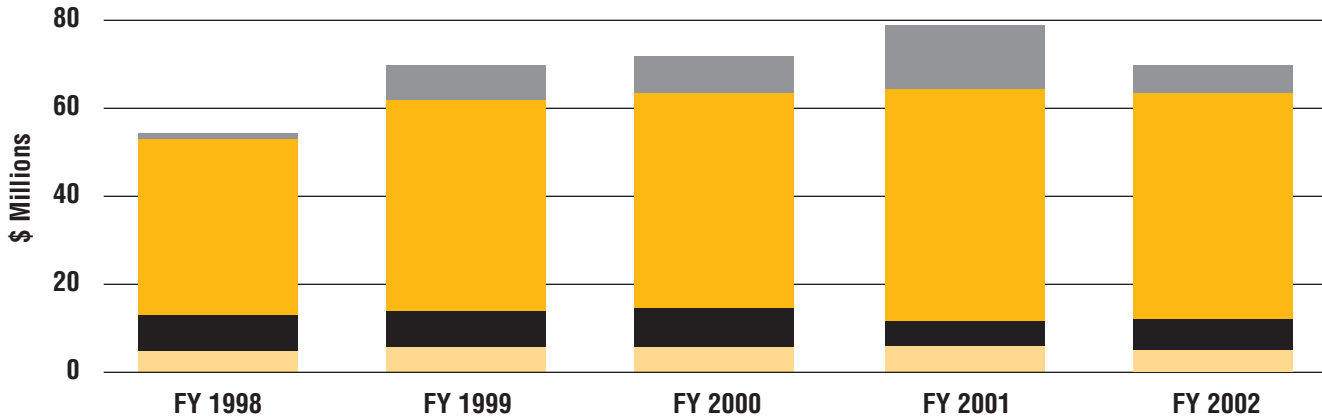


	1998	1999	2000	2001	2002
■ STATE	56.1	62.7	67.3	63.5	65.1
☆ FEDERAL	128.0	137.4	139.9	151.4	176.9
◇ LOCAL	8.0	7.8	6.7	8.6	8.1
● REIMB	149.8	126.7	109.5	107.1	108.9

Excludes Children's Health Insurance Program & Children First Fund.
State funds include General Fund, Education Trust Fund, Cigarette Tax and ALERT Fund.



PUBLIC HEALTH FUNDING, GENERAL FUND AND EDUCATION TRUST FUND

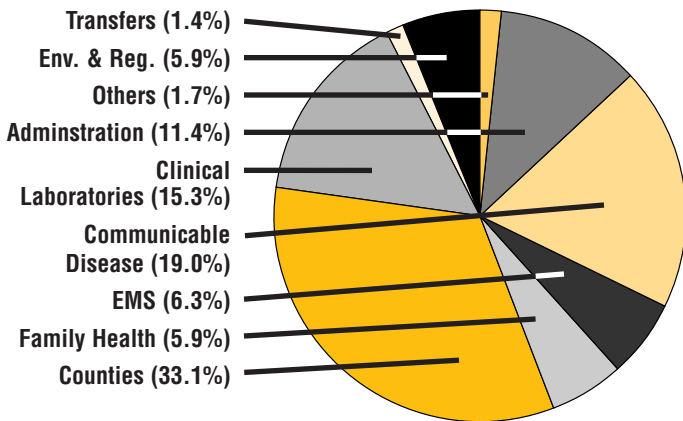


	1998	1999	2000	2001	2002
ETF - EMS	4.6	4.8	4.6	4.3	4.1
ETF - Health	11.5	12.1	12.6	10.2	10.1
GF - Health	38.4	44.4	45.5	48.7	50.8
GF - CHIP	1.5	8.5	9.0	16.2	6.6

FY 98 ETF funding is from General Fund.
 FY 99 Children's Health Insurance Program includes \$3.5 carry forward from FY 98.

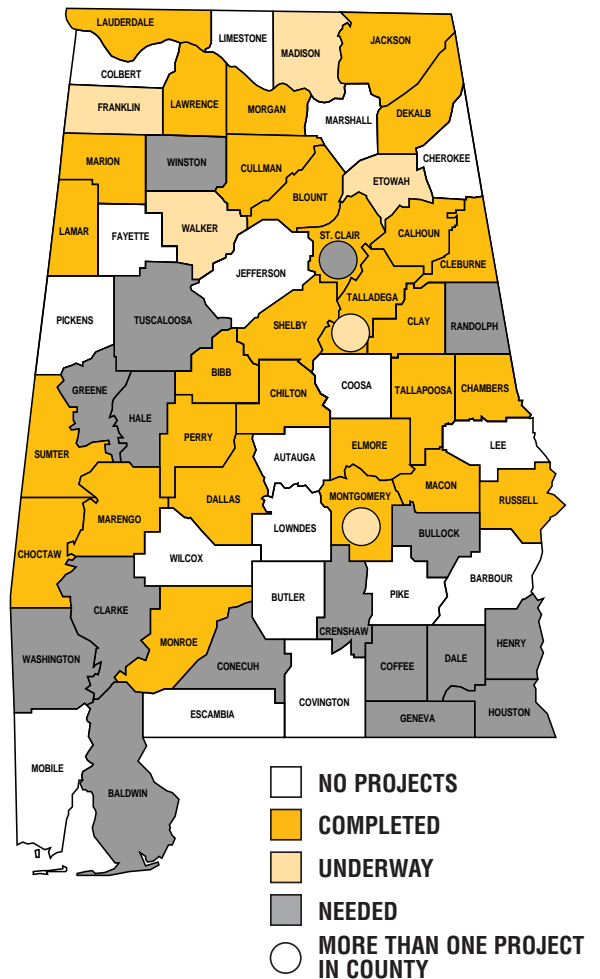
USE OF STATE FUNDS – FY 2002

GENERAL FUND AND ETF ONLY – \$65.1 MILLION



Excludes Children's Health Insurance Program & Children First Fund.

APHCA PROJECTS



OFFICE OF PERSONNEL AND STAFF DEVELOPMENT

The Office of Personnel and Staff Development processes requests for personnel actions such as new hires, promotions, transfers, dismissals, leave reports, performance appraisals and disciplinary actions. The Employee Relations Section provides guidance to employees and supervisors in resolving workplace conflicts and coordinates (through referrals) the Employee Assistance Program. In addition, the office coordinates the department's Mediation Program, Recruitment Program, Affirmative Action Program and the State Employee Injury Compensation Trust Fund Program.

2002 Service Activities

- ◆ Designed Web site page for easy access to personnel information such as the employee handbook, personnel policies, frequently asked personnel questions and links to other relevant information.
- ◆ Revised the department's affirmative action plan.
- ◆ Developed a recruitment workshop and attended several recruitment exercises.
- ◆ Developed a policy on separation of employment and revised several other personnel policies.
- ◆ Revised the following class series: nurse, nurse practitioner, health services aide and radiation safety specialist.
- ◆ Established a new classification of radiological health assistant director.
- ◆ Transferred personnel forms to disk to make them more readily available and easier to complete.

PERSONNEL ACTIONS PROCESSED	
Merit New Hires	680
Promotions	293
Dismissals	5
Retirements	73
Transfers (out)	48
Separations	505
Employee Assistance Program Referrals	23
Hours of Sick Leave Donations	4,123.30
Annual Leave Appraisals	2,495
Probationary Appraisals	779

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
EMPLOYEES 2001 VS. 2002**

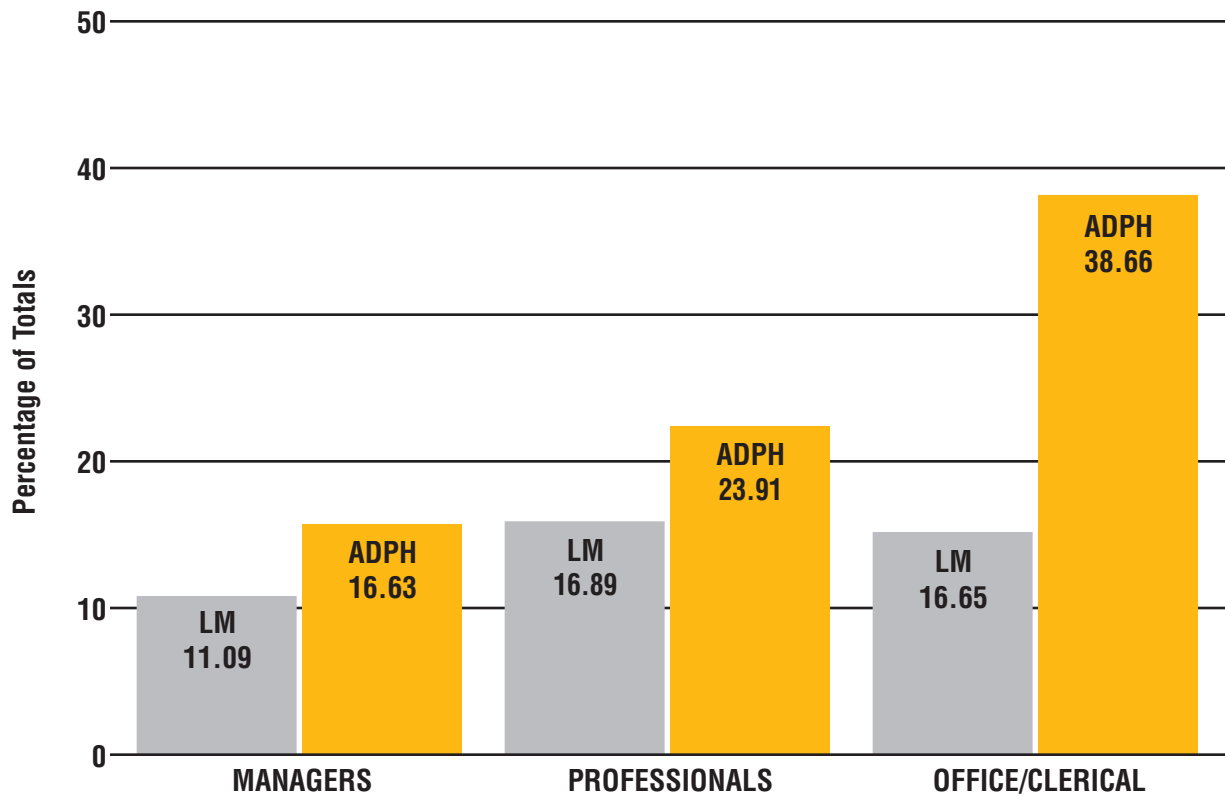
CATEGORY	AS OF DEC. 2001	AS OF DEC. 2002
Officials/Administrators	749	866
Professionals	952	920
Technicians	83	70
Protective Service Workers	1	3
Paraprofessionals	999	261
Administrative Support/Clerical	858	864
Skilled Craft	7	6
Service Maintenance	84	46
OVERALL TOTALS*	3,733 *	3,036 **

* Excluding Contract Employees only (515)

** Excluding Contract Employees (515) and Form 8 (769) Employees

ADPH 2002 MINORITY EMPLOYMENT COMPARISON

ALABAMA LABOR MARKET (LM) VS. ADPH IN THREE EEO JOB CATEGORIES



OFFICE OF PROGRAM INTEGRITY

The Office of Program Integrity serves the state health officer to provide assurances regarding the integrity of the department's financial systems, compliance with federal audit requirements, and compliance with applicable state laws and regulations.

During 2002, the Office of Program Integrity continued its mission of objective evaluations of county health departments and central office units in the areas of financial and administrative

activities. Contract agencies providing services on behalf of the department were evaluated to ensure compliance with program/contract requirements.

In addition to routine audit services, Program Integrity staff responded to requests to evaluate existing internal controls, conducted facility reviews at Health Care Authority sites, and participated as consultants to other units developing policies and procedures to become HIPAA compliant.

ACTIVITIES CONDUCTED IN 2002 COMPARED TO 2001

	2001	2002
Financial/Administrative Audits	23	25
Property Audits		
County health departments	27	0
State level sites	8	0
External WIC sites	10	0
Federal Program Audits		
County health departments	19	28
External WIC sites	10	0
WIC Training Center site	1	0
Home Health County Audit Projects	0	0
EMS Agency Audits		
State level	1	0
Regional agencies	2	4
State-level Projects	2	5

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
MAILING AND STREET ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS,
HEALTH OFFICERS AND ADMINISTRATORS**

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
PUBLIC HEALTH AREA 1				
Karen M. Landers, M.D., AHO	Box 929, Tusculumbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
Roger Norris, Area Adm.	Box 929, Tusculumbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
COLBERT-				
Karen M. Landers, M.D., AHO	Box 929, Tusculumbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
NW AL REGIONAL H H OFFICE	Box 929, Tusculumbia 35674-0929	256-383-1234	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
FRANKLIN-				
Karen M. Landers, M.D., AHO	Box 100, Russellville 35653-0100	256-332-2700	332-1563	300 E. Limestone St., Russellville 35653-2448
LAUDERDALE-				
Karen M. Landers, M.D., AHO	Box 3569, Florence 35630	256-764-7453	764-4185	4112 Chisholm Rd., Florence 35630
MARION-				
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
WALKER-				
Roger Norris, Area Admin.	Box 3207, Jasper 35502-3207	205-221-9775	221-8810	705 20th Avenue East, Jasper 35502-3207
WINSTON-				
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
PUBLIC HEALTH AREA 2				
Ron Grantland, Acting Area Adm.	Box 1628, Decatur 35602-1628	256-340-2113	353-4432	201 Gordon Drive, S.E., Decatur 35601
CULLMAN-				
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
JACKSON-				
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
LAWRENCE-				
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
LIMESTONE-				
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
MADISON-				
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
MARSHALL-				
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
MORGAN-				
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
PUBLIC HEALTH AREA 3				
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
BIBB-				
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
FAYETTE-				
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
GREENE-				
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
LAMAR-				
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
PICKENS-				
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
TUSCALOOSA-				
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
PUBLIC HEALTH AREA 4				
Michael E. Fleenor, M.D., AHO	Box 2648, Birmingham 35202-2648	205-933-9110	930-0243	1400 Sixth Ave. S., Birmingham 35233-1502
Michael E. Fleenor, M.D., LHO	Box 2648, Birmingham 35202-2648	205-930-1500	930-0243	1400 Sixth Ave. S., Birmingham 35233-1502
Gwen Veras, Area Adm.	Box 2648, Birmingham 35202-2648	205-930-1510	930-1576	1400 Sixth Ave. S., Birmingham 35233-1502
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 35233-1502
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	205-788-7552	788-7552	1701 Ave. D. Ensley, Birmingham 35218-1532
PUBLIC HEALTH AREA 5				
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., Ft. Payne 35967
BLOUNT-				
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	1001 Lincoln Ave., Oneonta 35121	205-274-9086 or 1-888-469-8806	625-4490	1001 Lincoln Ave., Oneonta 35121
ENVIRONMENTAL OFFICE	Box 208, Oneonta 35121-0004	250-274-2120	274-2575	1001 Lincoln Ave., Oneonta 35121
CHEROKEE-				
Jane Burt, Asst. Area Adm.	Box 176, Centre 35960-0176	256-927-3132	927-2809	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., Ft. Payne 35967
LIFE CARE OFFICE	Box 347, Ft. Payne 35968	256-845-8685 or 1-800-600-0923	845-0790	2401 Calvin Dr., S.W., Ft. Payne 35967
DEKALB-				
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., Ft. Payne 35967
LIFE CARE OFFICE	Box 680347, Ft. Payne 35968	256-845-8685 1-800-600-0923	845-0790	2401 Calvin Dr., S.W., Ft. Payne 35967
ENVIRONMENTAL OFFICE	Box 347, Ft. Payne 35968	256-845-7031	845-2817	2401 Calvin Dr., S.W., Ft. Payne 5967
ETOWAH-				
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	1001 Lincoln Ave., Oneonta 35121	205-274-9086 or 1-888-469-8806	625-4490	1001 Lincoln Ave., Oneonta 35121
ST. CLAIR-				
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	1001 Lincoln Ave., Oneonta 35121	205-274-9086 or 1-888-469-8806	625-4490	1001 Lincoln Ave., Oneonta 35121
Satellite Clinic (Wednesday only)	P.O. Box 249, Ashville 35953	205-594-7944	594-7588	411 N. Gadsden Hwy., Ashville 35953
SHELBY-				
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
PUBLIC HEALTH AREA 6				
Teresa A. Childers, Area Adm.	Box 4699, Anniston 36204-4699	256-236-3274	237-7974	3400 McClellan Blvd., Anniston 36201
CALHOUN-				
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
CHAMBERS-				
Donald Bain, Asst. Area Adm.	5 North Medical Park Dr., Valley 36854	334-756-0756	756-0765	5 North Medical Park Dr., Valley 36854
LaFayette Clinic (WIC only Thursday)	5 North Medical Park Dr., Valley 36854	334-7864-8834	864-8805	18 Alabama Ave. East, LaFayette 36854
CLAY-				
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
CLEBURNE-				
Donald Bain, Asst. Area Adm.	Box 36, Heflin 36264-0036	256-463-2296	463-2772	Brockford Road, Heflin 36264-1605
COOSA-				
Teresa Childers., Area Adm.	Box 219, Rockford 35136-0235	256-377-4364	377-4354	Main Street, Rockford 35136
RANDOLPH-				
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. PM. & Wed.)	468 Price St., Roanoke 36274	256-357-4764		Randolph County Court House, Wedowee 36278
TALLADEGA-				
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
TALLAPOOSA-				
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
PUBLIC HEALTH AREA 7				
Ruth Underwood, Acting Area Adm.	Box 480280, Linden 36748-0280	334-295-1000	295-0006	303 Industrial Drive, Linden 36748-0877
CHOCTAW--				
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
DALLAS--				
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
HALE--				
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
LOWNDES--				
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
MARENGO--				
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
PERRY--				
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
SUMTER--				
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
WILCOX--				
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	
ENVIRONMENTAL OFFICE	Box 547, Camden 36726-0547	334-682-4515	682-4796	107 Union St., Camden 36726-0547
PUBLIC HEALTH AREA 8				
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
AUTAUGA--				
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
BULLOCK--				
Ron Wheeler, Asst. Area Adm.	Drawer 430, Union Springs 36089-0430	334-738-3030	738-3008	103 Conecuh Ave., W., Union Springs 36089-1317
CHILTON--				
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
ELMORE--				
Bobby H. Bryan, Area Adm.	6501 U.S. Hwy 231, Wetumpka 36092	334-567-1171	567-1186	6501 U.S. Hwy 231, Wetumpka 36092
LEE--				
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
MACON--				
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
MONTGOMERY--				
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	334-293-6456		3060 Mobile Hwy., Montgomery 36108
LIFE CARE OFFICE	3060 Mobile Hwy., Montgomery 36108	334-293-6528	293-6402	3060 Mobile Hwy., Montgomery 36108
RUSSELL--				
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
PUBLIC HEALTH AREA 9				
Ruth Underwood, Area Adm.	Box 1227, Robertsdale 36567	251-947-6206	947-6262	22070 Highway 59, Robertsdale 36567
BALDWIN--				
Charles Watterson, Asst. Area Adm.	Box 369, Robertsdale 36567-0369	251-947-7015	947-5703	23280 Gilbert Dr., Robertsdale 36567
ENVIRONMENTAL OFFICE	Box 369, Robertsdale 36567-0369	251-947-3618	947-3557	23280 Gilbert Dr., Robertsdale 36567
BAY MINETTE BRANCH	Box 160, Bay Minette 36507	251-937-0217	937-0391	257 Hand Ave., Bay Minette 36507-0547
BUTLER--				
Ziba M. Anderson, Asst. Area Adm.	Box 339, Greenville 36037	334-382-3154	382-3530	350 Airport Rd., Greenville 36037
GEORGIANA SATELLITE (Open Tues. & Fri.)	Box 339, Greenville 36037			Jones Street, Georgiana 36033
CLARKE--				
Ruth Underwood, Area Adm.	Box 477, Grove Hill 36451	251-275-3772	275-4253	140 Clark Street, Grove Hill 36451
ENVIRONMENTAL OFFICE	Box 477, Grove Hill 36451	251-275-4177	275-8066	120 Court Street, Grove Hill 36451
CONECUH--				
Charles Watterson, Asst. Area Adm.	Box 110, Evergreen 36401	251-578-1952	578-5566	526 Belleville St., Evergreen 36401
HOME HEALTH OFFICE	Box 110, Evergreen 36401	251-578-5265	578-5679	101 Court Street, Evergreen 36401
ENVIRONMENTAL OFFICE	Box 110, Evergreen 36401	251-578-9729	578-5679	101 Court Street, Evergreen 36401
COVINGTON--				
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
ESCAMBIA--				
Charles Watterson, Asst. Area Adm.	1115 Azalea Place, Brewton 36426	251-867-5765	867-5179	1115 Azalea Place, Brewton 36426
ENVIRONMENTAL OFFICE	1115 Azalea Place, Brewton 36426	251-867-5765	867-5179	1115 Azalea Place, Brewton 36426
ATMORE BRANCH	8600 Hwy. 31 N., Suite 17, Atmore 36502	251-368-9188	368-9189	8600 Hwy. 31 North, Atmore 36502
MONROE--				
Ruth Underwood, Area Adm.	416 Agriculture Dr., Monroeville 36460	251-575-3109	575-7935	416 Agriculture Drive, Monroeville 36460
HOME HEALTH OFFICE	416 Agriculture Dr., Monroeville 36460	251-575-2980	575-2144	416 Agriculture Drive, Monroeville 36460
ENVIRONMENTAL OFFICE	416 Agriculture Dr., Monroeville 36460	251-575-7034	575-7935	416 Agriculture Drive, Monroeville 36460
WASHINGTON--				
Ruth Underwood, Area Adm.	Box 690, Chatom 36518	251-847-2245	847-3480	2024 Granada Ave., Chatom 36518
HOME HEALTH OFFICE	Box 690, Chatom 36518	251-847-2257	847-3299	2024 Granada Ave., Chatom 36518
ENVIRONMENTAL OFFICE	Box 690, Chatom 36518	251-847-2245	847-3480	2024 Granada Ave., Chatom 36518
PUBLIC HEALTH AREA 10				
Russell Killingsworth, Area Adm.	P. O. Box 1055, Slocomb 36375-1055	334-886-2390	886-2842	465 S. Kelly, Slocomb 36375
BARBOUR--				
Ron Wheeler, Asst. Area Adm.	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
COFFEE--				
Russell Killingsworth, Asst. Area Adm.	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	
CRENSHAW--				
Ron Wheeler, Asst. Area Adm.	Box 326, Luverne 36049-0326	334-335-2471	335-3795	100 East 4th Street, Luverne 36049
DALE--				
Russell Killingsworth, Asst. Area Adm.	Box 1207, Ozark 36361-1207	334-774-5146	774-2333	200 Katherine Ave., Ozark 36360
GENEVA--				
Kenneth Ball, Asst. Area Adm.	606 S. Academy St., Geneva 36340-2527	334-684-2257	684-3970	606 S. Academy St., Geneva 36340-2527
HENRY--				
Russell Killingsworth, Area Adm.	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
HOUSTON--				
Peggy Blakeney, Asst. Area Adm.	Drawer 2087, Dothan 36302-2087	334-678-2800	678-2802	1781 E. Cottonwood Rd., Dothan 36301-5309
HOME HEALTH OFFICE	Drawer 2087, Dothan 36302-2087	334-678-2805	678-2808	1781 E. Cottonwood Rd., Dothan 36301-5309
ENVIRONMENTAL OFFICE	Drawer 2087, Dothan 36302-2087	334-678-2815	678-2816	1781 E. Cottonwood Rd., Dothan 36301-5309
PIKE--				
Ron Wheeler, Asst. Area Adm.	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
PUBLIC HEALTH AREA 11				
Bernard H. Eichold II, M.D., AHO	Box 2867, Mobile 36652-2867	251-690-8101	432-7443	251 N. Bayou St., Mobile 36603-1699
HOME HEALTH SERVICES	Box 2867, Mobile 36652-2867	251-690-8130	690-8907	248 Cox St., Mobile 36604
INSPECTION SERVICES	Box 2867, Mobile 36652-2867	251-634-9801	634-9806	1110 Schillinger Rd., Suite 200, Mobile 36608
SOCIAL SERVICES	Box 2867, Mobile 36652-2867	251-690-8981	694-5004	251 N. Bayou St., Mobile 36603
WOMEN'S CLINIC	Box 2867, Mobile 36652-2867	251-690-8935	690-8929	1557 Springhill Ave., Mobile 36604
IMMUNIZATION OFFICE	Box 2867, Mobile 36652-2867	251-690-8883	690-8899	251 N. Bayou St., Mobile 36603
CALCEDEAVER CLINIC	Box 2867, Mobile 36652-2867	251-829-9884	829-9507	1080AA Red Fox Rd., Calcedaever 36560
CITRONELLE CLINIC	Box 2867, Mobile 36652-2867	251-866-9126	866-9121	19250 Mobile St., Citronelle 36522
EIGHT MILE CLINIC	Box 2867, Mobile 36652-2867	251-456-1399	456-0079	4547 St. Stephens Rd., Eight Mile 36663
TEEN CENTER	Box 2867, Mobile 36652-2867	251-694-3954	694-5037	248 Cox St., Mobile 36604
SCHOOL BASED CLINIC	Box 2867, Mobile 36652-2867	251-456-2276	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!

Please notify the Bureau of Health Promotion & Chronic Disease of changes or errors,
The RSA Tower, Suite 900, 201 Monroe Street, Montgomery, AL 36104, Telephone 334-206-5300.

PUBLIC HEALTH AREAS

Alabama is divided into public health areas to facilitate coordination, supervision and development of public health services. Area offices are responsible for developing local management programs of public health services and programs particularly suited to the needs of each area.

PHA 1
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PHA 4
Michael Fleenor, M.D.,
Area Health Officer
Gwen Veras,
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PHA 5
Mary Gomillion,
Area Administrator
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Centre, AL 35960
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PHA 6
Teresa Childers Stacks,
Area Administrator
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Anniston, AL 36204-4699
(256) 236-3274

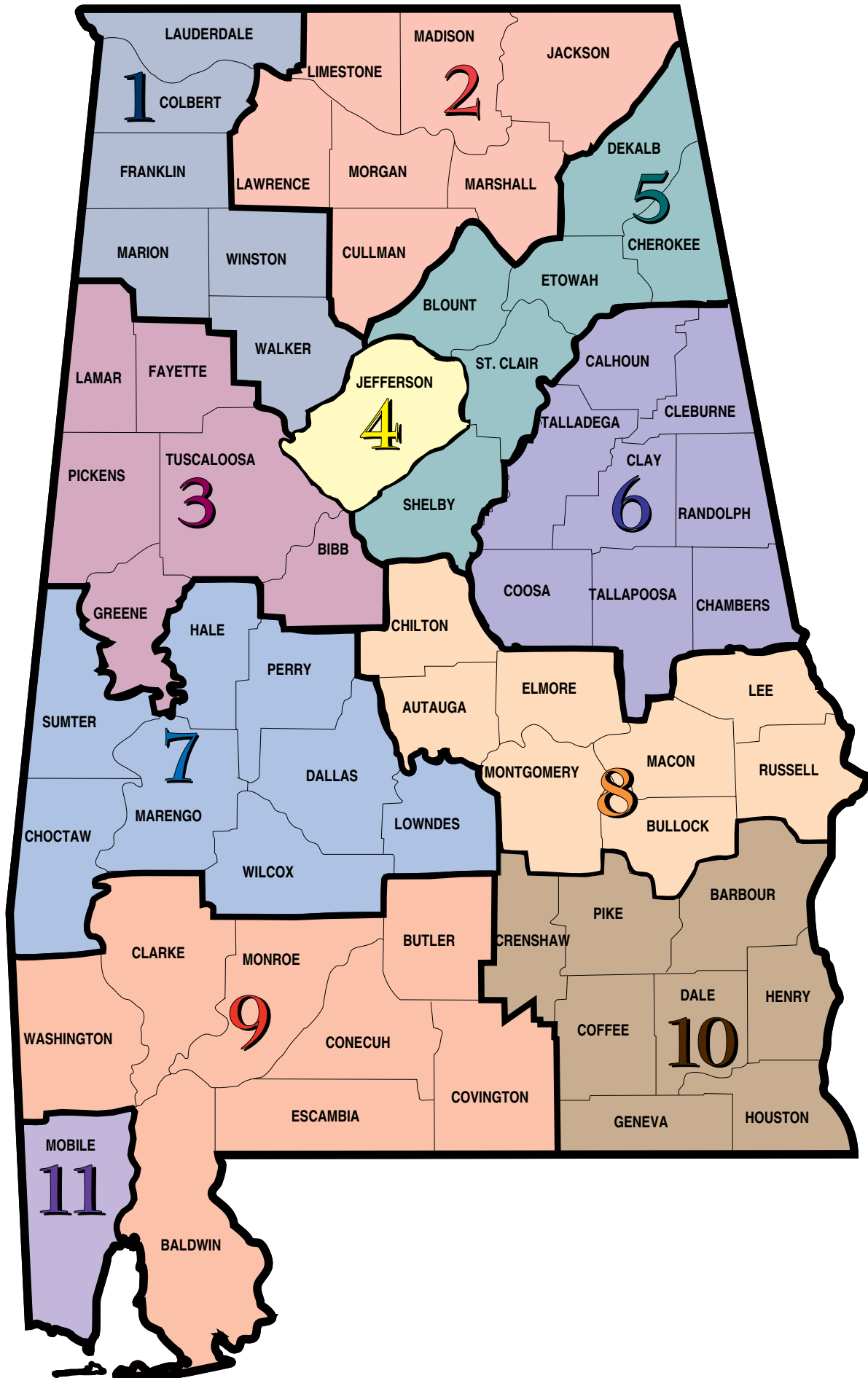
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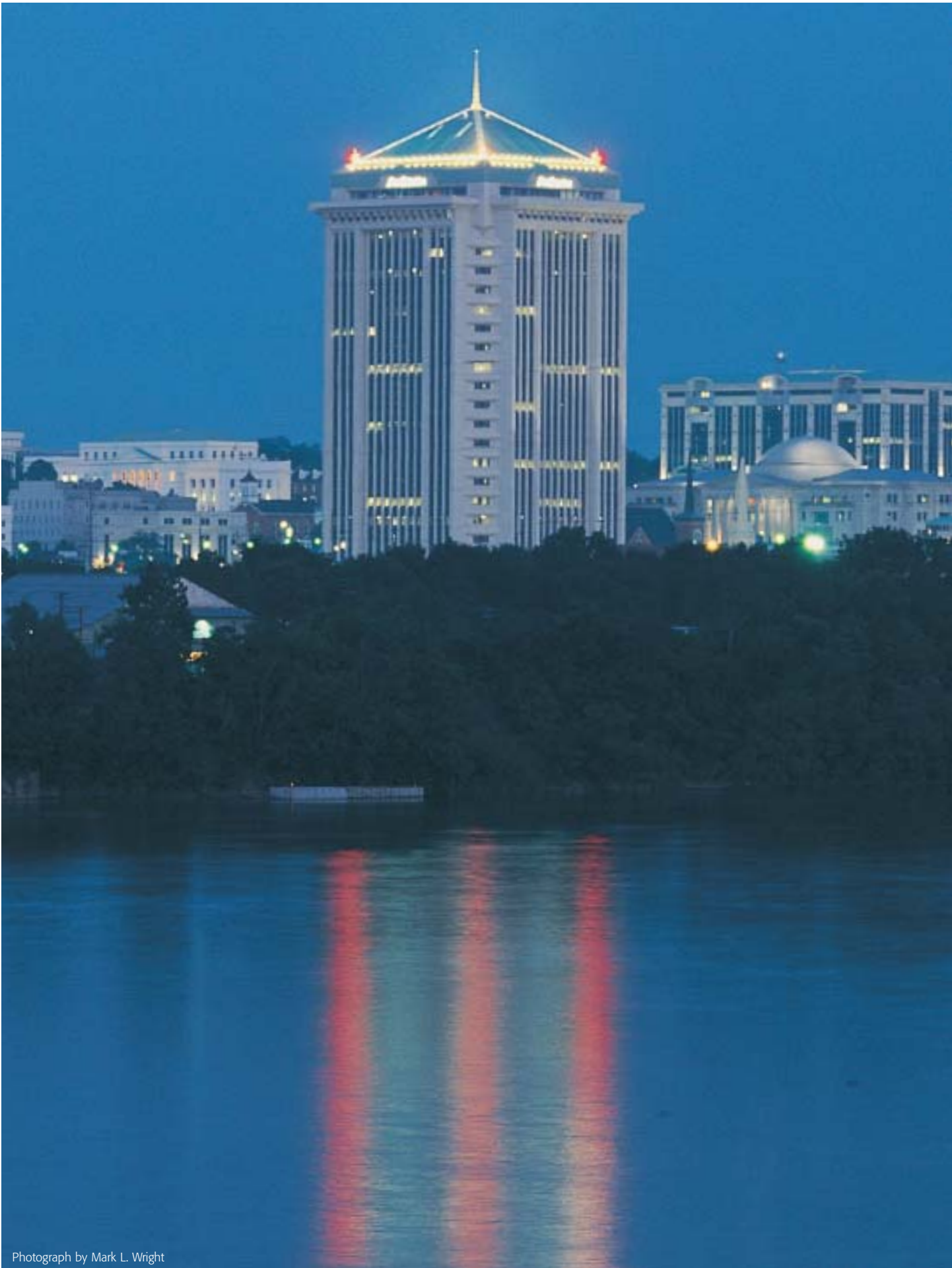
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