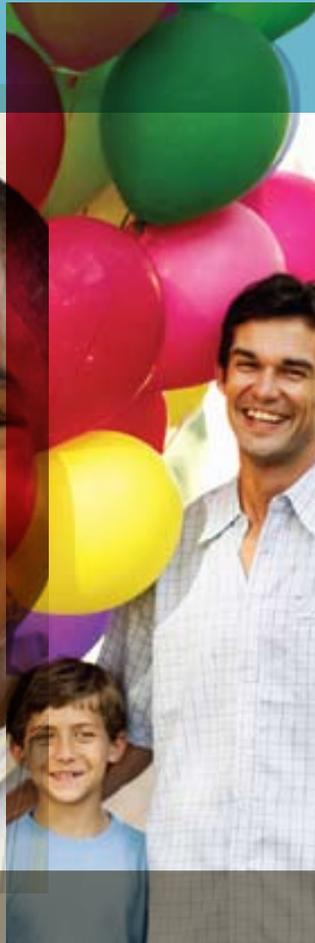


ADPH  
Alabama Department of Public Health



ANNUAL  
REPORT 2007



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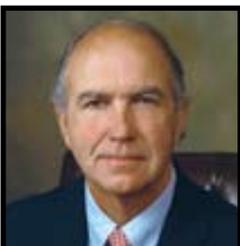
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## VALUE STATEMENT

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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

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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 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 130 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 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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# MISSION

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

## LETTER TO THE GOVERNOR

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

Dear Governor Riley:

I am pleased to present the 2007 Annual Report of the Alabama Department of Public Health. This past year the Department provided opportunities for Alabamians to take steps toward a healthier lifestyle, created access to health care resources, and sustained programs that offer valuable services to the public.

Preventive health remains a primary goal of the Department. In an effort to fulfill this goal, the Department implemented and maintained programs that assist Alabamians in increasing their probability of avoiding serious health issues. One health issue that continues to affect the state's population is obesity. At least two-thirds of Alabamians are overweight or obese, and these weight issues will cause premature death rates for decades to come.

To address this issue, the Department helped launch the Scale Back Alabama program. This program encouraged teams of three to five people to lose weight and exercise. More than 5,000 teams participated in the contest, representing 46 of the state's 67 counties, losing a grand total of 78,000 pounds.

In an effort to assist Alabama's future citizens, the Newborn Screening Program started several initiatives to provide even better protection. The program now screens newborns for 28 inherited disorders that could have serious long-term effects if left undetected or untreated.

This expanded screening provides Alabama babies with a better start in life.

A key issue for many in preventing death and disability is access to health care. Several Departmental programs provided many Alabamians access to health care services that they would not otherwise be able to receive. The ALL Kids program, administered by the Department, marked a decade of providing health care coverage to children this past year. During this decade, ALL Kids provided comprehensive health care coverage to nearly 186,000 children, making a profound contribution toward reducing the number of uninsured children in the state. While the national rate for uninsured children is currently 11.5 percent, Alabama's rate has declined from 15 percent prior to ALL Kids to 7.2 percent at present, well under the national average. At the end of 2007, a total of 69,076 children were enrolled in ALL Kids, which represents a 5.7 percent increase over 2006.

In addition to ALL Kids, health care access was provided through the Plan First Program, which provided physical examinations, family planning services, and education to over 57,493 women ages 19-44 at or below the poverty level. The Alabama Breast and Cervical Cancer Program provided women ages 50 or older with pelvic exams, pap smears, breast exams, and mammograms, and diagnosed 175 women with breast or cervical cancer during 2007. The Rural Health Section processed waivers

for 16 physicians to provide accessible health care to over 170,000 rural and medically underserved Alabamians.

The Department continued to provide services last year that focused on enabling citizens to have a better quality of life. WIC provides nutritious foods to pregnant, breastfeeding, and postpartum women, and infants and children up to age 5. The program served an average of 126,212 participants per month, including approximately 31,486 women, 36,204 infants, and 58,513 children. Over \$105 million was spent by WIC participants in retail grocery stores purchasing WIC foods.

The Alabama Tobacco Quitline, a toll-free tobacco cessation line that helps Alabamians quit tobacco, served more than 11,000 callers in 2007. The service provides callers with free individualized counseling, educational materials, referrals to local programs, and a four-week supply of nicotine replacement patch therapy.

The Home Health Program provided nursing, physical therapy, and speech therapy to homebound Alabamians. Approximately 361,899 home health visits were made in 2007 to assist these citizens in reaching their optimal health goals.

While the Department is proud of its accomplishments in 2007, there are still many issues in the state that need to be addressed. Although there was a decline in

Alabama's infant mortality rate in 2006, with a rate of 9.0 deaths per 1,000 live births compared to the 2005 infant mortality rate of 9.3, there is still work to be done. The percentage of births to teens went up and the percentage of births to mothers with adequate prenatal care fell to its lowest level in more than a decade. As in previous years, having no insurance is associated with the highest infant mortality.

Sexually transmitted disease rates continue to increase in the state. Alabama has among the highest rates in the nation for syphilis, gonorrhea, and chlamydia. These diseases pose serious threats to young Alabamians age 15 to 24. The Department, working with our health care partners, must do more to prevent a further increase in these rates.

As always, the Department will continue to work diligently during the upcoming year to address health concerns in the state and to ensure that all Alabamians receive quality health care services and information, regardless of social circumstances or the ability to pay.

Sincerely,



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



## BUREAU OF COMMUNICABLE DISEASE

### DIVISION OF EPIDEMIOLOGY

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The mission of the Division of Epidemiology is to protect the residents of Alabama by monitoring and responding to cases of communicable, zoonotic, and environmentally-related human diseases. The division strives to:

- Provide a statewide network of disease surveillance for early detection and timely response to disease threats, either naturally occurring and intentionally caused
- Conduct investigations of communicable disease outbreaks
- Implement interventions to reduce the occurrence of communicable diseases
- Provide technical expertise, consultation, and assistance to healthcare professionals, institutions, and communities throughout the state
- Protect citizens from diseases caused by environmental contaminants through education, alerts, and warnings

#### Surveillance Branch

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The main objective of the Surveillance Branch is to provide support and direction to the area field staff who conduct surveillance for notifiable diseases. The branch utilizes Alabama's version of the National Electronic Disease Surveillance System. Several major events occurred during 2007. In April, there was an outbreak of gastrointestinal illness in Public Health Area 5. Epidemiology staff was deployed to aid the local surveillance staff in determining the source of illness. After thorough investigation, including a case-controlled epidemiologic study, an infected food handler employed at a local restaurant was found to be the likely source. In late June, there was an outbreak of 26 cases of *E coli* 0157:H7 in Public Health Area 2. Early in the investigation it was determined most people who

were ill had eaten at one restaurant within two days' time. Again, Epidemiology staff traveled to the area to provide assistance and consultation. There was a strong association between illness and consumption of lettuce at the implicated restaurant. In August, there was an outbreak of cryptosporidiosis among attendees of a daycare facility in Public Health Area 8. Epidemiology staff, along with area surveillance nurses, conducted an onsite investigation and determined the outbreak originated from an outdoor waterslide utilizing recycled water. While the majority of the surveillance activities done in Alabama involves communicable diseases, the branch's posture is an all-hazards approach and includes other events of public health importance. In response to the unprecedented heat wave in August, the state health officer proposed an emergency rule to make heat-related illnesses and deaths reportable. Staff gathered heat mortality data from hospitals and physicians. The branch and its statewide field staff also provided educational information and assistance to the local communities.

#### Analysis and Investigation Branch

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This branch identifies unusual disease occurrences, clusters of disease, and potential foodborne outbreaks in a timely manner. Staff analyzes disease data reported from across the state, reports diseases to CDC, and monitors disease trends. Influenza surveillance is a significant function and involves facilitating viral identification of specimens provided by sentinel providers, monitoring of provider-reported influenza-like illness, review of school absenteeism, and Web-based quick test reporting. There were 714 cases of shigellosis in 2007, an increase of 105 percent since 2006. Campylobacteriosis increased by 48 percent in 2007 with 253 cases, and Salmonellosis with 958 cases, a marginal increase of 5 percent since the previous year. Hemolytic uremic syndrome (HUS) secondary to diarrheal illness, particularly Shiga toxin producing *E. coli* (STEC), has been better ascertained. These disease entities had an increase of 103 percent (65 cases) for STEC and 200 percent (6 cases) for HUS. There were 23 hepatitis A cases this year reported from health care facilities, an increase of 77 percent. The branch reported nine cases of hepatitis C infection in 2007.

Rocky Mountain spotted fever case reports decreased by 94 percent since the previous year due to the use of

stringent case definitions that require four-fold or greater changes in antibody titers or polymerase chain reaction assay when cultures are unavailable. Nine cases of West Nile virus encephalitis were reported in 2007, an increase of 80 percent since 2006. The branch attributes this increase in cases to increased submission of cerebrospinal fluid from medical facilities and viral detection through sophisticated serological techniques. Meningococcal disease remained relatively stable at nine cases in 2007 compared with seven cases in 2006.

Throughout the 2006-2007 influenza season, the prevalent influenza strains detected within the state were H1N1 and H1N3, strains of type A influenza, and Shanghai and Malaysia, strains of type B influenza.

## Electronic Notifiable Disease Surveillance Branch

Disease surveillance, reporting, and rapid response to disease events have been greatly enhanced by Alabama's National Electronic Disease Surveillance Base.

TABLE OF SELECTED COMMUNICABLE DISEASE INCIDENCE 2003 THROUGH 2007

DISEASE	2003	2004	2005	2006	2007*	5 YEAR AVERAGE
Brucellosis	1	1	1	1	0	1
Campylobacter	178	181	175	170	253	191
Cryptosporidium	56	25	29	72	124	61
<i>E. coli</i> O157:H7	17	32	30	32	65	35
Eastern Equine Encephalitis	2	0	2	0	1	1
Ehrlichiosis	3	5	3	4	2	3
Haemophilus influenzae, invasive	25	14	18	23	29	22
Hemolytic Uremic Syndrome	0	2	5	2	6	3
Hepatitis A, acute	24	10	44	13	23	23
Hepatitis B, acute	96	84	90	92	124	97
Hepatitis C, acute	6	5	14	11	9	9
Histoplasmosis	17	13	6	21	25	16
Legionnaires' disease	20	13	14	11	11	14
Listeria	13	5	9	7	8	8
Lyme disease	8	7	3	11	14	9
Malaria	7	12	6	9	7	8
Meningococcal disease	21	17	6	7	9	12
Rocky Mountain spotted fever	21	54	72	85	5	47
Salmonella	797	768	742	910	958	835
Shigella	337	320	225	348	714	389
Tularemia	1	3	1	0	0	1
Typhoid fever	4	0	1	1	3	2
Vibrio	12	18	13	14	10	13
West Nile Encephalitis	21	12	6	5	9	11
West Nile fever	17	4	5	2	1	6
Yersinia	17	23	14	13	17	17

\* Year 2007 is the first year that enhanced statewide electronic disease surveillance and reporting of Alabama's notifiable diseases was used. This table reflects provisional numbers for 2007.

Ascertaining the occurrence of diseases in 2007 differed in several respects from previous years because of the effectiveness of the system, electronic laboratory results reporting, and capacity building. Timely reporting has aided greatly with determining disease outbreaks.

The Alabama National Electronic Disease Surveillance Base System is an operational secure Web-based electronic reporting system in accordance with CDC recommended security requirements for Public Health Information Network applications. The division has completed configuration of the Alabama system to allow for the electronic exchange of information between county

health departments and the state health department, using secure Web browser-based access. The National Electronic Disease Surveillance System became the sole source for Alabama's annual disease reporting in 2007. The department continued expanding electronic exchange of laboratory surveillance data from large national laboratories as messages and translators became available through collaboration with CDC partners.

## Zoonotic Disease Branch

The Zoonotic Disease Program is charged with monitoring, controlling, and preventing diseases

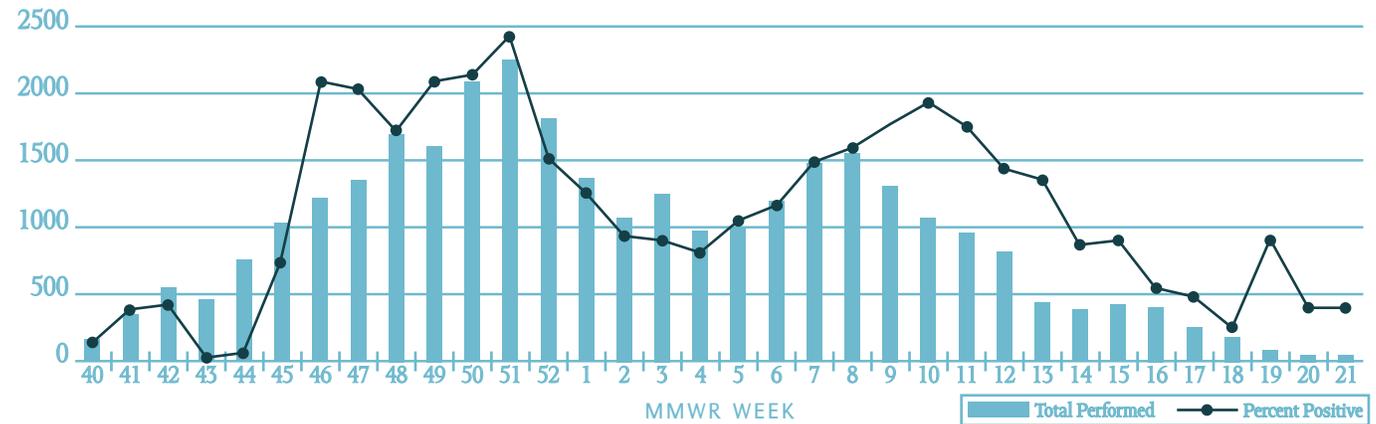
TABLE OF SELECTED COMMUNICABLE DISEASE INCIDENCE BY PUBLIC HEALTH AREA

DISEASE	2007	1	2	3	4	5	6	7	8	9	10	11
Campylobacter	253	15	76	16	21	20	15	6	20	18	17	29
Cryptosporidium	124	0	11	15	16	9	4	4	20	9	14	22
<i>E. coli</i> O157:H7	65	4	28	2	10	10	1	3	2	2	1	2
Eastern Equine Encephalitis	1	0	0	0	0	0	0	0	0	1	0	0
Ehrlichia	2	1	0	0	1	0	0	0	0	0	0	0
Haemophilus Influenzae, invasive	29	2	1	0	9	3	2	0	6	1	3	2
Hemolytic Uremic Syndrome*	6	0	3	0	0	1	0	0	1	0	0	0
Hepatitis A, acute	23	1	11	1	3	3	0	0	1	0	3	0
Hepatitis B, acute	124	6	20	7	29	12	8	2	23	6	5	6
Hepatitis C, acute	9	0	2	0	4	1	0	0	2	0	0	0
Histoplasmosis	25	0	21	0	0	1	0	0	3	0	0	0
Legionnaires' disease	11	3	1	0	3	3	1	0	0	0	0	0
Listeria	8	0	1	2	2	2	0	0	0	0	0	1
Lyme disease	14	0	3	1	2	2	4	1	1	0	0	0
Malaria	7	0	3	1	0	0	0	0	1	0	0	2
Meningococcal disease	9	0	3	0	0	1	1	0	1	2	0	1
Rocky Mountain spotted fever	5	0	3	0	0	0	1	0	0	0	0	1
Salmonella*	958	37	82	76	107	61	80	18	137	117	136	106
Shigella	714	2	32	98	126	13	13	16	58	40	114	202
Typhoid fever	3	1	1	0	0	0	0	0	0	0	0	1
Vibrio	10	0	0	1	0	1	1	0	1	3	1	2
West Nile Encephalitis	9	0	0	0	0	0	0	0	8	1	0	0
West Nile fever	1	0	1	0	0	0	0	0	0	0	0	0
Yersinia	17	0	3	1	7	0	1	0	1	3	0	1

\*Hemolytic Uremic Syndrome = 1 missing PHA; Salmonella = 1 missing PHA

±Table reflects provisional numbers for 2007

NUMBER OF QUICK TESTS FOR SEASONAL INFLUENZA 2006 TO 2007



transmitted from animals to humans. The following is a summary of the 2007 results of that monitoring:

- The number of cumulative cases of animal rabies in 2007 was 80, down from 85 in 2006. Just as in previous years, positive rabies tests were most frequent in wildlife species, particularly raccoons. Raccoons accounted for 47 of the positive rabies cases compared to 57 in 2006. Alabama had 20 positive bats, three more than in 2006. Foxes accounted for 11 of the positive rabies tests this year, three more than last year. There was one positive opossum.
- Dogs represented the only domestic species testing positive for rabies this year in Alabama. There was one positive dog in 2007. In 2006, there were two positive cats and no dogs testing positive for rabies. Domestic animals represent only 1.25 percent of positive rabies submissions, which is a testament to the effectiveness of the statewide rabies vaccination program.
- The Zoonotic Disease Program cooperated in a national effort to halt the northwesterly migration of the raccoon variant of rabies across Alabama. Approximately one million doses of oral rabies vaccine were distributed in portions of 11 counties throughout Alabama in 2007.
- This was the eighth consecutive year Alabama collaborated with the CDC along with 15 cooperators across Alabama in a West Nile virus surveillance project. No horses tested positive for

West Nile virus; down from the 2006 total of seven horses that tested positive for WNV. In 2007, there were 24 confirmed or probable human cases in 10 different counties.

During 2007, seven horses in three counties tested positive for EEE virus. This is up from five in five different counties in 2006. In 2007, six sentinel chickens tested positive, compared to three in 2006. There was one human case of EEE which resulted in a fatality.

## Toxicology Branch

The primary task of this branch is to conduct and coordinate activities in and around hazardous waste sites. The two overriding objectives are to 1) identify pathways of exposure to hazardous substances and potentially hazardous industrial releases, and 2) identify, implement, and coordinate public health interventions to reduce exposures.

The United States Environmental Protection Agency (EPA) and the Alabama Department of Environmental Management (ADEM) combined list more than 9,600 contaminated sites in Alabama, 12 of which are on the National Priority List (NPL), a list of the worst contaminated sites in the nation. Due to its 16-year history of assessing the public health implications of contamination, the Toxicology Branch receives and responds to approximately 50 additional environmental health concerns and/or site-specific requests each year from citizens, attorneys, or other agencies. Collaboration with EPA and ADEM contributes to resolution of health

concerns at sites, at times preventing an NPL listing, which reduces the cost of remediation.

## Infection Control

The mission of the Infection Control Branch is to provide infection control and infectious disease training and consultation, and to develop infection control related policies and procedures. These services are structured to meet the needs of the department, the medical community, and the general public.

During 2007, educational training programs were provided via satellite teleconferences and onsite to a total of 5,323 participants. These individuals included health care providers from the department, hospitals, doctors' and dentists' office, and extended care facilities.

## DIVISION OF STD PREVENTION AND CONTROL

The Alabama Department of Public Health's Division of STD Prevention and Control is charged with identifying populations at increased risk for infection in order to reduce their chances of developing an STD, transmitting it to others, and developing related complications. Disease intervention and nursing personnel together provide screening, diagnostic services, education, treatment, partner notification, and referral services in every county of Alabama.

Data released by the Centers for Disease Control and Prevention in 2007 showed Alabama's rates of sexually transmitted diseases among the highest in the nation. The state ranked second highest in the rate of syphilis, fourth in gonorrhea, and fifth in chlamydia.

The data serve as a reminder that STDs pose a serious and ongoing health threat to Alabamians of all ages and in all walks of life. Chlamydia, gonorrhea, human immunodeficiency virus (HIV), and syphilis are the most frequently reported STDs within Alabama. Many sexually active individuals are infected without knowing it and then transmit the infections to their partners.

Women frequently do not experience any symptoms of chlamydia, the most commonly reported bacterial STD,

and some men do not, so it often goes unnoticed. When it is undetected and untreated, chlamydia can cause serious consequences such as pelvic pain and infertility. Chlamydia testing is especially recommended for women under age 26, women who are pregnant, or women who have new or multiple partners. Individuals attending STD and Family Planning clinics are routinely screened for chlamydia and gonorrhea. A comparison of data from the previous year shows an increase of 11 percent in the number of chlamydia cases diagnosed in 2007 and a 3 percent increase in gonorrhea.

Although the incidence of syphilis is on a downward trend nationwide, Alabama continues to experience a high rate of early syphilis cases. During 2007, Public Health Area 4, which includes Birmingham, the state's most populous city, reported the highest number of cases with 166, a 32 percent decrease from the previous year. Public Health Area 2, including the city of Huntsville, quadrupled the number of cases reported there in 2006. Several other public health areas also experienced increases in the number of reported cases, still keeping the state's incidence rate high. Special emphasis is placed on early cases because that is when the infection is easily transmitted. Reported risk factors have been fairly consistent:

## ALABAMA CHLAMYDIA AND GONORRHEA REPORTED BY PUBLIC HEALTH AREA January 1 to December 31, 2006 and 2007

Public Health Area	2006 Chlamydia	2007 Chlamydia	2006 Gonorrhea	2007 Gonorrhea
1	1,005	832	442	339
2	1,896	2,253	1,034	964
3	1,378	1,287	519	487
4	4,357	6,111	2,065	2,850
5	1,244	1,212	430	383
6	1,638	1,707	645	721
7	1,324	1,535	461	497
8	3,853	4,416	1,825	2,082
9	1,249	1,227	552	453
10	1,630	1,726	653	599
11	2,803	2,706	1,770	1,440
Totals	22,377	25,012	10,396	10,815

## ALABAMA PRIMARY & SECONDARY SYPHILIS REPORTED BY PUBLIC HEALTH AREA, 2003 - 2007

PHA	2003	2004	2005	2006	2007
1	1	2	2	6	5
2	21	45	8	22	112
3	3	1	2	7	23
4	22	31	40	245	166
5	9	26	6	9	10
6	3	4	6	8	16
7	0	2	1	1	9
8	47	42	12	14	6
9	0	2	1	1	4
10	1	6	3	9	15
11	8	4	4	5	5
Total	115	165	85	327	371

drug use and exchanging sex for drugs or money.

The table below shows the incidence of primary and secondary syphilis reported by public health area during the past five years.

To help control syphilis outbreaks, disease intervention specialists and program managers from other parts of the state assisted with screening activities and case management in areas with high incidence. Public information campaigns included television and radio announcements, billboards, bus placards, and flyers distributed in outbreak areas to help increase awareness about the disease.

Alabamians are encouraged to talk with their partners and health care providers about STDs and sexual health, even if they have no signs or symptoms. More information about sexually transmitted diseases, including statistics for Alabama, is available at the department's Web site.

### IMMUNIZATION DIVISION

The goal of the Immunization Division is to stop the spread of vaccine-preventable diseases by providing vaccine to the citizens of Alabama; educating medical

personnel and the public on the importance of vaccinations; investigating vaccine-preventable disease outbreaks; and ensuring children in day care, Head Start, and school are adequately immunized against diseases that are harmful and sometimes deadly.

The Immunization Division provides vaccine to the public using state and federal funds. The division participates in the Vaccines for Children Program (VFC), which is a federal entitlement program that provides vaccine at no cost to children under 19 years of age who are uninsured, Medicaid-eligible, under-insured, American Indian, or Alaskan Native. During 2007, 568 public and private providers were enrolled in Alabama's VFC program with over \$44 million worth of vaccines distributed to providers actively vaccinating children and adolescents throughout the state, a more than 47 percent increase in value from 2006. Immunization staff performed site visits and standard audits for enrolled providers to continuously promote proper storage and handling of vaccine, accurate and safe administration of vaccine, and vaccine coverage improvement.

Distribution of influenza vaccine to the state began in September 2007. More than 250,000 doses of influenza vaccine were distributed by the Immunization Division, including 116,000 doses to VFC providers for eligible children. Presentations available included inactivated and live, preservative-free and preservative-containing, as well as pediatric and adolescent/adult formulations. All inactivated formulation orders were fulfilled statewide before November.

Alabama's population-based immunization registry, known as Immunization Provider Registry with Internet Technology (ImmPRINT), continues to grow and reach out to more vaccination providers across the state. ImmPRINT contains over two million individual patient records with over 19 million doses in their vaccination histories. In 2007, contributors to the data in ImmPRINT included the Alabama Center for Health Statistics, Blue Cross Blue Shield of Alabama, the Alabama Medicaid Agency, 92 county health departments, 57 federally qualified health centers, 32 rural health centers, 287 private physician offices, 16 pharmacies, and nine hospitals.

The Immunization Division annually conducts a School Entry Survey in conjunction with the Alabama Department of Education and a Day Care/Head Start Survey in cooperation with the Alabama Department of Human Resources. These surveys evaluate the immunization status of all children to ensure they have a current Certificate of Immunization or a valid exemption on file. During the 2006-07 school year, all public and private schools in the state responded to the School Entry Self-Survey, while 37 percent of day care and Head Start centers in the state responded to the self-survey. To validate the surveys, each year Immunization staff audit at least 25 percent of the schools and day care/Head Start centers in Alabama. In 2007, 527 schools and 765 child care centers were visited. Of the records reviewed, 93.6 percent of school students and 93.7 percent of the child center children were found to have a valid certificate on file.

As part of the Immunization Division’s surveillance and outreach to monitor and prevent the spread of vaccine-preventable diseases, Immunization staff investigates vaccine-preventable diseases reported by physicians and laboratories. The number of pertussis (whooping cough) cases reported in all of 2007 increased slightly; as of early November 2007, 97 new cases had been investigated. Seventeen possible cases of mumps were investigated resulting in 11 probable and three confirmed cases in the state. Chickenpox, a reportable disease since 2004, had over 500 cases reported in 2007. The division’s Perinatal Hepatitis B program provided case management for 105 infants born to mothers who were reported as positive for hepatitis B, 93 of those were identified prospectively. Immunization staff are in constant contact with hospitals and physicians to emphasize the importance of identifying possible cases to hasten intervention and prevention of further cases.

## DIVISION OF TUBERCULOSIS (TB) CONTROL

The ultimate goal of the Division of TB Control is to eliminate tuberculosis in Alabama. Until that goal is reached, the division strives to reduce the annual burden of disease, limit transmission, and prevent future cases through the provision of diagnostic, treatment, and case management activities. The Division of TB Control provides these services to all persons in Alabama, regardless of the ability to pay. This commitment to the

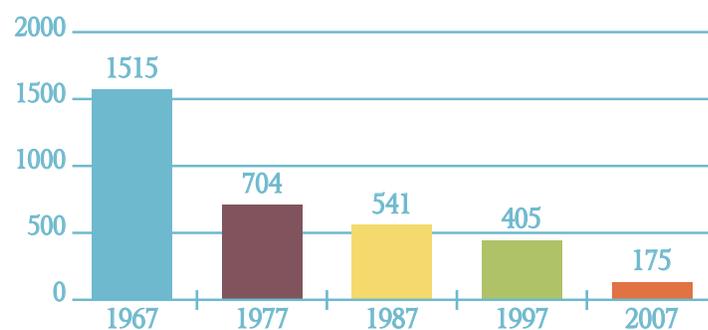
citizens of Alabama has contributed to the historic decline in morbidity noted below.

In 2007 the Division of TB Control verified and reported 175 cases of active TB disease. This figure represents a decrease of 21 cases (10.7 percent) from 2006, and is the second consecutive year that ADPH reported fewer than 200 cases.

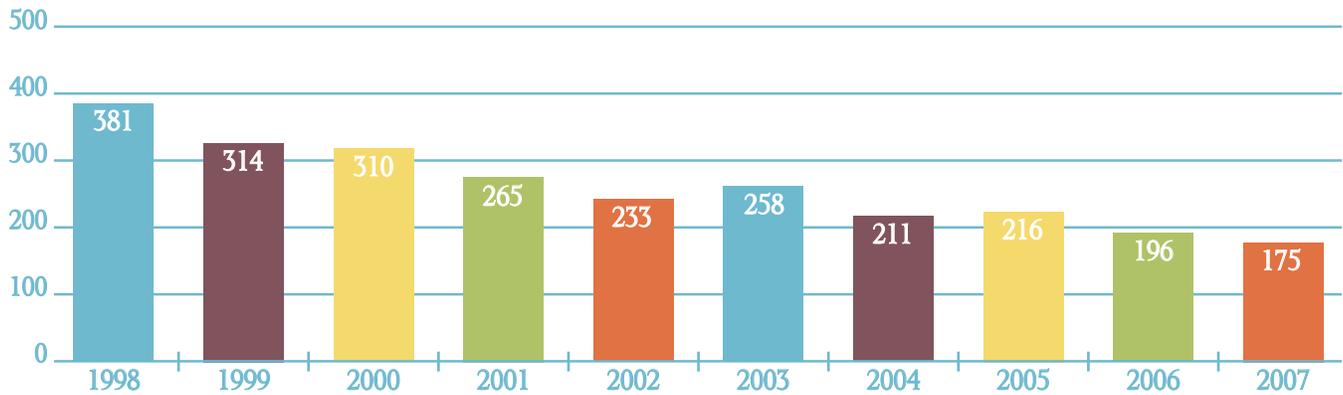
Prevention of future cases relies upon the ability of ADPH staff to (a) promptly identify and evaluate contacts with latent TB infection, and (b) assure the initiation of preventive therapy. Contact evaluation and treatment data (reported a year in arrears) are now available for 2006, when ADPH staff evaluated 3,093 contacts to tuberculosis – an evaluation rate of 91 percent. These investigations resulted in the identification of 11 additional persons with active TB disease, and 727 persons with latent TB infection.

While annual declines in tuberculosis morbidity offer tangible evidence of a successful public health effort, the division will continue to seek linkages with providers who serve populations at increased risk for TB. Fewer cases in the community may contribute to a lowered “index of suspicion” for TB, resulting in diagnostic delays. The medical community is encouraged to “Think TB” when patients present with persistent cough, or chest pain accompanied by weight loss. Chest radiography, as well as collection of sputum to “rule out” TB, should be considered for patients with these symptoms. Hospitals and private providers should refer patients with such symptoms to TB control staff through their local health department.

HISTORICAL TREND OF TUBERCULOSIS CASES IN ALABAMA



TUBERCULOSIS IN ALABAMA 1998 THROUGH 2007



**HIV/AIDS DIVISION OF PREVENTION AND CONTROL**

The mission of the HIV/AIDS Division of Prevention and Control is, in collaboration with community partners, to reduce the incidence of HIV infections, to increase life expectancy for those infected, and to improve the quality of life for persons living with or affected by HIV. In 2007, the division launched the distribution of rapid test kits to AIDS service clinics and qualified community based organizations. The test kits were available for the December 1, 2007, World AIDS Day programs that included a testing component.

**HIV/AIDS Direct Care and Services Branch**

Alabama’s Ryan White grant award in 2007 increased over the 2006 award by slightly more than \$7 million. The cap for Alabama’s Drug Assistance Program (ADAP) enrollment was increased from 1,100 to 1,200 which helped to eliminate the need to reinstate a waiting list in 2007. Increased funding allowed for the expansion of the program’s formulary to add a limited number of medications as requested by providers and allowed for additional staff to accept applications electronically and assess client eligibility. Funding made available to HIV care and service agencies doubled in 2007 to allow for improved HIV care and case management services statewide. The department’s Central Laboratory continued to provide CD4 and viral load testing, but with increased funding in 2007, the laboratory agreed to offer resistance testing at no cost to clients or providers.

Medicare Part D had an impact on ADAP in 2007. A total of 460 clients with Medicare were successfully transitioned to the Medicare Part D insurance plan since

the plan was implemented in January 2006. Clients with Medicare enrolling into Medicare Part D insurance plans continued to have a major impact on Alabama’s not reinstating the ADAP waiting list since it was eliminated in 2006.

Medicare D Cost Assistance Plan (MEDCAP): MEDCAP is an ADAP-sponsored Medicare Part D cost assistance plan to help clients who qualify. Enrollment in MEDCAP nearly doubled in 2007 with 44 clients enrolled in the program.

**Direct Care Program Collaboration**

The Alabama Statewide Consumer Advisory Board met regularly to discuss current issues related to persons living with HIV in Alabama. The members represent six public health areas and are actively recruiting members from the remaining five areas. The board’s mission is “to provide a representative voice to the HIV/AIDS infected/affected population within the state of Alabama and to work collaboratively with the Alabama Department of Public Health and community based organizations on a range of strategies, policies, and programmatic issues affecting the lives of people living with HIV/AIDS and those at risk.”

The statewide Peer Mentoring Program has remained stable. During 2007, some of the more experienced peer mentors left the program for other career pursuits. This presented opportunities for division staff to hire new peer mentors. The program provided information and referrals to approximately 1,500 clients infected or affected by HIV. The mentors provide support services that include providing referrals to clinics, testing sites, drug treatment centers, housing programs, and food pantries. They also



ADPH won an advertising award for this educational haul-ad campaign that travelled on trucks throughout the state.

provide emotional support, harm reduction skills, and patient advocacy services.

The Alabama Prison Initiative continues to provide prevention education programs and discharge planning for HIV-positive inmates.

### HIV Prevention Planning and Development Branch

The division awarded five community based organizations funds for HIV prevention and testing programs. The selected recipients of the prevention funding presented approved evidence-based prevention initiatives. Funding is for three years.

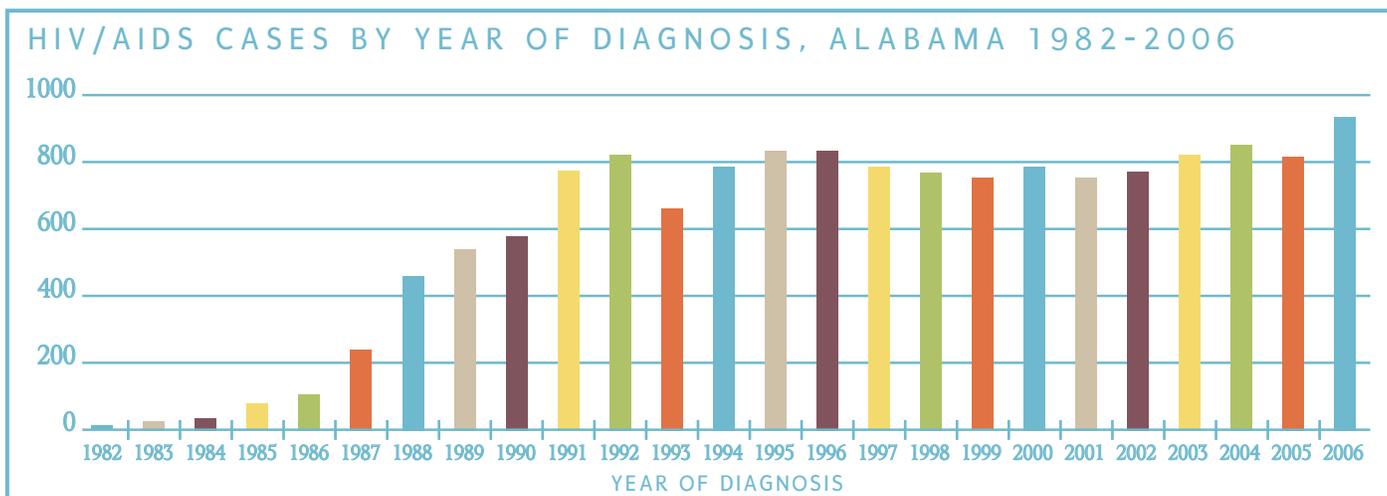
The branch completed a series of five HIV/AIDS perinatal updates conducted in the major cities of Alabama including Birmingham, Huntsville, Mobile, Montgomery, and Tuscaloosa. Most of the attendees consisted of nurses, social workers, and a few physicians. The updates were a joint project between the state health department, University of Alabama at Birmingham Family Clinic, University of South Alabama, and the Emory Training Center.

### HIV/AIDS Surveillance Branch

As of October 2007, Alabama reported approximately 15,000 HIV/AIDS total cumulative cases. During 2006, a total of 934 Alabama residents were diagnosed with HIV/AIDS. This represents the highest one-year total of reported HIV/AIDS cases by the department since implementing HIV/AIDS reporting in the 1980s as shown in the graph below.

As of December 31, 2007, 810 cases had been reported in Alabama. Anticipating that additional cases diagnosed in 2007 will be reported in the first three months of 2008, HIV surveillance staff project that a total cumulative case count for 2008 will be 860. This will be a slight decrease as compared with 2006.

The branch staff replaced computer software with a new CDC software package. The updated software will allow the staff to integrate HIV incidence and core surveillance into one database. It will also allow the staff to collect an unlimited number of laboratory test results.



## CENTER FOR EMERGENCY PREPAREDNESS

The Centers for Disease Control and Prevention provided \$11,332,549 in a cooperative agreement with the department in 2006-2007. These funds were to be used in part by the Center for Emergency Preparedness in providing overall direction to 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.

Activities of the center for 2007 included:

- Conducted and participated in a functional exercise which tested the department's mass prophylaxis distribution plan and the deployment of a portable medical station.
- Coordinated with area emergency preparedness staff to enhance plans, provide training, and conduct exercises.
- Responded to calls received by the staff duty officer.

- Defined the Incident Command System (ICS) for Public Health, trained each person with a responsibility within ICS, and exercised the ICS to test preparedness.
- Developed a Continuity of Operations plan for keeping the essential functions of Public Health operational during emergency situations.
- Maintained Emergency Preparedness and Emergency Response teams in each Public Health Area.

Training activities of the center in 2007 included collaboration with various universities and vendors to prepare the workforce and public to respond to public health threats and emergencies, biological, chemical, nuclear, radiological and mass trauma. An array of workshops, tabletops and full-scale exercises were conducted in each one of the 11 public health areas or one of the six hospital planning regions.

- 12 Explosion and Blast Trauma training sessions with 374 in attendance;
- 19 Basic Disaster Life Support training sessions with 497 in attendance;



The Center for Emergency Preparedness conducted tours of its medical stations that will be used for hospital surge capacity or temporary medical care in an emergency event.



The Center for Emergency Preparedness worked with the Communications and Health Marketing Division to create a Get 10 campaign to help people learn about ten important items to have in an emergency.

- 2 Strategic National Stockpile distribution exercises;
- Advanced HAZMAT training with 61 in attendance; 35 of the attendees became instructors;
- 4 Volunteer symposiums;
- Collaborated with the Department of Human Resources to host the Safe and Sound II Pediatric Conference; and
- Hosted the third Agricultural Security Conference with 277 in attendance.

The Health Resources and Services Administration's Hospital Bioterrorism Preparedness Program provided \$7,154,927 in a cooperative agreement with the department. These funds were designated to enhance hospital capacity and preparedness to respond to large numbers of patients presenting to hospitals following a naturally occurring disaster or terrorist action resulting in mass casualties.

Specific activities that concentrated on the assessment of health care partners to determine the overall state of readiness included:

- An annual hospital mass casualty assessment to gauge the improved state of readiness of hospitals to respond to local and regional emergencies. Information gained was used to determine funding for the purchase of seven mobile medical stations.

- The Alabama Incident Management System (AIMS) software was expanded to allow enhanced communication between health care organizations requesting assistance with patient transfers and sharing staff and equipment. The department, the Alabama Hospital Association, and the Alabama Nursing Home Association partner to staff a medical transfer center during mass casualty disasters. In addition to hospitals, AIMS includes nursing homes, medical needs shelters, community health centers, and ambulances.
- Portable high-efficiency particulate air filtration units were purchased to increase the negative pressure isolation capacity of hospitals across the state. These units will allow the health centers to set up a negative pressure isolation environment to offload patient care from local hospitals.
- Conversion kits were purchased to allow up to 100 buses to be converted to transport patients during an emergency evacuation.

Additional activities included:

- Monthly reporting and quarterly tracing and reporting of emergency preparedness team activities for CDC and HRSA grant projects
- Enhancement of a call center database to be used in emergency events to help better track resource requests from affected public areas
- Addition of radiation response teams in each public health area

## OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

The Office of Emergency Medical Services and Trauma completed the annual update of the statewide EMS Patient Care Protocols. There were several changes this year, most importantly the addition of a Rapid Sequence Intubation (RSI) protocol for critical care medical helicopter services. This protocol allows the specially trained paramedic to give medication to paralyze the patient before inserting an endotracheal tube. This procedure is most useful for patients with severe head injury whose airways cannot be secured due to spasm of the jaw muscles. The office continues to work closely with the Air Medical Association to improve all facets of medical helicopter operations in Alabama.

The Alabama Legislature passed the Statewide Trauma System bill which will facilitate the development of a state-of-the-art trauma system for the State of Alabama. The Alabama Trauma System will be based on a single Trauma Communications Center that routes trauma

patients to the closest appropriate trauma hospital ready to care for their injuries. By use of computers and an intranet system, the communications center has real-time, minute-by-minute monitoring of the status of each participating trauma hospital. No other state in the U.S. has a system that can compare. The goal of the system is to get the trauma patient to the right hospital to begin with so that valuable time and lives will not be lost transferring injured patients. Currently, in Alabama, 60 percent of trauma patients initially go to a hospital that does not have the capability to care for them.

The following workload figures provide an overview of general regulatory functions of the Office of EMS and Trauma:



## BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

The Bureau of Health Promotion and Chronic Disease manages programs related to chronic disease prevention, cancer prevention, disability prevention, communications and social marketing, health education, public information, risk communication, risk surveillance, worksite wellness, and video communications and distance learning.

### ARTHRITIS PREVENTION BRANCH

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Arthritis is the number one cause of disability in Alabama, according to the 2005 Behavioral Risk Factor Surveillance System. Alabama has a prevalence rate of 33 percent ranking the state number two in the nation with citizens with some form of arthritis. Arthritis affects more than 52 percent of people who have diabetes, 58 percent of people who have heart disease, more than 47 percent of people with high blood pressure, and 66 percent of people who are obese.

In Alabama, the arthritis problem is magnified by the high percentage of people who are obese and with the lack of physical activity. Arthritis sufferers understand that physical activity and exercise can improve their chronic conditions, but complain that it is difficult to participate in exercise programs related to chronic pain. In addition, there is a shortage of facilities and properly trained professionals in the state to offer adequate exercise programs, as well as education and rehabilitation programs. The Alabama Arthritis Prevention and Treatment Coalition was established to address these issues. This past year the coalition held its ninth annual meeting with 94 participants collaborating on how to decrease the burden of arthritis in the state.

The coalition has implemented a comprehensive state arthritis control plan. This plan focuses on the following:

- Promoting evidence-based self-management programs offered by the Arthritis Foundation, Alabama Chapter, and the Alabama Department of Public Health. The two programs are: Arthritis

Foundation Self Help Program and the health department's program from the Chronic Disease Self Management Module called Living Well Alabama.

- Communicating through the news media about the benefits of physical activity, weight management, and avoidance of occupational or sports-related injuries.
- Utilizing current technologies such as the Internet and videos.
- 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.
- Integrating evaluation measures into activities.

Coalition workgroups have completed the following:

- Created a community resource care case-based training module with continuing education units;
- Increased access to a rheumatologist in three rural locations and one urban location;
- Extended the reach of evidence-based self-management programs such as the Arthritis Foundation Self Help Program, Arthritis Foundation Exercise Program, and the Arthritis Foundation Aquatics Program in the state; and
- Trained 153 instructors for the exercise program and developed an overall evaluation plan in collaboration with the Alabama Department of Senior Services, Alabama Cooperative Extension System, parish nurses, City of Montgomery Parks and Recreation Department, USA Healthcare Nursing Homes, YMCA (Millbrook, Montgomery, and Selma), the Poarch Creek Indians, independent living facilities, assisted living facilities, and several rural hospitals with wellness centers.

The self-help program that was established in a rural, low-income, low-literate and medically underserved area in East Wilcox County has expanded to more than 18 counties statewide. The first exercise and self help classes started in Wilcox County at the Pine Apple Clinic and remains very active today with 20 faithful participants in attendance. Arthritis Branch staff trained 46 leaders in the self help program and are holding their first training for the Chronic Disease Self Management Module, Living Well Alabama in January 2008. There were 34 leaders trained in the Arthritis Foundation Aquatics Program in Atmore, Montgomery, and Selma. In addition, these evidence based programs have been established in over 52 counties statewide to provide avenues for people to maintain and increase joint flexibility, expand range of motion, and improve muscle strength, helping participants feel better and move better.

A communications campaign with the theme “Physical Activity: The Arthritis Pain Reliever” is being initiated in different areas of Alabama annually. Emphasis is placed on the importance of physical activity, benefits of physical activity, and appropriate physical activity. The campaign targets males and females age 45 to 64 that are African American or Caucasian with arthritis, a high school or less education, and an income less than \$35,000. This past year the campaign targeted two areas with 3,775 brochures placed in 58 sites, several newspaper advertisements displayed, and 249 radio spots run. The contacts from this media campaign helped establish new interest, new exercise classes, and inquiries of how to become leaders of exercise classes.

## CANCER REGISTRY

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The Alabama Statewide Cancer Registry, a population-based cancer registry, is an information system designed for the collection, management, and analysis of cancer data. The purpose of a cancer registry is to disseminate cancer data to public health and medical professionals, community groups, volunteer agencies, and others who are interested in cancer prevention and control. Cancer is the second leading cause of death in Alabama, exceeded only by heart disease. Approximately one in three people will be diagnosed with cancer at some point in his or her lifetime. In 2005, there were 24,188 new cases of cancer

reported to the Alabama Statewide Cancer Registry and 9,854 cancer deaths in Alabama.

Effective prevention measures exist to substantially reduce the number of new cancer cases each year and to prevent 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 the cancer burden. As an indicator of the high quality of data collected, the Alabama Statewide Cancer Registry was once again awarded Gold Certification by the North American Association of Central Cancer Registries for excellence in data completeness, data timeliness, and data quality. The association awards Gold Certification each year to those state cancer registries which pass 100 percent of EDITS criteria and attain a 95 percent or greater cancer incidence reporting rate.

The Alabama Statewide Cancer Registry plays a significant role in disseminating data to aid efforts to reduce the burden of cancer in Alabama. The registry is a member of the Alabama Comprehensive Cancer Control Coalition and serves on the surveillance committee. The registry’s key function within the coalition includes the utilization and sharing of cancer incidence data.

In a collaborative effort with the American Cancer Society, the registry produces the *Alabama Cancer Facts and Figures* report to provide annual cancer registry data that can serve as a resource for those working on cancer control in Alabama. This yearly report is available on the Alabama Statewide Cancer Registry Web site. In addition to the annual report, the Web site was updated in 2007 to include cancer profiles and state maps which summarize cancer incidence rates by county.

Each year the registry submits data to the National Program of Cancer Registries and the North American Association of Central Cancer Registries. As a participant in these annual data submissions, the registry ensures Alabama’s data is included in national reports that monitor the national cancer burden. Alabama cancer data can be found in such national publications as *Cancer in North America* and the *United States Cancer Statistics*.

## ALABAMA CANCER INCIDENCE RATES By Site and Sex, 1996-2005 Combined\*\*

	Male		Female	
	Rate	Count	Rate	Count
All sites	551.2	109,136	406.7	104,180
Bladder	30.3	5,702	7.1	1,901
Brain & CNS	8.8	1,813	7.4	1,827
Breast	2.3	443	137.2	34,538
Cervix	*	*	9.9	2,347
Colon and Rectum	64.8	12,590	44.8	11,863
Esophagus	8.3	1,697	1.9	496
Hodgkin Lymphoma	2.7	575	2.1	482
Kidney	16.7	3,403	8.6	2,214
Larynx	9.9	2,042	2.1	527
Leukemia	12.8	2,484	7.9	2,020
Liver	6.6	1,300	2.5	670
Lung and Bronchus	110.3	21,854	49.7	13,071
Melanoma of the Skin	26	5,183	15.9	3,904
Myeloma	6.8	1,335	4.4	1,159
Non-Hodgkin Lymphoma	19.8	3,943	13.4	3,514
Oral Cavity and Pharynx	18.9	3,885	6.6	1,722
Ovary	*	*	13.6	3,486
Pancreas	12.3	2,362	9	2,439
Prostate	139.7	27,921	*	*
Stomach	9.2	1,756	4.9	1,309
Testis	4.1	881	*	*
Thyroid	3.1	634	8.2	1,928
Uterus	*	*	16.6	4,277

\* Not Applicable \*\*Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard.

### CARDIOVASCULAR HEALTH BRANCH

In Alabama, as in the nation, cardiovascular disease is the leading cause of death. Cardiovascular disease, which includes heart disease and stroke, kills more Alabamians than all forms of cancer combined.

Alabama ranks fourth in the nation in death rates due to heart disease. Major health risk factors such as overweight, sedentary lifestyle, high blood pressure, and high cholesterol levels contribute markedly to the

development of heart disease. Community level efforts to make modest changes in one or more of these risk factors can have a large public health impact in reducing the incidence of heart disease.

Alabama ranks fifth in the nation in deaths due to stroke. A major risk factor for stroke is uncontrolled hypertension. Treating and controlling high blood pressure is essential in preventing stroke and other chronic conditions. Recognizing the signs and symptoms of stroke and getting immediate medical treatment are

also critical to improved medical outcomes from an acute event. Prompt medical treatment for stroke can increase survival rates and reduce long-term disability.

The mission of the Cardiovascular Health Branch is to improve the cardiovascular health of all Alabamians through promotion of heart healthy policies and activities that help make positive changes in local communities. Community projects supported efforts to raise awareness and facilitate change in high-risk communities regarding high blood pressure, high cholesterol, heart disease, nutrition, physical activity, and recognition of signs and symptoms of heart attack and stroke. The branch worked with companies throughout Alabama to help raise awareness of the importance of worksites playing an active role in employee's health. The healthcare community also benefited with quality improvement programs and trainings for healthcare professionals.

As the number of people living with cardiovascular disease continues to rise and the state's population continues to age, the health burden of cardiovascular disease will greatly impact the health status of the state. Through the Cardiovascular Health Branch's work, significant strides can be made in reducing the burden of heart disease and stroke in Alabama.

## COMMUNICATIONS AND HEALTH MARKETING DIVISION

The Division's Development Media Branch completed over 95 percent of the transition of existing ADPH Web sites to the new site design and Content Management System which provide more features, better access to information, and ease of use. The branch began concentrating on the creation of individual county Web sites for all the local health departments to provide information regarding services, location, hours of operation and staff and their contact details. The Development Media Branch also created several user interfaces for ADPH internal and external applications developed by the Computer Systems Center.

The branch continued to increase the informational, educational, and marketing uses of the Web site and the Internet for the agency and its partners. ADPH's extranet

system hosts the Learning Content Management System which is being utilized by departments to create data gathering tools such as surveys and to increase access to information on services, opportunities, and education for Alabama citizens. In addition, after attending conferences covering the use of Web 2.0 platforms, the staff began to use such social media tools as blogs, RSS feeds, Flickr, YouTube, MySpace, Facebook, and Wikipedia to promote audience participation and to help stimulate ideas, general interest, and the exchange of information.

An internal project by the branch included a blog for all ADPH Web editors to ask questions, post ideas, and encourage the general exchange of tips and suggestions on the use of the Web editing portion of the Content Management System (CMS). This blog is managed by the branch's system trainer, who is including this content in the creation of the first ADPH Web Editor's Handbook, a style guide including tutorials. In conjunction with this, the Development Media staff trained in the use of Camtasia, a tool that will allow them to create and provide training videos for the CMS to all ADPH employees statewide.



*Assistant State Health Officer Dr. Tom Miller and Emergency Preparedness Marketing Specialist Kathie Blaze presented a program to day cares as part of Health Department efforts to promote hand washing and other disease control measures among children.*



ADPH won several advertising awards this year for work by the Communications and Health Marketing Division, including this billboard for the Immunization Division.

Early 2008 will see the debut of two pilot MySpace campaigns begun in 2007— one targeting teens with asthma and one working to eradicate teen tobacco use. ADPH is a national pioneer among government agencies in the use of social media such as MySpace that millions of teens access everyday. The goal is to provide provide this hard-to-reach age group with information and a forum for sharing their experiences and successes through a communications tool that they seek out because it speaks to them in their language.

The Development Media Branch worked with the Social Marketing Branch to place targeted banner ads for two campaigns – Get 10 and the Tobacco Quitline – on the Web site Al.com. Al.com is Alabama’s interactive, comprehensive online source for up-to-date news, sports, entertainment, travel, business, and classifieds. It hosts The Birmingham News, The Huntsville Times, the Press-Register, and other state newspapers. The Tobacco Quitline advertisements ran from 06/28/2007 to 08/28/2007 and yielded 1,172 click-throughs to ADPH’s Tobacco Web site. The Get 10 campaign is currently running on al.com.

In 2006, Web page views for ADPH.org totaled 2,818,271. In 2007, this number nearly doubled, increasing to 5,533,626, a combined result of marketing; the newer, easier-to-use design; and the addition of

online features used by the public, organizations, media, schools, and businesses.

Requests to the Communications and Marketing Division continued to increase for methods to more effectively reach target audiences to assure information and services are utilized. Marketing Branch activities included everything from placing 9,586 TV and 53,403 radio spots to providing thousands of educational items with program names, Web sites, and health promotion messages for conferences, health fairs, personnel recruitment, workforce development, Wellness, county health departments, and training events. Marketing project development included Get 10, pandemic flu, Mimi Mouse, TEAM Academy, Wellness, Arthritis, ALL Kids, Diabetes, Cardiovascular, Steps to a Healthier Alabama, Immunization, Plan First, Prescription Drug Monitoring Program, Social Work, Environmental, and Breast and Cervical Cancer.

Document Imaging Branch services provided over 9.5 million copies of administrative and educational materials. Other work included: 17,314 packages shrinkwrapped; 5,547 books coil bound; 38,956 items padded; 227,942 sheets folded; 3,281,065 sheets punched; 468,530 sheets cut; and 401 books strip binded.

## COMPREHENSIVE CANCER CONTROL PROGRAM

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The Alabama Comprehensive Cancer Control Program (ACCCP) completed the final year of a five-year funding cycle from the Centers for Disease Control and Prevention and successfully competed for another five years of funding. The ACCCP facilitates a statewide plan of cancer-related organizations through the Alabama Comprehensive Cancer Control Coalition (ACCCC). Four meetings were held this year with committees meeting on prevention; early detection; survivorship; research; environmental, medical, and occupational exposure; and surveillance. The goal in the coming year is to reach new areas of the state and broaden the expertise of the coalition.

A study of all patients who died while under hospice care was completed in conjunction with the Center for Health Statistics. The findings were presented at the December coalition meeting and new members from the hospice community came to the coalition as a result. Copies of *Hospice Use in Alabama: A Report 2007* are available on compact disk, the department's Web site, and the coalition Web site at [www.alabamacancercontrol.org](http://www.alabamacancercontrol.org). The study focused on hospice care by age, race, sex, cause of death, and geographical location. From 2002 to 2004 combined, 24.5 percent of individuals in Alabama used hospice prior to death. Overall, 52 percent of those dying from cancer received hospice care. Six areas of the state, all urban, were found to be statistically lower in hospice use compared to the rest of the state; however, ample hospice facilities were available in those areas. The coalition hopes to study more about hospice referrals and decisions from these initial findings.

A 2007 Prostate Cancer Summit: Call to Action was held in June with physicians, scientists, community advocates, and participants from throughout the state. The proceedings were taped and are being edited to create continuing education for health care providers, social workers, and all who are interested in diminishing the burden of prostate cancer in the state. An ACCCP Prostate Component, in contract with the UAB Minority Health and Research Center, was funded for five years by CDC with the goal of reducing prostate cancer rates

as one of the long-term outcomes. The ACCCP also lent support to free prostate cancer screenings by the Urology Center of Alabama in two rural counties, Wilcox and Perry, to encourage men to take charge of their health and be screened so that they can know their baseline status and be treated as early as possible.

Working with several Chronic Disease and other departmental programs including the Office of Minority Health and the Office of Women's Health, the ACCCP sponsored a functional health literacy meeting in contract with the University of South Alabama Mitchell Cancer Institute in Mobile in October to highlight the importance of health care providers understanding the broad spectrum of literacy in the state. Health literacy transcends language and reading barriers, or even education levels, and impacts the ability to understand all types of health communication. The ACCCP plans to stay involved in literacy issues in the coming year.

The ACCCP continues to promote its *Alabama Put On Your Sunscreen and Smile* campaign. With help from an Auburn University Health Management intern, staff have been visiting elementary schools teaching the importance of sunscreen. The Comprehensive Cancer Control Program continues to distribute golf tees and sunscreen and skin cancer information. This year staff attended the first annual Ladies Professional Golf Association (LPGA) Navistar Tournament in Prattville. More than 1,000 packets of golf tees and literature were handed out to tournament attendees. The program plans skin cancer promotions at future Robert Trent Jones Golf Tournaments.

Spreading the word on college campuses about the human papillomavirus (HPV) vaccine was an important goal of the program's student intern. She visited four campuses in the state: Auburn, Auburn Montgomery, Alabama A&M University, and Jacksonville State University handing out pamphlets and talking to students about the importance of vaccination against a cervical cancer that has killed so many women.

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## DIABETES BRANCH

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The Behavioral Risk Factor Surveillance System reveals that in 2006, 345,300 adults in Alabama were aware they have diabetes. According to the Centers for Disease Control and Prevention, prevalence will continue to rise. More than 35 percent of the estimated number of persons living with diabetes in the state are minority populations. Obesity and a lack of adequate physical activity continue to be a problem within the state.

The Diabetes Prevention and Control Program is supported by the Alabama Diabetes Advisory Council which serves as an integral decision making component of the Diabetes Branch. The council includes numerous diabetes advocates, government departments, agencies, and community organizations. Local goals and objectives incorporate National Diabetes Prevention and Control objectives, Healthy People 2010 Objectives, and the Essential Public Health Services Objectives.

In January 2007, the council voted to approve the 2007-2012 Alabama Diabetes State Plan. Components of the plan include program infrastructure such as building partnerships; program collaboration and integration; diabetes prevention; and management initiatives.

The key term among diabetes organizations has been the Centers for Disease Control and Prevention's "Systems Thinking" approach to diabetes. The concept is proactive, managing the processes of change and optimizing opportunities to improve the health status of Alabama communities. During "Systems Thinking" trainings, council members identified prevention as a major area of need. The plan created by the council reflects the concept and change of the paradigm from treatment to prevention, and includes evidence-based community programs, provider education activities, coalition building, and pilot programs within the diabetes program of work.

### 2007 Activities:

- Distributed *Diabetes in Alabama*, a burden report, and the *Alabama Diabetes Resource Directory* to 24,000 health care professionals, advocates, and organizations throughout the state.

- Increased the council's partnerships to 80 members. Work and training was provided to increase diabetes coalitions from six to 12 counties and a coalition symposium was conducted to extend coalition activities. *Diabetes Today* sites currently located in Bibb, Houston, Jefferson, Macon, Mobile, and Pickens counties will also be located in Autauga, Barbour, Elmore, Lowndes, Montgomery, Perry, and Pike counties.
- Developed a 20-member Diabetes Speaker Bureau trained with support from members of the Auburn University Communications Department, Toastmasters International, 900 Gold WATV, and the Diabetes Branch. The department's Video Communications Division taped the sessions which are included within a new speakers bureau tool kit.
- Recognized Diabetes Month with a proclamation signing with the governor; including information in the Diabetes Branch newsletter "*Diabetes Quotes*;" and distributing Diabetes Month press packages to 160 media organizations. The press packages promoted Target 80, a World Diabetes Day activity. Target 80 focuses on Alabama's diabetes indicators that must be increased to 80 percent by the year 2010. These indicators involve activities for diabetics and their health care providers, such as checking one's feet and blood glucose levels, having dilated eye exams, pneumonia vaccinations, flu shots, and HbA1c tests.
- Televised a national Diabetes and Chronic Kidney Disease satellite conference with more than 1,900 health professionals viewing it.
- Presented information on the "Systems Thinking" approach to diabetes in Alabama at the 2007 CDC's Diabetes Translation Division for Program Directors and Coordinators conference in Atlanta.
- Participated in the National Association of Chronic Disease Directors Regional Program Integration workshop on the Cardiometabolic Syndrome. Alabama was one of five states that participated in the workshop.

- Worked with the Governor’s Black Belt Action Commission Health Committee and the Alabama Medicaid Agency Office of Clinical Standards and Quality Assurance to establish a transformation program which promises to provide additional health data and assist the health care of citizens in Alabama.
- Maintained a link with the Alabama Diabetes Association to continue the faith-based lay educator program “Project Power” in Jefferson and Montgomery counties.
- Hosted a Health Literacy Workshop with the department’s Chronic Disease Directors Integration Task Force and University of South Alabama. Information was also presented at the Southern Rural Health Care Consortium, 2007 Health Disparities Symposium, and the Annual Alabama Primary Health Care Association conference.
- Provided technical assistance and resource materials to the Department of Education as Type 2 diabetes cases are reported among children.
- Shared over 6,000 pieces of resource materials with health care professionals and organizations. The implementation of a local radio campaign resulted in the National Diabetes Education Program reporting the distribution of over 9,600 pieces of educational materials to residents of Alabama.

## **INJURY PREVENTION DIVISION**

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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 the Alabama Smoke Alarm Initiative, Occupant Restraint, Safe Routes to School, and Sexual Violence Prevention and Education.

Alabama ranks among the top 10 states in fire deaths and injuries. Through the Alabama Smoke Alarm Initiative, the division is able to provide home fire safety education and smoke alarm installation in

high-risk communities. The community-based project is implemented through partnerships with fire departments and community volunteers at the local level as well as the Injury Prevention Division and the State Fire Marshal’s Office at the state level. Community residents receive information regarding fire prevention, smoke alarm installation and maintenance, and home evacuation planning. To date, the initiative has worked with 23 fire departments throughout the state reaching more than 6,997 homes with fire safety messages and has installed more than 5,661 smoke alarms. The program has documented 61 lives saved to date.

The use of seat belts and child restraints has been shown to reduce fatalities. In 2007, 82 percent of Alabamians buckled up their seatbelts and 92 percent put their children in car seats. Through the Occupant Restraint Program, the department 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.

The division is also committed to reducing violence against women, specifically sexual assault and domestic violence. Through the Sexual Violence Prevention and Education Program, funded by the Centers for Disease Control and Prevention, the Alabama Coalition Against Rape and its 15-member rape crisis centers provide educational seminars to schools, colleges/universities, and the general public; training programs for professionals; 24-hour crisis hotline services; and educational material to promote sexual violence awareness.

In July 2007, the division, in partnership with the Alabama Coalition Against Rape, established Alabama’s Sexual Violence Prevention Committee. Comprised of key state and community representatives, the committee’s mission is to develop a comprehensive sexual violence prevention plan that will change attitudes, norms, and behaviors that condone sexual violence. The committee will also offer input and guidance in the reorganization of the current Sexual Violence Prevention and Education Program.

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

In April 2007, the Alabama Department of Public Health, the Alabama Department of Transportation, and the Alabama State Department of Education launched a new program titled Safe Routes to School. The purpose of this program is to enable and encourage students in grades K-8, to walk and bicycle to school, and to make walking and bicycling to school safer and more appealing. The projects will improve highway safety, reduce traffic fuel consumption, and reduce air pollution in the vicinity of schools. This effort, coupled with growing health and obesity concerns, makes walking and biking to school a low-cost, attractive alternative. Federal funds will make it possible to create an environment where K-8 students can travel to school safely.

The Safe Routes to School program is divided into two funding categories- infrastructure and non-infrastructure. The Alabama Department of Transportation is managing all infrastructure projects directly. Non-infrastructure activities, primarily training and awareness, will be managed by the Department of Education and the Alabama Department of Public Health.

## **PUBLIC INFORMATION DIVISION**

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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 professional assistance on public information strategies to ensure effectiveness in meeting the department's mission.

In 2007 the division prepared and distributed more than 65 news releases; assisted with a wide variety of news media campaigns; edited the monthly publication, *Alabama's Health*; composed and distributed radio public service announcements; routed questions received by the public through the department's Web site; moderated numerous educational programs by satellite;

distributed video monitoring reports; and coordinated regular appearances on a television talk show. The division also edited the department's annual report which details the past year's activities and expenditures and mailed letters announcing the availability of other specialized public health reports.

The division distributed notices and releases to the news media electronically and through facsimiles according to the media outlet's expressed preference for receiving information. For the first time, selected news releases were translated into Spanish. News releases are published on the department's Internet Web site and are sent to all agency employees by e-mail upon release. *Alabama's Health*, the official agency publication, is also made available on the department's Web site and is printed in-house.

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 meeting summaries, reports, fliers, booklets, address/telephone rosters, news conferences, proclamations, public service announcements, and fact sheets. Staff collaborated with partners in other state and federal agencies, community organizations, and voluntary entities. Some campaigns in which the division was involved included Scale Back Alabama, Go Red for Women Day, National Public Health Week, and the tenth anniversary celebration of the Children's Health Insurance Program.

Division staff participated as alternate public information officers of the Incident Command System, participated in radiological health exercises, emergency preparedness tabletop exercises, and a pandemic influenza medical surge plan exercise.

## **RISK COMMUNICATION BRANCH**

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The Risk Communication Branch works to ensure that state and local entities are prepared to respond to the challenges that occur during terrorist and crisis events by providing communication materials and training programs for the workforce and public.

During 2007 the Risk Communication Branch continued to work with other departmental and statewide partners to address the communication needs of the special population communities, including those persons who were blind, deaf, physically impaired and those with cognitive/developmental disabilities. The branch completed a booklet targeted at those in the state with special needs titled, "Preparing for Special Needs in an Emergency." The booklet contained valuable information on how to prepare for emergencies considering specific special needs. It was distributed statewide in partnership with various agencies that work with special needs groups.

For the first time, the department developed emergency preparedness information in Braille. The Braille materials contained information about pandemic influenza and general emergency preparedness. These documents were distributed throughout the state with the assistance of the Alabama Institute for the Deaf and Blind and the Alabama Public Library Service.

In an effort to reach those persons in the state who do not speak English, the branch contracted to have several publications translated into other languages. Spanish informational materials were placed in a Hispanic newspaper and distributed to the public.

Branch staff completed several pandemic influenza activities including conducting conference calls discussing communication issues with statewide partners; writing the operational plan for communication dissemination; and participating in pandemic influenza exercises.

To further spread the general message about emergency preparedness, the branch also did the following:

- Conducted a statewide billboard campaign titled "Are You Ready;"
- Maintained the Risk Communication Web site with preparedness steps;
- Partnered with information hotline 211 Connects; and

- Assisted in the development of brochures, fact sheets, and other publications.

## RISK SURVEILLANCE UNIT

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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 that monitors the health-related risk behaviors among the adult population in Alabama. The information gathered in these surveys is used to evaluate the success of 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 2006, 3,297 Alabama adults participated in the Alabama Behavioral Risk Factor Survey and reported the following concerning their health practices and daily living habits:

- 23.2 percent classified themselves as current smokers.
- 10.0 percent reported being told by a doctor that they have diabetes.
- 65.0 percent are overweight or obese based on body mass index.
- 31.0 percent stated that they had received a flu shot in the past year.
- 84.0 percent reported having some type of health care coverage.

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

## STEPS TO A HEALTHIER ALABAMA

In 2007, Steps to a Healthier Alabama completed the third year of a five-year program funded by the Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services Steps to a Healthier US initiative.

The program works to reduce the burden of diabetes, obesity, and asthma and their related risk factors of poor nutrition, physical inactivity, and tobacco use and exposure through funding community-based interventions in two regions of the state.

Using the concept that small lifestyle changes over time can yield lasting health benefits, the Steps Program is designed to promote efforts that encourage people to make small changes to reduce the burden of these leading chronic diseases and risk factors. In addition, program initiatives target policy and system changes that will make it easier for people to maintain healthy lifestyles.

The Steps River Region program is organized by the Montgomery Area Community Wellness Coalition and includes Autauga, Elmore, Lowndes, Macon, and

Montgomery counties. The Steps Southeast Alabama Region is led by the Charles Henderson Child Health Center and includes Pike and Barbour counties.

Activities in 2007 included:

- Schools completing the School Health Index, a self-assessment and planning tool for healthy schools, focused on nutrition, physical activity, and asthma prevention
- Worksites developing wellness programs - including the Healthy Steps Challenge and policy changes related to nutrition, physical activity, and tobacco
- An asthma care coordination pilot project with the department's Patient First Program, Alabama Medicaid, and physicians in Southeast Alabama
- Asthma education in schools – Open Airways, Asthma 101, and an Asthma Safari in Pike County where young children learned to recognize and manage their asthma symptoms and triggers
- LifeSkills Training (a personal development and substance abuse training curriculum) in Barbour County School System classrooms
- Wellness advocates supporting persons throughout the River Region to make healthy lifestyle changes and to access and use health and social services as needed
- Implementation of a VERB Summer Scorecard program to promote physical activity in youth throughout the River Region
- Training for physical education teachers using a new electronic system of student physical fitness testing
- Technical assistance to school systems developing and implementing local wellness policies
- A summer workshop conducted by faculty at Auburn University Montgomery for classroom teachers, physical education teachers, and student

**VERB PRIZE DRAWINGS**  
Learn more at [www.adph.org/scorecard](http://www.adph.org/scorecard)

**VERB SUMMER SCORECARD PERMISSION FORM**  
Verb Summer Scorecard is your child's ticket to a fun, active summer. By completing 60 minutes of any physical activity a day, your child can get a box checked on the scorecard. When the scorecard is complete, your child can return it to a program sponsor or mail it to this address below and get a cool prize. Your child can complete up to three scorecards this summer. Returned scorecards will be entered into a drawing for prizes at a final celebration in August. For more about the program, dates and location of activities, and special deals, go to [www.adph.org/scorecard](http://www.adph.org/scorecard).

**Parent Signature Required for Participation**

Name \_\_\_\_\_  
Age \_\_\_\_\_ Grade this fall \_\_\_\_\_  
School this fall \_\_\_\_\_  
Male/Female \_\_\_\_\_ (Race Optional) \_\_\_\_\_  
I authorize my child to participate in the VERB Summer Scorecard Program. Participation is voluntary. We will do whatever is necessary to ensure that the child is physically able to participate in the program without unusual risk. However, family stress and health barriers the Alabama Department of Public Health, the sponsoring organizations, and officials of each team do not accept responsibility for child while participating.

Parent Name (print) \_\_\_\_\_  
Parent Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Phone Number (optional) \_\_\_\_\_

Help us learn more about youth to see community by answering the question (optional):  
Think about the average week during the school year. How many days of the week does your child do physical activity or play a sport, not including PE?  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Return your signed permission form to a program sponsor, or mail it to:  
Steps Program Office  
P.O. Box 303017  
Montgomery, AL 36130-3017

Retains your completed scorecard to a program sponsor, or mail it to:  
Steps Program Office  
P.O. Box 303017  
Montgomery, AL 36130-3017

This is the 1st 2nd 3rd (circle one) completed scorecard I have turned in

teachers titled *No Child Left on their Behind: Reinforcing Academics through Movement*

- Mini-grants supporting nutrition, physical activity, and tobacco policies in local schools, churches, day cares, and other community organizations
- African American churches implementing the Body & Soul Program, a peer counselor training program from the National Institutes of Health and National Cancer Institute

## TOBACCO PREVENTION AND CONTROL BRANCH

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The Tobacco Prevention and Control Branch provides technical assistance and funding to all 11 public health areas and 16 youth serving organizations statewide. Funding for these state- and local-level programs is provided by the State of Alabama and the Centers for Disease Control and Prevention. The branch's mission is to improve the health of all Alabamians by working to prevent youth initiation of tobacco use, promote quitting among youth and adults, and eliminate exposure to secondhand smoke.

### 2007 Accomplishments:

- The area programs conducted public forums and media campaigns to educate decision makers and the community on the benefits of implementing stronger policies to protect citizens from secondhand smoke. Fifteen cities passed smoke free ordinances in 2007 that restrict the use of tobacco in public places.
- The Alabama Tobacco Quitline, a toll-free tobacco cessation line (1-800-Quit Now) that helps Alabamians quit tobacco, received more than 14,600 calls in 2007. The service provides callers with free individualized counseling, educational materials, referrals to local programs and a four-week supply of the nicotine replacement therapy patch, if indicated.
- The Youth Tobacco Prevention Program funded 16 communities statewide to conduct tobacco use and

exposure prevention and empowerment programs to educate communities about the dangers of exposure to secondhand smoke and to encourage local policy development.

- Area tobacco control coordinators trained 1,026 healthcare providers to implement the U.S. Public Health Service's *Clinical Practice Guidelines for Treating Tobacco Use and Dependency*. Local tobacco control coordinators are providing accredited training free of charge using the Ask, Advise, Refer, Prescribe (AARP) brief intervention models.
- The 2007 Alabama Tobacco Use and Attitudes Survey was conducted by the Capstone Poll at the University of Alabama. The information is being analyzed and will be disseminated on the branch's Web site at [www.adph.org/tobacco](http://www.adph.org/tobacco).
- The Alabama Tobacco-Related Health Disparities Workgroup held three meetings during 2007. The workgroup consists of internal and external partners. The goal of the workgroup is to address tobacco-related health disparities in Alabama by creating a strategic plan that brings together community, non-profit, and government leaders to address tobacco issues.
- School dress code policies were collected from 45 public school systems in Alabama. The data were analyzed in order to identify those schools without a tobacco dress code. The results were placed on the branch's Web site.
- Area tobacco control coordinators conducted 79 smoke free homes presentations to 2,189 parents and teachers of low socioeconomic status children. More than 2,148 participants pledged to make their homes and cars smoke free.

## VIDEO COMMUNICATIONS AND DISTANCE LEARNING DIVISION

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The division's utilization of webcast technology continues to provide both new and unlimited educational opportunities for public health employees, not only

in Alabama but also around the world. Division staff utilize innovative Web software to produce Web-based educational programs. Working side-by-side with the video broadcast specialists, the division's Web specialists use multimedia techniques to produce customized on-line training and education materials that department employees around the state can watch whenever and wherever they want on a personal computer. This provides specialized Web-based information from the trainer to the learner efficiently and effectively. Working with the department's learning management system known as the LCMS (Learning Content Management System), division staff have been instrumental in the design of many unique features specific to distance learning.

Another major initiative for the division this year was the establishment of a video conferencing system at the University of Alabama at Birmingham School of Public Health. This two-way video and two-way audio distance learning conferencing system is a huge benefit for workforce development as department employees now have the opportunity to take classes live via distance learning.

Emergency communications continue to play a significant role in the activities of the division as the department's satellite uplink and production vehicle is fully equipped for disaster response. New systems integrated in the vehicle result in a fully versatile mobile unit which now provides video production capability, satellite broadcasts in either analog or digital formats, live or on-demand webcasts, connectivity via satellite for wireless Internet, e-mail, fax, and IP phone use, a satellite phone, four cell phones, DSS-receive capability, and other customized features which can serve to accommodate routine communications or emergency broadcast operations and response. All of these services can be deployed without land-based connectivity requirements including power, telephone lines, or video cables. The truck's original 13-year-old satellite antenna and the related antenna control electronics were replaced and upgraded. Combined, these improvements ensure reliable and versatile broadcast satellite, voice, and data communications from any location around the state for training, education, public information, or emergency response.

Division staff routinely prove the widespread benefits to provide urgent and timely information to employees and the media through news conferences by satellite broadcast with live simultaneous webcasts. The department continues to excel as a state and national leader in distance learning. It has been 15 years since the Video Division produced the first satellite conference for department employees and the ADPH continues to lead the state and the nation in the utilization of this technology to educate the public health workforce. The department 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, in-service training, and news conferences for the media.

The division initiated national satellite conference activities and the subsequent development of the Public Health Training Network (PHTN) by working in collaboration with the CDC in 1992. Today the PHTN is the nationally recognized provider of public health training and education programs with the department producing more programs than any other state or federal agency. In 2007, the department produced more than 60 continuing education satellite conferences and live webcasts for the network and the national public health workforce.

The department infrastructure includes the Ku-band satellite uplink vehicle, master control, and a studio as well as five non-linear suites. In addition, the department has 65 county health department facilities that have satellite downlink antennas, which provide convenient and efficient access for employees to participate in satellite conference training and educational programs. Grants from the department provided funding to the Alabama Hospital Association and the Alabama Primary Health Care Association, further expanding the distance-learning infrastructure by providing 113 satellite downlink systems to acute care hospitals and community health centers around Alabama. Thousands of employees at these facilities are now able to participate in important preparedness training and educational programs.

The department provides video production and satellite conferencing/webcast services to other Alabama agencies and national organizations. The division has produced satellite conferences/webcasts in conjunction

with the annual meetings of such national organizations as the American Public Health Association, the Directors of Health Promotion and Education, the National Association for Continenence, and the CDC. The division also produces a monthly series for the South Central Center for Public Health Preparedness that is funded and co-sponsored jointly by the Schools of Public Health at Tulane, University of Arkansas, and the University of Alabama at Birmingham.

The division also produces other projects such as video educational programs, news conferences, and television and radio public service announcements. The division uplinks department news conferences and produces special video packages for the Alabama media. A high-speed CD/DVD duplicator and printer, along with the videotape dubbing equipment, provides for efficient and prompt turnaround in providing thousands of educational programs to be distributed in Alabama and nationally each year. The division's Web site has on-demand webcasts of select satellite conferences, educational programs, and news conferences.

## WORKSITE WELLNESS DIVISION

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The Worksite Wellness Division's main purpose is to plan, develop, implement, and evaluate worksite wellness programs on a fee-for-service basis. The division contracts with two of the largest self-funded health care plans, Public Education Employees' Health Insurance Plan (PEEHIP) and State Employees' Insurance Board (SEIB), to provide various wellness services for state employees and public education employees. Services are also provided to the dependents and retirees of these health plans.

The Wellness Program was completely revamped in 2007 using a business plan model approach. The program was centralized with all costs being incurred at the state level. A wellness nurse and administrative assistant were assigned to the 11 public health areas. A business plan with production goals for each service offered by the program was developed. A new financial tool, *Wellnet Vital Signs*, was created to track program costs versus revenues. Online ordering of medical supplies was established. Nurses were required to post their schedules using a centralized electronic calendar. This information

was then posted on the department's Web site for public viewing. Monthly production reports were sent to the nurses to allow them to track their progress.

PEEHIP health screenings began its seventh year of operations. The program provides health screenings, osteoporosis screenings, and influenza immunizations for public education employees and dependents. The PEEHIP health screenings consist of a blood pressure check, a pulse reading, osteoporosis screening, and an assessment of blood sugar, total cholesterol, and high-density lipoprotein levels. A colorectal cancer screening test is also provided to "at-risk" participants. In addition, a weight management program was offered to teachers. More than 25,500 eligible participants were screened in 2007; 11,749 had their bone density measured; and 2,029 received the colorectal cancer screening test.

The SEIB health screenings began its fifteenth year of operations. The program provides health screenings, quarterly blood pressure checks, and influenza immunizations. The SEIB health screenings consist of a blood pressure check, a pulse reading, and an assessment of blood sugar and total cholesterol levels. Over 9,300 eligible participants were screened in 2007, and 17,275 had blood pressure screenings.

More than 48,258 vaccinations were administered to eligible PEEHIP and SEIB participants. Both programs also screen for potential health problems, make referrals to the medical community, and provide education about preventive practices.



## 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 testing procedures; and provide data to agencies. In fiscal year 2007, the bureau received 803,414 specimens for analysis and performed almost 2 million laboratory tests.

### ADMINISTRATIVE SUPPORT SERVICES DIVISION

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As the name implies, this division has the responsibility of providing services which support the Bureau of Clinical Laboratories. These services include:

- Preparing and monitoring the bureau's budget
- Purchasing supplies, reagents, and equipment
- Maintaining the property inventory
- Maintaining a stockroom
- Shipping testing supplies to county health departments
- Building maintenance
- Performing personnel actions such as leave and payroll
- Maintaining the Laboratory Information System
- Quality Management activities

In addition to these activities, personnel in Quality Management serve as technical consultants in the Alabama County Health Department Laboratory System (ACHDLS). These employees ensure that the ACHDLS maintains compliance with the Clinical Laboratory Improvement Amendment.

### CLINICAL CHEMISTRY DIVISION

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The Clinical Chemistry Division at the Bureau of Clinical Laboratories offers services through three testing branches: Clinical Services, Lead, and Chemical Terrorism/Biomonitoring (CT). Testing includes both clinical and environmental sample analysis.

The Clinical Services Branch of the division performs testing for routine chemistry profiles, complete blood counts, CD4 lymphocyte subset enumeration, and quantitative HIV Polymerase Chain Reaction (PCR) for viral loads. This branch is also expanding its test menu in a collaborative effort with the HIV/AIDS Division to provide genotype testing. Genotyping provides DNA information which can be used for drug susceptibility and enhance case management for HIV-positive patients serviced by the Alabama Department of Public Health. Specimens for analysis performed in this branch are submitted from county health departments, federally-funded primary health care centers, and community-based HIV treatment programs. During fiscal year 2007, the Clinical Services Branch received and validated new equipment to automate specimen preparation for the quantitative HIV PCR analysis.

Also, during 2007, the Clinical Blood Lead Section of the Lead Branch of the division identified 2.7 percent of the 15,269 clinical blood lead specimens submitted for lead analysis as positive. Blood leads are positive when test values are  $\geq 10$  ug/dl. Specimens for blood lead analysis were submitted by county health departments and private providers. The Environmental Section of the Lead Branch tested 1,983 samples submitted by state environmentalists. Three hundred sixty-five of these samples (18.4 percent) tested positive. Wipes constituted 79.5 percent of the total samples submitted with 20.2 percent of wipes testing positive; soils represented 9.0 percent of the total sample volume with 17.9 percent wipes testing positive; paints comprised 0.5 percent of the total specimens submitted with 77.8 percent of the paints testing positive; and waters comprised 10.5 percent of the specimen volume with 2.9 percent of waters testing positive.

The Chemical Terrorism/Biomonitoring Branch of the division received a new high performance liquid chromatograph to upgrade the Liquid Chromatograph/Mass Spectrometer currently in use. In addition, a gas chromatograph with several detectors was received to address potential biomonitoring needs. During 2007, branch personnel attended training sessions at the Centers for Disease Control and Prevention for three new methods that enhance and expand current capabilities. New methods include blood metals

analysis, volatile organic compound analysis, and quantitation of abrine and ricinine. Personnel in this branch attended a weeklong convention sponsored by the Laboratory Reference Network and the CDC. The convention provided an opportunity for enhancement of analytical skills and knowledge base, along with a forum for addressing laboratory related problems for emergency preparedness. The lab collaborates with interdepartmental and intradepartmental agencies, as well as other state departments of health for methods availability, development, and validation.

## MICROBIOLOGY DIVISION

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The Microbiology Division continues to maintain its programs through state and grant funding. The division is especially supported by the Centers for Disease Control and Prevention for emergency preparedness and laboratory epidemiological surveillance.

### Bioterrorism Section

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Five environmental specimens (white powders and threatening letters) were tested using CDC rapid molecular methods. None were found to contain biological agents. Noteworthy is that a clinical specimen was received that tested positive for vaccinia. The section participated in the College of American Pathologists' Laboratory Preparedness Survey and the *Varicella Zoster Virus* Direct Fluorescent Antibody Proficiency Testing Programs. It also participated in the CDC BT Proficiency Testing Program for identifying and ruling out *Burkholderia pseudomallei*, *Burkholderia mallei*, *Coxiella burnetii*, *Brucella species*, Influenza A H5, Vesicular/Pustular Rash Illness, *Yersinia pestis*, and multiple agents.

The bioterrorism laboratory staff conducted three laboratory preparedness wet workshops for sentinel laboratories with 25 participants, produced one newsletter publication, and conducted four onsite visits to the sentinel laboratories this past fiscal year. The laboratory, in cooperation with the Center for Emergency Preparedness and the Division of Epidemiology, sponsored a statewide influenza conference titled, *Pandemic Influenza: Rapid Response Required*, with approximately 300 participants from around the state.

### Reference Bacteriology Section

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There was a slight increase in the number of *Escherichia coli* 0157:H7 isolates from the previous year, 49 confirmed cases compared to 42 in the previous year. There were two known outbreaks of *Escherichia coli* 0157:H7, one in Huntsville and the other in Birmingham. The number of non-0157: H7 Shiga-toxin producing *Escherichia coli* continues to increase. There were 47 Shiga-toxin producing *Escherichia coli* isolated from broth cultures during this period. One small outbreak in Jefferson County was attributed to *Escherichia coli* 026. There were five *Vibrio species*, seven *Neisseria meningitidis*, and 21 *Haemophilus influenzae* specimens submitted for confirmation. A new surveillance program for *Bordetella pertussis* was initiated during the summer. To date no positive cultures have been recovered from the surveillance cases, but there have been four confirmed *Bordetella pertussis* cases from other sources.

Two foodborne illness cases were investigated. During one investigation, *Salmonella serotype newport* was isolated from all of the patients' specimens submitted. Unfortunately, no food related to this case was submitted for testing. No pathogens were isolated in the second investigation.

### Parasitology Section

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Parasitology testing at the Bureau of Clinical Laboratories was temporarily suspended in July after the untimely death of the parasitologist. Up until that time, three cases of Malaria, 10 *Giardia lamblia*, one *Schistosoma mansoni*, and one case of *Isospora belli* were detected. Currently, the Georgia State Public Health Laboratory is temporarily performing routine parasitology testing for Alabama's State Laboratory, but the section continues to find the DPDx telediagnosis system a useful tool with support of the CDC in identifying challenging specimens.

### Enteric Section

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The Enteric section received a total of 2,092 specimens in fiscal year 2007. This was a 57 percent increase in the total specimens over 2006. There were two *Salmonella typhi* isolated during the year and one *Salmonella*

*paratyphi* A. Overall, there was a 19 percent increase in the number of *Salmonella* isolated and a 200 percent increase in the number of *Shigella* from the previous year. There were 10 specimens associated with the Peter Pan peanut butter *Salmonella* outbreak. There was an additional outbreak of *Salmonella* in an isolated community. There were at least four *Shigella* outbreaks tested at the State Lab, this included specimens from Jefferson, Mobile, and Tuscaloosa counties in addition to specimens from Georgia.

A total of 132 specimens were submitted this fiscal year to the National Antimicrobial Resistance Monitoring System.

- *Salmonella species* 76
- *Shigella species* 42
- *Escherichia coli* 0157:H7 3
- *Vibrio cholerae* 2
- *Vibrio species* 4
- *Listeria monocytogenes* 3
- *Salmonella typhi* 2

There were 173 raw meat and ready-to-eat specimens tested for the Alabama Department of Agriculture and Industries. All were tested for *Salmonella species* and 14 were tested for *Listeria monocytogenes* additionally. No

pathogens were recovered from the samples submitted for testing.

## Molecular Methods Section

**Influenza** – During this fiscal year, the section tested 175 specimens for influenza by real-time PCR with 60 testing positive for Flu A (H1 and H3) and 52 for Flu B.

**Norovirus** – The section received 24 specimens to test for norovirus by real-time PCR, with most of them coming from two nursing home outbreaks. Eight of the specimens tested positive.

**Bordetella (PCR)** – During this past fiscal year, the section began offering testing for pertussis by real-time PCR. Thirty-one specimens were received, but none tested positive by this method.

**VZV** – No specimens were received for VZV testing this year.

**PulseNet** – The section dramatically increased the number of specimens analyzed and DNA fingerprint patterns reported to the PulseNet National Server at the CDC. There was a 41 percent increase in the number of total specimens subtyped by PFGE this

Figure 1

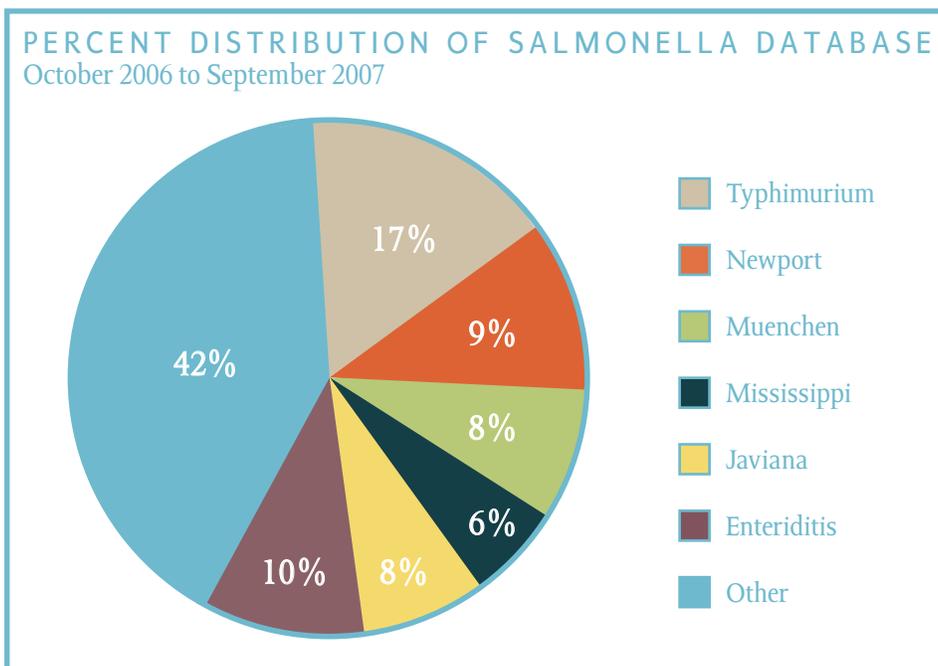


Table 1  
SPECIMENS SUBTYPED

<i>E. coli</i> O157:H7	54
<i>Salmonella</i>	1008
<i>Shigella</i>	531
<i>Listeria</i>	1
Total	1594

fiscal year. Table 1 summarizes the bacterial specimens that were subtyped, while Table 2 indicates the number of clusters which included isolates from Alabama, as identified by the Alabama PFGE laboratory. Figures 1 and 2 show the distribution for Salmonella and Shigella, respectively, added to the Alabama's PFGE Database during this fiscal year.

Other PFGE highlights this fiscal year include participation in the Fall 2006 PulseNet PT and the addition of a protocol for Methicillin-resistant *Staphylococcus aureus* (MRSA) with the subsequent successful completion of the 2006 College of American Pathologists' MRSA Survey.

### Rapid Serological Assays

WNV - The West Nile virus laboratory team tested 154 human specimens this fiscal year, about the same as last year. Twelve specimens tested positive for IgM and three for IgG, up 12 percent from last year. Seven specimens tested positive for IgM and three for IgG, down 30 percent and 25 percent respectively, from last year's positives. The division only received nine birds this season (55 percent less than last year) with none testing positive for the virus. The WNV testing staff proved successful for the 2007 CDC WNV PT for IgM and IgG antibody assays.

Botulinum toxin - One clinical specimen was received this past fiscal year but tested negative for botulinum toxin testing by the DIG ELISA and mouse bioassay.

### Rabies Section

The Montgomery Rabies laboratory received 1,179 specimens, representing a 5.6 percent increase over last fiscal year. However, the 62 specimens that tested positive (45 raccoons, eight bats, seven foxes, one opossum, and one cat) show a 4.6 percent decrease from last year.

### RESPIRATORY DISEASE DIVISION

The Respiratory Disease Division received 12,906 specimens to identify for mycobacteria and actinomycetes; 458 of these were referred cultures. The Mycobacteriology Section performed 1,683 DNA probes and 1,112 high performance liquid chromatography's for the identification of *M. tuberculosis* and other non-tuberculous mycobacteria. The division performed 502 drug susceptibilities. The Mycology Section received 4,731 specimens for fungal identification (1,387 were referred cultures) and identified 1,225 dermatophytes, 303 yeasts and 935 other fungi, including 10 *Histoplasma capsulatum*, two *Blastomyces dermatitidis*, and one *coccidioidesimmitis*.

Figure 2

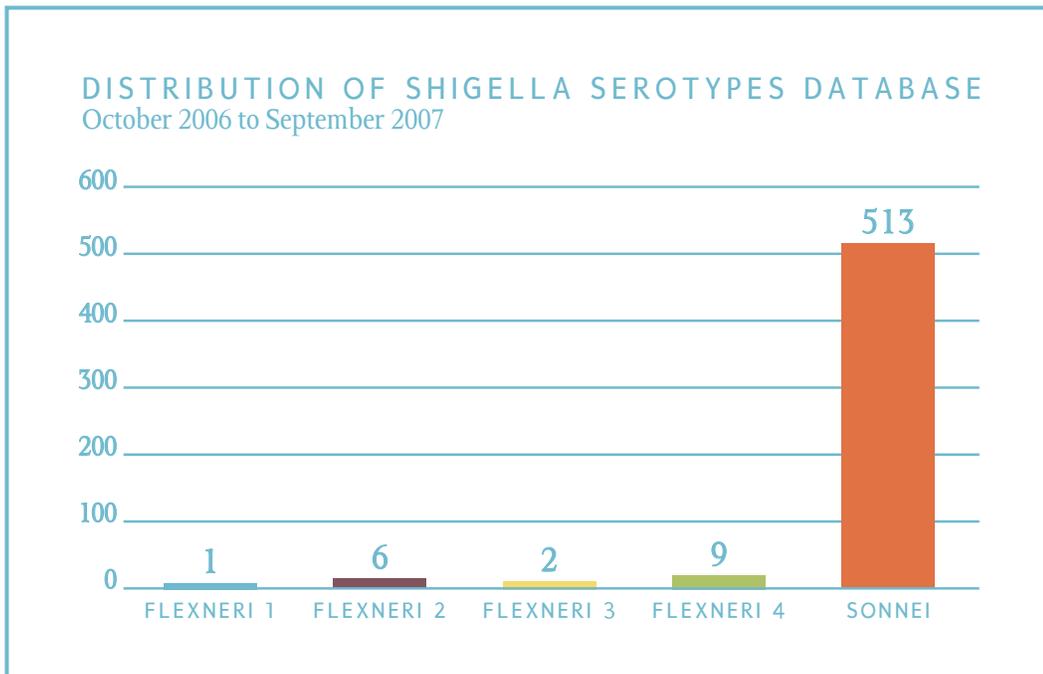


Table 2  
CLUSTERS

Newport	5
Typhimurium	3
<i>E. coli</i> O157:H7	3
Enteriditis	2
Tennessee	1
Poona	1
I 4, {5}, 12:i:-	1
Javiana	1
Mbandaka	1

The division continues participation in the Tuberculosis Cooperative Agreement Grant and CDC Tuberculosis Multi-Drug Resistant Susceptibility Study. Isolates from all new cases of *M. tuberculosis* are being sent to the regional DNA Fingerprint laboratory in Michigan for genotyping. Genotype cluster information is relayed to the Division of Tuberculosis Control.

## SANITARY BACTERIOLOGY/MEDIA DIVISION

The Sanitary Bacteriology/Media Division, located in the Montgomery Laboratory, tests dairy products, public and private water samples, as well as prepares the media used by both the county health departments and within the lab system. The number of both dairy and water samples tested remained relatively the same when compared to 2006. Working with the Alabama Department of Environmental Management, four public water utility laboratories were inspected for compliance with state and federal regulations. The Media Section made a total of 4,295 liters of media which poured 78,051 plates and 102,286 tubes. The breakdown for each division is shown in Table 3 below.

TABLE 3	Liters	Tubes	Plates	Flasks/Bottles
Metabolic	19			
Milk and Water	455	2500		2,678
TB	1,366	8,141	8,052	
Mycology	146	24,107	160	
Microbiology	1,692	67,538	36,647	
Birmingham Lab	603		32,472	
Mobile Lab	14		720	

## SEROLOGY DIVISION

In March of 2007 the division began using a new, third generation human immunodeficiency virus (HIV) test that detects both HIV 1 and HIV 2 and is much more sensitive than the first generation test that we had been using. The positivity rate for the enzyme immunoassay (EIA) test went up slightly, about 0.35 percent. As a result the division ran about 10 percent more Western Blots. There was very little change in the number of positive Western Blots but the number of indeterminate specimens increased significantly. No HIV 2 positive

specimens were detected in 2007. Overall test numbers remained steady with 107,161 specimens being tested for HIV in 2007.

The division participated in a syphilis methodology comparison study with Trinity BioTech comparing its EIA test for syphilis with the Venereal Disease Research Laboratory (VDRL) test that the division runs on a routine basis. Due to the increased cost of the EIA it was decided to continue with VDRL. There were 42,464 specimens for syphilis tested in 2007 with a positivity rate of 3.2 percent.

The division continued to experience relatively high positivity rates for Chlamydia trachomatis, 13.1 percent, and Neisseria gonorrhoea, 5.2 percent. The Serology Division tested 37,556 specimens for each condition.

## QUALITY MANAGEMENT DIVISION

The responsibilities of the Quality Management Division of the Bureau of Clinical Laboratories and the Alabama County Health Department Laboratory System encompass all facets of technical and non-technical functions. The division began the year with a host of changes and challenges. Changes in leadership and the addition of new personnel allowed the division to pursue its mission to ensure that the policies and procedures set forth by the Clinical Laboratory Improvement Amendments standards are maintained and ultimately exceeded.

The division's functions consist of several components such as: patient test management; procedure manual development; quality control assessment of county clinics; training assessment of new and existing clinical personnel; administration and monitoring of the Bureau of Clinical Laboratories and county proficiency testing; test result and method validation; patient information and test relationships; personnel assessment of bureau and county employees; communication assessments; complaint investigations; assessment of safety issues and laboratory documentation issues.

The highlight for the division is the debut of the new county laboratory system policies and procedure manual that was published and distributed throughout the state.

The manual provides the county laboratory system with a clear overview of the Quality Management Division's purpose and the role of the clinics within the Clinical Laboratory Improvement Amendments guidelines.

### BIRMINGHAM DIVISION LABORATORY

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The Birmingham Division Laboratory was evaluated by the Food and Drug Administration (FDA) during its triennial on-site milk survey and was found to be in compliance. The division participated in the FDA proficiency testing program; as well as, preparing and sending out milk proficiency testing samples to nine laboratories in Alabama and one out-of-state laboratory. Fluoride levels in public water sources were tested monthly at the request of Family Health Services/Oral Health Branch. The Laboratory Certification Officer was evaluated by the FDA and was in compliance. Four industry milk laboratories and five water laboratories were surveyed and certified to be in compliance with appropriate state and federal regulations.

Influenza surveillance became a year-round program this year. In conjunction with the Epidemiology Division, isolates were received, cultured, and identified from sentinel providers across the state. Isolation began with an August outbreak in south Alabama and continued through March, resulting in 113 isolates which were shipped to the Centers for Disease Control and Prevention for further characterization and evaluation for inclusion in the influenza vaccine. The respiratory virus section hosted an in-house viral culture methods workshop and plans to increase the number of viruses identified during the next year.

The Birmingham Division Laboratory continues to provide rabies, drinking water, syphilis, chlamydia, and gonorrhea testing for Public Health Areas 1, 2, 4, and 5. Statewide, influenza culture; urine culture; fluoride in drinking water; and dairy product testing are offered. Certification of industry dairy and water laboratories is also offered statewide. The division participates in two ongoing CDC studies -- influenza surveillance for vaccine development and GISP, tracking drug resistance in *N. gonorrhoeae*.

### MOBILE DIVISION LABORATORY

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The Mobile Division Laboratory's Clinical Branch analyzed specimens from numerous health departments, clinics, and other health care providers for hepatitis B, syphilis, chlamydia, and *Neisseria gonorrhoeae*. This year the laboratory began using the Abbott AxSym analyzer which uses microparticle technology to detect hepatitis B antigen and other immunological markers in one day. This greatly reduces the turn-around time which was up to five days and sometimes 10 days with the bead technology.

The U.S. Food and Drug Administration asked the Mobile Division Laboratory's Environmental Branch to analyze shellfish growing waters for the State of Georgia during their lab transition. Samples analyzed during the months of August and September permitted the Georgia program to remain in compliance with the National Shellfish Sanitation Program. The lab was asked to continue as a resource lab for Mississippi's shellfish program in the examination of shellfish growing waters for harmful algae so that they could remain in compliance. This partnership was begun in 2005 after Hurricane Katrina.

Reports of fish kills, reduced catches, and foul smelling, discolored water provoked a multi-agency action to determine the cause and extent of two harmful algal bloom events during this year. The first was caused by *Prorocentrum minimum* in January and February of 2007. This organism, a known "bloomer" in the Mobile Bay, massed in hundreds of millions per liter producing large areas of mahogany-colored water with an oil slick appearance at the surface. There was no toxicity associated with this bloom, although fish were driven from the area by the decreased oxygen in the water.

Beginning in July, and continuing through September, the Week's Bay area in Baldwin County was affected by an algal bloom of *Karlodinium veneficum*. The dinoflagellate's huge numbers caused fish kills and raised concerns about possible toxicity to humans. Samples collected by cooperating agencies were sent to the FDA for toxin studies, and research is continuing on this Alabama variant of an organism found all around the world.

## BUREAU OF ENVIRONMENTAL SERVICES

The Bureau of Environmental Services ensures the safety of Alabamians by regulating food, milk, lodging, seafood, soil and onsite sewage, indoor air quality/lead, and solid waste.

### TRAINING AND ENVIRONMENTAL PROGRAMS

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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. By serving as a “checkpoint” for the bureau, local environmentalists are kept abreast of new and innovative technology, as well as provided seminars on professional skills.

In counties with limited environmental staff, standardized training courses are provided for the food industries to improve their knowledge in food safety and good sanitation practices. The unit also helps promote public relations through public speaking and/or personal contact with public officials, civic organizations, schools and universities, industry representatives, and the general public to improve their relationship with local environmentalists.

Each year the Training Unit coordinates the Basic Environmentalist Training Course. This course is offered biannually and must be successfully completed by newly hired employees prior to them receiving permanent status with the state. The course provides new employees with interpretation on the Alabama’s Food/Onsite Rules and Regulations. Also, it provides participants with the skills necessary to perform their job duties.

### FOOD, MILK, AND LODGING DIVISION

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The safety of food sold at retail in Alabama, and of food, other than red meat and poultry, processed in Alabama, is the responsibility of the environmental staff of the county health departments and of the Division of Food, Milk, and Lodging at the central office. This division promulgates rules and regulations affecting safety and sanitation of food, sanitation of lodging facilities in the state, and also issues guidelines for the

inspection of prisons and jails. The division administers and enforces sanitation rules for milk and seafood. Rules for establishments such as restaurants, grocery stores, convenience stores, food manufacturing plants, tattoo facilities, hotels, and camps are enforced by the county health departments’ environmentalists. The division consists of three branches: Food and Lodging, Milk and Food Processing, and Seafood.

#### Food and Lodging Branch

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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 on a routine basis, depending on the type of food being prepared and the amount of food preparation steps involved. The number of routine inspections for food service establishments is three times per year; hotel and camp inspections are one time per year; tattoo facilities are inspected two times per year; and jails are inspected one time per year.

Food Safety - In 2007, county health departments conducted 46,325 inspections at these establishments; in addition, 2,165 inspections were made at temporary food establishments such as food booths at fairs and festivals and 5,850 inspections were made at other locations. County health departments investigated 3,513 complaints from the public concerning food or food establishments and issued 6,559 legal notices.

Tattoo (Body Art) Facilities - “Body art” includes tattooing, body piercing, and branding. In 2007, revised rules for body art practice and facilities became effective. County health departments continued the regulatory activities for this relatively new program, established in 2001. Under the requirements for licensing body art facilities and issuing permits to the operators, there were 151 licensed facilities in Alabama (an increase from 96 in 2003; 126 in 2004; 139 in 2005; and 149 in 2006). The county health departments conducted 163 inspections at body art facilities and investigated 49 complaints.

Lodging - In 2007, revised rules for the construction, maintenance, and operation of hotels became

effective and include the inspection of swimming pools at permitted lodging facilities. County health departments conducted 1,015 inspections of hotels and camps, and investigated 260 complaints. Additionally, 220 environmental staff members were trained and certified as assistant state hotel inspectors.

### Milk and Food Processing Branch

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Milk is a basic food for both the general public and school children in Alabama. Milk products such as ice cream and cheese are also important dietary components for Alabamians. Fluid milk supplied to schools represents approximately 17 percent of Alabama's milk processing plants' annual production. 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 2007, the Milk Branch conducted 72 pasteurization equipment tests, 283 dairy farm inspections, and permitted 139 out-of-state plants to ship dairy products into Alabama. The branch collected 970 raw (before pasteurization) milk samples and 1,033 pasteurized milk samples for bacteriological, chemical, and antibiotic testing.

A total of seven milk tankers containing 332,262 pounds of milk (or 38,635 gallons) were disposed of due to antibiotic contamination.

### Seafood Branch

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With high nutritional value, seafood is increasingly featured as a component of a healthy diet. The seafood industry of Alabama also plays a vital role in the state and coastal economies of Alabama. The Seafood Branch and Seafood Quality Assurance ensure seafood processing establishments meet food safety standards and that shellfish growing waters meet National Shellfish Sanitation Program standards.

The Seafood Branch and Seafood Quality Assurance of the Alabama Department of Public Health administer five major seafood programs:

1. Permitting, inspecting, and sampling of shellfish processing facilities;
2. Permitting, inspecting, and sampling of blue crab processing facilities;
3. Permitting, inspecting, and sampling of shrimp, fish, and specialty product processing facilities;
4. Classifying and sampling of shellfish growing waters and sampling of shellfish to ensure compliance with the National Shellfish Sanitation Program; and
5. Monitoring for *Vibrio vulnificus* and dinoflagellates in shellfish growing waters.

The Seafood Branch and Seafood Quality Assurance staff consists of one manager, five environmentalists, and one administrative support assistant. In fiscal year 2007, there were 50 shellfish processing permits issued; 20 blue crab processing permits issued; and 60 shrimp, fish, and specialty product processing permits issued.

There were 429 inspections and 389 field visits conducted at these seafood processing facilities. Inspections were conducted to ensure compliance with State Health Department rules. Field visits were conducted to provide onsite training in good manufacturing practices, record keeping, and compliance with inspection schedules. In addition, 27 seafood processing water samples were collected to ensure bacteriological safety.

During fiscal year 2007, 216 shellfish growing water samples and five shellfish samples were collected to determine bacteriological compliance. During routine monitoring five shellfish growing water samples and five shellfish samples were collected to determine levels of *Vibrio vulnificus*. Levels were highest in summer months due to increases in temperature and salinity.

Mobile Bay was ordered closed to shellfish harvesting one time for a total of four working days due to possible fecal contamination from excessive fresh water flow via the Mobile River System.

Fifty shellfish growing water samples were collected to determine the presence of harmful algal blooms (toxic dinoflagellates) and five shellfish samples collected to determine the presence of toxin.

During fiscal year 2007, Seafood Branch staff provided department representation to the following programs:

- Interstate Shellfish Sanitation Conference
- Mobile Bay National Estuary Program
- Technical Interagency Committee
- Gulf of Mexico Public Health Program
- Gulf of Mexico Alliance Program

In December 2006 the State Committee of Public Health adopted the revised Crab Sanitation Program Rules, 420-3-15. The new rules bring the program into conformity with current industry practices and federal requirements for interstate food shipments.

The Seafood Branch staff provided representation at the Interstate Shellfish Shippers Conference and participation in various subcommittees dealing with management and control plan issues. Staff also contributed to the Gulf and South Atlantic State Shellfish Conference, National Estuary Management Committee, the Technical Interagency Committee, and the Mobile Chamber of Commerce Seafood Task Force.

## **DIVISION OF COMMUNITY ENVIRONMENTAL PROTECTION**

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### **Soil and Onsite Sewage Branch**

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The Soil and Onsite Sewage Branch's main objective is to coordinate the onsite sewage program in the county health departments. The branch is one of three branches within the Division of Community Environmental Protection.

The Division of Community Environmental Protection carries out programs to minimize the adverse effects of

disposal of sewage and high-strength sewage on human health and the environment by establishing and enforcing requirements for the design, permitting, installation, approval, and use of onsite sewage treatment and disposal systems.

During the past year:

- 21,266 permits were issued to install onsite sewage systems
- 9,545 systems were installed
- 69 special projects such as plans review for large systems were handled
- 4,886 complaints were handled statewide
- 8 variances were processed
- 855 people were trained at various environmental training events during the year. Trainees included department employees and others involved in onsite systems design and installation outside of the department.
- 42 product permits to date have been issued to manufacturers of advanced treatment and disposal products. These permits set the conditions under which onsite wastewater products can be used in the state.
- 81 large onsite systems are now permitted by the Health Department under performance permits. These permits require sampling and maintenance of large systems to better protect public health and ground water. These permits are very similar to National Pollutant Discharge Elimination System permits issued for wastewater discharges by the Alabama Department of Environmental Management.
- 8 onsite management entities have been issued Certificates of Financial Viability. These certificates provide the Health Department with a mechanism to ensure proper maintenance and operation for large

onsite systems owned by an onsite management entity.

- 26 county onsite sewage programs were reviewed by central office survey officers under the new onsite sewage survey program. This program was designed to evaluate, improve, and standardize county onsite sewage programs.

In November 2007 there were revisions and amendments to the Onsite Rules, originally adopted in March 2006. Corrections and revisions were made that became evident as application of the rules was implemented.

## Solid Waste Branch

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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 ..... 740
- Transfer/processing facilities inspected.....39
- Septage management facility inspections.....51
- Collection vehicles inspected ..... 476
- Certificates of exception reviewed/issued... 1,702
- Vector complaints investigated ..... 6,896

## Indoor Air Quality/Lead Branch

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This branch provides information on issues related to indoor air quality, molds, lead-based paint, and other lead hazards. Regarding the lead hazard program, the primary focus of the branch is to enforce the state regulations promulgated under the Alabama Lead Reduction Act of 1997. These rules require individuals and firms who are engaged in lead identification and risk assessment, planning, and design of lead abatement projects, and lead-based paint removal of pre-1978 housing and child-

occupied facilities to be trained and certified to perform according to established safe work practice standards. Branch personnel also provide support for the *Alabama Childhood Lead Poisoning Prevention Program*, a program which identifies children with elevated blood lead levels through screening by local health departments and private physicians, and provides environmental surveys of their homes to identify sources of lead hazards and recommend methods to eradicate the hazard. This program ensures that proper medical treatment or case management is undertaken by responsible authority, as well as preventing childhood 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 Environmental Protection Agency's designated state indoor air contact providing advisory services for Alabama and those who request it by providing indoor air quality, molds, and asbestos information and printed materials.

Lead Contractor Certification Program activities include:

- 76 certification of firms to conduct lead based-paint activities
- 74 inspections of lead abatement project sites
- 69 visits to municipal authorities for compliance assistance
- 24 state lead regulations violations noted

Childhood Lead Poison Prevention Program activities:

- 12 lead outreach (inspections and awareness) workshops
- 69 inspection of homes with cases of children with high blood lead
- 1,275 environmental lead sampling of dust, soil, water, and paint chips

## BUREAU OF PROFESSIONAL AND SUPPORT SERVICES

The Bureau of Professional and Support Services supports a variety of important department initiatives and projects. Professional and Support Services assists the department by facilitating and participating in activities to recruit, retain, and further develop employees.

### MANAGEMENT SUPPORT UNIT

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The Management Support Unit supported the department through management of the Records Disposition Authority, development of grant resources, review of grants and requests for proposals, management of the Policy Clearinghouse, and provision of assistance to all bureaus with SPAR, the department's strategic planning and budgeting process. The Management Support Unit is also responsible for managing budgets for the Bureau of Professional and Support Services.

### OFFICE OF MINORITY HEALTH

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The Office of Minority Health facilitates local and state level partnerships to work collaboratively to address health disparities in Alabama. Acknowledging the diversity and changing demographics of Alabama, the Office of Minority Health strives to enhance and promote public awareness of the health concerns of the minority and underserved populations throughout the state by joining other entities to improve access to quality health care services. During 2007, the office concluded work to ensure the department's continued compliance with federal laws to provide meaningful access to health services for the non-English speaking population. A strategic plan for training health department employees on serving limited English proficiency clients was developed and approved for operation.

During 2007, funds were awarded for a second year through the *State Partnership Grant Program to Improve Minority Health*. These grant funds supported two primary areas: the enhancement of existing data sources to help identify disparities among Alabama's diverse racial and ethnic populations, and the expansion of outreach efforts to develop a statewide strategic plan to eliminate health disparities. Grant funds were used

to support the collaborative efforts with the Alabama Indian Affairs Commission to collect and analyze health data obtained from over 3,000 health assessment surveys of the state-recognized tribes. The office hired a public information specialist and recruited an epidemiology intern from the University of Alabama at Birmingham to develop a data storing system to house the collection of racial and ethnic data. Analysis of the data was completed on four tribes during 2007.

Grant funds also supported capacity building and outreach to promote a greater participation in a state level Health Disparities Task Force. State agencies including the Alabama Medicaid Agency, Alabama Department of Environmental Management, the Department of Senior Services, the Department of Corrections, and the Alabama Department of Rehabilitation Services joined community stakeholders and faith leaders to promote public awareness of racial and ethnic health disparities. During 2007, the Office of Minority Health strengthened the existing partnerships with the department's disease programs and formed the Alabama Department of Public Health's Health Disparities Advisory Council. The newly formed council met monthly to share expertise in developing action steps to eliminate health disparities in health care services. The Health Disparities Advisory Council was charged to evaluate progress in promoting community outreach with targeted health messages focusing on the six leading health disparities affecting minority populations in Alabama. The Office of Minority Health outreach activities included health presentations at numerous state, regional, and county venues.

### NURSING DIVISION

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The Nursing Division had much success in 2007 as it continued to collaborate with community partners and health departments throughout Alabama. The division continued to serve as a liaison to the Alabama Board of Nursing to ensure compliance with nursing licensure requirements. The division also collaborated with the Alabama Board of Nursing and the Alabama State Nurses Association to develop continuing education activities which will be beneficial to nurses seeking continuing education statewide.

Personnel in the division continued to chair the Clinic Protocol Committee, which works with department staff to ensure professional nursing standards are maintained and nursing protocol is updated and clarified as needed. The division continued an ongoing process for review of incidents and accidents, which allowed for tracking and identification of needed corrective measures or policy changes.

The division collaborated with state and federal government agencies, community partners, educational organizations, and public health providers to offer guidance and support for public health nursing through provision of community resources for promotion of public health concerns statewide.

The Community Training Center continued to provide cardiopulmonary resuscitation and first aid training for health care professionals, day care providers, and community volunteers throughout Alabama. Currently, there are 145 CPR instructors statewide within the Alabama Department of Public Health system. The center also served as a nursing continuing education provider, not only for public health nurses, but also for community volunteers and health care providers.

Memoranda of agreement with 26 schools of nursing in Alabama and surrounding states, as well as collaborative relationships with other disciplines such as pharmacists, allowed positive public health clinical experiences for students statewide. This effort naturally led to a number of health care professionals choosing public health as their area of practice after graduation.

The Nursing Division worked closely with other department offices toward excellence in the area of emergency preparedness. Public health nursing played a major role in the response to hurricanes in 2005, particularly by providing professional nursing oversight in mass care and medical needs shelters. These actual events allowed for experiences which could be evaluated to assist in future emergency response planning. The nurse volunteer database was utilized during these events to allow for expedited contact of nurse volunteers during the event. The process worked well with volunteers responding from Alabama and nationwide. Nurses have been provided training in the Strategic National Stockpile,

hurricane relief, working in a medical needs shelter, and other general emergency preparedness topics.

As always, the Nursing Division continued to strive for excellence in the practice of public health nursing while serving the citizens of Alabama.

## NUTRITION AND PHYSICAL ACTIVITY DIVISION

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The Nutrition and Physical Activity Division continued to bring nutrition education to communities throughout Alabama in 2007. *Scale Back Alabama* was a statewide campaign designed to encourage Alabamians to get healthier by losing weight and exercising. The campaign was a joint project between the Alabama Hospital Association and the Alabama Department of Public Health, with underwriting from Barber Dairies. January 2007 was the first year for this voluntary weight loss initiative. *Scale Back* utilized evidenced based research for the educational lessons.

*Scale Back* received local, state, and national media coverage. Hospitals, health departments, and businesses worked together and formed networks and support systems that made eating healthy and being physically active the norm.

At the conclusion of the 2007 *Scale Back Alabama* contest, participants completed an evaluation form. The results were positive as indicated by the following statistics:

- 89.56 percent of the respondents reported they ate more fruit and vegetables;
- 39.08 percent drank more milk;
- 91.1 percent drank more water;
- 68.3 percent planned meals;
- 96.21 percent ate smaller serving sizes; and
- 93.01 percent of the participants used less fat in food preparation.

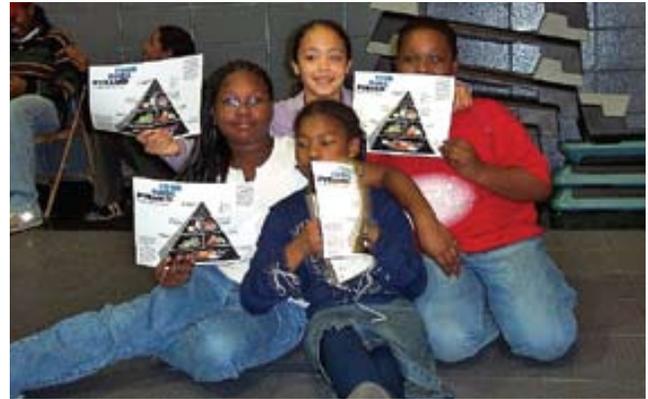
In 2007, the first *Scale Back* contest involved 5,000 teams. The teams consisted of three to five participants who competed to see who could lose the most weight on a percentage basis. This program reached approximately 20,000 people on the teams, but the potential of having reached co-workers, family members, and others is an even larger achievement. Forty-six of the 67 counties participated, which is approximately 68 percent of the state. The final weigh-in had 2,100 teams that participated, losing over 78,000 pounds in 10 weeks.

The Nutrition and Physical Activity Division staff continued to provide training and materials from the following evidenced based youth curricula: CATCH Kids Club; Media Smart Youth: Eat, Think and Be Active; and SMART. CATCH Kids Club helps children adopt healthier dietary and physical activity behaviors by positively influencing the health environments of recreation programs, schools, and homes. An analysis of 34 respondent surveys found statistically significant increases in healthy eating attitudes and intentions to decrease screen time behaviors such as watching television and playing computer games.

Kidfit is a program designed to help elementary school children to become healthier by making better decisions about fitness and nutrition. Through the KidFit program, DVDs with a 30-minute program were distributed to children. Alabama is the first state to adopt the KidFit program for students. Sponsored by Alabama Power Company and the Alabama Power Foundation, over 380,000 DVDs were distributed. The program was aired on broadcast stations in the major markets. The program is hosted by recording artist Randy Owen and Alabama's Commissioner of Agriculture and Industries, Ron Sparks. The division provided technical assistance in selecting the topics covered, reviewing scripts for accuracy, and developing an Internet evaluation survey for parents to complete.

In addition to the youth programs, the staff also provided resources for parents through the Body Works and We Can! curricula.

Upon receiving a seed grant of \$2,500 from the Association of State and Territorial Public Health Nutrition Directors, the division and the University



of Alabama at Birmingham were able to begin the development of a comprehensive state wellness plan. Developing the state wellness plan began by forming a state wellness coalition. The coalition included key leaders representing a diverse group with wellness interest from various health related task forces/councils, public health, academia, health care, education, businesses, and community groups. The group was challenged to write a state plan that was realistic, yet used visionary methods to sustain a cultural change in which people want to and are able to make healthy lifestyle choices to promote wellness.

*Action for Healthy Kids* is a nonprofit organization formed specifically to address the epidemic of overweight, undernourished, and sedentary youth by focusing on changes at school. The Alabama Chapter is organized through the Nutrition and Physical Activity Division. The Alabama Action for Healthy Kids hosted the Alabama Healthy Schools Summit on February 2007 in Montgomery. The summit, with over 300 school and health professionals in attendance, addressed a variety of topics including coordinated school health, quality physical education, after school programs, and what is working in Alabama schools.

## PHARMACY DIVISION

The Public Health Pharmacy Division continued its primary responsibility of establishing dispensing policy for all county health departments and oversight of policy implementation.

The Pharmacy Division continued to coordinate state agencies accessing the Minnesota Multi-State Contracting Alliance, a voluntary group purchasing organization operated by the State of Minnesota and

servicing government-based health care facilities. This alliance allowed the State of Alabama to purchase medications and clinic supplies at substantially reduced prices. In addition, the Pharmacy Division coordinated accessing 340 B pricing, a federal pricing program for covered entities within the department.

A prescription drug monitoring database to monitor schedule II, III, IV, and V drugs in Alabama was developed and tested. The database became operational in April

## Alabama Department of Public Health

**CONTROLLED SUBSTANCE  
PRESCRIPTION  
DRUG MISUSE & ABUSE**  
*Be Aware. Stay in control.*

**PRESCRIPTION DRUG  
MONITORING PROGRAM**

2006. As of September 30, 2007, approximately 17 million prescriptions had been reported into the database.

The division continued to consult with all public health units, including county health departments and other agencies, on medication-related and pharmacy-related activities. The consultations included distribution issues, clinical information, drug scheduling, purchasing, and legal issues. The division also consulted in the areas of osteoporosis, cardiovascular disease, bioterrorism, diabetes, arthritis, and home health. Assistance was also provided in the rescheduling of drugs and the Controlled Substances List.

In addition, the division continued to provide internship experiences to pharmacy students, hosting approximately eight students annually from both pharmacy schools in the state, Auburn University and Samford University.

The Public Health Pharmacy Division also participated on the department's emergency preparedness task force and continued to coordinate development of Alabama's procedures for ordering and processing the Strategic National Stockpile (SNS), a special stockpile of drugs and supplies which would be shipped by the federal government to the state if requested following a terrorism event. As of the end of 2007 over 2,000 pharmacists, nurses, and social workers had been trained to deploy the stockpile. The Centers for Disease Control and Prevention gave Alabama an excellent rating for a full-scale exercise held in May in southwest Alabama.

## OFFICE OF PRIMARY CARE AND RURAL HEALTH DEVELOPMENT

### Primary Care Section

The section collected and analyzed data to designate health professional shortage areas in those communities satisfying federal criteria. This designation qualifies the community for several grants and programs to increase health care access. Designation assessments were performed on shortages of primary care physicians, dentists, and mental health workers. Sixty-two of Alabama's counties or sub-counties are now designated as primary care physician shortage areas. An additional 180 physicians strategically placed in Alabama communities

would be required to eliminate the physician shortage for underserved residents. All 67 Alabama counties are designated as dental health shortage areas for the low-income population, with some 287 additional dentists being needed to overcome this dental care shortage. Sixty-five counties are considered deficient in mental health care providers, with these counties being grouped among 22 mental health catchment areas. A total of 32 additional mental health providers, strategically placed, would be required to alleviate these mental health shortage designations. Data were collected and reviewed this year for all counties that are not currently designated as health professional shortage areas. A total of 19 primary care shortage designations were updated.

Applications for assistance from the National Health Service Corps to recruit health professionals into Alabama communities resulted in 130 vacancy opportunities as of September 4, 2007. Efforts to recruit and fill these 130 approved slots were undertaken through joint activities between the Primary Care Section and recruiting communities. Historically, not all slots can be filled, primarily because of limited financial assistance available from the corps and inability to find providers to fill the vacancies. The current field strength of previously placed corps providers is 25 physicians, 20 mid-level providers, 10 dentists, 10 mental health workers, and one doctor of chiropractic medicine. The corps' loan repayment program continues to be an attractive recruiting tool for rural and medically underserved areas by providing payoff of \$50,000 in loans for a two-year service commitment and an additional \$70,000 for two additional years of service.

In addition to other health professional recruitment activities, all the primary care physician residency programs in the state were visited or contacted to solicit residents' participation in the annual physician's Alabama opportunity fair held in Orange Beach, Alabama. A new recruitment medical provider placement software package called Practice Sights is currently being installed in the office. This program will allow medical providers to self-register at any time to be considered for hundreds of Alabama vacancy opportunities. Four staff members have been trained on this North Carolina piloted program and have been making progress toward completing installation in the Primary Care Office, with

assistance from the department's Computer Systems Center.

#### Rural Health Section

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The J-1 Physician Waiver Program continued to be the principal source of primary care and mental health physicians and specialists. This office processed waivers for 16 physicians, including eight sub-specialists, bringing the total number of J-1 physicians in the state to 74. These physicians provided accessible health care to over 170,000 rural and medically underserved Alabamians and contributed major economic benefits to their respective communities through the generation of millions of dollars in health-related revenue and expenditures and the employment of numerous supporting personnel.

Two new activities were initiated to bring high-level tertiary and specialty care to rural communities through the use of state-of-the-art health and telecommunication technologies. First, providers were encouraged to participate in the Federal Communications Commission's Rural Health Care Pilot Program which will fund innovative approaches to telemedicine using the Universal Services Fund for the broadband component with as little as 15 percent match. With the assistance of the Alabama Departments of Economic and Community Affairs and Mental Health/Mental Retardation, six Alabama proposals were submitted out of dozens from all over the country, with announcement of winning applications still pending. In addition, the office participated in an open forum on Children's Mental Health sponsored by the Alabama Chapter of the American Academy of Pediatrics to demonstrate the advantages of performing mental health consultations at remote sites via telemedicine. All of these initiatives resulted from concerted efforts to stay on the cutting edge of new telehealth technology through participation in trade shows and professional organizations and through constant networking with organizations and individuals through one-on-one personal contacts and Internet listserv contacts.

Three 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, resulting in a \$350,000 award. This Medicare Rural Hospital Flexibility Grant program focuses on the smaller, rural hospitals. These funds will be used to update the State Rural Health Plan using a strategic planning process, improve small hospital quality of care, support the development of a Statewide Trauma System by participating in planning and purchasing communications systems, and providing financial assistance to a new critical access hospital being constructed in Choctaw County. Over 40 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.

Another federal grant application submitted was for the Small Rural Hospital Improvement Grant Program. Federal grant funds are made available through this program for all rural hospitals having less than 50 operational beds. Twenty-nine eligible hospitals were identified in Alabama. The application resulted in an award to the state of \$259,405. Eligible hospitals may use these grant funds to update financial operations for Prospective Payment Systems, plan and implement Health Insurance Portability and Accountability Act requirements, reduce medical errors, and improve quality of care.

Finally, the office applied for and received a Health Information Technology grant of over one million dollars to fund a pilot network of critical access hospital providers in Randolph County. The new technology being funded by the grant, an Electronic Health Record and Data Warehouse, will better utilize equipment previously acquired by the hospital for diagnosing and treating cardiovascular disease. The success of this program exemplifies a new spirit of cooperation between the Office of Primary Care and Rural Health and small, rural hospitals in Alabama.

Grant opportunities and health related community data are continuously being requested from the Rural Health section. A grant notification process has been operational through mail and fax. In conjunction with the Alabama Rural Health Association, a listserv has been developed that provides notices on grant opportunities of interest to community-based organizations in rural communities.

More extensive support is provided for those applicants interested in applying for funding through the federal Rural Health Outreach Grant Program and Rural Health Network Development Grant Program. In the future, this will include a statewide conference call hosted by Rural Health to offer technical assistance for applicants and to identify potential collaborators for outreach grant applications. During the year, 175 organizations and individuals had access to routine communications of notices for over 250 grant opportunities.

## SOCIAL WORK DIVISION

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Always focused on the need to adhere to sound professional social work standards and practice, the Social Work Division continued to collaborate with the department 's social work program consultants and area directors for quality program delivery. The division also assisted with enhancing public health development, planning, and service delivery for current and future initiatives as it continues to partner with organizations across the state and nation. Open to providing support in the development of health services options and opportunities for Alabama, the division frequently participated in navigating new public health initiatives, while continuing to sustain public health social work service delivery.

In 2007, the division continued to focus on collaborating with department leaders and other related agencies and organizations, to continue to support the provision of the following services: Elderly and disabled waiver services; Plan First, Patient 1<sup>st</sup> care coordination, which provides early periodic screening diagnostic treatment to children and adults; home health medical social services; home and community based 530 waiver services; children with special health care needs; breast and cervical cancer; HIV/AIDS case management; maternity case management; hepatitis C education; and tobacco prevention and control.

The division continued to provide support for the Alabama Care Coordination Records Network system. This system captures and maintains all client/patient related documentation, time and activity to assure uniform and accurate client/patient service, and reimbursement information. The system plays a vital

role in producing personnel, cost accounting, and management reports. It also serves as a useful audit tool which allows supervisory staff to monitor both quantity and quality of work produced by case management staff.

The division continued to work with the Center for Emergency Preparedness to develop and maintain a network of state and local organizations, ensuring that Alabama has a response and recovery plan which seeks to account for every possible special need.

The Social Work Division continued to support the educational needs of the social work profession by offering training opportunities and providing needed contact hours for license renewal.

The Annual Public Health Social Work Seminar was organized and provided to acknowledge National Social Work Month and to honor the work of outstanding public health social workers in the department. This special day was used to recognize the department's annual clinic, home health, waiver, and social work manager of the year. The seminar allowed social workers to reflect on their profession and the success of social work programs thus far.

In support of the department's Workforce Development Program, the division continued working with Alabama accredited schools of social work and the Board of Social Work Examiners to seek and develop new strategies for increasing the number of licensed social workers in the department's current and future workforce.

## TRAINING UNIT

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Training coordination continued with interdepartmental and intradepartmental groups to provide quality education for all employees. Trainings were organized and managed in collaboration with Auburn University Montgomery, Tulane University, Emory University, the University of Alabama at Birmingham, the State Personnel Department, and the Alabama TechnaCenter. Forty supervisory training sessions and 72 TechnaCenter courses were coordinated through the Training Unit in 2007. In addition, 20 electronic daysheet trainings and two customer service trainings were conducted. A number of self-paced, online courses were offered to department

staff through the South Central Public Health Training Center and the South Central Center for Public Health Preparedness.

In 2007, the Training Unit began work to enhance the department's current training calendar to a department-wide events calendar. The calendar will be an integral part of workforce development efforts for all programs throughout the state. The new calendar is set for release in January 2008.

The South Central Public Health Leadership Institute is one of several opportunities made available through the department's Workforce Development Program. The institute is sponsored by the South Central Public Health Partnership, a regional consortium comprised of the state health departments in Alabama, Arkansas, Louisiana, and Mississippi; Tulane University of Public Health and Tropical Medicine; the University of Alabama at Birmingham School of Public Health; the University of Arkansas for Medical Sciences College of Public Health; the Louisiana State University Health Sciences Center; plus three local public health agencies: Jefferson County, Alabama; Mobile County, Alabama; and New Orleans, Louisiana. Administered by Tulane University School of Public Health and Tropical Medicine, the mission of the institute is to enhance and develop leadership skills through education and individual growth. The year-long course of leadership study involves three sessions scheduled at sites in the participating states, several conference calls and completion of a group project related to some aspect of public health. Each state is permitted to send 10 scholars each year.

The Public Health TEAM (Training and Experience to Advance Managers in Public Health) Academy became the newest department-wide Workforce Development Program in 2007. The purpose of this program is to create an approach to developing managers that will complement other departmental training activities. This program focuses on the critical competencies needed to be an effective supervisor using a hands-on, problem solving approach. While the South Central Public Health Leadership Institute focuses on leadership, TEAM Academy focuses on management skills and the tools needed to handle daily management of employees. Two

TEAM academies with a total of 72 graduates were held in 2007.

In 2007, the Training Unit continued succession planning efforts for the department. In coordination with institute scholars and the Workforce Development Committee, an application for entry into the department's leadership pool was drafted.

During the year, the Training Unit began developing a Web page for Workforce Development. This page will be an important tool for employees, facilitating the sharing of resources and information about the department and workforce development.

The Training Unit continued to coordinate the further development and enhancement of a Learning Content Management System, which automates the training process, provides an efficient way to administer surveys, and tracks training and registration of emergency preparedness volunteers. By the close of 2007, there were over 2,000 volunteers registered in the system. Several training opportunities were offered through the system in 2007 and a statewide implementation plan was developed. In collaboration with a department-wide user's group, several key features were enhanced, making the processes more user friendly.

The Training Unit finalized the development of an emergency preparedness certificate program scheduled for implementation in 2008. The courses for this program are offered through the department's Learning Content

Management System. Upon the completion of the certificate program, employees will receive a certificate of completion. In addition to the certificate, recognition of this achievement will be given in *Alabama's Health*.

In 2007, all-hazards emergency preparedness trainings were offered in collaboration with the Center for Emergency Preparedness. An array of workshops, tabletop exercises, and full-scale exercises were conducted in each of the 11 public health areas or one of the six hospital planning regions including: Advanced Hazmat Life Support Provider and Instructor Course; Basic Disaster Life Support Courses; Alabama Agricultural Incident Response and Investigation Training; Point of Distribution Exercises; Explosion and Blast Injury Courses; Volunteer Symposiums; School Closing Exercises; Agricultural Security Conference with 277 in attendance; and the first Special Populations Conference with 425 in attendance.

## OFFICE OF WOMEN'S HEALTH

The Office of Women's Health has continued its efforts to build relationships and linkages throughout the state with expanded collaborative partnerships and continued implementation of initiatives that address healthy lifestyle behaviors in Alabama communities. In 2007, the office added an initiative called *BodyWorks*, to address lifestyle behavior modification for girls ages 9 to 15. *BodyWorks* is a program designed to help parents and caregivers of young adolescent girls improve family eating and activity habits. The *BodyWorks* program encourages the development of healthy girls and strong women as it focuses on parents as role models and provides them with hands-on tools to make small, specific behavior changes to prevent obesity and help maintain a healthy weight.

The National Office on Women's Health within the U.S. Department of Health and Human Services developed *BodyWorks* following two years of formative research. The *BodyWorks* program uses a train-the-trainer model to distribute the toolkit through community-based organizations, state health agencies, non-profit organizations, health clinics, hospitals, and health care systems. The program includes one six-hour training module for trainers and 10 weekly 90-minute sessions for



parents and caregivers. Training sessions are being held throughout the state of Alabama.

The Alabama Office of Women's Health held three *BodyWorks* training sessions in July and August for 38 providers and community representatives. These trainers are currently conducting parent groups and additional train-the-trainer sessions throughout Alabama. Preliminary discussions have been held with the Girl Scouts of America South Central Alabama office staff to conduct a pilot study by implementing 10 weekly 90-minute sessions for parents and caregivers with Troop 107 in Montgomery. Success of the pilot study will establish a model for implementation with Girl Scout troops throughout Alabama.

The office's *New Leaf* initiative continues to enjoy successful implementation with the help of new partners and community health advisors. During July 2007, *New Leaf* Intervention Training was provided in Birmingham for the general public and health professionals in an effort to increase the number of trained *New Leaf* group leaders throughout Alabama. Sponsors for the training included: Blue Cross Blue Shield of Alabama, the Alabama Office of Women's Health Steering Committee, CDC WISEWOMAN Program, University of North Carolina Center for Health Promotion and Disease Prevention, and the Alabama Cooperative Extension System. Twenty-three community leaders and health professionals attended the two-day training session increasing the total *New Leaf* trainer pool to 171 group leaders throughout the state. Ninety-eight percent of those attending the training indicated they plan to implement the *New Leaf...Choices for Healthy Living* intervention during the 2008 year.

During April 2007, the Office of Women's Health and the department's Cardiovascular Health Branch and Office of Minority Health collaborated with staff from the National Heart, Lung, and Blood Institute and agents from the Alabama Cooperative Extension System to conduct the second *Heart Truth for Women Campaign* training in Huntsville. The *Heart Truth for Women Campaign* targets African American women and women in rural counties ages 40 to 64 with health education symposium sessions and radio media to increase awareness of cardiovascular disease and

encourage them to control risk factors. Heart Truth Champions were trained to use National Heart, Lung, and Blood Institute health education material to increase heart health awareness in their communities. Awareness outreach efforts are ongoing in the communities with technical support provided by staff from the Office of Women's Health, the Cardiovascular Health Branch, the Office of Minority Health, and the Alabama Cooperative Extension System.

Additional activities for 2007 included continuation of the office's clearinghouse resource information project which includes publication of the office newsletter, *Women's Health Exchange*. The newsletter is distributed biannually through routine mailings and is accessible on the office's Web page, making it available to health professionals and the community. Monthly activities include serving on local, state, and national steering committees, planning committees, and advisory boards for collaborating partners, and the distribution of women's health educational materials by frequent mailings, during presentations, and participation in health fairs. The office also continues to serve as the department's point of contact and liaison for the U.S. Department of Health and Human Services, Region IV Office on Women's Health. Acting in the role of liaison, the office was asked to present at the National Rural Women's Health Conference in Washington, D.C. in August 2007 to discuss community models that are addressing obesity in women. The successes of the Alabama WISEWOMAN Partnership with Centers for Disease Control and Prevention using the *New Leaf...Choices for Healthy Living* community model were presented.



## BUREAU OF CHILDREN'S HEALTH INSURANCE

The Bureau of Children's Health Insurance administers Alabama's State Children's Health Insurance Program (SCHIP) known as ALL Kids.

The goal of the ALL Kids program is to improve the health of Alabama's children, by reducing the number of children without health insurance coverage. ALL Kids is for children in working families, whose income is above Medicaid limits and below 200 percent of the federal poverty level (approximately \$40,000 for a family of four). ALL Kids works closely with the Alabama Medicaid Agency and the Alabama Child Caring Program to assure that children are referred to the appropriate program. In fiscal year 2007 approximately 23,000 children were referred to Medicaid, and nearly 6,000 were referred to the Caring Program. Families apply through a joint application process, using either mail-in applications or through the Web-based application. In 2007, 19,224 Web

applications were submitted. This is a 46 percent increase over 2006.

At the end of fiscal year 2007, a total of 69,076 children were enrolled in ALL Kids. This is a 5.7 percent increase over 2006. It is notable that in 2007, there were seven straight months of record-breaking enrollment. In addition, the program was able to reach its goal of timely (less than 10 days) processing and enrollment of applications for five months.

Outreach is conducted both through media and through partnership with community agencies. Regional staff who are based throughout the state, work to assure that applications are readily available in communities, and that community partners are trained to identify and assist with enrollment. The ALL Kids philosophy has been to "teach the people who reach the people." Specific initiatives have been developed with special populations such as the growing Hispanic community. Regional staff are also present at many community events, such



as health fairs and plant closings to provide information directly to eligible families. As a result of these strategies, Alabama enjoys one of the lowest uninsured rates for children in the nation (4.0 percent, based on U.S. Census Bureau 2005-2007).

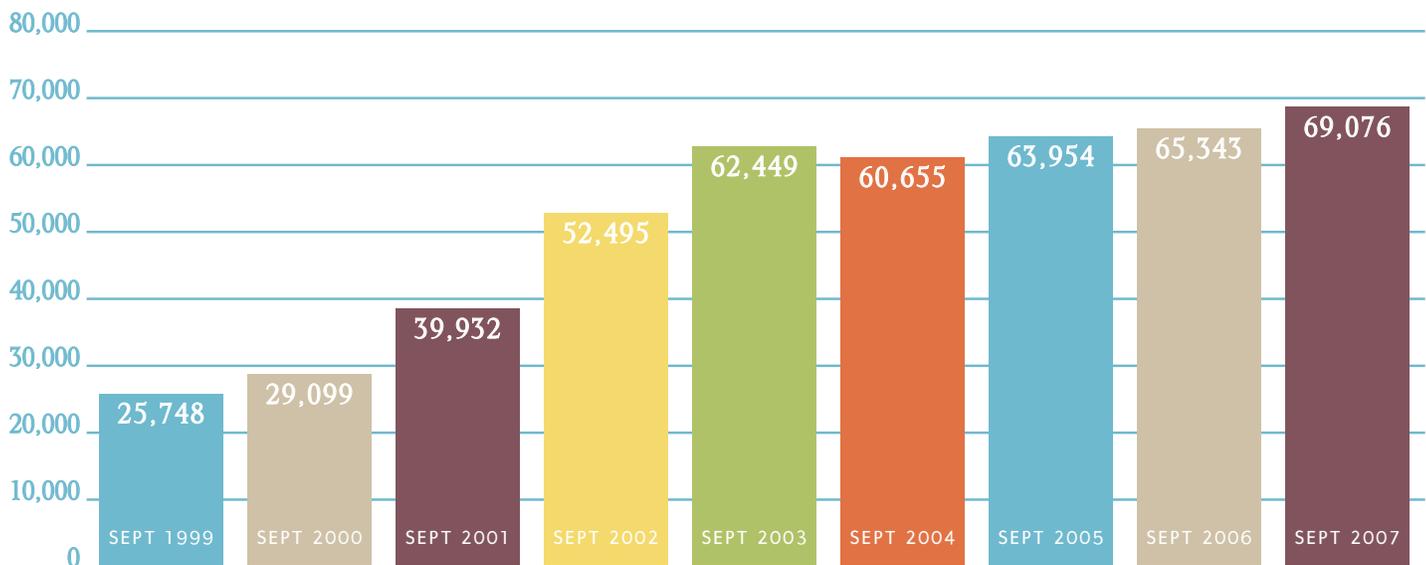
In 2007, ALL Kids celebrated the tenth year of the State Children's Health Insurance Program with an event on the steps of the State Capitol. This event was attended by several hundred supporters and partners, as well as local

school children and received good media coverage. Also in 2007, the program was due to be reauthorized by the United States Congress. At the time of this reporting the program is operating under continuing resolution.

ALL Kids has made a significant impact on the health of Alabama's children, providing coverage for over 200,000 children in the 10 years. Alabama's children have had unprecedented access to health, dental, and behavioral health services during these years.



ALL KIDS END OF FISCAL YEAR ENROLLMENT 1999-2007



## 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.

### WOMEN'S HEALTH DIVISION

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The overall goals of the division are to:

1. Reduce the incidence of pregnancy related mortality and morbidity by ensuring statewide access to quality women's health care services.
2. Reduce the incidence of unintended pregnancy through the provision of family planning services.
3. Promote quality health care by improving the health status of children and adults through care coordination.
4. Reduce the incidence of breast and cervical cancer through the provision of free screening and diagnostic services.

Division staff provide administrative, professional, and systems' development support and technical assistance to counties and areas on women's health clinical programs, care coordination programs, and other special projects.

#### State Perinatal Program

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The purpose of the State Perinatal Program is to improve maternal and infant health through a system of regionalized care. The State Perinatal Advisory Council provides leadership in establishing program priorities. Five regions, based on regional perinatal referral 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.

In 2007, a perinatal nurse from each region and the perinatal program director managed the councils' activities. Regional needs assessments were completed and strategies were developed to address the identified gaps and barriers specific to each region. The regional perinatal nurses initiated activities to strengthen the perinatal health care system in each region, including: planning and conducting quarterly meetings for perinatal nurse managers in each region to improve networking among the delivery hospitals; substance abuse patient education; creating breastfeeding task groups to foster collaboration among perinatal nurses, lactation consultants, and nutritionists; providing folic acid education to healthcare providers; and forming regional consortiums to meet the perinatal continuing education needs in each region.

The program collaborated with the Newborn Screening Program by providing newborn screening training activities statewide. The training sessions included blood specimen collection, handling procedure, and troubleshooting unsatisfactory specimens. The perinatal nurses provided training to 2,160 participants. The individuals included health care providers from hospitals, physician offices, and the department.

#### Family Planning/Plan First

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Direct patient services were provided to 106,665 family planning clients in fiscal year 2007 through the Title X Family Planning Program, which includes Plan First. Plan First, a joint venture between the Alabama Medicaid Agency and the department, continued into its seventh year after being granted a three-year renewal which began in October 2005. The program is an 1115 Medicaid Research and Demonstration Waiver expanding Medicaid eligibility for family planning services to women age 19-44 at or below 133 percent of the federal poverty level. As of September 2007, 57,493 women statewide were enrolled in Plan First. Also, the department's toll-free hotline received 4,835 calls regarding Plan First. A new program requirement with the three-year renewal is to raise awareness of and provide referral to government-supported primary health centers for women with medical problems. Plan First outreach materials were redesigned to include a statement about

Primary Care Centers with a toll-free number to call for these providers.

## Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP)

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The Alabama Breast and Cervical Cancer Early Detection Program serves women age 40-64, who are at or below 200 percent of the federal poverty limit, and have little or no insurance. Since its inception in 1996, the program has screened approximately 55,220 women. During calendar year 2007, approximately 10,685 women will have been screened. Services have included approximately 9,086 annual visits, 9,212 screening mammograms, 2,027 diagnostic mammograms, 541 breast biopsies, and 81 coloscopies. Program services include an annual gynecological visit that includes a pelvic exam. For women age 50 and older a screening mammogram is also provided. Diagnostic mammograms are available for symptomatic women below the age of 50. When screening services indicate a need for further testing to arrive at a possible diagnosis, the program pays for diagnostic testing. Women diagnosed with breast or cervical cancer and in need of treatment are routed to the Medicaid Breast and Cervical Cancer Treatment Program.

Approximately 419 women who were screened in the program since its inception are currently in the Medicaid Treatment Program. Of that number, 175 were diagnosed since January 2007.

## Alabama Abstinence-Until-Marriage Education Program

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The Alabama Abstinence-Until-Marriage Education Program has been federally funded since fiscal year 1998. The goal of the program is to reduce the occurrence of out-of-wedlock sexual activity and the consequent social, psychological, and physical problems among adolescents 10-19 years of age in Alabama. The Alabama Abstinence-Until-Marriage Education Program continued its community-based efforts toward promoting positive youth development by focusing on essential elements of adolescent well-being and healthy development among youth such as setting positive goals, improving decision-making skills, and strengthening parent and adolescent

communication. The program continued funding for eight community-based projects in fiscal year 2007. The projects provided abstinence-until-marriage education to approximately 41,500 participants in 39 of Alabama's 67 counties. Project activities were conducted primarily in the school setting, as well as in private healthcare settings, other educational facilities and city/county/state social service organizations. The projects used the funds primarily to provide abstinence-until-marriage education, as well as educational, recreational, and peer/adult mentor programs. A statewide media campaign consisted of news releases, billboards, newspaper articles/advertisements, project enhancements/incentives and a Web site. Over the duration of the Alabama Abstinence-Until-Marriage Education Program, program evaluators are conducting an intensive, comprehensive, longitudinal evaluation of each of the projects and the program as a whole.

## Plan First Care Coordination

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Sixty-four licensed social workers and nurses in local health departments provided care coordination to Plan First eligible women at high risk for an unplanned pregnancy during fiscal year 2007. This service has been available since the implementation of the 1115 Family Planning Waiver on October 1, 2000. Care coordination certification training is provided quarterly by Family Health Services.

## Patient 1<sup>st</sup> Care Coordination

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Ninety-five licensed social workers and nurses in local health departments provided care coordination services to children and adults covered under Medicaid's Patient 1<sup>st</sup> Program. Medicaid began making direct referrals for care coordination during fiscal year 2006 and this trend has continued and grown during fiscal year 2007. Care coordination referrals generated by the Lead and Newborn Screening Programs also continued to increase during 2007. The electronic Care Coordination Referral System became operational during 2007 and is staffed by a social worker in Family Health Services. The system has increased efficiency in making referrals in public health areas and has provided a means for tracking referrals and increasing quality assurance standards.



## Healthy Beginnings and Info Connection Helplines

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Family Health Services helplines received 2,040 calls during fiscal year 2007. These were information/referral calls for newborn screening, lead, maternity, child health, and family planning programs. The WIC program has a dedicated toll-free helpline.

## Targeted Case Management

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Targeted Case Management continues to decline as more care coordination is provided through the Patient 1<sup>st</sup> Care Coordination Program. HIV/AIDS patients are still provided services through targeted case management; however, the majority of HIV care coordination is provided through community-based organizations. Public Health had only one full-time public health HIV/AIDS case manager during fiscal year 2007. This worker was based in Public Health Area 2 (Madison County).

## Maternity Care Coordination

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The department is only marginally involved in providing care coordination services under the State Maternity Plan. Public Health provides care coordination in six counties (Cullman, Coffee, Dale, Geneva, Henry, and Houston). The trend continues for the Medicaid primary contractors to provide care coordination themselves or to sub-contract with physician offices and hospitals. Medicaid primary contractors now have the responsibility for training maternity care coordinators. The department no longer offers the training.

## CHILDREN'S HEALTH DIVISION

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The Children's Health Division is involved daily with promoting the health and safety of infants, children,

and adolescents within the state. The division programs include the Alabama Childhood Lead Poisoning Prevention Program, Healthy Child Care Alabama, the State Early Comprehensive Systems Implementation Grant, Child Death Review System, School/Adolescent Health, the Foster/Adoptive Parent Child Health Training Network, and Clinical Services.

## Healthy Child Care Alabama

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Healthy Child Care Alabama is a collaborative effort between the Alabama Department of Public Health and the Alabama Department of Human Resources. During fiscal year 2007, the Healthy Child Care Alabama Program received funding to continue services in 61 counties by 10 registered nurse consultants. Services offered by the program include providing child development, 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 (medical homes).

The nurse consultants also work with community agencies and organizations to reduce injuries and illnesses and promote quality child care. The nurse consultants perform health and safety assessments of child care facilities and, if a problem is identified, assist the child care provider in developing a corrective action plan. During fiscal year 2007, the nurse consultants documented 1,030 health and safety training and educational sessions for 4,766 providers, 579 technical assistance visits to child care sites, and 1,105 consultations requiring phone calls, letters, and/or e-mails responding to child care providers' questions and requests. The nurse consultants also provided health and safety programs for 15,299 children in the child care setting.

## State Early Childhood Comprehensive Systems Implementation Grant

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The second year of the Alabama's Early Childhood Comprehensive Systems Implementation Grant, "Blueprint for Zero to Five," provided funding through the Alabama Partnership for Children to support local initiatives to address the needs of young children and their families within their communities. Seven mini-

grants were awarded to nine communities to support efforts such as providing parenting kits containing resource and service information to new parents, school readiness, and child development screenings, and the development of parent/family materials to be used in parenting classes and presentations. All awarded mini-grants had to document that their initiatives connected to their local Children's Policy Council's annual needs assessment and the council supported the grant activity. The Alabama Partnership for Children provided training and technical assistance for grantees.

### School/Adolescent Health

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The School/Adolescent Health Program has made strides to provide statewide information and training centering on adolescent and school health issues. During fiscal year 2007, presentations for school personnel, parents and students covering adolescent brain development, positive youth development, coordinated school health, and pandemic influenza were provided throughout the state. Continuing education credits were provided for nurses. Action for Healthy Kids and the Alabama Department of Public Health sponsored the first "Healthy Schools Summit" with over 400 participants from around the state. The Youth Advisory Council met quarterly seeking to coordinate programs and services within the department related to the health of adolescents and school age children. The Coalition for Healthy Alabama Adolescents surveyed adults serving adolescents and college students regarding risk behaviors. Focus groups were also conducted throughout the state with high school students regarding their perspective on risk behaviors. This data will be compiled and analyzed to provide better understanding in addressing these risk factors. A quarterly school health newsletter for school nurses has been created and distributed via e-mail. The creation of the Adolescent and School Health Program Web site has provided direct access to the CDC School Health Index, resources for teens, parents, and professionals. Downloadable resources from the site assist school staff and parents in providing health and safety information and activities for children. Specific resources designed for schools include a "Hand washing for the Classroom" poster for schools, Health Helpers worksheet for K-4th graders, a seizure checklist for school nurses, a standard precautions tool kit for school nurses,

Halloween Safety handout for schools, and Healthy Lunch coloring sheet for K-2nd graders. The County Children's Policy Councils have provided an opportunity to interact with several different communities across the state regarding youth risk behaviors. A subcommittee of the Jefferson County Council, the School Health Network, works to provide resources to the various school districts within Jefferson County. Participation on the Montgomery County Juvenile Risk and Resource Evaluation Committee saw many improvements in services provided to at-risk students. A new program specifically for those who work with children with an Autism Spectrum Disorder with particular emphasis on care planning considerations for school nurses has been developed and provided to school nurses. The program coordinator represented the department at the following state or national meetings: the Autism Task Force, the National Network for State School Nurse Consultants, the National State Adolescent Health Coordinators Meeting, and the South East Region of the Adolescent Health Coordinators Association.

### Alabama Child Death Review System

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The Alabama Child Death Review System (ACDRS) continues to strive to prevent unexpected, unexplained, and unnecessary child deaths through the study and analysis of all preventable child deaths that occur in Alabama. System data, as published in the first-ever annual report, showed that in 1998 and 1999 approximately 500 infant/child deaths per year met criteria for case review. New data show that since 1999 the number of infant and child deaths that have met the review criteria has decreased by approximately 40 percent.

The sixth annual report for the system, containing final review data for 2004 and a first-ever five-year trend analysis of ACDRS data, was completed in late 2007 for distribution to the governor and the State Legislature, as well as to other citizens and agencies in Alabama and around the country early in 2008. The next annual report, containing final 2005 data, is being developed and is on schedule for publication in mid-2008.

In addition to hosting the regular quarterly meetings of the State Child Death Review Team, ACDRS staff

also visited several local child death review teams and coordinators throughout the state in an effort to improve communication and team performance to the best possible levels. Staff has made a special effort to visit with the newly elected district attorneys and newly appointed local team coordinators who were new to the child death review process. This personal interaction with volunteer contributors at the local level is so vital to the program that visits have been added such as a programmatic performance measure for the first time in 2008. The infant/child death scene investigation training curricula, developed in 2002 by the ACDRS-formed Child Death Investigation Task Force, continues to be taught to all new recruits at the state's police academies. Plans are being made to offer similar in-service courses to experienced investigators in the state once again in the coming year.

Due to the tremendous success of the statewide ACDRS Training Conferences in 2004 and 2006 and the fact that the state and local child death review team membership is constantly changing, a third conference is being planned for 2008. This conference's purpose, similar to the previous ones, will be to ensure that everyone involved understands the purpose, mission, procedures, and operations of the program.

The operational efficiency of the ACDRS continued to improve in 2007. At the time of this report all but one of the local teams are actively participating in case reviews and that one exception has been reestablished and will be contributing again in 2008. More cases are being completed now than at any time in the program's history. The 2004 case completion rate exceeded 93 percent (up from 68 percent at the program's inception) and the 2005 rate (which will close out late in 2007) has the potential to be better still. The system will continue to develop new public education and awareness strategies (such as varied work promoting safe infant sleeping, child motor-vehicle and all-terrain vehicle safety, and the prevention of youth suicide) and direct prevention efforts (such as the innovative Cribs for Kids program and hospital-based Shaken Baby Syndrome Prevention programs). A new reimbursement arrangement with the Alabama Medicaid Agency is providing additional funding specifically for public education and outreach. Finally, the ACDRS continues to work toward common



*This photograph of lead hazard removal was a part of a Lead Poisoning Prevention Program educational display.*

goals with strategic partners, such as the Children First Trust Fund, the Alabama Medicaid Agency, Gift of Life, Voices for Alabama's Children, the Alabama Suicide Prevention Task Force, the Alabama Injury Prevention Council, the Alabama Head Injury Task Force, and other such organizations.

#### Alabama Childhood Lead Poisoning Prevention Program

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The Alabama Childhood Lead Poisoning Prevention Program continued as a partnership between Medicaid and the Alabama Department of Public Health. In the 2007 calendar year approximately 36,846 children 0-21 years of age were screened with 951 children identified with elevated blood lead levels. According to the National Health and Nutrition Elimination Survey Report published by the Centers for Disease Control and Prevention, Alabama is about 2 percent higher than the national average for young children with elevated blood lead levels. When children are diagnosed with elevated blood lead levels, the Alabama Childhood Lead Poisoning Prevention Program collaborates with the child's health care provider, community organizations and parents to ensure that families receive educational and environmental services appropriate for the blood lead level based on CDC guidelines. Care coordinators educate families about the sources of lead, the health effects of lead poisoning, and how to reduce lead exposure in the home. Follow-up visits are made to reinforce the importance of returning for repeat blood lead testing. Certified environmentalists conduct lead investigations in the home of the child to identify the sources of the lead exposure. These investigations may include taking paint, dust, soil, water or other samples for laboratory analysis. In addition to these activities, follow-up of other children

in the household who are at risk for lead poisoning is provided and coordination of preventive measures such as remediation or patient relocation are recommended, when necessary. These measures are implemented to promote a healthy lifestyle and environment that will prevent further lead exposure.

## The Alabama Foster/Adoptive Parent Child Health Training Network

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The Alabama Foster/Adoptive Parent Child Health Training Network was a collaborative effort between the Alabama Department of Public Health, the Department of Human Resources, and the Alabama Foster and Adoptive Parent Association, Inc. to support healthy children and create healthy family environments for children in foster care through ongoing education and training. The purposes of the network were to assist Human Resources in meeting the health care needs of Alabama's children in foster/adoptive care by providing education and training on child development, health and safety issues.

## Clinical Services

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County health departments assist primary medical providers by providing Early, Periodic, Screening, Diagnosis, and Treatment services to Patient 1st participants as requested. The county health departments also continue to serve as the provider of last resort for well child services for patients that do not have any form of insurance. A total of 38,496 patients were provided services by county health department staff. These patients made a total of 86,659 visits to local clinics.

## ALABAMA NEWBORN SCREENING PROGRAM

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In January 2007 the Alabama Newborn Screening Program announced a series of new initiatives designed to provide even better protection for Alabama's infants and their families. As part of the state health officer's triad of initiatives to reverse the sudden increase in the state's 2005 infant mortality rate, the Alabama Newborn Screening Program stands ready to do even more to save lives and reduce the consequences of unexpected infant medical catastrophes.

The first of these initiatives occurred on January 1 with the implementation of a new organization, the Alabama Newborn Screening Division. The division is composed of the Newborn Screening Laboratory Branch, formerly included within Alabama's Bureau of Clinical Laboratories and the Newborn Screening Follow-Up Branch, formerly included within the Child Health Division of the Bureau of Family Health Services. The new division brings both branches under a single director, located within the Bureau of Family Health Services. Although currently geographically separated, it is hoped that bringing both branches within the same organization will have profound effects on newborn screening efficiency and effectiveness.

Other improvements announced for the new division included acceleration of an already expanding newborn screening panel, training for blood specimen collectors, a re-vitalized advisory committee and statewide publicity regarding newborn screening and its value to infants and their families.

The Alabama Newborn Screening Program tests infant blood and hearing for signs of unseen inherited or acquired disorders that potentially could have disastrous results if left undetected and/or untreated. Based on the research and study of organizations such as the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the American College of Medical Genetics, the March of Dimes recommends a screening panel of 29 disorders for all state newborn screening programs to adopt. On January 1 the Alabama Newborn Screening panel of tests included 21 of the 29 recommended tests. On April 16 an additional three disorders were added. On August 6 four more were added bringing the Alabama panel to 28 of the recommended 29. In early 2008 the final disorder, cystic fibrosis, is forecast to be added, making Alabama one of the few states in the country to screen for all 29 disorders. In screening for these primary disorders sufficient information is collected to call attention to the possibility of up to 20 secondary disorders. Therefore, the Alabama Newborn Screening panel may in fact include almost 50 possible disorders.

Included within the Alabama panel of tests are the following disorders: hypothyroidism, congenital adrenal hyperplasia, galactosemia, phenylketonuria, sickle cell



anemia (including other abnormal hemoglobinopathies), biotinidase deficiency, amino acid disorders, fatty acid disorders, and organic acid disorders. During the past year, the division screened approximately 63,281 newborns within the first 48 hours of life, as well as conducted a second test on these infants at 2-6 weeks of life. Twenty-nine infants were diagnosed with hypothyroidism, two with congenital hyperplasia, and two with galactosemia. Approximately 52 sickling disorders were identified along with several fatty acid, amino acid, and organic acid disorders, including MCAD, PKU, and carnitine defects.

Another panel recommendation was the need to reduce the number of unsatisfactory blood samples collected at each testing site. To address this problem, Alabama's five perinatal regional directors were enlisted to go to each of Alabama's 58 birthing hospitals and over 500 physician offices to provide training on the proper techniques for collection, storage and transportation of these critical samples. This training is well underway and significant improvements are expected.

Finally, the Alabama Newborn Screening Advisory Committee, a committee of Alabama's finest NBS experts, has been re-instituted and is providing the program with new ideas and suggestions for even more improvements.

#### Alabama's Listening Universal Newborn Hearing Screening Program

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In 2007, all 58 birthing hospitals continued to have universal newborn hearing screening programs in place.

Babies born in 50 of the 58 birthing facilities have been identified with significant hearing loss with approximately 300 babies being identified with significant hearing loss since the tracking program has been in place. More than 95 percent of infants born in Alabama are screened for hearing loss before hospital discharge. Loaner equipment is available to birthing hospitals when needed in order to limit the number of infants who are not screened for hearing loss before discharge. The goal of this program is to ensure those infants receive appropriate follow-up and intervention services.

#### WIC DIVISION

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WIC provides nutrition education, breastfeeding education, and supplemental nutritious foods to pregnant, breastfeeding, and postpartum women, infants, and children up to age 5. Program participants must be of low or moderate income and have a nutritional risk. WIC coordinates with and refers to other health and social programs and serves as an adjunct to good health care during critical periods of growth and development.

WIC served an average of 126,212 patients per month, which included approximately 31,486 women, 36,204 infants, and 58,513 children. Over \$105 million of foods were purchased statewide in retail grocery stores.

WIC supports and promotes breastfeeding as the preferred method of infant feeding. Research indicates breastfeeding provides multiple health benefits for babies and mothers. WIC participants receive breastfeeding education throughout their pregnancy and additional support once they deliver their baby. Studies have shown that breastfeeding peer counselor programs help increase breastfeeding initiation and duration rates. Peer counselors or former WIC participants who breastfed or are currently breastfeeding their babies are present. The peer counselors are hired to provide support to pregnant and breastfeeding mothers regarding basic breastfeeding issues. In 2005, WIC initiated breastfeeding peer counselor programs in Blount, Mobile, and Montgomery counties. Breastfeeding rates increased in all three clinics that implemented these programs. By January 2008, the program will be expanded to include six new sites. The counties included in this expansion are Dallas, Jefferson, Lee, and Pike.

WIC continues to assist participants and their families to increase their physical activity and improve their nutritional habits. To address the issue of obesity among children and adults, the program's two-year nutrition education plan has four major objectives to promote:

- Use of positive messages and health practices by WIC staff regarding the need to balance food intake and energy expenditure.
- Increase intake of fruits and vegetables among WIC participants.
- Create awareness of the need to balance food intake and daily physical activity.
- Create awareness of breastfeeding benefits.

## ORAL HEALTH BRANCH

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### Data and Surveillance

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With collaboration from the University of Alabama at Birmingham's School of Dentistry, the oral health screening program targeted third grade students in select Alabama schools. Approximately 3,100 third graders were screened in 50 elementary schools throughout the state. Among these children screened, approximately 46 percent had a history of tooth decay, 30 percent had current tooth decay, 26 percent had a dental sealant, and 7 percent had urgent dental treatment needs.

### Community Water Fluoridation

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The Health Resources and Services Administration State Oral Health Collaborative Systems grant continued to fund the oral health program's fluoridation coordinator. A goal to re-evaluate the state fluoridation program and quality of data collected by every fluoridating and non-fluoridating public water system in Alabama continued through fiscal year 2007. Community water fluoridation goals were achieved through cooperative efforts with the Alabama Department of Environmental Management, Centers for Disease Control and Prevention, water treatment facilities plants, the Birmingham Laboratory, public health area directors, and county environmentalists.

The following fluoridation program activities occurred during 2007:

- 35 onsite inspections were provided to fluoridating and non-fluoridating systems.
- 122 public water systems and 10 naturally fluoridated water systems continued to provide fluoridated water to 84.3 percent of Alabama's population on public water supply.
- Monthly fluoride reports were generated to all 11 public health area directors and one public health nurse.
- More than half of all water systems began reporting data directly to the state fluoridation coordinator rather than to the Alabama Department of Environmental Management, which streamlined monthly monitoring and reporting.
- An action plan was implemented that promoted water fluoridation for 22 of the 59 communities within 12 Black Belt counties.
- A new Community Water Fluoridation brochure was developed and mailed to targeted counties, cities, and communities for fluoridation promotion.
- State and national water fluoridation information became available through the department's Web site, including a special link to CDC's "My Water's Fluoride."

### Education and Prevention

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Oral Health Branch staff continued to implement education and prevention programs. The Public Health Area 9 nurse provided dental health education presentations to daycare staff, community groups, parent organizations, professional groups, students, senior citizens, Head Start programs, and others. The nurse also organized and presented a new continuing education program utilizing the American Academy of Pediatric Dentistry's oral health risk assessment for nurses and health professionals. Approximately 2,310 persons received oral health education and approximately 1,000

children received the school-based fluoride mouthrinse program through her efforts.

The central office dental program distributed approximately 50,000 toothbrushes and toothpaste to children participating in statewide screenings, to county health department nurses and case managers, to Healthy Alabama childcare nurse coordinators, and to students identified in Black Belt counties and schools with high dental caries rates. Health Supply continued to distribute thousands of dental health coloring books and pamphlets.

## Dental Services

County health department dental programs continued to serve children through fixed and mobile dental clinics. The following chart provides a breakdown of services provided:

- 20,786 patient encounters from Coffee, Jefferson, Mobile, and Tuscaloosa County health department dental clinics.
- 3,819 dental sealants were provided through county health department dental programs.
- 1,524 patient encounters were provided through Auburn City School and Opelika City School dental clinics.
- 131 dental sealants were provided through these two school clinics.



State and national water fluoridation information became available through the department's Web site, including a special link to CDC's "My Water's Fluoride."

## MATERNAL AND CHILD HEALTH EPIDEMIOLOGY UNIT

The Maternal and Child Health Epidemiology Unit has two main purposes. The first is to conduct population-based studies pertaining to the health of women of childbearing age, children, and youth 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 of childbearing age, children, and youth. The unit's activities during 2007, often conducted in collaboration with other department employees and partners from other agencies, included the following:

- Preparation of the Maternal and Child Health Services Block Grant annual report and application.
- Continuation of ongoing needs assessment, which included preparation of the following:
  - A report on deaths due to drug-related and alcohol-induced causes, with a focus on the 15-44 year-old age group.
  - A report on the infant mortality gap between Alabama and the U.S.
  - Maternal and infant profiles for the state and each of the state's five perinatal regions.



County health department dental programs continued to serve children through fixed and mobile dental clinics.

## BUREAU OF HOME AND COMMUNITY SERVICES

In 2007, 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 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 ensures 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.

The Bureau of Home and Community Services operates within the framework of five divisions: the Division of Billing and Support, the Division of Home Care Services, the Division of Community Services, the Division of Compliance and Contracts, and the Division of Budget and Personnel.

### HOME HEALTH PROGRAM

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The Bureau of Home and Community Services is a Medicare-certified home health agency with 31 subunits and two branches. Quality and compassionate home health care is provided to patients with Medicare, Medicaid, private insurance, 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. This coordinated teamwork is managed by nurse care coordinators who are responsible for total patient care. Approximately 361,899 home health visits were made in 2007 in efforts to assist many Alabama citizens in reaching their optimal health goals.

All disciplines use the Horizon Homecare software system to document patient care. Patient records are almost totally electronic and accessible to all disciplines involved in the patient care delivery. The nurse care coordinators use the Horizon Homecare system extensively to provide quality, coordinated, and effective care.

The Home Health program is supported by the Division of Home Care for administrative, operational, quality improvement, and education needs. The nurse and therapy consultants work with the subunits to provide this support.

In 2007, the Home Health Program received accreditation from the Community Health Accreditation Program, an independent, nonprofit accrediting body. Receiving accreditation means the Home Health Program is held to the highest standards of excellence. It also means quality patient care and quality improvement for patient outcomes is the program's top priority. In addition to receiving the accreditation, the Home Health program received commendations for the satellite training and Web-based manuals, policies, training and education materials developed by the Division of Home Care. According to the site reviewer, receipt of this type of commendations on initial site visits is extremely rare.

### LIFE CARE PROGRAM

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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 payors. 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 the following: homemaker services, personal care services, companion services, unskilled respite services, skilled respite services, and nursing visits. Approximately 1,071,789 hours of service were provided in 2007 to Life Care clients.

Telehealth, a program started in 2006 by the bureau within the framework of the Life Care Program, has grown to 110 patients statewide. Telehealth is offered by the Medicaid program to reduce the cost of emergency room visits and physician visits by Medicaid patients who are not eligible for Medicare. Telehealth works by placing patient monitoring devices in the home for blood sugars, weights, blood pressures, and other measures. The Home Care Division also supports the Life Care program's needs for administration, operations, quality assurance, and education.

## DIVISION OF COMMUNITY SERVICES

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The Division of Community Services within the Bureau of Home and Community Services functions as an operating agency for the Elderly and Disabled Medicaid Waiver. This program is designed to offer an alternative to nursing home care for the elderly 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 waiver and non-waiver 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 2007, Elderly and Disabled Waiver case managers provided 130,680 hours of case management and 15,245 hours of recruitment.

## DIVISION OF BILLING AND SUPPORT

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The Division of Billing and Support is responsible for centralized billing for all the programs of the Bureau of Home and Community Services. These programs include Community Service programs, Home Health, and Life Care. With the implementation of Horizon Homecare, which is a single data-based management system, the centralized billing process continues to be enhanced. The Billing and Support Division is made up of three branches: Home Health Billing Branch, Community Services/Life Care Billing Branch, and Accounts Receivable/Third Party Branch. The centralized billing is accomplished by the electronic collection of billing data at the point of service delivery by the visiting staff across the state through the use of laptops and telephones; the electronic review of billing data by Home Care Program



supervisory staff; and by user friendly data entry and correction processes performed by program support staff. As a result, the Division of Billing and Support expanded its claims submission, reimbursement posting, and support services for Home Health Medicare, Medicaid and private insurance beneficiaries to include Elderly and Disabled Waiver services, Private Provider direct services, and Life Care Program services.

## QUALITY IMPROVEMENT PROGRAM

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The year 2007 marked the eighth year of operations for the Quality 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. Patient and physician satisfaction surveys and quality improvement audits were the principal evaluation tools used to assess the service delivery processes. Government reports that were obtained from Outcome Assessment Information System data continued to be utilized in the Quality Improvement Program. Indicators of areas for improvement were addressed through education and corrective planning.

During 2007 the Quality Improvement Program focused on improving three patient specific outcomes:

to lower the percentage of patients who have to return to the hospital; to improve the percentage of patients who are discharged from home health to community versus other types of acute care settings; and to improve the patients' ability to manage their medications. Through the extensive efforts of staff involved in the Quality Improvement Program, the program has been able to contribute to Alabama leading the nation in improving the patients' ability to manage their medications according to the Home Health Compare reports published by the Centers for Medicare and Medicaid Services. All home health agencies are now required to report the results of Acute Care Hospitalizations audits to CMS.

In 2007 the bureau continued to prepare for Pay for Performance which is a new government initiative to further improve the quality of home health services by offering monetary bonuses for agencies that have improved patient outcomes by a higher percentage when compared with other home health agencies. Because of the excellence of the Quality Improvement Program, the bureau is well in line with quality improvement initiatives to meet this challenge.

## EDUCATION

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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 materials that have been developed over the past seven years for all disciplines and most job positions. The Division of Home Care plans and produces 12 hours of mandated continuing education for home health aides and home attendants each year. Orientation and training are conducted at the local level by the area management team 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

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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 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 improve the quality of care and quality of life mission for health care consumers and to reduce adverse outcomes through the regulation of health care providers.

### HEALTH CARE FACILITIES

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The Long Term Care Unit is responsible for state licensing and federal certification of nursing homes and intermediate care facilities for the mentally retarded. This unit surveyed 144 facilities, conducted 121 follow-up visits, and conducted one initial survey for federal certification purposes.

The Complaint Unit investigated 814 abuse/neglect and general complaints. Of these, 713 were onsite investigations and 101 were administrative/desk reviews.

The Laboratory Unit administers the Clinical Laboratory Improvement Amendment, or CLIA. This unit is responsible for monitoring CLIA federally certified laboratories and state licensed independent clinical and physiological laboratories. Surveys conducted by this unit included 211 CLIA re-certifications, 9 follow-up visits, 35 initial visits, 27 certificate of waiver labs, 10 validations of accredited labs, 36 initial licensure surveys, and 17 biennial licensure surveys for a total of 345 surveys.

The Medicare/Other Unit is responsible for federal certification and state licensure and complaint investigations for 148 home health agencies, 181 hospices, 133 hospitals, 112 dialysis facilities, 38 ambulatory surgical centers, 66 rural health clinics, 48 rehabilitation facilities, eight portable X-ray units, seven abortion centers, 16 sleep disorder clinics, 19 residential psychiatric treatment homes, 33 psychiatric units, and 21 rehabilitation units.

The Assisted Living Unit currently monitors 222 regular licensed assisted living facilities totaling 7,039 beds and 91 specialty care facilities totaling 2,527 beds.



The Nurse Aide Registry Program tracks 255 approved training programs for nurse aides. The registry has a total of 86,783 nurse aides. Currently, there are 30 nurse aides that are on specific time-limited sanctions and 1,036 that have been permanently placed on the abuse register.

### PROVIDER SERVICES DIVISION

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The Provider Services 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 concerning health care licensure requirements and certification standards and procedures.

In 2007 the division issued 1,436 annual renewal license certifications, 30 ownership license certificates, 50 initial license certificates, and 45 license status changes, or facility information changes. There were also 1,752 providers certified to participate in the Medicare and Medicaid programs. During 2007 the division processed 57 initial certifications, 23 change-of-ownership certifications, and 171 certification changes.

## 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 Computer Systems Center, which houses data operations, systems and programming, technical support, and the support desk.

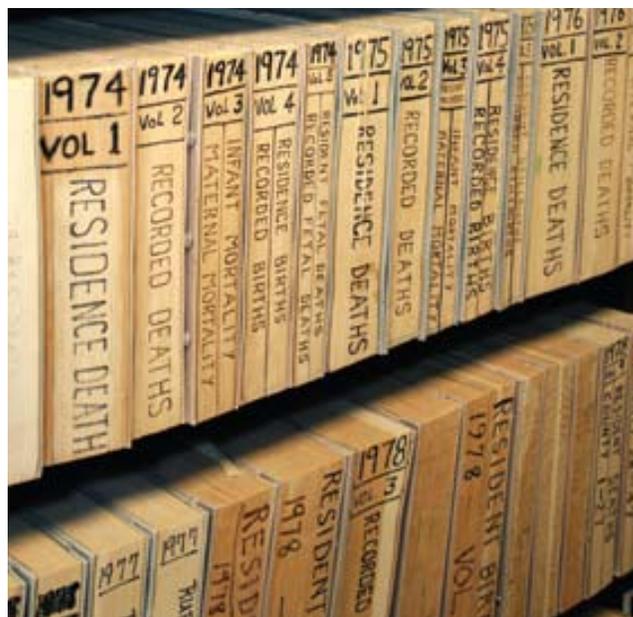
### CENTER FOR HEALTH STATISTICS

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. Customers may also order records over the Internet, by telephone for next day delivery, or send a request by regular mail.

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.

#### 2007 Service Activities

- Issued more than 580,000 certified copies of vital records with more than 407,000 of these records requested through local health departments.
- Coded, keyed, and scanned more than 172,000 new vital records into the vital records database.



Thousands of pages of vital records books like these have been entered into the Vital Statistics Image Oriented Network allowing vital records to be issued through all 67 county health departments.

- Prepared 2,215 new birth certificates after adoption and more than 2,950 after paternity determination; filed more than 600 delayed birth certificates; amended 4,825 birth certificates and more than 1,700 death certificates.
- Processed more than 350 requests from adult adoptees to obtain copies of their original birth certificates and other adoption information.
- Filed more than 12,000 paternity affidavit forms which fathers signed to acknowledge their legal responsibilities when they were not married to the mother of the child.
- Filed more than 99 percent of birth certificates electronically through the Electronic Birth Registration (EBR) software used by all birthing hospitals in the state.
- Made presentations on Alabama's Electronic Birth Registration system at the National Association for Public Health Statistics and Information Systems Annual Meeting and the Southern Regional Meeting.
- Provided training on the proper completion of birth and death certificates to vital records providers across the state.

- Formed an Electronic Death Registration System Work Group to develop requirements for an electronic death registration system. Members of the group consisted of persons involved in the death registration process.
- Keyed more than 78,900 old marriage records and more than 1,000 old birth, death, and divorce records.
- Received more than 90,000 phone calls through the automated telephone system from customers requesting 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.

## VITAL STATISTICS RECORDS 2006

Estimated population	4,599,030	Rate/percent
Births	62,915	13.7 (per 1,000 population)
Births to teenagers	8,670	27.7 (per 1,000 females aged 10 to 19 years)
Low weight births	6,616	10.5 (percent of all live births)
Births to unmarried women	23,144	36.8 (percent of all live births)
Deaths	46,259	10.1 (per 1,000 population)
Marriages	42,386	9.2 (per 1,000 population)
Divorces	22,867	5.0 (per 1,000 population)
Induced terminations of pregnancies	9,542	10.1 (per 1,000 females aged 15 to 44 years)
Infant deaths	569	9.0 (per 1,000 population)
Neonatal deaths	366	5.8 (per 1,000 population)
Postneonatal deaths	203	3.2 (per 1,000 population)

## ALABAMA'S LEADING CAUSES OF DEATH 2006 AND 2005<sup>1</sup>

Cause of death	2006			2005		
	Rank	Number	Rate <sup>1</sup>	Rank	Number	Rate <sup>1</sup>
Total all causes		46,259			46,797	
Diseases of the heart	1	12,434	270.4	1	12,800	280.8
Malignant neoplasms	2	9,759	212.2	2	9,854	216.2
Cerebrovascular diseases	3	2,685	58.4	3	2,940	64.5
Accidents	4	2,451	53.3	5	2,368	52.0
Chronic lower respiratory diseases	5	2,277	49.5	4	2,371	52.0
Alzheimer's disease	6	1,487	32.3	6	1,494	32.8
Diabetes mellitus	7	1,430	31.1	7	1,420	31.2
Nephritis, nephrotic syndrome and nephrosis	8	1,056	23.0	8	1,022	22.4
Influenza and pneumonia	9	893	19.4	9	1,006	22.1
Septicemia	10	819	17.8	10	838	18.4
All other causes, residual		10,968			10,684	

<sup>1</sup>rate is per 100,000 population



- Produced four publications of statewide data, tables, figures, and graphs on pregnancy, birth, infant mortality, causes of death, marriage, and divorce trends.
- Provided health-related vital statistics information and expertise to the public; the news media; governmental, educational, and private agencies; and other offices in the health department.
- 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 data at the State Perinatal Advisory Council meeting, Alabama Suicide Prevention Task Force, Health Disparities Task Force, and Office of Women's Health Advisory Panel.
- Presented papers on infant mortality and interracial marriages at the Southern Demographic Association annual meeting.
- Produced a publication on Method of Payment for Delivery.

- 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 750 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 62,164 newborns.

## COMPUTER SYSTEMS CENTER

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The mission of Computer Systems Center (CSC) is to plan, provide, and support the information needs of the department. The center develops and supports many information technology systems to supply information to department and public users through an integrated information processing and telecommunication structure.

During 2007, CSC implemented several systems and enhanced several other existing systems. Working with the Bureau of Health Provider Standards, CSC enhanced the Alabama Nurse Aide Registry to track all certified nurse aides in Alabama and provide a search function for the general public. This system now provides quicker online access to nursing homes to verify the qualifications of staff and reduces the number of calls to the department to verify certification.

CSC created a new online ADPH event calendar on the department's Web site to advertise events to the public and employees. It assists the department in providing a single accessible Web location to manage the events scheduled by offices, bureaus, areas, and counties. The calendar makes it easy to search for events and obtain information about the events. The calendar will also help the department in scheduling and promoting the various events and exercises held throughout the year.

Working with the Bureau of Professional and Support Services, CSC implemented the Prescription Drug Monitoring Program (PDMP) system. This system promotes public health by detecting diversion, abuse, and misuse of prescription medications classified as controlled substances. By requiring all pharmacies to report all controlled prescriptions filled, the program provides a resource database for physician and pharmacy board investigators.

In 2007, CSC continued to enhance the Learning Content Management System (LCMS). CSC installed updates to allow volunteers to receive an alert via voice or e-mail, allow users to view their courses and contact hours, and allow volunteer badges to be created and printed.

CSC developed, tested, and implemented the new Claims Management System. This Internet application, which replaced the aging mainframe system, modernized Medicaid billing, batch payment processes, and provided new functionality. The modernization reduces the amount of mainframe processing, thus reducing costs to the department. The new system will eliminate many paper reports to the counties with online rebilling processes and also meets the federal mandate for the National Provider Identification implementation.

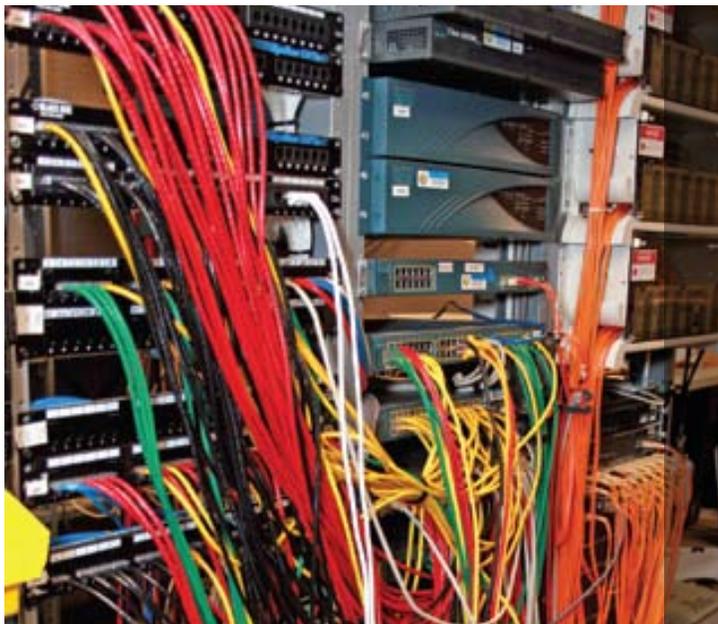
CSC enhanced the Public Health of Alabama County Operations Network system during 2007 based on county

needs. Those enhancements include electronic signatures for WIC participants to eliminate paper receipts, Spanish language forms, and local county clinic printing of Farmers Market checks.

CSC began server consolidation in 2007 to save costs associated with hardware, power, cooling, and technical support. When completed, this project will reduce the number of servers running the applications in the data center. CSC's goal is to reduce the number of servers by 25 during fiscal year 2008.

CSC installed Voice over Internet Protocol (VoIP) telephones in 22 sites, which increases the total number of clinic and area offices with VoIP to 41. The goal is to convert all 86 locations by the end of fiscal year 2008, resulting in telecommunication savings of up to \$800,000. VoIP also provides a more modern phone system with features such as voice mail capability and interoffice calling.

<u>Category</u>	<u>Quantities</u>
• Help Desk Calls	23,035
• Personal Computers Supported	4,732
• Personal Computers Installed	486
• County Support Trips	1,928



# BUREAU OF INFORMATION SERVICES

## ADPH PORTFOLIO OF INFORMATION SYSTEMS

Name	Purpose	Program Supported	Date Installed
Voice Over IP Telephones	Provide telephone and voice mail	ADPH	2005
Reports Databases	Distribution of reports in PDF format	All	2000
Lotus Notes	E-mail, Calendaring	All	1996
ICS Support Systems	Provide management information for ICS and EP activities	Emergency Preparedness	2006
Health Alert Network	Provide alerting system to emergency responders	Emergency Preparedness	2006
Environmental System	Manage county environmental activities	Environmental	2002
Cost Accounting	Collect and report cost for services provided by ADPH	Finance	1990
AFNS (Advantage Financial System)	Financial accounting for department	Finance	1990
Automated Contract Tracking System	Manage contracts from initiation through approval and implementation	General Counsel	2005
ADPH Web Site (ADPH.org)	Provide ADPH Web site	Health Promotion	2001
Grayco Systems - EMS and Facilities	Manage EMS and Health Provider Standards Facilities' compliance	Health Provider Standards and EMS	2000
Inventory Management System	Track ordering, storage, and issuance of supplies for warehouse, laboratory	Logistics	2006
HRS (Human Resource System)	Maintain personnel information	Personnel	1990
LCMS (Learning Content Managment System)	Manage employees' professional development records	Professional Services	2004
ACORN	On-Line Care Coordination System	Case Management	2002
CHIP (Child Health Insurance Program)	Enrollment System for the ALL Kids Child Health Insurance Program	CHIP	2000
WEES (Web Enabled Enrollment System)	On-Line Enrollment Determination for low cost insurance	CHIP	2005
PC Inventory Verification System	System to track PCs, laptops, and network items	Logistics Division, CSC	2006
Disease Control Applications	Collect and analyze data for TB, AIDS, STD, etc	Disease Control	1999
NEDSS (National Electronic Disease Surveillance System)	Collect and analyze disease data	Disease Control	2004
Breast and Cervical Cancer System	Manage BCC program services and reimbursements to providers and manage slots enrolled	Family Health Services	2005
Billing (CLAIMS)	Medicaid Billing for ADPH Services	Finance	2007
e-CATS (Electronic Cost Accounting Time Sheets)	Data collection for employee time for Cost	Finance	2006
Cancer and Trauma Registries	Collect and maintain data for cancer and head and spinal injuries	Health Promotion	2007
McKesson Horizon Home Care System	In Home Patient Care System for Home Health and Community Based Waiver	Home Health	2004
ARTEMIS	Hepatitis B Case Management System	Immunization	2000
ImmPrint	Internet-based immunization registry system	Immunization	1996
Laboratory Information System	Collect and report lab test data	Laboratory, Disease Control, EP	2004
Prescription Drug Monitoring Program	Data collection of reportable drugs from pharmacies	Professional Services	2006
Vital Records Information System	Collect, maintain, and issue vital records	Vital Records	1994
Electronic Birth Certificate System (EVERS)	Internet based system to report births from hospitals	Health Statistics	2006
Death Tracking System	Track Death Certificates	Health Statistics	2001
PHALCON (PH of Alabama County Operations Network)	Clinic System	WIC, Family Health, Disease Control	1999

## BUREAU OF FINANCIAL SERVICES

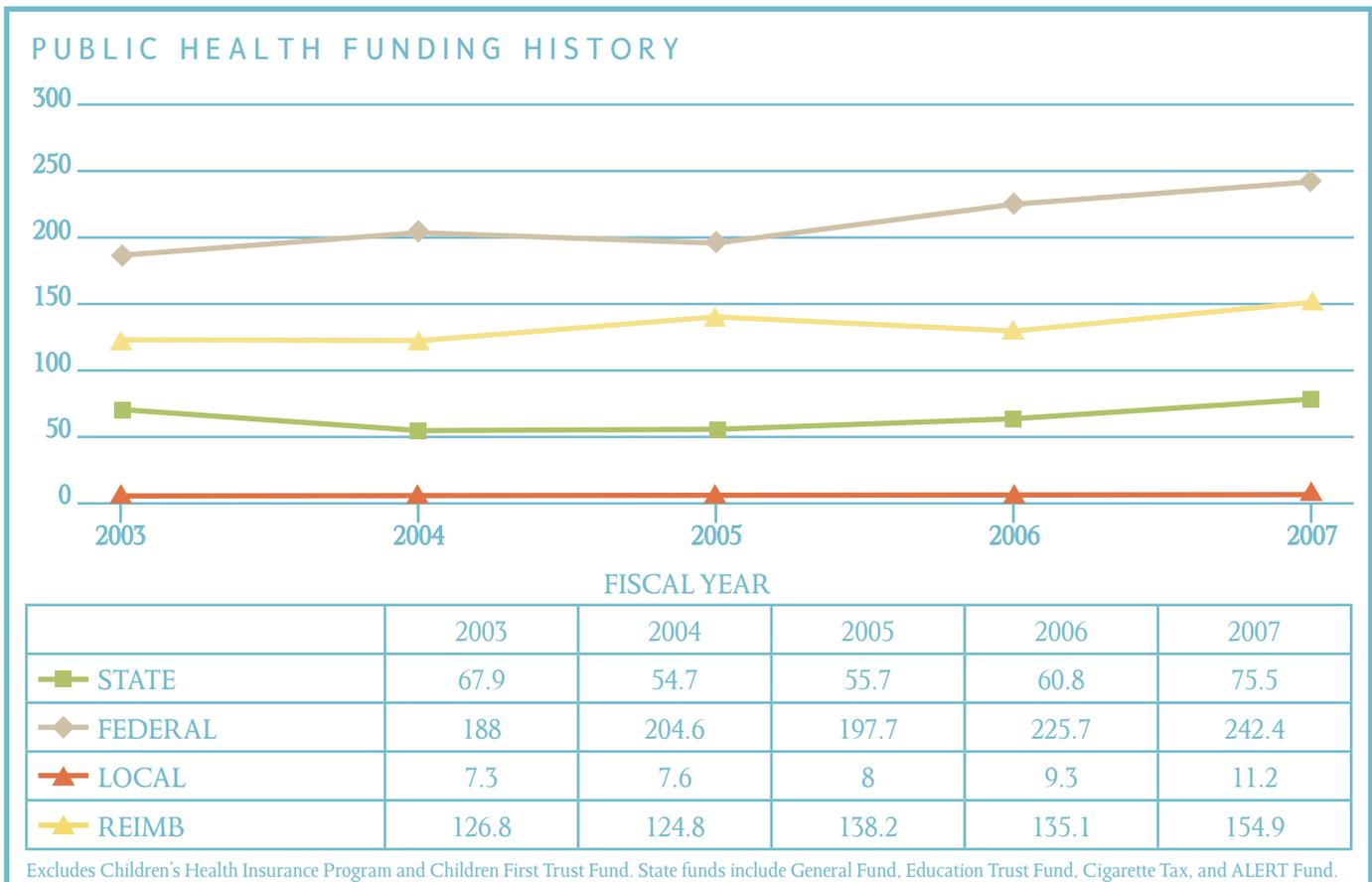
The Bureau of Financial Services provides financial and cost accounting, accounts receivable, payroll, accounts payable, purchasing, budgeting, grant accounting, production planning, and administrative support to accomplish its goals in financial and cost accounting, reporting, and management for the department.

Financial management services are also provided for the Alabama Public Health Care Authority. The State Committee of Public Health authorized the department to establish the authority in 1995.

In 1996, the authority issued \$30,000,000 in Series 1996 revenue bonds to construct and/or renovate inadequate public health facilities. The authority's initial building program was \$47 million. From 1997 through 2002, 36 facilities were constructed/renovated and occupied in Bibb, Blount, Bullock, Calhoun, Chambers, Chilton, Choctaw, Clay, Cleburne, Cullman, Dallas, DeKalb, Elmore, Franklin, Jackson, Lamar, Lawrence, Macon,

Marengo, Marion, Morgan, Monroe, Montgomery, Perry, Russell, St. Clair, Shelby, Sumter, Talladega, Tallapoosa, Tuscaloosa, and Walker counties.

In 2005, the authority issued \$57,975,000 in Series 2005 revenue bonds. The proceeds, \$27,975,000, were used to advance refund Series 1996 revenue bonds. The additional \$30,000,000 balance of bond proceeds is being used for a Phase II building program to construct, equip, renovate, and/or refurbish 14 public health facilities across the state. During fiscal year 2007, title was acquired to eight health department sites in Clarke, Conecuh, Hale, Limestone, Marshall, Tuscaloosa, Washington, and Winston counties. During this fiscal year, five projects were completed in Dale, Greene, Hale, Henry, and Randolph counties. Clarke, Conecuh, Marshall, Tallapoosa, and Washington county projects are under construction. All remaining Phase II projects are in design and bid phase. This year the authority managed the Etowah County Health Department locally funded project. This project was completed on time and occupied during August 2007.



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

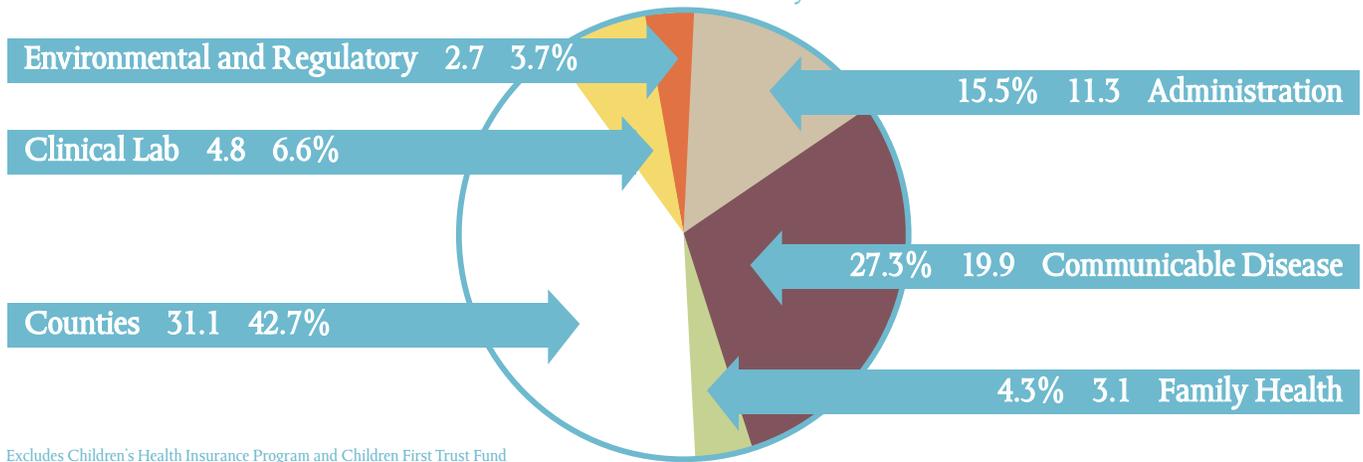
The authority is continuing to propose and develop solutions for public health building and equipment needs. Projects in preliminary development include Montgomery Central Office Annex, Crenshaw, and Geneva County Health Departments, and a Montgomery satellite clinic.

During this fiscal year the authority continued development and refinement of the Alabama Public Health Capital Maintenance Trust Program. The program is managed by the department. The authority's construction management firm provides technical assistance, advice, and program monitoring. The purpose of the Public Health Trust is to provide funding for a comprehensive coordinated preventive maintenance,

improvement, and replacement program for public health facilities in Alabama. The program does the following:

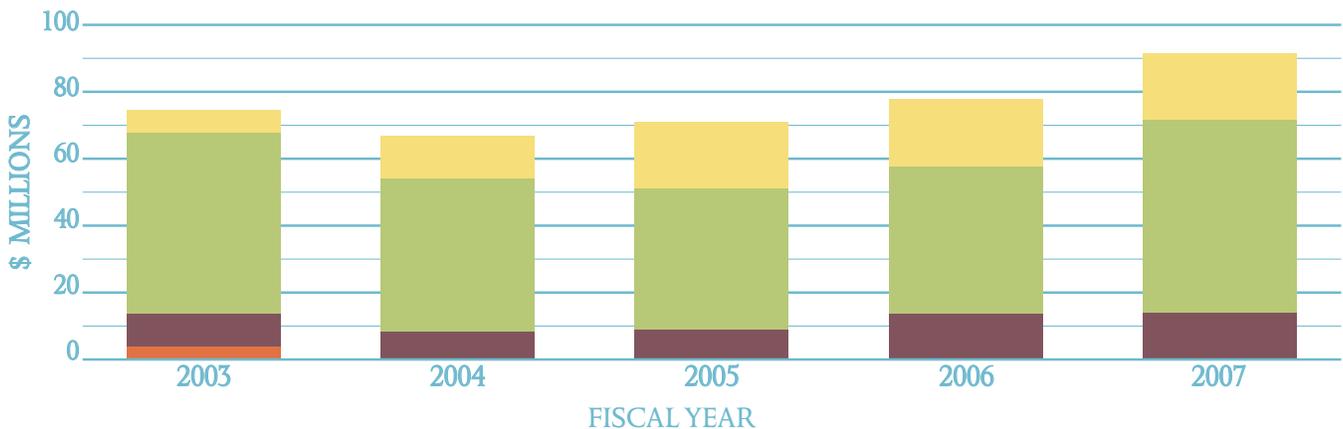
- Requires periodic facility inspections to identify deficiencies, repairs, and maintenance needs;
- Provides maintenance contracts for heating, ventilation, and air conditioning systems and fire alarms; and
- Provides for roof systems maintenance/repair and a full range of other maintenance and repair expenditures to maintain Public Health facilities in good working order.

USE OF STATE FUNDS FY 2007 General Fund and ETF only: \$72.9 million



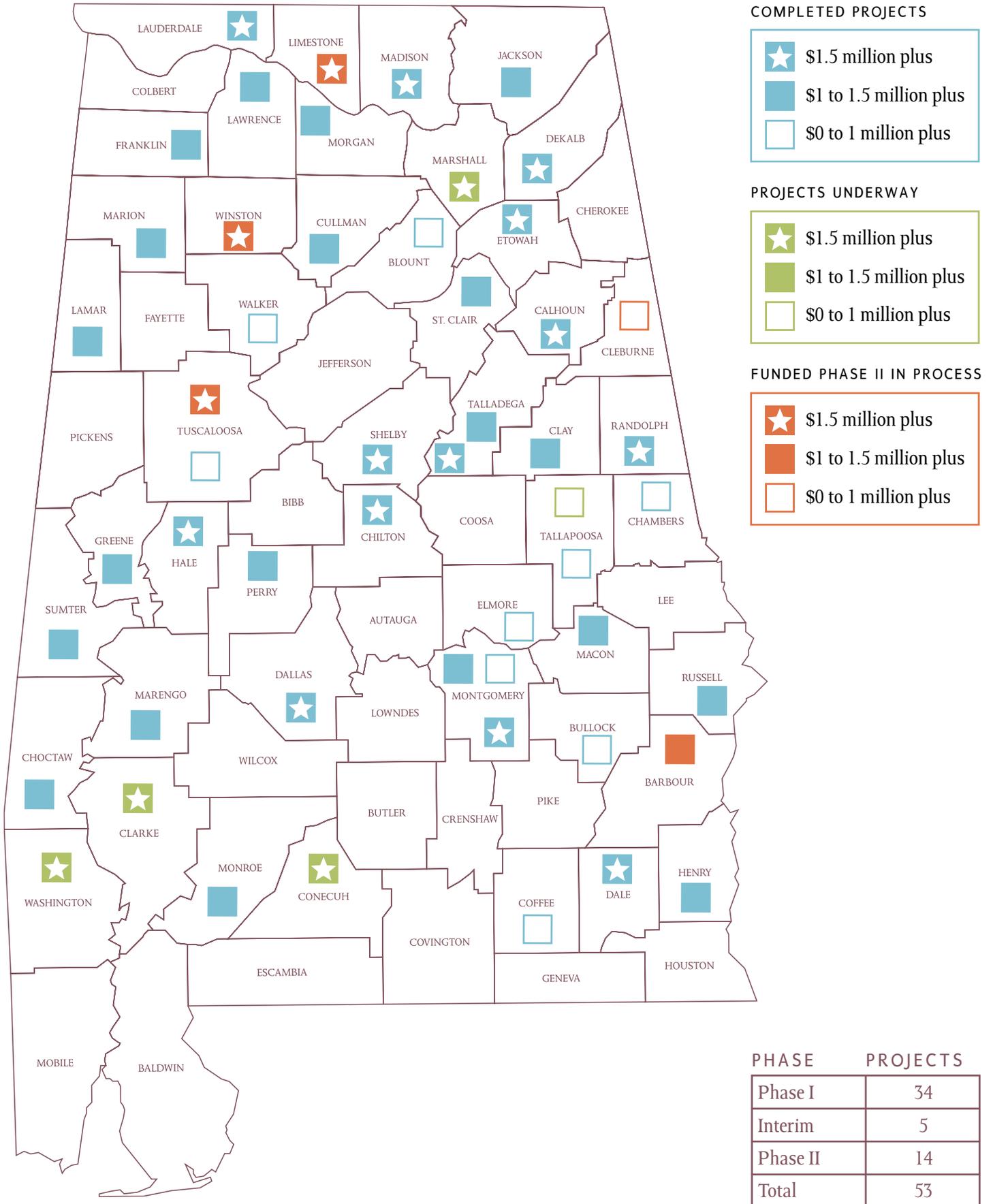
Excludes Children's Health Insurance Program and Children First Trust Fund

PUBLIC HEALTH FUNDING GENERAL FUND AND ETF



	2003	2004	2005	2006	2007
ETF - EMS	3.8	0	0	0	0
ETF - Health	9.9	8.8	8.8	13.7	14
GF - Health	54.2	45.9	43.1	43.9	59
GF - CHIP	5	11.5	18.7	18.7	18.7

## ALABAMA PUBLIC HEALTH CARE AUTHORITY PROJECTS



## 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.

The primary mission of the Office of Program Integrity is to assist managers and administrators in effectively discharging their duties by reviewing various activities and functions within the department, and by furnishing

them with reports, comments, and recommendations concerning the activities reviewed.

During 2007, 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.

In addition to routine audit services, Program Integrity staff responded to requests to evaluate existing internal controls and participated in several special projects as needs were identified or requests for audits received.



### ACTIVITIES CONDUCTED IN 2007 COMPARED TO 2006

	2007	2006
FINANCIAL/ADMINISTRATIVE AUDITS	26	28
PROPERTY AUDITS		
Area Offices	0	0
County Health Departments	26	28
State Level Sites	1	1
Private Agencies	0	0
FEDERAL PROGRAM AUDITS		
County Health Departments	27	27
External WIC sites	0	3
WIC Training Center site	0	1
STATE LEVEL PROJECTS	5	5

## 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.

In addition, the office coordinates the department's Recruitment Program, Affirmative Action Program, and the State Employee Injury Compensation Trust Fund Program. The office's Employee Relations Section provides guidance to supervisors and employees in resolving workplace conflicts and coordinates (through referrals) the Employee Assistance Program.



### 2007 Service Activities

- Conducted Interview and Selection Training for 76 supervisors
- Conducted Performance Appraisal Training for 53 supervisors
- Conducted Recruitment Training class for 23 employees
- Conducted Progressive Discipline Training for 23 supervisors
- Coordinated statewide participation in 52 recruitment events
- Processed five requests for Educational Leave
- Revised eight personnel policies and the Employee Handbook
- Revised Emergency Medical Services job series
- Processed salary range increases for the classifications of Public Health State Veterinarian (40670), Emergency Medical Services Specialist

### ALABAMA DEPARTMENT OF PUBLIC HEALTH EMPLOYEES: 2006 VERSUS 2007

CATEGORY	As of Dec. 2006	As of Nov. 2007
Officials/Administrators	930	983
Professionals	947	988
Technicians	108	127
Protective Service Workers	3	6
Paraprofessionals	236	239
Administrative Support/Clerical	851	875
Skilled Craft	3	4
Service - Maintenance	52	52
<b>OVERALL TOTALS*</b>	<b>3,130</b>	<b>3,274</b>
Turnover Rates	8.67%	6.98%

### PERSONNEL ACTIONS PROCESSED

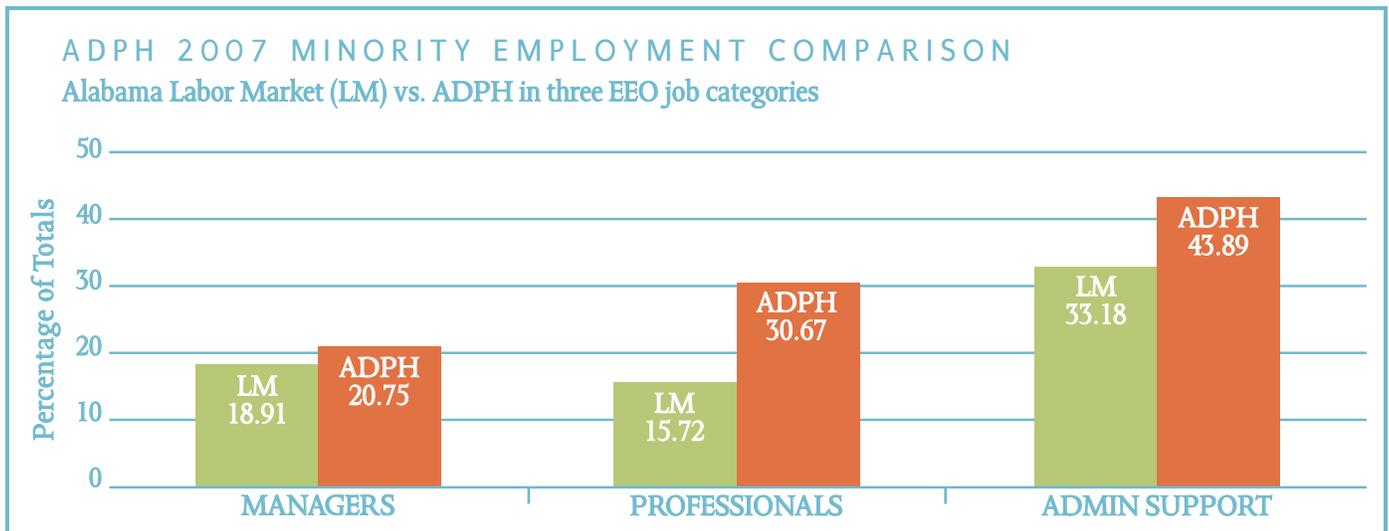
Merit New Hires	280
Promotions	199
Dismissals	21
Retirements	45
Transfers Out	26
Other Separations	185
Employee Assistance Program Referrals	16
Hours of Leave Donations	5,705
Annual Appraisals	2,728
Probationary Appraisals	771

\* Excludes Form 8 and contract employees  
912 - Form 8 employees as of 9/10/2007 512 - Contract employees as of 9/30/2007

(40721), Graphic Artist Specialist (10314), Graphic Artist Facility Supervisor (10323), Clerk (10121), Clerk IV (10124), Clerk Stenographer II (10142), Clerk Stenographer IV(10144), Administrative Support Assistant I(10196), Administrative Support Assistant II (10197), Administrative Support Assistant III (10198), and Executive Secretary

(10145) to ensure eligible employees receive their appropriate salary increase

- Coordinated “Violence in the Workplace: Policy & Prevention” satellite training for all ADPH employees. The satellite training had 2,685 participants located at 416 sites in 21 states.



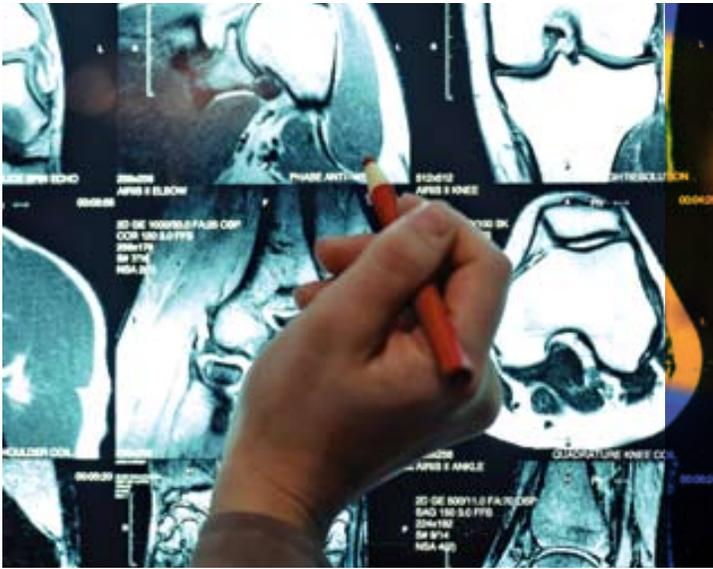
The Office of Personnel and Staff Development coordinated statewide participation in 52 personnel recruitments.

## OFFICE OF RADIATION CONTROL

The Office of Radiation Control has unique responsibilities within the department, but its main focus is to protect the public from excess exposure to ionizing radiation. This is done by registering, licensing, and inspecting the day-to-day use of radiation in the State of Alabama, environmental monitoring activities, and through training and preparedness activities in the event of an accident or incident involving radiation or radioactive material in the state. The duties of the Office of Radiation Control are separated into four branches that include the Radioactive Materials Licensing Branch, Radioactive Materials Compliance Branch, X-Ray Compliance Branch, and Emergency Planning Branch. The office maintains a supply of radiation detection equipment that is used for day-to-day inspection activities and in the event of an accident or incident involving radiation or radioactive material.

Specific activities and responsibilities of the office include:

- Registration and inspection of all medical and non-medical X-ray producing equipment and use in the state
- Licensing and inspection of all uses of radioactive material in the state including medical, research, and industrial uses
- Coordination, implementation, and inspection of increased controls for security of certain high-risk radioactive material licenses
- Registration and inspection of particle accelerators in the state including medical, research, and industrial uses
- Performance of annual inspections of mammography units under the Mammography Quality Standards Act of 1992
- Review and approval of shielding plans for diagnostic X-ray, PET imaging, and particle accelerator facilities
- Testing and certification of industrial radiographers
- Environmental monitoring for radioactive material and radiation exposure around nuclear power plants, specific radioactive material licensees, and locations identified with elevated levels of naturally occurring radioactive material
- Coordination with other state agencies to develop and implement the Alabama Radiological Emergency Response Plan for nuclear power plant incidents
- Planning and participation in annual offsite nuclear power plant exercises
- Planning and participation in annual medical service drills at hospitals located around nuclear power plants
- Radiation safety training of first responders, state troopers, public health environmentalists, and public health nurses
- Serving as subject matter expert in the National Incident Monitoring System for radiation in the State of Alabama
- Emergency response in the event of an accident or incident involving radioactive material
- Planning and participation in terrorist threat-based training exercises involving radioactive material
- Response and investigation of allegations of wrongdoing involving radiation or radioactive material
- Coordination and oversight of the Alabama Radon Education Program
- Surveillance of shipments of low-level radioactive waste transported through Alabama as part of the U.S. Department of Energy Waste Isolation Pilot Project Coordination with the Department of Public Safety to participate in the U.S. Department



of Homeland Security, Domestic Nuclear Detection Office Southeast Transportation Corridor Pilot Project

- Coordination and implementation of the department's expanded radiological emergency response teams involving assigned environmentalists and nurses in the 11 public health areas

For 2006-2007, the service activities for the office include:

- Registered 302 new X-ray units
- Reviewed 201 X-ray shielding plans
- Inspected 897 registered X-ray facilities
- Inspected 1,578 X-ray machines
- Inspected 1,762 X-ray tubes
- Issued 26 new radioactive material licenses
- Issued 1 new particle accelerator registration
- Issued 375 amendments to radioactive material licenses
- Issued 44 amendments to particle accelerator registrations
- Inspected 174 radioactive material licenses
- Inspected 26 particle accelerator registrations
- Inspected 3 out-of-state reciprocity licenses
- Conducted 27 security inspections of radioactive material licenses (Increased Controls)
- Inspected 7 radioactive material general licenses
- Issued 75 industrial radiographer certification cards
- Collected 183 environmental samples
- Conducted and participated in 4 nuclear power plant offsite radiological emergency response exercises
- Trained 664 first responders in radiological response procedures
- Conducted training for approximately 50 department employees
- Coordinated radiological emergency response training for 13 environmentalists and 10 nurses in preparation for implementation of the expanded radiological emergency response teams

## COUNTY HEALTH DEPARTMENT SERVICES

Public Health services in Alabama are primarily delivered through county health departments. County health departments are located in each of Alabama's 67 counties. Larger counties and counties with specific needs have more than one county health department location. A wide variety of services is provided at county health departments, as well as valuable information.

Typical services and information include the following:

- Cancer Detection
- Child Health
- Dental Services/Health Education and Community Fluoridation Programs
- Diabetes
- Family Planning
- HIV/AIDS
- Home Care Services
- Hypertension (High Blood Pressure)
- Immunization
- Laboratory

- Maternity
- Nutrition Services
- Nursing Services
- Sexually Transmitted Diseases (STDs)
- Social Work Services
- Tuberculosis
- Food and Lodging Protection
- Indoor Lead/Asbestos/Air Pollution
- Insect and Animal Nuisances That Can Transmit Disease to Humans
- Onsite Sewage Disposal Systems
- Solid Waste
- Water Supply in Individual Residential Wells
- Birth, Death, Marriage and Divorce Certificates
- Disease Surveillance and Outbreak Investigations
- Alabama Breast and Cervical Cancer Early Detection Program
- Children's Health Insurance Program (CHIP)



County health departments provide a wide variety of services from women's health to restaurant inspections.

ADPH ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS AND ADMINISTRATORS

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 1</b>				
Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 929, Tuscumbia 35674-0929 Box 929, Tuscumbia 35674-0929	256-383-1231 256-383-1231	383-8843 383-8843	1000 Jackson Hwy., Sheffield 35660-5761 1000 Jackson Hwy., Sheffield 35660-5761
<b>COLBERT</b>				
Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 929, Tuscumbia 35674-0929 Box 929, Tuscumbia 35674-0929	256-383-1231 256-383-1231	383-8843 383-8843	1000 Jackson Hwy., Sheffield 35660-5761 1000 Jackson Hwy., Sheffield 35660-5761
NW AL REGIONAL H H OFFICE	Box 929, Tuscumbia 35674-0929	256-383-1234	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
<b>FRANKLIN</b>				
Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 100, Russellville 35653-0100 Box 100, Russellville 35653-0100	256-332-2700 256-332-2700	332-1563 332-1563	801 Highway 48, Russellville 35653 801 Highway 48, Russellville 35653
<b>LAUDERDALE</b>				
Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 3569, Florence 35630 Box 3569, Florence 35630	256-764-7453 256-764-7453	764-4185 764-4185	4112 Chisholm Rd., Florence 35630 4112 Chisholm Rd., Florence 35630
<b>MARION</b>				
Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 158, Hamilton 35570-0158 Box 158, Hamilton 35570-0158	205-921-3118 205-921-3118	921-7954 921-7954	2448 Military St. South, Hamilton 35570 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
<b>WALKER</b>				
Karen M. Landers, M.D., AHO Don Cardwell, Area Admin.	Box 3207, Jasper 35502-3207 Box 3207, Jasper 35502-3207	205-221-9775 205-221-9775	221-8810 221-8810	705 20th Avenue East, Jasper 35501 705 20th Avenue East, Jasper 35501
<b>WINSTON</b>				
Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 1029, Double Springs 35553-1029 Box 1029, Double Springs 35553-1029	205-489-2101 205-489-2101	489-2634 489-2634	24714 Hwy. 195, South, Double Springs 35553 24714 Hwy. 195, South, Double Springs 35553
HOME HEALTH OFFICE	Box 1047, Haleyville 35565-1047	205-486-3159	486-3673	2524 14th Ave., Haleyville 35565
<b>PUBLIC HEALTH AREA 2</b>				
Judy Smith, Area Adm.	Box 1628, Decatur 35602-1628	256-340-2113	353-4432	201 Gordon Drive, S.E., Decatur 35601
<b>CULLMAN</b>				
Bart Crabtree, Asst. Area Adm. HOME HEALTH OFFICE	Box 1678, Cullman 35056-1678 Box 1086, Cullman 35056	256-734-1030 256-734-1030	737-9646 737-9646	601 Logan Ave., S.W., Cullman 35055 601 Logan Ave., S.W., Cullman 35055
ENVIRONMENTAL OFFICE	Box 1678, Cullman 35056-1678	256-734-0258 256-734-0243	734-1840 737-9236	601 Logan Ave., S.W., Cullman 35055 601 Logan Ave., S.W., Cullman 35055
<b>JACKSON</b>				
Judy Smith, Area Adm. HOME HEALTH OFFICE	Box 398, Scottsboro 35768-0398 Box 398, Scottsboro 35768-0398	256-259-4161 256-259-3694	259-1330 574-4803	204 Liberty Ln., Scottsboro 35769-4133 204 Liberty Ln., Scottsboro 35769-4133
ENVIRONMENTAL OFFICE	Box 398, Scottsboro 35768-0398	256-259-5882	259-5886	204 Liberty Ln., Scottsboro 35769-4133
<b>LAWRENCE</b>				
Bart Crabtree, Asst. Area Adm. HOME HEALTH OFFICE	Box 308, Moulton 35650-0308 Box 308, Moulton 35650-0308	256-974-1141 256-974-1141	974-5587 974-5587	13299 Alabama Hwy. 157, Moulton 35650 13299 Alabama Hwy. 157, Moulton 35650
ENVIRONMENTAL OFFICE	Box 308, Moulton 35650-0308	256-974-7076 256-974-8849	974-7073 974-7073	13299 Alabama Hwy. 157, Moulton 35650 13299 Alabama Hwy. 157, Moulton 35650
<b>LIMESTONE</b>				
Bart Crabtree, Asst. Area Adm. HOME HEALTH OFFICE	Box 889, Athens 35612 Box 69, Athens 35612	256-232-3200 256-230-0434	232-6632 230-9289	310 West Elm St., Athens 35611 110 Thomas St., Athens 35611
<b>MADISON</b>				
Lawrence L. Robey, M.D., LHO ENVIRONMENTAL OFFICE	Box 17708, Huntsville 35810-7708 Box 17708, Huntsville 35810-7708	256-539-3711 256-539-3711	536-2084 535-6545	301 Max Luther Drive, Huntsville 35811 301 Max Luther Drive, Huntsville 35811
<b>MARSHALL</b>				
Judy Smith, Area Adm. HOME HEALTH OFFICE	Drawer 339, Guntersville 35976 Drawer 978, Guntersville 35976	256-582-3174 256-582-8425	582-3548 582-0829	4200-B, Hwy. 79, S., Guntersville 35976 4200-A, Hwy. 79, S., Guntersville 35976
ENVIRONMENTAL OFFICE	Drawer 339, Guntersville 35976	256-582-4926	582-3548	4200-B, Hwy. 79, S., Guntersville 35976
WIC CLINIC	Drawer 339, Guntersville 35976	256-582-7381	582-3548	4200-B, Hwy. 79, S., Guntersville 35976
<b>MORGAN</b>				
Judy Smith, Area Adm. HOME HEALTH OFFICE	Box 1628, Decatur 35602-1628 Box 2105, Decatur 35602-2105	256-353-7021 256-306-2400	353-7901 353-6410	510 Cherry St. N.E., Decatur 35602 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
WIC CLINIC	Box 1625, Decatur 35602	256-560-0611	355-0345	510 Cherry St. N.E., Decatur 35602
<b>PUBLIC HEALTH AREA 3</b>				
Albert T. White, Jr., M.D., AHO Linda Robertson, Area Adm. HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407 Box 70190, Tuscaloosa 35407 Box 70190, Tuscaloosa 35407	205-554-4500 205-554-4500 205-554-4520	556-2701 556-2701 507-4718	1200 37th St. East, Tuscaloosa 35405 1200 37th St. East, Tuscaloosa 35405 1200 37th St. East, Tuscaloosa 35405
<b>BIBB</b>				
Linda Robertson, Area Adm. HOME HEALTH OFFICE	Box 126, Centreville 35042-1207 Box 70190, Tuscaloosa 35407	205-926-9702 205-554-4520	926-6536 507-4718	281 Alexander Ave., Centreville, 35042 1200 37th St. East, Tuscaloosa 35405
<b>FAYETTE</b>				
Linda Robertson, Area Adm. HOME HEALTH OFFICE	Box 340, Fayette 35555 Box 548, Vernon 35592	205-932-5260 205-695-6916	932-3532 695-9100	211 First St., N.W., Fayette 35555 300 Springfield Rd., Vernon 36692
<b>GREENE</b>				
Linda Robertson, Area Adm. HOME HEALTH OFFICE	Box 269, Eutaw 35462-0269 Box 70190, Tuscaloosa 35407	205-372-9361 205-554-4520	372-9283 507-4718	412 Morrow Ave., Eutaw 35462-1109 1200 37th St. East, Tuscaloosa 35405
<b>LAMAR</b>				
Linda Robertson, Area Adm. HOME HEALTH OFFICE	Box 548, Vernon 35592-0548 Box 548, Vernon 35592-0548	205-695-9195 205-695-6916	695-9214 695-9100	300 Springfield Rd., Vernon 36692 300 Springfield Rd., Vernon 36692
<b>PICKENS</b>				
Linda Robertson, Area Adm. HOME HEALTH OFFICE	Box 192, Carrollton 35447-9599 Box 548, Vernon 35592	205-367-8157 205-695-6916	367-8374 695-9100	Hospital Drive, Carrollton 35447-9599 300 Springfield Rd., Vernon 36692
<b>TUSCALOOSA</b>				
Linda Robertson, Area Adm. HOME HEALTH OFFICE	Box 2789, Tuscaloosa 35403 Box 70190, Tuscaloosa 35407	205-345-4131 205-554-4520	759-4039 507-4718	1101 Jackson Ave., Tuscaloosa 35401 1200 37th St. East, Tuscaloosa 35405
ENVIRONMENTAL OFFICE	Box 70190, Tuscaloosa 35407	205-554-4540	556-2701	1200 37th St. East, Tuscaloosa 35405

ADPH ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS AND ADMINISTRATORS

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 4</b>				
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	205-497-9300	497-3913	2201 Arlington Ave., Bessemer 35020-4299
CENTRAL HEALTH CENTER	Box 2648, Birmingham 35202-2648	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
MORRIS HEALTH CENTER	Box 272, Morris 35116-0272	205-933-4242	647-0561	590 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	205-788-3321	241-5275	1700 Ave. E. Ensley, Birmingham 35218
<b>PUBLIC HEALTH AREA 5</b>				
Mary Gomillion, Area Adm.	Box 267, Centre 35960	256-927-7000	927-7068	833 Cedar Bluff Rd., Centre 35960
<b>BLOUNT</b>				
Mark Johnson, Asst. Area Adm.	Box 208, Oneonta 35121-0004	205-274-2120	274-2210	1001 Lincoln Ave., Oneonta 35121
HOME HEALTH OFFICE	Box 8306, Gadsden 35902	256-547-5012	543-0067	109 S. 8th Street, Gadsden 35902
LIFE CARE OFFICE	Box 208, Oneonta 35121-0004	205-274-9086 or 1-888-469-8806	625-4490	1001 Lincoln Ave., Oneonta 35121
ENVIRONMENTAL OFFICE	Box 208, Oneonta 35121-0004	205-274-2120	274-2575	1001 Lincoln Ave., Oneonta 35121
<b>CHEROKEE</b>				
Mary Gomillion, 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 680347, Ft. Payne 35968	256-845-8685 or 1-800-600-0923	845-0331	2401 Calvin Dr., S.W., Ft. Payne 35967
<b>DEKALB</b>				
Mary Gomillion, 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 or 1-800-600-0923	845-0331	2401 Calvin Dr., S.W., Ft. Payne 35967
ENVIRONMENTAL OFFICE	Box 680347, Ft. Payne 35968	256-845-7031	845-2817	2401 Calvin Dr., S.W., Ft. Payne 35967
<b>ETOWAH</b>				
Mark Johnson, Asst. Area Adm.	709 East Broad St., Gadsden 35903	256-547-6311	549-1579	709 East Broad St., Gadsden 35903
HOME HEALTH OFFICE	709 East Broad St., Gadsden 35903	256-547-5012	543-0067	709 East Broad St., Gadsden 35903
LIFE CARE OFFICE	Box 208., Oneonta 35121-0004	205-274-9086 or 1-888-469-8806	625-4490	1001 Lincoln Ave., Oneonta 35121
<b>ST. CLAIR</b>				
Mary Gomillion, Area Adm.	Box 627, Pell City 35125	205-338-3357	338-4863	1175 23rd St. N., Pell City 35125
HOME HEALTH OFFICE	Box 8306, Gadsden 35902	256-547-5012	543-0067	109 South 8th St., Gadsden 35901-2454
LIFE CARE OFFICE	Box 208, Oneonta 35121-0004	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
<b>SHELBY</b>				
Mary Gomillion, Area Adm.	Box 846, Pelham 35124	205-664-2470	664-4148	2000 County Services Dr., Pelham 35124
ENVIRONMENTAL OFFICE	Box 846, Pelham 35124	205-620-1650	664-3411	2000 County Services Dr., Pelham 35124
Vincent Clinic	Box 240, Vincent 35178	205-672-2167	672-3548	131 Florey St., Vincent 35178
WIC	Box 240, Vincent 35178	205-672-7176	672-3548	131 Florey St., Vincent 35178
HOME HEALTH	Box 240, Vincent 35178	205-672-3210	672-3548	131 Florey St., Vincent 35178
LIFECARE	Box 240, Vincent 35178	205-672-3170	672-3548	131 Florey St., Vincent 35178
<b>PUBLIC HEALTH AREA 6</b>				
Teresa C. Stacks, Area Adm.	225 Haynes St., Talladega, 35160	256-315-4950	315-4921	225 Haynes St., Talladega, 35160
HOME CARE OFFICE	311 North Elm Ave., Sylacauga 35150	256-249-4893	208-0886	311 North Elm Ave., Sylacauga 35150
<b>CALHOUN</b>				
Teresa C. Stacks, Area Adm.	3400 McClellan Blvd., Anniston 36201	256-237-7523	238-0851	3400 McClellan Blvd., Anniston 36201
ENVIRONMENTAL OFFICE	3400 McClellan Blvd., Anniston 36201	256-237-4324	238-0851	3400 McClellan Blvd., Anniston 36201
HOME HEALTH OFFICE	3400 McClellan Blvd., Anniston 36201	256-741-1361	237-3654	3400 McClellan Blvd., Anniston, 36201
<b>CHAMBERS</b>				
Teresa C. Stacks, Area Adm.	5 North Medical Park Dr., Valley 36854	334-756-0758	756-0765	5 North Medical Park Dr., Valley 36854
<b>CLAY</b>				
Teresa C. Stacks, Area Adm.	86892 Hwy. 9, Lineville 36266	256-396-6421	396-9172	86892 Hwy. 9, Lineville 36266
HOME HEALTH OFFICE	86892 Hwy. 9, Lineville 36266	256-396-9307	396-9236	86892 Hwy. 9, Lineville 36266
<b>CLEBURNE</b>				
Teresa C. Stacks, Area Adm.	Box 36, Heflin 36264-0036	256-463-2296	463-2772	Brockford Road, Heflin 36264-1605
<b>COOSA</b>				
Teresa C. Stacks., Area Adm.	Box 219, Rockford 35136-0235	256-377-4364	377-4354	Main Street, Rockford 35136
<b>RANDOLPH</b>				
Teresa C. Stacks, Area Adm.	320 Main St., Roanoke 36274	334-863-8981	863-8975	320 Main St., Roanoke 36274
HOME HEALTH OFFICE	320 Main St., Roanoke 36274	334-863-8983	863-4871	320 Main St., Roanoke 36274
<b>TALLADEGA</b>				
Teresa C. Stacks, Area Adm.	225 Haynes St., Talladega 35160	256-362-2593	362-0529	225 Haynes St., Talladega 35160
HOME HEALTH OFFICE	311 North Elm Ave., Sylacauga 35150	256-249-4893	208-0886	311 North Elm Ave., Sylacauga 35150
SYLACAUGA CLINIC	311 North Elm Ave., Sylacauga 35150	256-249-3807	245-0169	311 North Elm Ave., Sylacauga 35150
<b>TALLAPOOSA</b>				
Teresa C. Stacks, Area Adm.	5030 Hwy. 280, 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

ADPH ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS AND ADMINISTRATORS

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 7</b>				
Jackie R. Holliday, Area Adm.	Box 480280, Linden 36748-0280	334-295-1000	295-0006	303 Industrial Drive, Linden 36748-0280
<b>CHOCTAW</b>				
Jackie R. Holliday, Area Adm.	1001 S. Mulberry Ave., Butler 36904	205-459-4026	459-4027	1001 South Mulberry Ave., Butler 36904
LIFE CARE OFFICE	1001 S. Mulberry Ave., Butler 36904	205-459-4013	459-3184	1001 South Mulberry Ave., Butler 36904
ENVIRONMENTAL OFFICE	1001 S. Mulberry Ave., Butler 36904	205-459-4026	459-4027	1001 South Mulberry Ave., Butler 36904
<b>DALLAS</b>				
Ashvin Parikh, Asst. Area Adm.	100 Sam O. Moseley Dr., Selma 36701	334-874-2550	875-7960	100 Sam O. Moseley Dr., Selma 36701
HOME HEALTH OFFICE	100 Sam O. Moseley Dr., Selma 36701	334-872-2323	872-0279	100 Sam O. Moseley Dr., Selma 36701
ENVIRONMENTAL OFFICE	100 Sam O. Moseley Dr., Selma 36701	334-872-5887	872-4948	100 Sam O. Moseley Dr., Selma 36701
LIFE CARE OFFICE	100 Sam O. Moseley Dr., Selma 36701	334-872-1421	872-0279	100 Sam O. Moseley Dr., Selma 36701
<b>HALE</b>				
Ashvin Parikh, Asst. Area Adm.	Box 87, Greensboro 36744-0087	334-624-3018	624-4721	670 Hall St., Greensboro 36744
ENVIRONMENTAL OFFICE	Box 87, Greensboro 36744-0087	334-624-3018	624-4721	670 Hall St., Greensboro 36744
<b>LOWNDES</b>				
Ziba M. Anderson, Asst. Area Adm.	Box 35, Hayneville 36040-0035	334-548-2564	548-2566	507 Montgomery Hwy., Hayneville 36040
ENVIRONMENTAL OFFICE	Box 35, Hayneville 36040-0035	334-548-2564	548-2566	507 Montgomery Hwy., Hayneville 36040
<b>MARENGO</b>				
Jackie R. Holliday, 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	295-0617	303 Industrial Drive, Linden 36748-0877
ENVIRONMENTAL OFFICE	Box 480877, Linden 36748-0877	334-295-1000	295-0006	303 Industrial Drive, Linden 36748-0877
<b>PERRY</b>				
Ashvin Parikh, Asst. Area Adm.	Box 119, Marion 36756-0119	334-683-6153	683-4509	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
LIFE CARE SATELLITE OFFICE	Box 119, Marion 36756-0119	334-683-8084	683-4509	Rt. 2 Box 4-C, Hwy. 45 South, Marion 36756
<b>SUMTER</b>				
Ashvin Parikh, Asst. Area Adm.	P. O. Drawer 340, Livingston 35470	205-652-7972	652-4331	1121 N. Washington St., Livingston 35470
ENVIRONMENTAL OFFICE	P. O. Drawer 340, Livingston 35470-0340	205-652-7972	652-4331	1121 N. Washington St., Livingston 35470
<b>WILCOX</b>				
Ziba Anderson, Asst. Area Adm.	107 Union St., Camden 36726-0547	334-682-4515	682-4796	107 Union St., Camden 36726-0547
ENVIRONMENTAL OFFICE	107 Union St., Camden 36726-0547	334-682-4515	682-4796	107 Union St., Camden 36726-0547
<b>PUBLIC HEALTH AREA 8</b>				
James Martin, Area Adm.	6501 U.S. Hwy 231 N., Wetumpka 36092	334-567-1165	514-5832	6501 U.S. Hwy 231 N., Wetumpka 36092
<b>AUTAUGA</b>				
James Martin, Area Adm.	219 N. Court, Prattville 36067	334-361-3743	361-3718	219 N. Court St., Prattville 36067
HOME HEALTH OFFICE	219 N. Court, Prattville 36067	334-361-3753	361-3806	219 N. Court St., Prattville 36067
<b>BULLOCK</b>				
Ron Wheeler, Asst. Area Adm.	103 Conecuh Ave., W., Union Springs 36089	334-738-3030	738-3008	103 Conecuh Ave., W., Union Springs 36089
<b>CHILTON</b>				
Connie King, Asst. Area Adm.	P.O. Box 1778, Clanton 35046	205-755-1287	755-2027	301 Health Ctr. Dr., Clanton 35046
LIFE CARE OFFICE	P.O. Box 1778, Clanton 35046	205-755-8407	755-8432	301 Health Ctr. Dr., Clanton 35046
<b>ELMORE</b>				
James Martin, Area Adm.	6501 U.S. Hwy 231, Wetumpka 36092	334-567-1171	567-1186	6501 U.S. Hwy 231, Wetumpka 36092
<b>LEE</b>				
James Martin, Area Adm.	1801 Corporate Dr., Opelika 36801	334-745-5765	745-9830	1801 Corporate Dr., Opelika 36801
LIFE CARE OFFICE	1801 Corporate Dr., Opelika 36801	334-745-5293	745-9825	1801 Corporate Dr., Opelika 36801
<b>MACON</b>				
Connie King, Asst. Area Adm.	812 Hospital Rd., Tuskegee 36083	334-727-1800	727-7100	812 Hospital Rd., Tuskegee 36083
LIFE CARE OFFICE	812 Hospital Rd., Tuskegee 36083	334-727-1888	727-1874	812 Hospital Rd., Tuskegee 36083
<b>MONTGOMERY</b>				
James Martin, Area Adm.	3060 Mobile Hwy., Montgomery 36108	334-293-6400	293-6410	3060 Mobile Hwy., Montgomery 36108
HOME HEALTH OFFICE	3060 Mobile Hwy., Montgomery 36108	334-293-6525	293-6402	3060 Mobile Hwy., Montgomery 36108
ENVIRONMENTAL OFFICE	3060 Mobile Hwy., Montgomery 36108	334-293-6452	293-6410	3060 Mobile Hwy., Montgomery 36108
LIFE CARE OFFICE	3060 Mobile Hwy., Montgomery 36108	334-293-6528	293-6402	3060 Mobile Hwy., Montgomery 36108
<b>RUSSELL</b>				
Johnny Burell, Asst. Area Adm.	1850 Crawford Rd., Phenix City 36867	334-297-0251	291-5478	1850 Crawford Rd., Phenix City 36867
HOME HEALTH OFFICE	1850 Crawford Rd., Phenix City 36867	334-298-5581	291-0498	1850 Crawford Rd., Phenix City 36867

ADPH ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS AND ADMINISTRATORS

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 9</b>				
Ruth Underwood, Area Adm. BALDWIN	Box 1227, Robertsdale 36567	251-947-6206	947-6262	23280 Gilbert Dr., Robertsdale 36567
Ruth Underwood Area Adm. ENVIRONMENTAL OFFICE BAY MINETTE BRANCH	Box 369, Robertsdale 36567-0369 Box 369, Robertsdale 36567-0369 1705 Hwy. 31 S., Suite 2, Bay Minette 36507	251-947-1910 251-947-3618 251-937-6935	947-5703 947-3557 937-0391	23280 Gilbert Dr., Robertsdale 36567 22251 Palmer St., Robertsdale 36567 1705 Hwy. 31 S., Suite 2, Bay Minette 36507
BUTLER				
Ziba M. Anderson, Asst. Area Adm. GEORGIANA SATELLITE (Open Tues only)	Box 539, Greenville 36037 Box 539, Greenville 36037	334-382-3154 334-376-0776	382-3530	350 Airport Rd., Greenville 36037 Jones Street, Georgiana 36033
CLARKE				
Ruth Underwood, Area Adm. ENVIRONMENTAL OFFICE	Box 477, Grove Hill 36451 Box 477, Grove Hill 36451	251-275-3772 251-275-4177	275-4253 275-8066	140 Clark Street, Grove Hill 36451 120 Court Street, Grove Hill 36451
CONECUH				
Ricky Elliott, Asst. Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	P.O. Box 110, Evergreen 36401 P.O. Box 110, Evergreen 36401 P.O. Box 110, Evergreen 36401	251-578-1952 251-578-5265 251-578-9729	578-5566 578-5679 578-5566	102 Wild Ave., Evergreen 36401 102 Wild Ave., Evergreen 36401 102 Wild Ave., Evergreen 36401
COVINGTON				
Ziba M. Anderson, Asst. Area Adm. OPP SATELLITE (Open Tues. Only) LIFE CARE OFFICE ENVIRONMENTAL OFFICE	23989 Alabama Hwy. 55, Andalusia 36420 23989 Alabama Hwy. 55, Andalusia 36420 23989 Alabama Hwy. 55, Andalusia 36420 23989 Alabama Hwy. 55, Andalusia 36420	334-222-1175 334-493-9459 334-222-5970 334-222-1585	222-1560  222-1560 222-1560	23989 Alabama Hwy. 55, Andalusia 36420 108 N. Main Street, Opp 36467 23989 Alabama Hwy. 55, Andalusia 36420 23989 Alabama Hwy. 55, Andalusia 36420
ESCAMBIA				
Ricky Elliott, Asst. Area Adm. ENVIRONMENTAL OFFICE ATMORE BRANCH	1115 Azalea Place, Brewton 36426 1115 Azalea Place, Brewton 36426 8600 Hwy. 31 N., Suite 17, Atmore 36502	251-867-5765 251-867-5765 251-368-9188	867-5179 867-5179 368-9189	1115 Azalea Place, Brewton 36426 1115 Azalea Place, Brewton 36426 8600 Hwy. 31 N, Suite 17, Atmore 36502
MONROE				
Ricky Elliott, Asst. Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE LIFE CARE OFFICE	416 Agricultural Dr., Monroeville 36460 416 Agricultural Dr., Monroeville 36460 416 Agricultural Dr., Monroeville 36460 416 Agricultural Dr., Monroeville 36460	251-575-3109 251-575-2980 251-575-7034 251-575-9184	575-7935 575-2144 575-7935 575-2144	416 Agricultural Drive, Monroeville 36460 416 Agricultural Drive, Monroeville 36460 416 Agricultural Drive, Monroeville 36460 416 Agricultural Drive, Monroeville 36460
WASHINGTON				
Ruth Underwood, Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE LIFE CARE OFFICE	Box 690, Chatom 36518 Box 690, Chatom 36518 Box 690, Chatom 36518 Box 690, Chatom 36518	251-847-2245 251-847-2257 251-847-2245 251-847-3071	847-3480 847-3299 847-3480 847-3299	2024 Granade Ave., Chatom 36518 2024 Granade Ave., Chatom 36518 2024 Granade Ave., Chatom 36518 2024 Granade Ave., Chatom 36518
<b>PUBLIC HEALTH AREA 10</b>				
Peggy Blakeney, Area Adm. BARBOUR	P. O. Drawer 2087, Dothan 36302	334-792-9070	792-9071	1781 E. Cottonwood Rd., Dothan 36301
Ron Wheeler, Asst. Area Adm. HOME HEALTH OFFICE CLAYTON BRANCH	Box 238, Eufaula 36027-0238 Box 217, Clayton 36016-0217 Box 217, Clayton 36016-0217	334-687-4808 334-775-9044 334-775-8324	687-6470 775-9129 775-3432	634 School Street, Eufaula 36027 25 North Midway Street, Clayton 36016 41 North Midway Street, Clayton 36016
COFFEE				
Peggy Blakeney, Area Adm. HOME HEALTH OFFICE	2841 Neal Metcalf Rd., Enterprise 36330 2841 Neal Metcalf Rd., Enterprise 36330	334-347-9574 334-347-9576	347-7104 347-3124	2841 Neal Metcalf Rd., Enterprise 36330
CRENSHAW				
Peggy Blakeney, Area Adm.	Box 526, Luverne 36049-0526	334-335-2471	335-3795	100 East 4th Street, Luverne 36049
DALE				
Ron Wheeler, Asst. Area Adm.	532 West Roy Parker Rd., Ozark 36360	334-774-5146	774-2333	532 West Roy Parker Rd., Ozark 36360
GENEVA				
Peggy Blakeney, Area Adm.	606 S. Academy St., Geneva 36340-2527	334-684-2259	684-3970	606 S. Academy St., Geneva 36340-2527
HENRY				
Ron Wheeler, Asst. Area Adm. HEADLAND BRANCH	Box 86, Abbeville 36310-0086 Box 175, Headland 36345-0175	334-585-2660 334-693-2220	585-3036 693-3010	Box 86, Abbeville 36310-2736 2 Cable Street, Headland 36345-2136
HOUSTON				
Peggy Blakeney, Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	Drawer 2087, Dothan 36302-2087 Drawer 2087, Dothan 36302-2087 Drawer 2087, Dothan 36302-2087	334-678-2800 334-678-2805 334-678-2815	678-2802 678-2808 678-2816	1781 E. Cottonwood Rd., Dothan 36301-5309 1781 E. Cottonwood Rd., Dothan 36301-5309 1781 E. Cottonwood Rd., Dothan 36301-5309
PIKE				
Ron Wheeler, Asst. Area Adm. HOME HEALTH OFFICE	900 So. Franklin Dr., Troy 36081-3850 900 So. Franklin Dr., Troy 36081-3850	334-566-2860 334-566-8002	566-8534 670-0719	900 So. Franklin Dr., Troy 36081-3850 900 So. Franklin Dr., Troy 36081-3850
<b>PUBLIC HEALTH AREA 11</b>				
Bernard H. Eichold II, M.D., AHO KEELER BUILDING, MAIN SITE ENVIRONMENTAL SERVICES SOCIAL SERVICES WOMEN'S CENTER SEMMES CLINIC CALCEDEAVER CLINIC CITRONELLE CLINIC EIGHT MILE CLINIC TEEN CENTER SCHOOL BASED CLINIC NEWBURN CLINIC MOUNT VERNON CLINIC	Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 248 Cox St., Mobile 36604 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 248 Cox St., Mobile 36604 Box 2867, Mobile 36652-2867	251-690-8827 251-690-8158 251-690-8895 251-690-8981 251-690-8935 251-445-0582 251-829-9884 251-866-9126 251-456-1399 251-694-3954 251-456-2276 251-405-4525 251-829-4882	432-7443 690-8853 432-7443 694-5004 690-8945 445-0579 829-9507 866-9121 456-0079 694-5037 456-2205 405-4521 829-4882	251 N. Bayou St., Mobile 36603-1699 251 N. Bayou St., Mobile 36603-1699 251 N. Bayou St., Mobile 36604 251 N. Bayou St., Mobile 36604 248 Cox St., Mobile 36604 3810 Wulff R., Semmes 36575 1080AA Red Fox Rd., Calcedaver 36560 19250 Mobile St., Citronelle 36522 4547 St. Stephens Rd., Eight Mile 36663 248 Cox St., Mobile 36604 800 Whitley St., Plateau 36610 248 Cox St., Mobile 36604 19180 Shepard Lake Rd., Mt. Vernon 36560

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 service. 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

Karen Landers, M.D., Area Health Officer  
Don Cardwell, Area Administrator  
Box 929, Tuscumbia, AL 35674-0929  
(256) 383-1231

## PHA 2

Judy Smith, Area Administrator  
Box 1628, Decatur, AL 35602-1628  
(256) 340-2113

## PHA 3

Albert T. White, Jr., M. D., Area Health Officer  
Linda Robertson, Area Administrator  
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(205) 554-4501

## PHA 4

Michael Fleenor, M.D., Area Health Officer  
Gwen Veras, Area Administrator  
Box 2648, Birmingham, AL 35202-2648  
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## PHA 5

Mary Gomillion, Area Administrator  
Box 267, Centre, AL 35960  
(256) 236-3274

## PHA 6

Teresa Childers Stacks, Area Administrator  
Box 4699, Anniston, AL 36204-4699  
(256) 236-3274

## PHA 7

Jackie Holliday, Area Administrator  
Box 480280, Linden, AL 36748-0280  
(334) 295-1000

## PHA 8

James Martin, Area Administrator  
6501 US Hwy. 231N, Wetumpka, AL 36092  
(334) 567-1165

## PHA 9

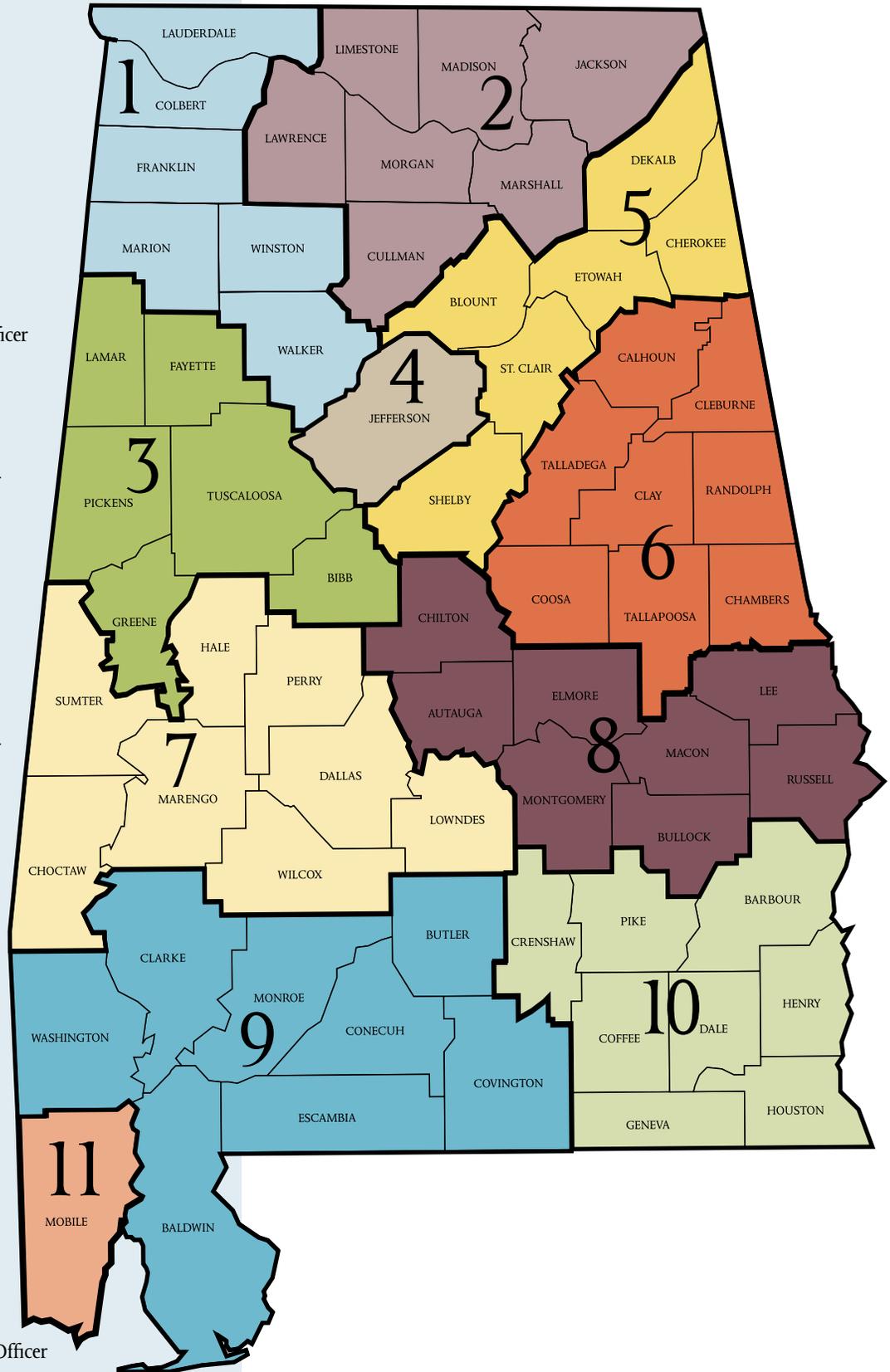
Ruth Underwood, Area Administrator  
Box 1227, Robertsedale, AL 36567  
(251) 947-6206

## PHA 10

Peggy Blakeney, Area Administrator  
Drawer 2087, Dothan, AL 36301  
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## PHA 11

Bernard H. Eichold, II, M.D., Area Health Officer  
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