



ADPH  
ALABAMA DEPARTMENT OF PUBLIC HEALTH

2008  
ANNUAL REPORT

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## VALUE STATEMENT

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

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

## AUTHORITY

Alabama law designates the State Board of Health as the advisory board to the state in all medical matters, matters of sanitation, and public 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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**The Honorable Bob Riley**  
**Governor of Alabama**  
**State Capitol**  
**Montgomery, Alabama 36130**

Dear Governor Riley:

It is my pleasure to present to you the 2008 Annual Report of the Alabama Department of Public Health. During the past year, as both the country and state faced challenging times, the Department's goal of providing access to quality health care services became even more significant.

Departmental programs worked diligently to provide valuable services throughout the state. Several of these programs received both local and national attention. One of the state's major accomplishments is in the area of children's health. Alabama was the first state to take advantage of the State Children's Health Insurance Program with the creation of ALL Kids in 1998. Since that time, the state has been ranked as one of the best states for children's health care by the Commonwealth Fund, a private foundation that studies health issues. This ranking is based on the percentage of children who receive vaccinations; the percentage of children insured; and the number of preventative visits to the doctor that children in the state receive. It has been reported that there is a high correlation between access to care and the quality of health care a child receives.

The newborn screening program also continues to make significant progress. Alabama added cystic fibrosis to its panel of primary newborn screening tests. With this addition, Alabama further establishes itself as one of the leading newborn screening programs in America. Early detection of unseen and hard-to-find disorders allows children to begin treatment at the earliest possible moment. It can mean the difference between life and death or disability and healthy development for many of the over 60,000 babies born in Alabama each year.

In 2007, the Department and its partners began the implementation of a statewide trauma system. Trauma is the leading cause of death for Americans under the age of 45. To date, injured patients in 16 Alabama counties are being routed to the most appropriate hospital with the resources to care for the patient. This allows seamless trauma system coverage to many citizens in Alabama. Plans are underway to extend this system statewide during 2009. Once accomplished, Alabama will have the first statewide system of this type in the United States.

In 2008, the department made scores for the more than 23,000 restaurants and food service establishments throughout Alabama available to the public on its Web site. Users may now search by county, city, or establishment name and make informed choices about

the stores where they purchase food and the restaurants where they eat. The goal of this initiative is to lessen the incidence of foodborne illnesses by encouraging establishments to improve their food service sanitation practices.

WIC provides nutrition education and nutritious foods to pregnant, breastfeeding, and postpartum women, infants, and children up to age 5. This past year, the program served an average of 134,822 patients per month, which included approximately 32,694 women, 37,845 infants, and 64,283 children. Over \$113 million of foods were purchased statewide in retail grocery stores through this program.

The Alabama Breast and Cervical Cancer Early Detection Program provides cancer screening to women age 50 to 64, who are at or below the federal poverty level and have little or no insurance. During the past year, the program provided cancer screenings to over 10,900 women. Of those screened, 137 women were diagnosed with breast cancer and 29 were diagnosed with pre-invasive or invasive cervical cancer.

Although there were many accomplishments during the past year, there remain significant opportunities for improvement. Alabama's 2007 infant mortality rate of 10.0 deaths per 1,000 live births was considerably higher than the 2006 infant mortality rate of 9.0. In addition, there was a

decline in the percent of births to mothers receiving adequate prenatal care. Only 72.2 percent of mothers had adequate care, the lowest level in the past decade. Infants whose mothers receive adequate prenatal care are less likely to die in their first year of life. And, infants who are born at low birth weight have an infant mortality rate almost 20 times higher than those born at normal weight. Addressing low birth weight babies and inadequate access to prenatal care are essential to reducing infant mortality.

The infant mortality rate and the teen pregnancy rate are interrelated. The number and rate of births and pregnancies among teenage girls in Alabama rose in the past two years, reversing a decade-long downward trend. The 8,776 births to teens represented 13.7 percent of total births in the state. Not only does teen pregnancy influence the mortality rate, but it also has significant economic and community costs to the state.

In the upcoming year, the Department will continue to work with partners in the public and private sector to address health care issues in the state and will work to ensure that all Alabamians receive quality health care regardless of social circumstances or their ability to pay.



**Sincerely,**

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

# BUREAU OF COMMUNICABLE DISEASE

## DIVISION OF EPIDEMIOLOGY

The mission of the Epidemiology Division 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 or intentionally caused.
- Conduct investigations of communicable disease outbreaks.
- Implement interventions to reduce the occurrence of communicable diseases.
- Provide technical expertise, consultation, and assistance to health care professionals, institutions, and communities throughout the state.
- Protect citizens from diseases caused by environmental contaminants through education, alerts, and warnings.

## Surveillance Branch

The main objective of the Surveillance Branch is to provide support and direction to the area surveillance field staff, the health care sector, and the general public regarding communicable diseases and other areas of public health importance. The Surveillance Branch conducts surveillance for 47 notifiable diseases and health conditions designated as potential threats to the health and welfare of citizens by the State Board of Health.

While the majority of surveillance involves notifiable communicable diseases, the Surveillance Branch also investigates hazards and outbreaks of any kind that are of public health importance, including cases related to nuclear, biological, or chemical terroristic activity. Furthermore, the Surveillance Branch has been tasked with recruiting physicians to participate in yearlong influenza surveillance. Several significant surveillance activities were conducted during 2008.

In February 2008 an outbreak of gastrointestinal illness occurred in Public Health Area 9. The outbreak involved a potluck meal of various types of wild game attended by more than 300 individuals. There were 158 individuals interviewed about the outbreak. As a result of numerous cooks involved in the preparation of the meal and the vast variety of wild game served, few attendees were able to provide an accurate food history. Twenty-five attendees who subsequently became ill were identified, including nine laboratory-confirmed cases, 15 epidemiologically-linked probable cases, and one case that did not meet case definition. Laboratory analysis identified *Escherichia coli* O157:H7 as the causative pathogen. Investigation confirmed the outbreak was foodborne in origin, but was unable to identify the specific contaminated food item. However, the outbreak served as an opportunity to educate the public in personal hygiene; food preparation and storage; the need to keep certain foods and cooking utensils separated during food handling; and the importance of good hand washing.

In April 2008 an outbreak of *Staphylococcus aureus* Enterotoxin A occurred in a day care center in Public Health Area 10. Day care staff and students became ill with an acute onset of vomiting and diarrhea. Water and air samples were tested and ruled out as the source of illness. Food samples collected indicated a chicken and rice dish served during lunch was the source of illness. The *S. aureus* Enterotoxin A found in the chicken and rice was also isolated from stool and vomitus of affected individuals. Forty-three of the 80 individuals interviewed subsequently became ill, including 11 laboratory confirmed cases and 32 epidemiologically linked probable cases. The investigation revealed improper food preparation, handling, and storage. The kitchen remained closed while day care staff received training and instructions regarding safe and proper food handling from Public Health.

Also in April 2008, surveillance staff in Public Health Area 8 investigated a case of hepatitis A in a day care center. The case involved a diapered day care attendee. Hepatitis A is a highly contagious liver infection transmitted by ingestion of infected feces. Many children infected with hepatitis A remain asymptomatic, but are still capable of passing the disease to others. Treatment to prevent hepatitis A is available, if given to a susceptible contact within 14 days of exposure. Of the 75 students enrolled at the day care, 20 children and three adults were identified as classroom contacts. The surveillance

## BUREAU OF COMMUNICABLE DISEASE

field staff, in collaboration with the county health department, arranged a walk-in clinic for day care attendees, parents, and siblings to receive treatment. Six children received hepatitis A vaccine at the health department, five sought treatment from private physicians, and two were previously immunized against hepatitis. Day care staff and parents received instructions regarding hepatitis A prevention and proper hygienic techniques.

In June 2008 an outbreak of gastrointestinal illness caused by *Campylobacter jejuni* occurred in Public Health Area 3. A group of 141 individuals traveling together to Hawaii became ill after returning to Alabama. Of the individuals interviewed, 21 travelers subsequently became ill; including seven laboratory confirmed cases and 14 epidemiologically linked probable cases. *Campylobacter* is the most common cause of bacterial foodborne illness in the United States, and Hawaii has the highest rate of *C. jejuni* infections in the nation.

Also in June 2008, surveillance staff identified and investigated two cases of *Legionella pneumophila* in disaster relief workers in Public Health Area 4. The investigation determined the infection was acquired during an overnight stay at a local hotel. Although water samples collected from the hotel failed to test positive for *L. pneumophila*, the epidemiologic investigation implicated the hotel's hot tub as a likely source of infection.

In July 2008 a multigenerational family was identified with *Salmonella Typhi*, the agent causing typhoid fever, in Public Health Area 9. A chronic carrier visiting from the Philippines spread the disease to Alabama family members. *S. Typhi* is endemic in the Philippines, but is extremely rare in the United States. However, through surveillance staff intervention, the family received treatment and was educated regarding the spread and prevention of typhoid fever. The disease cluster was quickly identified and treated, averting potential spread to the community.

In addition, the Surveillance Branch receives multiple requests from the public regarding possible outbreaks and clusters of disease. A tremendous amount of investigation and analysis is involved in assessing these inquiries. As an example of this, the department received a letter from a concerned citizen regarding a possible outbreak of West Nile virus disease in July 2008. West Nile virus is transmitted to humans by the bite of an infected mosquito. While most infections are asymptomatic, the virus rarely causes encephalitis, an infection of the brain, which is a notifiable disease in Alabama. Surveillance staff analyzed

the database for any mosquito-borne illnesses reported from the specified neighborhood, as well as its bordering counties during the previous five years. No cases were identified from the specified neighborhood. However, several cases were reported in surrounding counties. This investigation provided an opportunity to educate the public.

Additionally in July 2008, Alabama was involved in a national *Salmonella Saintpaul* tomato outbreak, pulsed-field gel electrophoresis (PFGE) cluster 0805NMJN6-1C. Fourteen cases were identified through PFGE analysis, of which 13 individuals reported consumption of tomatoes. PulseNet plays a vital role in surveillance and investigation of foodborne outbreaks that were previously difficult to detect. Finding similar patterns through PulseNet, scientists can determine whether an outbreak is occurring, even if the affected persons are geographically far apart. This nationwide investigative effort assisted in tracing the contaminated produce back to a farm in Mexico.

In September 2008 surveillance staff was involved in investigating several mercury spills in Public Health Area 3. Mercury is a silver-gray liquid which is harmful to humans when it is exposed into the air and consequently breathed into the lungs. The Epidemiology Division director, Toxicology Branch director, and Area 3 field staff, in collaboration with the Environmental Protection Agency and the Food and Drug Administration, provided educational information and assistance to the affected communities.

The Surveillance Branch and its statewide field staff also provide educational information and assistance to local communities. Field staff spend many hours educating school employees, businesses, and the general public on preventing the spread of communicable disease within the community and preparedness for natural or biological events. Specific focus of educational efforts include routes of transmission and basic hygiene practices, such as handwashing to prevent the spread of influenza, "Get 10" – Get Ready for Emergencies, and Methicillin-resistant *Staphylococcus aureus* (MRSA) in the school and athletic settings.

The Surveillance Branch works to be a responsive resource for the medical community and general public. Whether it is working an outbreak of *Salmonella*, gathering information about the incidence of a reportable disease or condition, recruiting physicians and laboratories for influenza surveillance, or entering data into the Alabama NEDSS Based Surveillance System, the Surveillance Branch is always ready to respond.

# BUREAU OF COMMUNICABLE DISEASE

## Toxicology Branch

The primary task of the Toxicology 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 U.S. Environmental Protection Agency (EPA) and the Alabama Department of Environmental Management (ADEM) list more than 10,000 contaminated sites in Alabama, 14 of which are on the National Priority List (NPL), a list of the worst contaminated sites in the nation. Due to its 18-year history of assessing the public health implications of contamination, the Toxicology Branch receives and responds to approximately 75 additional environmental health concerns 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. This branch also responds to inquiries concerning cleanup of mold and meth labs.

## Infection Control Section

The mission of the Infection Control Section of the Epidemiology Division 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 the needs of the Alabama Department of Public Health, the medical community, and the general public.

During 2008 educational training programs were provided via satellite teleconferences and on-site to approximately 4,000 participants. These individuals included health care workers from the department, hospitals, other state agencies, and extended care facilities.

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

## Zoonotic Branch

The Zoonotic Branch is charged with monitoring, controlling, and preventing diseases transmitted from animals to humans. The following is a summary of the 2008 results of that monitoring:

- The number of cumulative cases of animal rabies in 2008 was 85, as compared to 80 in 2007 and 85 in 2006. Just as in previous years, positive rabies tests were most frequent in wildlife species, particularly raccoons. Raccoons accounted for 51 of the positive rabies cases as compared to 47 in 2007 and 57 in 2006. Alabama had 17 positive bats, as compared to 20 in 2007 and 17 in 2006. Foxes accounted for 11 of the positive rabies tests, as compared to 11 in 2007 and eight in 2006. There were also two positive coyotes, one positive bobcat, and one positive horse.
- Dogs and cats represented domestic species testing positive for rabies this year in Alabama. There was one positive dog and one positive cat in 2008 just as in the previous year. In 2006 there were no positive dogs and two positive cats. Domestic animals represent only 2.35 percent of positive rabies submissions, which is a testament to the effectiveness of the statewide rabies vaccination program.
- The Zoonotic Branch cooperated in a national effort to halt the northwesterly migration of the raccoon variant of rabies across Alabama. According to the Animal and Plant Health Inspection Service of the United States Department of Agriculture, 455,679 doses of oral rabies vaccine were distributed by aircraft in portions of 12 counties throughout Alabama in 2008. An additional 157,320 doses were distributed by hand in populated areas not conducive to air drops. In collaboration with the U.S.D.A. Division of Wildlife Services, an enhanced surveillance program for raccoon rabies variant has been instituted in Clarke County, with particular emphasis on areas located west of the Alabama River. The enhanced surveillance will provide epidemiological evidence of northwesterly movement of rabies by increased testing and variant typing for positive cases of rabies in terrestrial animals in this area.
- This was the ninth consecutive year Alabama collaborated with the Centers for Disease Control and Prevention along with 15 collaborators in Alabama in a West Nile virus surveillance project. Seven horses tested positive for West Nile virus, while in 2007 there were none, and in 2006 there were seven. Three sentinel chickens also tested positive for West Nile virus.

## BUREAU OF COMMUNICABLE DISEASE

During 2008, 22 horses tested positive for Eastern Equine Encephalitis (EEE), as compared to eight in 2007 and five in 2006. Three sentinel chickens tested positive, compared to six in 2007 and three in 2006. In addition, one sentinel chicken tested positive for Highlands J. There was one human case of EEE which did not result in a fatality.

### Analysis and Reporting Branch

The Analysis and Reporting Branch identifies disease occurrences, clusters of diseases, and potential foodborne and waterborne outbreaks. Staff analyze disease data reported from across the state, report diseases to CDC, and monitor disease trends. Influenza

surveillance is a significant function and involves facilitating viral identification of specimens provided by sentinel providers, monitoring provider reported influenza-like illnesses, reviewing school absenteeism data, and receiving results of rapid diagnostic influenza tests from selected providers. This year the CDC Adult Blood Lead Epidemiology and Surveillance (ABLES) program was relocated to this branch. The ABLES program receives, reviews, and tracks laboratory tested adult blood levels and provides a biannual report to CDC.

The table of Selected Communicable Disease Incidence since 2004, Incidence by Public Health Area, and the graph of Quick Tests for seasonal flu are provided, with occurrences of special note detailed.

TABLE OF SELECTED COMMUNICABLE DISEASE INCIDENCE 2004 THROUGH 2008

Disease	2004	2005	2006	2007*	2008±	5-year average
<b>Brucellosis</b>	1	1	1	1	1	1
<b>Campylobacter</b>	181	175	170	261	268	211
<b>Cryptosporidium</b>	25	29	72	126	72	65
<b><i>E. coli</i> O157:H7</b>	32	30	32	66	64	45
<b>Eastern Equine Encephalitis</b>	0	2	0	1	1	<1
<b>Haemophilus influenzae, invasive</b>	14	18	23	29	24	22
<b>Hemolytic Uremic Syndrome</b>	2	5	2	7	5	4
<b>Hepatitis A, acute</b>	10	44	13	24	12	21
<b>Hepatitis B, acute</b>	84	90	92	139	107	102
<b>Hepatitis C, acute</b>	5	14	11	15	12	11
<b>Histoplasmosis</b>	13	6	21	35	7	16
<b>Legionnaires' disease</b>	13	14	11	14	17	14
<b>Listeria</b>	5	9	7	8	4	8
<b>Lyme disease</b>	7	3	11	21	10	10
<b>Malaria</b>	12	6	9	7	5	8
<b>Meningococcal disease</b>	17	6	7	11	10	10
<b>Rocky Mountain spotted fever</b>	54	72	85	95	92	80
<b>Salmonella</b>	768	742	910	980	997	843
<b>Shigella</b>	320	225	348	741	414	410
<b>Tularemia</b>	3	1	0	0	0	<1
<b>Typhoid fever</b>	0	1	1	3	4	2
<b>Vibrio</b>	18	13	14	10	23	16
<b>West Nile Encephalitis</b>	12	6	5	17	11	10
<b>West Nile fever</b>	4	5	2	7	9	5
<b>Yersinia</b>	23	14	13	19	12	16

\* Beginning in 2007, enhanced statewide electronic disease surveillance and reporting of Alabama's notifiable diseases was implemented.

± Data as of 01/04/2009

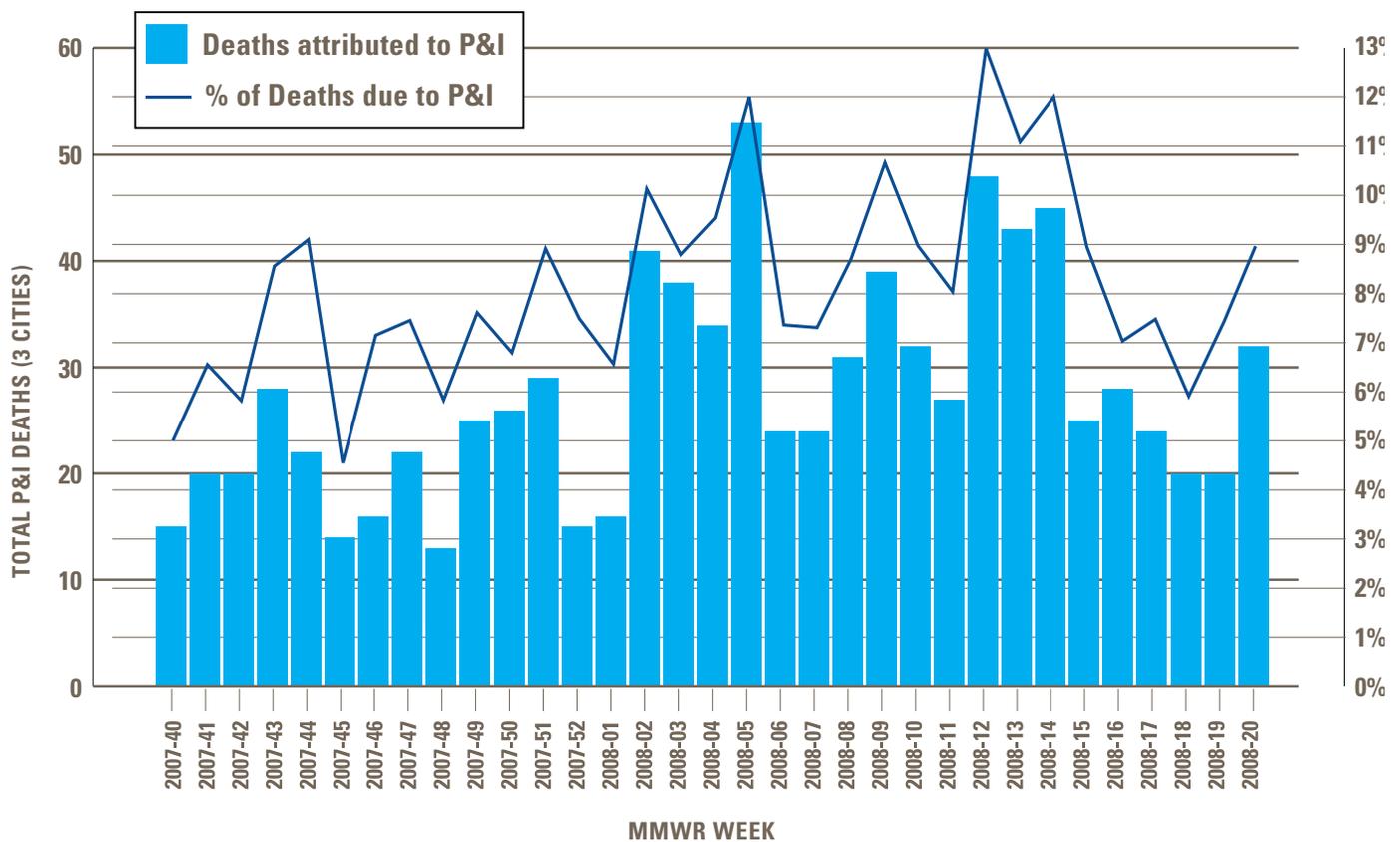
# BUREAU OF COMMUNICABLE DISEASE

## Influenza

The influenza season extends from the 40th week of the calendar year to the 20th week of the following year. The 2007-08 season included September 30, 2007, to May 17, 2008. In mid-December 2007, the Analysis and Reporting Branch received the first laboratory-confirmed report of influenza in the state for the 2007-08 influenza season from Madison County. There were 169 specimens submitted to the Montgomery and Birmingham state laboratory facilities from across the state. Ninety-seven percent tested positive for type A, 11 identified as H1, and 82 as H3. Only 3 percent tested positive for type B; and in two specimens, the strain was identified as Shanghai. The type B influenza viruses appeared late in the season, February through April.

The branch first reported widespread activity<sup>1</sup> for the entire state to CDC on MMWR week 5 (January 27 – February 2, 2008). Based on the number of rapid diagnostic tests performed, influenza activity peaked around week 49 (December 2 – 8, 2007). However, mortality from pneumonia and influenza (P&I) peaked the fifth week of 2008 with 12 percent and again in the 12th week when 13 percent of the deaths reported in the three largest counties (Jefferson, Mobile, and Montgomery) were due to P&I. The branch consistently began to report no activity<sup>2</sup> to CDC starting week 19 (May 4 – 10, 2008) and have observed no unusual activity since the influenza season ended.

## PNEUMONIA & INFLUENZA MORTALITY IN JEFFERSON, MOBILE, AND MONTGOMERY COUNTIES 2007-08 INFLUENZA SEASON



- 1 Widespread - increased influenza-like illnesses in at least half the regions and recent laboratory confirmed influenza in state
- 2 No Activity - low overall clinical activity and no laboratory confirmed cases

## BUREAU OF COMMUNICABLE DISEASE

### 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 a sexually transmitted disease, transmitting it to others, and developing related complications. Disease intervention and nursing personnel collaborate to provide screening, diagnostic services, education, treatment, partner notification, and referral services in every county of Alabama.

Data recently released by the Centers for Disease Control and Prevention showed Alabama's rates of syphilis, gonorrhea, and chlamydia in 2007 among the highest in the nation. Chlamydia, gonorrhea, human immunodeficiency virus (HIV), and syphilis are the most frequently reported STDs within Alabama. The state ranked second highest in the rate of early syphilis and fourth in gonorrhea and chlamydia.

#### ALABAMA PRIMARY AND SECONDARY SYPHILIS REPORTED BY PUBLIC HEALTH AREA (2004-2008)

PHA	2004	2005	2006	2007	2008
1	2	2	6	5	7
2	45	8	22	115	122
3	1	2	7	24	23
4	31	40	245	165	180
5	26	6	9	11	13
6	4	6	8	16	7
7	2	1	1	9	31
8	42	12	14	7	33
9	2	1	1	4	2
10	6	3	9	18	15
11	4	4	5	6	9
<b>Total</b>	<b>165</b>	<b>85</b>	<b>327</b>	<b>380</b>	<b>442</b>

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. Many individuals become infected without knowing it and then transmit the infections to their partners. Co-infection with HIV and one or more other STDs is common. Those who have these infections may also be at risk for other infectious diseases such as tuberculosis and viral hepatitis.

The incidence of reported cases of syphilis and gonorrhea continued to rise in Alabama in 2008 with 442 primary and secondary cases reported that year, a 19 percent increase over the number reported in 2007. The report's chart shows the reported incidence of primary and secondary syphilis cases by public health area over the past five years. Emphasis is placed on the early stages of the disease because those indicate when the infection is easily transmitted to others.

Public Health Area 4, which includes Birmingham, reported the highest number of early syphilis cases during 2008 with 180, an increase over the previous year. Public Health Area 2, a seven-county area in north Alabama including the city of Huntsville, also experienced a high rate. Several other public health areas reported increases in the number of reported cases, keeping the state's incidence rate high. Reported risk factors have been fairly consistent: drug use and exchanging sex for drugs or money.

To help control syphilis outbreaks, disease intervention specialists, program managers, and nurses 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 fliers distributed in outbreak areas to help increase awareness about the disease.

Chlamydia is the most commonly reported bacterial STD. Women frequently do not experience any symptoms of chlamydia and some men do not, so it often goes undetected. If 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.

## BUREAU OF COMMUNICABLE DISEASE

### ALABAMA CHLAMYDIA AND GONORRHEA REPORTED BY PUBLIC HEALTH AREA JANUARY 1 TO DECEMBER 31, 2007 AND 2008

Public Health Area	2007 Chlamydia	*2008 Chlamydia	2007 Gonorrhea	*2008 Gonorrhea
1	835	1,036	340	360
2	2,259	2,602	972	948
3	1,292	1,367	488	474
4	6,126	5,748	2,863	2,568
5	1,217	1,230	385	423
6	1,713	1,816	722	748
7	1,545	1,356	501	497
8	4,421	3,801	2,086	1,496
9	1,227	1,098	453	315
10	1,748	1,675	615	716
11	2,705	1,761	1,441	1,042
<b>Totals</b>	<b>25,088</b>	<b>*24,490</b>	<b>10,866</b>	<b>*9,587</b>

**\*Additional cases may be reported for 2008.**

In 2008, disease intervention staff investigated more than 12,000 records initiated on individuals who were infected with or may have been exposed to a reportable STD. All persons with newly reported HIV infection or early syphilis receive partner services through STD staff. Depending on the workload in assigned counties, females under the age of 19 who test positive for chlamydia are also interviewed for sex partners. During 2008, disease intervention specialists conducted almost 2,900 interviews, notified partners and at-risk persons, and sometimes transported those who did not have transportation to a local health department. Many disease intervention specialists and nurses participated in screenings of jail or prison inmates when new cases were discovered in those locations.

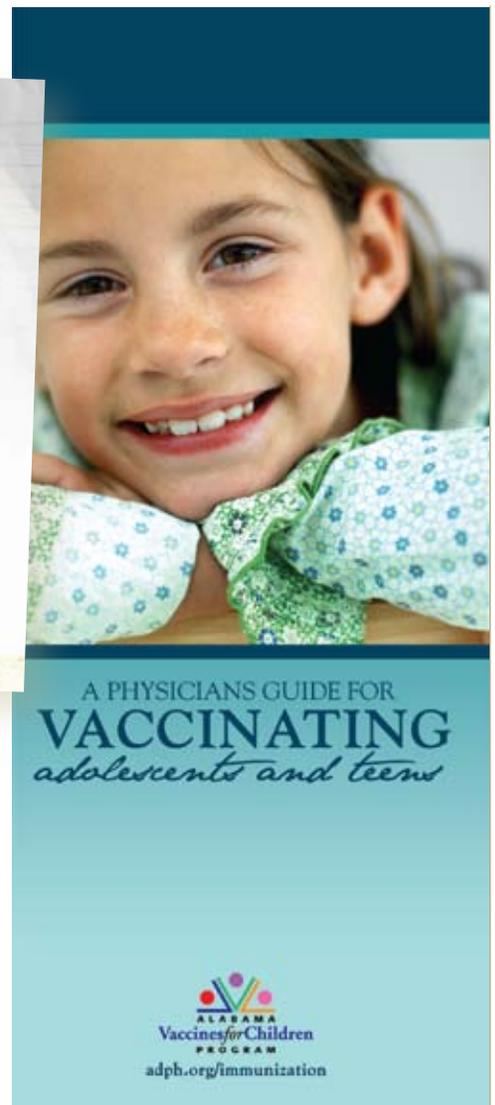
# BUREAU OF COMMUNICABLE DISEASE

## IMMUNIZATION

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, underinsured, American Indian, or Alaskan Native. As of 2008 there are 568 public and private providers enrolled in Alabama's VFC program with over \$44 million worth of vaccines distributed to providers actively vaccinating children and adolescents throughout the state. 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.



The Immunization 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, underinsured, American Indian, or Alaskan Native.

## BUREAU OF COMMUNICABLE DISEASE

Distribution of influenza vaccine to the state began in September 2008. Approximately 273,000 doses of influenza vaccine were purchased by the Immunization Division, including 148,000 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 orders were shipped to providers statewide by November of 2008.

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 2008 contributors to the data in ImmPRINT included the Alabama Center for Health Statistics, Blue Cross Blue Shield of Alabama, the Alabama Medicaid Agency, 331 private physician offices, 94 county health departments, 65 federally qualified health centers, 47 rural health centers, 24 pharmacies, and eight 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 2007-08 school year, all public and private schools

in the state responded to the School Entry Self-Survey, while 41 percent of day care and Head Start centers in the state responded to the self-survey. To validate the surveys, each year staff audit at least 25 percent of the schools, day care, and Head Start centers in Alabama. In 2008, 492 schools and 561 of the child care centers were visited. Of the records reviewed, 93.8 percent of school students and 92.7 percent of the child care 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, staff investigates vaccine-preventable diseases reported by physicians and laboratories. The number of pertussis (whooping cough) cases reported as of October 2008 decreased from 2007; 53 new cases were investigated. Twenty possible cases of mumps were investigated resulting in nine suspected and four confirmed cases in the state.

As of October 2008, a total of 1,236 cases of chickenpox had been confirmed. Chickenpox has been a reportable disease since 2004.

The division's Perinatal Hepatitis B program provided case management for 104 infants born to mothers who were reported as positive for hepatitis B, 77 of those were identified prospectively. Immunization staff is in constant contact with hospitals and physicians to emphasize the importance of identifying possible cases to hasten intervention and prevention of further cases.

### CONFIRMED VACCINE-PREVENTABLE DISEASE CASES IN ALABAMA

Disease	2000	2001	2002	2003	2004	2005	2006	2007	2008
Measles	0	0	12	0	0	0	0	0	0
Mumps	0	0	0	4	1	5	6	3	4
Rubella	4	0	0	0	0	0	0	0	0
Tetanus	2	0	1	1	0	0	0	1	0
Pertussis	18	41	37	18	10	78	60	40	20
Polio	0	0	0	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0	0	0	0
Varicella	-	-	-	-	-	-	78	452	706

## TUBERCULOSIS (TB) CONTROL

The ultimate goal of the Division of Tuberculosis Control is to eliminate tuberculosis in Alabama. Until that goal is reached, the division strives to reduce the burden of the 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 illustrated in the accompanying chart.

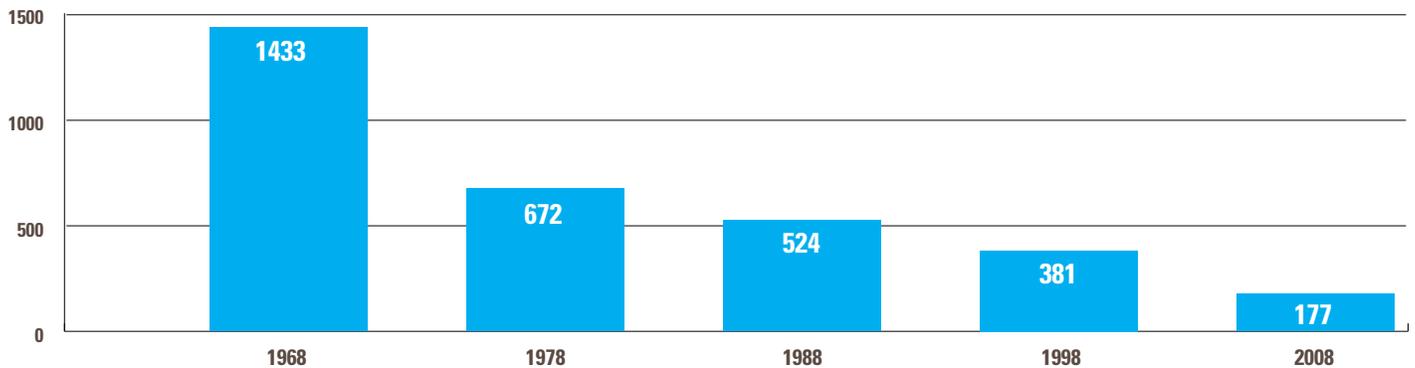
In addition to curing persons with active disease, prevention of future cases relies upon the ability of department staff to (a) promptly identify and evaluate contacts with latent TB infection, and (b) assure the initiation and completion of preventive therapy. Preliminary data for 2007 reveals that 2,426 contacts to infectious tuberculosis were fully evaluated (89 percent of the 2,724 contacts

identified). Of this number, a total of 461 persons were diagnosed with latent TB infection. Three hundred seventy-six persons with latent TB infection agreed to treatment, and 261 (69 percent) of those persons completed therapy. While conducting these very important investigations, department staff identified an additional 16 cases of active tuberculosis – thus facilitating prompt initiation of control measures to limit further spread of disease.

During 2008 the division continued outreach efforts to health care providers who serve populations at increased risk for TB.

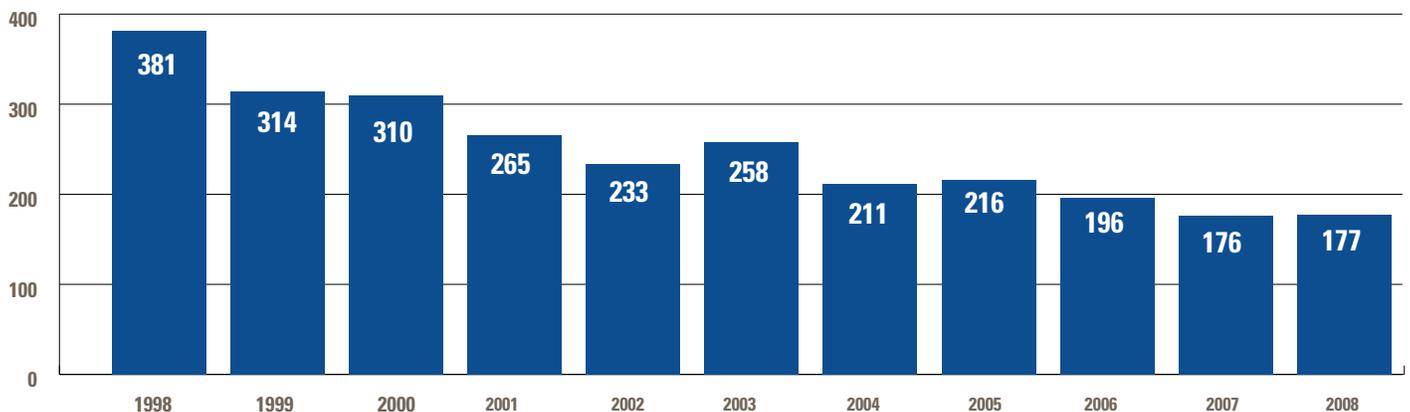
The medical community is encouraged to “Think TB” when patients present with persistent cough, or chest pain accompanied by weight loss. Chest radiography, as well as collection of sputum to “rule out” TB, should be considered for patients with these symptoms. Hospitals and private providers should refer patients with such symptoms to TB Control staff through their local health department.

## HISTORICAL TREND OF TUBERCULOSIS CASES IN ALABAMA



In 2008 the Division of TB Control verified and reported 177 cases of active TB disease. This figure represents an increase of one case (0.6 percent) from 2007.

## TUBERCULOSIS IN ALABAMA – 1998 THROUGH 2008



# BUREAU OF COMMUNICABLE DISEASE

## 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 2008 the division continued an increased distribution of rapid tests to AIDS service clinics and qualified community-based organizations.

### HIV/AIDS Direct Care and Services Branch

Alabama's Ryan White grant award for 2008 received equal funding to that of 2007, allowing increased provision of primary medical care and social services for persons living with HIV. The cap for Alabama's AIDS Drug Assistance Program (ADAP) enrollment was increased from 1,200 to 1,500 with no waiting list anticipated for the near future. Because of an increase in funding, the ADAP formulary was increased to include an additional 48 medications as requested by providers. The centralized electronic ADAP application and client eligibility process was piloted and streamlined for full implementation in January 2009.

Funding to HIV care and service agencies, which was doubled in 2007, remained the same in 2008 to allow for improved HIV care and case management services statewide. The department's central laboratory continued to provide CD4 and viral load testing and became fully capable of offering resistance testing at no cost to clients or providers.

A total of 464 ADAP clients with Medicare have been successfully transitioned to Medicare Part D insurance plans since the Part D medication assistance plan was implemented in January 2006. ADAP clients with Medicare enrolling into Medicare Part D insurance plans continued to have a major impact on Alabama's ADAP, including not having to reinstate the waiting list that was eliminated in 2006.

Medicare D Cost Assistance Plan (MEDCAP) is an ADAP-sponsored Medicare Part D cost assistance plan to help ADAP clients who qualify. There were 28 clients enrolled in MEDCAP in 2008.

### 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." During 2008 the board members began a series of formal training for members and offered one statewide meeting/workshop for persons living with HIV. The board will explore the process for applying for 501-C3, non-profit tax status.

The statewide Peer Mentoring Program has remained stable. During 2008 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 peer mentor program provided information and referrals to approximately 1,600 clients infected or affected by HIV. The peer mentors provide support services that include providing referrals to clinics, testing sites, drug treatment centers, housing programs, and food pantries. They also provide emotional support, harm reduction skills, and patient advocacy services.

### HIV Prevention Planning and Development Branch

The division awarded six community-based organizations funds for HIV prevention and testing programs. The selected recipients of the prevention funding presented evidence-based prevention initiatives that were approved by the Centers for Disease Control and Prevention or other scientific institutions.

After completing a series of five HIV/AIDS perinatal updates in 2007, conducted in the major cities of Alabama, including Birmingham, Huntsville, Montgomery, Mobile, and Tuscaloosa, the HIV Prevention Branch developed and distributed a tool kit for providers in Alabama.

### HIV/AIDS Surveillance Branch

As of October 2008, Alabama reports approximately 15,000 HIV/AIDS cases. The Surveillance Branch completed replacement of its computer software with the new CDC software package E-HARS. The updated software offers a number of benefits. It will allow staff to integrate HIV incidence and core surveillance into one database. It will also allow staff to collect an infinite number of laboratory test results.

## CENTER FOR EMERGENCY PREPAREDNESS

The Centers for Disease Control and Prevention provided \$10,426,540 in a cooperative agreement with the Alabama Department of Public Health in 2007-2008. 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; outbreaks of infectious disease; and other public health threats and emergencies, such as meteorological, geological, chemical, radiological, and industrial disasters. One-time funding for real-time disease detection in the amount of \$409,377 was received to enhance disease detection. Pandemic influenza grant funding ended in 2008 with the last grant award of \$276,168.

Activities of the center for 2008 included:

- Made pandemic influenza presentations in each of the 11 public health areas and to numerous state agencies and private businesses.
- 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.
- Developed a Continuity of Operations Plan for keeping the essential functions of public health operating during emergency situations.
- Established Radiological Response Teams in each public health area.
- Maintained emergency preparedness and emergency response teams in each public health area.
- Participated in a communications exercise with the Civil Support Team utilizing the department's communications truck. The truck has the capability to establish on-site connectivity between multiple radio systems and radio-to-telephone connectivity, as well as Internet access via a mobile satellite link; enabling the on-site Incident Command quicker incident reporting and support coordination with off-site agencies.
- Convened a State Fatality Management Planning Workgroup quarterly to enhance planning efforts and capacity utilizing grants for supplies and equipment.

- Implemented a sub-recipient monitoring plan to enhance the contract monitoring of federal funds granted to sub-recipients.
- Trained staff in each of the 11 public health areas on the deployment of the mobile medical stations.



The Center for Emergency Preparedness provides overall direction to and management of the department's assessment, planning, and response to public health threats such as radiological disasters.

# CENTER FOR EMERGENCY PREPAREDNESS

Training activities of the center in 2008 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.

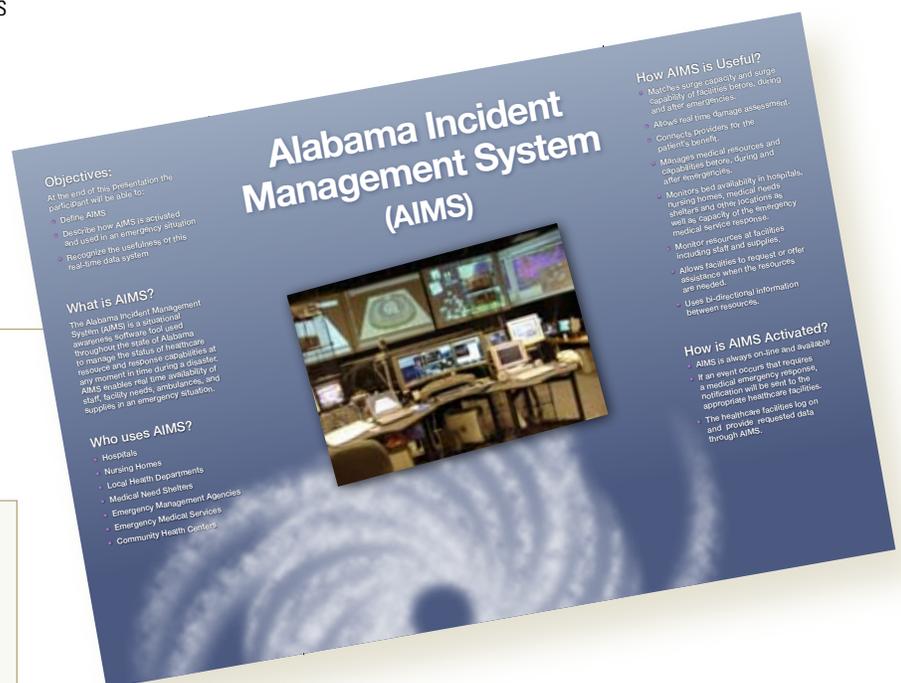
- 11 fatality management conferences
- 12 explosion and blast trauma training sessions with 191 in attendance
- 12 emergency medical services medical command training sessions with 166 participants
- 12 mass casualty training sessions with 317 participants
- 12 weapons of mass destruction all hazards general awareness training courses with 194 participants
- Advanced HAZMAT training with 58 in attendance; 32 of the attendees became instructors
- In coordination with the University of Alabama at Birmingham, developed a Continuity of Operations Plan satellite broadcast titled "Bridging the Gap"
- Presented Advanced Regional Response Training courses conducted by the University of South Alabama Center for Strategic Health Innovations
- 2 Strategic National Stockpile distribution exercises
- 3 volunteer symposiums
- Food Safety Conference with 194 in attendance

The Health Resources and Services Administration's (HRSA) Hospital Bioterrorism Preparedness Program provided \$6,330,289 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.

## Activities Included:

- Assessment of health care partners to determine the overall state of readiness through the Alabama Incident Management System (AIMS).
- Monthly reporting and quarterly tracking 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 better track resource requests from affected public areas.
- Addition of radiation response teams in each public health area.
- Purchase of portable water purification units.
- Pandemic influenza presentations made in each of the 11 public health areas and to numerous state agencies and private businesses.

The department utilizes the Alabama Incident Management System (AIMS) during emergencies to communicate with health care organizations requesting assistance.



## OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

The Office of Emergency Medical Services and Trauma introduced the Creating a Culture of Excellence in EMS campaign this past year. The purpose is to instill a higher sense of duty and professionalism in providing pre-hospital emergency medical care to EMS providers and provider services. The campaign will be supported through regional EMS agencies and the office's Quality Assurance and Improvement (QAI) programs. The Quality Assurance and Improvement committee will review system practices through the e-PCR data collection program and make recommendations to change or enhance the statewide protocols, rules, and regulations. This will also lead to improvements in the delivery of pre-hospital emergency medical care to the citizens of Alabama. The office will utilize the data to identify specific educational needs for the EMS providers and services that will best benefit areas targeted as deficiencies in pre-hospital care. The regional EMS agencies will then assist and provide the educational material and training to the providers and services as continuing education.

In 2008 the statewide departmental Office of Emergency Medical Services Trauma Communications Center (TCC) added the North EMS region. It is the goal of the department to have the remaining four EMS regions participating by the end of 2009. The center is currently coordinating and providing the most appropriate patient hospital destination according to level of trauma to the North and Birmingham regions. The center will provide compliance data to the office and all EMS regions so that a process to follow up can occur to review compliance issues and address any need for corrective measures. The office will continue to make significant efforts statewide regarding TCC in 2009.

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

- |   |       |
|---|-------|
| • Permitted ambulances inspected            | 730   |
| • Licensed provider services inspected      | 200   |
| • Licensed non-transport vehicles inspected | 271   |
| • EMS provider licenses processed           | 258   |
| • Individual EMTs licensed                  | 6,748 |
| • Individual licensure exams administered   | 411   |



The department and its partners began the implementation of a statewide trauma system that will allow Alabama citizens to be routed to the most appropriate hospital with the resources to care for them.

# 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 health marketing, health education, public information, risk communication, risk surveillance, worksite wellness, and video communications and distance learning.

## CHRONIC DISEASE PREVENTION OFFICE

### Arthritis Prevention

Arthritis is the number one cause of disability in Alabama. 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 have obesity.

In Alabama the arthritis problem is magnified by the high percentage of people who are obese and who are not physically active. Arthritis sufferers understand that physical activity and exercise can improve their chronic conditions, but believe that it is difficult to participate in exercise programs targeted to address chronic pain. The Alabama Prevention and Treatment Coalition was established to address these issues.

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 the Arthritis Foundation Self Help Program and the health department's program from the Chronic Disease Self Management Module titled 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.

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 began in Wilcox County at the Pine Apple Clinic and remain active today with 20 faithful participants in attendance.

A communication campaign with the theme "Physical Activity: The Arthritis Pain Reliever" continues to be implemented in different counties 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 annual income less than \$35,000. The Arthritis Branch participated in the creation of a focus group of women and men that would gather research and provide insight for future campaign messages.

## BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

### Cancer Registry

The Alabama Statewide Cancer Registry (ASCR), 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.

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

### ALABAMA CANCER INCIDENCE RATES BY SITE AND SEX, 1997-2006 COMBINED\*\*

	Male		Female	
	Rate	Count	Rate	Count
<b>All sites</b>	<b>562.7</b>	<b>113,350</b>	<b>414.1</b>	<b>107,296</b>
<b>Bladder</b>	<b>30.7</b>	<b>5,889</b>	<b>7.2</b>	<b>1,954</b>
<b>Brain and CNS</b>	<b>9.3</b>	<b>1,943</b>	<b>8.3</b>	<b>2,070</b>
<b>Breast</b>	<b>2.2</b>	<b>432</b>	<b>139.3</b>	<b>35,527</b>
<b>Cervix</b>	<b>*</b>	<b>*</b>	<b>9.8</b>	<b>2,333</b>
<b>Colon and Rectum</b>	<b>65.0</b>	<b>12,913</b>	<b>44.8</b>	<b>12,014</b>
<b>Esophagus</b>	<b>8.4</b>	<b>1,741</b>	<b>1.9</b>	<b>499</b>
<b>Hodgkin Lymphoma</b>	<b>2.7</b>	<b>578</b>	<b>2.1</b>	<b>494</b>
<b>Kidney</b>	<b>17.3</b>	<b>3,585</b>	<b>9.0</b>	<b>2,344</b>
<b>Larynx</b>	<b>9.9</b>	<b>2,070</b>	<b>2.1</b>	<b>547</b>
<b>Leukemia</b>	<b>12.8</b>	<b>2,524</b>	<b>8.0</b>	<b>2,064</b>
<b>Liver and Intrahepatic Bile Duct</b>	<b>6.7</b>	<b>1,361</b>	<b>2.6</b>	<b>699</b>
<b>Lung and Bronchus</b>	<b>110.3</b>	<b>22,172</b>	<b>50.4</b>	<b>13,422</b>
<b>Melanoma of the Skin</b>	<b>29.0</b>	<b>5,882</b>	<b>17.6</b>	<b>4,362</b>
<b>Myeloma</b>	<b>6.9</b>	<b>1,381</b>	<b>4.4</b>	<b>1,186</b>
<b>Non-Hodgkin Lymphoma</b>	<b>19.7</b>	<b>3,989</b>	<b>13.5</b>	<b>3,565</b>
<b>Oral Cavity and Pharynx</b>	<b>19.3</b>	<b>4,026</b>	<b>6.7</b>	<b>1,766</b>
<b>Ovary</b>	<b>*</b>	<b>*</b>	<b>13.3</b>	<b>3,470</b>
<b>Pancreas</b>	<b>12.5</b>	<b>2,450</b>	<b>9.2</b>	<b>2,508</b>
<b>Prostate</b>	<b>144.6</b>	<b>29,392</b>	<b>*</b>	<b>*</b>
<b>Stomach</b>	<b>9.1</b>	<b>1,774</b>	<b>4.8</b>	<b>1,297</b>
<b>Testis</b>	<b>4.2</b>	<b>907</b>	<b>*</b>	<b>*</b>
<b>Thyroid</b>	<b>3.3</b>	<b>688</b>	<b>8.6</b>	<b>2,037</b>
<b>Uterus</b>	<b>*</b>	<b>*</b>	<b>16.7</b>	<b>4,355</b>

\* Not Applicable

\*\* Rates are per 100,000 and age-adjusted to the 2000 U.S. (19 age groups) standard.

## BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

cancer burden. As an indicator of the high quality of data collected, the ASCR 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 ASCR has achieved Gold Certification since data year 2004.

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 ASCR 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 includes cancer profiles and state maps which summarize cancer incidence rates by county.

Each year the ASCR 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 are 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.



### Cardiovascular Health

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 obesity, sedentary lifestyle, high blood pressure, and high cholesterol levels contribute markedly to the development of heart disease. The Cardiovascular Health Branch works closely with the Diabetes Branch in reaching the community. People with diabetes are at the same risk for heart attacks as people who have already suffered a heart attack. Community level efforts teaching how to make changes in one or more of the 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 is critical to improve medical outcomes. The BE FAST acronym is being used in the community to educate people on the warning signs of a stroke.

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 employees' health. The branch worked with the health care community as well, providing quality improvement programs and training for health care professionals.

## BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

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 efforts, significant strides can be made in reducing the burden of heart disease and stroke in Alabama.

### Comprehensive Cancer

The Alabama Comprehensive Cancer Control Program (ACCCP) completed the first year of a five-year funding cycle from the Centers for Disease Control and Prevention. The ACCCP facilitates a statewide plan of cancer-related organizations through the Alabama Comprehensive Cancer Control Coalition (ACCCC). Four gatherings were held in 2008 with committee meetings on prevention; early detection and survivorship; research; environmental, medical, and occupational exposure; and surveillance. The coalition formed four special task forces to address prostate cancer, transportation, evaluation of the coalition and the statewide plan, and coalition building.

The program expanded a study of patients who died while under hospice care to include a survey of hospice providers in the state. The survey asked providers their opinion about barriers preventing people from enrolling in hospice. The coalition plans an educational campaign to explain hospice to families and members of the clergy.

The program's prostate contract with the University of Alabama at Birmingham's Minority Health and Research Center is funded for five years by CDC, with continuing education as one of the long-term outcomes. The 2007 Prostate Cancer Summit: Call to Action proceedings with physicians, scientists, and community advocates is being electronically formatted for continuing education for health care providers, social workers, and nurses. The Internet format is being piloted in rural and urban Alabama.

The ACCCP also provided support to free prostate cancer screenings in four rural county health departments (Hale, Marengo, Sumter, and Wilcox) to encourage men to take charge of their health and be screened so that they can know their baseline numbers and be treated as early as possible. The Urology Centers of Alabama and the county health department staff screened 273 men with 12.5 percent needing further evaluation.

The program held skin cancer interventions at one Professional Golf Association (PGA) and two Ladies Professional Golf Association (LPGA) National Tournaments - the Regions Classic PGA Masters Tournament at Ross Bridge (Birmingham), the Bell MicroProducts LPGA Tournament at Magnolia Grove (Mobile), and the Navistar LPGA Golf Classic at Capitol Hill (Prattville). Physicians from the American Academy of Dermatology and the Women's Dermatologic Society screened spectators for skin cancer. An estimated 50,000 people received sunscreen, golf tees, and information about sun safety.

In November, the program hosted an Appalachian Cancer Forum targeting Calhoun, Cherokee, DeKalb, and Etowah counties. Several coalition members were responsible for this occurring, including Hospice of Marshall County at Shepard's Cove, one of three inpatient hospices in the state. Presentations were also made by the following organizations: the department's Alabama Comprehensive Cancer Control Program, Tobacco Prevention Branch, and Breast and Cervical Cancer Program; Deep South Network for Cancer Control; National Cancer Institute's Cancer Information Service; University of Alabama at Birmingham's School of Public Health and Division of Preventive Medicine; and the Alabama Hospice Organization. There was also discussion about segments of Northern Alabama where some people preserve Appalachian attitudes, such as reliance on folk medicine, distrust of health care providers, independence, and privacy and how that affects cancer treatment and care.

In addition to the Appalachian Cancer Forum, program staff have made several trips to Northern Alabama to recruit members for the coalition and establish a Northern Chapter. Staff met with the Oncology Nurses of North Alabama, Clearview Cancer Institute, HudsonAlpha Institute for Biotechnology, and Huntsville's Hospice Family Care.

The program's Web site has a new look featuring cancer survivors and partners. Partners that were featured this past year included: Baptist Hospice and Palliative Care; Coffee County Family Services Center and the Butterfly Project; UAB Researchers Brian Geiger and Jeffrey Fulmore, Looking at Cancer Risk in Adolescent Athletes; Us TOO Prostate Cancer Education and Support Network; University of Alabama at Birmingham Comprehensive Cancer Center; and the department's Tobacco Prevention Branch's Youth Tobacco Cessation Program.

# BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

## Diabetes

The Diabetes Prevention and Control Program works in collaboration with numerous community groups, organizations, and government agencies to address diabetes. According to the Behavioral Risk Factor Surveillance System, 360,912 Alabamians over the age of 18 are aware they have the disease. The program incorporates the National Diabetes Prevention and Control Objectives, Healthy People 2010 Objectives, and the Essential Public Health Service Objectives within its program goals and objectives. Local statistics appear in the 2008 diabetes fact sheet on the program's Web site.

The Alabama Diabetes Network, formerly the Alabama Diabetes Advisory Council, is a group of diabetes advocates and experts from the public and private sectors that advises and supports the Diabetes Program. In 2008 members of the Centers for Disease Control and Prevention's East team visited the state to facilitate and train members of the network's executive committee. During the past year, the network developed new bylaws and completed modifications of the state plan. Many activities have been highlighted in the Diabetes Program's newsletter, "Diabetes Quotes."

The program utilizes Systems Thinking to work toward opportunities to improve the health status of a community, to help delay or prevent developing diabetes, and to reduce complications related to the disease. Systems Thinking training and speakers bureau presentations were presented to several organizations and stakeholders statewide. The Diabetes Program and members of the network attended meetings and worked with the Alabama Office of Minority Health to assist in the development of the diabetes section of a state disparities plan.

The number of Diabetes Today coalitions increased to 16 in 2008. Four coalitions receive funding from the Diabetes Program. Additional coalitions learn how to sustain local activities without program financial support. In 2008 the program participated in CDC's Diabetes Today training held in Atlanta. The second annual training conducted locally was held in October.

The Houston County coalition has trained people to assist with diabetes education and extended its work to neighboring counties. Coalition members voted to change the coalition name to the Wiregrass Coalition and work with Barbour, Coffee, Geneva, Henry, and Pike counties. Other areas that have had Diabetes Today partnerships are Autauga, Bibb, Elmore, Jefferson, Lowndes, Macon, Mobile, Montgomery, Perry, and Pickens counties.

The Diabetes Program collaborates with Project Power, which is the American Diabetes Association's faith-based train-the-trainer program. A total of 26 churches are currently enrolled. In 2008 seven new churches were recruited in Birmingham, and four previously recruited churches completed workshops. Program activities have been extended to Calhoun, Dallas, Elmore, Jefferson, Montgomery, and Tuscaloosa counties. Project Power workshop evaluations revealed that from 2006 to present the workshops were extremely helpful to participants.

In 2008 great emphasis has been placed on health communications. The Diabetes Program and the network's program included the "Diabetes Quotes" newsletters, presentations, and an expanded Web site that includes links to recognized diabetes organizations, audiovisual presentations, fact sheets, burden reports, and updates about diabetes. Visitors to the Web site may also access National Diabetes Education Program materials. The program implemented radio campaigns and issued its annual Diabetes Month media tool kit and a network tool kit. A total of 5,881 visits were made to the Web site between January and November 2008. Members of both the program and network appeared with the governor at the signing of the 2008 Diabetes Month proclamation.

Alabama's Diabetes Program was one of five states that collaborated with the National Association of Chronic Disease Directors Regional Program in conducting its annual satellite program in March 2008. The theme was cardiometabolic syndrome. The conference included faculty from the following organizations: Advanced Physicians Weight Management, American Society of Bariatric Physicians, Alabama Obesity Task Force, Montgomery Cardiovascular Associates, and Jackson Hospital. The program also collaborated with the Cardiovascular Health Branch, the Office of Minority Health, Alabama Medicaid Agency, and the American Heart Association in developing the satellite program. Approximately 1,204 viewers representing 35 states viewed the conference.

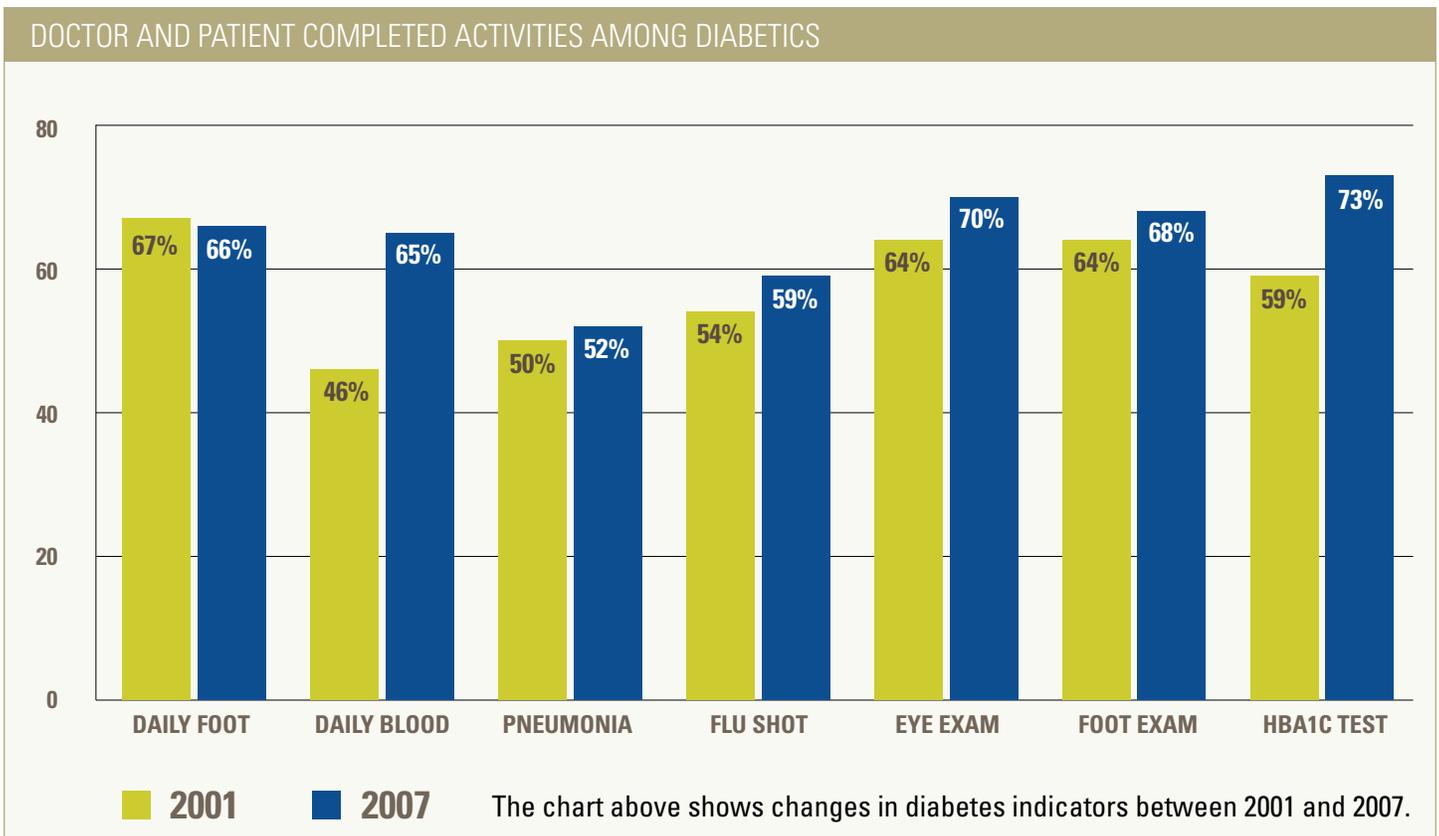
During the past year, program and network staff participated in several key conferences and training.

- Presented at the national 2008 CDC Diabetes Conference for the third consecutive year on Samford University's program to utilize pharmacy interns in diabetes education programs.
- Addressed health literacy at the 2008 Alabama Cooperative Extension Systems conference.

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- Co-sponsored the Tuskegee Area Health Education Center's annual community forum.
- Presented on partnerships at the Alabama Public Health Association conference.

In 2007 the Diabetes Program was allowed to have a pre-diabetes question added to the Behavioral Risk Factor Surveillance System questionnaire. Results were made available this past year and will be utilized when creating future projects and goals for the program.



## Risk Surveillance

The purpose of the Risk Surveillance Unit is to identify and measure the health practices, attitudes, and conditions that place adults in Alabama at risk for chronic diseases, injuries, and preventable infectious diseases. More than half the deaths that occur each year can be attributed to modifiable health risk factors. The Alabama Behavioral Risk Factor Surveillance System, or BRFSS, is an annual telephone survey 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, 7,242 Alabama adults participated in the Alabama Behavioral Risk Factor Survey and reported the following concerning their health practices and daily living habits:

- 22.4 percent classified themselves as current smokers.
- 10.3 percent reported being told by a doctor that they have diabetes.
- 64.1 percent are overweight or obese based on body mass index.
- 38.5 percent stated that they had received a flu shot in the past year.
- 85.0 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 serve as an effective tool in planning for future public health activities and evaluation.

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## Tobacco Prevention and Control

The Tobacco Prevention and Control Branch provides technical assistance and funding to all 11 public health areas and 26 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 while addressing tobacco-related disparities among Alabamians.

## 2008 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. Eight cities passed smoke-free ordinances in 2008 that restrict the use of tobacco in public places.
- The Alabama Tobacco Quitline, a toll-free tobacco cessation line that helps Alabamians quit tobacco, served more than 12,500 callers in 2008. 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 26 communities statewide to conduct tobacco use and exposure prevention and empowerment programs to educate communities about the dangers of exposure to secondhand smoke, to encourage local policy development, and to implement the Life Skills Training curriculum in schools.
- Area tobacco control coordinators trained 566 healthcare providers to implement the U.S. Public Health Service's Clinical Practice Guidelines for Treating Tobacco Use and Dependency. The accredited training is provided free of charge using the Ask, Advise, Refer, Prescribe (AARP) Brief Intervention model.
- The 2008 Youth Tobacco Survey was conducted, revealing a 17.5 percent decrease in 9th through 12th graders' smoking prevalence rate.
- The Alabama Strategic Plan for Eliminating Tobacco-Related Disparities was finalized and posted on the branch's Web site.
- Area tobacco control coordinators conducted 75 presentations with employers to encourage adoption of tobacco-free campus policies and to promote cessation coverage for employees.
- Area tobacco control coordinators conducted 51 smoke-free homes presentations to 1,020 parents and teachers of low socioeconomic status children. More than 1,770 Alabamians pledged to make their homes and cars smoke free in 2008.
- The Youth Cessation Program created a Myspace page, generating more than 800 hits; launched two media campaigns reaching 713,000 households and generating more than 1 million impressions; trained 90 percent of Medicaid care coordinators on the Brief Cessation Intervention Model; and served more than 100 teens through the Alabama Tobacco Quitline.

# BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

## HEALTH MARKETING DIVISION

### Social Marketing

The marketing success story of the year was Get 10 for Emergency Preparedness. Get 10's popularity demonstrated how employing a simplified message, slick graphics, and popular culture venues make a significant difference in the ability of a campaign to engage attention, stimulate requests for more information, and create word-of-mouth advertising. The goal of Get 10 is to involve every Alabama citizen in personal preparedness by offering simple steps to take to get ready for a variety of weather and other emergencies.

Another success story involved the ongoing development of adph.org, the department's Web site. The site won the 2008 Gold Medal Award for Excellence in Public Communication from the National Public Health Information Coalition. Presented at the National Public Health Information Coalition's Annual Conference, the competition attracted public health communicators from health and emergency response agencies, public relations professionals in private firms, and representatives of companies affiliated with health-related issues.

The Development Media Branch, which is responsible for the design and creation of all adph.org Web sites, worked with over 125 adph.org section editors to complete conversion of all existing program/bureau/office sites to the site's new design and content management system. Page view totals for adph.org from January 1-December 31, 2008, was 6,840,117, an increase of 1,306,491 over last year's total of 5,533,626. The two branch members also worked with local department staff to create 19 county Web sites that provide access to local public health services and notices, bringing the total county health department Web sites to 25.

In addition, the branch created new agency office sites that handle internal news and communications, training opportunities, and pictorial office phone directories. New sites included Family Health, Health Promotion and Chronic Disease, Human Resources, and Home and Community Resources. Online access for these and other administrative units to items such as agendas and past and present meeting materials helps reduce the amount of paper copies produced, adding to the state's goal of "going green."



Get 10's utilization of sports venues was particularly effective in cutting across demographic and geographic lines. It proved to be more cost-effective than any other media method used by the agency to reach a broad spectrum of people.

Both adults and children are drawn to Mimi Mouse, a character developed for the Center for Emergency Preparedness to teach kids healthy habits to prevent disease. This year Mimi expanded her role to talk about the simple steps of the Get 10 preparedness program to give children a sense of responsibility and control during emergencies.

## BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

Partnership Web site projects included working with the Scale Back Alabama Campaign with the Nutrition and Physical Activity Division and the Alabama Hospital Association; the State Combined Campaign; and the Alabama Department of Environmental Management on a MySpace page to provide young people information on asthma. The branch also worked with the Alabama Suicide Prevention Task Force and the State Obesity Task Force to develop their Web sites and with the department's Bureau of Environmental Services to create the design for the Web application to provide food establishment scores.

The division created a new section called Community Marketing to work with state and local programs to research population-based health promotion opportunities to assure the most cost-effective marketing of prevention and preparedness activities to reduce unhealthy behaviors and exposures. This will include not only a more rigorous review of media buys, but also the development of more popular culture venues within both physical and online communities.

The combination of efficient staff and appropriate equipment enabled the division's Document Imaging Branch to produce 10.5 million copies of documents and provide various forms of binding of 350,000 items with only three employees. The agency goal is to eliminate the cost of as much printing as possible either through online access to materials or through cost-efficient on-demand printing which reduces excess printing and shipping/storage and out-of-date materials.

### Public Information

The goal of the Public Information Division is to improve public health by providing information through the mass media and through departmental publications for agency staff about departmental objectives and activities.

During 2008 activities included preparing and distributing more than 70 news releases; providing assistance with news media campaigns for several programs; composing audio public service announcements; editing the department's official publication, Alabama's Health; moderating educational programs by satellite; distributing video monitoring reports; coordinating regular appearances on a television talk show; and answering and routing a variety of questions and comments from the department's Web site. Staff also edited the department's annual report which details the past year's activities and expenditures.

Other activities included the distribution of notices and news releases to the news media electronically and through facsimiles according to the media outlet's expressed preference for receiving information. News releases are published on the department's 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, staff also composed and edited a variety of publications and assisted with numerous projects and promotions, such as the Go Red for Women celebration. Work products included meeting summaries, letters, grant proposals, reports, fliers, address/telephone rosters, news conferences, proclamations, public service announcements, and fact sheets.

Staff members also participated as public information officers in their roles as members of the Incident Command System response teams during emergencies such as Hurricane Gustav and in numerous exercises including those for Radiation Control.



New staff capabilities in photography enabled the division to take photographs of Alabama citizens the department serves to more accurately and effectively portray public health services and accomplishments. This billboard campaign for the Bureau of Home and Community Services was a good example of how portraits of local people can create a community album of health department programs in their area.

# BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

## Risk Communication

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 work force and public.

In 2008 the branch conducted crisis emergency media training for departmental employees and partners. Training focused on general risk communication principles and techniques including instruction on creating effective messages, communicating on camera, and working with reporters. Training included mock interviews that were taped in the department's Video Communications studio with critique on how to improve stage presence and message delivery.

The branch continued to work with departmental programs and partner agencies to address the communication needs of at risk populations in Alabama, including those persons who are blind, deaf, physically impaired, and those living with cognitive/developmental disabilities. Staff assisted in the development of an emergency preparedness self-care handbook for persons with special needs including issues such as how to deal with medical equipment and service animals; creating a communication plan and support network; and how to respond quickly when dealing with mobility and other physical impairments during an emergency. The self-care handbook was distributed statewide.

The branch Web site was updated with a new Web page for area risk communicators featuring new pre-scripted material to use during emergency events. Pre-scripted materials include news releases, fact sheets, and articles about biological, chemical, natural, and man-made events.

During the past year, branch staff worked with other departmental programs to develop and disseminate brochures, booklets, articles, news releases, and public service announcements for emergency preparedness activities, and to assist with campaigns to promote statewide and local activities and events, including the department's Get 10 for Emergency Preparedness campaign.

Staff continued to participate in emergency preparedness exercises and assist in the development of state plans, protocols, and procedures for pandemic influenza, receipt of the Strategic National Stockpile, and general emergency preparedness response.

## ADMINISTRATIVE DIVISION



### Injury Prevention

The Injury Prevention Division endeavors to reduce death and disability from intentional and unintentional injuries through data collection and the coordination and implementation of health promotion and education programs. Current funded programs include the Alabama Smoke Alarm Initiative, Occupant Restraint, Safe Routes to School, and Sexual Violence Prevention and Education.

Alabama ranks among the top ten 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 27 fire departments throughout the state reaching more than 7,557 homes with fire safety messages and has installed more than 6,689 smoke alarms. The program has documented 63 lives saved to date.

Injury and death due to motor vehicle crashes can be prevented through the use of seat belts and child safety seats. Through the Occupant Restraint program, the department continues to increase awareness and provide education to Alabamians regarding the importance of appropriate occupant restraints. In 2008, 86 percent of Alabamians buckled up their seatbelts and 88 percent put their children in car seats. In addition to conducting observational surveys to determine Alabama's usage rates, educational activities include workshops, distribution of materials, and a statewide coloring book contest for elementary school children.

## BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

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 and prevention.

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. A draft of the plan is expected to be completed in January 2009.

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 program 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 students in grades K-8 can travel to school safely.

The Injury Prevention Branch continued its growth and effectiveness by creating a Research Unit. The Research Unit has been tasked to collect, analyze, and disseminate injury data collected through the branch's current activities. This unit's mission is to provide accurate, professional, and timely results impacting public health issues related to injury prevention. The unit may be called upon to collect and disseminate data in any topic within the Injury Prevention purview, regardless of whether

an existing program covers the particular topic. The materials produced by the Injury Prevention Research Unit will meet the highest standards of quality, both in data assurance and in professional and appropriate presentation.

### Steps to a Healthier Alabama

In 2008 Steps to a Healthier Alabama completed the fourth 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 U.S. 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.

The program initiatives target policy, system, and environmental changes that create healthy communities. In Steps Program communities it is easier for citizens to maintain lifestyles consistent with good health and prevention of chronic diseases.

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 2008 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 1st Program, Alabama Medicaid Agency, 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.

## BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE



Steps was instrumental in forming the Montgomery Area Committee and Youth Having Diabetes Group. The group provides assistance to families in the River Region that have children with diabetes. Pictured here are volunteers and members of the group at a day camp held at the zoo.

- LifeSkills Training (a personal development and substance abuse training curriculum) in Lowndes 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.
- Training for physical education teachers using a new electronic system of student physical fitness testing.
- A summer workshop conducted by faculty at Auburn Montgomery for classroom teachers, physical education teachers, and student teachers titled, Effectively Managing Large PE and Health Classrooms.
- Mini grants supporting nutrition, physical activity, and tobacco policies in local schools, churches, day cares, and other community organizations.
- Technical assistance to school systems developing and implementing local wellness policies.
- African American churches implementing the Body & Soul Program, a peer counselor training program from the National Institutes of Health and National Cancer Institute.
- Establishment of an ongoing diabetes support group for families and youth with diabetes.
- Creation of a statewide asthma coalition with the task of writing a comprehensive five-year state plan to reduce the burden of asthma in Alabama.
- Training nurses of the department's Healthy Child Care Program to promote implementation of the Nutrition and Physical Activity Self Assessment for Child Care Program.
- Securing new grant funds from the CDC to support building healthy communities in Alabama's Black Belt counties for the 2008-2013 Alabama Strategic Alliance for Health Program.

# BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

## Worksite Wellness

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 has been centralized with all costs being incurred at the state level. A wellness nurse and administrative assistant have been 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.

The division's collaboration with PEEHIP began its eighth 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 28,799 eligible participants were screened in 2008; 20,000 had their bone density measured; and 4,289 received the colorectal cancer screening test.

The collaboration with SEIB began its 16th 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. For the first time, a weight management program was offered to state employees. Over 9,305 eligible participants were screened in 2008, and 21,748 had blood pressure screenings.

More than 53,390 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.



Staff from the Wellness Branch and others set up a medical station in the parking lot of the Armory Learning Arts Center in Montgomery to administer flu shots to employees.

# BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

## VIDEO COMMUNICATIONS AND DISTANCE LEARNING

The Video Communications and Distance Learning Division provides training and public information to health professionals across the nation. The Alabama Public Health Training Network was formally established in 1992 in collaboration with the Centers for Disease Control and Prevention and is a nationally recognized provider of public health training and education programs. Production and support employees produce an average of 60 satellite conferences and live webcasts every year.

The division now utilizes the same cutting edge production software and video technology as many major television stations and private production companies. Studio and field cameras support the new P2 chip technology. This enhancement allows for video to be recorded directly to a memory card, eliminating post-production flaws to improve workflow efficiency and maintain the highest production standards. The division's six non-linear, high-definition editing stations are all equipped with Final Cut Studio 2, one of the leading professional editing applications. Video can be edited from HD, DV, and SD formats; incorporated with multiple audio and video tracks; and applied with unlimited video effects to create a flawless final product.

### Production

Satellite conferences and webcasts are broadcast directly from the department's production suite in Montgomery, which includes a 1,500 square foot broadcast studio and a state-of-the-art master control room. Two specialized video servers are maintained in-house and allow for conferences to be hosted as live broadcasts and as On Demand programs, which can be viewed at the user's convenience. In addition to producing, hosting, and directing distance learning satellite conferences, division staff are routinely requested by public health and allied health agencies to provide off-site conference support throughout the state.

The division assists with specialized video projects for public health and other health organizations. These projects can include educational videos or video news packages for broadcast media. Division staff conduct all research, script development, recording, and editing. A full complement of production equipment and staff expertise enable the creation of many specialized projects to be shot on location to provide a more realistic perspective. As with satellite conferences, specialized projects can also be broadcast live, viewed as On Demand programs, or recorded to air at a future date.

This division is unique in that the video production specialists work side-by-side with graphic artists who specialize in Internet publishing and Web design. The designers are responsible for marketing and advertising every conference with a flier whose unique design is based on conference topics. Fliers and educational conference materials are all posted on the Alabama Public Health Training Network's (ALPHTN) Web site. This enables conference participants to print out relevant information to use as a reference. The designers also prepare and format graphics to use during satellite and off-site conferences.

### Broadcast

The Video Communications and Distance Learning Division produces more programs than any other state or federal agency in the country. Division staff broadcast these programs utilizing satellite and Web technologies that continue to provide both new and unlimited educational opportunities for public health employees, not only in Alabama but also around the world.

### Satellite

Division infrastructure includes a satellite uplink truck equipped with the latest digital technology. State-of-the-art capabilities allow the division to broadcast and uplink conferences from any location. A recent digital upgrade has provided a major technological advancement for the division as broadcasts can be transmitted in either analog or digital KU and C band formats.

This multi-purpose vehicle also serves as a mobile production facility. The truck is equipped with all of the necessary production and broadcast tools to ensure that in the event of an emergency away from the division's central office, division staff would still be able to produce and broadcast a satellite program or news conference.

All of the department's 67 county facilities are equipped with satellite antennas to receive programs. The division has also partnered with the Alabama Hospital Association to install satellite downlink systems to the state's more than 100 acute care facilities. This allows thousands of health care professionals throughout Alabama to participate in continuing education and in-service programs live from their worksites while continuing to devote their attention to patient care.

# BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

## Internet

Satellite conferences produced by the division are also broadcast as live webcasts through the Alabama Public Health Training Network's Web site. The division's graphic artists utilize the site to market conferences nationwide and are responsible for broadcasting both live webcasts and On Demand programs. The artists use proprietary Web applications to create and produce online courses, webcasts, and other On Demand special projects.

A live webcast is broadcast at the same time as the live satellite conference and is accessed through the ALPHTN Web site. Conference participants can view a program from their personal computers and watch in real time. On Demand programs are posted to the Web site two business days after the live broadcast and can be accessed at the participant's convenience. These webcasts can be viewed from a personal computer with either RealPlayer or Windows Media Player.

The ALPHTN Web site includes a customized electronic registration system that enables individual viewers to maintain an official transcript of completed courses and to conveniently pursue continuing education credits. Participants are also able to access and print out any educational resources submitted with each program. Resources can include slide handouts, evaluation forms, post-conference tests, and other materials necessary for receiving course credits.

## Emergency Response

Emergency communications continue to play a significant role in the division's responsibilities. The department's satellite uplink and production vehicle is fully equipped for disaster response and provides e-mail; fax and IP phone use; a satellite phone; four cell phones; DSS-receive capability; and other customized features which can 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 Internet. Combined, these improvements ensure reliable and versatile broadcast satellite, voice, and data communications from any location around the state.

## Video Conferencing

Another major initiative for the division has been the establishment of a video conferencing system. This two-way video and two-way audio distance learning conference system is as simple as a conversation between two people in private offices (point-to-point) or several different sites (multi-point) with several people participating from each site. The division's video conferencing system transmits through a T1 line. This dedicated and isolated line has a reliable bandwidth and can transfer data up to 60 times faster than traditional modems. The end result is a clear and high quality videoconference for participants. This conferencing system is a critical meeting and learning tool and is a huge benefit for workforce development.

## Additional Services

The Video Communications and Distance Learning 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, provides audio and visual support for 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 distributing thousands of educational programs in Alabama and throughout the United States.

## Collaborations

The division provides these 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 Continence, and the Centers for Disease Control and Prevention. 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, the University of Arkansas, and the University of Alabama at Birmingham.

## 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 2008, the bureau received 867,000 specimens for analysis and performed almost 2 million laboratory tests.

### ADMINISTRATIVE SUPPORT SERVICES DIVISION

As the name implies, this division has the responsibility of providing services that support the Bureau of Clinical Laboratories. These services include: preparing and monitoring the bureau's budget; purchasing supplies, reagents, and equipment for the bureau; maintaining the property inventory; maintaining the bureau's stockroom; shipping testing supplies; maintaining the building and grounds; performing personnel actions such as leave and payroll; and maintaining the Laboratory Information System. In addition to these activities, personnel in the Quality Management Section are responsible for overseeing the bureau's quality assurance activities and serve as technical consultants in the Alabama County Health Department Laboratory System (ACHDLS).

### CLINICAL CHEMISTRY DIVISION

The Clinical Chemistry Division 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 for viral loads. 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 2008, the Clinical Services Branch received and validated new equipment to fully automate the quantitative HIV PCR analysis. In addition, this branch expanded its test menu in a collaborative effort with the HIV/AIDS Division to provide genotype testing. Genotyping provides genetic mutation information which can be used for drug

susceptibility and enhanced case management for HIV-positive patients serviced by the department.

During 2008 the Lead Branch's Clinical Blood Lead Section processed and analyzed 15,836 specimens for lead. This represents a 3.6 percent increase over 2007. Of this total, 324 were found to be greater than/equal to 10 ug/dl (2.04 percent). Specimens for blood lead analysis were submitted by county health departments and private providers. The Environmental Section of the Lead Branch tested 1,700 samples submitted by state environmentalists. Three hundred fifteen of these samples tested positive. Wipes constituted the majority of specimens with vinyl miniblinds representing the highest positive rate. Of the 10 paints analyzed, eight were over 0.06 percent lead by weight. Soils, waters, and miscellaneous made up the rest of the samples. On an interesting note, the lab analyzed Mardi Gras beads and found no excessive amounts of lead in the paint or bead matrix.

The CT Branch of the division acquired several new methods including metabolic toxins and sulfur mustards in urine. The lab is slowly increasing use of existing equipment to enhance laboratory capability. Several analysts attended the March CDC course on mass spectral interpretation. Skills learned will be put to use for future program identification of unknown samples including white powders. The branch is expanding its cooperation with the Alabama Department of Environmental Management in the analysis of perfluorinated compounds in fish tissue with future plans to extend the analysis towards a clinical biomonitoring program. The CT laboratory coordinator has consulted with the CDC about increasing the laboratory's capabilities in the area of radiological specimens. This could allow the lab to increase its ability to identify uranium and plutonium isotopes in response to a possible terrorist threat. This expansion would allow the laboratory to be classified as a Laboratory Response Network for radiological testing (LRNR) which is another arm of the CDC testing network.

The CT Branch is continuing the processes of validation, proficiency testing, and acquisition of new methods.

# BUREAU OF CLINICAL LABORATORIES

## MICROBIOLOGY DIVISION

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

No environmental specimens (white powders and threatening letters) were received by the division this fiscal year. However, two clinical isolates were received to rule out *Bacillus anthracis* and *Yersinia pestis*. Both specimens tested negative. The division participated in two College of American Pathologists' (CAP) Laboratory Preparedness Exercises 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 43 onsite visits to the Sentinel Laboratories in fiscal year 2008. The laboratory sponsored the Third Annual Alabama Laboratory Conference titled "Back to Basics: Working Safer Not Sicker." Ninety-eight sentinel laboratorians and public health laboratorians from around the state were afforded the opportunity to hear world-renowned speakers review the safety practices used in performing laboratory testing.

### Reference Bacteriology Section

The number of *Escherichia coli* 0157:H7 confirmed specimens increased slightly from 49 to 50. Seventy-one non-0157:H7 shiga toxin producing *Escherichia coli* were isolated from fecal broths. The serotypes isolated were *Escherichia coli* 026, 0103, 045, and 0111. Several isolates were forwarded to CDC for serotyping. A total of 237 specimens (cultures and broths) were tested for shiga toxin, whereas 121 were confirmed positive cultures, and 94 cultures were negative. There were 22 unconfirmed toxin positives because no shiga toxin producing *Escherichia coli* could be isolated from the broths. There were 10 *Vibrio* species specimens

submitted of which three were *Vibrio cholerae*; eight *Neisseria meningitidis*; 26 *Haemophilus influenzae*; and four *Listeria monocytogenes*. There were 15 surveillance specimens submitted for *Bordetella pertussis* testing by PCR (see results in Molecular Section) with only seven accompanied by swabs for culture. One of the culture swabs was confirmed positive by conventional culture methods. In addition, there were six other positive specimens for *Bordetella pertussis* tested using conventional methods either by culture or by Fluorescent Antibody.

Two hundred thirty-three cultures from non-genital sites were submitted for gonorrhea culture testing, a 33 percent increase from the year before. The culture positive rate remains at approximately 5 percent.

One foodborne illness case was investigated. *Staphylococcus aureus* was the suspect causative agent in this outbreak. Sixteen clinical samples were submitted of which 14 were positive for *Staphylococcus aureus*. Three food specimens were submitted and all yielded *Staphylococcus aureus*. Isolates from the food and patients were forwarded to the CDC for fingerprinting and toxin studies. No toxin was demonstrated in the foods submitted; however, all isolates carried the enterotoxin A gene (SEA) and 39 of the isolates carried the Toxic Shock Syndrome Toxin (TSST) gene.

One environmental case was investigated after two people were hospitalized with respiratory symptoms suspected to be caused by *Legionella*. Fourteen specimens, either water samples or swabs from surfaces that might harbor the organism, were submitted for testing. No *Legionella* was isolated from the specimens submitted; however, a hot tub, which was the suspected source of contamination, had been disinfected with chlorine prior to sample collection.

# BUREAU OF CLINICAL LABORATORIES

## Enteric Pathogens Section

The Enteric section received a total of 2,291 specimens in fiscal year 2008. This was a 10 percent increase in the total specimens over 2007. There were four *Salmonella typhi* isolated and four *Salmonella paratyphi*. Overall, there was an 18 percent increase in the number of *Salmonella* isolated and a 0.5 percent increase in the number of *Shigella* from the previous year. Eight of the total specimens received were associated with the *Salmonella* serotype Saintpaul (tomato/cilantro) outbreak.

A total of 131 specimens were submitted this fiscal year to the National Antimicrobial Resistance Monitoring System.

- *Salmonella* species 77
- *Salmonella typhi* 4
- *Shigella* species 36
- *Escherichia coli* O157:H7 5
- *Listeria monocytogenes* 4
- *Vibrio* species 2
- *Vibrio cholerae* 3

Ten ready-to-eat specimens were received from the Alabama Department of Agriculture and Industries and were tested for *Salmonella* species and *Listeria monocytogenes*. No pathogens were recovered from the samples submitted.

## Parasitology Section

The Parasitology testing program has been restored at the Bureau of Clinical Laboratories. Prior to restarting the program, the Georgia Department of Public Health Laboratory assisted the Bureau of Clinical Laboratories by testing its parasitology specimens from September 2007 to June 2008 until the current parasitologist completed proficiency training. There were four confirmed cases of malaria, three cases of *Cryptosporidium* species, two *Schistosoma mansoni*, and 15 *Giardia lamblia* along with other non-pathogenic protozoa.

## Molecular Methods Section

Influenza – During this fiscal year, the section tested 169 specimens for influenza by real-time PCR with 97 testing positive for Flu A (H1 and H3) and three for Flu B. Influenza B was not detected until very late in the flu season.

Norovirus – The section received eight specimens to test for norovirus by real-time PCR. Two of the specimens were positive for Norovirus GII. Most of the negatives were from foodborne outbreaks.

Bordetella (PCR) – The section received 15 specimens for testing by PCR with one specimen positive, nine negatives, and five were unsatisfactory.

TB (PCR) – TB testing by PCR was initiated in fiscal year 2008. The section received 12 specimens with ten testing positive and two negatives.

VZV – One specimen was tested by DFA this fiscal year. The specimen was positive. The department also successfully participated in the CAP Virology Antigen Detection Proficiency Test.

PulseNet – The section dramatically increased the number of specimens analyzed and DNA fingerprints reported to the PulseNet National Server at the CDC. There was a 45.2 percent increase in the number of total specimens subtyped by PFGE this 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 and PulseNet.

TABLE 1 PFGE FY 2008

Organism	Number	% increase over 2007
<i>E. coli</i>	95	75.9
<i>Salmonella</i>	1484	47.2
<i>Shigella</i>	735	38.4

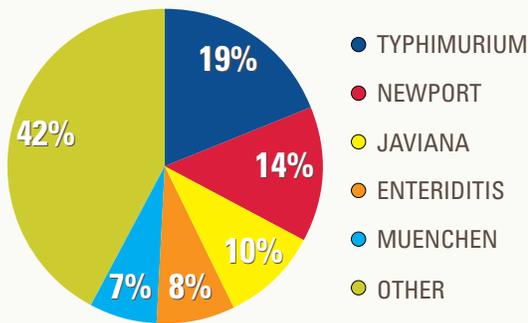
TABLE 2 NUMBER OF CLUSTERS WITH ALABAMA ISOLATES

<b>Typhimurium</b>	<b>17</b>	<b>Berta</b>	<b>1</b>
<b>Newport</b>	<b>5</b>	<b>Hadar</b>	<b>1</b>
<b>Enteritidis</b>	<b>5</b>	<b>Saintpaul</b>	<b>1</b>
<b><i>E. coli</i> O157:H7</b>	<b>4</b>	<b>Javiana</b>	<b>1</b>
<b>Give</b>	<b>2</b>	<b>Heidelberg</b>	<b>1</b>
<b>Braenderup</b>	<b>2</b>	<b>Kiambu</b>	<b>1</b>
<b>Mississippi</b>	<b>2</b>	<b><i>Shigella sonnei</i></b>	<b>1</b>
<b>Hartford</b>	<b>2</b>	<b>Infantis</b>	<b>1</b>
<b>Group B monophasici</b>	<b>2</b>	<b>Poona</b>	<b>1</b>
<b>Montevideo</b>	<b>1</b>		

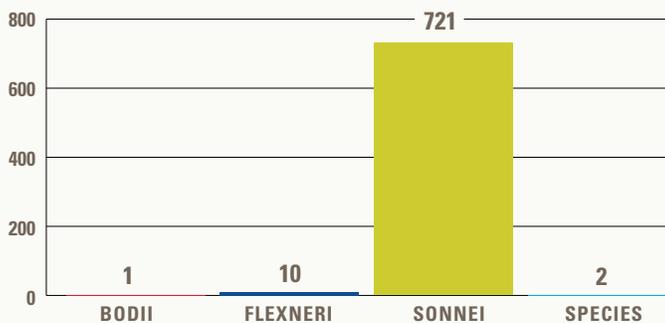
# BUREAU OF CLINICAL LABORATORIES

FIGURES 1, 2, AND 3 BELOW SHOW THE DISTRIBUTION FOR SALMONELLA, SHIGELLA, AND E. COLI, RESPECTIVELY, ADDED TO ALABAMA'S DATABASE THIS FISCAL YEAR.

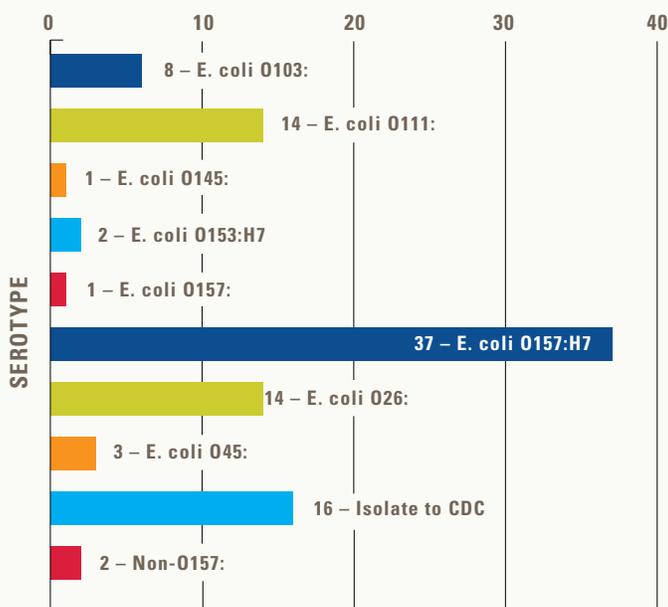
**FIGURE 1**  
DISTRIBUTION OF SALMONELLA SEROTYPE



**FIGURE 2**  
DISTRIBUTION OF SHIGELLA SEROTYPES FY 2008



**FIGURE 3**  
DISTRIBUTION OF E. COLI FOR FY 2008



Other PFGE highlights this year include successful completion of the Fall 2007 PulseNet PT and the 2007 College of American Pathologists MRSA Survey. The PFGE section also acquired additional equipment and PulseNet certified personnel to accommodate the increased workload.

## Rapid Serological Assays

WNV – The West Nile virus laboratory team ensured testing for 57 human specimens this fiscal year. One specimen tested positive for IgM and two for IgG, a decrease from last year. The division received only two birds for testing this season, with both testing negative.

Botulinum toxin – No clinical specimens were received in fiscal year 2008 for botulinum toxin testing by the DIG ELISA and mouse bioassay. The division successfully completed the 2008 LRN Clostridium botulinum toxin testing PT for both DIG ELISA and mouse bioassay.

## Rabies Section

The total number of specimens processed by the Rabies Section was 1,021; 87 percent of last year's total. However, positives were up from 63 to 71, with 50 positive raccoons; nine foxes; eight bats; and one each of coyote, horse, dog, and cat.

## Respiratory Disease Division

The Respiratory Disease Division received 12,642 specimens to identify for mycobacteria and actinomycetes; 472 of these were referred cultures. The Mycobacteriology Section performed 1,837 DNA probes and 1,059 high performance liquid chromatography tests for the identification of *M. tuberculosis* and other non-tuberculous mycobacteria. The division performed 547 drug susceptibilities. The Mycology Section received 5,003 specimens for fungal identification (1,292 were referred cultures) and identified 1,159 dermatophytes, 239 yeasts, and 946 other fungi, including 13 *Histoplasma capsulatum*, two *Blastomyces dermatitidis*, and one *Coccidioides immitis*.

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

# BUREAU OF CLINICAL LABORATORIES

to the Division of Tuberculosis Control. Real-time PCR for M. tuberculosis is now being done on all new smear positive patients' fresh specimens. Results are ready within 72 hours or less and this greatly aids in contact investigations.

## 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. Six hundred seven dairy samples were tested. Dairy samples include raw producer and tank truck samples as well as finished dairy products.

The lab tested 5,568 public and private waters samples, an increase from 2007. Working with the Alabama Department of Environmental Management, five public water utility laboratories were inspected for compliance with state and federal regulations. The Media Section made a total of 4,362 liters of media, which poured 78,049 plates and 190,646 tubes. The breakdown for each division is shown in Table 3.

	Liters	Tubes	Plates	Flasks/Bottles
<b>Metabolic</b>	<b>112*</b>			
<b>Milk and Water</b>	<b>455</b>	<b>3,100*</b>		<b>2,867*</b>
<b>TB</b>	<b>1,468*</b>	<b>79,902*</b>	<b>7,526</b>	
<b>Mycology</b>	<b>176*</b>	<b>28,291*</b>	<b>200*</b>	
<b>Microbiology</b>	<b>1,755*</b>	<b>79,353*</b>	<b>49,699*</b>	
<b>Birmingham Lab</b>	<b>386</b>		<b>20,124</b>	
<b>Mobile Lab</b>	<b>10</b>		<b>500</b>	

\* Denotes an increase over 2007.

## SEROLOGY DIVISION

Human immunodeficiency virus (HIV) testing had an increase in specimens of 8,529, a 1.1 percent reactivity rate of HIV Enzyme immuno assay (EIA), and 82 percent of the reactive HIV EIA tests were confirmed. The total number of exams for HIV was 117,679.

Chlamydia trachomatis (CT) and Neisseria gonorrhoea (GC) testing had a 3,341 specimen increase for a total of 42,714 exams. The positivity rate for CT was 12.8 percent and 5.1 percent for GC.

The Syphilis Branch performed Venereal Disease Research Laboratory (VDRL) testing on 45,676 specimens. Treponema

Pallidum Particle Agglutination (TP-PA) testing was also performed on 1,241 specimens. The TP-PA test is utilized as the confirmatory test for syphilis. The positivity rate for syphilis showed an increase from 2.3 percent to 2.7 percent from fiscal year 2007 using the number of TP-PAs as the indicator. The number of positive TP-PAs showed an increase from 75.8 percent to 79.7 percent.

## QUALITY MANAGEMENT DIVISION

The responsibilities of the Quality Management Division of the Bureau of Clinical Laboratories and the Alabama County Health Department Laboratory Systems include all facets of technical and non-technical laboratory functions. The year began with continuing efforts by quality management personnel to ensure that policies and procedures set forth by the Clinical Laboratory Improvement Amendment standards are maintained and ultimately exceeded.

The division places great emphasis on ensuring that the state laboratory system provides the best patient care possible through laboratory science. This task is accomplished through the close monitoring of 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 results and method validation; patient information and test relationships; personnel assessment of bureau and county employees; communication assessments; complaint investigations; and assessment of safety and laboratory documentation issues.

The year 2008 welcomed the reestablishment of the relationship between Auburn Montgomery and the Bureau of Clinical Laboratories. During early fall, Auburn Montgomery's School of Medical Technology graciously allowed division staff to use its facilities to conduct training for department clinical personnel. During the training there was discussion of allowing School of Medical Technology students to rotate through the Bureau of Clinical Laboratories during their clinical training. Division staff believe that this relationship will mutually benefit the school, as well as the department. The relationship with Auburn Montgomery will enhance the department's efforts of promoting public health in communities and better inform students of career opportunities in public health and laboratory science.

# BUREAU OF CLINICAL LABORATORIES

## BIRMINGHAM DIVISION

The Birmingham Division Laboratory participated in the Food and Drug Administration's dairy laboratory proficiency survey and was found to be in compliance. The division prepared and sent 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 evaluated four industry milk laboratories and seven water laboratories, which were found to be in compliance with appropriate state and federal regulations.

Influenza surveillance was conducted year-round; in conjunction with the Epidemiology Division, isolates were received, cultured, and identified from sentinel providers across the state. Isolates were shipped to the Centers for Disease Control and Prevention for further characterization and evaluation for inclusion in the influenza vaccine.

The division 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 are also offered statewide. The division participates in two ongoing CDC studies -- influenza surveillance for vaccine development and the Gonorrhea Isolate Surveillance Project (GISP) tracking drug resistance in *N. gonorrhoeae*.

## MOBILE DIVISION

The Mobile Division Laboratory serves Public Health Areas 3, 7, 9, and 11. The Clinical Branch analyzed specimens for Hepatitis B, syphilis, Chlamydia trachomatis, and Neisseria gonorrhoeae. The biennial CLIA inspection found the lab in compliance. The laboratory was also found in compliance during the biennial drinking water evaluation.

One of the microbiologists was trained at the CDC in rabies analysis. This information was useful because of increasing concerns that rabies is proliferating west of the Alabama River and the virus is making a species shift. Microbiologists met in Clarke County with the United States Department of Agriculture, and municipal and county officials to discuss the problem.

*Karenia brevis*, microscopic algae known as the Florida Red Tide and a producer of brevetoxin, bloomed in Alabama waters. The Mobile Lab partnered with other agencies, including the Seafood Branch, the Baldwin County Health Department, Alabama Department of Environmental Management, Food and Drug Administration, and the National Oceanic and Atmospheric Administration, to monitor the progress of the bloom as it moved across the coast in the fall of 2007. Microbiologists examined more than 50 water samples for the harmful algal bloom (HAB), which impacted beaches, killed fish, and caused the closure of shellfish growing areas to prevent harvest of contaminated oysters. These efforts were extended to assist Mississippi's shellfish program since the Mobile Lab serves as an HAB resource lab for the shellfish program.

# 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

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 on new and innovative technology, as well as seminars on professional development.

Each year, the Training Unit coordinates the mandated Basic Environmentalist Training Course (BETC) which is designed to educate newly hired public health environmentalists on the interpretation of rules and regulations. This year the Division of Food, Milk, and Lodging with the assistance of the Training Unit partnered with the South Central Center for Public Health Preparedness and other state agencies to provide the U.S. Food and Drug Administration’s Food Code Revision Workshop and the Food Safety and Defense Conference held in Montgomery. The Training Unit also facilitated the Onsite Rule Revision Workshop held in Columbiana.

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 helps promote public relations through public speaking and personal contact with public officials, civic organizations, schools and universities, industry representatives, and the general public to improve their relationship with county environmentalists.

## FOOD, MILK, AND LODGING DIVISION

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

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 2008, county health departments conducted 44,731 inspections at food establishments. In addition, 2,545 inspections were made at temporary food establishments such as food booths at fairs and festivals and 3,406 inspections were made at other locations. County health departments investigated 2,547 complaints from the public concerning food or food establishments and issued 5,847 legal notices.

#### *Tattoo (Body Art) Facilities*

“Body art” includes tattooing, body piercing, and branding. 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 176 licensed facilities in Alabama (an increase from 96 in 2003; 126 in 2004; 139 in 2005; 149 in 2006; and 151 in 2007). The county health departments conducted 216 inspections at body art facilities and investigated 55 complaints.

#### *Lodging*

County health departments conducted 849 inspections of hotels and camps, and investigated 199 complaints. Additionally, 131 hotel swimming pools were inspected in a statewide survey conducted by central office staff.

# BUREAU OF ENVIRONMENTAL SERVICES

## Milk and Food Processing Branch

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 2008, the Milk Branch conducted 75 pasteurization equipment tests, 273 dairy farm inspections, and permitted 151 out-of-state plants to ship dairy products into Alabama. The branch collected 988 raw (before pasteurization) milk samples and 1,131 pasteurized milk samples for bacteriological, chemical, and antibiotic testing.

A total of 11 milk tankers containing 523,105 pounds of milk (or 60,826 gallons) were disposed of due to antibiotic contamination.

## Seafood Branch

The seafood industry of Alabama plays a vital role in the state and coastal economics of Alabama. With high nutritional value, seafood is increasingly featured as a component of a healthy diet. 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 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.
5. Monitoring for *Vibrio vulnificus* and dinoflagellates in shellfish growing waters.

In fiscal year 2008, a combined total of 510 inspections were conducted to ensure compliance with the State Health Department Rules and Regulations and a total of 327 field visits were conducted to provide onsite training in good manufacturing practices, record keeping, and compliance with inspection schedules. There were 49 shellfish processing permits issued; 26 crab processing permits issued; and 43 shrimp, fish, and specialty product processing permits issued. In addition, 122 private source water samples were collected from processors to ensure bacteriological safety.

During the 2008 fiscal year, 173 shellfish growing water samples and six shellfish samples were collected to determine bacteriological compliance. In addition, three shellfish growing water samples and three shellfish samples were collected to determine *Vibrio vulnificus* counts. Routine monitoring has determined that *Vibrio vulnificus* numbers were highest in summer months due to increases in temperature and salinity.

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

Bon Secour Bay was ordered closed to shellfish harvesting one time for a total of four months, from October 23, 2007, to February 20, 2008, due to the presence of red tide algal bloom in the area.

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

# BUREAU OF ENVIRONMENTAL SERVICES

## COMMUNITY ENVIRONMENTAL PROTECTION DIVISION

### Onsite Sewage Branch

The Onsite Sewage Branch's main objective is to coordinate the onsite sewage program in the county health departments. This branch is one of four 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:

- 10,055 permits issued to install onsite sewage system
- 10,702 systems installed
- 44 special projects such as plans review for large systems handled
- 3,860 complaints handled statewide
- 11 variances processed
- 1,221 people were trained at various environmental training events during the year. This consisted of training people in the department and people involved in onsite systems design and installation outside of the department.
- 32 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.
- 103 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 NPDES permits issued for wastewater discharges by the Alabama Department of Environmental Management.

- 7 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.
- 43 county onsite sewage programs were reviewed by central office survey officers. This program is designed to evaluate, improve, and standardize county onsite sewage programs.

### Solid Waste Branch

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

- 1,165 unauthorized dumps inspected
- 35 transfer/processing facilities inspected
- 45 septage management facility inspections
- 828 collection vehicles inspected
- 2,048 certificates of exception reviewed/issued
- 1,303 vector complaints investigated

# BUREAU OF ENVIRONMENTAL SERVICES

## Indoor Air Quality/Lead Branch

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:

- 91 firms certified to conduct lead-based paint hazard reduction activities
- 52 inspections of lead abatement project sites
- 50 visits to municipal authorities for compliance assistance
- 20 violations of state lead regulations noted

Childhood Lead Poison Prevention Program activities:

- 13 lead outreach (education and awareness) workshops, seminars, and fairs
- 85 inspections of homes with cases of children with high blood lead levels
- 1,362 environmental lead samplings 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

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

The mission of the Office of Minority Health is to improve the health of the racial and ethnic populations in Alabama through the development of health policies and programs that will help eliminate health disparities. The office facilitates local and state level partnerships to work collaboratively to address health disparities in Alabama. Health disparities are a reality and are impacting public health, quality of life, and mortality. To promote public awareness of the health concerns of the minority and underserved populations throughout the state, the office conducted outreach activities and presentations at numerous state, regional, and county workshops, conferences, summits, and at correctional institutions.

During 2008 the office received funds for year three of a five-year grant through the Department of Health and Human Services Office of Minority Health. The State Partnership Grant Program to Improve Minority Health supported activities to improve the health status of minority populations by improving health planning, public policy, the promotion of minorities in the health professions, and the promotion of public awareness of health care needs of minority populations. In October 2008 the office completed a publication recognizing American Indian Tribes of Alabama. The publication contained self-reported health data survey information collected from over 3,500 members of the state. The Health Survey of American Indians of Alabama 2008 - Keeping the Circle Healthy is the first publication of

information on demographic and health issues of American Indians in Alabama.

In addition to outreach activities, grant funds supported two statewide summits to strengthen the collaboration among state, regional, and community-based entities. The office provided scholarships to 100 faith-based leaders to attend the governor's 2008 Faith-Based and Community Summit in June 2008 in Montgomery. The summit celebrated community-based efforts to promote economic, educational, and health care services to rural and underserved areas of the state. In November 2008 the office hosted the second statewide summit on health disparities. Alabama's Call to Action to Achieve Health Equity brought together Health Disparities Task Force members which included the Alabama Medicaid Agency, Department of Environmental Management, Department of Senior Services, Department of Corrections, Department of Rehabilitation Services, Department of Mental Health and Mental Retardation, and AARP, joined by policy makers, community stakeholders, academic institutions, and faith leaders to unveil the Preliminary State Plan to Reduce and Eliminate Health Disparities. The review, critique, and recommendations collected from the stakeholders during the 2008 forum will strengthen the state's comprehensive approach to eliminate health disparities.

### NURSING DIVISION

The Nursing Division continues to work towards its mission of assuring conditions in which individuals, families, and communities can be healthy as it utilizes the unique expertise of public health nurses to assess, plan, and implement programs that promote health and prevent disease. During 2008 staff collaborated with community partners throughout the state to promote safe nursing practice, to enhance the knowledge of public health nurses, and to foster relationships between partners to promote nursing as a career. This year the division's collaborating partners included the Alabama Board of Nursing, the Alabama State Nurses Association, the Alabama Nursing Coalition, the Alabama Nurses Foundation, the Health Disparities Advisory Council, and the Emergency Medical Systems for Children Advisory Board. The division collaborated with universities including the University of Alabama, Auburn University, Auburn Montgomery, and the University of South Alabama, and had clinical affiliations with 31 schools of nursing throughout Alabama and the United States.

## BUREAU OF PROFESSIONAL AND SUPPORT SERVICES

Department staff also served as members of the Association of State and Territorial Directors of Public Health Nursing.

New nurse orientation was a major focus of the division during 2008. The division's belief is that an exceptional orientation process will lead to the retention of nurses in the areas. The clinic orientation process was streamlined and a preceptorship and mentorship model was adopted to assist new nurses in the transition from private practice into the public health care model. As of November 1, 2008, 250 nurses were employed to perform services directly related to clinic services at the local and area level.

The Nursing Division serves as the American Heart Association's Community Training Center for Cardiopulmonary Resuscitation (CPR) and first aid training. The 140 instructors are based throughout Alabama and provide CPR and first aid training to day care providers, community volunteers, and health care professionals. In addition, the division is approved to provide continuing education for nurses by the Alabama Board of Nursing and the Alabama State Nurses Association in collaboration with the American Nurses Credentialing Center.

During 2008 division staff participated in training exercises for emergency response, which included influenza mass vaccination clinics to prepare for a future influenza pandemic. Staff also participated in the preparation and ongoing support for Hurricane Gustav and its aftermath.

### NUTRITION AND PHYSICAL ACTIVITY DIVISION

During the past year, activities conducted by the Nutrition and Physical Activity Division and partners focused on the message of making nutrition and physical improvements part of a healthy lifestyle. Alabama was ranked as the second most obese state in the nation, and the division implemented partner-based strategies to address this health epidemic.

Scale Back Alabama - A Healthy Lifestyle Program is a statewide campaign provided through a private-public partnership designed to encourage Alabamians to get healthier by losing weight and increasing exercise. More than 40,000 Alabamians shed a combined 207,871 pounds during the 10-week Scale Back Alabama 2008 contest, which more than doubled the first year's success of 78,000 pounds shed. The 2008 program involved 60 of the 67 Alabama counties.

A pre-contest survey showed that 80 percent of participants began the program to improve their health and 73 percent said they were committed to maintaining the program past the end of the contest. The names of everyone who lost 10 pounds were placed in a raffle in which 20 prizes of \$250 were given away. There were 810 teams on which all members lost at least 10 pounds, making them eligible for the grand prize drawing of \$1,000 for each participant. The winning team was "Three Girls and a Guy" from Hazel Green Elementary School cafeteria in Madison County. Scale Back Alabama 2008 was a partnership with the Alabama Hospital Association, the Nutrition and Physical Activity Division, Blue Cross and Blue Shield of Alabama, and the Alabama Department of Agriculture and Industries.

Act 2007-565 of the Alabama Legislature established the Legislative Task Force on Morbid Obesity and the Nutrition and Physical Activity Division director served as the staff assistant for the task force. The task force conducted five meetings from September 2007 through February 2008. The meetings were held in Montgomery and the recommendations and minutes were provided to the governor. The task force recommended an outside research firm to review insurance claims to determine the cost savings, increased costs, or cost neutral effects for bariatric surgery.

Alabama's Wellness Coalition continued to promote a cultural movement that will lead, teach, and motivate people to make healthy lifestyle choices and support a healthy way of life for every Alabamian. A staff member in the Nutrition Division served as the moderator for the Wellness Coalition, which is made up of 105 key leaders representing a diverse group with wellness interest. The Wellness Coalition was charged to develop the state's first comprehensive wellness plan. The plan will provide practical strategies and action steps for improving the health and well-being of Alabamians through initiatives in the worksites, early child care settings, schools, health care facilities, communities, homes, and for special populations. The plan will outline three targets for change: individuals, organizations, and environments. Additionally, division staff helped to provide knowledge and resources to worksites, faith-based organizations, and communities to implement wellness programs.

## BUREAU OF PROFESSIONAL AND SUPPORT SERVICES

Division staff provided Healthy Lifestyle Choices, a worksite wellness program for employees in the central office of the Alabama Department of Public Health. Department employees participated in multiple behavioral change programs targeted to improve healthy eating, increase physical activity, improve financial management, and reduce stress. The goal of the program is to implement strategies that will facilitate a cultural change in the way health and wellness is perceived. One example is the "Caught You in the Stairwell" campaign where employees were recognized for walking the stairs instead of using the elevator.

One major facet of the central office's wellness program continues to be the ability for employees to meet individually with division staff to address health behavioral issues. Plans include offering health coaching in 2009.

The State Obesity Task Force, a group of over 95 statewide volunteers, met on a quarterly basis. Division staff continued to chair the task force. The task force serves as a network for persons addressing weight concerns across the state. Accomplishments included interventions in schools and worksites, medical provider in-services and articles, and community interventions. To date, the largest study of obesity in Alabama school children was undertaken by the department's Oral Health Program in collaboration with the Data Subcommittee of the task force and the Nutrition and Physical Activity Division. Data from the 2006-2007 screenings of 7,190 third grade students in all nine Alabama dental districts identified 17.9 percent of the children as overweight and 24.6 percent obese.

In addressing the childhood obesity problem, division staff continued to serve as the chair for Alabama Action for Healthy Kids. Alabama Action for Healthy Kids continues to work diligently to support healthy schools from the state and the community levels. This group formed five regional teams across the state. Each team was charged to complete projects related to improving nutrition and physical activity in schools. The North team and the Jefferson/Shelby County team held Healthy School Summits to educate school personnel and the public about the importance of creating a healthy school environment. The Southwest team promoted the consumption of fruits and vegetables by having a fun day of activities where students taste tested fruits and veggies and wore colors to represent the colorful food group.

The Central team is planning to distribute physical activity sets to schools on a "Dollar Tree" budget. Alabama Action for Healthy Kids was awarded a mini-grant from Glaceau Smartwater to support physical education activities. Using these funds, supplemental FitnessGram equipment was purchased and donated to teachers in ten low-income schools who had received training on the FitnessGram.

A project to address childhood obesity and general wellness was addressed through a partnership with after-school sites and state organizations. The after-school sites were Wall Street CLC-Tallapoosa County; Millbrook Child Development Program-Elmore County; Troy Elementary-Pike County; Tuskegee YMCA-Macon County; and Greenville Elementary-Butler County. The state partners were the Nutrition and Physical Activity Division, Alabama Department of Agriculture and Industries, Council on Prevention of Disease and Medical Care of the State Committee of Public Health, STEPS to a Healthier Alabama, Alabama Association of School Nurses, and the Montgomery Wellness Coalition. The after-school leaders were provided Catch Kids Club nutrition and physical activity lessons to use. Each site selected an environmental approach to support nutrition and physical activity that involved the students. The heights and weights of the children were collected at the beginning of the school year (August 2008) and will be re-measured in spring 2009. Behavior changes will be evaluated using the standardized Catch Kid Club materials.



**In 2008 more than 40,000 Alabamians shed a combined 208,871 pounds during the 10-week Scale Back Alabama contest.**

# BUREAU OF PROFESSIONAL AND SUPPORT SERVICES

## PHARMACY DIVISION

The Public Health Pharmacy Division's primary responsibility is to establish a dispensing policy for all county health departments and oversee implementation of these policies.

The Public Health Pharmacy Division continued to participate on the department's preparedness advisory council and 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 indicated following any terrorism event. As of the end of 2008, over 3,000 pharmacists, nurses, social workers, and volunteers have been trained to deploy the SNS. In 2008 the division added an emergency mobile pharmacy, which can be deployed during emergency declarations by the governor.

The Pharmacy Division continued to coordinate state agencies accessing the Minnesota Multistate Contracting Alliance for Pharmacy operated by the State of Minnesota and serving government-based health care facilities. This alliance allows the state of Alabama to purchase medications and clinic supplies at substantially reduced prices. In addition, the Pharmacy Division continued to coordinate accessing 340 B pricing, a federal pricing program for covered entities within the Alabama Department of Public Health.



A prescription drug monitoring database to monitor Schedule II, III, IV, and V drugs in Alabama has been developed and tested. The database became operational in April 2006. By September 30, 2008, approximately 30 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. These activities included distribution issues, clinical information, drug scheduling, purchasing, and regulatory issues. They also include consultation in the areas of osteoporosis, cardiovascular disease, bioterrorism, diabetes, arthritis, and home health. Assistance is also provided in the rescheduling of drugs and the Controlled Substances List.

In addition, the division provided internship experiences to pharmacy students, hosting approximately eight students annually from each pharmacy school in the state, Auburn University and Samford University.

## OFFICE OF PRIMARY CARE AND RURAL HEALTH DEVELOPMENT

### Primary Care Section

The Primary Care Office collected and analyzed data to designate Health Professional Shortage Areas (HPSAs) 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 primary care physicians, strategically placed in Alabama communities, would be required to eliminate the physician shortage designations 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 HPSAs. A total of 19 primary care shortage designations were updated.

Over 100 health provider vacancy opportunities were submitted to the National Health Service Corps (NHSC) to recruit health professionals into underserved Alabama communities. Efforts to recruit and fill these approved slots were undertaken through joint activities between the office, recruiting communities, and the Alabama Primary Care Association. Historically not all slots were filled, primarily because of limited financial assistance from the NHSC and not being able to find providers to fill the vacancies. The current field strength of previously placed NHSC providers was 25 physicians, 20 mid-level providers, 11 dentists, and nine mental health workers. The NHSC loan repayment program continued 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 more years of service. The office also worked closely with the state's health care provider organizations and medical training programs to ensure

## BUREAU OF PROFESSIONAL AND SUPPORT SERVICES

prospective program applicants remained current on NHSC policies and procedures, such as the last-minute switch to an accelerated deadline for submitting program applications.

In addition to other health professional recruitment activities, all of the primary care physician residency programs in the state were visited or contacted to solicit residents' participation in an annual Physician's Alabama Opportunity Fair. Finally, a new recruitment system called Practice Sights was implemented to facilitate the match of medical providers with available practice opportunities. This system will enable providers to be considered for hundreds of Alabama employment opportunities.

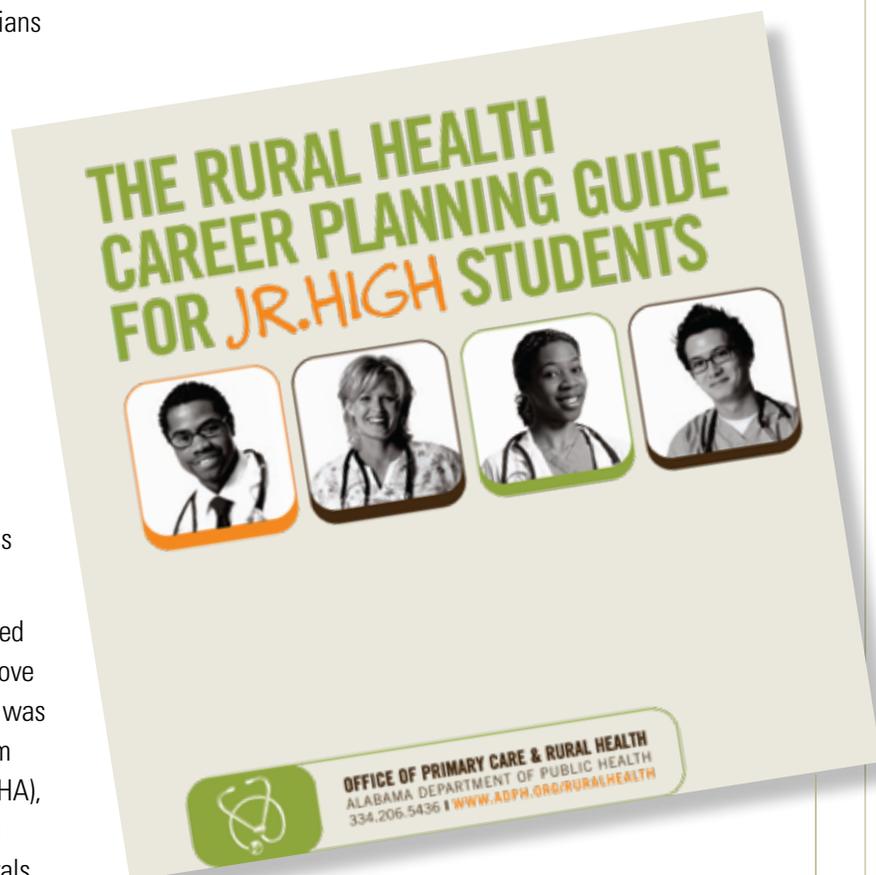
### Rural Health Section

The J-1 Physician Waiver Program continued to be one of the principal sources of primary care and mental health physicians and specialists. The Office of Rural Health processed waivers for 11 additional J-1 physicians during the year, bringing the total number of J-1 physicians serving under a waiver obligation to 52. These physicians provided accessible health care to over 100,000 rural and medically underserved Alabamians, and made major economic contributions to their respective communities through the generation of millions of dollars in health-related revenue and expenditures and the employment of numerous supporting personnel. The office has processed a total of 400 J-1 physician waiver applications since assuming the J-1 waiver program in 1996, providing vital health care services to hundreds of thousands of Alabamians.

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 (AlaHA), resulting in a \$345,100 award. This Medicare Rural Hospital Flexibility Grant program focuses on the smaller, rural hospitals. These funds will be used to improve small hospitals' quality of care; implement an evaluation system that includes site visits to all funded hospitals; support the development of a Statewide Trauma System by providing rural representation in planning the system; develop an innovative networking system; and provide financial assistance to hospitals considering conversion to Critical Access

Hospital (CAH) status. Twenty-eight 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-eight eligible hospitals were identified in Alabama. The application resulted in an award to the state of \$244,112. 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; and reduce medical errors and improve quality of care.



The Office of Primary Care and Rural Health participates in activities to improve access to health care including recruiting health care professionals for rural and underserved communities in Alabama.

## BUREAU OF PROFESSIONAL AND SUPPORT SERVICES

Finally, the office implemented a Health Information Technology (HIT) grant of over a million dollars to fund a pilot network based at a CAH in the town of Roanoke in Randolph County. The new technology being funded by the grant includes an Electronic Health Record for Randolph Medical Center; real time data links from the center to East Alabama Medical Center in Opelika; a disease data collection and analysis system; and a patient tracking system. The latter two components are funded by other HIT grants the center has been able to obtain with the Office of Rural Health's assistance. The success of this program exemplifies a strong spirit of cooperation between the office and small, rural hospitals in Alabama.

Numerous new initiatives were undertaken to bring high-level tertiary and specialty care to rural communities through the use of state-of-the-art health and telecommunication technologies. The governor's initiative to expand broadband telecommunications throughout the state was supported with document reviews and prospective discussions with individual hospitals. In addition, a joint initiative was pursued with the Alabama Medicaid Agency, Blue Cross Blue Shield, and other insurance carriers to enhance reimbursement for telemedicine services. An initiative was also launched to develop a compendium of current telemedicine, telehealth, and HIT projects being undertaken in the state, as well as planning to conduct a statewide Technology Fair where vendors can introduce and demonstrate new health technology.

Finally, the office launched a new technical assistance program for rural health care entities on grant preparation. Workshops on effective grant writing and techniques were developed and offered to rural health care non-profit, safety net providers, rural hospitals, and primary care providers. During the first ten weeks of the program, 61 representatives of rural health care programs participated in general proposal preparation workshops and an additional eight rural health care programs participated in an intensive Request for Proposals' review for the rural health outreach grant. In addition, one-on-one technical assistance has been provided to 15 rural health care entities. A new publication, The Alabama Rural Health Funding Forecast, has been developed to help rural health care organizations identify funding opportunities and provide guidance on the proposal process.

### SOCIAL WORK DIVISION

The Social Work Division in collaboration with the department's social work program consultants and area directors worked to ensure the provision of quality service delivery by using sound professional social work standards and practice. The division also partnered with local, state, and national organizations which enhanced public health development, planning, and service delivery for current and future public health initiatives. Supporting the development of health services options and opportunities for Alabama, the division worked to navigate new public health initiatives, while continuing to sustain public health social work service delivery.

In 2008 the division continued to collaborate with department leaders and other related agencies and organizations to support the provision of the following services: elderly and disabled waiver services; Plan First, Patient 1st 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; tobacco prevention and control; and a special asthma and diabetes service pilot program.

The division continued to provide support for the Alabama Care Coordination Records Network (ACORN) 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. ACORN 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.

Ensuring that Alabama has a response and recovery plan is a major role of the division. The division worked with the Center for Emergency Preparedness to develop and maintain a network of state and local organizations, while striving 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.

## BUREAU OF PROFESSIONAL AND SUPPORT SERVICES

The Annual Public Health Social Work (PHSW) Seminar was held in conjunction with the Association of State and Territorial Public Health Social Workers in 2008. The division was able to expose the PHSW leadership to other national initiatives that relate to the department's social work program needs and to showcase the many achievements of the department's social work programs and services. National Social Work Month was used to recognize the department's clinic, home health, waiver, and social work manager of the year. The seminar allowed social workers to reflect on their professional experiences, to compare state PHSW programs, and better understand the success of social work programs in Alabama.

The division worked with the Alabama accredited schools of social work, the Board of Social Work Examiners, and the Alabama Chapter of the National Association of Social Workers to support the department's Workforce Development Program. The ongoing collaborative initiative is working to develop new strategies for increasing the number of licensed social workers in the department's current and future workforce.

### TRAINING UNIT

Training coordination continued with interdepartmental and intradepartmental groups to provide quality education for all employees. Trainings were organized and managed in collaboration with Auburn Montgomery, Tulane University, the University of Alabama at Birmingham, the State Personnel Department, and the Alabama TechnaCenter. Forty-three supervisory training sessions and 72 TechnaCenter courses were coordinated through the Training Unit in 2008. In addition, four PHALCON trainings and two provider set-up/appointments classes were held with 65 participants. 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.



Public Health TEAM (Training and Experience to Advance Managers) Academy continued in 2008. A five-day intensive program, TEAM Academy continued to develop managers

throughout the department. Eleven TEAM Academies with a total of 420 graduates were held in 2008.

In 2008 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.

The Training Unit, in coordination with the Bureau of Information Technology, converted the department's training calendar to a department-wide events calendar. The calendar is an integral part of workforce development efforts for all programs throughout the state.

During the year, the Training Unit continued its effort to develop 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 (LCMS), which automates the training process, provides an efficient way to administer surveys, and tracks training and registration of emergency preparedness volunteers. Several training opportunities were offered through the system in 2008, including State Personnel courses; TechnaCenter courses; Volunteer Symposia; CPR courses; and Certified Public Manager classes. In collaboration with a department-wide user's group, several key features were enhanced, making the processes more user friendly. For example, accounts are created for new employees in LCMS as soon as their Lotus Notes account information is received, and bulk course registrations are now allowed, providing registration of a group of individuals at one time.

## BUREAU OF PROFESSIONAL AND SUPPORT SERVICES

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 School 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; and three public health agencies: Jefferson County; Mobile County; and New Orleans. 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 yearlong 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 ten scholars each year.

Through the South Central Center for Public Health Preparedness (SCCPHP), the training unit provides financial assistance to support the IMPACT Program (Interns and Mentors Program for ACTION in Public Health Preparedness) which provides graduate students an opportunity to develop public health skills while assisting state and urban health departments in their efforts to assure a fully prepared public health workforce for the future. The SCCPHP collaborates with state health departments in Alabama, Arkansas, Louisiana, and Mississippi to fund this project. The SCCPHP solicits internship proposals from state and local public health agencies in the partnership and invites applications from graduate students from the universities in the region. The Bureau of Professional and Support Services hosted one intern from one of the partnership universities.

In 2008 all-hazards emergency preparedness training was offered. An array of workshops, tabletops, 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; Mass Fatality Conferences; Points of Distribution Exercises; four Volunteer Symposiums; Food Safety Conference with 194 in attendance; and a Cross Borders Exercise with the Mississippi Department of Public Health, other response agencies, and universities that make up the SCCPHP Partnership.

### OFFICE OF WOMEN'S HEALTH

In 2008 the Office of Women's Health continued to implement initiatives that address healthy lifestyle behaviors in Alabama communities through use of the nationally recognized programs BodyWorks and New Leaf... Choices for Healthy Living (New Leaf). In May 32 community leaders attended BodyWorks training in Mobile and the office formed a collaborative partnership with the Alabama Cooperative Extension System (ACES) at Auburn University to expand the availability of the New Leaf initiative in Alabama. Fifteen ACES Human Nutrition, Diet, and Health Agents were trained to become New Leaf group leaders. This partnership has allowed the office to offer the New Leaf program to communities in each of Alabama's 67 counties. During June 2008, 53 individuals attended the New Leaf group leader training in Mobile. This training, offered annually for the general public and health professionals, serves to increase the number of trained New Leaf group leaders throughout Alabama. During December 2008 in Montgomery, the office provided the first New Leaf training for program trainers conducted without assistance from the Centers for Disease Control and Prevention staff. This new endeavor grew out of a partnership with the Montgomery Area Community Wellness Coalition when it requested training for wellness advocates that would allow it to train community group leaders for the New Leaf program. Fifteen wellness advocates have been trained as the office's New Leaf program trainers and will expand the ability of the office to reach more communities.

New initiatives for the office in 2008 included the implementation of the Women's Health Information for the Incarcerated (WHI-FI) program at Tutwiler Prison and the Montgomery Women's Facility, and the Healthy Women Distinctive License Plate Campaign. The WHI-FI program is delivered monthly within the prison through a partnership with the Aid to Inmate Mothers (AIM) organization. The program provides health information and education for women dislocated and disadvantaged due to their incarceration. The Healthy Women distinctive license plate was approved by Alabama and will allow the office to use proceeds from the sales of the car tag to help bring health education and outreach programs to women and their families in Alabama communities.

During the year, the office's clearinghouse resource information project, which includes publication of the office's newsletter Women's Health Exchange, was enhanced by using the department's Learning Content Management System (LCMS) to

## BUREAU OF PROFESSIONAL AND SUPPORT SERVICES



Proceeds from the sale of the Healthy Women distinctive license plate will help bring education and outreach programs to women and their families in Alabama communities

create the Alabama Healthy Women Network. This computer-based network includes contact information for women throughout Alabama and will be used to distribute information regarding women's health data, services, and programs that address women's health issues. Network membership is free and individuals receive the newsletter and a free one-year subscription to Health for Women magazine published by the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN). Women can sign up to join the Healthy Women Network by contacting the office and by visiting its Web site. Office staff actively recruit women for the network during routine outreach activities in the community. The newsletter and the magazine are distributed through postal mailings and the newsletter is accessible on the office's Web page, making it available to health professionals and the community.

Monthly activities for the office included serving on local, state, and national steering committees; serving on planning committees and advisory boards for collaborating partners; and

distributing women's health educational materials by frequent mailings, during presentations, and participation in health fairs. This year the office added an educational activity for Alabama nurses. In November 2008 the Office of Women's Health Advisory Committee presented its first "Nursing Update on Women's Health Issues" at the Alabama Department of Agriculture and Industries' Beard Building Auditorium in Montgomery. Faculty included staff from Troy University, Auburn University, Samford University, and the University of South Alabama. Topics presented included: Pregnancy After Gastric Bypass Surgery, Heart Health for Women, Female Sexual Dysfunction, Medication Updates, Women with Disabilities Update, Osteoporosis, Healthy Lifestyles, and Ways to Manage Stress.

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 participate in the Region IV Infant Mortality Think Tank discussion held in Atlanta in June.

## BUREAU OF PROFESSIONAL AND SUPPORT SERVICES

### SPECIAL COLLABORATION PROJECT WITH THE ALABAMA DEPARTMENT OF CORRECTIONS

The Bureau of Professional and Support Services works collaboratively with the Alabama Department of Corrections to address health and social disparities by providing preventative health education information to inmates and staff, and referral linkages to county health departments throughout the state. There are 30 prison facilities statewide that are located near 18 county health departments.

The Alabama Department of Corrections has embarked on very aggressive efforts to incorporate the services and resources of multiple Public Health divisions into the statewide re-entry and pre-release program. Each prison facility hosts a pre-release program that targets inmates who are within 30 – 90 days of release. With an estimated 30,000 incarcerated offenders and 13,000 annual releases, steps are taken to assure that each soon-to-be released inmate is aware of the following: (1) location and services available at the county health department where he/she is being released; (2) testing and screening procedures for infectious and communicable diseases; (3) how to obtain a birth certificate; and (4) preventative risk reduction information on HIV/AIDS and other sexually transmitted diseases.

Preventative health information is provided to the general population of inmates at multiple facilities statewide. Health education programs have been offered to both inmates and staff on a variety of topics. These programs were coordinated with the Office of Minority Health, Office of Women's Health, HIV/AIDS Division, STD Division, TB Division, Hepatitis Branch, Nursing Division, Bureau of Environmental Services, Bureau of Health Promotion and Chronic Disease, Center for Emergency Preparedness, Immunization Division, and Tobacco Prevention Branch.

The collaboration project between the Alabama Department of Public Health and the Alabama Department of Corrections has expanded to other state agencies, community organizations, social service agencies, and faith-based programs that target underserved populations. This expansion has resulted in nontraditional programs having an increased level of awareness of services and resources offered through public health programs. This multi-phased collaboration project aims to increase awareness through education and treatment and ultimately decrease health and social disparities statewide.

# 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 ALL Kids is to provide low-cost, comprehensive healthcare coverage to uninsured children. To qualify, a family's income must be above Medicaid limits and below 200 percent of the federal poverty level (approximately \$42,400 for a family of four). ALL Kids works closely with the Alabama Medicaid Agency and the Alabama Child Caring Foundation to assure that children are referred to the appropriate program. In fiscal year 2008, more than 19,600 children were referred to Medicaid, and more than 5,300 were referred to the Caring Foundation. Families apply through a joint application process, using either a mail-in or online application. In 2008, 22,152 online applications were submitted. This is a 15 percent increase over 2007. In July 2008 the program began accepting electronic signatures from online applications to streamline the application process.

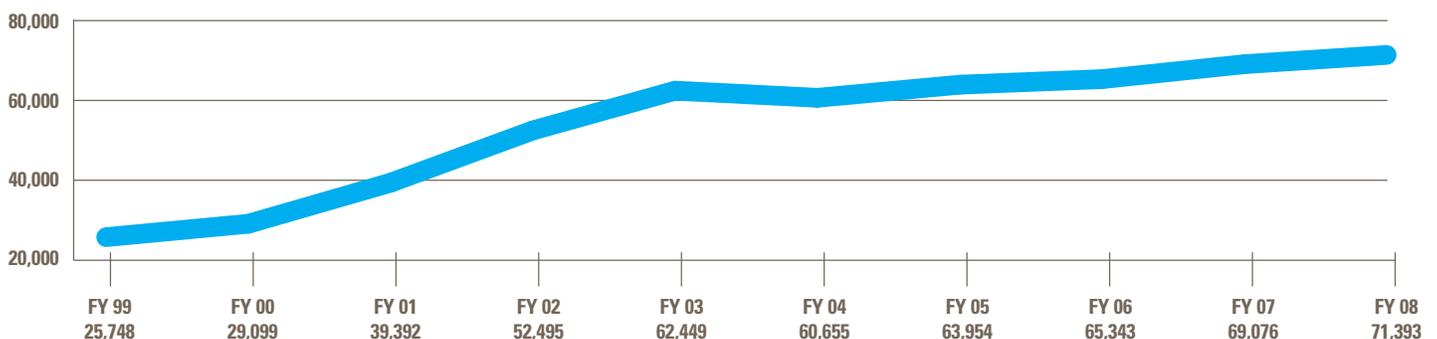
At the end of fiscal year 2008, a total of 71,393 children were enrolled in ALL Kids. This is a 3.4 percent increase over 2007. In May 2008 ALL Kids experienced its 15th consecutive month of record enrollment. ALL Kids incorporates quality assurance procedures to ensure children are enrolled appropriately and in a timely manner. Additionally, ALL Kids maintains a customer service line that handles approximately 9,000 calls a month.

Outreach is conducted both through media and partnerships with provider organizations, community agencies, schools, state agencies, and many other entities across the state. ALL Kids staff work to assure that applications are readily available in communities and that partners are trained to identify uninsured children and assist with enrollment. The ALL Kids philosophy has been to "teach the people who reach the people." Initiatives have been developed with special populations such as the growing Hispanic community. ALL Kids regional coordinators, who are based throughout the state, are present at many community events, such as health fairs and plant closings, to provide information directly to eligible families. In August 2008 ALL Kids participated in an initiative with the mayor's office of Birmingham to identify uninsured children during school registration.

ALL Kids has provided coverage for more than 224,500 children in its 11 years of existence. The various enrollment and outreach strategies employed by ALL Kids have positively affected the number of uninsured children in Alabama. Currently, Alabama enjoys one of the lowest uninsured rates for children in the nation (6.7 percent, based on U.S. Census Bureau Current Population Survey for 2005-2007 coverage period).

During fiscal year 2008, ALL Kids continued to improve its benefit package and encourage improvements in patient care, especially in the area of identifying children with developmental delays. Additionally, ALL Kids was the recipient of a Robert Wood Johnson technical assistance grant that the program used to refine its renewal procedures. As evidenced by survey data obtained by the University of Alabama at Birmingham's School of Public Health, ALL Kids enrollees have greatly improved access to health, dental, and mental health services after enrollment in the program.

## ALL KIDS END OF FISCAL YEAR ENROLLMENT 1999 - 2008



# 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

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.

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

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. The state's regional perinatal health care system is composed of five regions based on regional perinatal referral hospitals. Regional Perinatal Advisory Councils provide representation from each county to advise and inform about regional perinatal issues.

In 2008 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.

Outreach education for physicians and their office staff continued with the support of a March of Dimes grant. One-hour continuing education sessions were offered to family physicians, obstetricians, pediatricians, and their staff on varied topics including: the importance of preconception healthcare counseling to all women of childbearing age, preterm labor and management of preterm labor, importance of folic acid supplementation for all women of childbearing age, importance of optimal weight prior to pregnancy, substance abuse patient education, newborn screening education, safe sleep for infants, and importance of breastfeeding promotion and support. More than 100 physician offices received continuing education in 2008.

## Family Planning /Plan First

Direct patient services were provided to 109,175 family planning clients in fiscal year 2008 through the Title X Family Planning Program that includes Plan First. Plan First, a joint venture between the Alabama Medicaid Agency and the department, continued into its eighth year after being granted a three-year renewal that began in October 2005. This program is a 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 2008, 67,000 women statewide were enrolled in Plan First. The department's toll-free hotline received 4,795 calls regarding Plan First. The program applied for and received another three-year extension that began in October 2008. The participant age will be expanded to include women 19-55.

## Plan First Care Coordination

During fiscal year 2008, seventy-seven licensed social workers and nurses in local health departments (excluding Jefferson and Mobile) provided care coordination to Plan First eligible women at high risk for an unplanned pregnancy. 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.

# BUREAU OF FAMILY HEALTH SERVICES

## Patient 1st Care Coordination

Ninety-eight licensed social workers and nurses in local health departments (excluding Jefferson and Mobile) provided care coordination services to children and adults covered under Medicaid's Patient 1st Program. Medicaid began making direct referrals for care coordination during fiscal year 2006 and this trend has continued and grown. During fiscal year 2008, the majority of the direct Medicaid referrals were for patients who were inappropriately using the emergency rooms and patients who had been discharged by their primary medical providers and needed assistance in finding a new provider. Care coordination referrals generated by the Lead and Newborn Screening Programs continued to increase during fiscal year 2008. The electronic Care Coordination Referral System (CCRS) became operational during fiscal year 2007 and is staffed by a social worker in Family Health Services. The referral system has increased efficiency in making referrals to public health areas and has provided a means for tracking referrals and increasing quality assurance standards. The referrals being processed are currently limited to those generated by Medicaid and Public Health.

## Healthy Beginnings and Info Connection Helplines

The Healthy Beginnings and Info Connection helplines received 1,144 calls during 2008. These were information/referral calls for newborn screening, lead, maternity, and family planning. Both Children's Health and WIC now have dedicated toll-free help lines.

## Targeted Case Management

Targeted Case Management continues to decline as more care coordination is provided through the Patient 1st 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 2008. This worker was based in Public Health Area 2 (Madison County).

## Maternity Care Coordination

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

## CHILDREN'S HEALTH DIVISION

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, the Healthy Child Care Alabama Program, the State Early Comprehensive Systems Implementation Grant, Child Death Review System, School/Adolescent Health, and Clinical Services. The Abstinence-Until-Marriage Program became a branch of the School/Adolescent Program this year.

## Healthy Child Care Alabama

Healthy Child Care Alabama is a collaborative effort between the Alabama Department of Public Health and the Alabama Department of Human Resources. During fiscal year 2008, the Healthy Child Care Alabama Program received funding to continue services in 61 counties by ten 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 2008 the nurse consultants documented 2,274 health and safety training and educational sessions for 7,734 providers, 1,443 technical assistance sessions to child care sites, and 2,375 consults requiring phone calls, letters and e-mails responding

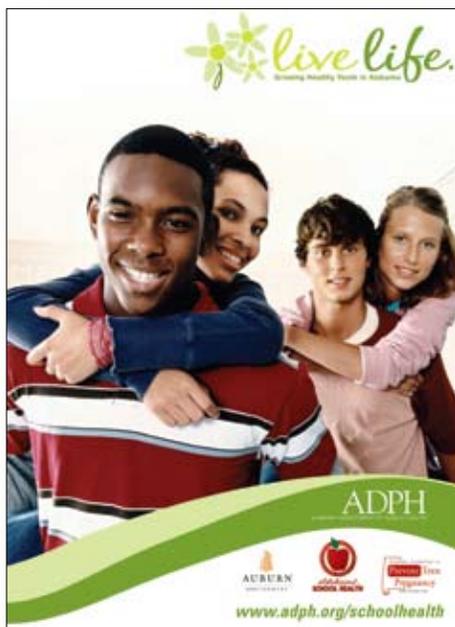
## BUREAU OF FAMILY HEALTH SERVICES

to child care providers' questions and requests. The nurse consultants also provided health and safety programs for 23,488 children in the child care setting.

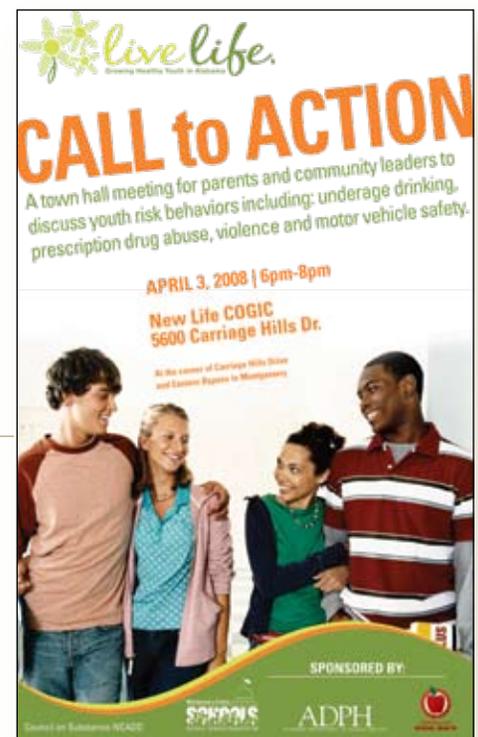
### State Early Childhood Comprehensive Systems Implementation Grant

The third year of Alabama's Early Childhood Comprehensive Systems Implementation Grant, "Blueprint for Zero to Five," continues the implementation plan for the state. Alabama Partnership for Children, the agency responsible for implementing the plan, worked with the Advisory Committee in developing

public awareness information concerning the activities of the Blueprint, and parent materials that build on the "Zero to Five Matters" awareness campaign that addresses components of quality child care and child health and safety. Parent Leadership Training is a priority piece of the Blueprint to assist agencies and organizations in preparing parents/guardians to be advocates in addressing the needs of their children. The initial Parent Leadership Training was a collaborative effort between the Alabama Department of Public Health, Alabama Partnership for Children, and the Alabama Department of Child Abuse and Neglect Prevention. The Parent Leadership Training will be replicated in areas across the state.



The School Health Program provides education and training to schools on specific health issues.



### School / Adolescent Health

The School/Adolescent Health Program has made strides to provide statewide information and training centering on adolescent and school health issues. During fiscal year 2008, 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. In 2008 a new program was provided to assist school nurses with standard precautions training, including Methicillin-resistant Staphylococcus aureus (MRSA), for the first time in schools. Continuing education credits were provided for the nurses. 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 School Health Newsletter distributed quarterly via e-mail to school nurses and school health personnel was increased to bimonthly.

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In collaboration with the department's Wellness Branch, a monthly "Message from the School Nurse" was distributed statewide to school nurses to educate school faculty and staff regarding wellness topics.

The Adolescent and School Health Program Web site continues to provide direct access to the Centers for Disease Control and Prevention's School Health Index where resources for teens, parents, and professionals are available on topics such as health, safety, and activities for children. The County Children's Policy Councils have provided an opportunity to interact with several different communities across the state regarding youth risk behaviors. During 2008 the program provided a statewide Adolescent Health Conference with 133 participants attending. A town hall meeting was organized with community partners to address adolescent health risk behaviors in the River Region. Four webcasts were provided during the year covering topics such as youth culture, abuse of over-the-counter/prescription medicine, adolescent self-injury, and teen driving. The program worked closely with the Alabama Chapter of American Academy of Pediatrics to secure grant funding and develop infrastructure for the statewide Building Bridges in School Health initiative that will develop strategies for team building between school nurses and pediatricians. The program partnered with the Konopka Institute to develop new training materials for state adolescent health coordinators, which will be piloted in 2009, and also served as a sponsor for the Alabama Youth Council.

Participation on the Montgomery County Juvenile Risk and Resource Evaluation Committee saw many improvements in services provided to at-risk students in Montgomery County. The 2007 program, specifically targeting those who work with children with an autism spectrum disorder with particular emphasis on care planning considerations for school nurses, has been expanded. During 2008 the Alabama Abstinence-Until-Marriage Education Program became part of the program and new opportunities were provided to integrate positive youth development. The program continues to partner with the Alabama Child Death Review System in program development for the department's Teen Driving Initiative. The program coordinator represented the department on the following state or national councils: the Autism Task Force; the National Network for State School Nurse Consultants; Alabama State Association for Health; Physical Education, Recreation and Dance; the National State Adolescent Health Coordinators Meeting; Alabama Suicide Prevention Task Force; Alabama Sexual Violence Prevention Task Force; and continues to serve as the Chairman for the Southeast Region of the Adolescent Health Coordinators Association.

### Alabama Abstinence-Until-Marriage Education Program

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 consequently, the incidence of adolescent health issues related to premature sexual activity to include teen pregnancy in adolescents age 10-19.



In collaboration with the department's Wellness Branch, a monthly "Message from the School Nurse" was distributed statewide to school nurses to educate school faculty and staff regarding wellness topics.

## BUREAU OF FAMILY HEALTH SERVICES

The program, now in the Children's Health Division, works within the Adolescent and School Health Program to promote delay of sexual activity within a comprehensive approach to adolescent health and an integrative approach to positive youth development. The program funded seven community school-based programs that provided abstinence-until-marriage education to approximately 38,000 students in various grade levels in 39 of Alabama's 67 counties. The programs also supported peer/adult mentor programs, initiatives to increase parental involvement, and service learning opportunities for teen abstinence leaders. The evaluation tool and process began reassessment to increase the efficiency and effectiveness of delivery and to objectively measure program effectiveness.

### Alabama Child Death Review System

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 its first annual report, showed that in 1998 and 1999 there were approximately 500 infant/child deaths per year that met the criteria for case review. That number has decreased by approximately 40 percent since then.

The system's seventh annual report, containing final review data for 2005, as well as a five-year trend analysis of Alabama Child Death Review System data, was completed in late 2008. It was distributed to many state officials, agencies, organizations, and citizens in Alabama and around the country.

In addition to hosting the regular quarterly meetings of the State Child Death Review Team (SCDRT), system 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. Special effort has been made 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 such visits are now an annual programmatic performance measure.

In 2008 ACDRS and the Alabama Department of Forensic Sciences (ADFS) partnered to establish the Alabama Centers for Disease Control and Prevention Sudden Unexplained Infant Death

Investigation Team. A group of trainers from across the state were trained to teach the curriculum to Alabama's first responders and as many as 90 classes are planned to be offered throughout the state in 2009. This updated curriculum and training is intended to replace those developed in 2002 by the ACDRS-formed Child Death Investigation Task Force.

A third statewide training conference was held in 2008. Its purpose, as with the previous ones in 2004 and 2006, was to ensure that everyone involved understands the purpose, mission, procedures, and operations of the program because the state and local child death review team membership is constantly changing. A regional Child Death Review meeting was hosted concurrently, as was a regular quarterly state meeting.

Operational efficiency and constant improvement remained ACDRS priorities in 2008, which must be regarded as a "rebuilding year." After experiencing a complete staff turnover at the central office in less than one year, as well as multiple turnovers in local team leadership throughout the state, a significant amount of time was spent reestablishing relationships as well as building new ones. When the 2005 data were finalized, the overall ACDRS case completion rate dropped to 86 percent from 93 percent the previous year. This was the first such drop after years of steady marginal increases, and due primarily to the challenges described previously. This rate is expected to improve again with the closing of the 2006 data as 2009 promises to be a "transition year" for the system with the central office fully staffed, local child death review team relationships reestablished, the SCDRT more involved, and a new data collection and reporting system that is expected to be a great improvement for the program. The system continues its public education and awareness efforts (especially regarding child vehicular safety and safe infant sleeping) and direct prevention efforts (such as the innovative Cribs for Kids program and the hospital-based Shaken Baby Syndrome Prevention programs). A reimbursement arrangement with the Alabama Medicaid Agency continues to provide additional funding specifically for public education and outreach. Finally, ACDRS continues to work toward common goals with its many 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.

## BUREAU OF FAMILY HEALTH SERVICES

### Alabama Childhood Lead Poisoning Prevention Program

The Alabama Childhood Lead Poisoning Prevention Program continued as a partnership between Medicaid and the Alabama Department of Public Health. In the 2008 calendar year, 41,069 children 0-21 years of age were screened with 771 children identified with elevated blood lead levels. As a result of aggressive outreach and education efforts, 4,223 more children were screened this past year. According to the National Health and Nutrition Examination Survey report published by the Centers for Disease Control and Prevention, Alabama is approximately 2 percent higher than the national average for young children with elevated blood lead levels. Data from the report have been instrumental in the development and implementation of a number of health-related guidelines, reforms, and public policy initiatives.

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.

### Clinical Services

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 37,929 patients were provided

services by county health department staff. These patients made a total of 87,712 visits to local clinics.

### BREAST AND CERVICAL CANCER DIVISION

The Breast and Cervical Cancer Division's goal is to provide access to breast and cervical cancer screening to underserved women in Alabama. Early detection of breast or cervical cancer saves lives. The Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) within the division provides screening services for underserved women. Screening services for breast cancer include clinical breast exams, mammograms, and diagnostic testing if an abnormality is found. Screening services for cervical cancer include a pelvic exam, Pap smear, and diagnostic testing if an abnormality is found. If a patient is diagnosed with breast or cervical cancer through the program, she is eligible to receive treatment through Alabama's Medicaid Agency.

Funding for the screening services is provided by the Centers for Disease Control and Prevention, State of Alabama, Susan G. Komen for the Cure North Central Alabama Affiliate, the Joy to Life Foundation, and the National Breast Cancer Foundation. In the past year, the program has provided cancer screenings to over 10,900 women. Of these women, 3,114 received diagnostic services for breast abnormalities and 177 women received diagnostic services for cervical abnormalities. To date, 137 women have been diagnosed with breast cancer and 29 have been diagnosed with pre-invasive or invasive cervical cancer.

Program services are provided by over 400 contracted physicians, surgeons, radiologists, and facilities across the state. These contracted providers of care are committed to providing services to underserved women. In addition to receiving a reduced rate for their services, they also agree to submit required data regarding services they provide for submission to the CDC.

Partners throughout the state work with the program to recruit eligible women to enroll and receive screening services. Often women are unaware of or fear mammograms. These partners provide countless hours educating women and recruiting providers for the program. Partners include the American Cancer Society, Deep South Network, Komen for the Cure, Joy to Life Foundation, REACH US/REACH 2010 Coalition, the University of Alabama at Birmingham's Comprehensive Cancer Center, Mitchell Cancer Institute, DCH Regional Medical Center, Avon Foundation's Butterfly Project, and many others.

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A Medical Advisory Committee guides the division. The committee consists of professionals with experience in screening, diagnosis, and initiation of treatment for breast and cervical cancer.

Physicians from the University of Alabama at Birmingham, the University of South Alabama, and department staff currently serve on this committee. The committee meets quarterly and makes decisions regarding program policy and guidelines. Members are available as needed to provide clinical consultation.

Underserved women have no insurance or are underinsured, are at or below 200 percent of the poverty level, and are 40-64 years of age. The program was implemented in 1996 and continues to find ways to reach more underserved women. Since its inception, more than 61,000 women received screening services and 1,346 women were diagnosed with cancer.

## WIC DIVISION

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 134,822 patients per month, which included approximately 32,694 women, 37,845 infants, and 64,283 children. Over \$113 million of foods were purchased statewide in retail grocery stores.

WIC promotes and supports breastfeeding as the preferred method of infant feeding. Research indicates that 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 are former WIC participants who breastfed or are currently breastfeeding their babies. The peer counselors are hired to provide support to pregnant and breastfeeding mothers regarding basic breastfeeding issues. The program expanded to six new sites in 2008. Breastfeeding peer counselor programs are located in Blount, Dallas, Jefferson, Lee, Mobile, Montgomery, and Pike counties. Statewide breastfeeding rates continue to increase.

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 positive messages and health practices presented 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

### Data and Surveillance

Staff from the Oral Health Branch, the Jefferson County Department of Health, and the University of Alabama at Birmingham School of Dentistry conducted a statewide oral health screening of third grade children during the past two years. The state team and the school of dentistry team screened approximately 7,643 third graders from 103 schools statewide. The Jefferson County Department of Health dental team screened approximately 3,092 students from 21 Jefferson county/city school systems. Data entry and analysis were completed during fiscal year 2008 and provide the following: 27 percent of Alabama third grade children have untreated dental decay, and 30 percent of Jefferson County third grade children (with Shelby County added) have untreated dental decay. Data sources indicate the national average rate of untreated dental decay among children 6 to 8 years of age is 29 percent. The Healthy People 2010 target for this national oral health objective is 21 percent.

### Community Water Fluoridation

The Community Water Fluoridation Program continued to reach targeted goals during 2008. Through collaborative efforts with the Alabama Department of Environmental Management, the Centers for Disease Control and Prevention, the Birmingham Laboratory, community water facility plants, public health area

## BUREAU OF FAMILY HEALTH SERVICES

directors, county environmentalists, and others, the following activity occurred:

- 50 onsite inspections were conducted for fluoridating water systems.
- 2 promotional visits were provided to non-fluoridating water systems.
- 119 public water systems (providing adjusted fluoride levels) were monitored by state Oral Health program staff.
- 73 public water systems received CDC's Water Fluoridation Quality Awards for maintaining fluoride levels at optimal levels for 12 consecutive months.
- 10 public water systems continued to provide natural water fluoridation.
- 82.9 percent of Alabama's population on public water supply enjoyed the benefits of fluoridated water.
- Approximately 1,541 fluoride samples were collected by county health department staff and analyzed by the Birmingham Lab. Data results were entered into CDC's Water Fluoridation Reporting System by state Oral Health staff.
- Monthly fluoride analysis reports and letters of appreciation were submitted to all public health area directors, area environmental directors, and state environmental staff.

### Education and Prevention

Oral Health staff provided a variety of education and prevention programs during 2008. A dental health nurse coordinator reached approximately 6,238 children and adults through presentations to day care staff, community groups, parent organizations, professional groups, students, senior citizens, Head Start programs, and others throughout Public Health Area 9. The nurse coordinator and state Oral Health staff implemented the school-based fluoride mouth rinse program to approximately 5,000 children in grades 1-6 in ten school systems statewide.

Program staff also distributed approximately 50,000 toothbrushes and toothpaste to children participating in statewide screenings, to county health department Patient 1st care coordinators, to Healthy Child Care Alabama nurse coordinators, and to school nurses working with students in underserved communities. The program continued to print and mail thousands of dental health educational materials.

### Dental Services

During 2008 the Coffee County Health Department dental clinic management was outsourced to Sarrell Regional Dental Center, a 501( c) (3) nonprofit organization based in Anniston. County and area administrators chose this option to prevent losing the only Medicaid dental provider in Coffee County. Sarrell has managed the Talladega County Health Department dental clinic for three years through a memorandum of agreement. Escambia, Mobile, and Montgomery County health departments have dental clinics onsite that are managed by federally qualified health care programs.

Jefferson and Tuscaloosa County health departments are the two remaining programs with onsite dental clinics managed by health department staff. Jefferson County has permanent, satellite, and mobile facilities, while Tuscaloosa is a permanent facility only.

During August 2008 the Jefferson County Health Department dental staff began working with the University of Alabama at Birmingham and United Cerebral Palsy to provide comprehensive dentistry to United Cerebral Palsy LINCPoin enrollees who meet the county health department's eligibility guidelines. As of November 2008, 41 cerebral palsy patients have been treated.

26,614 patient encounters were provided through Mobile, Tuscaloosa, and Jefferson County health department dental programs. 4,386 dental sealants were provided through Mobile, Tuscaloosa, and Jefferson County health department dental programs.

### MATERNAL AND CHILD HEALTH EPIDEMIOLOGY BRANCH

The Maternal and Child Health Epidemiology Branch 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.

## BUREAU OF FAMILY HEALTH SERVICES

The branch's activities during 2008, 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.
- Planning regarding the next statewide five-year maternal and child health needs assessment, which is to be implemented in fiscal year 2009 and reported to the federal Maternal and Child Health Bureau in July 2010.

Continuation of Alabama's Systems Development Initiative Project, a federally-funded program to increase the state's maternal and child health data capacity.

### ALABAMA NEWBORN SCREENING PROGRAM

The Alabama Newborn Screening (NBS) Program is required by state law to test every Alabama newborn for the presence of certain metabolic and other inherited disorders. Early detection and treatment of these disorders may save a young life or at least present him or her with a much better quality and/or length of life. More than 60,000 initial newborn screening tests are conducted each year.

In January 2008 the State Committee of Public Health rules were amended to make tests for hearing loss and cystic fibrosis required parts of the state's expanded Newborn Screening panel of tests. When this amendment became effective, tests for infant hearing loss changed from a "voluntary" test to one that was required at all Alabama delivery hospitals. At the time of the rule change, cystic fibrosis, a very complicated and challenging test, was not being done in Alabama. Through the work of the Alabama NBS program, an effective protocol was soon devised and, in April 2008, cystic fibrosis took its place within Alabama's NBS program.

Since January 2007 the Alabama NBS program has added eight new tests to its expanded panel. Alabama now tests for 28 of the 29 primary disorders recommended by the American College of Medical Genetics and the March of Dimes. The 29th test was voluntarily removed from the Alabama panel when the national protocol was found to be ineffective.

As identified last year, the unsatisfactory NBS blood collection rate continues to be a concern. Through intense training and follow-up, the program has been successful in cutting the statewide rate in half and, in some cases, has reduced the rate to well below the

state goal of less than 5 percent. A hospital report card has been developed that allows each hospital to track its progress. Through initial and continuation training and the use of an effective, visible tracking tool, Alabama's NBS program intends to reach its goal.

The program has also made significant strides in the area of statewide education. Through a completely redesigned Web site, and through new educational brochures that are available in English and in Spanish, the message about newborn screening and specifically the Alabama Newborn Screening Program is being communicated through the state.

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

The change in Alabama Newborn Hearing Screening status from "voluntary" to "mandatory" has greatly enhanced the comprehensive system of hearing screening for all newborns in Alabama. As a result of the state committee mandate, Alabama's Listening has revised the program guidelines. The new guidelines require participants to follow the principles outlined in the Joint Committee on Infant Hearing 2007 Position Statement. Hospitals are now reviewing procedures and equipment to ensure that the requirements are being met. Concurrently the NBS program is also reviewing the services provided to ensure that the hospitals in the Alabama system have the right hearing screening equipment to screen all of Alabama's infants. Alabama's Listening is also exploring new ways to ensure all infants, who do not pass their initial hearing screening, are re-screened and diagnosed in a timely manner.

## BUREAU OF HOME AND COMMUNITY SERVICES

In 2008 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 four divisions: the Division of Billing and Support, the Division of Home Care Services, the Division of Community Services, and the Division of Compliance and Contracts.

Services available through home health help many Alabama citizens in reaching their optimal health goals.

### HOME HEALTH PROGRAM

The Bureau of Home and Community Services is a Medicare-certified home health agency with 30 subunits and three 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. There were 316,758 home health visits made in 2008 in an effort 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 completely 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 these types of commendations on initial site visits is extremely rare.



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## BUREAU OF HOME AND COMMUNITY SERVICES

### LIFE CARE PROGRAM

The Bureau of Home and Community Services through the Life Care Program is a statewide direct service provider of home care services. Life Care services are provided under specialized federal and state funded programs for the disabled, poor, and elderly, as well as contracts with other 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 1,367,324 hours of service were provided in 2008 to Life Care clients.

Telehealth, a program started in 2006 by the bureau within the framework of the Life Care Program, has grown to 385 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.

### COMMUNITY SERVICES

The Division of Community Services within the Bureau of Home and Community Services functions as an operating agency for the Elderly and Disabled Waiver and the HIV/AIDS Waiver. These programs are designed to offer an alternative to nursing home care for the elderly/disabled Medicaid recipients or someone who has an HIV/AIDS and related illness diagnosis. 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 2008, Elderly and Disabled Waiver case managers provided 145,996 hours of case management services. HIV/AIDS Waiver case managers provided 10,871 hours of case management services.

### BILLING AND SUPPORT

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.

# BUREAU OF HOME AND COMMUNITY SERVICES

## QUALITY IMPROVEMENT PROGRAM

The year 2008 marked the ninth 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.

In 2008 the Centers for Medicare and Medicaid Services (CMS) began the Home Health Pay for Performance Demonstration. The demonstration program was designed to determine the impact of making incentive payments to home health agencies that consistently provide the highest quality of care, as well as those who show significant improvements in the quality of care they provide to the Medicare beneficiaries. The demonstration covers seven states and Alabama is one the states selected by CMS. Participation by home health agencies was voluntary. The Bureau of Home and Community Services had two subunits volunteer to participate in the demonstration. Because of the excellence of the Quality Improvement Program, the bureau is well in line with quality improvement initiatives to meet the Pay for Performance challenge.

## EDUCATION

The Bureau of Home and Community Services continues to be committed to the philosophy of an education plan for all employees. An education plan includes orientation, continuing education, and inservice training materials that have been developed over the past eight 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, home attendants, and registered nurses 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

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

The Long Term Care Unit is responsible for state licensing and federal certification of nursing homes and intermediate care facilities for the mentally disabled. This unit surveyed 239 facilities, conducted 111 follow-up visits, and conducted 1 initial survey for federal certification purposes.

The Complaint Unit investigated 1,070 abuse/neglect and general complaints. Of these, 659 were onsite investigations and 411 were administrative/desk reviews.

The Laboratory Unit administers the Clinical Laboratory Improvement Amendment (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 202 CLIA recertifications, 4 follow-up visits, 21 initial visits, 39 certificate of waiver labs, 10 validations of accredited labs, 29 initial licensure surveys, and 16 biennial licensure surveys for a total of 321 surveys.

The Medicaid Other Unit is responsible for federal certification and state licensure and complaint investigations for 148 home health agencies, 203 hospices, 132 hospitals, 116 dialysis facilities, 40 ambulatory surgical centers, 77 rural health clinics, 50 rehabilitation facilities, 8 portable X-ray units, 7 abortion centers, 17 sleep disorder clinics, 11 residential psychiatric treatment homes, 35 psychiatric units, and 16 rehabilitation units.

The Assisted Living Unit currently monitors 219 regular licensed assisted living facilities totaling 6,929 beds and 92 specialty care facilities totaling 2,554 beds.

The Nurse Aide Registry Program tracks 259 approved training programs for nurse aides. The registry has a total of 86,049 nurse aides. Currently, there are 31 nurse aides that are on specific time-limited sanctions and 1,107 that have been permanently placed on the abuse register.

## PROVIDER SERVICES

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 2008 the division issued 1,469 annual renewal license certifications, 31 ownership license certificates, 39 initial license certificates, and 58 license status changes, or facility information changes. There were also 1,076 providers certified to participate in the Medicare and Medicaid programs. The division processed 40 initial certifications, 15 change-of-ownership certifications, and 120 certification changes.

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 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.

## 2008 Service Activities

- Issued more than 507,000 certified copies of vital records with more than 347,000 of these records requested through local health departments.
- Coded, keyed, and scanned more than 172,000 new vital records into the vital records database.
- Prepared 2,880 new birth certificates after adoption and more than 2,600 after paternity determination; filed more than 580 delayed birth certificates; amended 4,430 birth certificates and more than 2,200 death certificates.
- Processed more than 310 requests from adult adoptees to obtain copies of their original birth certificates and other adoption information.
- Filed more than 13,000 paternity affidavit forms which fathers signed to acknowledge their legal responsibilities when they were not married to the mother of the child.
- Registered all births electronically through the Electronic Birth Registration (EBR) software used by all birthing hospitals in the state.
- Provided training on the proper completion of birth and death certificates to vital records providers across the state.
- Conducted meetings with the Electronic Death Registration System Work Group to develop and finalize the requirements for an electronic death registration system for Alabama. Members of the group consisted of persons involved in the death registration process.
- Presented on the development of Alabama's Electronic Death Registration System at funeral home, coroner, and health information management association meetings.
- Received more than 30 percent of divorce decrees electronically from the Administrative Office of Courts.
- Keyed more than 270,200 old marriage records and more than 1,000 old birth, death, and divorce records.
- Received more than 73,600 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.
- 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.

## CENTER FOR HEALTH STATISTICS

- 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 birth defects at the American Public Health Association annual meeting and presented a poster on postpartum depression at the Maternal and Child Health Epidemiology meeting.
- 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 63,480 newborns. In addition, 44,820 death records were transmitted to Social Security.

### VITAL STATISTICS RECORDS 2007

Estimated Population	4,627,851	Rate/Percent	
<b>Births</b>	<b>64,180</b>	<b>13.9</b>	(Per 1,000 Population)
<b>Births To Teenagers</b>	<b>8,776</b>	<b>28.1</b>	(Per 1,000 Females Aged 10 To 19 Years)
<b>Low Weight Births</b>	<b>6,695</b>	<b>10.4</b>	(Percent Of All Live Births)
<b>Births To Unmarried Women</b>	<b>24,616</b>	<b>38.4</b>	(Percent Of All Live Births)
<b>Deaths</b>	<b>45,983</b>	<b>9.9</b>	(Per 1,000 Population)
<b>Marriages</b>	<b>41,622</b>	<b>9.0</b>	(Per 1,000 Population)
<b>Divorces</b>	<b>21,255</b>	<b>4.6</b>	(Per 1,000 Population)
<b>Induced Terminations Of Pregnancies</b>	<b>9,403</b>	<b>10.0</b>	(Per 1,000 Females Aged 15 To 44 Years)
<b>Infant Deaths</b>	<b>641</b>	<b>10.0</b>	(Per 1,000 Live Births)
<b>Neonatal Deaths</b>	<b>407</b>	<b>6.3</b>	(Per 1,000 Live Births)
<b>Postneonatal Deaths</b>	<b>234</b>	<b>3.6</b>	(Per 1,000 Live Births)

### ALABAMA’S LEADING CAUSES OF DEATH – 2007 AND 2006<sup>1</sup>

Cause Of Death	2007			2006		
	Rank	Number	Rate <sup>1</sup>	Rank	Number	Rate <sup>1</sup>
<b>Total All Causes</b>		<b>45,983</b>			<b>46,259</b>	
<b>Diseases Of The Heart</b>	<b>1</b>	<b>11,761</b>	<b>254.1</b>	<b>1</b>	<b>12,434</b>	<b>270.4</b>
<b>Malignant Neoplasms</b>	<b>2</b>	<b>9,862</b>	<b>213.1</b>	<b>2</b>	<b>9,759</b>	<b>212.2</b>
<b>Cerebrovascular Diseases</b>	<b>3</b>	<b>2,693</b>	<b>58.2</b>	<b>3</b>	<b>2,685</b>	<b>58.4</b>
<b>Chronic Lower Respiratory Diseases</b>	<b>4</b>	<b>2,510</b>	<b>54.2</b>	<b>5</b>	<b>2,277</b>	<b>49.5</b>
<b>Accidents</b>	<b>5</b>	<b>2,476</b>	<b>53.5</b>	<b>4</b>	<b>2,451</b>	<b>53.3</b>
<b>Alzheimer’s Disease</b>	<b>6</b>	<b>1,506</b>	<b>32.5</b>	<b>6</b>	<b>1,487</b>	<b>32.3</b>
<b>Diabetes Mellitus</b>	<b>7</b>	<b>1,288</b>	<b>27.8</b>	<b>7</b>	<b>1,430</b>	<b>31.1</b>
<b>Nephritis, Nephrotic Syndrome And Nephrosis</b>	<b>8</b>	<b>1,032</b>	<b>22.3</b>	<b>8</b>	<b>1,056</b>	<b>23.0</b>
<b>Influenza And Pneumonia</b>	<b>9</b>	<b>878</b>	<b>19.0</b>	<b>9</b>	<b>893</b>	<b>19.4</b>
<b>Septicemia</b>	<b>10</b>	<b>750</b>	<b>16.2</b>	<b>10</b>	<b>819</b>	<b>17.8</b>
<b>All Other Causes, Residual</b>		<b>11,227</b>			<b>10,968</b>	

<sup>1</sup> Rate Is Per 100,000 Population

## BUREAU OF INFORMATION TECHNOLOGY

The Bureau of Information Technology (IT) was formed in 2008 through reorganization. Its mission is to plan, provide, and support the information and logistical needs of the department. The new bureau consists of five divisions, including Project Management, Database Administration, Systems Development and Integration, Technical Support, and Logistics. IT procures, develops, and supports information technology systems to supply information to department and public users through an integrated information processing and telecommunication structure. The IT Logistics Division manages the department's property assets, forms, emergency preparedness supplies, mailroom, and vehicles.

The department began the long-range project to implement an Electronic Health Record (EHR) for its patients. In August the department conducted a statewide two-day summit to collect input from all stakeholders. This summit developed recommendations and high level requirements for a comprehensive EHR system. Concurrently, IT is working with the Bureau of Family Health Services and the United States Department of Agriculture to develop and implement a standard WIC system that will be integrated with the PHALCON system and become part of the new EHR.

In response to the needs of the Center for Health Statistics, IT developed electronic interfaces with the Administrative Office of Courts for the filing of divorces, the Secretary of State's office to support the Help America Vote Act, and other states to implement Electronic Verification of Vital Events systems.

IT modified the Insure Alabama Web site to streamline the process between Medicaid and the Children's Health Insurance Program for SOBRA Medicaid applications and ALL Kids health insurance coverage. This enables citizens to electronically complete an application and eliminate the need to print, sign, and mail applications.

Working with the Bureau of Financial Services, IT implemented a production management tool to aid the area, county, and state level managers and program directors to manage revenue-generating programs. The tool provides a visual dashboard to display, in graphical fashion, the goals and results of these programs each month.

In support of the Bureau of Communicable Disease, IT developed a Geographic Information System (GIS) for the Alabama NEDSS Base System (ALNBS). This tool allows the Division of Epidemiology to display and query disease data, collected through ALNBS, on an

interactive map. The map is a Web-based graphical tool providing an interactive visual patterning of disease trends. Systems Development also integrated the ALNBS system with the Health Alert Network (HAN) in 2008. The ALNBS detects an alertable lab result and passes the information to the HAN system. The HAN system automatically alerts the appropriate state and local surveillance personnel for intervention and response.

IT, working with the Bureau of Clinical Laboratories, purchased a new Laboratory Information Management System (LIMS) for the State Lab. The new system will be a significant upgrade in functionality from the current system. Implementation began in 2008 and will be completed in 2009. The new system will offer streamlined reporting of results to clinics, Epidemiology, and Centers for Disease Control and Prevention.

To modernize and enhance the data center, IT continued consolidating and virtualizing servers. IT has reduced costs in the data center by reducing hardware, power, cooling, and technical support. To ensure the department can continue to operate in the event of a natural or man-made disaster, IT established an alternate emergency operations center and data center with Internet, e-mail, telephones, and other critical applications such as the Health Alert Network.

Voice over Internet Protocol (VoIP) telephone systems continued to be installed throughout the county sites, increasing the total number of clinic and area offices with VoIP to 73. The goal is to complete the installations of all 91 locations by May 2009, resulting in telecommunication savings of up to \$800,000 annually. VoIP also provides a more modern phone system with features such as voice mail capability and interoffice calling.

Logistics manages the inventory of equipment located in 162 locations throughout the state. During 2008, Public Health received its third consecutive Perfect Audit Certificate issued by the Alabama State Auditor's office accounting for 100 percent of its assets.

Logistics stores and distributes English, Spanish, Korean, Chinese, and Vietnamese language forms, and provides warehouse storage for all bureaus in the department. The Forms Section shipped over 9,000 packages of forms to health department clinics/offices and private providers statewide. To reduce the number of forms stored, handled, and shipped, the department converted over 100 forms to be retrieved electronically in its Document Library and eliminated them from the forms inventory.

# BUREAU OF INFORMATION TECHNOLOGY

## IT Support Facts for 2008 Quantities

- 25,593 Help Desk Calls
- 5,054 Personal Computers Supported
- 323 Servers Supported
- 1,237 Personal Computers Installed
- 2,021 County Support Trips

## Logistics Facts for 2008

- 14,665 Equipment Inventory Items
- \$27.6 Million Equipment Inventory Value
- 2,007 Equipment Items Acquired
- 2,551 Disposed Equipment Items
- 891 Forms Managed
- 53 Department Vehicles
- 62 Emergency Response Trailers

## IT Security Facts

- 78 Million Inbound E-mails Scanned
- 1.5 Million Outbound E-mails Scanned
- 18 Million Known Virus Servers Rejected
- 1,260 Viruses Blocked
- 10,296 Mass Mailing Worms Blocked
- 37.2 Million Spam Blocked

## 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 Stds Facilities compliance	Health Provider Stds and EMS	2000
Inventory Management System	Track ordering, storage, and issuance of supplies for warehouse, lab	Logistics	2006
HRS (Human Resource System )	Maintain personnel information	Personnel	1990
LCMS (Learning Content Management System)	Manage employees' professional development records	Professional Services	2004
ACORN	Online 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)	Online enrollment determination for low cost insurance	CHIP	2005
PC Inventory Verification System	System to track PCs, laptops, and network items	Logistics, IT	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	Financial Support, IT	2007
e-CATS (Electronic Cost Accounting Time Sheets)	Data collection of employee time for cost	Finance	2006
Cancer and Trauma Registries	Collect and maintain data for cancer and head and spinal injuries	Health Promotion	2000
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	Vital Statistics	2006
Death Tracking System	Track death certificates	Vital 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.

To meet these goals, Financial Services managed the department's \$696 million budget using 391 internal budgets interfaced with 11 Executive Budget Office Spending Plan activities and 245 internal funds interfaced with 13 Comptroller's Office funds in the State Treasury.

A total of 128 federal grants with a value in excess of \$366 million and 576 contracts totaling over \$24 million were accounted for. Included in the federal grants accounted for were 4,455,296 Women's Infants and Children (WIC) negotiable instruments issued to 1,618,066 recipients paid with a redeemed food value of \$113 million including \$29.9 million received from the department's infant formula rebate contract.

Transaction volumes to manage the department's financial and cost processes were:

- 109,000 Payroll Warrants
- 50,000 Payment Vouchers
- 800 Journal Vouchers
- 3,723 Requisitions
- 3,777 Purchase Orders
- 60,000 Cost Accounting Monthly Time Reports (from multiple reporting systems)
- 3,500 Cost Accounting Monthly Activity Reports

Family Practice Rural Health Board and the Board of Medical Scholarship Awards were provided fiscal agent services in the form of payroll, procurement, accounts payable, contract payment processing, and budget management.

The bureau also provides all accounting services for the Alabama Public Health Care Authority. The State Committee of Public Health authorized the department to establish the authority as a public corporation in 1995. The mission of the authority is to build, furnish, and equip public health facilities throughout the state of Alabama.

In 1996 the authority issued \$30 million in Series 1996 revenue bonds to construct and 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, 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. From the proceeds, \$27,975,000 was used to advance refund Series 1996 revenue bonds. The additional \$30 million balance of bond proceeds was dedicated to a Phase II building program to construct, equip, renovate, and refurbish 15 public health facilities across the state. During fiscal year 2008, title was acquired to two health department sites in Barbour and Crenshaw counties. Six projects were completed and occupied this fiscal year in Clarke, Conecuh, Marshall, Tallapoosa, Washington, and Winston counties. Barbour, Limestone, St. Clair, and Tuscaloosa county projects are currently under construction. The Phase II building program will be complete when these four projects are finished.

The authority is continuing to propose and develop solutions for additional public health building and equipment needs. Work has begun on a Phase III building program that currently includes the following projects with status noted:

- Montgomery Modular Clinic – Complete
- Crenshaw County Health Department – Land acquisition complete and facility design in process
- Geneva County Health Department – Land acquisition in process
- Walker County Health Department - Renovation
- Cullman County Health Department - Renovation
- Public Health's BSL3 Lab - Repair

Other projects under consideration by the authority include a Montgomery Satellite Clinic and Morgan County Health Department.

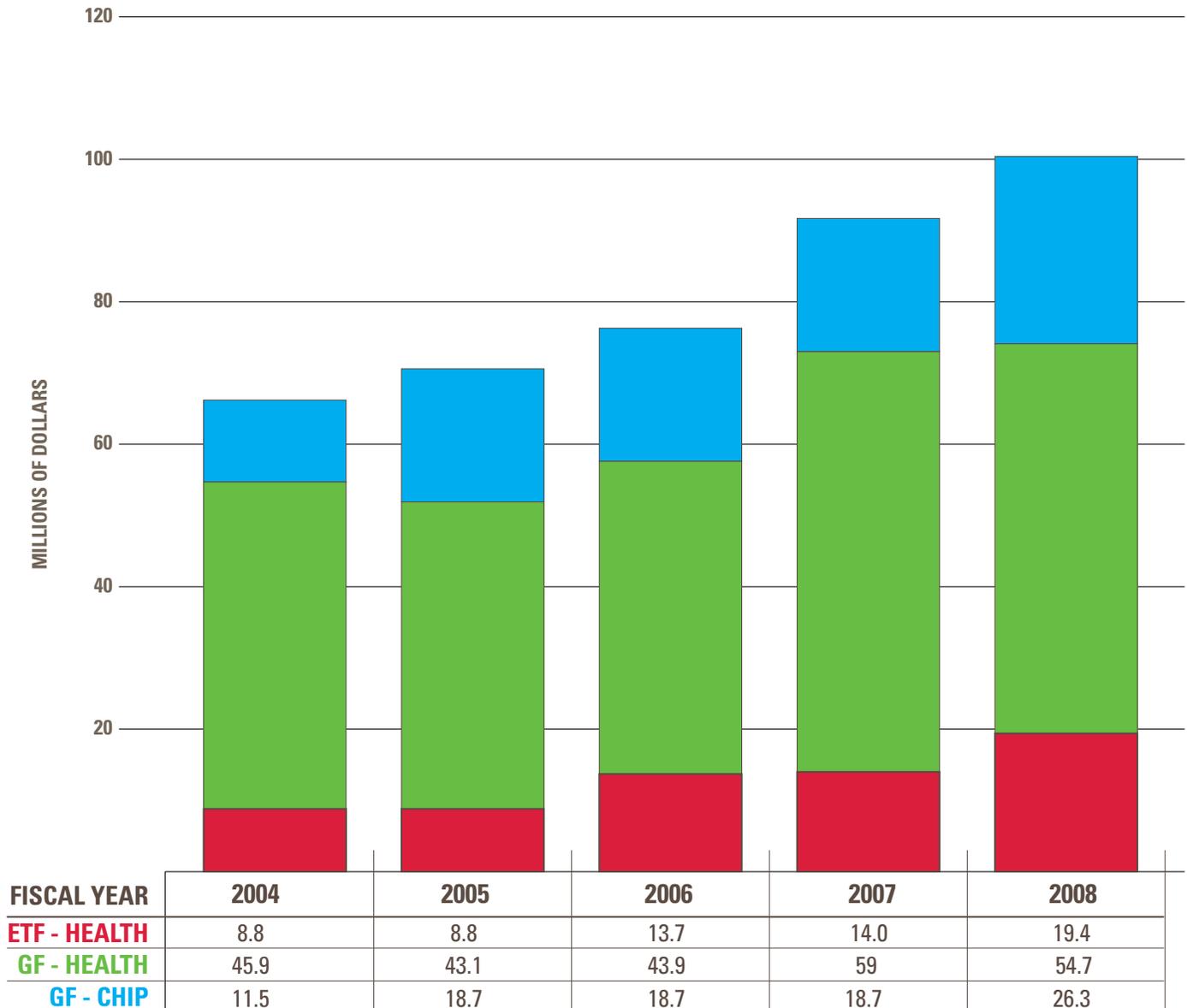
## BUREAU OF FINANCIAL SERVICES

During the past 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 preventative maintenance, improvement, and replacement program for public health facilities in Alabama.

The program spent \$1.9 million during this fiscal year to provide the following services:

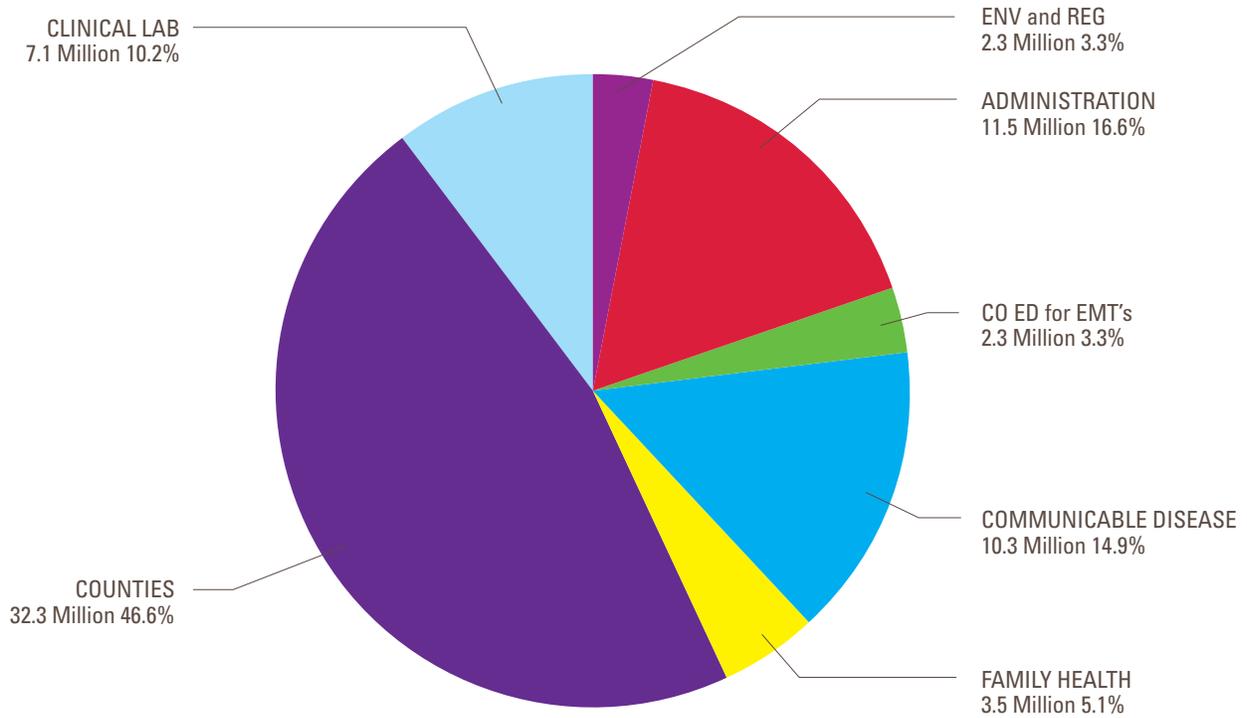
- Periodic facility inspections to identify deficiencies, repairs, and maintenance needs.
- Maintenance contracts for heating, ventilation, and air conditioning systems and fire alarms.
- Roof systems maintenance/repair and a full range of other maintenance repair expenditures and renovations to maintain public health facilities in good working order.

### PUBLIC HEALTH FUNDING GENERAL FUND & ETF



# BUREAU OF FINANCIAL SERVICES

## USE OF STATE FUNDS - FY 2008 GENERAL FUND AND ETF ONLY \$69.3 MILLION



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

### PUBLIC HEALTH FUNDING HISTORY

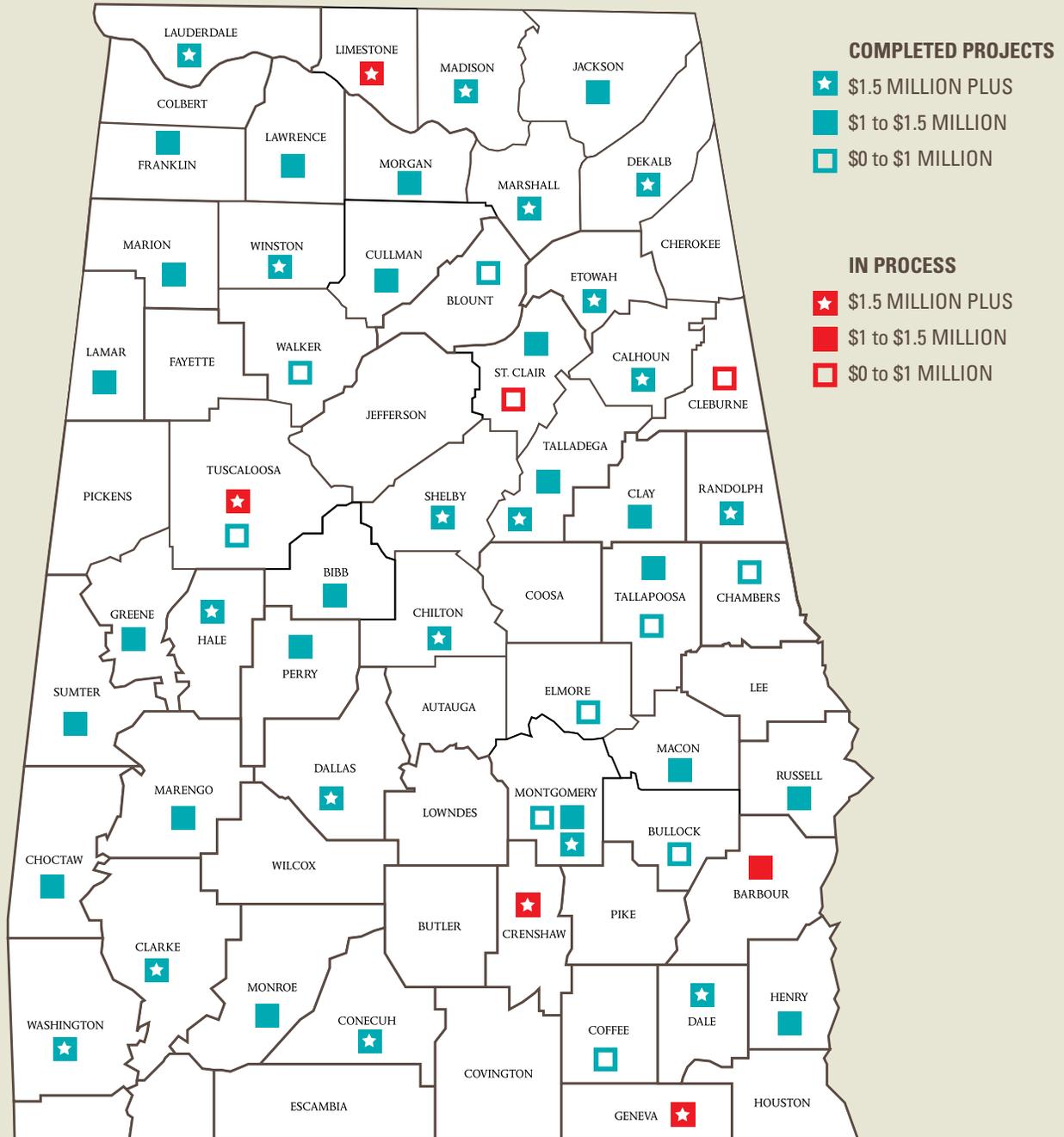


FISCAL YEAR	2004	2005	2006	2007	2008
STATE ■	54.7	55.7	60.8	75.5	76.9
FEDERAL ◆	204.6	197.7	225.7	242.4	266.8
LOCAL ▲	7.6	8.0	9.3	11.2	11.2
REIMB ▲	124.8	138.2	135.1	154.9	181.1

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

# BUREAU OF FINANCIAL SERVICES

## ALABAMA PUBLIC HEALTH CARE AUTHORITY PROJECTS



PHASE	PROJECTS
PHASE I	34
INTERIM	5
PHASE II & III	17
<b>TOTAL</b>	<b>56</b>

## 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 2008 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. Each of the 11 public health areas received audit services. Activities within 43 county health departments were reviewed. In addition to routine audit services, Program Integrity staff provided training to area and local staff to address recurring audit exceptions.

### ACTIVITIES CONDUCTED IN 2008 COMPARED TO 2007

	2008	2007
<b>FINANCIAL / ADMINISTRATIVE AUDITS</b>	<b>25</b>	<b>26</b>
<b>PROPERTY AUDITS</b>	<b>25</b>	<b>27</b>
<b>FEDERAL PROGRAM AUDITS</b>		
<b>County Health Departments</b>	<b>29</b>	<b>27</b>
<b>External WIC sites</b>	<b>3</b>	<b>0</b>
<b>WIC Training Center site</b>	<b>1</b>	<b>0</b>
<b>STATE LEVEL PROJECTS</b>	<b>10</b>	<b>5</b>

# OFFICE OF HUMAN RESOURCES

The Office of Human Resources 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.

## 2008 Service Activities

- Changed name from Office of Personnel and Staff Development to Office of Human Resources
- Conducted Cutting Through the HR Red Tape training for 103 employees
- Conducted Interview and Selection training for 132 supervisors
- Conducted Performance Appraisal training for 140 supervisors
- Conducted Positive Discipline training for 103 supervisors
- Revised Family Medical Leave Act and Workplace Threats and Violence policies
- Revised disease intervention specialist, senior, and disease intervention program manager classifications

## ALABAMA DEPARTMENT OF PUBLIC HEALTH EMPLOYEES 2007 VS. 2008

CATEGORY	AS OF NOV. 2007	AS OF DEC. 2008
<b>Officials/Administrators</b>	<b>983</b>	<b>1,011</b>
<b>Professionals</b>	<b>988</b>	<b>1,027</b>
<b>Technicians</b>	<b>127</b>	<b>139</b>
<b>Protective Service Workers</b>	<b>6</b>	<b>6</b>
<b>Paraprofessionals</b>	<b>239</b>	<b>237</b>
<b>Admin. Support/Clerical</b>	<b>875</b>	<b>903</b>
<b>Skilled Craft</b>	<b>4</b>	<b>3</b>
<b>Service – Maintenance</b>	<b>52</b>	<b>58</b>
<b>OVERALL TOTALS*</b>	<b>3,274</b>	<b>3,384</b>
<b>Turnover Rates</b>	<b>6.98%</b>	<b>7.89%</b>

\* Excludes Form 8 and contract employees  
951 – Form 8 employees as of 10/31/2008  
533 – Contract employees as of 9/30/2008

## ADPH 2008 MINORITY EMPLOYMENT COMPARISON ALABAMA LABOR MARKET (LM) VS. ADPH IN THREE JOB CATEGORIES



- Processed salary range increases for accountant/accounting, health insurance, graphic arts, disease intervention, and pharmacist classification series
- Created nurse practitioner senior; nurse practitioner director; animal/vector control technician, senior; and animal control officer classifications
- Coordinated statewide participation in 34 recruitment events
- Created an internal Human Resources Web site for employees
- Processed 5 requests for educational leave

Employee Relations coordinated three classes offered by Behavior Health Systems (Communication: The Key to Most Problems; Family Financial Planning: Developing a Household Budget and Deleting Debt; and Workplace Diversity: Valuing Difference).

## Personnel Actions Processed

- 297 Merit New Hires
- 186 Promotions
- 33 Dismissals
- 63 Retirements
- 22 Transfers Out
- 189 Other Separations
- 140 Employee Assistance Program Referrals
- 8,247 Hours of Leave Donations
- 3,032 Annual Appraisals
- 748 Probationary Appraisals

## OFFICE OF RADIATION CONTROL

The Office of Radiation Control has unique responsibilities within the department, but the main objective is to protect the public from excessive 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.

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 and training 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 licensees.
- Registration and inspection of particle accelerators in the state including medical, research, and industrial uses.
- Performance of annual inspections of mammography X-ray 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 (NORM).
- Coordination with other state agencies in the development and implementation of 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 the 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.

# OFFICE OF RADIATION CONTROL

## 2007-2008 SERVICE ACTIVITIES

- Registered 242 new X-ray units
- Reviewed 179 X-ray shielding plans
- Inspected 894 registered X-ray facilities
- Inspected 1,754 X-ray machines
- Inspected 1,824 X-ray tubes
- Issued 20 new radioactive material licenses
- Issued 1 new particle accelerator registration
- Issued 389 amendments for radioactive material licenses
- Issued 35 amendments to particle accelerator registrations
- Inspected 139 radioactive material licenses
- Inspected 13 particle accelerator registrations
- Issued 72 industrial radiographer certification cards
- Responded to 63 incidents involving radioactive material and investigated 3 allegations of wrongdoing involving radioactive material
- Collected 568 environmental samples
- Conducted and participated in 4 nuclear power plant offsite radiological emergency response exercises
- Trained 1,200 first responders and support personnel in basic radiation principles and response procedures
- In 2008 equipped and trained approximately 25 public health personnel in the 11 public health areas as members of the Expanded Radiological Emergency Response Team to assist the office in the event of an incident or accident involving radioactive material.
- Implemented additional increased control requirements for certain high-risk radioactive material licensees. These additional requirements included fingerprinting and background checks for individuals allowed unescorted access to certain radioactive materials.
- Received no corrective measures and no recommendations for improvement in its exercise evaluation at the Farley Nuclear Power Plant exercise in March 2008.
- Participated as observers in the March 2008 Dragonslayer Exercise in Phenix City conducted by the Alabama National Guard, Civil Support Team.
- Developed and implemented a written non-reactor radiological emergency response plan and standard operating procedures.

## 2007-2008 Notable Achievements

- In 2008 the Alabama Radon Program was recognized by the U.S. Environmental Protection Agency for "outstanding leadership and for hosting the most activities of any state in the U.S. during the 2008 National Radon Action Month."
- Instituted a public awareness campaign of the office's responsibilities within the department and the state. Activities included attending the Alabama Association of Emergency Managers (AAEM) Summer Conference and the Alabama League of Municipalities State Conference. At each of these conferences, the office had booths set up for attendees to visit. At the AAEM Conference, a presentation was made by the Director of the Office of Radiation Control. Another effort in the campaign included a presentation to the Alabama Emergency Management Agency and its director.

## 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)



A wide variety of services are provided at the 67 county health departments located throughout the state.

**ALABAMA DEPARTMENT OF PUBLIC HEALTH**

**MAILING/STREET ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS, ADMINISTRATORS  
JANUARY 2009**

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TELEPHONE #	FAX #	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. HOME HEALTH OFFICE	Box 158, Hamilton 35570-0158 Box 158, Hamilton 35570-0158 Box 158, Hamilton 35570-0158	205-921-3118 205-921-3118 205-921-2859	921-7954 921-7954 921-7282	2448 Military St. South, Hamilton 35570 2448 Military St. South, Hamilton 35570 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. HOME HEALTH OFFICE LIFE CARE OFFICE	Box 1029, Double Springs 35553-1029 Box 1029, Double Springs 35553-1029 Box 1029, Double Springs 35553-1029 Box 1029, Double Springs 35553-1029	205-489-2101 205-489-2101 205-489-5500 205-489-5506	489-2634 489-2634 486-5520 489-5513	110 Legion Rd., Double Springs 35553 110 Legion Rd., Double Springs 35553 110 Legion Rd., Double Springs 35553 110 Legion Rd., Double Springs 35553
<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 ENVIRONMENTAL OFFICE	Box 1678, Cullman 35056-1678 Box 1086, Cullman 35056 Box 1678, Cullman 35056-1678	256-734-1030 256-734-1030 256-734-0258 256-734-0243	737-9646 737-9646 734-1840 737-9236	601 Logan Ave., S.W., Cullman 35055 601 Logan Ave., S.W., Cullman 35055 601 Logan Ave., S.W., Cullman 35055 601 Logan Ave., S.W., Cullman 35055
<b>JACKSON</b>				
Judy Smith, Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	Box 398, Scottsboro 35768-0398 Box 398, Scottsboro 35768-0398 Box 398, Scottsboro 35768-0398	256-259-4161 256-259-3694 256-259-5882	259-1330 574-4803 259-5886	204 Liberty Ln., Scottsboro 35769-4133 204 Liberty Ln., Scottsboro 35769-4133 204 Liberty Ln., Scottsboro 35769-4133
<b>LAWRENCE</b>				
Bart Crabtree, Asst. Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	Box 308, Moulton 35650-0308 Box 308, Moulton 35650-0308 Box 308, Moulton 35650-0308	256-974-1141 256-974-1141 256-974-7076 256-974-8849	974-5587 974-5587 974-7073 974-7073	13299 Alabama Hwy. 157, Moulton 35650 13299 Alabama Hwy. 157, Moulton 35650 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 ENVIRONMENTAL OFFICE WIC CLINIC	150 Judy Smith Dr., Guntersville 35976 Drawer 978, Guntersville 35976 Drawer 339, Guntersville 35976 Drawer 339, Guntersville 35976	256-582-3174 256-582-8425 256-582-4926 256-582-7381	582-3548 582-0829 582-3548 582-3548	150 Judy Smith Dr., Guntersville 35976 150 Judy Smith Dr., Guntersville 35976 150 Judy Smith Dr., Guntersville 35976 150 Judy Smith Dr., Guntersville 35976
<b>MORGAN</b>				
Judy Smith, Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE WIC CLINIC	Box 1628, Decatur 35602-1628 Box 2105, Decatur 35602-2105 Box 1866, Decatur 35602-1866 Box 1625, Decatur 35602	256-353-7021 256-306-2400 256-340-2105 256-560-0611	353-7901 353-6410 353-7901 355-0345	510 Cherry St. N.E., Decatur 35602 201 Gordon Dr., S.E., Ste. 107, Decatur 35601 510 Cherry St. N.E., Decatur 35602 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 ENVIRONMENTAL OFFICE	Box 2789, Tuscaloosa 35403 Box 70190, Tuscaloosa 35407 Box 70190, Tuscaloosa 35407	205-345-4131 205-554-4520 205-554-4540	759-4039 507-4718 556-2701	1101 Jackson Ave., Tuscaloosa 35401 1200 37th St. East, Tuscaloosa 35405 1200 37th St. East, Tuscaloosa 35405

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TELEPHONE #	FAX #	STREET ADDRESS
<b>PUBLIC HEALTH AREA 4</b> Michael E. Fleenor, M.D., AHO Michael E. Fleenor, M.D., LHO Gwen Veras, Area Adm. BESSEMER HEALTH CENTER CENTRAL HEALTH CENTER EASTERN HEALTH CENTER MORRIS HEALTH CENTER NORTHERN HEALTH CENTER WEST END HEALTH CENTER WESTERN HEALTH CENTER	Box 2648, Birmingham 35202-2648 Box 2648, Birmingham 35202-2648 Box 2648, Birmingham 35202-2648 2201 Arlington Ave., Bessemer 35020-4299 Box 2648, Birmingham 35202-2648 5720 First Ave., S., Birmingham 35212-2599 Box 272, Morris 35116-0272 2817-30th Ave., N., Birmingham 35207-4599 1308 Tuscaloosa Ave. S.W., Birmingham 35211 1700 Ave. E, Ensley, Birmingham 35218	205-933-9110 205-930-1500 205-930-1510 205-497-9300 205-933-9110 205-591-5180 205-933-4242 205-323-4548 205-715-6121 205-788-3321	930-0243 930-0243 930-1576 497-3913 930-1350 591-6741 647-0561 521-6851 715-6173 241-5275	1400 Sixth Ave. S., Birmingham 35233-1502 1400 Sixth Ave. S., Birmingham 35233-1502 1400 Sixth Ave. S., Birmingham 35233-1502 2201 Arlington Ave., Bessemer 35020-4299 1400 Sixth Ave. S., Birmingham 35233-1502 5720 First Ave., S., Birmingham 35212-2599 90 Morris Majestic Rd., Morris 35116-1246 2817 30th Ave., North, Birmingham 35207-4599 1308 Tuscaloosa Ave. S.W., Birmingham 35211 1700 Ave. E, Ensley, Birmingham 35218
<b>PUBLIC HEALTH AREA 5</b> Mary Gomillion, Area Adm. <b>BLOUNT</b> Mark Johnson, Asst. Area Adm. HOME HEALTH OFFICE LIFE CARE OFFICE  ENVIRONMENTAL OFFICE <b>CHEROKEE</b> Mary Gomillion, Area Adm. HOME HEALTH OFFICE  LIFE CARE OFFICE  <b>DEKALB</b> Mary Gomillion, Area Adm. HOME HEALTH OFFICE  LIFE CARE OFFICE  ENVIRONMENTAL OFFICE <b>ETOWAH</b> Mark Johnson, Asst. Area Adm. HOME HEALTH OFFICE LIFE CARE OFFICE  <b>ST. CLAIR</b> Mary Gomillion, Area Adm. HOME HEALTH OFFICE LIFE CARE OFFICE  Satellite Clinic (Wednesday only) <b>SHELBY</b> Mary Gomillion, Area Adm. ENVIRONMENTAL OFFICE Vincent Clinic WIC HOME HEALTH LIFECARE	Box 267, Centre 35960  Box 208, Oneonta 35121-0004 Box 8306, Gadsden 35902 Box 208, Oneonta 35121-0004  Box 208, Oneonta 35121-0004  Box 176, Centre 35960-0176 Box 680347, Ft. Payne 35968  Box 680347, Ft. Payne 35968  Box 680347, Ft. Payne 35968  Box 680347, Ft. Payne 35968  709 East Broad St., Gadsden 35903 709 East Broad St., Gadsden 35903 Box 208., Oneonta 35121-0004  Box 627, Pell City 35125 Box 8306, Gadsden 35902 Box 208., Oneonta 35121-0004  P.O. Box 249, Ashville 35953  Box 846, Pelham 35124 Box 846, Pelham 35124 Box 240, Vincent 35178 Box 240, Vincent 35178 Box 240, Vincent 35178 Box 240, Vincent 35178	256-927-7000  205-274-2120 256-547-5012 205-274-9086 or 1-888-469-8806 205-274-2120  256-927-3132 256-845-8680 or 1-800-732-9206  256-845-8685 or 1-800-600-0923  256-845-1931 256-845-8680 or 1-800-732-9206  256-845-8685 1-800-600-0923 256-845-7031  256-547-6311 256-547-5012 205-274-9086 or 1-888-469-8806  205-338-3357 256-547-5012 205-274-9086 or 1-888-469-8806 205-594-7944  205-664-2470 205-620-1650 205-672-2167 205-672-7176 205-672-3210 205-672-3170	927-7068  274-2210 543-0067 625-4490  274-2575  927-2809 845-0331  845-0331  845-2967 845-0331  845-0331  845-2817  549-1579 543-0067 625-4490  338-4863 543-0067 625-4490  594-7588  664-4148 664-3411 672-3548 672-3548 672-3548 672-3548	833 Cedar Bluff Rd., Centre 35960  1001 Lincoln Ave., Oneonta 35121 109 S. 8th Street, Gadsden 35902 1001 Lincoln Ave., Oneonta 35121  1001 Lincoln Ave., Oneonta 35121  833 Cedar Bluff Road, Centre 35960 2401 Calvin Dr., S.W., Ft. Payne 35967  2401 Calvin Dr., S.W., Ft. Payne 35967  2401 Calvin Dr., S.W., Ft. Payne 35967  2401 Calvin Dr., S.W., Ft. Payne 35967  709 East Broad St., Gadsden 35903 709 East Broad St., Gadsden 35903 1001 Lincoln Ave., Oneonta 35121  1175 23rd St. N., Pell City 35125 109 South 8th St., Gadsden 35901-2454 1001 Lincoln Ave., Oneonta 35121  411 N. Gadsden Hwy., Ashville 35953  2000 County Services Dr., Pelham 35124 2000 County Services Dr., Pelham 35124 131 Florey St., Vincent 35178 131 Florey St., Vincent 35178 131 Florey St., Vincent 35178 131 Florey St., Vincent 35178
<b>PUBLIC HEALTH AREA 6</b> Teresa C. Stacks, Area Adm. HOME CARE OFFICE <b>CALHOUN</b> Teresa C. Stacks, Area Adm. ENVIRONMENTAL OFFICE HOME HEALTH OFFICE <b>CHAMBERS</b> Teresa C. Stacks, Area Adm. <b>CLAY</b> Teresa C. Stacks, Area Adm. HOME HEALTH OFFICE <b>CLEBURNE</b> Teresa C. Stacks, Area Adm. <b>COOSA</b> Teresa C. Stacks., Area Adm. <b>RANDOLPH</b> Teresa C. Stacks, Area Adm. HOME HEALTH OFFICE <b>TALLADEGA</b> Teresa C. Stacks, Area Adm. HOME HEALTH OFFICE SYLACAUGA CLINIC <b>TALLAPOOSA</b> Teresa C. Stacks, Area Adm. DADEVILLE CLINIC	818 Leighton Ave., Anniston 36207 311 North Elm Ave., Sylacauga 35150  3400 McClellan Blvd., Anniston 36201 3400 McClellan Blvd., Anniston 36201 3400 McClellan Blvd., Anniston 36201  5 North Medical Park Dr., Valley 36854  86892 Hwy. 9, Lineville 36266 86892 Hwy. 9, Lineville 36266  Box 36, Heflin 36264-0036  Box 219, Rockford 35136-0219  320 Main St., Roanoke 36274 320 Main St., Roanoke 36274  223 Haynes St., Talladega 35160 311 North Elm Ave., Sylacauga 35150 311 North Elm Ave., Sylacauga 35150  2078 Sportplex Blvd., Alexander City 35010 220 W. LaFayette St., Dadeville 36853	256-237-1896 256-249-4893  256-237-7523 256-237-4324 256-741-1361  334-756-0758  256-396-6421 256-396-9307  256-463-2296  256-377-4364  334-863-8981 334-863-8983  256-362-2593 256-249-4893 256-249-3807  256-329-0531 256-825-9203	240-2615 208-0886  238-0851 238-0851 237-3654  756-0765  396-9172 396-9236  463-2772  377-4354  863-8975 863-4871  362-0529 208-0886 245-0169  329-1798 825-6546	818 Leighton Ave., Anniston 36207 311 North Elm Ave., Sylacauga 35150  3400 McClellan Blvd., Anniston 36201 3400 McClellan Blvd., Anniston 36201 3400 McClellan Blvd., Anniston, 36201  5 North Medical Park Dr., Valley 36854  86892 Hwy. 9, Lineville 36266 86892 Hwy. 9, Lineville 36266  Brockford Road, Heflin 36264-1605  Main Street, Rockford 35136-0219  320 Main St., Roanoke 36274 320 Main St., Roanoke 36274  223 Haynes St., Talladega 35160 311 North Elm Ave., Sylacauga 35150 311 North Elm Ave., Sylacauga 35150  2078 Sportplex Blvd., Alexander City 35010 220 W. LaFayette St., Dadeville 36853

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TELEPHONE #	FAX #	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. LIFE CARE OFFICE ENVIRONMENTAL OFFICE	1001 S. Mulberry Ave., Butler 36904 1001 S. Mulberry Ave., Butler 36904 1001 S. Mulberry Ave., Butler 36904	205-459-4026 205-459-4013 205-459-4026	459-4027 459-3184 459-4027	1001 South Mulberry Ave., Butler 36904 1001 South Mulberry Ave., Butler 36904 1001 South Mulberry Ave., Butler 36904
<b>DALLAS</b> Ashvin Parikh, Asst. Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE LIFE CARE OFFICE	100 Sam O. Moseley Dr., Selma 36701 100 Sam O. Moseley Dr., Selma 36701 100 Sam O. Moseley Dr., Selma 36701 100 Sam O. Moseley Dr., Selma 36701	334-874-2550 334-872-2323 334-872-5887 334-872-1421	875-7960 872-0279 872-4948 872-0279	100 Sam O. Moseley Dr., Selma 36701 100 Sam O. Moseley Dr., Selma 36701 100 Sam O. Moseley Dr., Selma 36701 100 Sam O. Moseley Dr., Selma 36701
<b>HALE</b> Ashvin Parikh, Asst. Area Adm. ENVIRONMENTAL OFFICE	Box 87, Greensboro 36744-0087 Box 87, Greensboro 36744-0087	334-624-3018 334-624-3018	624-4721 624-4721	670 Hall St., Greensboro 36744 670 Hall St., Greensboro 36744
<b>LOWNDES</b> Ziba M. Anderson, Asst. Area Adm. ENVIRONMENTAL OFFICE	Box 35, Hayneville 36040-0035 Box 35, Hayneville 36040-0035	334-548-2564 334-548-2564	548-2566 548-2566	507 Montgomery Hwy., Hayneville 36040 507 Montgomery Hwy., Hayneville 36040
<b>MARENGO</b> Jackie R. Holliday, Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	Box 480877, Linden 36748-0877 Box 480877, Linden 36748-0877 Box 480877, Linden 36748-0877	334-295-4205 334-295-0000 334-295-4205	295-0124 295-0617 295-0124	303 Industrial Drive, Linden 36748-0877 303 Industrial Drive, Linden 36748-0877 303 Industrial Drive, Linden 36748-0877
<b>PERRY</b> Ashvin Parikh, Asst. Area Adm. ENVIRONMENTAL OFFICE UNIONTOWN SATELLITE (Open T., W.) LIFE CARE SATELLITE OFFICE	Box 119, Marion 36756-0119 Box 119, Marion 36756-0119 Box 119, Marion 36756-0119 Box 119, Marion 36756-0119	334-683-6153 334-683-6153 334-628-6226 334-683-8084	683-4509 683-4509 628-3018 683-4509	Rt. 2 Box 4-G, Hwy. 45 South, Marion 36756-0119 Rt. 2 Box 4-G, Hwy. 45 South, Marion 36756-0119 200 North St., Uniontown 36786 Rt. 2 Box 4-G, Hwy. 45 South, Marion 36756-0119
<b>SUMTER</b> Ashvin Parikh, Asst. Area Adm. ENVIRONMENTAL OFFICE	P. O. Drawer 340, Livingston 35470 P. O. Drawer 340, Livingston 35470-0340	205-652-7972 205-652-7972	652-4331 652-4331	1121 N. Washington St., Livingston 35470 1121 N. Washington St., Livingston 35470
<b>WILCOX</b> Ziba Anderson, Asst. Area Adm. ENVIRONMENTAL OFFICE	107 Union St., Camden 36726-0547 107 Union St., Camden 36726-0547	334-682-4515 334-682-4515	682-4796 682-4796	107 Union St., Camden 36726-0547 107 Union St., Camden 36726-0547
<b>PUBLIC HEALTH AREA 8</b> James Martin, Area Adm.	2500 Fairlane Drive, Suite 200, Montgomery 36116	334-277-8464	244-1592	2500 Fairlane Drive, Suite 200, Montgomery 36116
<b>AUTAUGA</b> James Martin, Area Adm. HOME HEALTH OFFICE	219 N. Court, Prattville 36067 219 N. Court, Prattville 36067	334-361-3743 334-361-3753	361-3718 361-3806	219 N. Court St., Prattville 36067 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. LIFE CARE OFFICE	P.O. Box 1778, Clanton 35046 P.O. Box 1778, Clanton 35046	205-755-1287 205-755-8407	755-2027 755-8432	301 Health Ctr. Dr., Clanton 35046 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. LIFE CARE OFFICE	1801 Corporate Dr., Opelika 36801 1801 Corporate Dr., Opelika 36801	334-745-5765 334-745-5293	745-9830 745-9825	1801 Corporate Dr., Opelika 36801 1801 Corporate Dr., Opelika 36801
<b>MACON</b> Connie King, Asst. Area Adm. LIFE CARE OFFICE	812 Hospital Rd., Tuskegee 36083 812 Hospital Rd., Tuskegee 36083	334-727-1800 334-727-1888	727-7100 727-1874	812 Hospital Rd., Tuskegee 36083 812 Hospital Rd., Tuskegee 36083
<b>MONTGOMERY</b> James Martin, Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE LIFE CARE OFFICE	3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108	334-293-6400 334-293-6525 334-293-6452 334-293-6528	293-6410 293-6402 293-6410 293-6402	3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108
<b>RUSSELL</b> Johnny Burell, Asst. Area Adm. HOME HEALTH OFFICE	1850 Crawford Rd., Phenix City 36867 1850 Crawford Rd., Phenix City 36867	334-297-0251 334-298-5581	291-5478 291-0498	1850 Crawford Rd., Phenix City 36867 1850 Crawford Rd., Phenix City 36867

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TELEPHONE #	FAX #	STREET ADDRESS
<b>PUBLIC HEALTH AREA 9</b>				
Ruth Underwood, Area Adm.	Box 1227, Robertsdale 36567	251-947-6206	947-6262	23280 Gilbert Dr., Robertsdale 36567
<b>BALDWIN</b>				
Ruth Underwood Area Adm.	Box 369, Robertsdale 36567-0369	251-947-1910	947-5703	23280 Gilbert Dr., Robertsdale 36567
ENVIRONMENTAL OFFICE	Box 369, Robertsdale 36567-0369	251-947-3618	947-3557	22251 Palmer St., Robertsdale 36567
BAY MINETTE BRANCH	1705 Hwy. 31 S., Suite 2, Bay Minette 36507	251-937-6935	937-0391	1705 Hwy. 31 S., Suite 2, Bay Minette 36507
<b>BUTLER</b>				
Ziba M. Anderson, Asst. Area Adm.	Box 339, Greenville 36037	334-382-3154	382-3530	350 Airport Rd., Greenville 36037
GEORGIANA SATELLITE (Open Tues only)	Box 339, Greenville 36037	334-376-0776		Jones Street, Georgiana 36033
<b>CLARKE</b>				
Ricky Elliott, Asst. Area Admin.	Box 477, Grove Hill 36451	251-275-3772	275-4253	22600 Hwy. 84 E., Grove Hill 36451
ENVIRONMENTAL OFFICE	Box 477, Grove Hill 36451	251-275-4177	275-8066	22600 Hwy. 84 E., Grove Hill 36451
<b>CONECUH</b>				
Ricky Elliott, Asst. Area Adm.	P.O. Box 110, Evergreen 36401	251-578-1952	578-5566	102 Wild Ave., Evergreen 36401
HOME HEALTH OFFICE	P.O. Box 110, Evergreen 36401	251-578-5265	578-5679	102 Wild Ave., Evergreen 36401
ENVIRONMENTAL OFFICE	P.O. Box 110, Evergreen 36401	251-578-9729	578-5566	102 Wild Ave., Evergreen 36401
<b>COVINGTON</b>				
Ziba M. Anderson, Asst. Area Adm.	23989 Alabama Hwy. 55, Andalusia 36420	334-222-1175	222-1560	23989 Alabama Hwy. 55, Andalusia 36420
OPP SATELLITE (Open Tues. Only)	23989 Alabama Hwy. 55, Andalusia 36420	334-493-9459		108 N. Main Street, Opp 36467
LIFE CARE OFFICE	23989 Alabama Hwy. 55, Andalusia 36420	334-222-5970	222-1560	23989 Alabama Hwy. 55, Andalusia 36420
ENVIRONMENTAL OFFICE	23989 Alabama Hwy. 55, Andalusia 36420	334-222-1585	222-1560	23989 Alabama Hwy. 55, Andalusia 36420
<b>ESCAMBIA</b>				
Ricky Elliott, Asst. Area Adm.	1115 Azalea Place, Brewton 36426	251-867-5765	867-5179	1115 Azalea Place, Brewton 36426
ENVIRONMENTAL OFFICE	1115 Azalea Place, Brewton 36426	251-867-5765	867-5179	1115 Azalea Place, Brewton 36426
ATMORE BRANCH	8600 Hwy. 31 N., Suite 17, Atmore 36502	251-368-9188	368-9189	8600 Hwy. 31 N, Suite 17, Atmore 36502
<b>MONROE</b>				
Ricky Elliott, Asst. Area Adm.	416 Agricultural Dr., Monroeville 36460	251-575-3109	575-7935	416 Agricultural Drive, Monroeville 36460
HOME HEALTH OFFICE	416 Agricultural Dr., Monroeville 36460	251-575-2980	575-2144	416 Agricultural Drive, Monroeville 36460
ENVIRONMENTAL OFFICE	416 Agricultural Dr., Monroeville 36460	251-575-7034	575-7935	416 Agricultural Drive, Monroeville 36460
LIFE CARE OFFICE	416 Agricultural Dr., Monroeville 36460	251-575-9184	575-2144	416 Agricultural Drive, Monroeville 36460
<b>WASHINGTON</b>				
Ruth Underwood, Area Adm.	Box 690, Chatom 36518	251-847-2245	847-3480	14900 St. Stephens Ave., Chatom 36518
HOME HEALTH OFFICE	Box 690, Chatom 36518	251-847-2257	847-3299	14900 St. Stephens Ave., Chatom 36518
ENVIRONMENTAL OFFICE	Box 690, Chatom 36518	251-847-2245	847-3480	14900 St. Stephens Ave., Chatom 36518
LIFE CARE OFFICE	Box 690, Chatom 36518	251-847-3071	847-3299	14900 St. Stephens Ave., Chatom 36518
<b>PUBLIC HEALTH AREA 10</b>				
Peggy Blakeney, Area Adm.	P. O. Drawer 2087, Dothan 36302	334-792-9070	792-9071	1781 E. Cottonwood Rd., Dothan 36301
<b>BARBOUR</b>				
Ron Wheeler, Asst. Area Adm.	P. O. Box 217 Clayton 36016	334-687-4808	687-6470	39 Browder St., Clayton 36016
HOME HEALTH OFFICE	P. O. Box 217 Clayton 36016	334-775-9044	775-9129	39 Browder St., Clayton 36016
<b>COFFEE</b>				
Peggy Blakeney, Area Adm.	2841 Neal Metcalf Rd., Enterprise 36330	334-347-9574	347-7104	2841 Neal Metcalf Rd., Enterprise 36330
HOME HEALTH OFFICE	2841 Neal Metcalf Rd., Enterprise 36330	334-347-9576	347-3124	
<b>CRENSHAW</b>				
Peggy Blakeney, Area Adm.	Box 326, Luverne 36049-0326	334-335-2471	335-3795	100 East 4th Street, Luverne 36049
<b>DALE</b>				
Ron Wheeler, Asst. Area Adm.	532 West Roy Parker Rd., Ozark 36360	334-774-5146	774-2333	532 West Roy Parker Rd., Ozark 36360
<b>GENEVA</b>				
Peggy Blakeney, Area Adm.	606 S. Academy St., Geneva 36340-2527	334-684-2259	684-3970	606 S. Academy St., Geneva 36340-2527
<b>HENRY</b>				
Ron Wheeler, Asst. Area Adm.	Box 86, Abbeville 36310-0086	334-585-2660	585-3036	Box 86, Abbeville 36310-2736
HEADLAND BRANCH	Box 175, Headland 36345-0175	334-693-2220	693-3010	2 Cable Street, Headland 36345-2136
<b>HOUSTON</b>				
Peggy Blakeney, Area Adm.	Drawer 2087, Dothan 36302-2087	334-678-2800	678-2802	1781 E. Cottonwood Rd., Dothan 36301-5309
HOME HEALTH OFFICE	Drawer 2087, Dothan 36302-2087	334-678-2805	678-2808	1781 E. Cottonwood Rd., Dothan 36301-5309
ENVIRONMENTAL OFFICE	Drawer 2087, Dothan 36302-2087	334-678-2815	678-2816	1781 E. Cottonwood Rd., Dothan 36301-5309
<b>PIKE</b>				
Ron Wheeler, Asst. Area Adm.	900 So. Franklin Dr., Troy 36081-3850	334-566-2860	566-8534	900 So. Franklin Dr., Troy 36081-3850
HOME HEALTH OFFICE	900 So. Franklin Dr., Troy 36081-3850	334-566-8002	670-0719	900 So. Franklin Dr., Troy 36081-3850
<b>PUBLIC HEALTH AREA 11</b>				
Bernard H. Eichold II, M.D., AHO	Box 2867, Mobile 36652-2867	251-690-8827	432-7443	251 N. Bayou St., Mobile 36603-1699
KEELER BUILDING, MAIN SITE	Box 2867, Mobile 36652-2867	251-690-8158	690-8853	251 N. Bayou St., Mobile 36603-1699
ENVIRONMENTAL SERVICES	Box 2867, Mobile 36652-2867	251-690-8895	432-7443	251 N. Bayou St., Mobile 36604
SOCIAL SERVICES	Box 2867, Mobile 36652-2867	251-690-8981	694-5004	251 N. Bayou St., Mobile 36604
WOMEN'S CENTER	Box 2867, Mobile 36652-2867	251-690-8935	690-8945	248 Cox St., Mobile 36604
SEMME'S CLINIC	Box 2867, Mobile 36652-2867	251-445-0582	445-0579	3810 Wulff R., Semmes 36575
CALCEDEAVER CLINIC	Box 2867, Mobile 36652-2867	251-829-9884	829-9507	1080AA Red Fox Rd., Calcedeaever 36560
CITRONELLE CLINIC	Box 2867, Mobile 36652-2867	251-866-9126	866-9121	19250 Mobile St., Citronelle 36522
EIGHT MILE CLINIC	Box 2867, Mobile 36652-2867	251-456-1399	456-0079	4547 St. Stephens Rd., Eight Mile 36663
TEEN CENTER	Box 2867, Mobile 36652-2867	251-694-3954	694-5023	248 Cox St., Mobile 36604
SCHOOL BASED CLINIC	Box 2867, Mobile 36652-2867	251-456-2276	456-2205	800 Whitley St., Plateau 36610
NEWBURN CLINIC	248 Cox St., Mobile 36604	251-405-4525	405-4521	248 Cox St., Mobile 36604
MOUNT VERNON CLINIC	Box 2867, Mobile 36652-2867	251-829-4882	829-4882	19180 Shepard Lake Rd., Mt. Vernon 36560

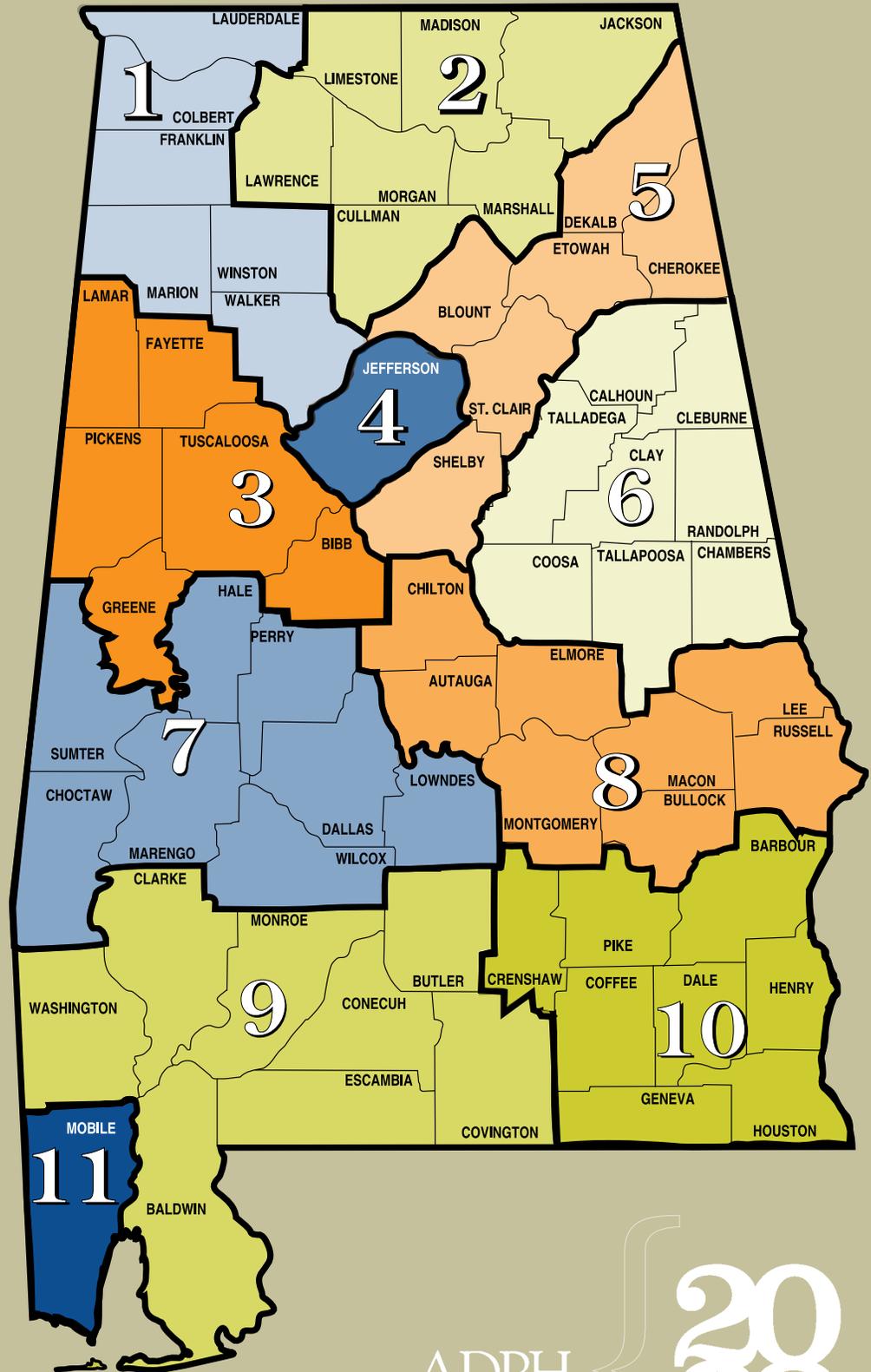
AHO-AREA HEALTH OFFICER, LHO-LOCAL HEALTH OFFICER

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 AREA MAP

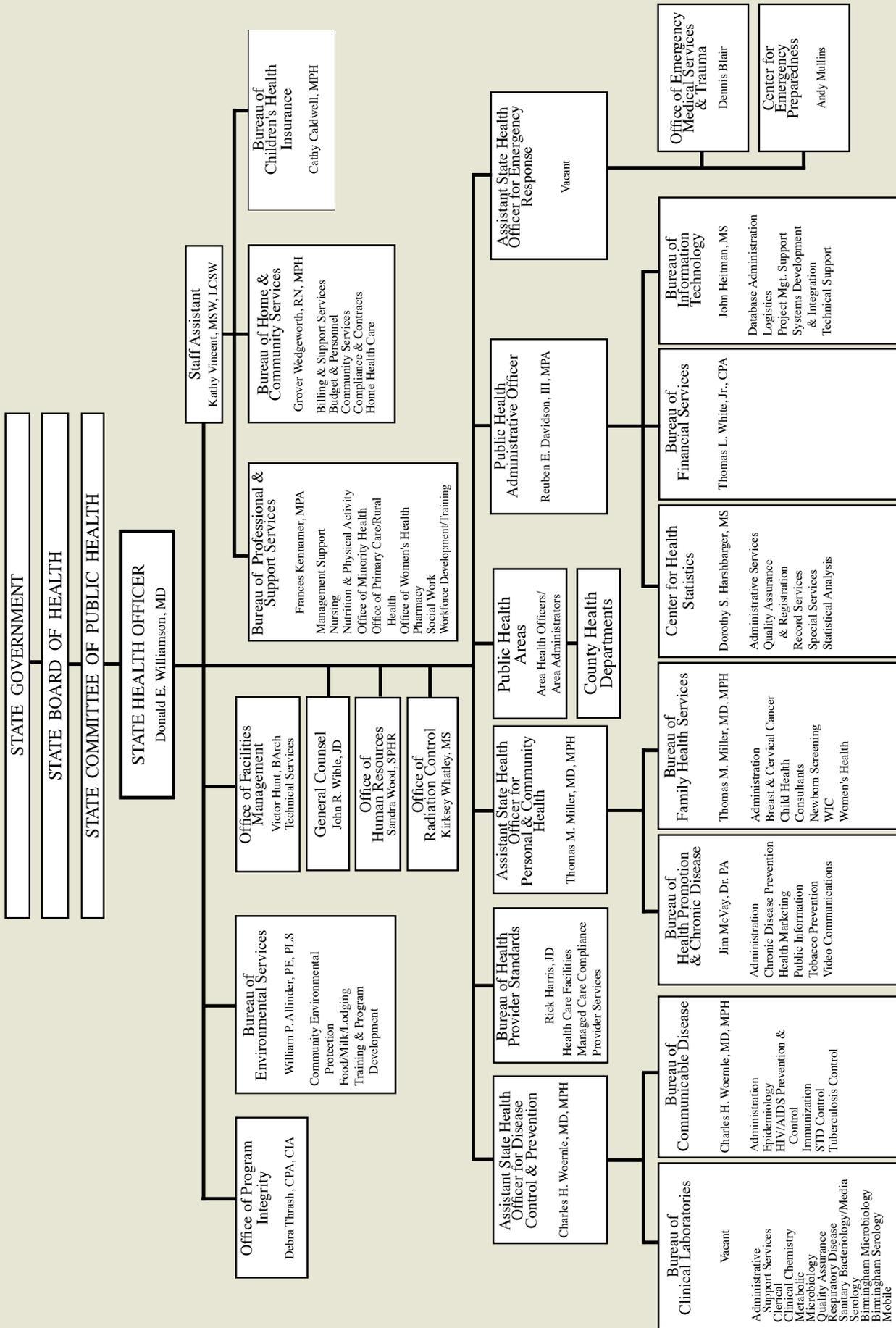
- PHA 1**  
 Karen Landers, MD., Area Health Officer  
 Don Cardwell, Area Administrator  
 Box 929, Tuscumbia, AL 35674-0902  
 (256) 383-1231
- PHA 2**  
 Judy Smith, Area Administrator  
 Box 1628, Decatur, AL 35602-1628  
 (256) 340-2113
- PHA 3**  
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 Linda Robertson, Area Administrator  
 Box 70190, Tuscaloosa, AL 35407  
 (205) 554-4500
- PHA 4**  
 Michael Fleenor, M.D., Area Health Officer  
 Gwen Veras, Area Administrator  
 Box 2648, Birmingham, AL 35202-2648  
 (205)-930-1500
- PHA 5**  
 Mary Gomillion, Area Administrator  
 Box 267, Centre, AL 35960  
 (256) 927-7000
- PHA 6**  
 Teresa Childers Stacks  
 Area Administrator  
 808 Leighton Ave., Anniston, AL 36207  
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- PHA 7**  
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 Box 480280, Linden, AL 36748-0280  
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 James Martin, Area Administrator  
 6501 US Hwy. 231N  
 Wetumpka, AL 36092  
 (334) 567-1165
- PHA 9**  
 Ruth Underwood, Area Administrator  
 Box 1227 Robertsdale, AL 36567  
 (251) 947-6206
- PHA 10**  
 Peggy Blakeney, Area Administrator  
 Drawer 2087, Dothan, AL 36301  
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- PHA 11**  
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ADPH  
ALABAMA DEPARTMENT OF PUBLIC HEALTH

2008  
 ANNUAL REPORT

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The Alabama Department of Public Health Annual Report  
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Informational materials in additional formats  
will be made available upon request.

Pictured on the front cover are  
three state citizens who have  
utilized Alabama Department of  
Public Health services.

This document may also be obtained through the  
Alabama Department of Public Health's Web site at  
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