

ADPH 2011 ANNUAL REPORT



Alabama Department of Public Health



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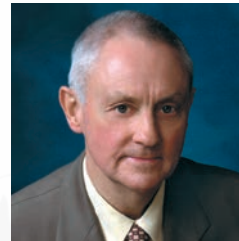
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VALUE STATEMENT

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 140 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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LETTER TO GOVERNOR

The Honorable Robert Bentley
Governor of Alabama
State Capitol
Montgomery, Alabama 36130

Dear Governor Bentley:

It is my pleasure to present to you the 2011 Annual Report of the Alabama Department of Public Health. The Department played a significant role in the state's emergency response to the tornado outbreak last spring. In addition, we remained involved in investigating and controlling disease outbreaks and in providing important health promotion activities and education to achieve healthier lifestyles and reduce health care costs.

Public Health staff performed several vital services in the aftermath of the tornadoes to address numerous health and safety concerns such as providing tetanus vaccinations; educating citizens about food safety, injury prevention, and disease prevention measures; and expanding the eligibility for women, infants, and children who became eligible for WIC due to loss of business and employment.

The Department continued to investigate cases to prevent the spread of communicable diseases in the state. Case examples included the investigations of an outbreak of *Serratia marcescens* bacteremia in six Alabama hospitals, a county outbreak of *E. coli* O157:H7 at a recreational water park, and suspected cases of tuberculosis on the Troy University campus and Jefferson Davis High School in Montgomery.

Public Health officials addressed the dangers associated with harmful synthetic products. One of the most dangerous products affecting young people was the synthetic hallucinogen commonly known as "Spice." Officials issued an emergency order outlawing possession of this chemical compound and raised awareness among parents, school personnel, business owners, government officials, children, and others of its hazards.

The Department conducted several programs during the year to ensure that Alabamians throughout the state had the opportunity to utilize preventive health screenings to save health care dollars. The Alabama Breast and Cervical Cancer Program provided screening for 10,000 high-risk women for breast and cervical cancer. As a result of the screenings, 133 women were diagnosed with breast cancer, and 40 were diagnosed with pre-invasive or invasive cervical cancer.

The Alabama Quitline has been a proven means to ending tobacco use. The hotline received more than 14,000 calls for its free services, including master's level counseling, a personalized quit plan, and four weeks of free nicotine replacement therapy patches for those who enroll in the program and are medically eligible. Of the 3,692 people treated, approximately 34 percent remained smoke-free after six months.

Scale Back Alabama, a statewide program sponsored by the Alabama Hospital Association, Barber's Dairies, Blue Cross Blue Shield of Alabama, and the Department is a competition that lasts for 10 weeks. Since the first competition in 2007, Scale Back Alabama participants have lost more than 615,929 pounds. The program and its Web site are designed to encourage Alabamians to lose weight and increase exercise.



The fact that it has expanded from a worksite wellness program into community-supported competitions indicates the value of raising public awareness about healthy lifestyles and the importance of group support to achieve individual goals.

Infant mortality is a significant indicator of the health of a state. Public Health officials announced in 2011 that the infant mortality rate of 8.7 deaths per 1,000 live births reached in 2010 tied with the second lowest rate ever recorded; however, there is still improvement that should be accomplished in this area. A total of 522 infants born in Alabama died before reaching 1 year of age in 2010.

As part of its effort to fight infant mortality, the Department chose one of the most current methods of communicating with its target audience by utilizing the national Text4Baby Program to educate parents about important preventive health care practices for their children. The program is a public-private partnership with mobile phone companies that allows the Department to send texts on nutrition, immunization, and prevention of birth defects to the cell phones of pregnant women and new mothers who request the free mobile information.

Public Health worked to improve efficiency in emergency medical services during the past year. Paramedics can now perform early 12-lead electrocardiograms (ECGs) while en route to the hospital. ECGs are usually done in hospital emergency rooms to aid in the diagnosis of a heart attack and monitor heart rhythm. Being able to perform early ECG saves critical time by allowing the patient to go straight from the ambulance to the cardiac catheterization laboratory where blocked arteries can be opened.

In the coming year, the Department will continue to provide services that will improve the health status of the state in several critical areas. We remain committed to addressing public health challenges and responsibilities to ensure a healthier, more productive Alabama.

Sincerely,

A handwritten signature in blue ink, reading "D. Williamson".

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



Bureau of COMMUNICABLE DISEASE

The mission of the Bureau of Communicable Disease is to prevent and control designated communicable diseases and illnesses in Alabama. The bureau consists of the following divisions: Epidemiology, HIV/AIDS Prevention and Control, Immunization, Sexually Transmitted Diseases, and Tuberculosis Control.

EPIDEMIOLOGY DIVISION

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 includes the Surveillance, Analysis and Reporting (A&R), Zoonotic, Infection Prevention, and Toxicology branches. The Epidemiology 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 and Analysis and Reporting Branches

The Surveillance and Analysis and Reporting branches (A&R) are responsible for responding to 44 notifiable diseases and health conditions designated as potential threats to the health and welfare of the public by the State Board of Health, as well as outbreak investigations and emerging infectious diseases of state, regional, or national importance. The 21 field surveillance staff (FSS) conduct all notifiable disease and outbreak investigations. The Surveillance Branch staff (SBS) provides support and works closely to coordinate and advise FSS. Both branch staff provide educational information and assistance to local communities. The A&R epidemiologists monitor disease data reported from across the state, assess case classification, and submit reports of notifiable conditions to the Centers for Disease Control and Prevention (CDC).

DETECT Foodborne Strategies Training

From March to May 2011, the division, in collaboration with the Bureau of Clinical Laboratories (BCL) and the Bureau of Environmental Services, conducted a two-day DETECT (Decrease Epidemiological Threats with Environmental Controls and Testing) Foodborne Outbreak Strategies Training in each public health area. Two-hundred fifty county, area, and state-level employees participated in the two-day training to learn how to conduct thorough foodborne outbreak investigations.

DETECT, TEST, and REPORT (DTR) Notifiable Disease Awareness Campaign

In June 2011, Alabama's Notifiable Disease Rules were updated to reflect changes more consistent with the CDC and the Council of State and Territorial Epidemiologists. The DTR awareness campaign was created to educate all notifiable disease reporters (83,235) to ensure they understand their role as a required reporter.

DETECT addresses surveillance, investigation, and recommendations for reportable diseases. TEST (Take Epidemiological Specimens Today) underscores the importance of taking specimens in a timely manner and ordering the proper test to ensure confirmation of a suspected disease. REPORT (Rules for Every Provider and Organization to Report on Time) reminds all reporting organizations to report diseases to the department in a timely manner. Implementation of all three components is critical to determine Alabama's true burden of diseases. A continuing education unit (CEU) program has been created to educate reporters and their staff. Three new Web pages have been created to assist reporters in understanding the three components of the awareness campaign.

Local Outbreak Response

During 2011, the division investigated 30 outbreaks from 10 of Alabama's 11 public health areas. Three of these outbreaks were foodborne including the following: a *Campylobacter* outbreak linked to a Mexican restaurant; a *Salmonella* outbreak linked to a Chinese buffet; and a norovirus outbreak associated with an ill food handler in a deli-style restaurant. An additional six norovirus outbreaks were most likely spread by person-to-person contact: two in elementary schools, two among restaurant attendees, one among nursing home residents, and one among hotel guests. Two person-to-person outbreaks of *Shigella* occurred in elementary schools and two others occurred in day care centers. A waterborne outbreak of *Escherichia coli* O157:H7 occurred at a recreational water park and affected at least 19 patrons while another waterborne (and possible person-to-person) outbreak of *E. coli* O157:H7 and *Salmonella* occurred in a day care center. Two additional outbreaks of *Salmonella* occurred among day care attendees. In addition, one adenovirus outbreak occurred in a condominium rental and one case of Legionnaire's disease linked to a military building was investigated. Lastly, there were 11 outbreaks of unknown etiology.

Additional Events of Public Health Concern

The division participated in three CDC EPI-AID events during 2011. The first EPI-AID event involved one-year follow-up to a Community Assessment for Public Health Emergency Response (CASPER) visit to assess the community-based assessment of mental health effects attributed to the Deepwater Horizon oil spill. The second EPI-AID focused on tornado prevention messaging and injury assessment with hospitals that saw patients impacted by the April tornadoes. The third EPI-AID involved the investigation of *Serratia marcescens* bloodstream infections in patients from six Alabama hospitals.

Influenza

In 2011, the division maintained year-round influenza surveillance. Alabama's influenza surveillance includes two main components, ILINet, and SpecNet:

CDC's U.S. Outpatient Influenza-like Illness Network (ILINet): Approximately 80 family practitioners, internists, pediatricians, and urgent care facilities within Alabama participate in ILINet, which provides the information directly to the state. Providers report the number of patients with influenza-like illness (ILI) by age group and the total number of patients seen each week.

Percentage of Visits for Influenza-like Illness (ILI) Reported by the US Outpatient Influenza-like Illness Surveillance Network (ILINet), Alabama Summary 2010-11 and Previous Seasons

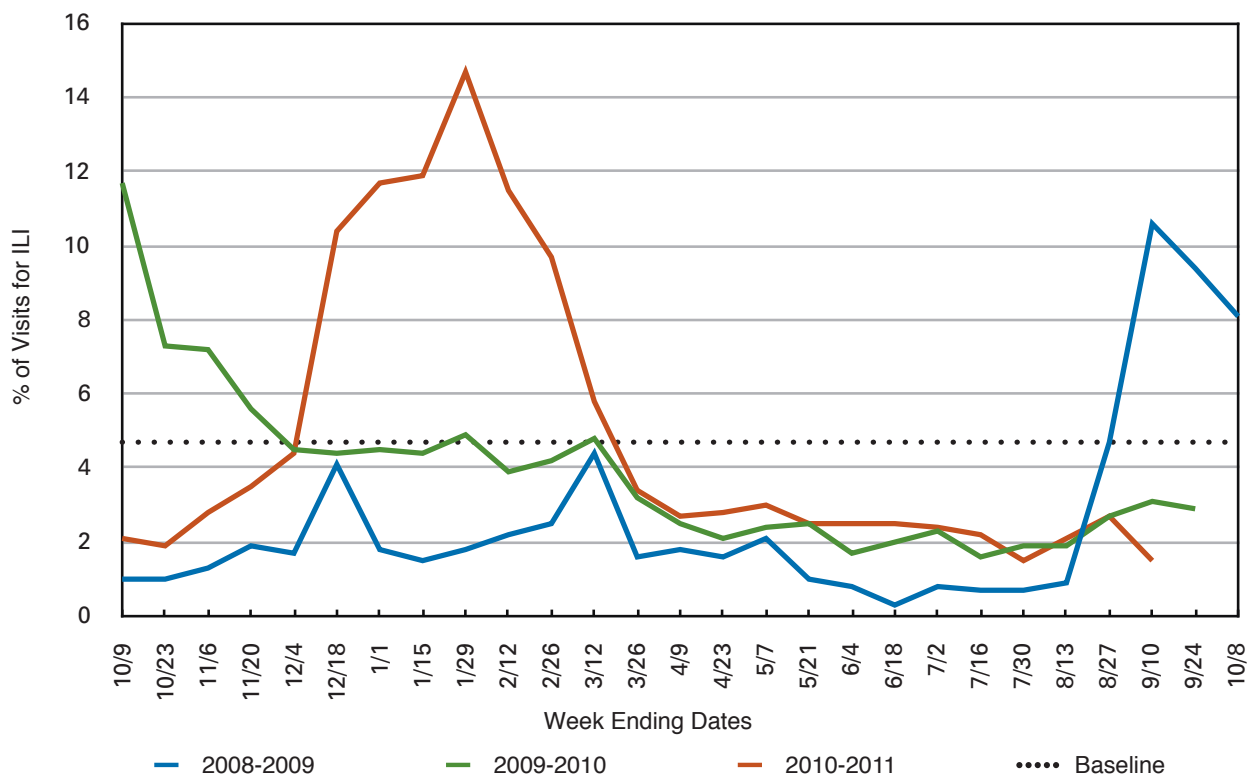
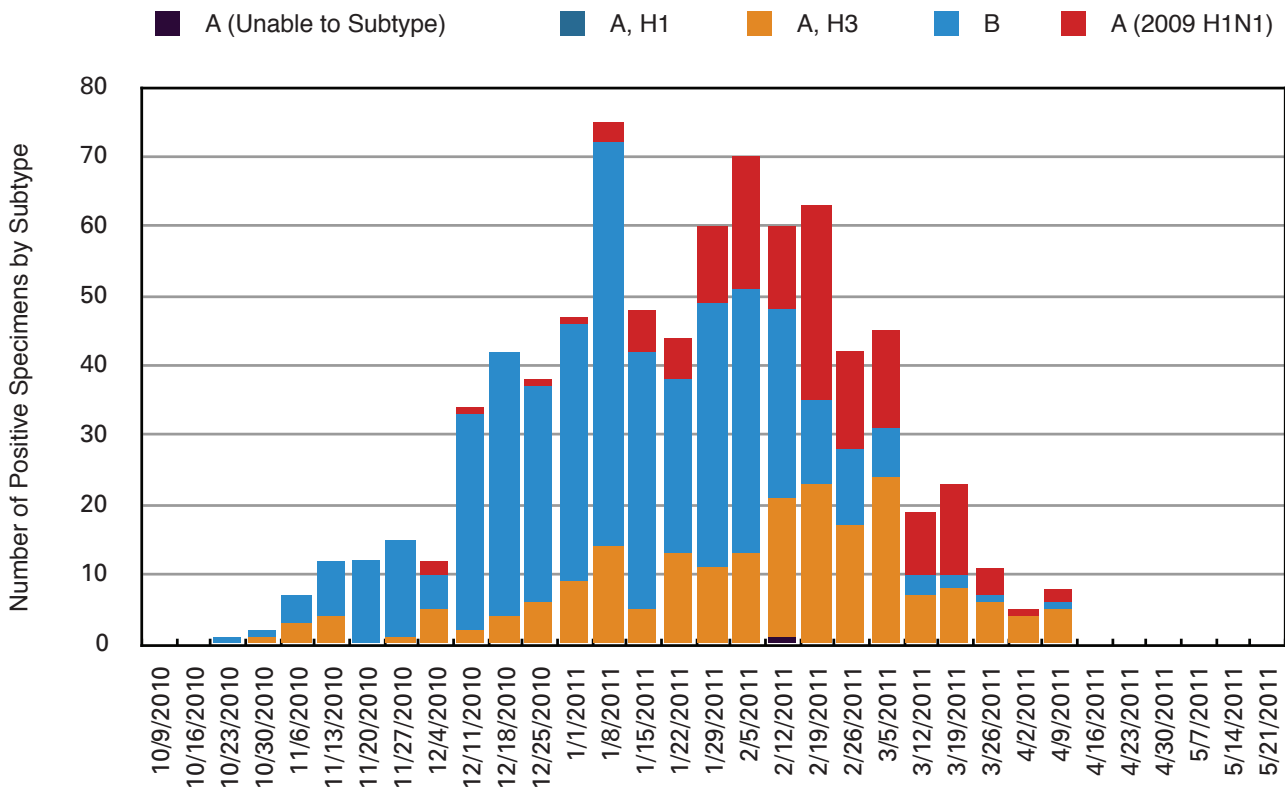


Figure 1: Percentage of Visits for Influenza-like Illness (ILI) Reported by the ILINet and Subtypes of Influenza Specimens Received at the Bureau of Clinical Laboratories (BCL) by Week Ending Date, Alabama 2006-11.

Positive Influenza Specimens Received at BCL Reported by Week Ending Date, Alabama 2010-11 Season (week 40-20)



Virologic Specimen Surveillance (SpeciNet): More than 100 emergency departments, family practitioners, internists, pediatricians, student health centers, and urgent care facilities agree to submit specimens from a sampling of patients with ILI. These virologic specimens tested at the BCL provide information about which types and subtypes of influenza are circulating in the state. During the 2010-11 influenza season (October 3, 2010 – May 21, 2011), BCL received 1,567 specimens, of which 795 (50.7 percent) tested positive for influenza as follows:

Influenza A (H1N1)	147 (18.5%)
Influenza A (unable to subtype)	1 (0.1%)
Influenza A, H3	205 (25.8%)
Influenza A, H1	0 (0.0%)
Influenza B	442 (55.6%)

Communicable Disease

Additional influenza surveillance activities included the following:

- School Absenteeism Data: The Alabama State Department of Education provided data to A&R for monitoring school absenteeism.
- CDC Pneumonia and Influenza Mortality (PIM) for 122 U.S. Cities: In Alabama, Jefferson, Mobile, and Montgomery counties participate in this surveillance. Mortality is reported by the Alabama Center for Health Statistics.
- As of June 2011, Influenza-Associated Pediatric Mortality has been added to Alabama's List of Notifiable Diseases. No cases were reported in 2011.

SELECTED COMMUNICABLE DISEASE INCIDENCE 2007 THROUGH 2011 (AS OF 1/14/2011)

DISEASE	2007	2008	2009	2010	2011±	5-year average
Arboviral – Dengue	5	2	1	4	2	2.8
Arboviral – Eastern equine encephalitis	1	1	0	0	0	0.4
Arboviral – West Nile fever	7	7	0	2	0	3.2
Arboviral – West Nile encephalitis	17	11	0	1	5	6.8
Brucellosis	1	0	3	2	1	1.4
Campylobacteriosis	261	272	270	255	261	263.8
Cryptosporidiosis	125	74	68	164	16†	89.4
E. coli O157:H7	67	66	47	56	94†	66
Giardiasis	273	281	204	220	169†	229.4
Haemophilus influenzae, invasive	29	25	43	35	54†	37.2
Hansen disease (Leprosy)	1	0	0	0	0	0.2
Hemolytic Uremic Syndrome	7	5	6	5	9	6.4
Hepatitis A, acute	24	12	12	8	8	12.8
Hepatitis B, acute	128	109	89	68	112	101.2
Hepatitis C, acute	10	13	10	7	22†	12.4
Histoplasmosis	35	8	7	5	5	12
Legionellosis	12	18	20	22†	28†	20
Listeriosis	8	4	14	6	9	8.2
Lyme disease	21	9	3	2	23	11.6
Malaria	7	5	9	9	9	7.8
Neisseria meningitidis, invasive	9	10	12	9	11	10.2
Salmonellosis	980	1,012	933	1,064	1,239†	1,045.6
Shigellosis	741	427	156	239	304	373.4
Spotted Fever Rickettsiosis	96	93	68	83	78	83.6
Toxic Shock Syndrome, staphylococcal	3	0	0	2	0	1
Typhoid Fever	3	4	0	3	0	2
Varicella (Chickenpox) > 18 yrs of age	25	28	16	17	19	21
Vibriosis	10	23	18	13	8	14.4

± Preliminary case counts † Difference from 2007-2010 is statistically significant at 95% confidence

Select Communicable Disease Incidence

In 2011, reports of cryptosporidiosis and giardiasis were well below average. Reports of Hepatitis B and Hepatitis C acute infections, *E. coli* O157:H7, Lyme disease, salmonellosis, and shigellosis increased. Several disease case counts for 2011 were statistically significantly different than the previous four years with 95 percent confidence, potentially due to increased surveillance, better reporting, or changes in case definitions/classifications.

Adult Blood Lead Epidemiology and Surveillance (ABLES) Program

The ABLES Program is a state-based surveillance system where states provide information to the National Institute for Occupational Safety and Health (NIOSH) on laboratory reported blood lead levels (BLL) among adults. The ABLES case definition for elevated BLL for adults (16 years or older) is a BLL concentration of $>10\mu\text{g/dL}$. During 2010, the Alabama ABLES database was migrated into the National Electronic Disease Surveillance System (NEDSS) Base System (ALBNS) to take advantage of electronic laboratory reporting. The migration to electronic laboratory reporting significantly increased the number of BLL reports received from 7,015 in 2010, to 8,864 in 2011. Of the 8,864 BLL results collected during 2011, 77.0 percent had BLL $<10\mu\text{g/dL}$, 12.7 percent had BLL between $10\text{--}24\mu\text{g/dL}$, 7.0 percent had BLL between $25\text{--}39\mu\text{g/dL}$, 3.1 percent had BLL between $40\text{--}59\mu\text{g/dL}$, and 0.2 percent had BLL $>60\mu\text{g/dL}$. Epidemiologists continued collaboration efforts with the Occupational Safety and Health Administration to prevent and decrease lead exposure among workers.

Meningitis Surveillance Project

The Analysis and Reporting Branch monitored cases of *Neisseria meningitidis* and *Haemophilus influenzae* to ensure that cases had been confirmed, that serogrouping was done in all *N. meningitidis* cases, and all *H. influenzae* in children under 5 years of age were serotyped. In addition, *N. meningitidis* eligible cases were enrolled in the CDC MCV4 case-control study, immunization status was recorded, and specimens meeting the case definition for *N. meningitidis* were sent to CDC for the MCV4 CDC case-control study. Since the start of the study, four *N. meningitidis* cases met the study case definition and all were serogroup "Y."

Zoonotic Branch

The Zoonotic Branch is charged with monitoring, controlling, and preventing diseases transmitted from animals to humans. The Zoonotic Branch actively participates in disease intervention through consultation with appropriate clinical treatment recommendations concerning zoonotic diseases. The Zoonotic Branch aids the Surveillance and Analysis and Reporting branches by serving as a liaison to the Alabama Department of Agriculture and Industries and the U.S. Department of Agriculture's (USDA) Wildlife Services Division. The cooperation between the agencies allows for the surveillance information of zoonotic disease activity in veterinary species to be collected and reported to national zoonotic disease identifying databases. The branch is also involved in outreach to educate the public about rabies, rabies prevention, arboviral disease prevention, and other zoonoses.

The domestic species that tested positive for rabies this past year in Alabama included one cat and one alpaca, both located in the rabies endemic areas of the state. Both positives are presumably due to the raccoon variant, but further testing to identify the variant is pending. Domestic animals represented only 2.4 percent of positive rabies submissions, which is a reflection of the effectiveness of the statewide rabies vaccination program. Bats represented 21.7 percent of the total positives tested by the department, with the remainder being terrestrial species.

Alabama Cases of Rabies by Species by Year				
Species	2008	2009	2010	2011
Raccoon	51	41	43	46
Bat	17	22	11	18
Fox	11	12	11	11
Coyote	2	1	2	2
Dog	1	2	1	0
Cat	1	3	1	1
Bobcat	1	0	0	3
Horse	1	0	0	0
Skunk	0	0	1	0
Opossum	0	0	0	1
Alpaca	0	0	0	1
Total	85	81	70	83

Summary of Animal Arboviral Activity in Alabama, January –December 2011				
Disease	2008	2009	2010	2011
West Nile Virus (WNV)				
Horse	7	17	0	0
Chicken	0	0	1	2
Avian	0	0	0	4
Eastern Equine Encephalitis (EEE)				
Horse	22	36	8	0
Chicken	3	2	8	0

The Zoonotic Branch cooperated with the USDA Wildlife Services Division in an effort to halt the northwesterly migration of the raccoon variant of rabies in Alabama. USDA Wildlife Services baited the state with nearly one million doses of oral rabies vaccine. The baits were distributed by aircraft in portions of four counties (DeKalb, Etowah, Jackson, Marshall) in 2011. In addition, raccoon population surveillance conducted in Autauga and Elmore counties indicated positive raccoons in locations north and west of the Alabama River. This area had not been rabies vaccine baited since 2005. The efforts to again control this area included a novel approach of dropping rabies vaccine baits in a “pulse” pattern. The baits were distributed from a helicopter to ensure better accuracy and less urban interference. The department participated in news releases and media campaigns to notify the citizens and to promote awareness of rabies. Thousands of baits were dropped in Autauga and Elmore counties. No adverse reaction reports from inadvertent human or animal handling of the bait were noted in 2011.

At the end of 2011, the USDA Wildlife Services began to notice a surge in positive raccoons in Baldwin County and an increase in diseased raccoons in Mobile County. Currently, the illness in traditionally rabies non-endemic areas of Mobile County has been determined to be caused by a distemper virus. No rabies positives have been found, but surveillance will continue through 2012.

Arboviral activity in Alabama was less evidently observed through surveillance efforts in 2011. The decrease in positives is most likely related to less surveillance being performed, mostly as a result of financial and personnel restraints currently in place. Cooperatively with the State Veterinary Diagnostic Laboratory and the state veterinarian, the department reported four avian positives (two crows, one hawk, and one osprey). Mobile County and Baldwin County each conducted its own surveillance, consisting primarily of testing sentinel chickens. Baldwin County reported two sentinel chicken positives, while Mobile County did not report any positives. In 2011, no mosquito pools were tested. The accompanying chart summarizes the arboviral activity.

Rabies and arboviral disease outreach and education were performed by the state public health veterinarian at the following organizations’ annual meetings: the Alabama Vector Management Society, Alabama Environmental Health Association, and Auburn College of Veterinary Medicine’s Public Health Career Day.

Infection Prevention Branch

The mission of the Infection Prevention Branch is to provide infection control and infectious disease training and consultation, and to develop infection control related policies and procedures. These services are structured to serve the needs of the department, the medical community, and the public. The Infection Prevention Branch houses the Healthcare-Associated Infections Program.

During 2011, educational training programs were provided via satellite teleconferences and on-site to approximately 3,500 participants. These individuals included health care workers from the department, hospitals, other state agencies, and extended care facilities. Topics included infections in schools, infection control in nursing homes, prevention of influenza in community settings, infection prevention for nursing assistants, social workers and aides, and infection prevention for public health nursing staff.

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 health care workers who perform invasive procedures to their patients or co-workers. Infection Prevention personnel provided consultation, initiated investigations, and conducted appropriate follow-up of these reported individuals.

The Infection Prevention Branch assisted in the management of a Respiratory Protection Program and was responsible for reviewing approximately 3,000 fit testing results. The infection preventionist interviewed persons who listed medical problems that could prevent them from being fit tested for the N-95 respirator, and referred them to their family physician for clearance.

The Healthcare-Associated Infections (HAI) Program is responsible for developing, implementing, and maintaining the State HAI Reporting and Prevention Program. HAIs are infections that patients acquire while receiving treatment for medical or surgical conditions.

The Mike Denton Infection Reporting Act, effective August 1, 2009, designated the department to collect and analyze inpatient HAI data. The Healthcare Data Advisory Council provides consultation to the department on all matters of HAI data collection and reporting. The advisory council and the department promulgated rules to implement the Mike Denton Infection Reporting Act. The rules mandated that all general, critical access, and specialized hospitals, including pediatric hospitals but excluding psychiatric, rehabilitation, long-term care, and eye hospitals, licensed pursuant to Code of Ala. 1975, § 22-21-20, collect HAI data using the National Healthcare Safety Network (NHSN) to report to the department. Beginning January 1, 2011, 97 Alabama hospitals submitted HAI data on central line bloodstream-associated infections (CLABSIs) from medical, surgical, medical/surgical, and pediatric critical care units, surgical site infections (SSIs) for colon surgeries and abdominal hysterectomies, and urinary tract catheter-associated infections (CAUTIs) from general medical, general surgical, and general medical/surgical wards using NHSN.

The HAI Program staff conducted validation of HAI data submitted by facilities via site visits to 31 percent of the mandated reporting hospitals to review hospital specific surveillance methodology, conduct a brief chart review of CAUTI infections, and offer education on HAI prevention and reporting. In addition, continual analysis of HAI data was performed to ensure accurate and timely reporting by facilities. Results of validation efforts were reported to the facilities and advisory council. Once data analysis for 2011 HAI data is completed, a public report will be developed and issued in 2012 comparing hospital facility infection rates.

The Epidemiology Division once again collaborated with the Alabama Hospital Association (AlaHA), Blue Cross/Blue Shield of Alabama, and CareFusion MedMined™ in the statewide Alabama Healthcare Quality Initiative program to help control and reduce HAIs. Webcasts offering training material, self assessments, and feedback were broadcast and attended by facilities throughout Alabama. The department continues to partner with AlaHA on the Comprehensive Unit-based Safety Program. Hospitals will earn points by implementing safety practices into the daily work of a unit including the implementation of central line insertion practices to reduce CLABSI.

In March 2011, the division requested EPI-AID assistance from the CDC for the investigation of a cluster of bloodstream infections in patients at a hospital in Birmingham. The division was notified of five cases, and all cases in the facility occurred in patients receiving total parenteral nutrition (TPN). The initial investigation identified receipt of TPN from a single compounding pharmacy as a potential common source. Further investigation revealed that this pharmacy supplied products to six different Alabama hospitals. The pharmacy was contacted immediately to stop TPN production and notify all clients to cease use of TPN from their facility.

The CDC team and department staff performed chart audits and interviewed hospital and pharmacy staff. In addition, pharmacy compounding procedures were observed and environmental samples were obtained for testing. *Serratia marcescens* bloodstream infections were noted in 35 percent of patients receiving TPN from this pharmacy for a total of 19 case-patients from six hospitals; nine deaths occurred among the case-patients. Findings indicated that tap water or amino acid powders may have been the likely source for introduction, and subsequent contamination of the TPN products. Inadequate sterilization during filtration was also discovered as likely to have occurred.

This outbreak investigation signifies the value of optimal communication between hospitals and public health authorities as soon as clusters of infections are recognized. Following this outbreak, CDC and the department collaborated with the United States Pharmacopeia to present a Webcast study with findings and to describe pharmacy compounding processes and practice recommendations to help prevent further such outbreaks.

Toxicology Branch

The primary task of the Toxicology Branch is to work with public and medical communities, as well as other agencies, to examine whether and how exposure to environmental factors (toxic materials, noise, dust, heat, and mold) where people live, work, learn, and play may harm the public's health. Toxicological support is provided to assist other agencies or organizations by providing answers to questions such as home use of various chemical products, private wells, or unintentional spills. In addition, local environmental assessments enable volunteers and local public and private entities to identify hazards and resources to protect and preserve public health.

The Toxicology Branch conducts and coordinates activities in and around hazardous waste sites 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 Toxicology Branch also receives and responds to environmental health concerns and site-specific requests each year from citizens, attorneys, or other agencies. Collaboration with the Environmental Protection Agency, the Alabama Department of Environmental Management (ADEM), and the Agency for Toxic Substances and Diseases Registry contributes to resolution of health concerns at sites.

The Toxicology Branch collaborates with ADEM and the Department of Conservation and Natural Resources to assess contaminant levels in fish from the five major river basins in Alabama. Fish are tested during the fall of each year for mercury, DDT, PCBs, and other contaminants, and the data is sent to the Toxicology Branch for analysis. The Toxicology Branch then provides guidance on safe fish consumption levels for the public. This information is distributed to the public through the media and provided on the department's Web site.

During 2011, the Toxicology Branch provided consultation on air quality, water quality, fish consumption advisories, cleanup of methamphetamine-contaminated household goods, environmental health, and other miscellaneous issues including the Deepwater Horizon oil spill, contaminated buildings, and toxic landfills.

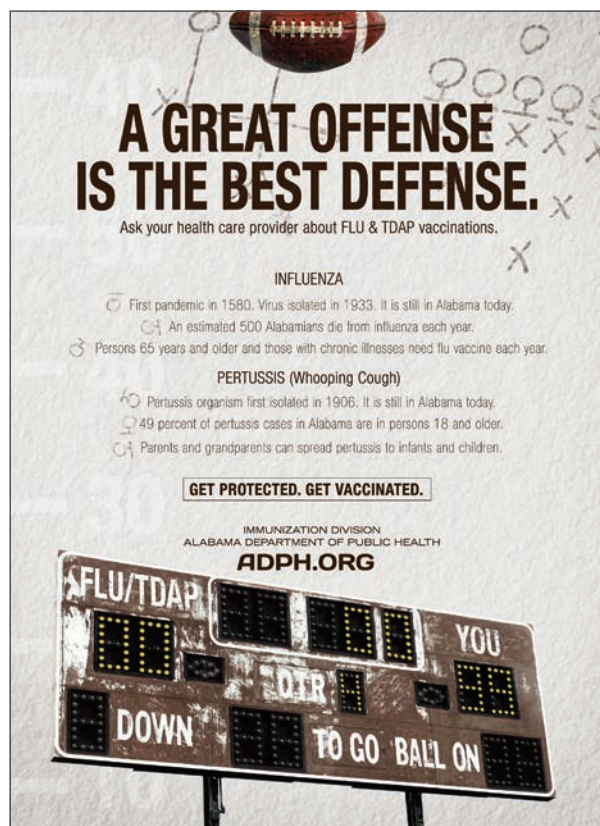
IMMUNIZATION DIVISION

The goal of the Immunization Division is to stop the spread of vaccine-preventable diseases by providing vaccine to the citizens of Alabama; educating medical personnel and the public on the importance of vaccinations; investigating vaccine-preventable disease outbreaks; and ensuring children in day care, Head Start programs, and schools are adequately immunized against diseases that are harmful and sometimes deadly.

The division provides vaccine to the public using state and federal funds. The division manages the Vaccines for Children Program (VFC), which is a federal entitlement program that provides vaccine at no cost to children under 19 years of age who are uninsured, Medicaid-eligible, under-insured, American Indian, or Alaskan Native. As of October 2011, there were 555 public and private providers enrolled in Alabama's VFC program, with over \$55 million worth of vaccines distributed to providers actively vaccinating children and adolescents throughout the state. Immunization staff continue to perform site visits and standard audits for enrolled providers to promote proper vaccine storage and handling, accurate and safe administration of vaccine, and vaccine coverage improvement.

Distribution of seasonal influenza vaccine to the state began in September 2011. A total of 269,600 doses of seasonal influenza vaccine were purchased by the Immunization Division, including 179,600 doses to VFC providers for eligible children. Presentations available included inactivated (TIV) and live (LAIV), preservative-free and preservative-containing, as well as pediatric and adolescent/adult formulations.

Alabama's population-based immunization registry, ImmPRINT, continued to grow and reach out to more vaccination providers



across the state. ImmPRINT increased to include over 3.6 million individual patient records with over 35 million doses in their vaccination histories. In 2011, contributors to the data in ImmPRINT continued to include the Alabama Center for Health Statistics, Blue Cross Blue Shield of Alabama, the Alabama Medicaid Agency, 95 county health departments, 95 federally qualified health centers, 65 rural health centers, over 500 private physician offices, 66 hospitals, and others including 31 pharmacies, and youth centers. In addition, Health Language Seven (HL7) data exchange with private providers began in January 2011 and is ongoing. Providers are highly encouraged to participate.

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 2010-11 school year, all public and private schools in the state responded to the School Entry Self-Survey, while 38.6 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 2011, 476 schools and 490 of the child care centers were visited. Of the records reviewed, 92.7 percent of school students and 83.5 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 investigate vaccine-preventable diseases reported by physicians and laboratories. The numbers of pertussis (whooping cough) cases reported as of October 2011 decreased from 2010; 115 confirmed or probable cases were investigated compared with 175 cases as of October 2010. Four possible cases of mumps were investigated, resulting in one suspected and one confirmed case in the state. As of October 2011, 216 cases of chickenpox were investigated, 79 cases had been confirmed, a decrease from the 114 cases in 2010. As of October 2011, the division's Perinatal Hepatitis B program provided case management for 85 infants born to mothers who were reported as positive for Hepatitis B, 49 of those were identified prospectively. Immunization staff are in constant contact with hospitals and physicians to emphasize the importance of identifying possible Hepatitis B 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	2009	2010	2011
Measles	0	0	12	0	0	0	0	0	0	0	0	0
Mumps	0	0	0	4	1	5	6	3	4	5	4	1
Rubella	4	0	0	0	0	0	0	0	0	0	0	0
Tetanus	2	0	1	1	0	0	0	1	0	1	0	1
Pertussis	18	41	37	18	10	78	60	40	20	198	94	63
Polio	0	0	0	0	0	0	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
Varicella*	NA	NA	NA	NA	NA	NA	78	452	706	232	114	79

*2011 totals are as of October 31. *Varicella was not tracked prior to 2006.

DIVISION OF HIV/AIDS PREVENTION AND CONTROL

The mission of the Division of HIV/AIDS 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. The division services include, but are not limited to, Direct Care, Alabama Drug Reimbursement Program (ADAP), Planning and Development, Quality Management, and Evaluation and Surveillance.

Direct Care and Services Branch/Alabama Drug Reimbursement Program

Alabama's Ryan White Program is finding it more difficult to keep up with the growing need for HIV/AIDS care and services, including lifesaving medications, at the same time that available state and federal funding resources are decreasing. A major challenge for both the state's ADAP as well as Ryan White-funded care and service providers is determining the impact of the Early Identification of Individuals with HIV/AIDS (EIIHA) and the potential increase in the state's newly identified HIV-positive population.

In order to avoid reducing services to clients from Alabama's ADAP in 2011, enrollment was decreased from 1,900 to 1,700 through natural attrition; however, due to a large number of new applicants and existing clients re-enrolling, there was an increase in clients. The division had to reinstate enrollment restrictions and the waiting list by the end of October.

With increasing utilization and limited funding, Alabama's ADAP formulary was reduced in 2011 from 102 medications to 73 by eliminating the majority of complimentary drugs. The reduced formulary presented a challenge for social workers and case managers working in Ryan White-funded clinics statewide. Most of them had to apply to pharmaceutical assistance programs and other drug resources for their clients to access medications eliminated from the ADAP formulary. The modified formulary offers at least one medication from the core classes of FDA-approved antiviral drugs in order to remain in compliance with Health Resources and Services Administration's funding requirements.

Planning and Development Branch

In the fall of 2010, the White House released the National HIV/AIDS Strategy, the nation's first comprehensive coordinated HIV/AIDS roadmap with clear and measurable targets to be achieved by 2015. The vision of the strategy is as follows: "The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socioeconomic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination."

In 2011, the division rolled out the document to community partners statewide to address the strategic goals of 1) reducing new HIV infection, 2) increasing access to care and improving health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. In response to the strategy, the CDC-funded Expanded Testing Initiative (ETI) began fostering collaborative relationships to make HIV testing more accessible and a routine part of medical care. The division coordinated HIV testing and data entry training for staff at four community health centers and the University of Alabama at Birmingham, Emergency Department (UAB-ED). Testing events also increased on college campuses under the ETI in 2011. Student organizations were engaged in the marketing and planning of culturally relevant events. At 11 campuses, students were able to be tested for HIV and other sexually transmitted diseases. Upon receipt of results, referrals were made for the appropriate follow-up services.

Quality Management and Evaluation Branch

The Quality Management and Evaluation Branch staff collaborate with and provide technical assistance to each of the division's branches on program goals and objectives, quality management, quality assurance, and quality improvement projects. The Quality Branch staff meet monthly to review ongoing quality projects that include: program monitoring, program measurement, data collection, Enhanced Referral and Tracking System (ERTS), ADAP and Peer Mentor program activities, Program Management and Evaluation System, and the Counseling and Testing Program. The department's Information Technology and HIV Quality Management staff continue to collaborate on changes and improvements on Alabama's HIV/AIDS Data Information System. This Web-based system allows entry of routine, rapid, and ETI data through a secure portal by public health personnel and contracted agencies across the state including UAB-ED and primary care clinics. Expansion of the system is already under development to include ERTS program activities that will provide even greater integration of cross-program information exchange.

Peer Mentor Program

Peer mentors continue to mentor, educate, and refer newly diagnosed and out-of-care clients to enroll in, and adhere to, medical care and treatment. Funded under the Minority AIDS Initiative, more than 75 percent of individual contacts were with minority clients which contributed toward an overall result of more than 65 percent of minority individuals in care. Peer mentors continue to refer eligible HIV-positive clients to drug assistance programs and urge clients to closely adhere to their medication regimens, contributing to the overall result of more than 87 percent of minority individuals on the ADAP. The hiring of three new peer mentors extended mentor services into 17 additional counties, now covering Jefferson County and all of the Black Belt.

Alabama Consumer Advisory Board

The Alabama Consumer Advisory Board gained four new members, increasing their representation of Alabama counties by 12 percent, including Jefferson County. To enhance members' outreach skills, they assisted a church during a community health fair. The board participated in a workshop with Alabama's state and local prevention and care providers, providing invaluable consumer input to the state's strategy to implement the National HIV Strategy for the United States. The board conducted its fourth statewide Empowerment Conference and enjoyed increased participation by agencies and consumers from Jefferson County.

HIV Surveillance Program

As of October 2011, an estimated 11,381 individuals are living with HIV/AIDS in Alabama. From October 2010 to September 2011, 708 new HIV/AIDS cases were reported in Alabama. Males accounted for 77 percent (544/708) of newly reported HIV/AIDS cases. The age groups 13 to 24, and 25 to 34 accounted for the highest percentage of cases totaling 28 percent each. The lowest percentage was in the age group less than 13 with less than 1 percent. Blacks accounted for 68 percent (479/708) of the cases followed by whites with 26 percent (184/708) and Hispanics with 3 percent (19/708). The highest risk group for Alabama continues to be male-to-male sexual contact (46 percent) followed by heterosexual contact (24 percent).

DIVISION OF STD PREVENTION AND CONTROL

The Division of STD Prevention and Control is charged with the following:

- Reducing the number of Alabama residents with a sexually transmitted disease (STD).
- Reducing the impact STDs have on Alabama's population and the health care system.
- Determining the burden of disease in Alabama and identifying at-risk populations by conducting trend analysis.
- Conducting effective and efficient case management to ensure patients reported with an STD are treated according to the treatment guidelines established by the CDC.
- Conducting partner services including risk-reduction counseling.
- Preventing STD-related infertility.
- Reducing the syphilis rates in high morbidity areas.
- Providing HIV partner notification.
- Linking HIV patients to health care and social services.


In addition, the division conducts enhanced case finding activities through community outreach and STD screenings to reduce the transmission and complications of STDs. Collaboration with other governmental and nongovernmental agencies have enabled the division to increase efficiency and flexibility in providing comprehensive services and prevention messages to at-risk populations for multiple health problems.

According to the 2010 STD Surveillance Report released by the CDC, Alabama ranked eighth nationally in the rate of primary and secondary syphilis (P&S), ranked fourth in the rate of infection for gonorrhea, ranked sixth in the rate of infection for Chlamydia, and ranked eighth for congenital syphilis. The data serves as a reminder that the state continues to experience increased STD infections that pose serious health issues for Alabama residents of all ages, socioeconomic status, and gender.

The number of P&S syphilis cases reported in 2011 (213) declined by 18 percent from the previous year. The number of reported P&S cases in 2011 represented the lowest number of cases reported in the past five years. Blacks comprise the majority (66.9 percent) of the P&S syphilis reported in 2011, followed by whites (20.1 percent). Overall, black males and black females represented 45.7 percent and 21.2 percent of the reported P&S cases in 2011, respectively.

PRIMARY AND SECONDARY SYPHILIS CASES BY PUBLIC HEALTH AREA, ALABAMA 2006-2010

PHA	2007	2008	2009	2010	2011
1	5	7	13	12	9
2	115	123	72	25	11
3	23	26	36	25	14
4	165	180	112	65	67
5	8	12	26	10	14
6	16	7	8	3	4
7	9	32	27	7	13
8	9	37	54	58	25
9	5	3	6	8	30
10	18	16	32	22	14
11	6	8	25	25	12
Total	379	451	411	260	213



FREE HIV TESTING

DID YOU KNOW?

- Keeping your life on track and knowing your HIV status can help you stay on top of your future plans after college.
- Knowing your HIV status yearly is as vital as taking a midterm or final exam.
- 1 in 5 persons living with HIV infection do not know they are infected.
- Persons between the ages of 13-24 are the fastest growing group of individuals newly diagnosed with HIV in the United States.
- 20% of people living with HIV/AIDS in Alabama are 18-25 years old.

**Your future depends on knowing your status.
Get tested today.
For more information call 1-800-228-0469.**




CHLAMYDIA AND GONORRHEA CASES BY PUBLIC HEALTH AREA, ALABAMA 2009-2010

PHA	2010 Chlamydia	2011 Chlamydia	2010 Gonorrhea	2011 Gonorrhea
1	1,164	1,227	174	117
2	2,882	3,302	636	863
3	1,620	1,899	402	599
4	5,350	5,530	2,297	2,353
5	1,466	1,598	296	280
6	1,730	2,021	496	503
7	1,449	1,453	393	349
8	4,785	5,167	1,273	1,741
9	1,577	1,582	414	407
10	2,170	2,209	543	542
11	3,272	3,168	1,157	1,222
Total	27,465	29,156	8,081	8,976

Chlamydia is the most commonly reported bacterial STD. Women and men frequently do not experience any symptoms of Chlamydia, therefore, it is not diagnosed and routinely goes untreated. If untreated, Chlamydia can cause serious health complications such as pelvic inflammatory disease and infertility. Chlamydia testing is recommended for women under age 26, women who are pregnant, or women who have multiple partners. Individuals attending STD and family planning clinics are routinely screened for Chlamydia and gonorrhea.

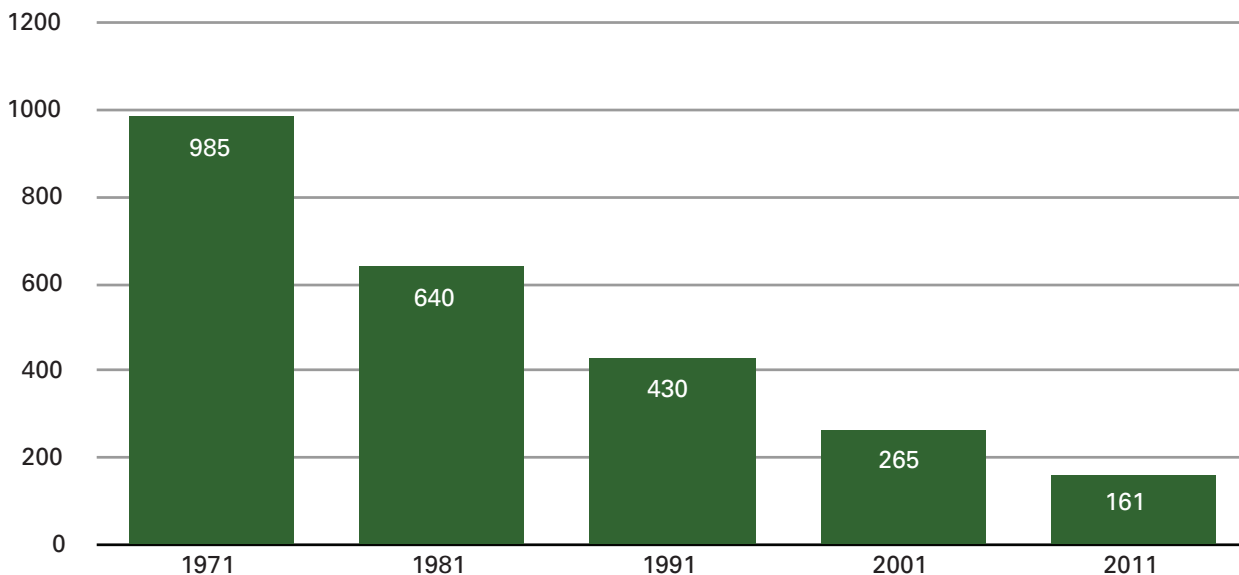
In 2011, the number of Chlamydia cases reported to the division increased by 1,691 cases. About 50.4 percent of the Chlamydia cases were diagnosed among blacks. Although Chlamydia cases have been reported among all age groups, 39.2 percent of the cases reported in 2011 were among persons age 20-24 years, followed by persons age 15-19 years (36.2 percent), and persons age 25-29 years (13.8 percent).

In 2011, a total of 8,976 gonorrhea cases were reported to the department representing a 9.9 percent increase in the number of cases (8,081) reported in 2010. Among all racial/ethnic groups, blacks comprised 63.1 percent of the reported gonorrhea cases in 2011. The distribution of gonorrhea cases by age group was similar to those reported with Chlamydia. In 2011, about 38 percent of gonorrhea cases reported were among persons age 20-24 years, followed by persons age 15-19 years (30.4 percent), and persons age 25-29 years (15.6 percent).

Tuberculosis (TB) Control Division

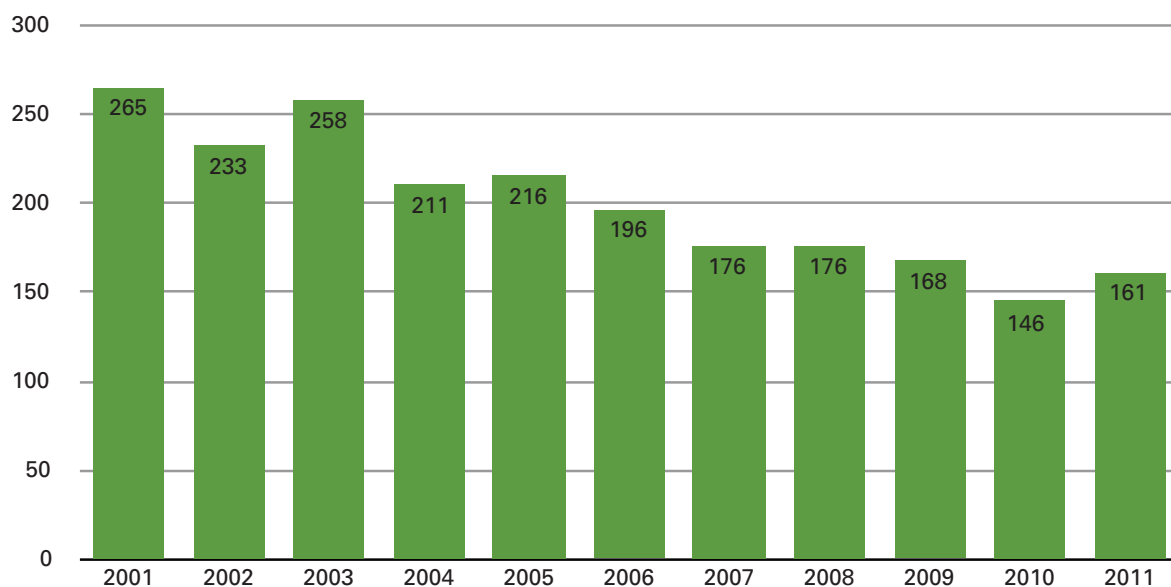
The ultimate goal of the TB Control Division is to eliminate tuberculosis in Alabama. Until that goal is reached, the division strives to reduce the annual burden of disease, limit transmission, and prevent future cases through the provision of diagnostic, treatment, and case management activities. The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

Historical Trend of Tuberculosis Cases in Alabama



In 2011, the division evaluated 363 persons suspected of having tuberculosis, eventually ruling out disease in 202 suspects and confirming active TB disease in 161 patients. This figure represents a 10.3 percent increase in confirmed cases, interrupting the recent trend in declining morbidity.

Tuberculosis in Alabama - 2001 through 2011



In addition to the identification, evaluation, and treatment of persons with active tuberculosis, the division seeks to prevent future cases through prompt identification and evaluation of contacts at risk for exposure, and to assure the initiation and completion of preventive therapy for those contacts found to be infected. Preliminary data for 2011 reveals that 4,441 contacts to persons with suspected or confirmed tuberculosis were identified, and that 3,443 (78 percent) of these persons were fully evaluated. Of this number, initial reports indicate that 416 persons were placed on treatment for latent TB infection by division staff.

DEMOGRAPHICS FOR CONFIRMED TB CASES IN ALABAMA - 2011

Age	Race / Ethnicity	Gender	Nativity
0 – 4 = 7 (4.34%)	Asian = 18 (11.18%)	Female = 55 (34.16%)	U.S. Born = 112
5 – 14 = 4 (2.48%)	Black = 71 (44.10%)	Male = 106 (65.84%)	Foreign Born = 49
15-24 = 14 (8.70%)	Other = 2 (1.24%)		
25-44 = 49 (30.43%)	White = 70 (43.48%)		
45-64 = 62 (38.51%)			
65+ = 25 (15.53%)	Hispanic = 18 (11.18%)		

Building upon the success of hospital-based TB Grand Rounds in previous years, staff from the division coordinated five TB-specific presentations in different institutional settings during 2011. A total of 215 health care providers participated in events which were intended to reduce diagnostic delays and assure prompt initiation of treatment for persons with symptoms of TB. The in-services were led by physicians with expertise in the diagnosis and treatment of tuberculosis, and included important updates regarding the changing epidemiology of TB in Alabama.

Office of EMERGENCY MEDICAL SERVICES and TRAUMA

The Office of EMS and Trauma is responsible for protecting the health, safety, and welfare of the public by assuring that emergency medical services provided by ambulance services, emergency medical response agencies, training entities, and emergency medical technicians meet or exceed established standards.

The Office of EMS and Trauma investigates complaints and may exercise its authority to deny, place on probation, suspend, or revoke the licensure of an ambulance service, training entity, emergency medical response agency, and emergency medical technician when statutory or regulatory violation is substantiated.

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

• Permitted ambulances inspected	670
• Licensed provider services inspected	267
• Licensed non-transport vehicles inspected	136
• EMS provider licenses processed	305
• Individual EMTs licensed	6,473
• Individual licensure practical exams administered.....	1,269

Center for EMERGENCY PREPAREDNESS

The Centers for Disease Control and Prevention provided \$9,957,147 in a cooperative agreement with the Alabama Department of Public Health in 2010-2011. These funds were to be used in part by the Center for Emergency Preparedness (CEP) 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.

In April 2011, CEP responded to the tornado outbreak that caused significant damage to the state. The severe weather outbreak moved across the state in two waves. The first wave made its way across the northern portions of central Alabama in the early morning hours producing widespread damaging straight line winds and isolated tornadoes. The second wave involved numerous super-cell thunderstorms that spawned long-lived, strong to violent tornadoes across the northern two-thirds of the state. The damage brought about by this weather system and its estimated 62 tornados was widespread and catastrophic in a large portion of the state. The National Weather Service confirmed that there were seven EF-3, eight EF-4, and three EF-5 tornadoes, which resulted in 247 deaths.

Many agencies participated in this response effort including the Alabama Department of Public Health, Alabama Emergency Management Agency, Alabama Hospital Association, Alabama Nursing Home Association, Alabama Primary Healthcare Association, the University of South Alabama, Department of Agriculture and Industries, Department



The tornadoes that occurred in April 2011 caused significant damage to the city of Tuscaloosa and surrounding areas. Photograph courtesy of Jay McPhillips.

of Human Resources, the American Red Cross, Salvation Army, Federal Emergency Management Agency, U.S. Department of Health and Human Services, Department of Mental Health, and the Department of Homeland Security.

Training activities of the center during this past year 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.

The Assistant Secretary for Preparedness and Response Hospital Preparedness Program provided \$5,386,508 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.

Seven mobile medical stations have been strategically placed throughout the state. These stations can increase hospital surge capability by providing up to 350 beds and supplies. CEP staff conducted routine inventories to identify and replace expired items and ensure that the equipment in the mobile medical stations is functional.

CEP distributed the annual mass casualty assessment to the hospitals statewide. Ninety-nine out of the 107 general acute care, rehabilitation, and Veteran's Administration hospitals in the state have partnered with the department through completion of the annual mass casualty assessment. The data collected is used to identify and assess preparedness gaps in the state's health care system. The results of this assessment are used each year as a guide in planning the use and distribution of available grant funds from the Assistant Secretary for Preparedness and Response Hospital Preparedness Program.

CEP, in conjunction with other departmental staff, continued to collaborate with other states in the development of a Southeastern Regional Pediatric Disaster Surge Response Network. Hospitals and providers that deliver pediatric-specific care or specialty care for children are limited within the region, which results in a lack of pediatric-specific resources in emergency planning and response. When fully developed, this network will be utilized to identify and secure resources to support the coordination of a local, state or multi-state response to an emergency or disaster involving children.



Photographs courtesy of Laura Smith.

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 DIVISION

Cardiovascular and Stroke Health

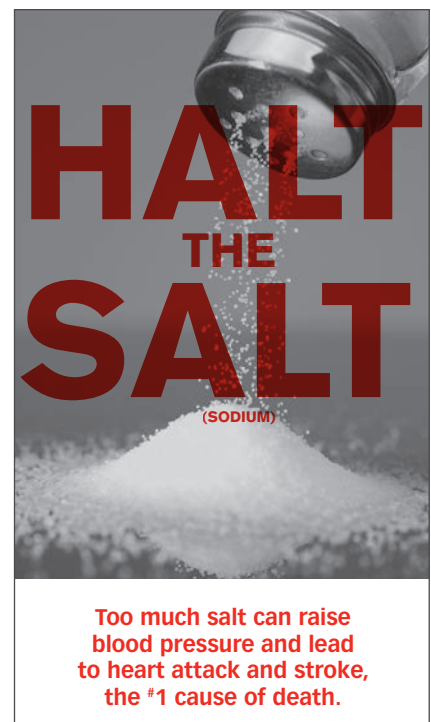
In Alabama, as in the nation, cardiovascular disease (CVD) is the leading cause of death. CVD, which includes heart disease and stroke, kills more Alabamians than all forms of cancer combined.

Heart disease, the most common form of CVD, is the leading cause of death in Alabama, and Alabama ranks fifth in the nation in deaths due to stroke. The mission of the Cardiovascular Health (CVH) Unit 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.

Access to care continues to be a concern especially in Alabama. Many parts of the state are entirely without access to acute stroke services. When patients experience heart attacks or strokes, being able to receive prompt medical care is critical to the survival of the patient. The following counties are currently without hospitals: Cleburne, Choctaw, Coosa, Henry, Lamar, Lowndes, and Perry. Telestroke technology can aid in bridging this gap by providing medical specialists with the data necessary to assist remotely-located bedside clinicians in stroke-related decision making. The CVH Unit is working closely with the Office of Emergency Medical Services and Trauma to develop the Southeast Region Stroke Systems of Care.

Additionally, educational outreach programs are vital to reaching Alabamians. Through satellite conferences, the CVH Unit partners with the Diabetes Unit to provide key messages about people with diabetes being at the same risk for heart attacks as people who have already suffered a heart attack. Community level efforts for learning how to make changes in risk factors can have a large public health impact in reducing the incidence of heart disease. Groups with health disparities are being targeted for education and media campaigns.

Community projects such as the evidence-based Chronic Disease Self Management Program (CDSMP) supported efforts to raise awareness and facilitate change in high-risk communities by empowering people to become better self-managers of their chronic conditions. Participants discuss subjects including high blood pressure, high cholesterol, heart disease, nutrition, physical activity, relaxation, and recognition of signs and symptoms of heart attack and stroke. The unit also works with companies throughout Alabama to help raise awareness of the importance of worksites playing an active role in employees' health.



Diabetes Prevention and Control Branch

The Diabetes Prevention and Control Branch is funded through a grant from the Centers for Disease Control and Prevention (CDC) and addresses the diabetes epidemic in Alabama by developing policies, recommendations, and programs about the disease and related issues in collaboration with numerous community groups, Diabetes Today sites, and internal partners by utilizing the Systems Thinking process. The process is a proactive, creative, flexible, future oriented problem solving and decision making approach. To assist with this effort, the Alabama Diabetes Network, a group of diabetes advocates and experts from the public and private sectors, advises and supports the department's Diabetes Program. The network meets three times each year to assess needs, and to reduce racial disparities related to incidence, treatment, and complications of diabetes in Alabama. The network focuses on health care systems.

According to CDC, in 2010, Alabama adults ranked second in the nation in overweight/obesity, and sixth in youth overweight/obesity. This correlates to 65 percent of Alabama adults and 36.1 percent of Alabama youth. Approximately 31 percent of Alabama adults are obese. According to the 2010 Behavioral Risk Factor Surveillance System data, more than 473,000 people in Alabama are aware they have diabetes, with a 13.2 percent diabetes prevalence rate. This is compared to 25.8 million people nationally, with an 8.3 percent diabetes prevalence rate.

Those at greater risk for type 2 diabetes are African Americans, American Indians, those of Hispanic descent, the elderly, and those who have family members with diabetes. Other risk factors include being overweight or obese, lack of physical activity, and poor dietary habits.

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

- On March 16, 2011, held a satellite conference titled Diabetes and Cardiovascular Update which focused on the metabolic syndrome in the mental health area.
- On April 17-21, 2011, held the 10th Annual Diabetes and Obesity Conference in Montgomery.
- In June 2011, co-sponsored the Tuskegee Area Health Education Center's annual community forum in Tuskegee.
- Collaborated with the Cardiovascular Health Program to provide CDSMP training to patients of the Federally Qualified Health Centers in Montgomery and to Tuskegee city employees.
- On September 22-23, 2011, held the National Diabetes Education Program's lay leader training to Cardiovascular Health staff on Road to Health diabetes prevention program.
- On September 27, 2011, began training senior citizens at Warriorstand on the Road to Health diabetes prevention program.

In addition, the Tobacco Prevention and Control Program began the collection of data on diabetic callers to the Alabama Quitline. Of the 5,463 people who signed up for the services, 383 callers identified themselves as having diabetes, 87 were diagnosed with pre-diabetes, and 27 had gestational diabetes.

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 (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 and is an effective tool in planning for future public health activities and evaluation.

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 2010, 7,668 Alabama adults participated in the BRFSS survey and reported the following concerning their health practices and daily living habits:

- 21.8 percent classified themselves as current smokers.
- 13.2 percent reported being told by a doctor that they have diabetes.
- 66.6 percent are overweight or obese based on body mass index.
- 83.3 percent reported having some type of health care coverage.

In addition to survey analysis, the Risk Surveillance Unit also responds to numerous data requests from within the department, from outside agencies, and the news media.

Alabama Strategic Alliance for Health Program

The Alabama Strategic Alliance for Health (SAH) Program completed its third year of a five-year cooperative agreement program with CDC. The SAH Program's goal is to reduce the burden of obesity, diabetes, and heart disease in 21 west Alabama counties over five years through community-based nutrition, physical activity, and tobacco interventions that are policy, systems, or environmentally-based. SAH initially implemented interventions in three funded counties – Dallas, Perry, and Sumter. During the past year, each funded community mentored two additional counties. Dallas County mentored Escambia and Wilcox counties; Perry County mentored Hale and Bibb counties; and Sumter County mentored Choctaw and Washington counties.

The following list describes some of the policy, systems, and environmental interventions successfully completed in the nine counties.

- Adopted LifeSkills tobacco prevention curricula in Livingston Junior High School in Sumter County.
- Increased physical activity opportunities in Sumter County through the addition of outdoor exercise equipment, a quarter-mile walking path, and installation of two new playgrounds.

- Established a physical education class and curriculum for kindergarten through third grade at Sumter Academy, a private school in Sumter County.
- Enhanced walking paths in Washington County with lighting and signage.
- Increased physical activity opportunities in Choctaw County with the installation of outdoor equipment, benches, and signs. The local Parks and Recreation boards matched SAH funding allowing work in eight different communities within Choctaw County.
- Increased physical activity opportunities in Perry County with the establishment and enhancement of onsite fitness centers and worksite wellness committees at three of the four schools. The fitness centers are open to the community through a joint-use agreement. The program also helped install water fountains and benches at a local park in Uniontown and enhanced Marion's most utilized walking path with outdoor fitness equipment.
- Increased physical activity opportunities in Bibb County with the addition of water fountains at an existing walking path and the installation of two new playgrounds.
- Strengthened two Farmers Markets in Bibb County with permanent signage.
- Increased physical activity opportunities in Hale County with the addition of playground surfacing and lighting at two playgrounds, installing outdoor fitness equipment, and providing physical education equipment to a local school.
- Collaborated with Auburn Rural Studio to design mobile farmers market stands in Hale County.
- Increased physical activity opportunities in Dallas County with additional playground equipment at a local park, enhancing signage in an Alabama State Park, and created a certified physical educator position at a local private school.
- Increased physical activity opportunities in Wilcox County by establishing a quarter-mile walking path, installing signage at two walking paths, and helping with underground wiring for lights at an existing walking path.
- Increased physical activity opportunities in Escambia County by adding signage to an existing walking path and establishing a new quarter-mile walking path.

Alabama Healthy Communities Program

The Healthy Communities Program continues to work with venues to enhance tobacco policies in outdoor recreational settings. During this reporting period, four municipalities adopted new policies stating their outdoor recreational areas were to be tobacco-free, and 17 venues placed 104 "Young Lungs at Play" signs. The program partnered with the Alabama Strategic Alliance for Health Program and other Public Health programs to identify community leaders to educate on the benefits of tobacco-free outdoor recreational areas. The program provided technical assistance by phone, e-mail, and site visits and utilized resources from the department's Statewide Tobacco Control Program and model policies from the organization, "Americans for Nonsmokers Rights."

Worksite Wellness

The Worksite Wellness Branch's main purpose is to plan, develop, implement, and evaluate worksite wellness programs on a fee-for-service basis. The branch 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. Monthly production reports were sent to the nurses to allow them to track their progress. A financial tool, Wellnet Vital Signs, was used to track program costs versus revenues. Online ordering of medical supplies also continued. Nurses were required to post the schedules using a centralized electronic calendar. This information was then posted on the department's Web site for public viewing.

The branch's collaboration with PEEHIP began its tenth year of operations. The branch administered 39,785 flu shots and 26,245 health screenings in 2011, to public employees and their dependents.

The collaboration with SEIB began its eighteenth 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. A weight management program was offered to state employees. In 2011, the Wellness Branch administered 17,962 flu shots to state employees and screened 26,245 eligible participants. There was a 34 percent increase in the number of state employees screened due to 2011 being a mandatory screening year and a \$25 discount provided to employees participating in health screenings.

BEHAVIORAL HEALTH DIVISION

Injury Prevention Branch

The Injury Prevention Branch 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. Administratively, the branch relocated to the Behavioral Health Division of the Bureau of Health Promotion and Chronic Disease in April 2011. Currently funded programs include Occupant Restraint, Sexual Violence Prevention and Education, Safe Routes to School, Students Against Destructive Decisions, and the Alabama Smoke Alarm Initiative. In addition, the branch collaborates with many strategic partners in broader injury prevention efforts.

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 branch continues to increase awareness and provide education to Alabamians regarding the importance of appropriate occupant restraints. In 2011, 88 percent of Alabamians buckled their seat belts and 96 percent put their children in car seats, a slight decrease and increase, respectively, from prior years. In addition to conducting observational surveys to

determine Alabama's usage rates, educational activities included workshops, distribution of materials, a statewide coloring book contest for elementary school children, and a new teen driving safety education toolkit.

The branch 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 Sexual Violence (ACASV) 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 addition, the branch oversees the Alabama's Sexual Violence Prevention Committee, established in 2007 in partnership with ACASV. Composed of key state and community representatives, the committee's mission is to implement a comprehensive sexual violence prevention plan that will change attitudes, norms, and behaviors that condone sexual violence.

The Alabama Department of Public Health, the Alabama Department of Transportation, and the Alabama State Department of Education have partnered for a program titled Safe Routes to School. The purpose of this federally funded program is to enable and encourage students in kindergarten through eighth grade to walk and bicycle to school, and to make walking and bicycling to school safer and more appealing. The program aims to improve highway safety, reduce traffic fuel consumption, and reduce air pollution in the vicinity of schools.

The Injury Prevention Branch became the state coordinator for all Students Against Destructive Decisions (SADD) chapters in Alabama in 2010. Originally, the SADD mission was to help young people say "no" to drinking and driving, but since its inception, that mission has expanded significantly. SADD has become a peer-to-peer education, prevention, and activism organization dedicated to preventing all destructive decisions. Funding for Alabama SADD was not renewed for 2012; however, the branch will continue to support the local chapters throughout the state in many ways.

Alabama ranks among the top states in the number of fire deaths and injuries. Through the Alabama Smoke Alarm Initiative, the branch was able to provide home fire safety education and smoke alarm installation in high-risk communities through partnerships with fire departments, community volunteers, the Injury Prevention Branch, and the State Fire Marshal's Office. This program's funding cycle ended during 2011 and the program will not be renewed further.

The branch also partners with many other agencies and organizations in injury prevention efforts beyond the scope of its funded programs. One example is the Alabama Suicide Prevention and Resource Coalition. The branch has been involved with the coalition since its inception and the branch director currently serves on its Board of Directors. This 501(c)3 non-profit organization, formerly the Alabama Suicide Prevention Task Force, includes private citizens and representatives from various state agencies and organizations and, among its other tasks and projects, maintains the State Suicide Prevention Plan.

Alabama Child Death Review System

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

Administratively, the Alabama Child Death Review System relocated to the Behavioral Health Division of the Bureau of Health Promotion and Chronic Disease in April 2011. In addition to hosting the regular quarterly meetings of the State Child Death Review Team (SCDRT), staff also visited several Local Child Death Review Teams (LCDRTs) and coordinators throughout the state in an effort to improve communication and team performance to the best possible levels and conduct necessary training. Special effort has been made to visit recently elected district attorneys and recently appointed coordinators who are new to the child death review process. This personal interaction with volunteer contributors at the local level is considered vital and has become an annual programmatic performance measure.

ACDRS and the Alabama Department of Forensic Sciences continued to work together to further the Alabama Sudden Unexplained Infant Death Investigation (SUIDI) Initiative. A core group from across the state was trained to teach the curriculum and has been conducting classes for Alabama's first responders by request. A new Alabama SUIDI Law (Act No. 2011-705), enacted in 2011, formalized the State SUIDI Team as a subcommittee of the SCDRT and mandated SUIDI training for all coroners, deputy coroners, and death scene investigators throughout the state.

Operational efficiency and program improvement remained priorities in 2011. ACDRS staff completed the implementation of a new online reporting system, introduced in 2009, which promises to improve the quality of future reviews and data collected at the local level. Because of delays necessary to the transition between data collection systems, a combined annual report containing final review data for child deaths during both 2008 and 2009 will be published in 2012. The report for 2010 data will not be available until 2013.

ACDRS continued to conduct public education and awareness efforts and direct prevention programs. Special attention was placed on child vehicular fatalities and infant sleep-related deaths, the two largest categories each year for preventable child deaths in Alabama. During the summer months, ACDRS repeated its statewide prevention campaign related to teen driving safety. The "Surviving Teen Driving" brochure and Web site were introduced and promoted in the media and through focused advertising.

Finally, ACDRS staff continued to work toward common goals with strategic partners and remained actively involved in the Southeast Regional Coalition for Child Fatality Review, the preeminent regional Child Death Review coalition in the nation.

FDA Tobacco Retail Inspection Program

Alabama's Statewide Food and Drug Administration (FDA) Tobacco Retail Inspection Program successfully completed its first contract year by commissioning and training inspectors and initializing the first inspection assignments within the state. The program consists of three full-time staff at the central office and 11 part-time advertising and labeling

inspectors, representing all 11 public health areas. The program also utilizes 49 part-time undercover buy inspectors, contracted through the Alabama Alcoholic Beverage Control (ABC) Board and representing all 11 ABC enforcement districts. The state's goal is to annually inspect every licensed retail tobacco outlet in the state of Alabama. Also in 2011, Alabama's FDA Tobacco Inspection Program contracted for an additional three years of funding, ensuring the continuation of the program through 2014.

Two main purposes of the FDA Tobacco Retail Inspection Program are to assist with compliance and enforcement activities to protect the public from the health risks associated with long-term tobacco use and prevent youth from initiating tobacco use, thereby preventing them from becoming addicted to tobacco products. In 2011, the FDA awarded contracts to 38 states, including the District of Columbia. FDA's objective is to eventually contract with every state and U.S. territory to assist with the tobacco retail inspection efforts.

Statewide Tobacco Control Branch

The Statewide Tobacco Control Branch continued supporting, with funding from the Centers for Disease Control and Prevention (CDC), all public health areas to address these goals: promoting quitting among youth and adults, eliminating exposure to secondhand smoke, and preventing youth initiation of tobacco use while addressing tobacco-related disparities among Alabamians.

Fewer Alabamians smoke and more smokers have quit over the past year according to the Behavioral Risk Factor Surveillance Survey. Approximately 21.9 percent of adults and 18.6 percent of high school youth in Alabama are current smokers. To promote quitting, the program coordinated the Alabama Tobacco Quitline and AlabamaQuitNow.com cessation services that offer master's level counseling, individualized quit plans, and up to four weeks of free nicotine replacement therapy patches if medically eligible and in counseling. The Alabama Tobacco Quitline achieved a call volume of more than 14,000 calls, with an average of 34.7 percent of participants in the program reporting they quit tobacco use at the seven-month follow-up. The online cessation program served more than 1,500 registered users.

The branch received a grant from the CDC to continue the online cessation program, work with the Department of Mental Health to provide cessation services to its clients, and assess where new tobacco products were being sold in the state and the manner in which they are sold.

Other activities included the following:

- Providing Ask, Advise, Refer, Prescribe training to 519 health care providers to offer tobacco cessation treatment to their patients.
- Providing training to worksites considering adopting tobacco-free campus policies.
- Presenting at the Alabama School of Alcohol and Other Drug Studies conference.
- Coordinating a Quitline Workgroup meeting.
- Participating in a CDC-funded study to evaluate the effectiveness of telephonic and online cessation programs, the efficacy of cessation promotion campaigns, and partnerships with the department's Comprehensive Cancer Control Program.

Health Promotion and Chronic Disease

In the area of eliminating exposure to secondhand smoke, the program, through the 11 area tobacco prevention and control coordinators, completed 55 city official questionnaires, 11 community assessments, 11 smoke-free education campaign plans, conducted 4,000 opinion polls, and media campaigns. The program also produced a Smoke-Free Tool Kit to assist local coalitions working on smoke-free policy efforts.

Working with local coalitions and the Coalition for a Tobacco Free Alabama, the area tobacco control coordinators reported 5 new tobacco/smoke-free hospital policies, 3 new tobacco-free college/university policies, 19 new smoke/tobacco-free worksite policies, and 6 new city smoke-free ordinances over the course of the year.

The program also participated in the Hospitality Project with the CDC, which interviewed restaurant and bar owners working in a smoke-free city to share their thoughts on the impact of the policy on their businesses and conducted an analysis of the economic impact of smoke-free policies on the hospitality industry in Alabama cities that have gone smoke-free.

In the area of prevention of youth initiation of tobacco use, the program worked with 18 mini-grantees from the Community Tobacco Prevention Branch to address school tobacco policies; raise awareness of the effects of tobacco use and exposure in the community through media efforts and outreach at 176 community events, reaching 81,167 youth; and conduct the Youth Empowerment Program with 434 high school youth. The mini-grantees conducted 33 policy presentations to decision makers to emphasize the need for strong tobacco control policies and enforcement of those policies. Central office staff also co-authored a paper analyzing the state public school systems' tobacco-related policy with a professor at the University of Alabama at Birmingham.

A review of available data sets revealed tobacco-related disparities in prevalence rates and morbidity and mortality among population subgroups including African American males, the mentally ill, and low socioeconomic status populations.

The program addressed these tobacco-related disparities by:

- Producing and disseminating The Alabama Tobacco Burden Report.
- Collaborating with the Alabama Medicaid Agency to promote tobacco cessation among pregnant women through the Text4Baby project.
- Disseminating a study of tobacco use among young African American males living in rural areas.
- Collaborating with the Office of Minority Health on a project to provide secondhand smoke education and cessation services to prison staff and inmates.
- Working with the Department of Mental Health to establish a system of care to sustain the cessation efforts of clients reentering the community.
- Presenting cessation and secondhand smoke information to participants in the Women, Infants, and Children program.

Community Tobacco Prevention Branch

The Community Tobacco Prevention Branch was created from the following three programs: the American Recovery and Reinvestment Act grant with the Centers for Disease Control and Prevention (CDC) to fund a statewide smoke-free policy advocacy campaign; another American Recovery and Reinvestment Act grant with CDC to fund a state-coordinated local smoke-free policy advocacy campaign; and the state-funded youth tobacco prevention mini-grant program.

The statewide smoke-free policy advocacy campaign is designed to empower local groups to educate state-level decision makers and the general public about the need for strong policies to protect people from exposure to secondhand smoke. The campaign funds all 11 public health areas and is being implemented in collaboration with the Coalition for a Tobacco-Free Alabama.

The state-coordinated local smoke-free policy advocacy campaign is designed to empower local communities to educate city-level decision makers and the general public about the need for strong policies to protect people from exposure to secondhand smoke in Mobile County. In addition, the campaign promotes cessation services, increased excise taxes on tobacco products, reduced tobacco advertising at the point of purchase, and the use of media to raise awareness about the dangers of exposure to secondhand smoke and the dangers of tobacco use. In collaboration with the Mobile County Health Department (MCHD), CDC awarded the branch \$3 million to address these issues.

As a result of the funding, MCHD and local partners successfully collaborated with city council members in the City of Saraland to pass and implement a 100 percent comprehensive smoke-free ordinance. Additionally, MCHD and local partners launched the Just Breathe media campaign on September 13 that has since increased support for smoke-free Mobile County, and has increased calls in the greater designated market area to the Quitline. An additional objective intends to educate city council members of each municipality about the need for an ordinance that will restrict advertising within 1,000 feet of schools, parks, playgrounds, and day cares.

The state funded Youth Tobacco Prevention program sponsored 18 mini-grants throughout Alabama. In addition to implementing the Life Skills Training curriculum in the sixth grade, the purpose of the grant is to empower youth to raise awareness in their communities about the human and economic cost of tobacco use and exposure to secondhand smoke. The Life Skills curriculum was provided at 67 schools and reached 5,243 sixth grade students. Ten of the mini-grantees offered the Not-on-Tobacco Teen Cessation Program (N-O-T) to students in the communities, serving 176 teens. The Alabama Tobacco Quitline reported 101 teens called the Quitline during this time period. Of the 101 callers, 10 were pregnant teens. Twelve teens utilized the online counseling of AlabamaQuitNow.com.



HEALTH COMMUNICATIONS DIVISION

The Health Communications Division continually received internal and partner organization requests for research-based, data-driven, competitive marketing strategies, materials, media opportunities, and community venues to promote public health educational programs and services that lead to healthier lives and help reduce health care costs throughout the state. In response to the increasing requests, the division implemented a new branch to conduct research to help assure the best use of new and traditional communications resources, including data-based evaluation and in-depth demographic and mapping capabilities. Aiding in this effort was a grant award from the Directors of Health Promotion and Education that provided the division three-year access to the Nielson Consumer Point Demographic Data System and Location Web Demographic Mapping Program. The availability of current marketing data makes it possible not only to make more cost-efficient information placement decisions, but also to be more in touch with the communications systems, attitudes, loyalties, and behaviors of target audiences rather than making traditional assumptions that result in less effective educational outreach. The division has also developed a streamlined process to ensure brand, logo, and messaging unity throughout educational campaigns to better utilize reduced financial resources while maximizing message effectiveness.

Research and development of new partnerships and collaborations enabled the division to facilitate reaching shared targeted populations for several departmental programs. Much progress has been made in establishing successful and valuable educational outreach avenues with the Historically Black Colleges and Universities (HBCUs) in Alabama. Numerous programs were able to reach target populations that they were previously unable to engage with. The HIV/AIDS Division, along with the Get a Healthy Life (GAL) Program, were able to reach college students at several HBCUs. The division also developed a plan with Alabama State University to assist with a series of health events and campaigns titled "A Healthier ASU."

The division fulfilled its role in providing the newest communications techniques and technologies to agency programs, using cell phones, Internet, and social media; theatre, lobby, and waiting room screen placements; and restaurant, gas station, convenience, and grocery stores specialized placement advertising. The division won several awards this year for its work on campaigns, including ALL Kids Sports Marketing, WIC Mixed Media, Get 10 in 2010, Get 10 Sports Marketing, and Good Choice Mixed Media. The professional artwork and targeted media placement of Public Health social marketing resulted in requests for assistance from several other Alabama organizations, including the University of Alabama-Birmingham (UAB); Auburn University; the departments of Mental Health, Human Resources, Conservation, Transportation, and Medicaid; and the Alabama Heart Association. California, Mississippi, Georgia, and North Carolina were among the states requesting the use of department materials and social marketing guidance.

The Digital Imaging Branch activities included making 4,732,281 black-and-white copies and 1,990,011 color copies; padding 260,112 pads; punching 1,572,228 paper sheets; and cutting 1,433,715 items to size.

Other division activities included designing, assembling, printing, and laminating educational posters, signs, displays, business cards, and identification badges.



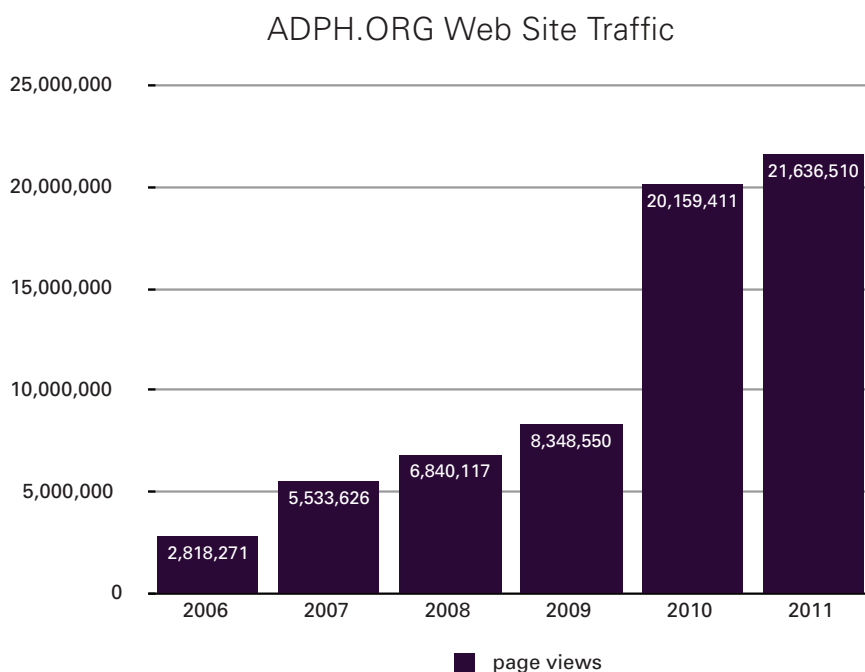
Digital Media Branch

The Digital Media Branch works with agency programs and partners to create and maintain program Web sites and utilize social media tools to improve the timeliness of information-sharing, increase the frequency of messages delivered to the public, and lead people to detailed information. This year, the branch redesigned the departmental Web site's front page to make it more user-friendly and to facilitate the presentation of more information. It also completed writing guidelines and policy proposals for use of the Web site and social media.

The department is a national pioneer among government agencies in the use of social media. The Digital Media Branch has established the department's presence on the following social media Web sites: Facebook, Flickr, Twitter, Wikipedia, and YouTube. The branch worked with the Office of Primary Care and Rural Health to develop the Social Media Toolkit: How to use social media as a recruitment tool for health care professionals. The branch has both presented on social media at various workshops and conferences and provided social media information for programs to use in grants and their own presentations.

The Digital Media Branch began development of online nutritional lessons for the Women, Infants and Children (WIC) Program available from the departmental Web site adph.org and computer kiosks in all county WIC clinics. Other work included developing pages with the Risk Communication Branch on the April 2011 Tornadoes in Alabama, with General Counsel on synthetic hallucinogens, and with the Center for Health Statistics for the Alabama Electronic Death Registration System (EDRS). The branch combined the Provider Services and Health Care Facilities Web sites into one and also developed Web sites for the Alabama Comprehensive Cancer Control Coalition (ACCCC), Chronic Disease, GAL, Living Well Alabama, and Skin Cancer.

As of December 2011, adph.org comprised more than 107,000 Web pages and 170 Web sites. The drastic increase in page views can be attributed to recent social media efforts and educational campaigns including GAL; tobacco; nutrition and physical activity; immunizations, the WIC nutrition education program; colorectal cancer; skin cancer; and Get 10 – Get Ready for Emergencies.



Risk Communication Branch

The goal of the Risk Communication Branch is to ensure that state and local entities are prepared to respond to the challenges that occur during terrorist and crisis events through the development of communication policies and procedures; training of staff, partners, and the public; and the creation of emergency health information and promotional materials that support emergency preparedness activities in the state.

In 2011, branch staff conducted training to equip staff and partners with the tools necessary to effectively communicate with the public during man-made and natural disasters. Training topics focused on dealing with the media, writing news releases for dissemination, and developing public statements. Statewide training was provided on how to communicate with the media during receipt of the Strategic National Stockpile, placing particular emphasis on media relations at a Point of Dispensing Site. Staff provided additional training at a series of forums conducted by the department's Office of Minority Health in its statewide launch of the National Partnership for Action Plan Outreach Strategy to increase health equity. Staff educated forum participants on the benefits and use of social media tools during emergencies.

The branch continued to work with departmental programs to coordinate television and radio appearances; to develop and disseminate brochures, booklets, articles, news releases, and public service announcements for emergency preparedness activities; and to assist division staff with campaigns to promote statewide and local events, such as Scale Back Alabama and Get 10. Staff also served as a departmental representative on television, as a member of various committees, and by participating in Radiation Control exercises.

Public Information Branch

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

Activities during 2011 included preparing and distributing more than 70 news releases; providing assistance with news media campaigns for several programs; composing audio public service announcements; writing editorials; serving as media liaison and providing internal communication venues; composing and distributing meeting summaries; editing a variety of documents including the department's official publication, Alabama's Health; distributing video monitoring reports; and answering and routing questions and comments from the department's Web site.

During 2011, public awareness of health issues was increased, healthy choices were supported and illustrated, and timely health information was communicated through the mass media. Among the topics of special news interest were actions to make substances that are dangerous chemical analogues to controlled substances illegal, notifications concerning a *Serratia marcescens* bacteremia outbreak, and recommendations about recreational water safety after an outbreak associated with a water park.

An unprecedented and disastrous tornado outbreak, which resulted in the deaths of more than 200 people in Alabama, damage to thousands of homes, and widespread power outages in many parts of the state, prompted staff to develop and distribute news releases and other materials in the response and recovery periods following the storms.

Preparedness for crises that have an impact upon public health is critical as a part of the department's mission. Staff also serve as members of the Incident Command System and participate in radiological emergency response exercises and drills.

VIDEO COMMUNICATIONS AND DISTANCE LEARNING DIVISION

The Video Communications and Distance Learning Division provides training and public information to health professionals across the nation. The Alabama Public Health Training Network (APHTN) 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. Division staff produced 75 live satellite broadcasts and Webcasts in 2011.

Production

Satellite conferences and Webcasts are broadcast directly from the department's production suite, which includes a 1,500 square foot broadcast studio and a state-of-the-art master control room. In addition to producing, hosting, and directing distance learning satellite conferences, division staff provide off-site conference support. The division also produces specialized video projects for public health and other health organizations which can include educational videos or video news packages for broadcast media. The division conducts 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 also 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.

Satellite

Division infrastructure includes a satellite uplink production vehicle equipped with the latest digital technology. State-of-the-art capabilities allow the division to broadcast and uplink conferences from any location in digital KU format. To ensure that the downlink viewing sites can easily watch ALPHTN programs, a teleport is used to turn the KU broadcast to a commonly used C band format.

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. The satellite truck recently underwent major production renovations to install new HD equipment which complements the technology currently used in the master control facility.

All of the department's 67 county facilities are equipped with satellite antennas and the Alabama Hospital Association has the same capability at more than 100 acute care facilities across the state. 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.

Broadcast

The Video Communications and Distance Learning Division broadcasts more “live” 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. In 2011, nearly 121,000 people watched one or more of the 75 trainings by satellite, Webcast, or as an on-demand program.

Video Communications is expanding upon its capabilities to produce special and featured video projects. Staff traveled to several off-site locations in 2011 to record training conferences. In June, staff filmed the 2011 Volunteer Symposium: Responders and Disaster Affected Individuals: Bridging Gaps of Understanding and Misunderstanding at the Renaissance Hotel and Convention Center in Montgomery. Conference speakers educated attendees on how to better respond in times of disaster. Special attention was given to the 2007 Enterprise Tornado and the 2009 Deepwater Horizon oil spill, with a keynote address from Mildred Muhammad, widow of D.C. Sniper, John Allen Muhammad.

Also in June, staff members filmed the Leading the Way in Public Health Nutrition and Physical Activity: Blazing New Trails conference in Salt Lake City, Utah. The three-day conference was sponsored by the Association of State and Territorial Public Health Nutrition Directors, in collaboration with the National Society of Physical Activity Practitioners in Public Health, and focused on ways communities could provide more “exercise-friendly” environments for their residents.

In November, staff members traveled to Mobile for the “PTS (Post Traumatic Stress) Disorder to PTS Growth” conference. The two-day conference was sponsored by the Alabama Department of Mental Health, the Alabama Department of Rehabilitation Services, the UAB School of Medicine, and Greenleaf with special support from the Center for Governmental Services at Auburn University. Trauma and suicide prevention among military members, veterans, and their families were the main topics of discussion with a featured presentation from the Vice Chief of Staff for the United States Army.

Staff members also had several opportunities to collaborate with various branches within the department to provide educational videos to the public, including working with Family Health Services to update its extensive WIC Vendor Training video. Staff also worked with the Injury Prevention Branch to produce a video about the state’s Graduated Driver’s License law. The video featured a family who tragically lost their teenage daughter in a car crash in 2010. The video is being shown in classrooms and trainings across the state and is available for viewing on the ADPH YouTube channel and the Alabama Teen Driving Facebook page.

Internet

Satellite conferences produced by the division are also broadcast as live Webcasts through the APHTN’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 any educational resources submitted with each program.

Emergency Response

Emergency communications continue to play a significant role in the division's responsibilities. In March, Video Communications and Distance Learning staff provided support when public health officials announced an ongoing investigation into an outbreak of *Serratia marcescens* in six Alabama hospitals. Two news conferences on the outbreak were broadcast from the studio, and staff provided a cable network with an uplink for a live interview with the State Health Officer during its morning news broadcast.

The division broadcast several urgent, live news conferences in the aftermath of the April 27 tornadoes. The conferences were conducted in collaboration with the Governor's Office and the Federal Emergency Management Agency (FEMA) and held in the studio in Montgomery, as well as off site at the Alabama Emergency Management Agency office in Clanton, and FEMA Headquarters in Birmingham.

The department's satellite uplink and production vehicle is fully equipped for remote 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

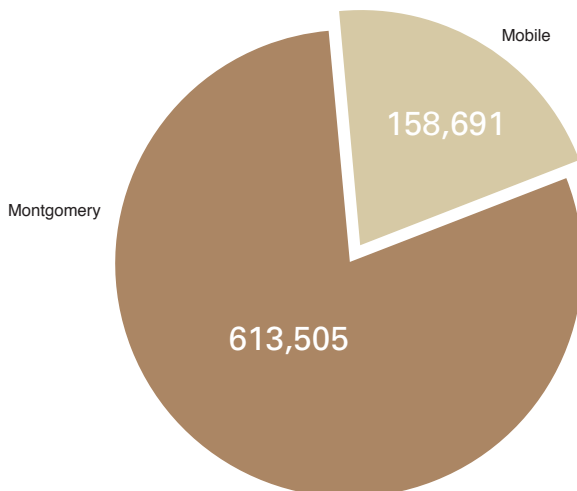
The year 2011 brought big changes to the video conferencing system. The system is now expanding from 1 site to 18 throughout the state. Sites will be located at all public health area offices and other locations including the state laboratory and central office. The division has been working with the department's Information Technology staff to plan for and deploy the network, which should be operational in early 2012. This two-way video and audio distance learning conference system is as simple as a conversation between two people in private offices (point-to-point) or several different sites (multipoint) with several people participating from each site, thus eliminating the need for travel. This conferencing system is a critical meeting and learning tool and is a huge benefit for workforce development. The division has developed an online meeting planner and will be responsible for managing this enhanced communications network.

Bureau of CLINICAL LABORATORIES

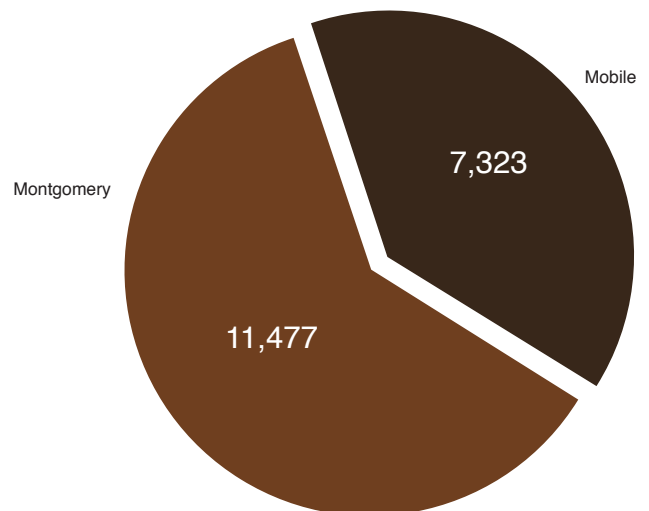
The overarching mission of the Bureau of Clinical Laboratories (BCL) is to lead the state through laboratory science to improve and protect the residents' health by testing and providing test data in support of disease surveillance and policy decisions. The bureau, in collaboration with its partners, aspires to ensure quality test results for timely diagnosis and treatment of Alabama's citizens. The BCL is an essential component of the state and national public health laboratory systems and is a first line of defense in detecting diseases. It offers citizens quality services through an array of technical specialties.

The BCL consists of a main laboratory in Montgomery and a specialty testing laboratory in Mobile. A combined total of 772,196 specimens were received during fiscal year 2011. Nearly 2 million laboratory tests were performed, most of which were clinical. The bureau offers environmental testing in support of departmental programs. These tests and their results have a significant impact for the patients, their communities, and subsequently, the entire state.

Distribution of Clinical Specimens
October 1, 2010 - September 30, 2011



Distribution of Environmental Specimens
October 1, 2010 - September 30, 2011



ADMINISTRATIVE SUPPORT SERVICES DIVISION

Employees in the Administrative Support Services Division provide an array of services in support of the BCL: purchase supplies, reagents, and equipment; prepare and monitor the budget; maintain the property inventory; oversee shipping and receiving activities; and maintain the building, building security, and grounds. This division also provides support for the Laboratory Information Management System (LIMS), which allows county health departments to order and receive results for clinical tests electronically, which decreases turnaround time. Providers outside of the health departments are able to order tests and receive results electronically via a Web portal. The inclusion of environmental testing, such as rabies, milk, water, and environmental lead, is the current focus for the LIMS team.

CLINICAL CHEMISTRY DIVISION

The Clinical Chemistry Division offers services via the Clinical Services, Lead, and Chemical Terrorism/Biomonitoring branches for both clinical and environmental analysis.

Clinical Services Branch

The Clinical Services Branch performs testing for routine chemistry profiles, Hepatitis B screenings, complete blood counts, CD4/8 T-lymphocyte subset enumeration, quantitative polymerase chain reaction (PCR) for HIV viral loads, and HIV genotype testing. County health departments, federally qualified health centers, and community based HIV treatment programs submit specimens in support of the clinical management of their patients. The branch processed and analyzed the specimens as described in the accompanying table.

Specimens Processed and Analyzed in the Clinical Service Division for Fiscal Year 2011	
Type of Testing Performed	Number of Specimens
Chemistry	16,994
Hepatitis B	1,819
CBC's	11,166
CD4/8 Enumerations	7,992
HIV Viral Loads	8,413
HIV Genotypes	568

Lead Branch

Employees in the Clinical Blood Lead Section processed and analyzed 16,097 specimens for abnormal blood lead levels. Most specimens received were in support of Medicaid guidelines to screen children 6 months to 6 years. Of those tested, 176 were found to be greater than or equal to 10 µg/dL (1.1 percent), the level detrimental for developing children. Two children had lead levels in excess of the 45 µg/dL critical value.

The Environmental Lead Section tested 1,108 soil, water, paint, and wipe samples finding 151 with lead levels of concern; vinyl mini blinds represented the highest rate of positivity. Such testing allows investigations to determine the source and mitigate exposure to lead.

Chemical Terrorism/Biomonitoring Branch

The Chemical Terrorism/Biomonitoring Branch acquired a new method, the Acid/Base Extraction Screen, and a new Gas Chromatograph/Mass Spectrophotometer this year to enhance its ability for chemical analysis for possible chemical threats. The branch established methods to analyze Alabama Gulf seafood samples for polyaromatic hydrocarbons and chemical dispersants in response to the Deepwater Horizon oil spill in collaboration with the Alabama Department of Conservation and Natural Resources and the Food and Drug Administration. The branch continued to assist law enforcement in identification of unknown chemical substances and successfully participated in the CDC-sponsored proficiency testing program.

MICROBIOLOGY DIVISION

The Microbiology Division assists the Bureau of Communicable Disease in detection and characterization of causative agents of disease outbreaks, foodborne illness investigations, and biothreat agents. The division is composed of eight sections: Bioterrorism, Emerging Infectious Diseases, Molecular Methods, Rabies, Reference Bacteriology (which includes food testing and gonorrhea testing by culture), Parasitology, Enteric Diseases, and Influenza.

Bioterrorism Section

The Bioterrorism Section (BT) staff is trained to rapidly respond to biological terrorist attacks by testing both environmental and clinical material for bacterial agents and toxins. This section operates under strict national guidelines and is routinely drilled to ensure the State of Alabama is able to respond and test for potential bioterrorism agents. BT participated in the Bio-Response Operational Testing and Evaluation (BOTE) interagency project to conduct and evaluate field-level indoor biological remediation studies of various decontamination technologies and to exercise biological incident response. It involved the intentional release of a surrogate to mimic *Bacillus anthracis* and evaluated the efficacy and operational parameters of three biological decontamination methods to remediate an enclosed facility. It also included a covert indoor release of the surrogate to address interagency (Environmental Protection Agency and CDC) roles and responsibilities in a response. In addition, BT tested 3 environmental specimens and 48 clinical specimens to rule out possible select agents including a case of possible *Vaccinia virus* (used in vaccinations to protect against Smallpox). This section participated in the CDC-sponsored Proficiency Testing Program for LRN laboratories. All proficiency testing was deemed acceptable.

Emerging Infectious Diseases Section

The Emerging Infectious Diseases Section (EID) is critical to disease outbreak investigations. It has the capacity to rapidly identify and characterize disease agents using molecular technology and share this information with state and national partners. One of the national programs is PulseNet which focuses on foodborne outbreaks caused mostly by *Salmonella* and *Escherichia coli* O157:H7. EID subtyped a total of 1,818 bacterial isolates from five genera to report to CDC's national database: 53 *E. coli*, 1,522 *Salmonella*, 223 *Shigella*, 2 *Listeria*, and 18 *Campylobacter*. Pulse field gel electrophoresis (PFGE) was instrumental to link isolates from Total Parenteral Nutrition (TPN) bags and patients during a *Serratia marcescens* outbreak in several hospitals in Jefferson and Shelby counties as well as pinpoint the source of contamination during the investigation of an *Achromobacter denitrificans* contamination problem at another hospital in east Alabama. Employees certified in PFGE also successfully participated in the fall 2010 and spring 2011 CDC Proficiency Testing Program.

Molecular Methods Section

The Molecular Methods Section performs surveillance testing for viral influenza to identify "hotspots" to control the spread of the disease and to focus resources where they are most needed. During the past year, 1,421 influenza specimens were tested, of which 730 were positive by PCR. PCR analysis enabled the BCL to test 29 specimens for Norovirus which identified eight outbreaks investigated by the Epidemiology Division. PCR testing

for *Bordetella pertussis* resulted in detection of disease for 1 patient and eliminated the need for treatment for 17 others. PCR technology was used to identify 185 specimens as *Mycobacterium tuberculosis* Complex.

Nine specimens, of which five were positive for West Nile virus (WNV), were sent to CDC in Fort Collins, Colorado. One specimen, which tested negative for Chikungunya, was also sent to Fort Collins. By the end of the year, the Arbovirus Section established in-house testing for WNV.

Rabies Section

Rabies continues to be problematic in wild animals such as raccoons. Testing helps provide results to assist physicians in treating patients exposed to animals infected with the virus. Data gathered also aids animal vaccination programs aimed at controlling the spread of rabies in wildlife. During fiscal year 2011, this section processed, tested, and reported 1,823 specimens for detection of rabies. Forty-three raccoons, 16 bats, 11 foxes, 2 bobcats, 1 opossum, and 1 coyote were reported as "positive for rabies by fluorescent antibody test." No domestic or farm animals were found to be positive. The Rabies Section complied with the national Oral Rabies Vaccination Program by furnishing positive specimens detected from boundary counties along the Coosa and Alabama Rivers for further testing at CDC.

Reference Bacteriology Section

The Reference Bacteriology Section is essential to identify new or rare bacterial pathogens that could adversely affect Alabama's citizens as well as to monitor the presence of common pathogens. During the past year, 63 serotypes of 143 specimens were identified as shiga toxin producing *Escherichia coli*: 17 as O157:H7; 33 were non-O157; 1 was shiga-toxin positive *Providencia*, and 12 were shiga-toxin positive but the causative agent was not isolated.

Influenza caused by *Haemophilus influenzae* is vaccine preventable and monitoring it helps determine vaccine effectiveness and at-risk populations. There was a 58 percent increase in specimens submitted for *H. influenzae* serotyping with a total of 74 received. The majority was non-typable; however, 6 were Type E, 2 were Type D, 9 were Type B, and 14 were Type F. Another potential deadly vaccine preventable disease is bacterial meningitis caused by *Neisseria meningitidis*. Ten specimens were submitted for *N. meningitidis* serotyping and four tested Group B; two, Group C; and four, Group Y. Whooping cough, caused by *Bordetella pertussis*, also a vaccine-preventable disease, continues to resurface due to waning immunity as the population ages. Two cultures were confirmed as cases of *B. pertussis*.

Other bacterial pathogens tested with potential for grave public health consequences are *Listeria monocytogenes*, *Vibrio cholerae*, and *Clostridium botulinum*. During the year, two *L. monocytogenes*, two *V. cholerae* non-01/non-0139 and five as non-cholera *Vibrio* were identified. Three specimens suspicious for *C. botulinum* were found to be negative and two *Legionella* species were identified from a closed water system at a hospital in south Alabama.

The causative agent of foodborne outbreaks in Clay County and Public Health Area 2 was found to be Norovirus when clinical specimens were tested. Seventeen *Serratia marcescens* isolates from the TPN outbreak were determined to have identical DNA fingerprints.

The laboratory supported, with testing, an E. coli O157:H7 outbreak at a water park and day care center in east Alabama. DNA fingerprinting revealed that the E. coli cases from the water park (5) and the day care center (3) had identical profiles. Five specimens associated with the day care tested positive for Salmonella.

The Neisseria gonorrhoeae (culture) program received 378 cultures from nongenital sites. Of this number, 24 were positive for N. gonorrhoeae, representing a 46 percent increase.

Enteric Pathogens Section

The Enteric Pathogens Section isolates and identifies Salmonella and Shigella, pathogens associated with foodborne illness. In addition, the section submits isolates to the National Antimicrobial Resistance Monitoring System (NARMS), a program that monitors changes in antibiotic resistance in pathogens linked to foodborne illness. The BCL received 1,762 specimens for the fiscal year 2011, a 3 percent increase from 2010. Of this number, 1,500 were Salmonella and 209 Shigella. A total of 107 specimens were submitted to NARMS.

Parasitology Section

The Parasitology Section detects parasitic organisms associated with foodborne, waterborne, or tickborne illness. Three cases of malaria and 8 cases of Giardia lamblia were confirmed.

Influenza Culture Section

Respiratory illnesses that have flu-like symptoms are not always caused by the influenza virus. The Influenza Culture Section conducts surveillance to help determine other causes of respiratory illness. Of the 1,047 specimens received in fiscal year 2011, 518 were found to be positive.

MOBILE DIVISION

The Mobile Division operates with three branches covering the analyses of shellfish and recreational waters of the Gulf beaches, clinical testing, and environmental testing (drinking water and rabies).

Shellfish/Beaches Environmental Assessment and Coastal Health (BEACH) Program Branch

The Shellfish/BEACH Branch supports the work of the Alabama Department of Conservation and Natural Resources to investigate possible effects of oil from the Deepwater Horizon oil spill on fisheries. This laboratory prepares tissues of finfish, oysters, and shrimp and ships them to Montgomery for chemical analysis.

Clinical Branch

The Clinical Branch processed specimens for Syphilis, Chlamydia trachomatis/Neisseria gonorrhoeae (CT-NG), and Urine Culture/Sensitivity. The branch received 50,365 specimens for CT-NG that yielded 100,730 patient results. The Urine Culture/Sensitivity Program, which serves all 67 counties through identification of pathogenic organisms and determination of microbial agent sensitivities, received 2,228 specimens that yielded 8,492 total examinations. Effective April 1, 2011, the department implemented a new testing algorithm for syphilis serology utilizing a new enzyme immunoassay. Syphilis serology specimens totaled 54,478 yielding 55,294 patient results.

Environmental Branch

The Environmental Branch consists of three sections that include Rabies, Drinking Water, and Central Services. The Drinking Water Section participated in an EPA drinking water audit during March and anticipates complete certification status. The Mobile Lab tested 5,323 public and private drinking water samples. The lab also received 398 rabies specimens, 6 of which were positive: 3 raccoons, 2 foxes, and 1 bat.

NEWBORN SCREENING DIVISION

The Alabama Newborn Screening Laboratory (NBS) is required by state law to test every newborn for the presence of certain metabolic, endocrine, hematological, and other genetic disorders. Early detection and treatment of these disorders may save an infant's life or at least allow for improved quality and length of life. Alabama has approximately 62,000 live births each year, and each has an initial screening performed at birth and a second screening is recommended at 2 to 6 weeks of age.

The NBS Laboratory initially screens for 29 of 30 March of Dimes and American College of Medical Genetic recommended disorders. A second screening determines approximately other 15 secondary disorders. The laboratory screens approximately 150,000 specimens yearly, which translates to 6,600,000 total tests. The NBS Laboratory has state-of-the-art instruments and the most current methods to assure the best chance at diagnosis of a disorder. Each year, the NBS Laboratory identifies approximately 100-120 infants with abnormalities that may not be apparent at birth. A rapid diagnosis allows for further evaluation via specialists for additional testing, medication, diet, or treatment plan.

QUALITY MANAGEMENT DIVISION

The Quality Management (QM) Division monitors the quality of all facets of technical and nontechnical laboratory functions. The year began with continuing efforts to ensure that policies and procedures set forth by the Clinical Laboratory Improvement Amendments (CLIA) were maintained and ultimately exceeded within the BCL. The division oversees three CLIA certificates held by BCL: Montgomery Laboratory, Mobile Division, and Alabama County Health Department Laboratory Systems (ACHDLS). The year concluded with three successful CLIA inspections at the Mobile Laboratory, Montgomery Laboratory, and ACHDLS. No deviations were cited for any of the three certificates.

The QM Division places great emphasis on ensuring that the BCL and the ACHDLS provide the best patient care possible through laboratory science. This task is accomplished as described in the accompanying table.

How Quality Management Division Ensures Quality
• Specimen processing
• Monitoring of patient test management
• Procedure manual development
• Quality control assessment of county clinics
• Training assessment of testing personnel
• Administration/monitoring of BCL/county proficiency testing
• Test results and method validation
• Patient information and test relationships
• Personnel assessment of state and county employees
• Complaint investigations and communication assessments
• Assessment of safety and laboratory documentation issues BCL Web site maintenance

RESPIRATORY DISEASE DIVISION

Mycobacteriology Section

The Mycobacteriology Section (TB Lab) is a recipient of a cooperative agreement grant from the CDC. The TB Lab received 10,618 specimens for isolation and/or identification of Mycobacterium tuberculosis complex and other Mycobacterium species; 455 of these were referred cultures. The section performed 1,362 probes with the Genprobe system and 1,083 high pressure liquid chromatography tests for the identification of Mycobacterium species other than M. tuberculosis (NTM). This section performed 314 drug initial susceptibility test panels for isoniazid, rifampin, ethambutol, and streptomycin initially. If resistance to any drug was detected, the primary antibiotics were repeated as well as ethionamide, kanamycin, ofloxacin, and a higher concentration of the antibiotics isoniazid and streptomycin. There were 211 of the indirect proportion susceptibilities, which did include the NTM, Mycobacterium kansasii. Testing of Mycobacterium kansasii has been discontinued due to recommendations by the Association of Public Health Laboratories (APHL) and CDC. In addition, 312 separate tests were performed for the antibiotic pyrazinamide.

Molecular testing by real-time polymerase chain reaction test (RT-PCR) for M. tuberculosis complex has greatly aided the Tuberculosis Control Division in contact investigation and treatment decisions. One specimen from all new smear positive patients and smear negative patients with a high suspicion for TB were tested by conventional RT-PCR. Of the 185 tested, 26 percent were positive for M. tuberculosis complex. An APHL award allowed purchase of the Cepheid GeneXpert II to perform PCR for new smear positives and special requests on smear negatives. Seventy-two tests have been performed, with 32 percent being positive. By PCR methods, a total of 257 specimens were tested and a combined total of 27.8 percent were positive.

An isolate from all new cases of *M. tuberculosis* complex and isolates for investigation of suspected cross contamination events are referred to the National Genotyping Laboratory in Michigan; a 138 isolates were sent last year. The genotyping information was collated and distributed to the Tuberculosis Control Division each month to enhance outbreak epidemiological investigations and patient care.

The TB Lab also participated in CDC's Molecular Detection of Drug Resistance Study (MDDR). Specimens/isolates that exhibited resistance to two or more of the first-line drugs, or were anticipated to be resistant, were submitted for drug resistance testing for certain special cases to a Florida state laboratory.

Mycology Section

The Mycology Section received 4,956 specimens for fungal isolation and identification. Of these, 1,584 were referred cultures. Testing of referred and clinical isolates identified 1,085 dermatophytes, 335 yeasts, and 1,055 other fungi. The most common dermatophyte identified was *Trichophyton tonsurans* at 93.3 percent. Systemic pathogens isolated and identified were 17 *Cryptococcus neoformans*, 18 *Histoplasma capsulatum*, and 1 *Blastomyces dermatitidis*.

Sanitary Bacteriology/Media Division

The Sanitary Bacteriology/Media Division tests dairy products and public and private water fluoride samples and prepares media used by both the county health departments and the BCL. Testing was done on 1,268 dairy samples to include raw producer and tank truck samples, as well as finished dairy products. Testing was performed on 1,104 fluoride samples.

The lab tested 6,109 public and private waters samples, approximately the same number as last year. Working with the Alabama Department of Environmental Management, two public water utility laboratories were inspected for compliance with state and federal regulations. The Media Section made a total of 4,542 liters of media, which poured 53,824 plates, 184,710 tubes, and 8,024 flasks in support of the Newborn Screening, Microbiology, Milk and Water, Mycology, TB, and EID programs. Working with the U.S. Food and Drug Administration, one milk laboratory was inspected for compliance with state and federal regulations.

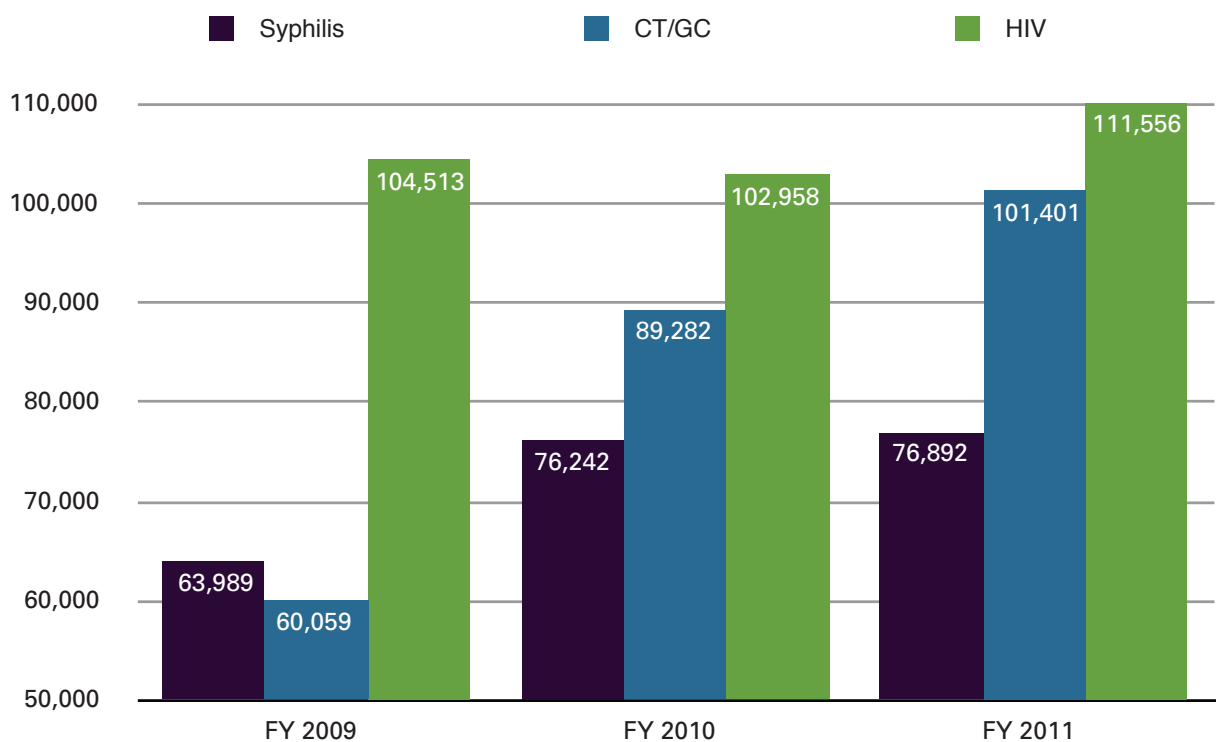
SEROLOGY DIVISION

Human immunodeficiency virus (HIV) screening by Enzyme Immuno-Assay (EIA) increased 4 percent with 0.66 percent of the EIA specimens confirmed as positive for HIV-1 by Western Blot. The total number of specimens tested was 111,556. The division began investigating an RNA-based nucleic acid amplification test (NAAT) to supplement the Western Blot for confirmatory testing for HIV-1. The division also began Western Blot confirmatory testing for rapid HIV-1 tests using oral fluid as the specimen.

Chlamydia trachomatis (CT) and *Neisseria gonorrhea* (GC) specimens increased by 11,119, representing a 12 percent increase and the total number of specimens tested was 101,401. The positivity rate for CT was 10.7 percent and 3.3 percent for GC. The division has evaluated and expects to offer a new NAAT for the detection of *Trichomonas vaginalis* (TV) in fiscal year 2012.

The Syphilis Branch augmented its testing algorithm by using an automated EIA that targets patient antibodies specific for *Treponema pallidum* to screen for syphilis. The division continues to offer the Venereal Disease Research Laboratory (VDRL) test for spinal fluids and disease staging treatment follow-up for EIA reactive specimens. The *Treponema Pallidum* Particle Agglutination (TP-PA) test is also available if needed. A total of 76,892 specimens were tested; 1,203 were positive representing a positivity rate of 1.6 percent.

Test Volumes Fiscal Year 2009-2010



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 requirements, and compliance with applicable state laws and regulations. The office also serves as consultant for the programs, services, and functions of the department.

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

During 2011, the Office of Program Integrity continued its mission of objectively evaluating county health departments and central office units in the areas of financial and administrative activities. Nine of the 11 public health areas received audit services. Activities in 41 county health departments were reviewed.

FISCAL YEAR 2010 ACCOMPLISHMENTS	
FINANCIAL / ADMINISTRATIVE AUDITS	26
PROPERTY AUDITS	26
FEDERAL PROGRAM AUDITS	
County Health Departments	26
External WIC sites	0
WIC Training Center site	0
STATE LEVEL PROJECTS	3

The office also conducted special reviews and consulting activities including the following:

- Subrecipient Compliance and Monitoring
- Healthcare Electronic Application for Reporting Time (HEART) – Community Based Waiver Time Keeping/Reporting System
- Risk Management
- Fee System Manual Revisions

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 of new and innovative technology and are offered seminars on professional development.

Each year the Training Unit coordinates the mandated Basic Environmentalist Training Course. This course is offered biannually and must be successfully completed by newly hired employees prior to their receiving permanent status with the state. The course provides new employees with interpretation of Alabama's Food/Onsite Rules and Regulations and provides the knowledge necessary to perform their job duties.

In counties with limited environmental staff, mandated certified food safety courses are provided for food industry personnel 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

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. Food service establishments are routinely inspected three times per year; hotel and camp inspections are inspected once per year; tattoo facilities are inspected twice per year; and jails are inspected once per year.

Food Safety

In 2011, county health departments conducted 46,554 inspections at food service establishments. In addition, 3,443 inspections were made at temporary food establishments such as food booths at fairs and festivals; and 8,761 inspections were made at other locations. County health departments investigated 2,646 complaints from the public concerning food or food establishments and issued 7,545 legal notices.

Tattoo (Body Art) Facilities

Body art includes tattooing, body piercing, and branding. County health departments continued the regulatory activities for this program, which was established in 2001. Under the requirements for licensing body art facilities and issuing permits to the operators, 312 licensed facility inspections were conducted. The county health departments investigated 102 complaints and issued 49 legal notices.

Lodging

County health departments conducted 1,193 inspections of hotels and camps and 173 inspections of jails and prisons, investigated 316 complaints, and issued 152 legal notices.

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 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 2011, the Milk Branch conducted 55 pasteurization equipment tests, 206 dairy farm inspections, 65 milk plant inspections, 14 single service manufacturing plant inspections, and permitted 128 out-of-state plants to ship dairy products into Alabama. The branch collected 779 raw (before pasteurization) milk samples, and 794 pasteurized milk samples for bacteriological, chemical, and antibiotic testing.

A total of eight milk tankers containing 350,681 pounds of milk (or 40,777 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 department 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 2011, a combined total of 440 inspections were conducted to ensure compliance with the State Health Department Rules and Regulations and a total of 455 field visits were conducted to provide onsite training in good manufacturing practices, record keeping, and compliance with inspection schedules. There were 21 shellfish processing permits issued; 15 crab processing permits issued; and 58 shrimp, fish, and specialty product processing permits issued. In addition, 118 private source water samples were collected from processors to ensure bacteriological safety.

During the 2011 fiscal year, 211 shellfish growing water samples and 6 shellfish samples were collected to determine bacteriological compliance. In addition, one shellfish sample was 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.

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

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

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.

Soil and Onsite Sewage Branch

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

During the past year:

- Permits issued to install onsite sewage systems..... 12,278
- Systems installed..... 10,374

- Special projects such as plans reviewed for large systems handled 18
- Complaints handled statewide 3,274
- Variances processed 3
- 1,004 people were trained at various environmental training events. Participants were departmental staff and those involved in onsite systems design and installation outside of the department.
- 36 product permits were 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.
- 145 large onsite systems were permitted by the department under performance permits. These permits require sampling and maintenance of large systems to better protect public health and ground water. These permits are very similar to National Pollutant Discharge Elimination System permits issued for wastewater discharges by the Alabama Department of Environmental Management.
- 41 county onsite sewage programs were reviewed by central office survey officers. These programs are 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.

- Unauthorized dumps inspected..... 1,110
- Transfer/processing facilities inspected..... 36
- Septage management facility inspections 17
- Collection vehicles inspected 1,167
- Certificates of exception reviewed/issued..... 2,707
- Vector complaints investigated 3,697

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 abatement 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 engaged in lead identification and risk assessment, planning, 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 their duties according to established safe work practice standards. The branch became responsible for the new EPA Renovation Contractor Certification program in November 2010.

Branch personnel provided 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 hazards. This program ensures that proper medical treatment or case management is undertaken by responsible authority and prevents childhood lead poisoning in homes containing lead hazards.

The Indoor Air Quality/Lead Branch has resumed limited onsite investigations of indoor air quality problems for some state and public buildings. The 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:

- Firms certified to conduct lead-based paint hazard abatement activities.....87
- Firms certified to conduct lead-based paint renovation activities 135
- Inspections of lead abatement project sites.....34
- Visits to municipal authorities for compliance assistance..... 152
- Violations of state lead regulations noted.....20

Childhood Lead Poison Prevention Program activities:

- Lead outreach (education and awareness) workshops, seminars, and fairs 18
- Inspections of homes with cases of children with high blood lead levels84
- Environmental lead samplings of dust, soil, water, and paint chips..... 1,006

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. 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 the following:

- Registering and inspecting all medical and nonmedical X-ray producing equipment and use in the state.
- Licensing and inspecting all uses of radioactive material in the state including medical, research, and industrial uses.
- Coordinating, implementing, and inspecting increased controls for security of certain high-risk radioactive material licensees.
- Registering and inspecting particle accelerators in the state including medical, research, and industrial uses.
- Performing annual inspections of mammography X-ray units under the Mammography Quality Standards Act of 1992.
- Reviewing and approving shielding plans for diagnostic X-ray, PET imaging, and particle accelerator facilities.
- Testing and certifying industrial radiographers using radioactive material and X-ray producing equipment.
- Performing 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.
- Coordinating with other state agencies in the development and implementation of the Alabama Radiological Emergency Response Plan for nuclear power plant incidents.
- Planning and participating in annual offsite nuclear power plant exercises.
- Planning and participating in annual medical service drills at hospitals located near nuclear power plants.
- Providing radiation safety training to 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.

- Performing emergency response in the event of an accident or incident involving radioactive material.
- Planning and participating in terrorist threat-based training exercises involving radioactive material.
- Responding and investigating allegations of wrongdoing involving radiation or radioactive material.
- Coordinating and overseeing the Alabama Radon Education Program.
- Conducting surveillance of shipments of low-level radioactive waste transported through Alabama as part of the U.S. Department of Energy Waste Isolation Pilot Project.
- Participating in the Department of Homeland Security Task Force for the Preventive Radiological and Nuclear Detection Program in Alabama.
- Coordinating and implementing the department's expanded radiological emergency response teams involving assigned environmentalists and nurses in the 11 public health areas.

For 2010-2011, the service activities for the office include the following:

- Registered 336 new medical X-ray units.
- Reviewed 140 medical X-ray shielding plans.
- Inspected 1,055 registered medical X-ray facilities.
- Inspected 2,257 medical X-ray machines.
- Inspected 2,301 medical X-ray tubes.
- Issued 10 new radioactive material licenses.
- Issued 340 amendments for radioactive material licenses.
- Issued 42 amendments to particle accelerator registrations.
- Inspected 273 radioactive material licenses.
- Inspected 14 particle accelerator registrations.
- Issued 25 nonmedical X-ray registrations.
- Issued 81 amendments to non-medical X-ray registrations.
- Inspected 35 nonmedical X-ray facilities.
- Issued 39 industrial radiographer certification cards.

- Responded to 46 incidents involving radioactive material and investigated 2 allegations of wrongdoing involving radioactive material.
- Collected 413 environmental samples.
- Conducted and participated in two nuclear power plant offsite radiological emergency response exercises.
- Trained approximately 950 first responders and support personnel in basic radiation principles and response procedures.

For 2010-2011, notable achievements include the following:

- Provided increased environmental radiation surveillance to the state during the aftermath of the Fukushima nuclear power plant incident that occurred in Japan on March 11, 2011. This included additional air sampling, rain water sampling, and milk sampling in the state.
- Equipped and trained approximately 42 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.
- Coordinated with the Alabama National Guard's 46th Civil Support Team (CST) and the Alabama Department of Public Safety's Crisis Response Team (CRT) to provide radiation surveillance at the two Talladega races as part of the state's Preventive Radiological and Nuclear Detection Program.
- Participated in the Alabama Department of Homeland Security statewide exercise for law enforcement agencies on April 17-22, 2011. This exercise tested the communication capabilities and law enforcement operations of the eight Homeland Security regions in Alabama. A radiological component was injected as part of the exercise scenario to test the response of the participants.
- Participated in the U.S. Department of Energy Road RAPTER training with representatives from the CST, the CRT, and the U.S. Department of Energy's Radiological Assistance Program Team.

Bureau of PROFESSIONAL and SUPPORT SERVICES

The Bureau of Professional and Support Services supports a variety of important department initiatives and projects. These services include the facilitation and participation in activities to recruit, retain, and further develop employees within the department, and the development and implementation of programs to enhance the health care workforce and health delivery infrastructure in rural and medically underserved areas throughout the state.

Management Support Unit

The Management Support Unit supports 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 assistance to all bureaus with SPAR, the department's strategic planning and budgeting process. The unit also manages budgets for the Bureau of Professional and Support Services.

OFFICE OF MINORITY HEALTH

The mission of the Office of Minority Health (OMH) 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 impact public health, individual quality of life, and mortality. To promote public awareness of the health concerns in minority and underserved populations throughout the state, the office conducted outreach activities and presentations at numerous state, regional, and county workshops; conferences; summits; community meetings; and correctional institutions.

During 2011, the office received funds for a three-year grant through the U.S. 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.

The OMH, in partnership with the Office of Women's Health and the Cardiovascular Health Branch, continued to provide training on the Chronic Disease Self-Management Program (CDSMP). The evidence-based program emphasizes goal setting, problem solving, action step planning, exercise and physical activity, deep breathing exercises, guided imagery, endurance activities, communication skills, depression management, muscle relaxation techniques, and meditation as techniques for self-managing chronic diseases.

In addition to education and outreach activities, Web-based satellite conferences were implemented to provide professional development opportunities for health care providers, social workers, dietitians, clinicians, and faith-based organizations. The satellite conferences covered topics including Cardiovascular Disease in Women, Power to End Stroke, Women's Health Information for the Incarcerated Program, The Psychology of Men, Health and Social Issues Impacting Underserved Youth, Aging Gracefully: Health Care Services for Older Adults, and Mental Health Issues in Underserved Youth.

Health disparities outreach and education activities continued with the Alabama Department of Corrections through the reentry and pre-release programs at Bibb County, Birmingham Work Release, Bullock County, Childersburg, Draper, Easterling, Kilby, Limestone, Montgomery Women's Facility, Red Eagle, St. Clair, Staton, Tutwiler, and Ventress prisons.

The OMH assisted the Cancer Prevention and Control Division with outreach efforts. In support of Prostate Cancer Awareness Month, prostate education materials were disseminated at several male prison facilities. The purpose of this gender-specific outreach was to raise awareness around the risk factors for prostate cancer and the importance of having annual prostate screenings. The primary goal was to raise awareness of the link between prostate health and sexual performance.

The OMH also provided a series of onsite professional development workshops and education programs to multiple state agencies, academic institutions, community organizations, and faith-based programs. Training was provided to graduate students in the Master of Public Health Program at Tuskegee University, Alabama Department of Public Health Nurse Practitioners Annual Conference, South Central Public Health Leadership Institute, Rally for Awareness at Shocco Springs, Alpha Kappa Alpha Sorority, Inc., Day at the Capitol, Montgomery County Wellness Coalition, Baptist Health Systems Hospice Program, Shelton State Community College – Nurses Meeting, Jackson Hospital Wellness Program, and Human Services Council of Cleburne County.

The OMH received a mini-grant from the National Association of State Offices of Minority Health to launch the National Partnership for Action Plan (NPA) Outreach Strategy. The plan's goal is to implement strategies that will move the nation toward health equity. The NPA is being launched through a series of forums to promote awareness, leadership, health system and life experiences, cultural and linguistic competencies, research, and evaluation. The NPA forums are planned to target community leaders, health care providers, public health practitioners, state agencies, and community partners statewide.

The OMH provided health education programs, in-services, and classes in different academic settings to minority students about public health careers in addition to other medical and health-related professions. A new partnership with the Health Occupation Students of America Program was formed. Information was provided to health science teachers for dissemination to students about career and job opportunities for students who are interested in pursuing careers in health care or the medical field.

The OMH continues its mission of addressing cultural and language barriers for the non-English speaking populations of Alabama. The Limited English Proficiency Program provides additional communication options through language interpreters, translated documents, and multi-language telephone assistance to public health clients who do not speak English. These communication options are offered to reduce barriers that impact health care service delivery.

NURSING DIVISION

Public health nursing in Alabama 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 which promote health and prevent disease. During 2011, staff collaborated with community partners throughout the state to promote safe nursing practice, enhance the knowledge of public

health nurses, and foster relationships between partners to promote nursing as a career. This past 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. University collaborations included The University of Alabama, Auburn University and Auburn Montgomery, and the University of South Alabama. The Nursing Division also has student nurse clinical affiliations with 42 schools of nursing throughout Alabama and the United States. The Alabama Department of Public Health is also represented by staff as members of the Association of State and Territorial Directors of Nursing.

The Nursing Division serves as the American Heart Association Community Training Center for Cardiopulmonary Resuscitation (CPR) and first aid training. The division's 148 instructors are based throughout Alabama and provide CPR and first aid training to day care providers, community volunteers, and health care professionals. The division is also approved to provide continuing education for nurses by the Alabama State Nurses Association in collaboration with the American Nurses Credentialing Center.

During the past year, nurses from the division, the Center for Emergency Preparedness, and area and county health departments responded to a tornado disaster that occurred in April by opening two medical needs shelters and conducting triage activities in hospitals in the affected areas.

NUTRITION AND PHYSICAL ACTIVITY DIVISION

The vision for the Nutrition and Physical Activity Division (NPA) is for Alabamians of all ages to embrace a culture of healthy choices as their normal way of life. Focusing on healthy lifestyles, the division addressed changes through encouraging policy, environmental, and system changes.

The Alabama Healthy Vending Machine policy was designed to introduce healthy vending machine choices in state agencies while still allowing for personal choice. The project originated in Montgomery at state-level agencies with partnerships from the Alabama Department of Rehabilitation Services and the Business Enterprise program. Partnerships have expanded to include private sector vendors, hospitals, and businesses. The long-range goal is to expand this program statewide.

With this initiative, between 25-100 percent of the snacks in vending machines meet the 10-10-5 nutrition standard.

- 10 percent or less of the Daily Value (DV) of total fat (nuts are exceptions).
- 10 percent or less of the Daily Value (DV) of total carbohydrate (fruits are exceptions).
- 5 percent or more of the Daily Value (DV) of at least one of the following nutrients: fiber, vitamin A, vitamin C, calcium, iron.
- 360 mg or less of sodium.



- Preferred beverages include pure water, non-carbonated flavored, and vitamin enhanced water (without artificial flavorings), 100 percent fruit and/or vegetable juice (without artificial sweeteners) and diet soda.

The “Good Choice” logo placed in the vending machines identifies snacks meeting the nutrition criteria.

The department collaborated with the State Department of Education, Auburn University of Montgomery, and Athens State University to create an initiative to support and institutionalize improved, quality physical education programs within Alabama school systems. A Quality Physical Education Task Force was appointed by the State Superintendent of Education and charged to: 1) define quality PE, 2) develop an instruction guide, and 3) develop a state-specific physical fitness assessment. NPA staff worked closely with the test pilot schools to ensure the materials were practical. The materials will be implemented statewide in 2012.

Scale Back Alabama (www.scalebackalabama.com) is a statewide weight-loss contest that started in 2007. The purpose of the 10-week contest is to encourage Alabamians to lose weight, to exercise, and to have fun. Last year’s campaign drew more than 30,000 people in almost every county with a cumulative reported weight loss of almost 200,000 pounds. Since 2007, the cumulative weight loss is over 759,000 pounds. The campaign is geared toward adults and is primarily operated with the help of local employers (companies with ten employees or more), hospitals, and health departments. There is no charge for participating in the contest and teams are eligible to win statewide prizes. January 2010 began the first year for a “Scale Back Alabama Schools” competition. School teams successfully finishing the program were eligible to win physical activity supplies.

Finally, Be Our Voice is a program of the National Initiative for Children’s Healthcare Quality, in cooperation with the American Academy of Pediatrics, the California Medical Association Foundation, and the Center to Prevent Childhood Obesity sponsored by the Robert Wood Johnson Foundation. Alabama’s project, “Healthy Communities: Healthy Children” started in Brewton. The program taught advocacy skills, including practical strategies to foster change through policy, media, coalition building, and the legislative process. The training was immediately utilized in three community projects, each addressing environmental and system changes to support healthy lifestyles. The program expanded to Dothan, Tuskegee, and Jasper.

PHARMACY DIVISION

The Pharmacy Division’s primary responsibility is to establish the dispensing policy for all county health departments and oversee implementation of these policies. The division continued to participate as a member of the department’s preparedness advisory council and collaborate on the refinement of Alabama’s procedures for ordering and processing the Strategic National Stockpile, a special stockpile of drugs and supplies which would be shipped by the federal government to the state, if indicated, following any terrorism event.

The division continued to coordinate state agencies accessing the Minnesota Multistate Contracting Alliance for Pharmacy, which is operated by the State of Minnesota and serves 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 division continued to coordinate accessing 340 B pricing, a federal pricing program for covered entities within the department.

By September 30, 2011, approximately 70 million prescriptions had been reported into the prescription drug monitoring database, which monitors Schedule II, III, IV, and V drugs in Alabama. The database has been operational since April 2006.

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 drug information, drug scheduling, purchasing, and regulatory issues. Consultation was also provided in the areas of osteoporosis, cardiovascular disease, bioterrorism, diabetes, arthritis, and home health. Assistance was provided in the rescheduling of drugs and the Controlled Substances List.



In addition, the division provided internship experiences to pharmacy students, hosting three students from the two pharmacy schools in the state, Auburn University and Samford University.

OFFICE OF PRIMARY CARE AND RURAL HEALTH

The Office of Primary Care and Rural Health (OPCRH) facilitates and participates in activities to improve access to health care services for all rural Alabamians, with special concern for children, the elderly, minorities, and other medically underserved vulnerable populations.

One primary function of the office is the collection, review, and submittal of health provider workforce data to support federal Health Professional Shortage Area (HPSA) designations. This designation qualifies communities for 29 different federal grants and programs to increase health care access. Designation assessments were performed on shortages of primary care physicians, dentists, and mental health workers. As a result, 61 of Alabama's counties or sub-counties are now designated as primary care physician shortage areas. An additional 139 primary care physicians, strategically placed in Alabama communities, would be required to eliminate the physician shortage designations for underserved residents, but 421 additional primary care physicians are needed to provide optimum provider-to-population ratios. Sixty-five Alabama counties and one sub-county were designated as dental health shortage areas for the low-income population, with 260 additional dentists being needed to overcome this dental care shortage. Sixty-six counties are considered deficient in mental health care providers, with these counties being grouped among 21 Mental Health Catchment Areas. Forty-four additional mental health providers, strategically placed, would be required to alleviate these mental health shortage designations.

Another federal shortage designation is Medically Underserved Area/Population (MUA/P). Federal funding was obtained by OPCRH to assess how updated MUA/P designations might impact the possible establishment of Federally Qualified Health Centers (FQHCs). The office is working with the Alabama Primary Health Care Association to assess the impact on communities should they lose their MUA/P designation upon review. The goal is to encourage the community to consider establishing an FQHC to provide a health care option for its medically indigent population.

The OPCRH also administers the National Health Service Corps (NHSC) program through which it has assisted health providers in establishing more than 211 employment vacancies on the NHSC opportunities list. Efforts to recruit and fill these approved slots were undertaken through joint activities between the OPCRH, recruiting communities, and the Alabama Primary Health Care Association. Historically, not all slots have been filled, primarily because of a limited number of primary care residents and the inability to find physicians and dentists to fill the vacancies. In spite of these barriers, OPCRH was instrumental in recruiting 119 NHSC providers to serve in Alabama's medically underserved areas, of which 112 are loan repayors and seven are NHSC scholars.

The NHSC loan repayment program continued to be an attractive recruiting tool for rural and medically underserved areas by providing awards of \$60,000 in loans for a two-year service commitment, with \$170,000 available for five years of service. The office also worked closely with the state's health care provider organizations and medical training programs to ensure prospective program applicants remained current on NHSC policies and procedures, including procedural changes to submit site and candidate applications through online Web portals.

In an effort to promote recruitment and retention of critical health care practitioners, particularly in rural Alabama, the OPCRH received funding for the Alabama State Loan Repayment Program (ASLRP). This program provides sub grants to qualified health care professionals in exchange for two years of service in a HPSA. An employer match, equal to the ASLRP award, is required. Seven physicians currently participate in the ASLRP program. This program works closely with the NHSC loan repayment program to give rural and underserved communities more options for using loan repayment as a recruitment tool.

The office continued to aggressively recruit candidates from residency programs, by word of mouth, and through 3RNet, a national recruitment source created through federal funding. Aided by Practice Sights, a software database, 11 placements were made in fiscal year 2011, consisting of 6 physicians, 4 dentists, and 1 nurse practitioner. Two of these physicians were foreign medical graduates who required J-1 Visa Waivers, and seven were assisted with NHSC Loan Repayment Applications. Currently, Practice Sights has 200 employment opportunities and 185 candidates. Of 68 physician candidates, 53 are foreign physicians seeking J-1 Visa Waivers.

The J-1 Physician Waiver and National Interest Waiver (NIW) programs continued to be two of the principal sources of primary care and mental health physicians and specialists. Waivers were processed for 35 physicians during the year, bringing the total number of physicians obligated to serve under a J-1 or NIW waiver to 63. These physicians provided accessible health care to more than 150,000 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 OPCRH completed a retention study of both NHSC and J-1 Waiver Clinicians in July 2011. Results indicated that while 80 percent of all NHSC clinicians from the year 2005 have remained in Alabama, only 30 percent of primary care physicians and dental scholars were retained at their original placement site once they completed their service obligation. A new retention program is currently being developed to improve this retention rate.

The office has expanded its health information capabilities to include geographical mapping. Maps have been developed and placed online that present Alabama's general hospitals by location, clearly identifying the eight rural counties that do not have a hospital,

the location of the hospitals that offer obstetrical services, the 35 rural counties that do not have hospitals that offer this service, and the location of certified rural health clinics in Alabama. Plans are to greatly expand this mapping capability.

During fiscal year 2011, over \$537,000 was obtained through federal grants on the Medicare Rural Hospital Flexibility Program (FLEX) and the Small Hospital Improvement Program (SHIP) to promote quality, financial, and operational improvements in small, rural hospitals. The FLEX grant supported the Rural Quality Network, providing an avenue for participating hospitals to meet and share best practices, compare core measures, and receive training in quality improvement initiatives. FLEX funds also supported a multi-hospital emergency department quality improvement initiative, through which acuity data, time studies, and discharge dispositions were measured, resulting in participants meeting or surpassing the 2009 benchmarks in five of six measurements. A health information technology and electronic health records Web page was produced, promoting information dissemination and multi-layer collaboration. Inter-departmental collaboration was also supported by advising the 31 FLEX/SHIP hospitals of ADPH programs, including swing bed training and assistance in establishing certified rural health clinics.

The office, along with the Alabama Rural Health Association and the Alabama Office of Emergency Medical Services and Trauma (EMS), hosted the second annual Rural Health Conference in April. Conference objectives included providing the latest news on health care policy and its impact on rural providers.

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.

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; and tobacco prevention and control.

The division supported 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.

The division was instrumental in planning the 2011 Volunteer Symposia around the state, which focused on post-traumatic stress disorder and other psychological effects of disasters. Survivors of the Enterprise tornado and survivors of Hurricane Katrina were on

hand to share their experiences. Mildred Muhammed, ex-wife of the D.C. Sniper, John Muhammad, spoke to the psychological scars of domestic violence. The division also collaborated with the Alabama Department of Mental Health on a one-day training on post traumatic stress disorder, one day prior to the tornadoes of April 27, 2011.

For the second consecutive year, the Social Work Division spearheaded a June event to recognize Men's Health Month. Employees working in the central office walked to the Court Square fountain, and the State Health Officer and Montgomery mayor spoke to approximately 85 attendees on men's health issues. County health departments were encouraged to hold events in their areas with a contest based on originality, participation, and focus on men's health. Butler County was awarded the first Men's Health Showdown Plaque for its efforts.

Departmental social workers continue to work with the Community Care Pilot Networks and Medicaid, serving as case managers for patients referred by primary care physicians, Medicaid, and other sources. The introduction of case managers in many of these patients, such as persons with asthma or diabetes, has proven to promote positive outcomes for patients and save state dollars. As more networks are established, public health social workers will be available to the networks to continue to provide quality service to the people of Alabama.

TRAINING UNIT

Training coordination continued with interdepartmental and intradepartmental groups to provide quality education for all employees. Training was organized and managed in collaboration with the Alabama TechnaCenter, Auburn University at Montgomery, the Office of Human Resources, the State Personnel Department, Tulane University, and the University of Alabama at Birmingham. Supervisory training sessions and TechnaCenter courses were coordinated through the Training Unit in 2011 on a quarterly basis. In addition, three PHALCON trainings were offered. A number of self-paced, online courses were offered to department staff through the South Central Public Health Training Center and the South Central Preparedness and Emergency Response Learning Center (SCPERLC).

During 2011, the unit implemented Phase II of the Public Health TEAM (Training and Experience to Advance Managers) Academy. Phase II involved peers and direct reports assessing how well managers incorporated TEAM Academy principles. A total of 400 graduates participated in Phase II assessments.

The Training Unit continued to coordinate the further development and enhancement of the 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 to include State Personnel courses, Public Health Human Resources courses, TechnaCenter courses, and the Emergency Preparedness Volunteer Symposia.

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 SCPERLC, a regional consortium comprised of the state health departments in Alabama, Louisiana, and Mississippi; Tulane University School of Public

Health and Tropical Medicine; the University of Alabama at Birmingham School of Public Health; the Louisiana State University Health Sciences Center; and two public health agencies: Jefferson County, Alabama; and New Orleans, Louisiana. Administered by the Tulane University School of Public Health and Tropical Medicine, the mission of the institute is to enhance and develop leadership skills through education and individual growth. The year-long course of leadership study involves three sessions scheduled at sites in the participating states, several conference calls, and completion of a group project related to some aspect of public health. Each state is permitted to send ten scholars each year.

Through the SCPERLC, 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 local health departments in their efforts to assure a fully prepared public health workforce for the future. The SCPERLC collaborates with state health departments in Alabama, Louisiana, and Mississippi to fund this project. The SCPERLC 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.

OFFICE OF WOMEN'S HEALTH

The Office of Women's Health (OWH) continued its efforts to build relationships and linkages throughout the state by expanding collaborative partnerships and implementing initiatives that address healthy lifestyle behaviors in Alabama communities. In 2011, initiatives made available to the community included the nationally recognized programs BodyWorks, New Leaf...Choices for Healthy Living, Go Red for Women Heart Health Awareness, and the Heart Truth Awareness Campaigns. State-originated initiatives include the Alabama Healthy Women's Network, the Annual Women's Health 5K and Mother Daughter Walk, the Annual Women's Health Update Forum, the Women's Health Information for the Incarcerated (WHI-FI) Initiative, the Chronic Disease Self management Program (CDSMP), and the OWH clearinghouse resource information program.

During the Women's Health Week observance, the OWH partnered with the Office of Women's Health Steering Committee, the Dannon Project, and Office of Health Statistics to host the satellite conference "Woman to Woman: Addressing Social Determinants to Health." Information was provided on the Women's Health in Alabama Publication, social determinants that impact underserved women, postpartum depression, and evidenced-based programs that promote women's health, and departmental programs and services targeted towards women's health and wellness.

The WHI-FI Initiative continued its collaborative partnership with Aid to Inmate Mothers to provide health education and referral information for offenders at Birmingham Community-Based Facility for Women, Montgomery Women's Facility, and Tutwiler Prison for Women.



The purpose of WHI-FI is to increase awareness about women's health, foster healthy lifestyles prior to and after release, and assist with linkages to public health services in the women's local communities. Gender-specific health education information is provided to the women on HIV/AIDS and STDs, tuberculosis, smoking and tobacco use, diabetes, cardiovascular disease, breast cancer, cervical cancer, nutrition and physical activity, infant mortality, and positive mental health.

The WHI-FI program continued to focus on women offenders who are participating in the Department of Corrections' reentry program to provide them with referral information to the local county health department where they will be released. Monthly, the women are oriented to health department services including family planning, HIV/STD screenings, immunizations, medical and dental screenings, WIC services, vital records, reproductive health, and family planning services. The WHI-FI Program encourages healthy lifestyle choices in women and provides information on how to access health care services after release from prison. The WHI-FI program was also presented by satellite conference during May to public health staff and the community as an orientation on the program and the importance of developing gender-specific programs to meet the unique needs of incarcerated women. The program was viewed throughout the state and the surrounding southern region of the country.

In September, the Montgomery Women's Facility served as the hosting site for a Chronic Disease Self Management Program (CDSMP) facilitated by the OWH in collaboration with the Office of Minority Health and the Cardiovascular Health Unit. This program was offered to incarcerated women over the age of 40. The participants included women with a history of hypertension, depression, diabetes, substance abuse, high cholesterol, and other chronic health conditions. The CDSMP offered a six-week series of self-management strategies to assist patients and caregivers with skills on how to manage pain resulting from diabetes, cardiovascular disease, different forms of cancer, STDs/HIV, and mental health.

In March, a nontraditional outreach opportunity was extended to military wives. Fort Rucker Army Base was the hosting site of a "Girl's Night Out" program that targeted military wives of active duty and deployed soldiers. The program provided an opportunity to learn about health and wellness programs and community resources. The OWH participated by staffing a display booth to disseminate pamphlets, brochures, and promotional items on various health topics that impact women's health. The program included an evening of education, personal and professional networking, and entertainment.

Monthly activities for the office continued to include serving on local, state, and national steering committees, 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. Outreach activities continued to expand and community partners were encouraged to adopt health education initiatives to promote within their respective groups, organizations, and client bases to promote healthy living and decision-making skills among women. 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.

Bureau of CHILDREN'S HEALTH INSURANCE

The Bureau of Children's Health Insurance administers the Children's Health Insurance Program known as ALL Kids.

The goal of ALL Kids is to provide low-cost, comprehensive health care coverage to uninsured children in Alabama. During fiscal year 2011, ALL Kids was successful in continuing to meet this goal by providing coverage to more than 108,000 children. ALL Kids enrollment as of the end of fiscal year 2011 (September 30, 2011), was 82,758, marking seven consecutive months of record enrollment.

One reason for record-breaking enrollment was the change in eligibility criteria allowing eligible dependent children of public employees to be enrolled in ALL Kids; a group of children previously ineligible for ALL Kids due to federal regulations. Taking advantage of a provision of the Affordable Care Act of 2010, ALL Kids requested approval from the Centers for Medicaid and Medicare Services (CMS) to waive this exception to eligibility and was approved effective January 2011. ALL Kids worked closely with the State Employees' Insurance Board and the Public Education Employees' Health Insurance Plan to implement and promote this new change. As of September 30, 2011, more than 6,300 children were enrolled as a result of this change.

ALL Kids also added a health policy director position as part of a Strengthening Public Health Infrastructure to Improve Health Outcomes grant. Through this position, ALL Kids is actively involved with numerous state agencies and the Governor's Office to prepare for implementation of new eligibility determination methods and systems, including a health insurance exchange required by the Affordable Care Act. The group meets regularly to begin preparation for the significant changes that will be effective January 1, 2014.

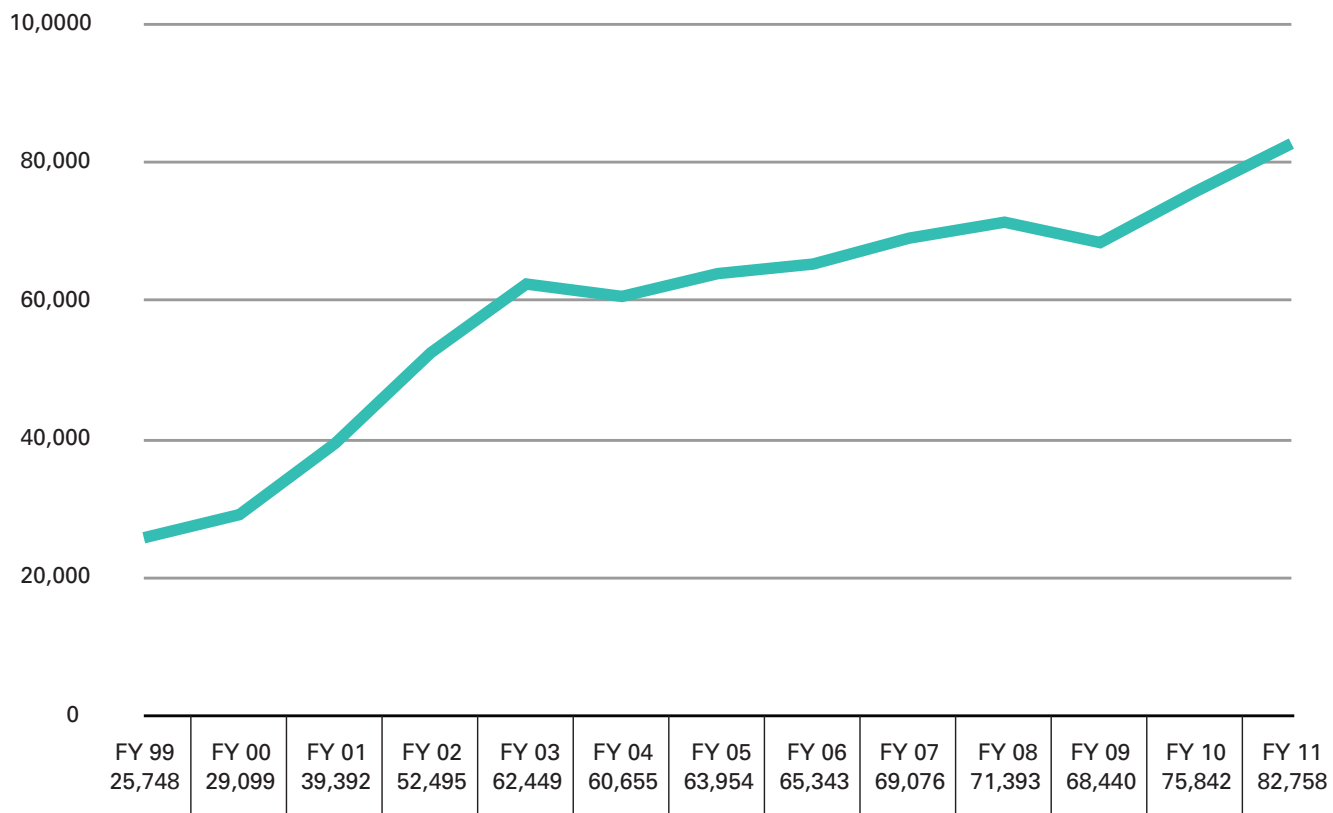
ALL Kids continued to work closely with the Alabama Medicaid Agency and in fiscal year 2011, ALL Kids referred over 17,600 children to Medicaid. Families applied by using either a mail-in or online joint application. More than 47,700 online applications were submitted to both programs in fiscal year 2011, representing a 35 percent increase over fiscal year 2010. Additionally, ALL Kids maintained a customer service line that averaged nearly 10,000 calls per month.

Outreach efforts continued through partnerships with provider organizations, community agencies, schools, state agencies, and many other entities across the state. ALL Kids staff worked to ensure availability of applications in communities and trained partners to identify uninsured children and assist with enrollment.

ALL Kids continued implementation of a Robert Wood Johnson Foundation grant, Maximizing Enrollment for Kids. Through this grant, ALL Kids continued to investigate barriers to enrollment by convening focus groups and working to improve, streamline, and simplify the enrollment processes. One of the improvement projects implemented in September 2011 was the document imaging and workflow management system which eliminates paper processes and moves applications electronically through the determination process.

ALL Kids has provided coverage for more than 290,000 children since its inception. The various enrollment and outreach strategies employed by ALL Kids has positively affected the number of uninsured children in Alabama. Currently, Alabama enjoys a low uninsured rate of 7.2 percent for children (based on U.S. Census Bureau Current Population Survey for the 2008- 2010 coverage period).

ALL Kids End of Fiscal Year Enrollment 1999-2011



Bureau of HOME and COMMUNITY SERVICES

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.

The bureau works with a cooperative effort on all levels and phases of program operation while at the same time ensuring compliance with federal and state regulations and laws; federal, state, and private payor home care program requirements; and the department's business policies and procedures.

Home Health Program

The bureau is a Medicare-certified home health agency with 29 subunits and two branches. Quality and compassionate home health care is provided to patients with Medicare, Medicaid, private insurance, and no payment source. Services available through home health include skilled nursing, home health aide services, medical social services, physical therapy, occupational therapy, and speech therapy. All disciplines work together as a team to meet the patient's health needs and provide quality care. This coordinated teamwork is managed by nurse care coordinators who are responsible for total patient care. There were 296,016 home health visits made in an effort to assist many Alabama citizens in reaching their optimal health goals.

Horizon Homecare point-of-care documentation is completed as care is provided. The utilization of laptop computers in the home maximizes the benefits of the electronic health record, thereby promoting continuity of care. The nurse care coordinators use the Horizon Homecare system extensively to provide quality, coordinated, and effective care. Expert wound management is provided utilizing a modern wound software program with oversight by a certified wound ostomy continence nurse consultant.

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

Life Care Program

The Life Care Program is a statewide direct service provider of home care services. Through 36 Life Care subunits, services are provided under specialized federal and state-funded programs for the disabled. Life Care Programs also contract with various other payors to provide similar home care services. Through the Options Program, Life Care services can be purchased by individuals as well. 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 1,273,219 hours of service were provided to Life Care clients.

Telehealth has 566 patients statewide. Telehealth is offered by a Medicaid program to reduce the cost of emergency room visits and physician visits by Medicaid patients who are not eligible for Medicare. Partnering with the University of South Alabama, the Telehealth program provides the patient monitoring devices in the home to check blood sugar, weight, blood pressure, and other measures. Through the Realtime Medical Electronic Exchange, the results are monitored daily by a licensed nurse and are sent to the physician on a regular basis.

The Home Care Division also supports the Life Care Program's needs for administration, operations, quality assurance, and education. Administrative and operational support is provided by the division directly to the area and subunit life care staff. Various quality assurance activities, internal and external, are both performed and monitored by the division. Currently, distant learning modalities are being incorporated to meet the educational needs of the Life Care staff and to reduce costs.

Community Services

The Division of 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 recipient 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 nonwaiver services that are needed in order for clients to remain at home so long as their health and safety are ensured in the community setting. The client chooses a direct service provider to provide specified services. In fiscal year 2011, Elderly and Disabled Waiver case managers provided 174,014 hours of case management services. HIV/AIDS Waiver case managers provided 5,985 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. These programs include Community Service, 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 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. This is done 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 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. Additionally, the division maintains provider enrollments for all programs supported by the Bureau of Home and Community Services.

Quality Improvement Program

The goal of the Quality Improvement (QI) Program is to provide an organized, systematic, and continuous approach for quality care that will result in improved patient outcomes, customer satisfaction, communication between providers and customers, clinical performance, documentation, employee job satisfaction, management performance, and agency performance reviews. The QI Program provides for multi-disciplined involvement of all staff, allowing them to identify and resolve issues that may have an impact on the quality of patient care.

The QI Program provides for integration with other entities, offices, and divisions of the department, along with the Bureau of Home and Community Services to monitor and track particular areas that impact patient outcomes. These areas include the following: infection control, risk/safety management, patient and physician satisfaction, patient complaints, health provider standards, education and compliance. Home Health continues to use OASIS (Outcome and Assessment Information Set) per Centers for Medicare and Medicaid Services guidelines to obtain the data needed to identify areas for improvement through education and corrective planning.

Home Care Compliance Program

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

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.

DIVISION OF CANCER PREVENTION AND CONTROL

The Division of Cancer Prevention and Control's purpose is to reduce morbidity and mortality related to cancer through prevention, early detection, and surveillance. The division consists of the Comprehensive Cancer Program, the Prostate Cancer Prevention Program, the Breast and Cervical Cancer Early Detection Program, the FITWAY Colorectal Cancer Prevention Program, and the Alabama Statewide Cancer Registry.

Comprehensive Cancer Prevention and Control Program

The Comprehensive Cancer Prevention and Control program, funded by the Centers for Disease Control and Prevention (CDC), facilitates the statewide Alabama Comprehensive Cancer Control Coalition (ACCCC). The coalition is a group of cancer-related organizations and advocates responsible for assessing the burden of cancer, determining priorities for cancer prevention and control, and developing and implementing a statewide comprehensive cancer control plan. Several of the goals reached in 2011 are as follows:

- Revised the five-year statewide comprehensive plan with goals for 2011 to 2015.
- Educated the public about the importance of the Human papillomavirus (HPV) vaccine.
- Held skin cancer interventions at large sporting events and through social marketing.
- Expanded the membership and communication capability of the coalition.
- Strengthened partnerships with tobacco programs to align the program with CDC's priorities.
- Facilitated coalition communication through satisfaction surveys, meetings, information sharing, and Facebook.



The program held skin cancer interventions at the Navistar and the Bell MicroProducts Ladies Professional Golf Association Tournaments at Magnolia Grove in Mobile and at the Legends in Prattville. Mobile physicians from the American Academy of Dermatology screened spectators for skin cancer at Magnolia Grove. Staff also participated in the Auburn University and The University of Alabama football games in the fall and A-Day football and baseball games in the spring to educate spectators about the dangers of ultraviolet (UV) radiation. Staff distributed sunscreen and sunglasses to spectators. The Third Time's a Charm campaign for HPV vaccination stresses the importance of completing the three-dose series of the vaccine and educates about the relationship between HPV and cervical cancer. The campaign targeted parents of females aged 11 to 26 and college students whose vaccinations may be covered by their parents' insurance under the Affordable Care Act.

Prostate Cancer Prevention Program

The Prostate Cancer Prevention Program provides free prostate screenings in many counties across the state. Funded by the Alabama Legislature, 750 men were screened in 2011. The program collaborated with the Alabama Primary Health Care Association, Mitchell Cancer Institute, and Urology Health Foundation to provide free prostate cancer screenings to reduce disparities and to encourage men to take charge of their health. The screenings informed the men of their baseline numbers and of the importance of discussing screening and treatment options with their physicians.

The CDC funds a five-year prostate component for the Comprehensive Cancer Control Program to educate men about prostate cancer. A new campaign, Buzz about Blue, emphasizes the importance of accurate knowledge about prostate cancer and the higher risks for men who have a family history and those who are African American. Many comments about the blue ribbon associated with prostate cancer confirmed the interest and appreciation for addressing men's health issues. In partnership with the Alabama Cooperative Extension System, the department provided Blue Seminars in 32 counties to cover the basics of prostate cancer and myths surrounding the disease, to facilitate discussions between families and providers on how to better communicate about this topic, and to provide opportunities for prostate cancer survivors to share their experiences.

Breast and Cervical Cancer Early Detection Program

The Alabama Breast and Cervical Cancer Early Detection Program's goal is to provide access to breast and cervical cancer screening to underserved women in Alabama. A Medical Advisory Committee guides the program. The committee consists of professionals with experience in screening, diagnosis, and initiation of treatment for breast, cervical, and colorectal cancer. The committee meets quarterly and makes decisions regarding program policy and guidelines. Members are available as needed to provide clinical consultation.

Early detection of breast and cervical cancer saves lives. This program provides free screening and diagnostic 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 the Alabama Medicaid Agency. In order to be eligible for breast and cervical cancer screening services, the individual must be female, age 40-64, have an income at or below 200 percent of the federal poverty level, and have no insurance or be underinsured.

Funding for the screening services is provided by the CDC, State of Alabama, Susan G. Komen for the Cure North Central Alabama Affiliate, the Joy to Life Foundation, and the National Breast Cancer Foundation.

Since the program's inception in 1996, more than 80,000 women have received screening services and over 1,900 women (1,504 breast cancers and 400 cervical cancers) have been diagnosed with cancer.

In 2011, the program enrolled over 10,704 women and provided screening services to more than 10,400 women (10,427). Of these women:

- 9,855 received screening mammograms.
- 1,479 received diagnostic services for breast abnormalities.
- 230 received diagnostic services for cervical abnormalities.
- 133 were diagnosed with breast cancer.
- 40 were diagnosed with pre-invasive or invasive cervical cancer (CINIII and invasive cancers).

Program services are provided by more than 400 contracted physicians, surgeons, radiologists, and facilities across the state 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 individuals to enroll and receive screening services. This work is vital because women are often unaware of or fear cancer screening tests. These partners provide countless hours educating people 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, Southeast Alabama Regional Medical Center, Avon Foundation's Butterfly Project, and many others.

Alabama FITWAY Colorectal Cancer Prevention Program

The Alabama FITWAY Colorectal Cancer Prevention Program promotes screening for colorectal cancer (CRC). Funded by CDC, the program's goal is to increase CRC screening rates to 80 percent among Alabamians 50 years of age and older by 2014.

Two-thirds of the award is directed to establish broad-based coalitions to create policy and systems changes that will increase screening rates. In 2011, the program focused on the following:

- Emphasizing physician education through peer-to-peer opportunities.
- Seeking opportunities for distribution of fecal immunochemical tests (FIT) through pharmacies.
- Seeking a strong partnership with the Federally Qualified Health Care Centers.
- Partnering with Blue Cross Blue Shield to reduce barriers to reimbursement for FIT screening.
- Negotiating statewide discount pricing for self-identified FITWAY participating providers.

The program also widely advertised about FIT and the importance of CRC screening through Auburn University and University of Alabama football and baseball games, online at AL.com, on gas pump toppers, and in advertisements shown in movie theaters. The FITWAY website contains peer-reviewed articles about fecal immunochemical testing, U.S. Preventive Services Task Force Guidelines for CRC screening, free educational materials, videos, information about the program, and staff contact information.

Along with statewide educational campaigns, the FITWAY program worked to change policies to make colorectal cancer screening more accessible. Most notably, the program worked with the Wellness Division to change the CRC screening test given at annual wellness screenings for the Public Employees' Health Insurance Plan (PEEHIP), the insurer for Alabama's current and retired state teachers. Now the test is a cost-negotiated FIT available to all members aged 50 and older.

In 2011, the division surveyed physicians in the area of family medicine, internal medicine, and obstetrics and gynecology about medical technologies that would improve CRC screening rates. This survey provided valuable information to guide educational efforts.

Approximately one-third of the grant is used to reimburse for direct screening and follow-up services for low-income, uninsured people in 22 counties. These free screening services include an annual FIT and a colonoscopy if the FIT has a positive result.

Data from year two (July 1, 2010 – June 30, 2011) are as follows:

- 433 were enrolled in the FITWAY Program.
- 289 completed FITs, for a completion rate of 66.7 percent.
- 10 colonoscopies were performed.
- 4 adenomas were diagnosed and removed.
- 1 cancer was diagnosed.

Alabama Statewide 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 1 in 3 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 cancer burden. The registry plays a significant role in disseminating data to aid efforts to reduce the burden of cancer in Alabama.

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

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.

ALABAMA CANCER INCIDENCE RATES BY SITE AND SEX, 2000-2009 COMBINED**

	Male		Female	
	Rate	Count	Rate	Count
All sites	594.9	126,828	437.9	117,652
Bladder	31.9	6,462	7.4	2,089
Brain and CNS	11.2	2,436	11.3	2,921
Breast	1.9	419	143.3	38,051
Cervix	*	*	9.8	2,370
Colon and Rectum	65.3	13,770	44.7	12,415
Esophagus	8.9	1,952	1.8	491
Hodgkin Lymphoma	2.8	622	2.2	514
Kidney	19.7	4,317	10.2	2,766
Larynx	10	2,205	2.1	570
Leukemia	14.1	2,918	8.8	2,345
Liver and Intrahepatic Bile Duct	7.7	1,661	2.8	775
Lung and Bronchus	107.4	22,811	53.1	14,717
Melanoma of the Skin	38.4	8,157	23	5,896
Myeloma	7.2	1,524	4.7	1,316
Non-Hodgkin Lymphoma	20.1	4,261	13.6	3,734
Oral Cavity and Pharynx	20.2	4,478	6.9	1,875
Ovary	*	*	12.8	3,469
Pancreas	13.1	2,737	9.5	2,682
Prostate	155.3	33,623	*	*
Stomach	8.9	1,847	4.6	1,307
Testis	4.4	948	*	*
Thyroid	3.9	860	10.1	2,460
Uterus	*	*	17.7	4,817
* Not Applicable ** Rates are per 100,000 and age-adjusted to the 2000 U.S. (19 age groups) standard.				

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, Healthy Child Care Alabama, State Early Comprehensive Systems Implementation Grant, Newborn Screening, Adolescent Pregnancy Prevention, and Clinical Services. The School/Adolescent Health and Teen Pregnancy Prevention branches were reorganized to form the Adolescent Pregnancy Prevention Branch.

Healthy Child Care Alabama

Healthy Child Care Alabama continues as a collaborative effort between the department and the Alabama Department of Human Resources. During fiscal year 2011, the Healthy Child Care Alabama Program continued to provide services in 52 counties through its nine registered nurse consultants. Services offered by the program included providing information on child development, conducting health and safety classes, coordinating community services for low-income and 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 worked with community agencies and organizations to reduce injuries and illnesses and to promote quality child care. The nurse consultants performed health and safety assessments of child care facilities and, if a problem was identified, assisted the child care provider in developing a corrective action plan. During 2011, the nurse consultants documented 2,370 health and safety training and educational sessions for 7,214 providers; 2,131 incidents of technical assistance at child care sites; and 6,526 consultations requiring phone calls, letters, and e-mails responding to child care providers' questions and requests. The nurse consultants also provided health and safety programs for 18,758 children in the child care setting.

State Early Childhood Comprehensive Systems Implementation Grant

The sixth year of Alabama's Early Childhood Comprehensive Systems Implementation Grant, Blueprint for Zero to Five, continued the implementation plan for the state. The department contracted with the Alabama Partnership for Children (APC), Alabama's Smart Start agency, to assist with implementing the blueprint. APC worked with the Blueprint Advisory Committee in developing public awareness information concerning the activities of the blueprint. Other blueprint activities included convening a second Business Leaders' Summit on Early Childhood Investment on February 24, 2011; collaborating with the Governor's Early Childhood Advisory Council; assisting with the development of a child care quality rating and improvement system in Alabama; developing parent leadership for early childhood programs and issues; and educating stakeholders regarding the problem of childhood obesity. Supporting the expansion of developmental screenings for young children to identify possible developmental delay has also been a key focus of the blueprint.

Adolescent Pregnancy Prevention

The Adolescent Pregnancy Prevention Branch focused on reducing the rate of teen pregnancies and sexually transmitted infections among teenagers residing in Alabama. Two federal grants were received from the Administration for Children and Families making these efforts possible.

The first grant was the Abstinence Education Grant Program which was extended through fiscal year 2014 under the Patient Protection and Affordable Care Act of 2010. The department was notified of this award in September 2010 and was able to access funds in February 2011. Four community organizations were funded to implement abstinence-based programs in middle schools in 19 counties: Circle of Care Center for Families, Auburn University Alabama Cooperative Extension Services, Aim for Hope, Inc., and Crittenton Youth Services. The programs utilized medically accurate and effective, research-based methodology.

The second grant awarded was the Personal Responsibility Education Program. These funds became available to the department in April 2011, following approval of a state plan designed to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, and four adulthood preparation subjects. The target audience is high-risk youth 15 to 19 years of age. The programs are delivered in community settings, such as juvenile detention centers, group foster homes, after school programs, and with mentoring groups. The three community projects funded through a competitive selection process were 100 Black Men of Montgomery, Tuscaloosa County Health Department, and UAB Adolescent Health Division.

Other adolescent health issues have been addressed in a variety of ways. Trainings were provided for school personnel on adolescent brain development, adolescent self injury, pregnancy prevention, caring for pregnant teens, and positive youth development. Through a partnership with the Alabama Campaign to Prevent Teen Pregnancy, a statewide Adolescent Health Conference was held in May 2011 and a Reproductive Health Summit in September 2011. The Adolescent and School Health Web site provides access to the CDC's School Health Index, which lists resources on topics such as health and safety activities for children, reproductive health, and state data, including youth risk behavior survey results. Due to lack of funding, the school health component of the program has been incorporated into the focus on adolescent health.

Alabama was one of only three states selected to participate in the new adolescent development training by the University of Minnesota. The purpose of this training was to learn about specific challenges youth face as they navigate early adolescence (10 to 14), middle adolescence (15 to 17), and late adolescence and early adulthood (18 to 24). By increasing in depth knowledge of developmental challenges, more effective programming can be designed for youth, and those who work with them.

The Youth Advisory Council, comprised of programs throughout the department that affect youth, met quarterly to coordinate programs and services. The program also represented public health on the following local, state, or national groups: Emergency Medical Services for Children Advisory Committee; Montgomery Public Schools Safe Schools/Healthy Students Advisory Council; Adolescent Reproductive Health Coalition for the Greater Birmingham Area; Alabama State Association for Health, Physical Education, Recreation, and Dance; the National Association for State School Nurse Consultants; Alabama Association of School Nurses; the National Network for State Adolescent Health Coordinators; Alabama Suicide Prevention Task Force; and the Alabama Sexual Violence Prevention Task Force.

Alabama Childhood Lead Poisoning Prevention Program (ACLPPP)

The program's mission is to help every child in Alabama develop to his or her maximum potential by promoting a lead-free environment and healthy lifestyle. To accomplish this mission, ACLPPP provides public awareness seminars, outreach and education, care coordination, environmental investigations, and a medical consultant to help prevent further lead exposure in Alabama's children.

The goal of ACLPPP is to eliminate childhood lead poisoning in Alabama. The objectives are to protect the health and environment of Alabama's children, to prevent lead poisoning, and to promote wellness through a wide range of lead poisoning prevention strategies.

The program has continued as a collaborative effort of the bureaus of Family Health Services and Environmental Services, and the Alabama Medicaid Agency. ACLPPP works to assure that physicians and nurses have the right information and tools available to screen children under the age of 21 for lead poisoning.

State guidelines describe proper treatment of children with elevated blood lead levels of at least 10 micrograms per deciliter (10ug/dL), which is the level of concern recommended by the CDC. Exposure to lead poisoning, even at a low level, is a serious health concern for children, and Alabama children are at risk.

Some of ACLPPP's 2011 activities included the following:

- Maintaining a statewide blood lead surveillance data system (STELLAR).
- Providing case management, investigation oversight, and care coordination services for children under 21 years old.
- Monitoring lead-related health hazards.
- Developing lead poisoning prevention policies, regulations, and strategies.
- Collecting and analyzing environmental health data related to lead exposure.
- Providing monthly community and professional outreach and educational services.
- Purchasing a new enhanced surveillance system known as HELPPS. In 2011, the project began data migration into this new system. The new Web-based format allows better case management, improved data quality, and greatly enhanced surveillance of screening and case management for lead poisoning in Alabama.
- Screening 41,810 children 0-21 years of age, with 547 children identified with elevated blood lead levels.

- Investigating 99 homes for environmental lead hazards. The investigations included 1,231 samples for paint, dust, soil, water, and samples for laboratory analysis. In addition to these activities, follow up of other children in the household who are at risk for lead poisoning was provided and coordination of preventive measures such as remediation or patient relocation were recommended when necessary. These measures were implemented to promote a healthy lifestyle and environment that will prevent further lead exposure.

Alabama Newborn Screening

The Alabama Newborn Screening Program tests every newborn for the presence of certain metabolic and other inherited disorders. Although most of the disorders are rare, they are usually serious. Some may be life threatening; others may slow down a baby's physical development or cause mental retardation or other problems if left untreated. 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 length of life. With approximately 60,000 births each year and a second screening test recommended between 4-6 weeks of life, there are approximately 124,000 newborn screening tests accomplished every year.

The program works in partnership with hospitals and pediatricians to enhance existing services and assure program objectives are met. Alabama screens for 29 of the 31 disorders recommended by the March of Dimes. A work group convened with the goal of implementing pilot testing for universal pulse oximetry screening to detect critical congenital heart disease. Consideration was given for the addition of Severe Combined Immunodeficiency (SCID) to the screening panel. A universal testing kit for SCID is awaiting U.S. Food and Drug Administration approval. In 2011, a total of 126 infants were diagnosed with metabolic or other inherited disorders. All newborns identified with a disorder have access to a diagnostic evaluation through medical specialists throughout the state. These consultants work closely with the primary care provider in determining needed tests and in developing a treatment plan when necessary. A satisfactory or valid newborn screening specimen is the most important goal.

The program encouraged hospitals to designate a newborn screening coordinator who will serve as the primary contact for newborn screening issues at each facility. The program maintains an active advisory board whose members include health care professionals, public health professionals, and a parent advocate.

"Alabama's Listening"- Universal Newborn Hearing Screening Program

The Alabama Newborn Hearing Screening Program, Alabama's Listening, made great strides in reducing the number of infants not screened prior to discharge. Currently, all 53 birthing facilities in the state offer hearing screening to all infants. The implementation of the guidelines from the Joint Committee on Infant Hearing 2007 Position Statement helped in reducing the number of infants considered lost to follow-up and needing rescreening. Using various existing federal grants, the Alabama system was able to replace outdated screening equipment and to increase services for several facilities in smaller, more rural areas. Additional grant money was sought and obtained and will provide funds for even more equipment and service upgrades. The new equipment will enable more hospitals to report results electronically. To date in 2011, 68 infants have been identified with various forms of hearing loss.

The Alabama's Listening program is constantly exploring new ways to ensure that all infants born in the state receive appropriate hearing screenings at birth, and diagnosis and intervention when needed. In the upcoming year, efforts will include forging stronger reporting relationships with early intervention and other outpatient providers.

CLINICAL SERVICES

County health departments assist primary medical providers by providing Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) services to Patient 1st participants as requested. The county health departments also serve as the provider for well child services for patients that do not have any form of insurance or with other types of insurance. The Ages and Stages Developmental Assessment System (ASQ 3) was implemented statewide in 2011. A total of 37,871 patients were provided services by county health department staff. These patients made a total of 86,785 visits to local clinics.

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. The branch's activities during 2011, 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.
- Preparation of an action plan for addressing the ten priority needs identified during the fiscal years 2009-10 maternal and child health needs assessment for Alabama.
- Continuation of Alabama's Systems Development Initiative Project, a federally funded program to increase the state's maternal and child health data capacity.

ORAL HEALTH BRANCH

The Oral Health Branch continued to provide prevention, education, and outreach oral health initiatives during fiscal year 2011. Programs included statewide community water fluoridation, school and community-based dental programs, data collection and analysis through oral health screenings, and access to dental care promotion for underserved populations.

The partnership with the UAB School of Dentistry, the state Oral Health Branch, and the Tuscaloosa County Health Department dental program had a successful year. The grant to the dental school allowed pediatric dental residents and senior dental students to work one day per week in the Tuscaloosa County Health Department dental clinic. Students and residents provided preventive and restorative care to qualifying children. Dental screenings, education, and fluoride varnish applications were also provided through the WIC program to children choosing to participate. Parents were educated on proper brushing and flossing techniques, good dietary habits, the importance of regular dental

care, and other preventive measures. The partnership will continue during fiscal year 2012, and a Health Resources and Services Administration grant will provide funding to support the students and residents for an additional day in the Tuscaloosa County Health Department dental clinic.

Staff continued to collaborate with the Office of Primary Care and Rural Health to provide recruitment and retention presentations to dental students at the UAB School of Dentistry. Students received information on state and federal loan repayment opportunities for dentists agreeing to practice in qualifying facilities located in designated health professional shortage areas of the state.

Initiatives launched during fiscal year 2011 included planning and coordinating a statewide oral health basic screening survey of kindergarten and third grade children. During fiscal year 2012, more than 10,000 children from 69 schools will be screened and data related to dental caries experience, untreated tooth decay, dental sealants, and urgency of unmet dental needs will be collected. Dental homes will be promoted for all children identified as needing a dental provider. The state team will partner with the UAB School of Dentistry, the Jefferson County Health Department dental staff, Sarrell dentists, private dental practitioners, and others to provide the statewide dental assessment. Plans were also completed during fiscal year 2011 to begin the search for a new state dental program director.

Community Water Fluoridation

The Community Water Fluoridation Program continued to reach targeted goals. Branch staff partnered with the Alabama Department of Environmental Management, the CDC, the Bureau of Clinical Laboratories in Montgomery, community water facilities, public health area administrators, county environmentalists, and others to maintain a successful state fluoridation program. Accomplishments included:

- 88 public water systems received CDC Water Fluoridation Quality Awards for maintaining fluoride levels at optimal levels for 12 consecutive months.
- 7 systems received CDC awards for 50 years of continuous water fluoridation.
- The Alabama program received a State Fluoridation Quality Award by the CDC and the Association of State and Territorial Dental Directors.
- 114 public water systems (providing adjusted fluoride levels) were monitored by state staff.
- 10 public water systems continued to provide natural water fluoridation.
- 82 percent of Alabama's population on public water supply continued to receive the benefits of fluoridated water.
- 32 field visits were conducted to inspect fluoridation equipment.
- 999 water samples were collected by county environmentalists and entered into the CDC Water Fluoridation Reporting System.
- 12 analysis reports and 12 analysis summaries were provided to area environmental directors.

- Fluoridation presentations and awards were provided at the Alabama Department of Environmental Management Surface Water conference.
- News articles promoting fluoridation were published in local newspapers.

Education and Prevention

The oral health nurse coordinator reached approximately 6,798 children and adults through 99 presentations to day care staff, community groups, parent organizations, professional groups, students, senior citizens, Head Start programs, and other groups in Public Health Area 9. The newly developed Senior Smiles Project was presented to senior citizens through adult day care facilities. The nurse coordinator partnered with Healthy Childcare Alabama staff, ALL Kids coordinators, Tobacco Prevention and Control coordinators, and other county staff to promote good oral health. The nurse coordinator also teamed with school health nurses and participated in Kid Check events scheduled throughout the school year. Dental screenings and oral health education programs were provided in a broad range of settings.

New county health department Patient 1st care coordinators received oral health education through the state training program. The school-based fluoride mouth rinse program was implemented in ten schools from six counties and reached approximately 1,500 elementary children. Thousands of toothbrushes and toothpaste were distributed through various school, community, and county health department programs. Education material was mailed to schools, churches, day care programs, Head Start programs, private dental offices, county health departments, and others as requested.

Dental Services

Jefferson and Tuscaloosa county health departments provided comprehensive dental care and preventive services through their primary, satellite, and mobile dental programs. Talladega and Coffee county health departments continued to provide dental services through their onsite dental clinics; Sarrell Dental staff managed these two programs. Mobile and Montgomery county health departments provided dental services through Federally Qualified Health Center programs located at these health department sites.

Fiscal Year 2011 dental services provided:

Tuscaloosa County

<i>Patient encounters</i>	<i>2,140</i>	<i>Sealants</i>	<i>254</i>
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Jefferson County

<i>Patient encounters</i>	<i>15,884</i>	<i>Sealants</i>	<i>685</i>
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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 143,767 patients per month, which included approximately 32,408 women, 36,078 infants, and 75,281 children. More than \$107 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 infants. The peer counselors are hired to provide support to pregnant and breastfeeding mothers regarding basic breastfeeding information. Twenty-seven breastfeeding peer counselor programs are located in 20 counties including Autauga, Baldwin, Barbour, Blount, Calhoun, Colbert, Dallas, Elmore, Etowah, Houston, Jefferson, Lauderdale, Lee, Lowndes, Marshall, Mobile, Montgomery, Morgan, Pike, and Tuscaloosa counties. Plans for the next expansion phase of the program include four additional sites in March and April 2012. Long-range plans for expansion will be developed based on funding. The 12.5 percent increase in the breastfeeding rate statewide is reflective of expansion of the peer counseling program.

WIC continues to assist participants and their families to improve their nutritional habits and increase their physical activity. To address the issue of obesity among children and adults, the WIC program's two-year Nutrition Education Plan has five major objectives:

- 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.
- Increase use of the cash value vouchers among WIC participants for the purchase of fresh fruits and vegetables.
- Use positive messages to WIC vendors about the importance of the cash value voucher and correct redemption procedures.
- Create awareness of breastfeeding benefits.



DIVISION OF WOMEN'S HEALTH

The Division of Women's Health focuses on improving the health and well-being of women, children, and families through the following program initiatives and activities:

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 continues to provide 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. A regional perinatal director from each region and the state perinatal program director manage the councils' activities.

The regional perinatal directors initiated activities to strengthen the perinatal health care system in each region including the following: 1) planning and conducting quarterly meetings for perinatal nurse managers in each region to improve networking among the delivery hospitals; 2) creating breastfeeding task groups to foster collaboration among perinatal nurses, and 3) continuing to conduct activities of the Fetal and Infant Mortality Review (FIMR) Program. The first FIMR Annual Report for selected deaths occurring in 2009 was also completed. Fetal deaths that are 24 weeks gestation and 500 grams or greater and selected infant deaths were reviewed by the program.

Community action teams continued to develop and implement plans that lead to positive changes within the community throughout the state. Actions implemented include: 1) providing a perinatal loss conference for hospital staff; 2) collaborating with a summer feeding program to provide a "Summer Food and Fun Program" at the McDonald Hughes Community Center where healthy living and wellness education, physical activity, art, and reading enrichment were provided to youth who participate in the program; 3) implementing a specialized prenatal class just for teens at no cost through a women's mission group at Grace Baptist Church in Oxford; and 4) Participating in an event held to commemorate infant and fetal loss on the National Perinatal and Infant Loss Day on October 15, 2011.

The Get a Healthy Life Campaign (GAL) continued with funding received from the Health Resources and Services Administration to raise public awareness regarding preconception and interconception health through a social media campaign. The program partnered with several departments to raise awareness. Activities included 1) the Communication and Health Marketing Division developed the campaign's brand, marketing strategy, and Web page; 2) the HIV/AIDS Division provided the campaign the opportunity to exhibit at Historically Black Colleges and Universities where they were providing free HIV testing; 3) Family Planning Clinics in Etowah and Calhoun counties were pilot sites for the campaign; and 4) the FOCUS Program, a peer-to-peer education program that promotes school and community partnerships for the prevention of HIV/AIDS and other adolescent risk behaviors, provided the opportunity to provide education to high school students.

Family Planning Program

One of the major goals of the Alabama Family Planning Program is to decrease unintended pregnancies. According to Alabama's Pregnancy Risk Assessment Monitoring System, from 2008 to 2009, there was a 19.2 percent increase in unintended births in Alabama from 44.9

percent in 2008, to 53.5 percent in 2009. The percent of Medicaid unintended births increased from 57.6 percent in 2008, to 64.3 percent in 2009, while non-Medicaid increased from 32.4 percent in 2008 to 42.2 percent in 2009. Some researchers say this increase may be related to the economy in that more women did not intend to get pregnant. During fiscal year 2011, direct patient services were provided to an estimated 103,973 family planning clients through local health department clinics. Approximately 24 percent of these were teens. The program provides education and counseling, medical examinations, laboratory tests, and contraceptive supplies for individuals of reproductive age. It offers individuals opportunities to plan and space their pregnancies in order to achieve personal goals and self-sufficiency. Services are targeted to low-income individuals. Two supplemental Title X funded family planning projects ended during the year in select counties. These included a special populations (Hispanic) project in Limestone and Marshall counties and a clinic efficiency project in Tuscaloosa County.

Plan First, a joint venture between the Alabama Medicaid Agency and the department, continued into its eleventh year after being granted a three-year renewal that began in October 2008. This program is an 1115 Medicaid Research and Demonstration Waiver expanding Medicaid eligibility for family planning services for women 19-55 years of age. As of September 2011, 93,337 women statewide were enrolled in Plan First. The department's Plan First toll-free hotline received 3,466 calls during 2011. The program has applied for another three-year renewal to begin in December 2011.

Plan First Care Coordination

During fiscal year 2011, 85 licensed social workers and nurses in local health departments (excluding Jefferson) provided care coordination to Plan First eligible women at high risk for unplanned pregnancy. This service has been available since the implementation of the 1115 Family Planning Waiver on October 1, 2000. During fiscal year 2011, services were provided to 38,530 unduplicated family planning patients, with 32,362 patients receiving a risk assessment for an unplanned pregnancy; and 17,696 women were identified as being at high risk for an unplanned pregnancy and were offered care coordination. Care coordination certification training is provided quarterly by Family Health Services.

Patient 1st Care Coordination

Eighty-one licensed social workers and nurses in local health departments (excluding Jefferson) provided care coordination services to children and adults covered under Medicaid's Patient 1st Program during fiscal year 2011. Certification training for Patient 1st care coordinators is conducted quarterly. The Alabama Medicaid Agency established three community care networks based on a North Carolina model during fiscal year 2011. The three networks are: (1) East Alabama Care Network: Chambers, Lee, Macon, and Tallapoosa counties; (2) MedNet West: Bibb, Fayette, Greene, Hale, Pickens, and Tuscaloosa counties; and (3) Care Network of North Alabama: Limestone and Madison counties. Approximately 85 percent of each network's budget is delegated to care coordination/case management. The networks have hired their own care managers; however, the department is a major referral source for the networks. The department continues to provide traditional care coordination/case management services to Patient 1st recipients throughout the state. Care coordinators provided services to 25,097 unduplicated patients during fiscal year 2011.

Medicaid began making direct referrals for care coordination during fiscal year 2008; the majority of the direct Medicaid referrals continue to be patients who are inappropriately using emergency rooms and patients who have been discharged by their primary medical

providers and need assistance in finding a new provider. Emergency room referrals are now being routed by Medicaid through the network in the three network regions identified above. Care coordination referrals generated by the Lead and Newborn Screening programs continued to increase during the year. The electronic care coordination referral system became operational during fiscal year 2007 and is staffed by a social worker and medical benefits specialist 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 now include network referrals, as well as Medicaid and departmental referrals.

Maternity Care Coordination

The department is only marginally involved in providing care coordination services under the State Maternity Plan. The department provides care coordination only in Public Health Area 11 (Mobile) and Public Health Area 2 (Cullman), continuing the trend of Medicaid primary contractors providing care coordination themselves or subcontracting with physician offices and hospitals. Medicaid primary contractors have the responsibility of training maternity care coordinators.

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. The department had only one full-time Public Health HIV/AIDS case manager during fiscal year 2011. This worker was based in Public Health Area 2 (Madison County).

Healthy Beginnings and InfoConnection Help Lines

The Healthy Beginnings and Info Connection help lines received 1,309 calls during fiscal year 2011. The calls were referral calls concerning Alabama's new immigration law, requests for vital statistics forms, and requests for information regarding family planning, lead, newborn screening, and maternity.

Bureau of HEALTH PROVIDER STANDARDS

Health Care Facilities

The Long Term Care Unit is responsible for state licensure inspections and federal certification surveys of nursing homes and intermediate care facilities for the developmentally disabled. This unit conducted 237 recertification surveys and conducted 63 onsite follow-up visits. There were no initial surveys this fiscal year for federal certification purposes.

The Complaint Unit investigated 1,164 abuse/neglect and general complaints. Of these, 203 were onsite investigations and 961 were administrative/desk reviews.

The Laboratory Unit administers the Clinical Laboratory Improvement Amendment, or CLIA program. This unit is responsible for monitoring CLIA federally certified laboratories and state-licensed independent clinical and physiological laboratories. Surveys conducted by this unit included 219 CLIA re-certifications, 2 follow-up visits, 4 complaint investigations, 43 initial visits, 45 certificate-of-waiver visits for labs that perform simple tests such as finger stick blood glucose and urine dipstick tests, 10 validations of accredited labs, 22 initial licensure surveys, and 28 biennial licensure surveys for a total of 373 surveys.

The Medicare Other Unit is responsible for federal certification surveys and state licensure inspections and complaint investigations for home health agencies, hospices, hospitals, kidney dialysis facilities, ambulatory surgical centers, rural health clinics, rehabilitation facilities, portable X-ray units, abortion centers, sleep disorder clinics, residential psychiatric treatment homes, psychiatric units, and rehabilitation units. This unit conducted 189 re-certifications, 97 on-site complaint visits, 22 follow-up visits, 15 initial licensure surveys, 22 initial certification surveys, and 10 abortion center surveys.

The Assisted Living Unit currently monitors 211 regular licensed assisted living facilities totaling 7,179 beds and 89 specialty care facilities totaling 2,582 beds. This unit conducted 133 assisted living facility/specialty care assisted living facility surveys. During this period, the unit submitted 20 cases to the Office of General Counsel for enforcement action.

The Nurse Aide Registry Program tracks 276 active training programs for nurse aides. The registry has a total of 101,187 nurse aides who are approved to work in health care facilities. Currently there are 35 nurse aides that are sanctioned by the Attorney General of Alabama. There are 1,256 that have been placed on the abuse register permanently and are not allowed to work in a Medicare or Medicaid certified health care facility.

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 fiscal year 2011, the division issued 1,484 annual renewal license certificates, 68 change-of-ownership license certificates, 39 initial license certificates, and 75 license status or facility information changes. There were also 1,182 providers certified to participate in the Medicare and Medicaid programs. The division processed 22 initial certifications, 10 change-of-ownership certifications and 195 certification changes.

Office of HUMAN RESOURCES

The Office of Human Resources reviews and 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 provides training on human resources issues; guidance to supervisors and employees in resolving workplace conflicts; and coordinates (through referrals) the Employee Assistance Program. Staff review and recommend requests for serious disciplinary actions and participate in administrative hearings; and respond to grievances and allegations of unfair practices.

2011 Service Activities:

- Conducted 6 training classes totaling 127 employees.
- Conducted The Discipline Process training for 57 participants.
- Conducted Family & Medical Leave Act training for 36 participants.
- Conducted Interview & Selection training for 15 participants.
- Conducted Performance Appraisal training for 19 participants.
- Completed the Public Health Human Resources Procedures Manual.
- Developed the semi-annual Human Resources Activity Report.
- Developed the Hourly Employee Handbook and the Hourly Employee Orientation Checklist.
- Updated orientation checklists for semi-monthly and contract employees.
- Developed a Family Medical Leave Act (FMLA) Leave Usage Worksheet to track FMLA leave usage and available balance in a rolling 12-month period.
- Coordinated the State Combined Campaign.
- Implemented the E-Verify system.
- Coordinated statewide participation in 23 recruitment events.
- Processed 11 requests for educational leave.
- Coordinated a satellite conference and live Webcast in collaboration with the Employee Assistance Program, titled Improving Stress Hardiness.

PERSONNEL ACTIONS PROCESSED	
Merit New Hires	122
Promotions	119
Dismissals	12
Retirements	126
Transfers Out	12
Other Separations	188
Employee Assistance Program Referrals (employees and dependents)	142
Hours of Leave Donations	8,419
Annual Appraisals	3,144
Probationary Appraisals	375

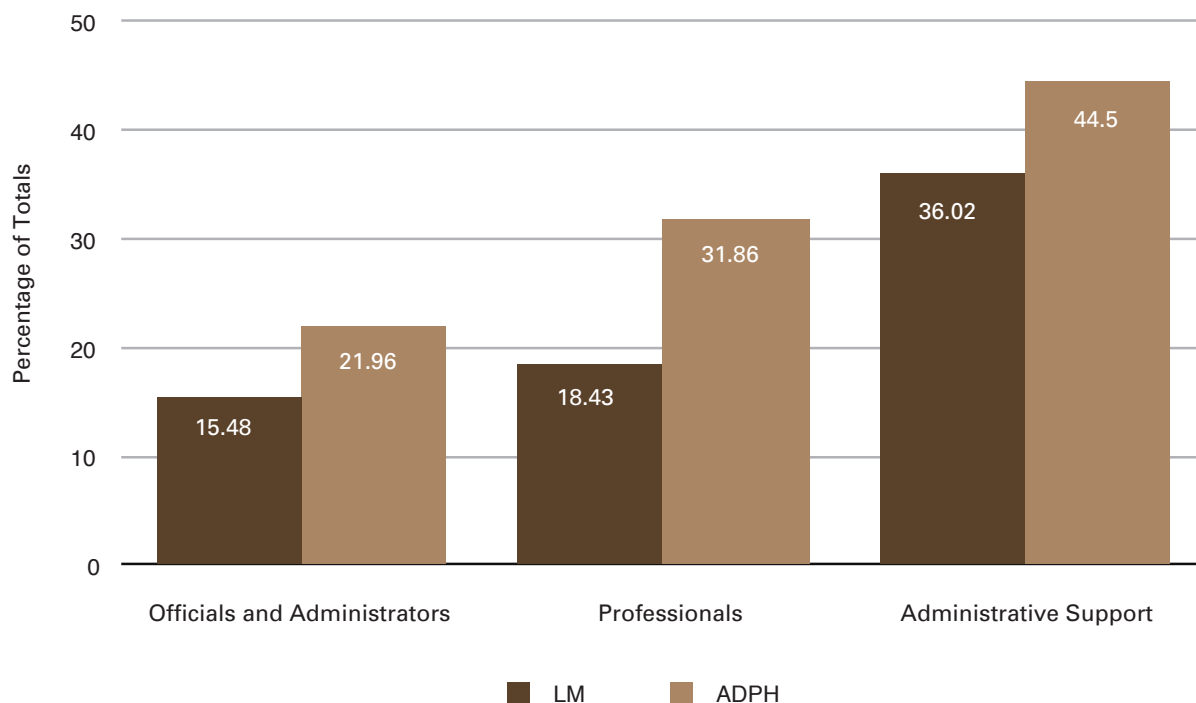
ALABAMA DEPARTMENT OF PUBLIC HEALTH EMPLOYEES - 2010 VS. 2011		
CATEGORY	AS OF DECEMBER 2010	AS OF DECEMBER 2011
Officials/Administrators	1,002	961
Professionals	1,033	970
Technicians	143	136
Protective Service Workers	5	5
Paraprofessionals	231	209
Admin. Support/Clerical	903	845
Skilled Craft	3	3
Service – Maintenance	62	62
OVERALL TOTALS*	3,382	3,191
Turnover Rates	7.16%	9.19%

* Excludes Form 8 and contract employees

869 – Form 8 employees as of January 2012 (941 in 2010)

343 – Contract employees as of January 2012 (508 in 2010)

Alabama Labor Market (LM) vs. ADPH in Three EEO Job Markets



Bureau of HEALTH STATISTICS

The Center for Health Statistics operates the vital records system and collects and tabulates health-related statistical data for the state of Alabama. The center files, stores, and issues certified copies of vital records including birth, death, marriage, and divorce certificates for events that occur in Alabama. An automated vital records system called ViSION (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 or by telephone for next day delivery or they may send a request by regular mail.

The Statistical Analysis Division 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.

2011 Service Activities:

- Issued almost 446,400 certified copies of vital records with almost 308,000 of these records requested through local health departments.
- Registered more than 164,000 new vital records.
- Prepared 2,190 new birth certificates after adoption and more than 1,535 after paternity determination; filed 492 delayed birth certificates; amended 6,225 birth certificates and more than 1,920 death certificates.
- Processed more than 280 requests from adult adoptees to obtain copies of their original birth certificates and other adoption information.
- Filed more than 14,800 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 software used by all birthing hospitals in the state.
- Piloted Alabama's Electronic Death Registration System in nine Alabama counties.
- Received more than 47 percent of divorce decrees electronically from the Administrative Office of Courts.
- Received more than 76,000 phone calls through the automated telephone system from customers requesting information about obtaining Alabama birth, death, marriage, and divorce certificates. The system provides recorded information 24 hours a day.
- Conducted studies and analyzed vital events data for geographic areas throughout the state.
- Produced four publications of statewide data, tables, figures, and graphs on pregnancy, birth, infant mortality, causes of death, marriage, and divorce trends.

VITAL STATISTICS RECORDS 2010

ESTIMATED POPULATION	4,779,736	RATE/PERCENT	
BIRTHS	59,979	12.5	(PER 1,000 POPULATION)
BIRTHS TO TEENAGERS	7,446	22.9	(PER 1,000 FEMALES AGED 10 TO 19 YEARS)
LOW WEIGHT BIRTHS	6,183	10.3	(PERCENT OF ALL LIVE BIRTHS)
BIRTHS TO UNMARRIED WOMEN	25,127	41.9	(PERCENT OF ALL LIVE BIRTHS)
DEATHS	47,897	10.0	(PER 1,000 POPULATION)
MARRIAGES	39,382	8.2	(PER 1,000 POPULATION)
DIVORCES	21,238	4.4	(PER 1,000 POPULATION)
INDUCED TERMINATIONS OF PREGNANCIES	9,029	9.4	(PER 1,000 FEMALES AGED 15 TO 44 YEARS)
INFANT DEATHS	522	8.7	(PER 1,000 LIVE BIRTHS)
NEONATAL DEATHS	325	5.4	(PER 1,000 LIVE BIRTHS)
POSTNEONATAL DEATHS	197	3.3	(PER 1,000 LIVE BIRTHS)

- Provided health-related vital statistics information and analytical 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 (CDC) to study factors related to pregnancy and infant health in Alabama.
- Presented data at the State Perinatal Advisory Council meeting, Alabama Suicide Prevention Task Force, Health Disparities Task Force, Family Planning Advisory Committee, and Office of Women's Health Advisory Panel.
- Provided abortion and maternal death data to the CDC for its surveillance systems.
- Provided data to the Region IV Network for Data Management and Utilization.
- Received a five-year competitive grant from the CDC to continue the PRAMS project through 2016.
- Created a Post-partum Depression fact sheet containing Alabama PRAMS data.
- 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.
- 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 56,668 newborns. In addition, 44,735 death records were transmitted to the Social Security Administration.

ALABAMA'S LEADING CAUSES OF DEATH – 2010 AND 2009¹

CAUSE OF DEATH	2010			2009		
	RANK	NUMBER	RATE ¹	RANK	NUMBER	RATE ¹
TOTAL ALL CAUSES		47,897			47,278	
DISEASES OF THE HEART	1	12,035	251.8	1	11,962	254.0
MALIGNANT NEOPLASMS	2	10,156	212.5	2	10,255	217.8
CHRONIC LOWER RESPIRATORY DISEASES	3	2,845	59.5	4	2,761	58.6
CEREBROVASCULAR DISEASES	4	2,601	54.4	3	2,647	56.2
ACCIDENTS	5	2,369	49.6	5	2,342	49.7
ALZHEIMER'S DISEASE	6	1,518	31.8	6	1,510	32.1
DIABETES MELLITUS	7	1,314	27.5	7	1,271	27.0
NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS	8	1,186	24.8	8	1,177	25.0
INFLUENZA AND PNEUMONIA	9	937	19.6	9	934	19.8
SEPTICEMIA	10	872	18.2	10	868	18.4
SUICIDE	11	676	14.1	11	667	14.2
ESSENTIAL HYPERTENSION	12	556	11.6	12	528	11.2
CHRONIC LIVER DISEASE & CIRRHOSIS	13	504	10.5	13	486	10.3
HOMICIDE	14	391	8.2	14	411	8.7
PARKINSONS	15	341	7.1	15	362	7.7
ALL OTHER CAUSES, RESIDUAL		9,596			9,097	

¹ Rate is per 100,000 population

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 \$755 million budget using 396 internal budgets interfaced with 9 Executive Budget Office spending plan activities and 293 internal funds interfaced with 14 Comptroller’s funds in the State Treasury.

The bureau managed a total of over 100 federal grants with a value in excess of \$444 million and 1,028 contracts totaling over \$67 million in fiscal year 2011. Included in the federal grants accounted for were 5,949,332 Women, Infants, and Children (WIC) negotiable instruments issued to 1,725,210 recipients paid with a redeemed food value of \$107 million, including \$20.4 million received from the department’s infant formula rebate contract.

Transaction volumes to manage the department’s financial and cost processes were as follows:

- Payroll Warrants 107,520
- Payment Vouchers50,000+
- Journal Vouchers..... 1,191
- Requisitions3,006
- Purchase Orders3,112
- Cost Accounting Monthly Time Reports.....64,700
(from multiple reporting systems)

The 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, and 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 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 million in Series 2005 revenue bonds. From the proceeds, \$27,975 million were 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 2009, projects were completed and occupied in Barbour, Limestone, St. Clair, and Tuscaloosa counties. The Phase II building program is now finished.

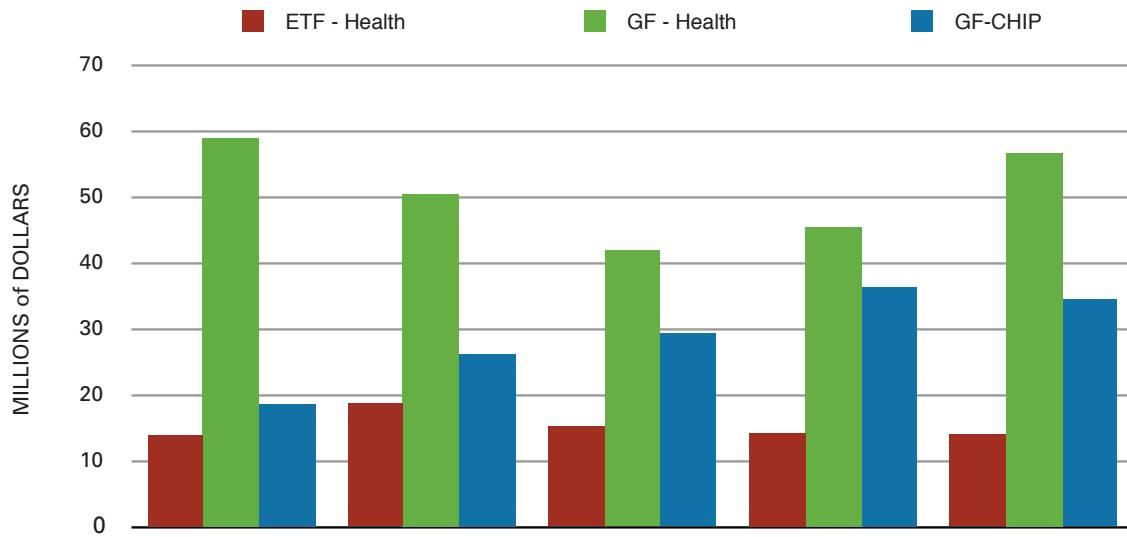
The authority is continuing to propose and develop solutions for additional public health building and equipment needs. Two equipment lease purchase schedules were finalized during fiscal year 2009 for a total of \$5.3 million. Work has begun on a Phase III building program that currently includes the following projects with status noted:

- Montgomery Modular Clinic – Complete
- Crenshaw County Health Department – Complete
- Geneva County Health Department – Complete
- Walker County Health Department Renovation – Complete
- Biosafety Level Three Laboratory Repair – Complete
- Calhoun County Health Department Renovation – Complete
- Mobile Branch Lab Renovation – Under Construction
- Pike County Health Department Renovation – Under Construction

During this fiscal year, the authority continued development and refinement of the Alabama Public Health Capital Maintenance Trust Program. The program is managed by the department. The authority's construction management firm provides technical assistance, advice, and program monitoring. The purpose of the Capital Maintenance Trust Fund is to provide funding for a comprehensive coordinated preventative maintenance, improvement, and replacement program for public health facilities in Alabama. The program spent \$1.57 million during fiscal year 2011 to provide the following services:

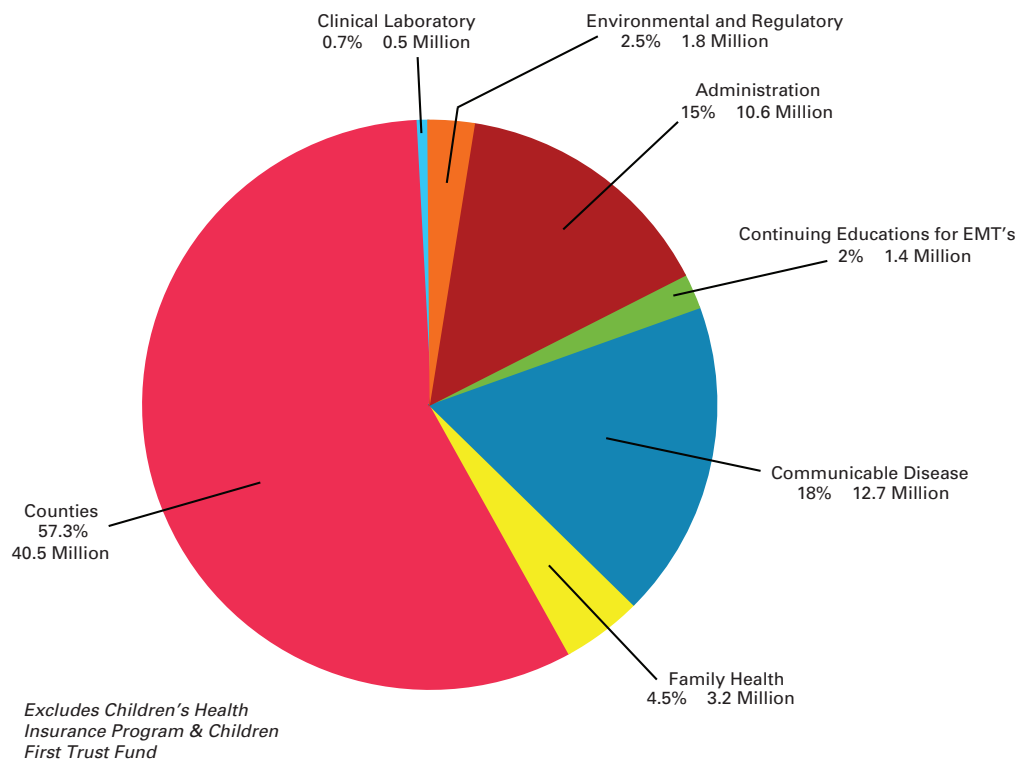
- Periodic facility inspections to identify deficiencies, repairs, and maintenance needs.
- Maintenance contracts for heating, ventilation, and air conditioning systems and fire alarms.
- Roof systems maintenance/repair and a full range of other maintenance repair expenditures and renovations to maintain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

Public Health Funding General Fund & ETF

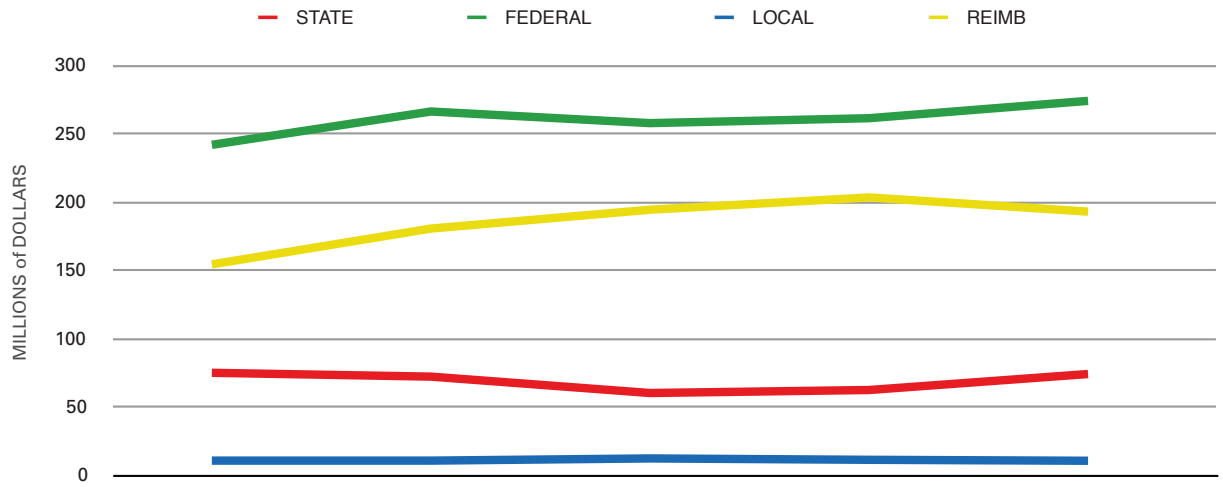


FISCAL YEAR	2007	2008	2009	2010	2011
ETF-Health	14.0	18.8	15.3	14.3	14.1
GF-Health	59.0	50.5	42.0	45.4	56.7
GF-CHIP	18.7	26.3	29.4	36.4	34.5

Use of State Funds - FY 2011 General Fund and ETF Only \$70.7 Million



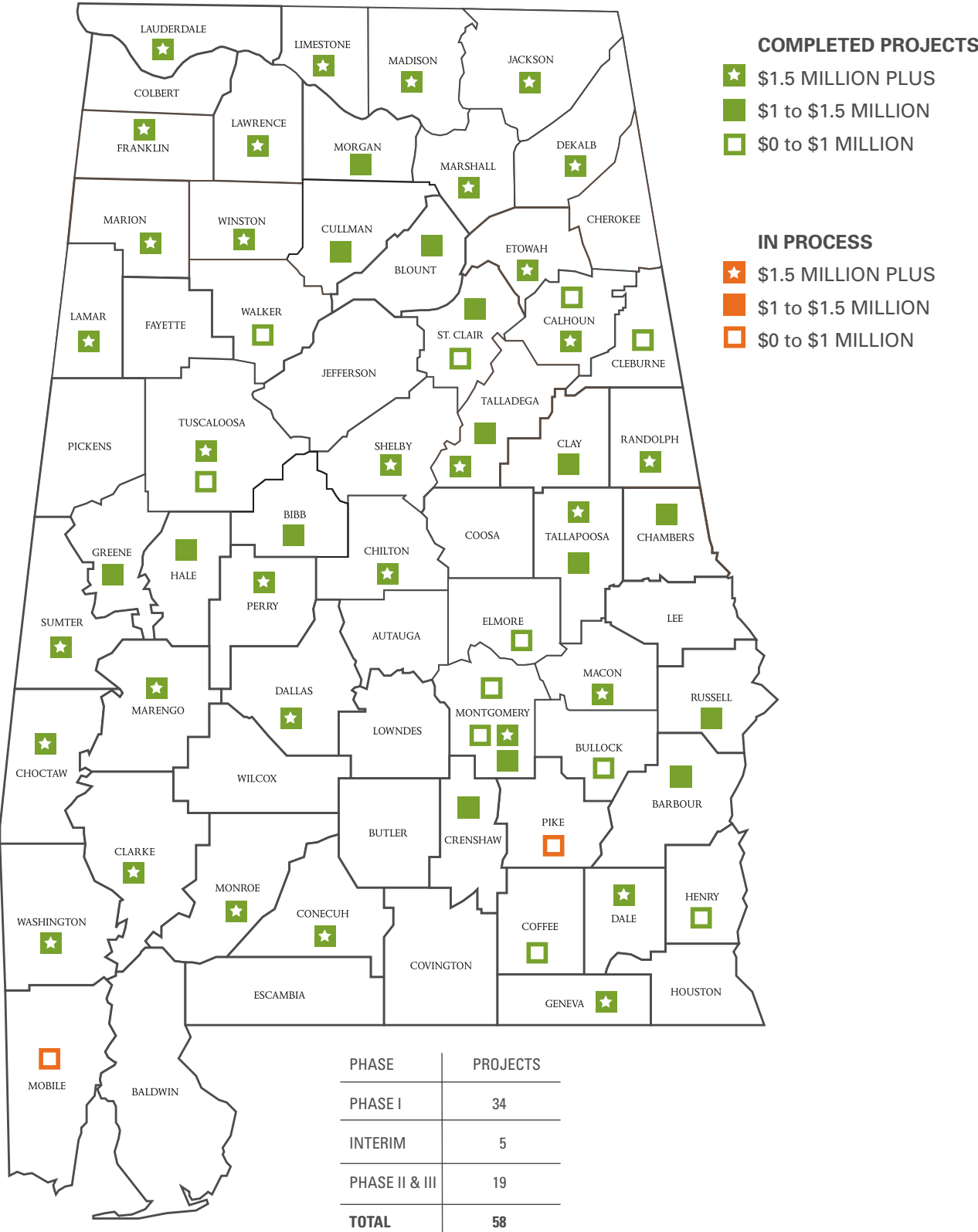
Public Health Funding History



FISCAL YEAR	2007	2008	2009	2010	2011
STATE	75.5	72.7	60.7	62.9	74.6
FEDERAL	242.4	266.8	258.3	261.9	274.6
LOCAL	11.2	11.2	12.8	11.8	11.1
REIMB	154.9	181.1	194.9	203.9	193.5

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

Public Health Care Authority Projects



Bureau of INFORMATION TECHNOLOGY

The mission of Bureau of Information Technology (IT) is to plan, provide, and support the information and logistics needs of the department. The bureau consists of six divisions: Project Management, Database Administration, Systems Development and Integration, Business and Information Architecture, Technical Support, and Logistics. IT procures, develops, and supports information technology systems to supply information to departmental and public users through an integrated information processing and telecommunication structure. The Logistics Division manages the department's property assets, forms, emergency preparedness supplies, mailroom, and vehicles.

The Laboratory Information Management System (LIMS) became fully operational in 2011. All 67 counties, including Mobile and Jefferson, are now electronically ordering tests and receiving lab results. Consequently, clinics and patients receive results in a timely manner and lab operations have been streamlined.

IT developed, tested, and implemented exchanges of health information with providers, hospitals, CDC, and software vendors in support of the Health Information Technology for Economic and Clinical Health (HITECH) Act. Using the national standard Health Level 7 (HL7) protocol, IT began exchanging immunization and disease registry information directly with provider electronic health record (EHR) systems. IT also continued working with the Alabama Health Information Exchange (HIE) to electronically interface the Alabama Immunization Registry and National Electronic Disease Surveillance System (NEDSS) with EHR systems of providers and hospitals.

IT developed and implemented a new document imaging and management system for the Bureau of Children's Health Insurance. The system provides an electronic application process that is directly integrated into the Eligibility and Enrollment System which streamlines the workflow for the ALL Kids program.

In support of the Wellness Division, IT developed a system to support wellness screenings for education employees. This is a Web-based electronic medical record system that replaces a paper-based process and allows the nurses to collect the wellness information during the screening process. The Wellness Division tested and piloted the system in 2011 and received numerous positives reviews.

IT, in conjunction with the Office of Program Integrity and the Bureau of Home and Community Services, developed the Healthcare Electronic Application for Reporting Time (HEART) system. This system allows the entry of employees' daily work record and automatically generates several forms and data to other applications. The system is operational in Dallas and Autauga County Life Care offices for home attendants.

In response to the need for better information to analyze data and make decisions, IT developed and implemented a new ensemble system to provide tools for decision-making across the department. The system provides interactive tools to research productivity and cost information of various programs across the department.

IT developed and implemented a Web service system to automate the receiving of care coordination referrals from Medicaid's networks. The system replaced a process that relied on faxes and telephone referrals to the Bureau of Family Health Services.

IT continued upgrading the statewide computer network infrastructure to provide more robust services and to help ensure a more stable network by installing new equipment in 81 locations throughout the state. These upgrades equip the network to handle the ever-increasing work load from the phone system, video conferences, and business systems. IT relocated CHIP employees' IT equipment to the fourth floor of the RSA Tower with no production down time. Additionally, kiosks to support WIC, CHIP, and Medicaid were installed in 86 locations around the state.

The Logistics Division assisted in moving the Geneva County Health Department into a new facility during the year. The Support Unit deployed a generator to the Marshall County Health Department to supply power during the tornado response. The generator was operational for three days in support of Marshall County's operations.

IT Support Facts for 2011

Quantities

Help Desks Calls	24,189
Personal Computers Supported	5,595
Servers Supported	388
Personal Computers Installed	843
County Support Trips.....	1,872
IP Phone Devices Support	6,072

Logistics Facts for 2011

Equipment Inventory Items.....	17,216
Equipment Inventory Value	\$35 million
Forms Managed.....	868
Form Packages Sent	10,012
Promotional Items Managed	469
Department Vehicles.....	50
Emergency Response Vehicles, Trailers, etc.....	79

ADPH PORTFOLIO OF INFORMATION TECHNOLOGIES

System	Purpose	Year Implemented	Bureau
Cost Accounting	Collect and report cost for services provided by the department.	1990	Finance
AFNS (Advantage Financial System)	Financial accounting for department.	1990	Finance
HRS (Human Resource System)	Maintain personnel information.	1990	Human Resources
Vital Records Information System	Collect, maintain, and issue vital records.	1994	Health Statistics
Lotus Notes	Provide e-mail, calendaring.	1996	All
PHALCON (PH of Alabama County Operations Network)	Serve as Clinic System.	1999	WIC, Family Health, Communicable Disease
Disease Control Applications	Collect and analyze data for TB, AIDS, STD, etc.	1999	Communicable Disease
Reports Databases	Distribution of reports in PDF format.	2000	All
ALL Kids Eligibility and Enrollment System	Collect data, determine eligibility, and enroll applicants in the CHIP Health Insurance Program.	2010	CHIP
CHIP Document Management System	Manage automated workflow of documents for processing.	2011	CHIP
AVAA (Audio Visual Application Assistor)	Web-enabled, flash-based system used to apply for ALLKids/Sobra Medicaid.	2006	CHIP
Grayco Systems - EMS and Facilities	Manage EMS and Health Provider Standards Facilities compliance.	2000	Health Provider Stds and EMS
ARTEMIS	Provide Hepatitis B Case Management System.	2000	Immunization
Death Tracking System	Track death certificates.	2001	Health Statistics
ADPH Web Site (ADPH.org)	Provide ADPH Web site.	2001	Health Promotion
ACORN	Serve as on-line Care Coordination System.	2002	Case Management
Environmental System	Manage county environmental activities.	2002	Environmental
CLAIMS (Claims Management System)	Provide billing for ADPH services.	2007	Finance
McKesson Horizon Home Care System	Provide In Home Patient Care System for Home Health and Community-Based Waiver.	2004	Home Health
LCMS (Learning Content Management System)	Manage employees professional development records.	2004	Professional and Support Services
NEDSS (National Electronic Disease Surveillance System)	Collect and analyze disease data.	2004	Communicable Disease
Automated Contract Tracking System	Manage contracts from initiation through approval and implementation.	2005	General Counsel
Web Enabled Enrollment System	Provide on-line enrollment determination for low-cost insurance.	2005	CHIP
Breast and Cervical Cancer System	Manage BCC program services and reimbursements to providers and manage slots enrolled.	2005	Family Health Services
Voice over IP Telephones	Provide IP telephones and voice mail.	2005	All
ICS Support Systems	Provide management information for ICS and EP activities.	2006	Emergency Preparedness
e-CATS (Electronic Cost Accounting Time Sheets)	Collect employee time for cost accounting.	2006	Finance
Inventory Management System	Track ordering, storage, and issuance of supplies for warehouse, laboratory.	2006	Logistics Division
Electronic Birth Certificate System (EVERS)	Report births from hospitals to Internet-based system.	2006	Health Statistics
Cancer Registry	Track and manage trauma patients and statistics.	2006	Health Promotion
Health Alert Network	Provide alerting system to emergency responders.	2006	Emergency Preparedness
PC Inventory Verification System	Track PCs, laptops, and networked items.	2006	Logistics/IT
Prescription Drug Monitoring Program	Collect data of reportable drugs from pharmacies.	2006	Professional and Support Services
Web Security Application	Allows single sign-on for Web applications.	2007	All
Environmental System	Record food scores and animal bites.	2007	Environmental
Child Death System	Collect and manage child and fetal deaths.	2008	Family Health Services
Family Planning Eligibility Application	Provide the ability to create electronic applications and send directly to Medicaid.	2009	Family Health Services
ADPH Calendar	Provide\Information about ADPH and other events.	2009	All
ImmPrint	Serve as Internet-based immunization registry system.	2009	Immunization
Laboratory Information System	Collect and report lab test data.	2009	Laboratory, Communicable Disease, Emergency Preparedness
Production Management	Provide on-line reporting tool.	2010	All
Cost Accounting Online Reporting	Serve as reporting tool for cost accounting.	2010	All
Trauma Registry	Track and manage trauma patients and statistics.	2010	EMS
Electronic Medical Record	Replace PHALCON and ACORN.	2011	Professional and Support Services
WIC SAM	Provide common WIC system (federally developed).	2011	Family Health Services
HEART (Healthcare Electronic Application for Reporting Time)	Provide ability for generation of employee leave, payroll, travel, and cost accounting data.	2011	Office of Program Integrity & Home and Community Services
Ensemble	Serve as executive decision support system.	2011	All
Medicaid Network Referral System	Serve as Web service-based system for Care Coordination referrals.	2011	Family Health Services

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:

- Alabama Breast and Cervical Cancer Early Detection Program
- Birth, Death, Marriage, and Divorce Certificates
- Cancer Detection
- Child Health
- Children's Health Insurance Program (CHIP)
- Dental Services/Health Education and Community Fluoridation Programs
- Diabetes
- Disease Surveillance and Outbreak Investigations
- Family Planning
- Food and Lodging Protection
- HIV/AIDS
- Home Care Services
- Hypertension (High Blood Pressure)
- Immunization
- Indoor Lead/Asbestos/Air Pollution
- Insect and Animal Nuisances That Can Transmit Disease to Humans
- Laboratory
- Maternity
- Nutrition Services
- Nursing Services
- Onsite Sewage Disposal Systems
- Optometry Services
- Sexually Transmitted Diseases (STDs)
- Social Work Services
- Solid Waste
- Tuberculosis
- Water Supply in Individual Residential Wells

ADPH Address Roster of County Health Departments. Health Officers. and Administrators

NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
PUBLIC HEALTH AREA 1				
Karen M. Landers, M.D., Area Health Officer	Box 929, Tuscumbia 35674	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660
Don Cardwell, Area Administrator	Box 929, Tuscumbia 35674	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660
COLBERT				
Don Cardwell, Area Administrator	Box 929, Tuscumbia 35674	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660
NW AL Regional Home Health Office	Box 929, Tuscumbia 35674	256-383-1234	383-8843	1000 Jackson Hwy., Sheffield 35660
FRANKLIN				
Ronnie Moore, Asst. Area Administrator	Box 100, Russellville 35653	256-332-2700	332-1563	801 Hwy. 48, Russellville 35653
LAUDERDALE				
Don Cardwell, Area Administrator	Box 3569, Florence 35630	256-764-7453	764-4185	4112 Chisholm Rd., Florence 35630
MARION				
Ronnie Moore, Asst. Area Administrator	Box 158, Hamilton 35570	205-921-3118	921-7954	2448 Military St. S., Hamilton 35570
Home Health Office	Box 158, Hamilton 35570	205-921-2859	921-7282	2448 Military St. S., Hamilton 35570
WALKER				
Don Cardwell, Area Administrator	Box 3207, Jasper 35502	205-221-9775	221-8810	705 20th Avenue E., Jasper 35501
WINSTON				
Ronnie Moore, Asst. Area Administrator	Box 1029, Double Springs 35553	205-489-2101	489-2634	110 Legion Rd., Double Springs 35553
Home Health Office	Box 1029, Double Springs 35553	205-489-5500	486-5520	110 Legion Rd., Double Springs 35553
Life Care Office	Box 1029, Double Springs 35553	205-489-5506	489-5513	110 Legion Rd., Double Springs 35553
PUBLIC HEALTH AREA 2				
Judy Smith, Area Administrator	Box 1628, Decatur 35602	256-340-2113	353-4432	201 Gordon Dr., S.E., Decatur 35601
CULLMAN				
Judy Smith, Area Administrator	Box 1678, Cullman 35056	256-734-1030	737-9646	601 Logan Ave., S.W., Cullman 35055
Home Health Office	Box 1086, Cullman 35056	256-734-0258	734-1840	601 Logan Ave., S.W., Cullman 35055
Environmental Office	Box 1678, Cullman 35056	256-734-0243	737-9236	601 Logan Ave., S.W., Cullman 35055
Life Care Office	Box 1086, Cullman 35056	256-775-8568	734-6345	601 Logan Ave., S.W., Cullman 35055
JACKSON				
Judy Smith, Area Administrator	Box 398, Scottsboro 35768	256-259-4161	259-1330	204 Liberty Ln., Scottsboro 35769
Home Health Office	Box 398, Scottsboro 35768	256-259-3694	574-4803	204 Liberty Ln., Scottsboro 35769
Environmental Office	Box 398, Scottsboro 35768	256-259-5882	259-5886	204 Liberty Ln., Scottsboro 35769
LAWRENCE				
Judy Smith, Area Administrator	Box 308, Moulton 35650	256-974-1141	974-5587	13299 Alabama Hwy. 157, Moulton 35650
Home Health Office	Box 308, Moulton 35650	256-974-7076	974-7073	13299 Alabama Hwy. 157, Moulton 35650
Environmental Office	Box 308, Moulton 35650	256-560-6441	974-7073	13299 Alabama Hwy. 157, Moulton 35650
LIMESTONE				
Judy Smith, Area Administrator	20371 Clyde Mabry Dr., Athens 35611	256-232-3200	232-6632	20371 Clyde Mabry Dr., Athens 35611
Home Health Office	20371 Clyde Mabry Dr., Athens 35611	256-230-0434	230-9289	20371 Clyde Mabry Dr., Athens 35611
Environmental Office	20371 Clyde Mabry Dr., Athens 35611	256-232-3200	216-1730	20371 Clyde Mabry Dr., Athens 35611
Life Care Office	20371 Clyde Mabry Dr., Athens 35611	256-230-0458	233-5947	20371 Clyde Mabry Dr., Athens 35611
MADISON				
Lawrence L. Robey, M.D., Local Health Officer	Box 17708, Huntsville 35810	256-539-3711	536-2084	301 Max Luther Dr., Huntsville 35811
Environmental Office	Box 17708, Huntsville 35810	256-539-3711	535-6545	301 Max Luther Dr., Huntsville 35811
MARSHALL				
Judy Smith, Area Administrator	Drawer 339, Guntersville 35976	256-582-3174	582-3548	150 Judy Smith Dr., Guntersville 35976
Home Health Office	Drawer 978, Guntersville 35976	256-582-8425	582-0829	150 Judy Smith Dr., Guntersville 35976
Environmental Office	Drawer 339, Guntersville 35976	256-582-4926	505-0480	150 Judy Smith Dr., Guntersville 35976
WIC Clinic	Drawer 339, Guntersville 35976	256-582-7381	582-3548	150 Judy Smith Dr., Guntersville 35976
MORGAN				
Judy Smith, Area Administrator	Box 1628, Decatur 35602	256-353-7021	353-7901	510 Cherry St. N.E., Decatur 35601
Home Health Office	Box 2105, Decatur 35602	256-306-2400	353-6410	201 Gordon Dr. S.E., Ste. 107, Decatur 35601
Environmental Office	Box 1866, Decatur 35602	256-340-2105	353-7901	510 Cherry St. N.E., Decatur 35601
WIC Clinic	Box 1628, Decatur 35602	256-560-0611	355-0345	510 Cherry St. N.E., Decatur 35601

ADPH Address Roster of County Health Departments. Health Officers. and Administrators

NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
PUBLIC HEALTH AREA 3				
Albert T. White, Jr., M.D., Area Health Officer	Box 70190, Tuscaloosa 35407	205-554-4500	556-2701	2350 Hargrove Rd. E., Tuscaloosa 35405
Tammy Yager, Area Administrator	Box 70190, Tuscaloosa 35407	205-554-4500	556-2701	2350 Hargrove Rd. E., Tuscaloosa 35405
Home Health Office	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	2350 Hargrove Rd. E., Tuscaloosa 35405
BIBB				
Tammy Yager, Area Administrator	Box 126, Centreville 35042	205-926-9702	926-6536	281 Alexander Ave., Centreville 35042
Home Health Office	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	2350 Hargrove Rd. E., Tuscaloosa 35405
FAYETTE				
Tammy Yager, Area Administrator	Box 340, Fayette 35555	205-932-5260	932-3532	215 First Ave., N.W., Fayette 35555
Home Health Office	Box 548, Vernon 35592	205-695-6916	695-9100	300 Springfield Rd., Vernon 36692
GREENE				
Tammy Yager, Area Administrator	412 Morrow Ave., Eutaw 35462	205-372-9361	372-9283	412 Morrow Ave., Eutaw 35462
Home Health Office	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	2350 Hargrove Rd. E., Tuscaloosa 35405
LAMAR				
Tammy Yager, Area Administrator	Box 548, Vernon 35592	205-695-9195	695-9214	300 Springfield Rd., Vernon 36692
Home Health Office	Box 548, Vernon 35592	205-695-6916	695-9100	300 Springfield Rd., Vernon 36692
PICKENS				
Tammy Yager, Area Administrator	Box 192, Carrollton 35447	205-367-8157	367-8376	80 William E. Hill Dr., Carrollton 35447
Home Health Office	Box 548, Vernon 35592	205-695-6916	695-9100	300 Springfield Rd., Vernon 36692
TUSCALOOSA				
Tammy Yager, Area Administrator	Box 70190, Tuscaloosa 35407	205-562-6900	759-4039	2350 Hargrove Rd. E., Tuscaloosa 35405
Home Health Office	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	2350 Hargrove Rd. E., Tuscaloosa 35405
Environmental Office	Box 70190, Tuscaloosa 35407	205-554-4540	556-2701	2350 Hargrove Rd. E., Tuscaloosa 35405
PUBLIC HEALTH AREA 4				
Mark E. Wilson, M.D., Area Health Officer	Box 2648, Birmingham 35202	205-933-9110	930-0243	1400 Sixth Ave. S., Birmingham 35233
Mark E. Wilson, M.D., Local Health Officer	Box 2648, Birmingham 35202	205-930-1500	930-0243	1400 Sixth Ave. S., Birmingham 35233
BESSEMER HEALTH CENTER	2201 Arlington Ave., Bessemer 35020	205-497-9300	497-3913	2201 Arlington Ave., Bessemer 35020
CENTRAL HEALTH CENTER	Box 2648, Birmingham 35202	205-933-9110	930-1350	1400 Sixth Ave. S., Birmingham 35233
EASTERN HEALTH CENTER	601 West Blvd., Birmingham 35206	205-591-5180	510-3474	601 West Blvd., Birmingham 35206
MORRIS HEALTH CENTER	Box 272, Morris 35116	205-933-4242	647-0561	590 Morris Majestic Rd., Morris 35116
WEST END HEALTH CENTER	1308 Tuscaloosa Ave. S.W., Birmingham 35211	205-715-6121	715-6173	1308 Tuscaloosa Ave. S.W., Birmingham 35211
WESTERN HEALTH CENTER	1700 Ave. E., Birmingham 35218	205-788-3321	241-5275	1700 Ave. E., Birmingham 35218
PUBLIC HEALTH AREA 5				
Mary Gomillion, Area Administrator	Box 8306, Gadsden 35902	256-547-6311	543-0067	709 E. Broad St., Gadsden 35903
BLOUNT				
Mark Johnson, Asst. Area Administrator	Box 208, Oneonta 35121	205-274-2120	274-2210	1001 Lincoln Ave., Oneonta 35121
Home Health Office	Box 8306, Gadsden 35902	256-547-5012	543-0067	709 E. Broad St., Gadsden 35903
Life Care Office (1-888-469-8806)	Box 208, Oneonta 35121	205-274-9086 or	625-4490	1001 Lincoln Ave., Oneonta 35121
Environmental Office	Box 208, Oneonta 35121	205-274-2120	274-2575	1001 Lincoln Ave., Oneonta 35121
CHEROKEE				
Mary Gomillion, Area Administrator	Box 176, Centre 35960	256-927-3132	927-2809	833 Cedar Bluff Road, Centre 35960
Home Health Office (1-800-732-9206)	Box 680347, Ft. Payne 35968	256-845-8680	845-0331	2401 Calvin Dr. S.W., Ft. Payne 35967
Life Care Office (1-800-600-0923)	Box 680347, Ft. Payne 35968	256-845-8685	845-0331	2401 Calvin Dr. S.W., Ft. Payne 35967
DEKALB				
Mary Gomillion, Area Administrator	Box 680347, Ft. Payne 35968	256-845-1931	845-2967	2401 Calvin Dr. S.W., Ft. Payne 35967
Home Health Office (1-800-732-9206)	Box 680347, Ft. Payne 35968	256-845-8680	845-0331	2401 Calvin Dr. S.W., Ft. Payne 35967
Life Care Office (1-800-600-0923)	Box 680347, Ft. Payne 35968	256-845-8685	845-0331	2401 Calvin Dr. S.W., Ft. Payne 35967
Environmental Office	Box 680347, Ft. Payne 35968	256-845-7031	845-2817	2401 Calvin Dr. S.W., Ft. Payne 35967
ETOWAH				
Mark Johnson, Asst. Area Administrator	Box 555, Gadsden 35902	256-547-6311	549-1579	709 E. Broad St., Gadsden 35903
Home Health Office	Box 8306, Gadsden 35902	256-547-5012	543-0067	709 E. Broad St., Gadsden 35903
Life Care Office (1-888-469-8806)	Box 208, Oneonta 35121	205-274-9086	625-4490	1001 Lincoln Ave., Oneonta 35121
ST. CLAIR				
Mark Johnson, Asst. Area Administrator	Box 627, Pell City 35125	205-338-3357	338-4863	1175 23rd St. N., Pell City 35125
Home Health Office	Box 8306, Gadsden 35902	256-547-5012	543-0067	709 E. Broad St., Gadsden 35903
Life Care Office (1-888-469-8806)	Box 208, Oneonta 35121	205-274-9086	625-4490	1001 Lincoln Ave., Oneonta 35121
Satellite Clinic (Wednesday only)	Box 249, Ashville 35953	205-594-7944	594-7588	411 N. Gadsden Hwy., Ashville 35953
SHELBY				
Mary Gomillion, Area Administrator	Box 846, Pelham 35124	205-664-2470	664-4148	2000 County Services Dr., Pelham 35124
Environmental Office	Box 846, Pelham 35124	205-620-1650	664-3411	2000 County Services Dr., Pelham 35124
Vincent Clinic	Box 240, Vincent 35178	205-672-2167	672-3548	131 Florey St., Vincent 35178
WIC (Satellite) Clinic	Box 240, Vincent 35178	205-672-7176	672-3548	131 Florey St., Vincent 35178
Home Health Office	Box 240, Vincent 35178	205-672-3210	672-3548	131 Florey St., Vincent 35178
Life Care Office	Box 240, Vincent 35178	205-672-3170	672-3548	131 Florey St., Vincent 35178

ADPH Address Roster of County Health Departments. Health Officers. and Administrators

NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
PUBLIC HEALTH AREA 6				
Mary Gomillion, Area Administrator	3400 McClellan Blvd., Anniston 36201	256-237-1896	240-2615	3400 McClellan Blvd., Anniston 36201
Home Care Office	320 Main St., Roanoke 36274	334-863-8983	863-4875	320 Main St., Roanoke 36274
CALHOUN				
Mary Gomillion, Area Administrator	3400 McClellan Blvd., Anniston 36201	256-237-7523	238-0851	3400 McClellan Blvd., Anniston 36201
Environmental Office	3400 McClellan Blvd., Anniston 36201	256-237-4324	238-0851	3400 McClellan Blvd., Anniston 36201
CHAMBERS				
Mark Johnson, Asst. Area Administrator	5 North Medical Park Dr., Valley 36854	334-756-0758	756-0765	5 North Medical Park Dr., Valley 36854
CLAY				
Mark Johnson, Asst. Area Administrator	86892 Hwy. 9, Lineville 36266	256-396-6421	396-9172	86892 Hwy. 9, Lineville 36266
Home Health Office	86892 Hwy. 9, Lineville 36266	256-396-9307	396-9236	86892 Hwy. 9, Lineville 36266
CLEBURNE				
Mary Gomillion, Area Administrator	Box 36, Heflin 36264	256-463-2296	463-2772	90 Brockford Rd., Heflin 36264
COOSA				
Mark Johnson, Asst. Area Administrator	Box 219, Rockford 35136	256-377-4364	377-4354	9516 Hwy. 231, Rockford 35136
RANDOLPH				
Mark Johnson, Asst. Area Administrator	320 Main St., Roanoke 36274	334-863-8981	863-8975	320 Main St., Roanoke 36274
Home Health Office	320 Main St., Roanoke 36274	334-863-8983	863-4871	320 Main St., Roanoke 36274
TALLADEGA				
Mary Gomillion, Area Administrator	Box 455, Talladega 35160	256-362-2593	362-0529	1004 South St. E., Talladega 35160
Home Health Office	311 N. Elm Ave., Sylacauga 35150	256-249-4893	208-0886	311 N. Elm Ave., Sylacauga 35150
Sylacauga Clinic	311 N. Elm Ave., Sylacauga 35150	256-249-3807	245-0169	311 N. Elm Ave., Sylacauga 35150
TALLAPOOSA				
Mark Johnson, Asst. Area Administrator	2078 Sportplex Blvd., Alexander City 35010	256-329-0531	329-1798	2078 Sportplex Blvd., Alexander City 35010
Dadeville Clinic	220 W. LaFayette St., Dadeville 36853	256-825-9203	825-6546	220 W. LaFayette St., Dadeville 36853
PUBLIC HEALTH AREA 7				
Jackie R. Holliday, Area Administrator	Box 480280, Linden 36748	334-295-1000	295-0006	303 Industrial Dr., Linden 36748
CHOCTAW				
Jackie R. Holliday, Area Administrator	1001 S. Mulberry Ave., Butler 36904	205-459-4026	459-4027	1001 S. Mulberry Ave., Butler 36904
Life Care Office	1001 S. Mulberry Ave., Butler 36904	205-459-4013	459-3184	1001 S. Mulberry Ave., Butler 36904
Environmental Office	1001 S. Mulberry Ave., Butler 36904	205-459-4026	459-4027	1001 S. Mulberry Ave., Butler 36904
DALLAS				
Jackie R. Holliday, Area Administrator	100 Sam O. Moseley Dr., Selma 36701	334-874-2550	875-7960	100 Sam O. Moseley Dr., Selma 36701
Home Health Office	100 Sam O. Moseley Dr., Selma 36701	334-872-2323	872-0279	100 Sam O. Moseley Dr., Selma 36701
Environmental Office	100 Sam O. Moseley Dr., Selma 36701	334-872-5887	872-4948	100 Sam O. Moseley Dr., Selma 36701
Life Care Office	100 Sam O. Moseley Dr., Selma 36701	334-872-1421	872-0279	100 Sam O. Moseley Dr., Selma 36701
HALE				
Jackie R. Holliday, Area Administrator	Box 87, Greensboro 36744	334-624-3018	624-4721	670 Hall St., Greensboro 36744
Environmental Office	Box 87, Greensboro 36744	334-624-3018	624-4721	670 Hall St., Greensboro 36744
LOWNDES				
Ziba M. Anderson, Asst. Area Administrator	Box 35, Hayneville 36040	334-548-2564	548-2566	507 Montgomery Hwy., Hayneville 36040
Environmental Office	Box 35, Hayneville 36040	334-548-2564	548-2566	507 Montgomery Hwy., Hayneville 36040
MARENGO				
Jackie R. Holliday, Area Administrator	Box 480877, Linden 36748	334-295-4205	295-0124	303 Industrial Dr., Linden 36748
Home Health Office	Box 480877, Linden 36748	334-295-0000	295-0617	303 Industrial Dr., Linden 36748
Environmental Office	Box 480877, Linden 36748	334-295-4205	295-0124	303 Industrial Dr., Linden 36748
PERRY				
Jackie R. Holliday, Area Administrator	Box 119, Marion 36756	334-683-6153	683-4509	Rt. 2 Box 4-G, Hwy. 45 S., Marion 36756
Environmental Office	Box 119, Marion 36756	334-683-6153	683-4509	Rt. 2 Box 4-G, Hwy. 45 S., Marion 36756
Uniontown Satellite (Open Tu., Th.)	Box 119, Marion 36756	334-628-6226	628-3018	200 North St., Uniontown 36786
Life Care Satellite Office	Box 119, Marion 36756	334-683-8084	683-4509	Rt. 2 Box 4-G, Hwy. 45 S., Marion 36756
SUMTER				
Jackie R. Holliday, Area Administrator	Drawer 340, Livingston 35470	205-652-7972	652-4331	1121 N. Washington St., Livingston 35470
Environmental Office	Drawer 340, Livingston 35470	205-652-7972	652-4331	1121 N. Washington St., Livingston 35470
WILCOX				
Ziba Anderson, Asst. Area Administrator	107 Union St., Camden 36726	334-682-4515	682-4796	107 Union St., Camden 36726
Environmental Office	107 Union St., Camden 36726	334-682-4515	682-4796	107 Union St., Camden 36726

ADPH Address Roster of County Health Departments. Health Officers. and Administrators

NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
PUBLIC HEALTH AREA 8				
James Martin, Area Administrator	2500 Fairlane Dr., Building 2, Ste. 200 Montgomery 36116	334-277-8464	244-1592	2500 Fairlane Dr., Suite 200, Montgomery 36116
AUTAUGA				
James Martin, Area Administrator	219 N. Court St., Prattville 36067	334-361-3743	361-3718	219 N. Court St., Prattville 36067
Home Health Office	219 N. Court St., Prattville 36067	334-361-3753	361-3806	219 N. Court St., Prattville 36067
BULLOCK				
Connie King, Asst. Area Administrator	103 Conecuh Ave. W., Union Springs 36089	334-738-3030	738-3008	103 Conecuh Ave. W., Union Springs 36089
CHILTON				
James Martin, Area Administrator	301 Health Center Dr., Clanton 35045	205-755-1287	755-2027	301 Health Center Dr., Clanton 35045
Life Care Office	301 Health Center Dr., Clanton 35045	205-755-8407	755-8432	301 Health Center Dr., Clanton 35045
ELMORE				
James Martin, Area Administrator	6501 Hwy. 231, Wetumpka 36092	334-567-1171	567-1186	6501 Hwy. 231, Wetumpka 36092
LEE				
Connie King, Asst. Area Administrator	1801 Corporate Dr., Opelika 36801	334-745-5765	745-9830	1801 Corporate Dr., Opelika 36801
Life Care Office	1801 Corporate Dr., Opelika 36801	334-745-5293	745-9825	1801 Corporate Dr., Opelika 36801
MACON				
Connie King, Asst. Area Administrator	812 Hospital Rd., Tuskegee 36083	334-727-1800	727-7100	812 Hospital Rd., Tuskegee 36083
Life Care Office	812 Hospital Rd., Tuskegee 36083	334-727-1888	727-1874	812 Hospital Rd., Tuskegee 36083
MONTGOMERY				
James Martin, Area Administrator	3060 Mobile Hwy., Montgomery 36108	334-293-6400	293-6410	3060 Mobile Hwy., Montgomery 36108
Home Health Office	3060 Mobile Hwy., Montgomery 36108	334-293-6525	293-6402	3060 Mobile Hwy., Montgomery 36108
Environmental Office	3060 Mobile Hwy., Montgomery 36108	334-293-6452	293-6410	3060 Mobile Hwy., Montgomery 36108
Life Care Office	3060 Mobile Hwy., Montgomery 36108	334-293-6528	293-6402	3060 Mobile Hwy., Montgomery 36108
RUSSELL				
Connie King, Asst. Area Administrator	1850 Crawford Rd., Phenix City 36867	334-297-0251	291-5478	1850 Crawford Rd., Phenix City 36867
Home Health Office	1850 Crawford Rd., Phenix City 36867	334-298-5581	291-0498	1850 Crawford Rd., Phenix City 36867
PUBLIC HEALTH AREA 9				
Ricky Elliott, Area Administrator	312 Courthouse Square, Ste. 31, Bay Minette 36507	251-937-5859	937-7238	103 W. Third St. Annex IV, Bay Minette 36507
BALDWIN				
Ricky Elliott, Area Administrator	Box 369, Robertsdale 36567	251-947-1910	947-5703	23280 Gilbert Dr., Robertsdale 36567
Environmental Office	Box 369, Robertsdale 36567	251-947-3618	947-3557	22251 Palmer St., Robertsdale 36567
Bay Minette Branch	312 Courthouse Square, Ste. 29, Bay Minette 36507	251-937-6935	580-4767	212 Courthouse Square, Bay Minette 36507
WIC	8158 Hwy. 59 Unit 108, Foley 36535	251-943-7260	943-7280	8158 Hwy. 59 Unit 108, Foley 36535
BUTLER				
Ziba M. Anderson, Asst. Area Administrator	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		131 Jones St., Georgiana 36033
CLARKE				
Ricky Elliott, Area Administrator	Box 477, Grove Hill 36451	251-275-3772	275-8066	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
CONECUH				
Ricky Elliott, Area Administrator	102 Wild Ave., Evergreen 36401	251-578-1952	578-5566	102 Wild Ave., Evergreen 36401
Home Health Office	102 Wild Ave., Evergreen 36401	251-578-5265	578-5679	102 Wild Ave., Evergreen 36401
Environmental Office	102 Wild Ave., Evergreen 36401	251-578-9729	578-5566	102 Wild Ave., Evergreen 36401
COVINGTON				
Ziba M. Anderson, Asst. Area Administrator	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 St., 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
ESCAMBIA				
Ricky Elliott, Area Administrator	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
MONROE				
Ricky Elliott, Area Administrator	416 Agriculture Dr., Monroeville 36460	251-575-3109	575-7935	416 Agriculture Dr., Monroeville 36460
Home Health Office	416 Agriculture Dr., Monroeville 36460	251-575-2980	575-2144	416 Agriculture Dr., Monroeville 36460
Environmental Office	416 Agriculture Dr., Monroeville 36460	251-575-7034	575-7935	416 Agriculture Dr., Monroeville 36460
Life Care Office	416 Agriculture Dr., Monroeville 36460	251-575-9184	575-2144	416 Agriculture Dr., Monroeville 36460
WASHINGTON				
Ricky Elliott, Area Administrator	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

ADPH Address Roster of County Health Departments. Health Officers. and Administrators

NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
PUBLIC HEALTH AREA 10				
Peggy Blakeney, Area Administrator	Drawer 2087, Dothan 36301	334-792-9070	792-9071	1781 E. Cottonwood Rd., Dothan 36301
Headland Branch	2 Cable St., Headland 36345	334-693-2220	693-3010	2 Cable St., Headland 36345
BARBOUR				
Corey Kirkland, Asst. Area Administrator	Box 238, Eufaula 36027	334-687-4808	687-6470	634 School St., Eufaula 36027
Home Health Office	Box 217, Clayton 36016	334-775-9044	775-9129	39 Browder St., Clayton 36016
Clio Branch Office	1203 Bluesprings St., Clio 36017	334-397-2223	397-0025	1203 Bluesprings St., Clio 36017
Clayton Branch Office	Box 217, Clayton 36016	334-775-8324	775-3432	39 Browder St., Clayton 36016
COFFEE				
Peggy Blakeney, Area Administrator	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	2841 Neal Metcalf Rd., Enterprise 36330
CRENSHAW				
Peggy Blakeney, Area Administrator	15 Hospital Dr., Luverne 36049	334-335-2471	335-3795	15 Hospital Dr., Luverne 36049
DALE				
Corey Kirkland, Asst. Area Administrator	532 W. Roy Parker Rd., Ozark 36360	334-774-5146	774-2333	532 W. Roy Parker Rd., Ozark 36360
GENEVA				
Peggy Blakeney, Area Administrator	300 County Rd. 41, Hartford 36344	334-684-2256	684-3970	300 County Rd. 41, Hartford 36344
HENRY				
Corey Kirkland, Asst. Area Administrator	Box 86, Abbeville 36310	334-585-2660	585-3036	505 Kirkland St., Abbeville 36310
HOUSTON				
Peggy Blakeney, Area Administrator	Drawer 2087, Dothan 36302	334-678-2800	678-2817	1781 E. Cottonwood Rd., Dothan 36301
Clinic			678-2802	
Home Health Office	Drawer 2087, Dothan 36302	334-678-2805	678-2808	1781 E. Cottonwood Rd., Dothan 36301
Environmental Office	Drawer 2087, Dothan 36302	334-678-2815	678-2816	1781 E. Cottonwood Rd., Dothan 36301
PIKE				
Corey Kirkland, Asst. Area Administrator	900 S. Franklin Dr., Troy 36081	334-566-2860	566-8534	900 S. Franklin Dr., Troy 36081
Home Health Office	900 S. Franklin Dr., Troy 36081	334-566-8002	670-0719	900 S. Franklin Dr., Troy 36081
PUBLIC HEALTH AREA 11				
Bernard H. Eichold II, M.D., Area Health Officer	Box 2867, Mobile 36652	251-690-8827	432-7443	251 N. Bayou St., Mobile 36603
Keeler Building, Main Site	Box 2867, Mobile 36652	251-690-8158	690-8853	251 N. Bayou St., Mobile 36603
Environmental Services	Box 2867, Mobile 36652	251-690-8895	432-7443	251 N. Bayou St., Mobile 36603
Social Services	Box 2867, Mobile 36652	251-690-8981	694-5004	251 N. Bayou St., Mobile 36603
Women's Center	Box 2867, Mobile 36652	251-690-8935	690-8945	248 Cox St., Mobile 36604
Semmes Clinic	Box 2867, Mobile 36652	251-445-0582	445-0579	3810 Wulff Rd. E., Semmes 36575
Citronelle Clinic	Box 2867, Mobile 36652	251-866-9126	866-9121	19250 Mobile St., Citronelle 36522
Eight Mile Clinic	Box 2867, Mobile 36652	251-456-1399	456-0079	4547 St. Stephens Rd., Eight Mile 36663
Teen Center	Box 2867, Mobile 36652	251-694-5038	694-5023	248 Cox St., Mobile 36604
School-Based Clinic	Box 2867, Mobile 36652	251-456-2276	456-2205	800 Whitley St., Plateau 36610
Newburn Clinic	Box 2867, Mobile 36652	251-405-4524	405-4521	248 Cox St., Mobile 36604
North Mobile Health Center	Box 2867, Mobile 36652	251-829-9884	829-6073	950 Coy Smith Hwy., Mt. Vernon 36560

PHA 1

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

PHA 2

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

PHA 3

Albert T. White, Jr., M.D., Area Health Officer
Tammy Yager, Area Administrator
Box 70190, Tuscaloosa, AL 35407
(205) 554-4500

PHA 4

Mark E. Wilson, M.D., Area Health Officer
Vacant, Area Administrator
Box 2648, Birmingham, AL 35202
(205) 930-1500

PHA 5

Mary Gomillion, Area Administrator
Box 8306, Gadsden, AL 35902
(256) 927-7000

PHA 6

Mary Gomillion, Area Administrator
3400 McClellan Blvd., Anniston, AL 36201
(256) 237-1896

PHA 7

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

PHA 8

James Martin, Area Administrator
2500 Fairlane Dr., Bldg. 2, Ste. 200
Montgomery, AL 36116
(334) 277-8464

PHA 9

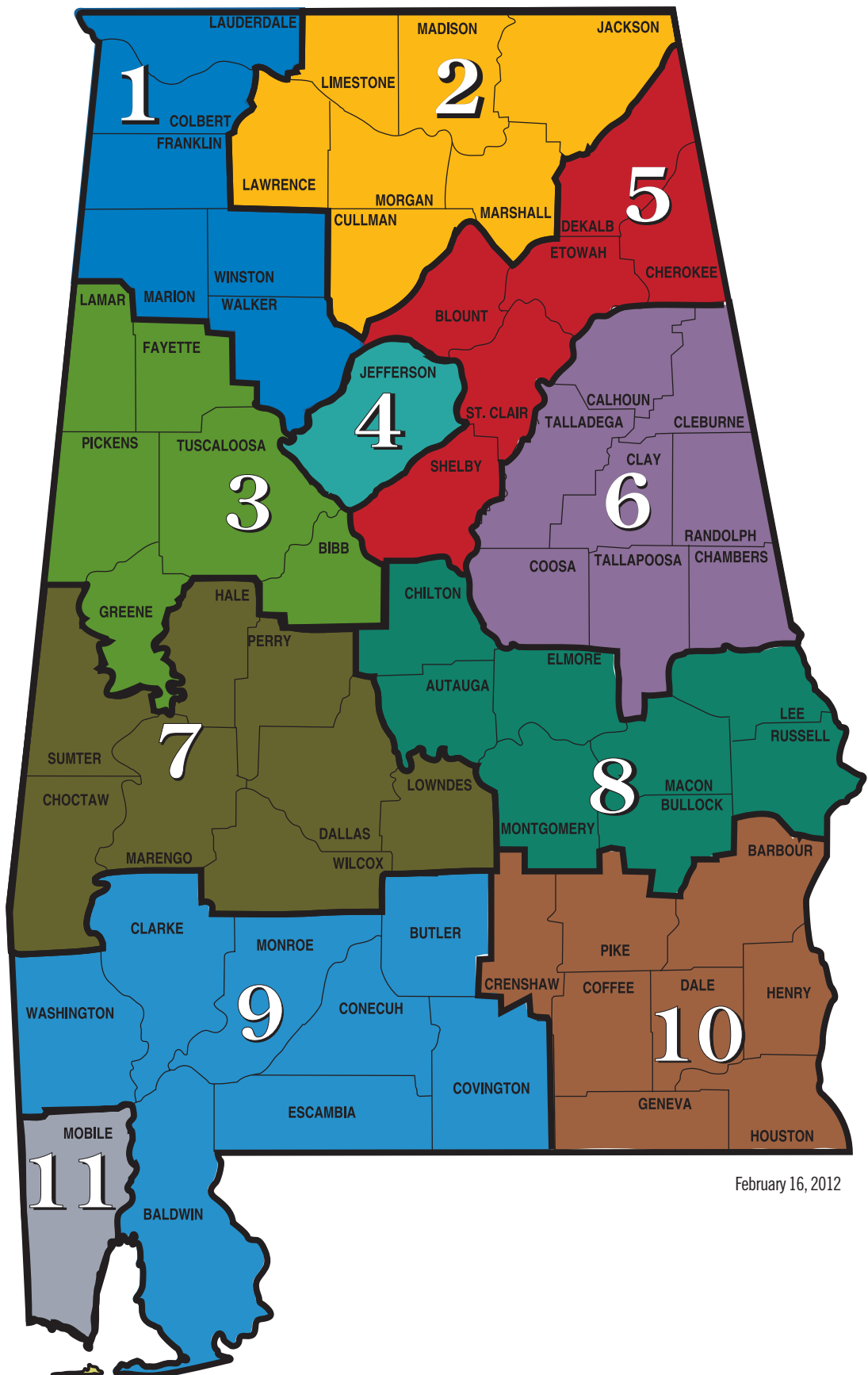
Ricky Elliott, Area Administrator
312 Courthouse Square, Ste. 31
Bay Minette, AL 36507
(251) 937-5859

PHA 10

Peggy Blakeney, Area Administrator
Drawer 2087, Dothan, AL 36301
(334) 792-9070

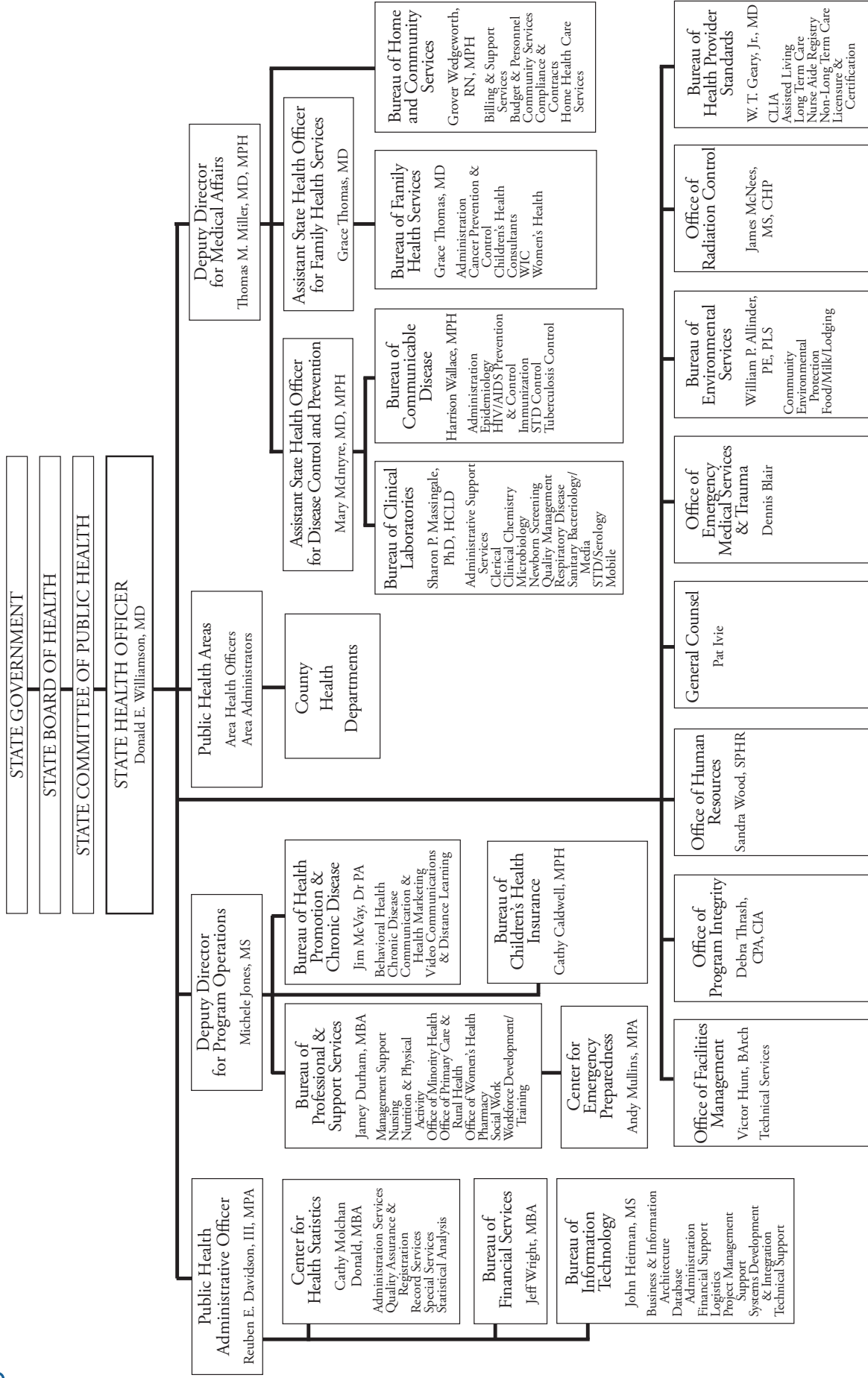
PHA 11

Bernard H. Eichold, II, M.D.
Area Health Officer
Box 2867, Mobile, AL 36652
(251) 690-8827



February 16, 2012

ALABAMA DEPARTMENT OF PUBLIC HEALTH



January 10, 2012
Shelley
 State Health Officer

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