

ALABAMA DEPARTMENT OF PUBLIC HEALTH

**STATE COMMITTEE OF PUBLIC
HEALTH TRAINING MODULE**



alabamapublichealth.gov



Scott Harris, M.D., M.P.H.
STATE HEALTH OFFICER

Dear Committee Member:

On behalf of the Alabama Department of Public Health (ADPH), please allow me to welcome you to the State Committee of Public Health. The members of the State Committee of Public Health collectively serve as the day-to-day committee that provides leadership and oversight of ADPH.

The mission of ADPH is to promote, protect, and improve Alabama's health. Your role as a committee member is to lend your expertise, judgment, and experience in helping the department achieve its mission. ADPH has many dedicated and hardworking public health professionals who are committed to serving the public health needs of our state, and the entire department greatly appreciates your willingness to serve on the State Committee of Public Health!

This orientation program introduces the variety of programs and initiatives that comprise ADPH's core public health functions. I hope you will find this information helpful as you begin your service as a member of the State Committee of Public Health. Please accept my sincerest thanks for helping us address Alabama's public health needs.

Sincerely,

**Scott Harris, M.D., M.P.H.
State Health Officer**

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STATE COMMITTEE OF PUBLIC HEALTH

Duties

Administrative. The State Committee of Public Health exercises general control over the enforcement of public health laws. It acts as an advisory committee to the state in all medical matters and matters of sanitation and public health, and assists and advises all county boards of health, health officers, and quarantine officers. The State Committee of Public Health adopts and promulgates rules and regulations for administering health and quarantine laws.

Investigation. The State Committee of Public Health, through investigations by the department, makes determinations of the effect of communicable debilitating diseases and directs the policies and procedures to be used to limit and/or eradicate illnesses in the citizens of this state. It directs investigations of all places, institutions, establishments, and other public centers and prescribes the methods to correct any conditions prejudicial to health.

Other Duties. The State Committee of Public Health also has charge of the registration of births, deaths, stillbirths, marriages, and divorces. It prescribes the form for reporting vital events. The State Committee of Public Health prescribes rules for transporting dead bodies through the state. It is empowered to collect information on certain diagnosed diseases of public health significance and to take appropriate actions to prevent or limit their spread in the community. Several advisory boards, committees, and councils work with the State Committee of Public Health. The State Committee of Public Health is required to submit an annual report to the Governor.

The State Committee of Public Health comprises 12 physician members and the chairpersons of four councils: the Council on Dental Health, the Council on Animal and Environmental Health, the Council on Prevention of Disease and Medical Care, and the Council on Health Costs, Administration, and Organization. Members serve a three-year term and are eligible for reappointment, but may not serve more than two additional terms. Physician members must be Alabama residents licensed to practice medicine by the Medical Licensure Commission of Alabama. Physician appointees consist of one physician from each congressional district of the state and four at-large physicians. Membership is inclusive and represents appointments reflecting the racial, gender, geographic, urban, rural, and economic diversity of the state.

The State Committee of Public Health adopts rules as necessary to promote and maintain public health in Alabama. If the chair is unable to serve, the vice-chair will succeed to the position of chair of the committee. Each State Committee of Public Health member has one vote, except the chair, who votes only in case of a tie. The State Health Officer is an ex-officio secretary to the committee, though not a member, and he or she will have no voice.

The State Committee of Public Health meets monthly. A quorum consists of a majority of the members. The chair may call special meetings upon 10 days' prior written notice to the members.

Alabama statute allows committee members to receive per diem at a rate of \$100 per day for attendance at an official committee meeting or function. In addition, each committee member will receive reimbursement for subsistence and travel in accordance with state law for each day actively engaged in the duties of his or her office. However, if a member is concurrently serving on the State Board of Medical Examiners, that member will not be entitled to the per diem from ADPH.

STATE HEALTH OFFICER SELECTION AND DUTIES

The qualifications of the State Health Officer are determined by the State Committee of Public Health. At a minimum, qualifications include possession of a full, active, and unrestricted license to practice medicine in Alabama. The State Committee of Public Health will submit a list of names to the Governor, who will appoint a physician licensed in the state as the State Health Officer. The State Committee of Public Health will fix his or her term of office and salary.

The State Health Officer, under the direction of the State Committee of Public Health and with the approval of the State Personnel Board, will set the salaries of the medical employees of the State Committee of Public Health. When the State Committee of Public Health is not in session, the State Health Officer, as executive officer of the Alabama Department of Public Health, acts for the committee and shall have and discharge all the powers and duties of the committee. The State Health Officer will report his or her actions to the committee at its next meeting after the action is taken, and the action of the State Health Officer will then be subject to confirmation or modification by the committee.

If the Governor, Lieutenant Governor, Speaker of the House of Representatives, or President Pro Tempore of the Senate determines, and at least two other of the aforementioned public officials agree, that the State Health Officer has taken an official action that exceeds the State Health Officer's statutory authority in a manner that demonstrates a willful disregard for the office, the aforementioned public officials in agreement may jointly petition the State Committee of Public Health to determine whether the State Health Officer should be disciplined and whether the official action should be modified, reversed, or affirmed. Disciplinary action may include removal from office. This review will be initiated within 30 days of receipt of written notice sent by certified mail to the State Committee of Public Health chair.

The State Health Officer

- Exercises general supervision over the county boards of health and county health officers and promptly reports to the county board of health any delinquencies of official duty on the part of a county health officer that may come to his or her knowledge.
- Stays informed with regard to actual or potential outbreaks of any disease affecting the state and, as far as authorized by law, takes prompt measures to prevent an outbreak and keep the Governor and the Legislature informed about health conditions prevailing in the state and submit to the Governor and Legislature such recommendations as he or she deems proper to control, prevent, or minimize the outbreak.

Issuance of emergency rules, orders, and directives regarding disease outbreaks

- The Governor must approve emergency rules, orders, or directives relating to containment or mitigation measures to address a disease outbreak that is generally applicable to the public at large, or to businesses, institutions, or other entities.
- A copy of the emergency rules, orders, or directives must be filed with the Office of the Secretary of State before enforcement.
- Neither the State Health Officer nor the Governor may require an individual resident to be vaccinated against COVID-19 or any variant thereof.

Individualized orders or directives for violations of public health laws which may be issued by the State Health Officer include the following:

- Closure of certain state waters for oyster harvesting
- Emergency suspensions or proposed revocations of permits, licenses, or authorizations to engage in activities governed by public health laws or rules thereunder
- Fines issued for violations of public health laws
- Directives to destroy adulterated or contaminated food, milk, or milk products
- Directives to abate unsanitary conditions caused or maintained by a person which are, or are likely to become, menaces to public health
- Quarantine or isolation orders issued to individuals having, or suspected of having, a communicable disease

State Committee of Public Health Oversight

The State Health Officer will report emergency rules, orders, and directives he or she issues to the State Committee of Public Health at the next meeting after the action is taken. The action shall then be subject to confirmation or modification by the State Committee of Public Health.

An Effective State Committee of Public Health

An effective State Committee of Public Health is charged with setting the direction of ADPH, focusing on future outcomes, results, and accomplishments. The purpose is to work with staff and management to advance ADPH's mission, vision, and core values. The State Committee also provides collective wisdom and direction to ADPH. The State Committee of Public Health holds management accountable for obtaining results. ADPH day-to-day management is tasked to staff through the State Health Officer and leadership team. Councils, task forces, and other groups may advise staff and provide input on specific work products, programs and services, and other initiatives.

MISSION

To promote, protect, and improve Alabama's health

VISION

Healthy People. Healthy Communities. Healthy Alabama.



HEALTHY
PEOPLE • COMMUNITIES • ALABAMA



CORE VALUES

Excellence – We believe in providing the highest quality services to our clients. We believe that all clients should be served with compassion, empathy, fairness, and respect.

Integrity – We believe our employees should be professional, competent, honest, and knowledgeable; maintaining the highest level of integrity, accountability, confidentiality, and concern for our clients. We believe in always striving to maintain the public trust.

Innovation – We believe that we should demonstrate the ability to adapt to change and to be flexible in our approach to solving problems and providing services.

Community – We believe that we should build and maintain internal and external partnerships to address public health challenges including effectively utilizing resources, solving problems, and building relationships.



You Are a Leader, Not a Manager

Your role as a State Committee of Public Health member is to lend your expertise, judgment, and experience in helping ADPH achieve its mission of promoting, protecting, and improving Alabama's health. You may also be engaged in more tactical level work through involvement in councils, task forces, and other member groups.

Your First Duty is to the Alabama Department of Public Health

As a State Committee of Public Health member, it is very important that you understand that your primary duty is to make decisions that are best for ADPH, as a government agency. You, and the entire State Committee, are responsible for making the best decisions for ADPH, given the diverse perspectives that Committee members bring to committee deliberations.

You Represent a Perspective, Not a Constituency

State Committee membership is not representative-based. Instead, Committee members bring diverse perspectives to the Committee. Those perspectives are informed by your experiences and those of your colleagues, and all perspectives need to be considered along with those of other Committee members as the Committee deliberates and decides what is best for the ADPH.

Acting as a Representative “of” versus a Representative “for”

(Adapted from Tecker)

If you see yourself as a representative for a particular constituency, you may implicitly voice interests and opinions for that constituency and vote only on behalf of their/your interests.

If you see yourself as a representative of a particular constituency, you are more apt to present opinions and perspectives that are important to your constituency, but to voice those interests and opinions to get to the best possible outcome for ADPH overall. Your service should include taking a “representative of” stance in Committee deliberations and discussions.



Your Fiduciary Duties as a Committee Member

You have several duties and obligations as a result of your position as a State Committee of Public Health member. Committee members are expected to act in good faith, always putting the interest of ADPH first in their decision making. They are also expected to act with the care that any ordinary person in the same position or circumstance would exercise.

More formally, Committee members are legal directors of ADPH, and are required to perform certain fiduciary duties of the position. You should consider these duties as you serve on the Committee.

Your Three Major Fiduciary Duties are as Follows:

	DUTY OF LOYALTY	DUTY OF CARE	DUTY OF OBEDIENCE
WHAT IT MEANS	Commit allegiance to ADPH and acknowledge that ADPH's best interests must prevail over any individual or personal interest.	Perform your role with appropriate due diligence and handle your responsibilities with such care as any ordinary, prudent person would use under similar circumstances, in good faith, and in the ADPH's best interest.	Follow ADPH's governing documents and carry out ADPH's mission.
WHAT IT LOOKS LIKE	• Commit to a position once it is decided. • Use your position to advance ADPH, not yourself or related organizations. • Disclose any conflicts of interest.	• Be informed of ADPH's activities. • Prepare for Committee meetings. • Actively participate in discussions and deliberations. Engage in direction setting and oversight of the State Health Officer.	• Comply with state and federal laws related to Committee service. • Inform the State Health Officer of issues and concerns.
POTENTIAL CONCERNS	• Conflicts of interest. • Involvement in leadership of other organizations that conflict with ADPH. • Speaking publicly against a Committee decision.	• Being unprepared for Committee meetings. • Not knowing specifics of issues ADPH is considering. • Missing meetings. • Directing staff other than the State Health Officer.	• Engaging in illegal behavior.
BEST PRACTICES	• Disclose any conflicts, even if you are unsure one may exist. • Voice dissent before a decision is made.	• Attend meetings. • Avoid making rush decisions. • Be prepared.	• Ask questions. • Protect confidential information.

Five Key Expectations of State Committee of Public Health Members

ENGAGE as a State Committee of Public Health member in your respective communities.

SUPPORT the Committee's positions and policies once they are finalized by the Committee.

ATTEND Committee meetings prepared to engage in discussion.

PARTICIPATE in discussions through both speaking and listening.

VOICE diverse perspectives, including dissenting opinions, during deliberation.



Conversation That Counts

One of the Committee's key roles is to discuss, deliberate, and decide on matters before it. This means asking good questions through active listening and open dialogue. Asking "powerful" questions is a great way to lead and participate in Committee work². "A culture of inquiry within a board can and should create a healthy debate."³

POWERFUL QUESTIONS:	EXAMPLES:
• Provoke thought. • Generate energy. • Focus inquiry. • Surface unconscious assumptions and biases. • Open new possibilities and move the discussion forward.	• "How does this align with our mission?" • "What would staff think of this?" • "I heard you state, 'people are saying . . .' Who are these people? How do you know?" • "I am hearing opposition to this. Is that really about the issue we are discussing, or is it coming from someplace else? What is the core concern here?" • "Many have been quiet about this. Does that mean everyone agrees?"

¹Hollan, op. cit. ²Axelrod, Nancy. 2007. "Culture of Inquiry: Healthy Debate in the Boardroom." Washington, D.C. BoardSource.

Committee Leadership and Relationship with ADPH Management

YOU ARE A LEADER

Leadership involves direction setting, is vision-focused, inspires action, and motivates people around certain actions and beliefs. Leadership is a key competency for Committee members, and it is important that you understand your role as a leader within ADPH. Organizations with professional staff delegate the organization's management to those staff. As a result, the Committee's management role primarily involves oversight of management versus hands-on management of the organization. This does not mean that staff are not leaders or that Committee members are not managers. However, Committee members should focus on the organization's overall direction and how to best provide management with the resources and clarity needed to measure success, rather than getting involved in how the work is accomplished.

Bureau/Division work is often an area where there is an intersection of management and leadership. For example, the Bureau of Financial Services may develop an ADPH budget in collaboration with staff, and the Governmental Affairs and Community Relations Office may draft legislative priorities. By and large, however, Committee members should be involved in leading, not managing. When Committee members are engaged in the operational details of the organization and its business processes, there is often role conflict between members and staff, and this causes confusion and inefficiencies.

As a general rule, the Committee should discuss and decide what ADPH should do (including strategy, direction setting, monitoring, and oversight) and staff should work on how ADPH will do it (execution, implementing, reporting, and managing).

THE COMMITTEE-STAFF PARTNERSHIP

Important boundaries between the Committee and staff allow for a healthy, productive, and functional organization. It is important for staff and Committee members to have constructive working relationships to accomplish shared goals.

Committee members do not oversee any staff other than the State Health Officer and should not task or delegate work to any staff member without working through the State Health Officer. It is important that Committee members do not create work for staff that is not part of work they already perform. Not only would this lead to role confusion for staff, it may also make it more difficult for staff to complete their already-established work, for which they will be held accountable.

It is also not appropriate for Committee members to ask about staff or management performance unless those discussions are held in an executive session and are part of a planned and mindful Committee discussion about staff performance. As a general rule, Committee member-to-staff conversations about performance should be channeled through the State Health Officer. Committee members should also not seek insider or internal knowledge about ADPH without going through the State Health Officer. The State Health Officer is the only staff person who works for the Committee. ADPH staff work for the State Health Officer, who is responsible and accountable for staff activity and performance. When these lines are blurred, there is tremendous risk of misunderstanding, misdirection, and miscommunication that may make it more difficult to accomplish ADPH's goals and objectives.

THINGS TO ASK FOR AS A NEW COMMITTEE MEMBER

- ADPH Annual Report
- ADPH Strategic Plan
- ADPH Contact List
- ADPH Organizational Chart

BEST PRACTICES

Best Practices

Here are some best practices for committee members that clarify staff and committee member roles³:

Do ask the State Health Officer about how work is to be accomplished and by which staff member, if you have any questions. When you need to work directly with staff, ask the State Health Officer about the appropriate ways to communicate with staff and how to share feedback on staff performance and work product.

Do not give staff specific assignments. If you have a need that staff can help with, request help through the State Health Officer, who can triage the work appropriately within ADPH.

Do resist the urge to either criticize or compliment staff directly. If staff performance concerns you, contact the State Health Officer for action. When a compliment is due, ask the State Health Officer to convey or deliver it on your behalf. Although everyone appreciates compliments, when you as a Committee member directly compliment a staff member, you may unintentionally undermine a team's morale or subvert ADPH's process for recognizing excellence. When you share concerns or criticisms with staff, you are subverting management's channels for dealing with these situations, you are undermining the State Health Officer's role and authority, and you may be creating legal risks for ADPH.

Do not intervene if staff members approach you about problems with the State Health Officer or the internal staff affairs or environment at ADPH, and do not solicit such information from staff. In most cases, staff who reach out in this way are doing "end-runs" around their bosses, subverting the chain of command, and if you engage, you are undermining the employer-employee relationship. Instead, tell staff that you do not discuss personnel or staffing matters with individual staff, and redirect them to their supervisors. The only exception to this situation is when a staff member is whistleblowing or is reporting harassment. In these cases, redirect staff to ADPH's Legal Officer.

Do keep your relationships with staff professional, not personal. Crossing boundaries from professional to personal may seem natural after working with staff for a period of time, but this may cause staff to think that they have special privileges or otherwise undermine the employee-employer relationship.

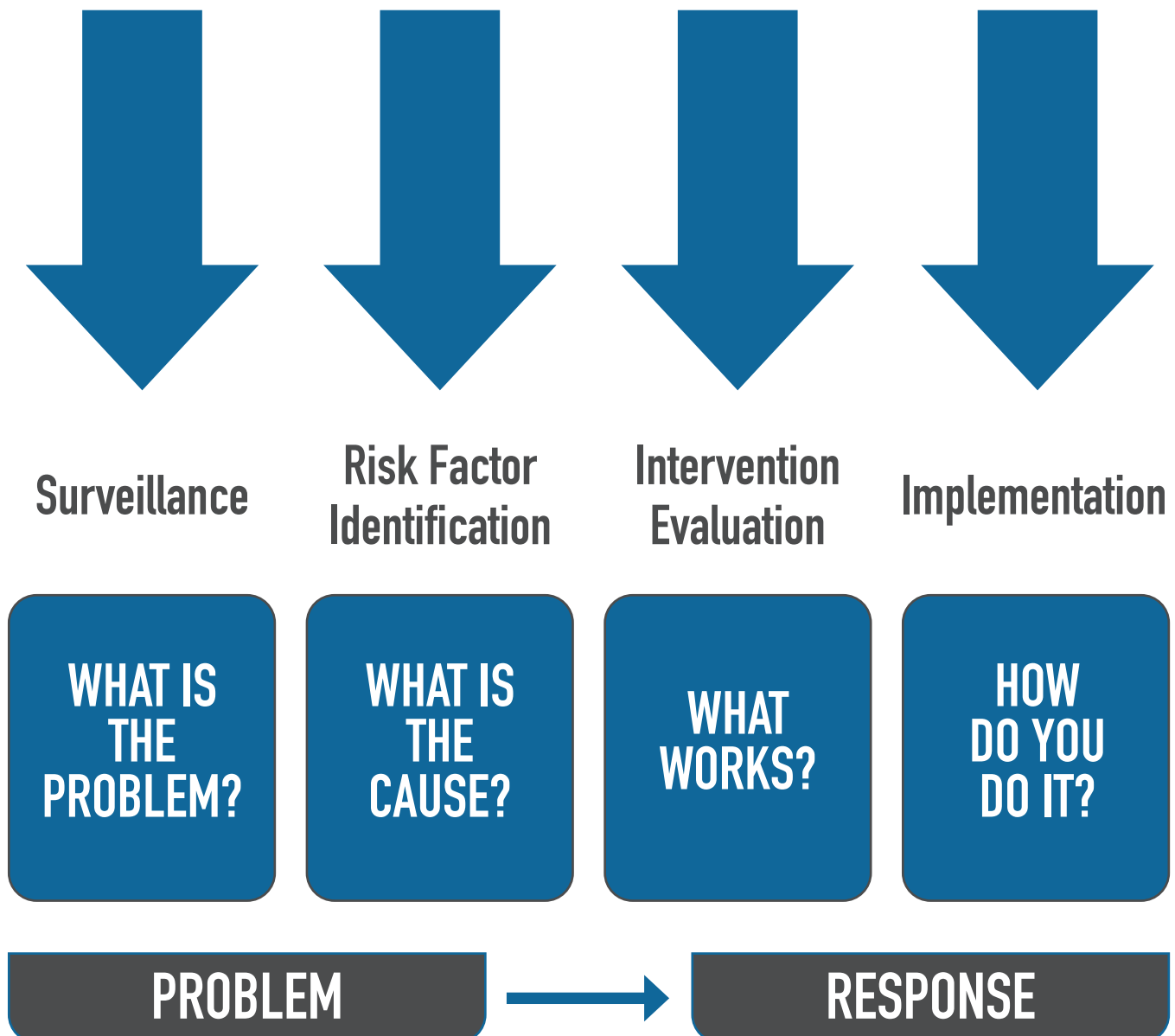
Do route requests for staff assistance and feedback on staff performance through the State Health Officer. Committee members need to recognize that by virtue of their position, they have titular and positional authority that may intimidate staff, make it difficult for a staff person to deny a request, or make it difficult for a staff person to share concerns openly. It is in your best interest and part of your fiduciary duty to respect ADPH's chain of command and route requests, feedback, and other items to staff through the State Health Officer.

³Adapted from Stratton, Susa, 2009. "Do's and Don'ts of Board-Staff Relations." *Associations Now: The Volunteer Leadership Issue* (January), p. 61.

Bureau of Communicable Disease: Mission

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

A PUBLIC HEALTH APPROACH



Bureau of Communicable Disease: Infectious Diseases and Outbreaks

- Responds to reports of infectious diseases and conditions of public health importance to rapidly implement control measures and prevent additional illness

Emerging	Terroristic threats
Foodborne	Vectorborne
Healthcare-associated	Waterborne
Respiratory	Zoonotic

- Partnerships with providers, the public, and other stakeholders
 - 24/7/365 functionality
 - Issues Health Alerts
 - Provides education to mandatory disease reporters statewide (DETECT, TEST, REPORT)
 - Provides technical expertise, consultation, and assistance
 - Provides education and awareness to the public via web postings, news releases, and media outlets
- Investigations of infectious diseases and outbreaks
 - Disease Investigators (District and Central Office)
 - Epidemiologists, Nurses, Research Analyst, Entomologist
 - Consults with subject matter experts (State Epidemiologist, State Public Health Veterinarian, Environmental Toxicologist, and Medical Officers)
 - Collaborates with the Bureaus of Clinical Laboratories and Environmental Services
- Local staff responds to infectious disease threats and cases of public health importance
 - Collects specimens for testing
 - Provides education
 - Recommends isolation, quarantine, social distancing, prophylaxis, and other control measures

Private Health	Public Health
Treating empirically	Assessing burden
Point-of-care/quick tests	Confirmatory testing
Treating patient	Investigating transmission
Assessing patient	Supplemental case information
Follow-up visits	Outcomes and follow-up testing
Treating infections	Antimicrobial stewardship

Alabama State Committee of Public Health, Alabama Department of Public Health Administrative Code

- Notifiable Disease Reporting 420-4-1
- Rabies Vaccination Verification Program 420-4-2
- Infected Healthcare Workers 420-4-3
- Rabies Control Program 420-4-4
- Healthcare Infection Reporting 420-4-5

disease counts

Analysis **SURVEILLANCE**

Epidemiology

INFORMATICS burden

Case Definitions visualization
REPORTING

DIVISION OF TUBERCULOSIS CONTROL

Bureau of Communicable Disease: Tuberculosis

- The ultimate goal for the Division of Tuberculosis (TB) Control is the elimination of tuberculosis in Alabama

Essential Functions:

- Receiving reports of suspected TB and providing epidemiologic investigation
- Providing consultation with TB physicians for treatment according to current standards
- Providing nursing case management including directly observed therapy
- Receiving reports of suspected TB and providing epidemiologic investigations
- Providing consultation with TB physicians for treatment according to current standards
- Providing testing for exposure to TB
- Coordinating testing for TB disease through ADPH Bureau of Clinical Laboratories
- Educating public, institutions, physicians, and medical facilities about TB

Bureau of Communicable Disease: Sexually Transmitted Diseases (STD)

Essential Functions:

- Conduct STD surveillance–Heart of any STD Program.
- Respond to STD/HIV–related outbreaks–It is important to mount a rapid and thorough response so that small outbreaks do not become large ones.
- Identify persons with STD/HIV and link them and their partners to care, treatment, and social services through targeted disease investigation and intervention.
- Promote CDC–recommended screening, diagnosis, and treatment practices among relevant providers– Effective prevention of disease transmission begins with infections that are properly diagnosed, appropriately treated, and fully reported in accordance with established laws and regulations. In 2019, the division began a process to assess provider treatment practices and provide education/assistance to providers who prescribe non–recommended treatment for gonorrhea and syphilis.
- Disseminate local data and information to the healthcare community, governmental and non–government agencies including the public.
- Monitor and develop STD–related policy.
- The work carried out by the division is essential to preventing and controlling the spread of STDs/HIV in Alabama.

- Chlamydia: In 2024, a total of 30,604 cases of *Chlamydia trachomatis* infection were reported to the ADPH. This case count equals to a rate of 603.1 cases per 100,000 population. Chlamydia remains the most common reportable disease in Alabama and is at the highest level since mandated reporting began in 1990. Persons age 20–24, and age 15–19 accounted for 35.2 percent and 28.5 percent of the chlamydia cases reported in 2024, respectively, which demonstrates the need to engage adolescents and young adults in discussions on sexual health topics. Women with untreated or undiagnosed chlamydia are at risk for serious reproductive health outcomes such as pelvic inflammatory disease and infertility.

- Gonorrhea: In 2024, a total of 8,716 cases of *Neisseria gonorrhoeae* infection were reported to ADPH. This case count corresponds to a rate of 171.8 cases per 100,000 population. The number of gonorrhea cases reported to the ADPH decreased by 45.2 percent since 2021. Over the years, gonorrhea has become resistant to nearly every class of antibiotics used to treat it, except to ceftriaxone, the only remaining highly effective antibiotic to treat gonorrhea in the United States.

- Syphilis: In 2024, a total of 4,185 Alabama residents were diagnosed with syphilis infection. This case count corresponds to a rate of 82.5 cases per 100,000 population. This represents a 232.7 percent increase from the number of cases reported over the last 7 years. Nearly 36.2 percent of syphilis cases diagnosed in 2024 had signs and symptoms indicative of primary and secondary stages of syphilis infection.

- ADPH received 40 reported cases of congenital syphilis in 2024* including one syphilitic stillbirth and one syphilis-related infant death. Although 2024 showed a slight decrease by only one case from 2023, it represents a 1,300 percent increase in reported congenital syphilis cases in Alabama between 2015 and 2024*. Sixteen (40%) were late identification cases and 6 (15%) of the pregnant women received no treatment, untimely treatment, or inadequate treatment. In an effort to reduce the number of congenital syphilis cases, ADPH recommends routine prenatal syphilis screening for all pregnant women during the initial prenatal visit, at 28 to 32 weeks gestation, and at delivery.

Bureau of Communicable Disease: Immunization Division

The Immunization Division works to increase immunization rates and reduce vaccine preventable diseases.

Essential Functions:

- Create and maintain ImmPRINT
 - Statewide lifespan registry, >7 million patients and 75 million doses
 - >5,500 sites, including clinics, hospitals, schools, childcare centers, and long-term care facilities
 - Issues Religious and Medical Exemption
- Manage Vaccines For Children Program, federal entitlement program
 - > 530 providers
 - Approves >\$80 million worth of vaccine
 - Compliance and quality improvement visits
- Conduct vaccine-preventable diseases surveillance
 - Investigate cases and outbreaks
 - Recommend control measures
 - Collect specimen for testing
 - Provide education through in-person training, CEUs, Webpage, and social media
 - Include Perinatal Hep B case management

Immunization Priorities

- Increase HPV vaccine rates
 - AL Adolescent and Adult Task Force (A3VTF) has more than 25 public and private organizations involved
 - AAP/AAFP AL Vaccine Advisory Committee
- Continue to work with Operation Wipeout to eliminate cervical cancer in Alabama
- Educate providers and the public about vaccine preventable diseases and how to prevent them
 - Of particular note in 2025 is the re-emergence of measles

OFFICE OF HIV PREVENTION AND CARE

Office of HIV Prevention and Care

VISION

An Alabama that embraces the dignity of self-respect and universal caring in the human experience where HIV and hepatitis C are eliminated by leveraging community partnerships.

MISSION

To improve the quality of life for all Alabamians by ending intersecting epidemics impacting HIV and Hepatitis C through equitable, accessible, and stigma-free prevention and treatment services.

The charge of the Office of HIV Prevention and Care (OHPC) is to:

- Monitor the epidemic
- Improve public understanding of HIV
- Prevent or reduce behaviors that transmit HIV
- Increase individual knowledge of HIV serostatus
- Strengthen systems for referral to appropriate prevention and treatment services

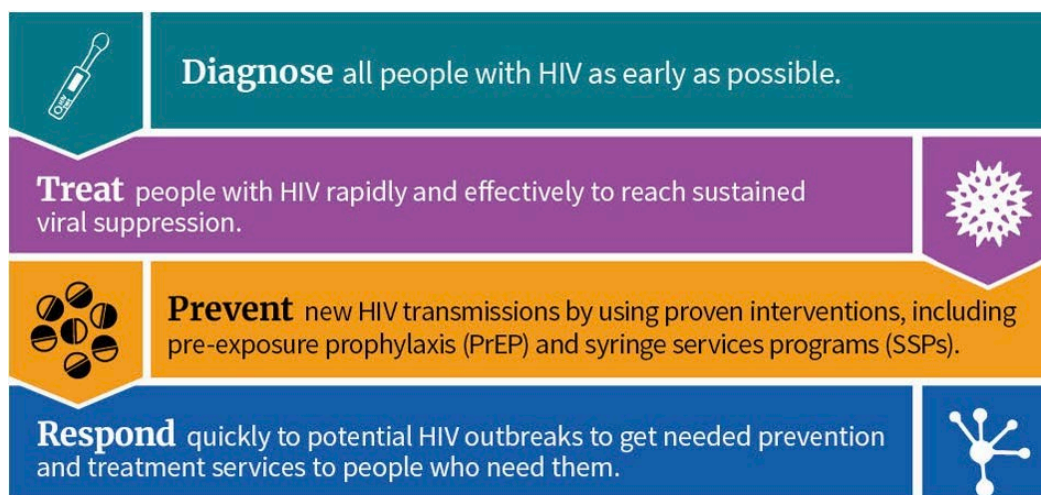
Ending the HIV Epidemic (EHE)

In 2019, the U.S. Department of Health and Human Services (HHS) unveiled the EHE Initiative, a national collaborative response developed and embraced by the Centers for Disease Control and Prevention, Health Resources and Services Administration, Indian Health Services, National Institute of Health, Office of the Assistant Secretary for Health, and the Substance Abuse and Mental Services Administration. The initiative seeks to reduce the number of new HIV infections in the United States by 75 percent by 2025, and then by at least 90 percent by 2030, for an estimated 250,000 total HIV infections averted.

In Alabama, the EHE Initiative is a statewide effort with accelerated efforts to reduce new HIV infections within the highest burden counties – Houston, Jefferson, Madison, Mobile, Montgomery, and Tuscaloosa; and emerging rural counties.

The success of this initiative will depend on dedicated partners from all sectors of society working together, including people with HIV or at risk for HIV; city, county, tribal, and state health departments and other agencies; local clinics and healthcare facilities; healthcare providers; providers of medication-assisted treatment for opioid use disorder; professional associations; advocates; community- and faith-based organizations; and academic and research institutions, among others. Engagement of community in developing and implementing jurisdictional EHE plans as well as in the planning, design, and delivery of local HIV prevention and care services is vital to the initiative's success.

To achieve the goal of reducing new HIV infections in the United States by 90 percent by 2030, the EHE Initiative focuses on four key strategies that, together, can end the HIV epidemic in the U.S.: Diagnose, Treat, Prevent, and Respond.



Drug Assistance Program

The Alabama AIDS Drug Assistance Program (ADAP) provides individuals living with HIV in Alabama access to medical services and medications. ADAP comprises three programs:

1. The AIDS Drug Assistance Prescription Program (ADAP-Rx) covers the cost of antiretroviral and other HIV-related medications.
2. HealthPlus Alabama (AIAP or HPAL) covers the full cost of health insurance premiums and medication and medical co-payments and/deductibles for eligible clients. This program also includes dental insurance (DPAL), which covers the full cost of dental insurance premiums and medication and medical co-payments and/or deductibles for eligible clients.
3. The Medicare Part D Program (MEDCAP, Blue Rx Enhanced Plus) covers the full cost of health insurance premiums and medication and medical co-payments and/or deductibles for eligible clients.

All applicants and clients seeking services to be provided by Alabama ADAP must meet the following criteria:

1. Diagnosis of HIV
2. Reside in Alabama
3. Have an individual gross income not exceeding 400 percent of the Federal Poverty Level (FPL)
4. Be ineligible for third-party payors, including but not limited to employer-sponsored insurance, and Alabama Medicaid.

Know. Manage. Live.

“Know. Manage. Live.” It’s more than a motto – it’s a formula for beating HIV and AIDS. It aims to empower communities, partners, and healthcare providers to reduce HIV stigma and promote HIV testing, prevention, and treatment.

Bureau of Family Health Services: Family Planning

Family planning aspires to promote the physical, mental, and social well-being of the patients we serve, the health and well-being of families, and responsible behavior.

Goal

Prevent unintended pregnancies through education and contraceptive services, allowing for the planning and spacing of pregnancies resulting in healthy moms and healthy babies.

Family planning clinics throughout Alabama

- 81 clinic sites with infrastructure within every county in Alabama
- 40 ADPH nurse practitioners under one physician collaboration
- 95,903 male and female family planning clinic visits over the past year

Services Delivered

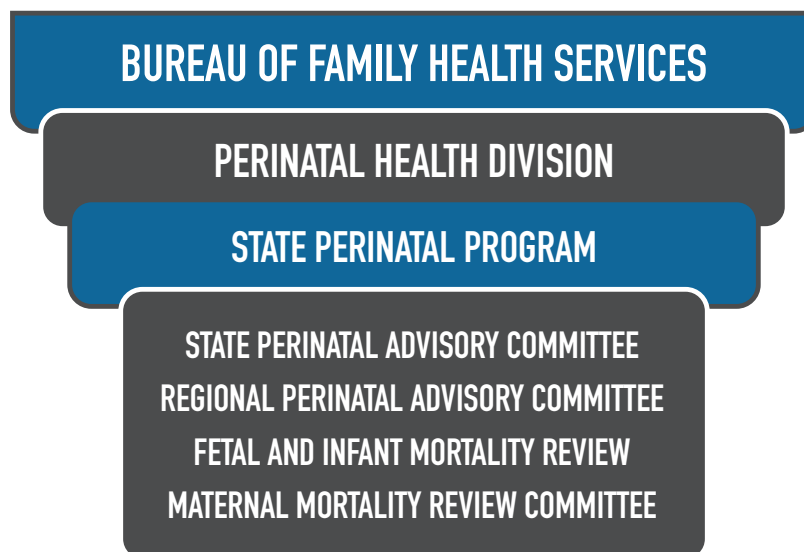
- Comprehensive clinical exam services: clinical breast exams, MMGs, and diagnostic services, including referrals for cancer patients
- Pap management per ASCCP guidelines
- Treatment of hypertension by JNC recommendations, cholesterol, obesity, and disease management with Well Woman and WISEWOMAN programs
- HPV vaccinations
- Preconception counseling
- Pregnancy testing
- Reproductive life plan assessments
- STD testing and management per CDC guidelines
- Sexual coercion and domestic violence assessments and referrals
- Provide long-acting reversible contraception – onsite implant and IUD services, have onsite dispensed vaginal, injectable, oral, and emergency contraceptives per U.S. medical eligibility for contraceptive use recommendations
- Social worker case management, initiatives for screening, brief intervention, and referral to treatment
- Onsite colposcopy services by trained senior nurse practitioners with 894 procedures completed in 2024

Bureau of Family Health Services: State Perinatal Program: Mission/History

- Identify and recommend strategies that will decrease fetal, infant, and maternal morbidity and mortality
- Established in 1980 by the Alabama Perinatal Health Act

Structure

- The State Perinatal Program is located within the Bureau of Family Health Services
- It is further structured within the Perinatal Health Division
- State Perinatal Advisory Committee/Community Action Teams
- Regional Perinatal Advisory Committee
- Fetal and Infant Mortality Review
- Maternal Mortality Review Program/Committee



Program Values

“The Perinatal Health Division believes that all mothers, infants, and families have the right to equitable and competent healthcare. These beliefs encompass the values of teamwork, education, professionalism, compassion, effective communication, and empathy for all.”

Initiatives

- Fetal and Infant Mortality Review Program
- Maternal Mortality Review Program
- Perinatal Regionalization
- Pregnancy Outcomes Strategic Planning
- Maternal and Child Health Services Title V Block Grant
- National Institute of Child Health and Human Development — Alabama Safe Sleep Project

Health Outcomes

- Improve the health of women of child-bearing age before and between pregnancy
- Improve birth spacing
- Improve access to appropriate care
- Improve health disparities
- Improve education related to life-course and social determinants
- Increase the utilization of long acting reversible contraception
- Increase the rate of breastfeeding
- Increase implementation of evidence-based programs that provide education and support for better birth outcomes
- Include fathers
- Reduce the rate of preterm (before 37 weeks gestation) births
- Reduce the number of low birth weight births
- Reduce the rate of non-medically indicated early elective deliveries
- Reduce Sudden Unexplained Infant Death by promoting safe sleep
- Collaborate with federal, state, and community agencies

**DECREASE FETAL, INFANT, AND MATERNAL
MORTALITY IN ALABAMA!**

Special Supplemental Nutrition Program for Women, Infants, and Children's (WIC)

- Began as pilot program in 1972
- Alabama began its WIC Program in 1974
- Currently serving 97 clinics statewide
- Average of 110,000 participants per month
- 100 percent federally funded

Service Delivery

- All county health departments
- Some private local agencies
- Three hospitals
- One Indian Tribe organization

Program Requirements

- Pregnant and postpartum women, infants, and children less than 5 years of age
- Proofs required
 - Currently living in Alabama
 - Income or verification of receiving Medicaid, SNAP, or TANF
 - Identification

Benefit Issuance

- Supplemental foods and approved infant formulas or eligible nutritional supplements
- WIC authorized stores – 600+ statewide
- Average annual redemption – \$90+ million in revenue
- eWIC in 2019

Health Outcomes

- Reduced premature births
- Reduced low birth weight
- Reduced fetal/infant death
- Reduced incidence of iron deficiency anemia
- Increased access to nutritious foods and better infant feeding practices
- Increased immunization rates
- Increased initiation and duration of breastfeeding

Food, Milk, and Lodging Division

RETAIL FOOD BRANCH

Restaurants, food trucks, grocery stores, convenience stores, school lunchrooms, fairs

MILK BRANCH

Dairy farms, milk transportation trucks, milk processing plants

SEAFOOD BRANCH

Oyster growing waters in the Gulf, seafood processing plants

MANUFACTURED FOOD BRANCH

All packaged foods, (except meat, poultry, and catfish)

OTHER

Hotels, camps, and tattoo facilities

Division of Community Environmental Protection

ONSITE SEWAGE BRANCH

Septic system review, permitting, and installation

SOILS BRANCH

Evaluating absorption rate of soils to prevent groundwater contamination

LEAD BRANCH

Follow-up on elevated blood lead level reports, investigating sources of lead, oversight of contractors

OTHER

Solid waste management, rabies prevention through bite investigations, abating nuisances from vectors

Responsibilities

- All facility types, except for assisted living and abortion clinics, certified for Centers for Medicare and Medicaid Services (CMS)
- CMS contracts with Health Provider Standards to carry out CMS regulatory functions of healthcare providers in Alabama
- Health Provider Standards has no regulatory authority over VA hospitals, physicians offices, and urgent cares

Units

- Assisted Living Facilities (ALFs) and Specialty Care Assisted Living Facilities (SCALFs)
- Long Term Care: Nursing Homes
- Clinical Laboratory Improvement Amendments (CLIA): Independent Clinical Labs (ICLs), Independent Pathology Labs (IPLs)
- Acute and Continuing Care (ACC):
 - Ambulatory Surgical Centers
 - Comprehensive Outpatient Rehabilitation Centers
 - End Stage Renal Disease (ESRD) Treatment Centers
 - Home Health Agencies
 - Hospices
 - Organ Transplant Programs
 - Outpatient Physical Therapy
 - Portable X-ray Suppliers
 - Federally Qualified Health Centers
 - Psychiatric Residential Treatment Facilities
 - Organ Procurement Centers
 - Rural Health Clinics
 - Abortion Clinics

Functions

- Each unit serves to perform regulatory functions within their facility types

Provider Services

- Processes applications for initial licensure and certification, change of ownership, annual license renewal, and changes to provider information
- Licensure Unit processes and issues state licenses

Center for Health Statistics: Vital Records Repository for Alabama

- Collects records of Alabama vital events
- Tabulates and disseminates statistical data from Alabama vital records
- Operates the issuance system of certified copies of vital records for Alabama

Collection of Vital Records

- Births
- Deaths
- Marriages
- Divorces
- Fetal Deaths (Stillbirths)
- Induced Terminations of Pregnancy (Abortions)
- Acknowledgments of Paternity

Statistical Functions

- Prepares annual publications
- Completes data requests for ADPH bureaus
- Provides data to certain partners including other government agencies, media, and approved research entities
- Transmits data on births, deaths, and fetal deaths to the National Center for Health Statistics
- Transmits data on births and deaths to the Social Security Administration

Emergency Preparedness: Mission

- Planning and preparation prior to emergency events
- Guiding health and medical response to emergency events
- Assisting in recovery of health and medical system following emergency events

Coordination

- Works with local, state, and federal partners
- Ensures seamless response to disaster events
- Supports sister states during disaster events

Emergency Support Function 8

- Health and medical lead for state for planning during emergency events
- Logistics center-warehouse of supplies/trailers/equipment
- Staffs eight public health districts to coordinate local planning

Region IV Unified Planning

- Participates with eight southeastern states
- Plans for and coordinates state-to-state assistance
- Alabama deployment to other states
- Assistance to Alabama from other states

Funding

- 100 percent federal funding through two federal grants
- Public Health Preparedness and Prevention from CDC-used to fund public health preparedness
- Hospital Preparedness Program from HHS- train and equip nine healthcare coalitions/contract with University of South Alabama

Office of General Counsel: Mission

- Mission – provide competent, responsive, and professional legal representation to its clients, the ADPH, and its officers and employees

Staffing

- Six attorneys – one general counsel and five assistant general counsels
- Three legal research assistants and an administrative support assistant
- All attorneys are assistant attorneys general

State Committee of Public Health

- Attends the State Committee of Public Health meetings and provides advice regarding the promulgation of administrative rules
- Serves as Agency Secretary for purposes of Alabama Administrative Procedures Act
- Responsible for overseeing ADPH rulemaking process

Other Daily Duties for ADPH

- Provides legal advice and counsel
- Reviews and approves contracts, grants, memoranda of understanding, and similar documents
- Represents in adversarial proceedings
 - Administrative licensure actions
 - Disciplinary proceedings
 - Litigation in state and federal court

Behavioral Health Division

Works to reduce death and disability from intentional and unintentional injury through the coordination and implementation of health promotion and education programs.

Major programs include the following: Child Passenger Safety, Distracted Driving, Rape Prevention and Education, Surveillance and Prevention (of death), Alabama Violent Death Reporting System, Child Death Review, FDA Tobacco Inspection Program, and Youth Tobacco Prevention.

Health Media and Communications Division

Educates the public about ways to protect and enhance their health using various communication channels to help Alabamians make informed health-related decisions.

- Designs professional-quality original art for the website, social media, direct mail, and billboards. Prepares forms, booklets, posters, certificates, newsletters, and other documents
- Manages the department's website and social media efforts, which include promoting specific departmental programs, marketing campaigns, and events. Issues news releases to improve health outcomes, distribute advisories, and promote healthy lifestyles and behaviors
- Provides departmental training, educational resources, public information, and emergency response through live broadcasts and production services through the Alabama Public Health Training Network

Management Support Division

Provides leadership and coordination for critical departmental programs.

- Major programs include Public Health Accreditation, Strategic Planning, and Performance Management
- Responsibilities include the Records Disposition Authority, Grant and Budget Management, Policy Clearinghouse, and Competitive Selection Process

Nutrition and Physical Activity Division

Implements nutrition and physical activity interventions and promotes policy and environmental initiatives to increase the number of Alabamians who maintain a healthy weight, eat balanced meals, and are physically active.

- **Implements and evaluates evidence-based strategies for preventing and managing cardiovascular disease in disproportionately at-risk Alabama populations through the Cardiovascular Health Program**
 - **Focuses on increasing community access to resources that assist with managing and preventing diabetes through the Alabama Diabetes Program**
-

Pharmacy Division

In addition to responsibility for the Prescription Drug Monitoring Program (PDMP), provides medication information and medical protocol support, maintains the Alabama Controlled Substances List, assists in disasters, provides audit surveillance for the 340B Program, and collaborates to provide education and prevention activities to reduce drug overdose deaths in Alabama.

Office of Primary Care and Rural Health

Assesses communities for the availability of healthcare providers and recommends a shortage designation status for areas with critical medical care shortages.

- **Assists provider clinics and small rural hospitals with recruitment efforts in underserved communities through candidate referrals and physician placements through state and federal recruitment and retention programs. Works closely with the Alabama Hospital Association to provide relief and support to Alabama's small rural hospitals through federal grant programs**
- **Provides resources for workforce development, collaboration, and technical assistance to healthcare providers and community organizations in rural and medically underserved areas**

Wellness Division

Offers wellness screenings as a voluntary program available during work hours at no cost to employees and dependents. State-level staff work in coordination with the staff in county health departments to provide Wellness services statewide for employees covered by the following insurance plans:

- Public Education Employees' Health Insurance Plan (PEEHIP) Wellness Program
- State Employees Insurance Board (SEIB) Wellness Program
- Local Government Health Insurance Board (LGHIB) Wellness Program

PRESCRIPTION DRUG MONITORING

Prescription Drug Monitoring Program: Mission and Functions

- PDMP staff maintain and manage the Controlled Substance Database for Alabama
- The Database is a clinical tool that assists healthcare professionals in making patient care decisions
- The Database includes all controlled substance prescriptions dispensed in Alabama
- Dispensers, including pharmacies and prescribers who provide controlled substances directly from their office, must submit prescription information to the Database within 24 hours of dispensing

Access

- Alabama law strictly specifies who has access to the Database
- Physicians, podiatrists, dentists, optometrists, nurse practitioners, nurse midwives, and physician assistants must possess an Alabama license and controlled substance certificate to qualify for access
- Others who may access the Database include pharmacists, law enforcement, regulatory boards, Medicaid, coroners/medical examiners, practitioners licensed in other states but working at federal facilities located in Alabama, and delegates acting on behalf of physicians and dentists
- PDMP staff for operational and data purposes

History and Current Data

- Began collecting data in 2006
- Database currently holds controlled substance prescription records for 5 years plus the current year
- Each January 1, data older than 5 years is deleted
- Information is privileged, confidential, and cannot be used in civil litigation

Software System

- Overdose risk scores indicate the patient's potential for an unintentional overdose
- Provides existing functionality plus advanced analytics and patient support tool
- Capability to integrate the PDMP into electronic health records and pharmacy management software
- Alert that informs prescribers and pharmacists when a patient is administered an opioid overdose reversal medication, such as naloxone or nalmefene, by Emergency Medical Services

BUREAU OF CLINICAL LABORATORIES

Bureau of Clinical Laboratories

The Bureau of Clinical Laboratories (BCL) houses nine divisions and about 110 employees. The Bureau also includes a regional laboratory located in Mobile. The lab receives approximately one million specimens per year and performs more than two million laboratory tests in support of our 67 county health departments around the state, as well as private citizens and private healthcare providers.

VISION: To lead the state, through both laboratory science and service, in improving and protecting the public's health from current and future diseases and disasters.

MISSION: The mission of the BCL is to give laboratory support for public health programs and policy decisions that protect and promote the health of the citizens of Alabama.

Bureau of Clinical Laboratories: Newborn Screening Overview

- The Alabama Newborn Screening Follow-up Division ensures that state laws, rules, and regulations mandating newborn screening are followed
- Began screening for Phenylketonuria (PKU) in 1964 and has advanced to currently screening for 35 of 38 core disorders recommended by the U.S. Department of Health and Human Services (HHS)
- Establishes protocol to ensure early identification/follow-up of infants affected with certain genetic or metabolic conditions

Service Delivery

- Newborn Screening serves approximately 60,000 infants born in Alabama each year
- Newborn Screening identifies approximately 200 infants per year with metabolic, endocrine, hematologic, hearing, cardiac, or other congenital disorders
- Newborn Screening identifies approximately 2,000 infants per year with sickle cell trait
- BCL performs all newborn screening blood analysis
- The BCL does testing on approximately 150,000 newborn specimens annually to include the recommended second screen at 2 to 6 weeks of age

Health Outcomes

- Reduction in infant mortality
- Prevention of complications, reduced morbidity, and prevention of intellectual disabilities
- Cost savings to the patient's family and healthcare system
 - Example-average lifetime cost of an intellectual disability is over \$1 million

WEBPAGE LINK

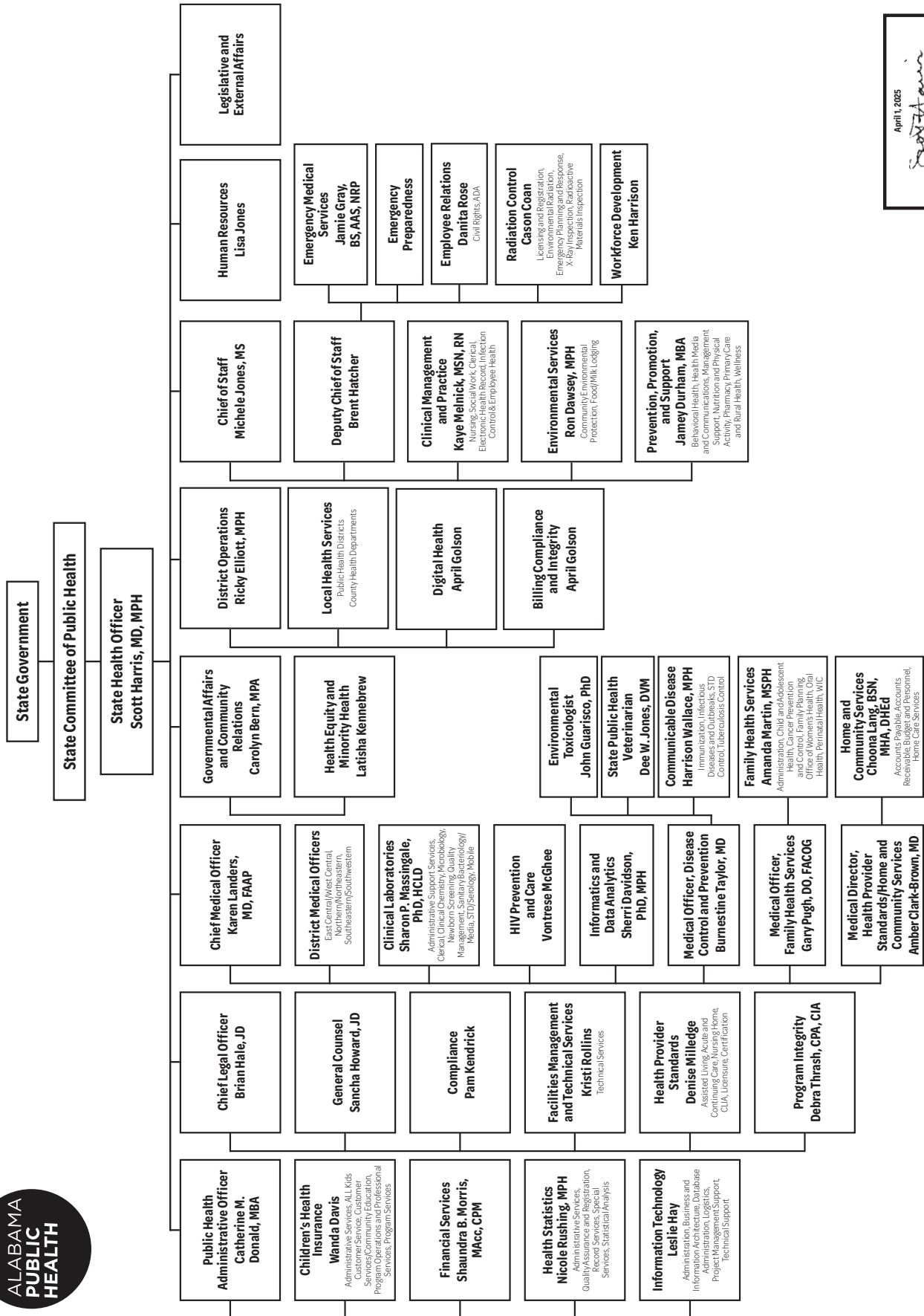
ADPH Training for State Committee Board Members

alabamapublichealth.gov/about/boh-training.html



April 1, 2025

State Health Officer



Alabama Department of Public Health Districts



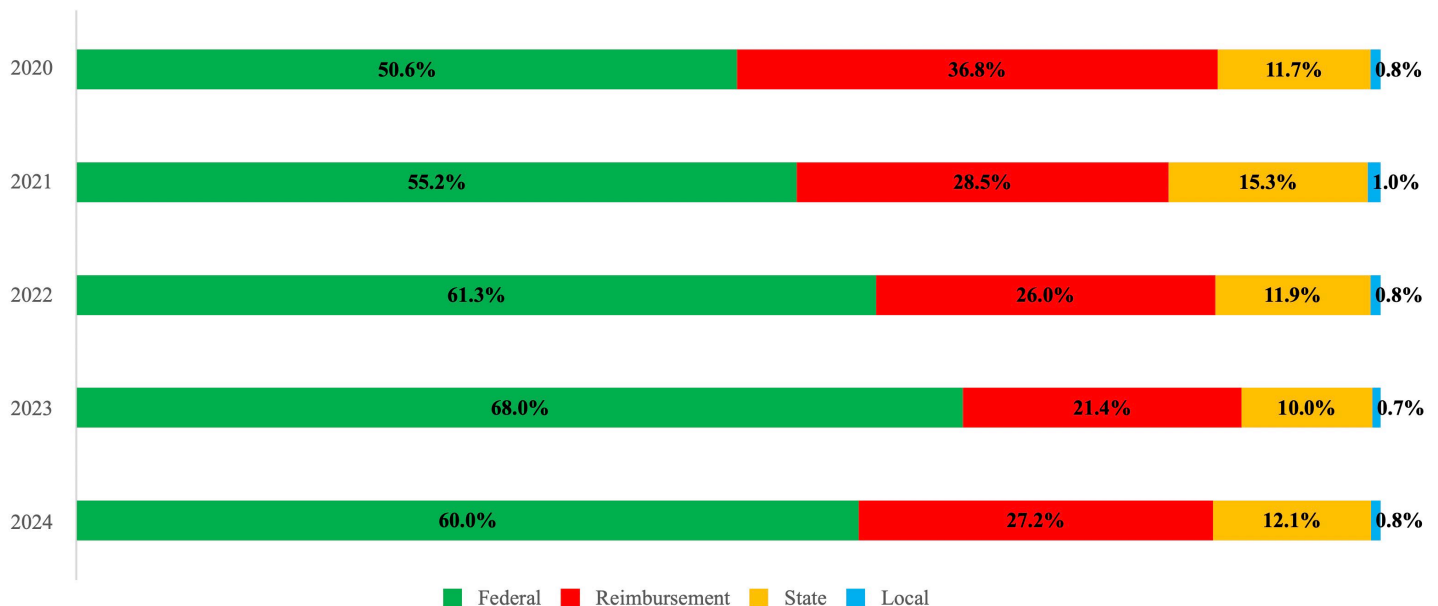
ADDITIONAL TRAINING RESOURCES

Alabama Department of Public Health County Services

- Alabama Breast and Cervical Cancer Early Detection Program
- Bio Monitoring Services
- Birth, Death, Marriage, and Divorce Certificates
- Cancer Detection
- Child Health
- Children's Health Insurance Program (CHIP)
- Dental Health Education and Community Fluoridation Services
- Diabetes
- Disease Surveillance Outbreak Investigations
- Family Planning
- Food and Lodging Protection
- HIV/AIDS
- Home Care Services
- Immunization
- Insect and Animal Nuisances That Can Transmit Disease to Humans
- Laboratory
- Nursing Services
- Nutrition Services
- Onsite Sewage Disposal Systems
- Sexually Transmitted Diseases (STDs)
- Solid Waste
- Telehealth
- Tuberculosis
- Water Supply in Individual Wells
- Women, Infants, and Children (WIC)

Alabama Department of Public Health Funding History

Excludes Children's Health Insurance Program (in millions)



Alabama Department of Public Health

Clinical Management and Practice

Clerical

- Public Health clerical staff provide professional assistance in the daily operations of county health departments and in the daily functions of the districts and Central Office
- Staff serve in variety of roles: front desk receptionist, intake clerk, home health clerk, office manager
- Approximately 450 administrative support staff are employed by the department
- Each administrative support staff member is vital to the agency's ability to meet the needs of the citizens of Alabama

Nursing

- The mission of Public Health Nursing is to assure conditions in which individuals, families, and communities can be healthy utilizing the unique expertise of Public Health nurses to assess, plan, and implement programs which promote health and prevent disease
- The department employs approximately 750 nurses. Approximately 350 of those nurses provide family planning, child health, preventive and treatment services for disease control, and immunizations
- Public Health nurses are active in the community through involvement in health fairs and other educational opportunities
- The department is an approved provider of Continuing Education (CE) and offers numerous opportunities for CE hours via satellite and on-site classes

Social Work

- Public Health social work staff serve as members of a multi-disciplinary team of professionals, skilled in using social work values, knowledge, and community resources to promote positive health outcomes, while respecting personal choice and promoting the health and well-being of individuals, groups, and communities
- Public Health social workers act as liaisons within their respective communities, educating and advocating for changes to improve poor outcomes related to social determinants of health. Public Health Social Work is an approved provider of Social Work CE by the Alabama Board of Social Work Examiners

Electronic Health Record

- The Electronic Health Record (EHR) was implemented in 2017 and is the system of record for all clinical encounters and includes interfaces with the BCL, the Alabama ImmPRINT vaccine registry, the Alabama Medicaid One Health Record, and the Alabama NEDSS Based System (ALNBS) for disease reporting. All patients have access to a patient portal, where they can see detailed information about previous visits, and have access to all prescriptions as well as all laboratory orders and results they have had
- The department has around 950 active users of the EHR, which include nurses, providers, social workers, disease intervention specialists, and other non-clinical roles. The EHR staff provide on-site training monthly for all users on a first-come, first-served basis. A new billing module was implemented in 2024 and will replace Claims Integration as the single repository for all clinical billing for the department

Infection Control and Employee Health

- The Infection Control and Employee Health Program provides educational support for the central office, district, and county health department staff
- The infection control nurse along with properly trained and certified support staff, provides support and education regarding infection control principles, CPR, and nurse competency training for departmental staff. Acquiring knowledge for the proper utilization of personal protective equipment is an ongoing task for the trained staff with emerging diseases always on the horizon
- The infection and prevention director and support staff mobilize statewide as needed to assist within county health departments with testing and vaccination as well as assist community agencies

Alabama Department of Public Health

Bureau of Communicable Disease

The mission of the Bureau of Communicable Disease (BCD) is to prevent and control designated communicable diseases and illness in Alabama.

Staff Resources Include:

- Interim State Epidemiologist
- State Public Health Veterinarian
- Environmental Toxicologist
- Physician Consultants
- 110 Central Office Staff Members
- 151 District Staff Members

BCD Consists of the Following Divisions:

Infectious Diseases and Outbreaks' (ID&O) mission is to protect the residents of Alabama and prevent illness by monitoring and investigating infectious, zoonotic, and environmental diseases, conditions, and exposures.

ID&O, in cooperation with the Bureau of Clinical Laboratories, Bureau of Information Technology, and Bureau of Environmental Services, strives to provide a statewide network of disease surveillance for early detection and timely response to disease threats. ID&O further investigates infectious disease outbreaks and implements plans to reduce occurrence of infectious diseases. Another function of ID&O is to provide technical expertise, consultation, and assistance to healthcare professionals, institutions, and communities throughout the state. In addition, ID&O works to protect citizens by providing education concerning environmental contamination.

Activities of ID&O include epidemiology, surveillance, informatics, infectious disease and outbreak investigations, healthcare infection control, and prevention readiness.

The goal for the **Division of Tuberculosis Control** is the elimination of tuberculosis in Alabama. The Division strives to reduce the annual burden of disease, limit transmission, and prevent future cases through the provision of diagnostic, treatment, and case management activities. The Division of TB Control provides these services to all persons in Alabama regardless

of the ability to pay. This commitment to the citizens of Alabama has contributed to historic declines in TB morbidity and mortality.

Activities of TB Control include maintaining the TB Registry, providing TB Testing/Screening, and conducting TB Outbreak Response.

The Sexually Transmitted Disease (STD) Division works to identify populations at increased risk for sexually transmitted infections in order to reduce transmission to others and the development of related complications.

Activities of the STD Division include contact tracing, direct patient care, education, and prevention.

The **Immunization Division's** goal is to increase immunization rates and reduce vaccine preventable diseases. The Division manages the state's population-based registry known as patient registry with internet technology, ImmPRINT. Currently over 3000 sites use ImmPRINT to enter and retrieve vaccine histories for patients of all ages. The Division administers the Vaccines for Children Program (VFC), a federal entitlement program which provides free vaccine to over 500 providers who see Medicaid, uninsured, or American Indian children ages 0-18 years. As part of VFC, the Division conducts compliance and assistance feedback incentive exchange visits on all VFC providers, a program known as AFIX. Other activities of the Division include conducting surveillance and investigating cases and outbreaks for all vaccine preventable diseases. Included in surveillance and investigation is the Perinatal Hepatitis B Program. As part of the workforce, the Division oversees immunization field staff to ensure all federally-funded activities are completed.



Alabama Department of Public Health

Family Planning

Summary of the Program

The Family Planning (FP) Program promotes the well-being of families, responsible behavior, and healthy mothers and babies. The goal is to prevent unintended pregnancies through education and contraceptive services, allowing for the planning and timing of pregnancies.

Funding of the Program

Title X Funding

Alabama Medicaid

Third-Party Payers

Service Delivery

- Physical exam (including a medical history; comprehensive or problem-focused physical exams; pap smear; clinical breast exam; BMI, height, weight, and blood pressure check; referrals; and ongoing follow-up care as indicated)
- Family planning counseling and education on all contraceptive methods
- Testing for pregnancy, HIV, and STI
- Birth control supplies
- Sterilization (including counseling, education, and referral)
- Pre-conception counseling (planning the pregnancy)
- Care coordination services

Program Requirements

These services are provided regardless of income. Persons may be eligible for free or reduced-cost services.

Clinical Information

There are 81 clinics throughout Alabama offering FP services. These clinics provide a wide range of confidential and professional family planning services to females and males of all ages, regardless of income.

Health Outcomes

The goal is the prevention of unintended pregnancies through education and contraceptive services, allowing for the planning and timing of pregnancies and education to patients around the continuum of care for the well-being of the family unit throughout Alabama.

Alabama Department of Public Health

Newborn Screening Follow-up Division

Program Overview:

The Alabama Newborn Screening Division is a coordinated program encompassing education, screening, follow-up, diagnosis, evaluation, and medical management. It is mandated and includes the blood spot screen, pulse oximetry screen, and newborn hearing screen. In Alabama, screening for Phenylketonuria (PKU) began in 1964, with the addition of Congenital Hypothyroidism (CH) in 1978, hemoglobinopathies (sickle cell) in 1987, galactosemia in 1992, congenital adrenal hyperplasia in 1994, and other metabolic disorders detected through tandem mass in 2004. In 2008, Alabama began screening for cystic fibrosis and officially added universal newborn hearing screening to its panel of disorders, even though most facilities had begun voluntarily screening in 2001. Alabama added screening for critical congenital heart disease and began testing for severe combined immunodeficiency in 2018. The Alabama newborn screening panel includes 35 of 38 core disorders recommended by the United States Department of Health and Human Services Advisory Committee on Heritable Disorders in Newborns and Children.

Funding:

Funded through lab receipts generated through the Alabama Bureau of Clinical Laboratories as the sole provider of newborn screening blood analysis in the state. Federal funding supports the Newborn Hearing Screening Program.

Service Delivery:

Each year approximately 60,000 infants are delivered in Alabama and receive a newborn screening. Of these infants, about one in four (27 percent) will have abnormal results requiring follow-up. Each year, Alabama newborn screening identifies approximately 200 infants with a metabolic, endocrine, hematological, hearing loss, heart defect, and other congenital disorders that may not be apparent at birth. In addition, Alabama identifies approximately 2,000 infants each year with sickle cell trait and refers families to local community-based sickle cell organizations for services to include genetic counseling.

Program Requirements:

All infants that are born in Alabama are to receive a newborn screening.

Health Outcomes:

One health outcome is the reduction of infant mortality by the early identification and treatment of infants with certain genetic and congenital conditions. Other health outcomes include the prevention of complications, reduction of morbidity, and prevention of intellectual disabilities. In the absence of screening and treatment, almost all children with PKU and CH would develop intellectual disability. The average lifetime cost associated with intellectual disability was about \$1,014,000 per person in 2003 dollars, according to the Centers for Disease Control and Prevention. Alabama identifies approximately 40 infants with PKU and CH each year.

Alabama Department of Public Health

State Perinatal Program

Program Overview:

The State Perinatal Program (SPP) is a coordinated program that works collaboratively with providers, partners, institutions, and stakeholders to identify and provide recommended strategies to advance the improvement of quality perinatal healthcare through community awareness and education with the goal of reducing infant mortality and morbidity. The program was established in 1980 by the Alabama Perinatal Health Act in an effort to confront the state's high infant mortality rate. SPP operates under the direction of the State Committee of Public Health. The SPP is based on a systems approach in which program components in a geographic area are defined and coordinated to ensure that women of childbearing age and their infants have access to appropriate care. In Alabama, the perinatal system encompasses five geographic regions with public health nurses based in the regional referral neonatal intensive care hospitals. The two major programs that comprise the SPP are the Fetal and Infant Mortality Review (FIMR) Program and the Maternal Mortality Review Program. The State Perinatal Advisory Committee advises and makes general statewide recommendations concerning perinatal care to the State Health Officer. The Maternal Mortality Review Committee develops actional recommendations to prevent future deaths based on the review of all maternal deaths.

Funding:

The SPP is funded by federal funding from the Maternal and Child Health Title V Block Grant, state dollars, Medicaid funding, and the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality grant from the Centers for Disease Control and Prevention.

Service Delivery:

Each year approximately 60,000 infants are delivered in Alabama. The SPP staff collaborates with providers and agencies that provide services to women of childbearing age to improve the care and access to services that are needed by this population. The SPP provides evidence-based strategies to reduce fetal, infant, and maternal mortality. The SPP has a Perinatal Regional Coordinator and a FIMR Abstractor in each region who service all counties within the region. Each perinatal region has a Regional Perinatal Advisory Committee/Case Review Team that provides regional planning, coordination, and plans of actions to assure gaps in services are identified and resources are available to women and infants. Each perinatal region has at least one Community Action Team that implements recommendations from the case review teams to improve birth outcomes within that region. The Maternal Mortality Review Program staff consists of nurses and social workers that review the deaths of all pregnant women up to one year after delivery or demise to prepare summaries for the Maternal Mortality Review Committee, which determines if the death was preventable, pregnancy related, or pregnancy associated.

Program Requirements: All women of childbearing age, infants, and families within the state of Alabama are served by the SPP.

Health Outcomes:

The mission of the SPP is to identify strategies that will reduce fetal, infant, and maternal mortality. Through the efforts of the program, numerous evidence-based approaches have been implemented that have led to reduced premature births; reduced low birth weights; reduced fetal and infant deaths; reduced maternal mortality; reduced early elective deliveries without a medical indication; increases in implementation of specific programs to address poor birth outcomes; and collaborations with national and state agencies to reduce fetal, infant, and maternal mortality.

Alabama Department of Public Health

Women, Infants, and Children Program

Summary:

The Women, Infants, and Children (WIC) Program is a supplemental nutrition program governed and funded by the United States Department of Agriculture (USDA), Food and Nutrition Services. The program began as a pilot in 1972. The purpose of the program is to provide nutrition education and food instruments for nutritious foods to low income (at or below 185 percent of poverty) women that are pregnant, postpartum, or breastfeeding, infants from birth up until the first birthday; and children from the first birthday up until the fifth birthday. Alabama began providing WIC services in 1974. The Alabama WIC Program is currently providing services in 97 clinics statewide. The average monthly participation rate from October 2017 through June 2018, was 120,080. WIC is funded based upon the average annual caseload and available annual federal appropriations. WIC is not an entitlement program, so it is subject to congressional funding.

Funding:

The Alabama WIC Program currently receives funding for Nutrition Services Administration (NSA), food, and Breastfeeding Peer Counseling (BFPC). NSA funding is used to cover costs for administering the program such as salaries, supplies, travel, contracts, and equipment. Food money, which is the bulk of the funding, can be used only to purchase food, infant formula and nutritional supplements, or breast pumps. Lastly, the BFPC program provides community-based peer education and support to WIC participants that are pregnant and/or breastfeeding.

Service Delivery:

The Alabama WIC Program is currently providing services in all county health departments, private local agencies, three hospitals, and an Indian Tribal Organization. WIC routinely explores innovative ways to provide services to participants outside the health department walls, especially when transportation barriers exist.

Program Requirements:

Several proofs must be met in order to receive WIC services. Participants must show proof they are a current Alabama resident, documentation of current household income, and identification. Participants who are currently receiving benefits from Medicaid, Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF) do not have to provide proof of income. Verification of active participation is required. Once proofs are verified, applicants must participate in a comprehensive nutrition assessment and must have a nutritional risk that proper nutrition may help improve in order to receive program benefits. Income guidelines are reviewed annually by USDA. The most current version of the income guidelines is documented on program materials and posted in clinics.

Benefit Issuance:

Participants are issued an eWIC card to use to redeem supplemental food benefits at WIC-authorized stores statewide. There are approximately 600 authorized stores statewide. Annual redemptions generate an average of \$90 million in revenue each year. The State WIC Office purchases special formulas which are issued by the local clinic.

Health Outcomes:

There are numerous evidence-based benefits of WIC to include but not limited to- reduced premature births; reduced low birth weights; reduced fetal/infant deaths; reduced incidence of low iron; increased access to nutritious foods for growth and brain development; and increased immunization rates.

Alabama Department of Public Health

Bureau of Environmental Services

The Bureau of Environmental Services performs activities such as inspections, investigations, plan reviews, approvals, abatement of nuisances, sampling, educating the industry, and protecting the public through enforcement of the Public Health Laws of Alabama.

The Division of Food, Milk, and Lodging

- Develops and publish rules affecting sanitation of all food establishments in the state
- Develops and publish rules affecting lodging facilities such as hotels and camps, and develop guidelines for prisons and jails
- Administers and enforce the Sanitation Rules for Milk (dairy farms, milk processors, and frozen desserts), Seafood (oysters, blue crab, and seafood processors), and Manufactured Food (food packaged for retail sale)
- Provides individual training and interpretations of the rules to the county environmentalists for consistency
- Serves as a liaison between the county environmentalists and the industry or federal agencies

Milk – State Level

- Ensures that all in-state/or out-of-state milk shipments meet FDA Standards as required by state law
- Permits, inspects, and collects milk samples from:
 - Dairy farms (cow, goat, or sheep)
 - Milk processing plants (includes ice cream and container plants)
 - Bulk milk haulers
 - Bulk milk tankers
- Permits and samples product received from out-of-state producers

Seafood – State Level

- Monitors Mobile Bay for high bacteriological levels
- Issues the order for oyster harvest area closures
- Tests product from processing facilities for high bacteriological levels
- Conducts ongoing monitoring of dinoflagellates and *Vibrio vulnificus* – concentration in both the bay water and oysters at all steps of processing
- Ensures that National Shellfish Sanitation Manual standards are met in order for Alabama's shellfish processors to ship in interstate commerce

Food and Lodging – County Level

- State law requires any food facility where a sale of food occurs to have a Food Permit issued by the county health department
- The county health departments' food and lodging programs are responsible for the inspection of food establishments, school lunchrooms (public and private), grocery stores, food manufacturing plants, hotels, recreational camps, county jails, and state prison facilities

Body Art – County Level

- “Body art” includes tattooing, body piercing, and branding
- Regulates the body art industry and ensures public health and safety through inspecting facilities
- Issues licenses to body art facilities and permits to the operators
- Ensures body art operators are trained on bloodborne pathogen and infection control procedures

The Division of Community Environmental Protection

- Develops and publishes rules affecting the onsite disposal of sewage
- Issues state-issued performance permits for large-flow sewage systems
- Develops and publishes rules affecting the collecting and transporting of solid waste
- Administers programs dealing with indoor air quality and lead abatement
- Provides individual training for the county environmentalists and interpretations of the rules for consistency
- Serves as a liaison between the county environmentalists and the industry or federal agencies
- Reviews and inspects all new plans submitted by engineers for solid waste transfer stations
- Reviews all septage land application plans submitted by engineers

Soils – State Level

- Assists the county health department environmentalists in evaluating soil conditions for onsite sewage disposal systems
- Conducts statewide site evaluation certification programs for public health environmentalists
- Trains environmentalists, engineers, and other industry personnel statewide on the administrative and technical aspects of onsite sewage disposal rules, as they relate to soil, in order to improve the understanding of, and compliance with, rules

Indoor Air Quality/Lead – State Level

- Maintains and enforces the Alabama Lead Certification rules
- Conducts enforcement site visits to lead abatement projects
- Communicates and provides technical support to lead and indoor air contractors regarding lead, indoor air contaminants, and asbestos hazards
- Investigates complaints regarding lead contractor certification and accreditations
- Conducts lead training and provides outreach education on lead and indoor air to civic groups and organizations
- Performs environmental lead investigations at residences where a child has been identified as having elevated blood lead levels

Onsite Sewage – County Level

- Conducts site evaluations, installation inspections, and issues approvals of onsite sewage disposal systems for dwellings and establishments
- Issues permits to qualifying septic tank manufacturers
- Provides training on onsite sewage disposal systems to the public

Solid Waste – County Level

- Investigates and abates unauthorized dumps and public nuisances
- Reviews, inspects, and regulates solid waste transfer stations
- Inspects solid waste collection and transportation vehicles

Other – County Level

- Investigates public health nuisances caused by unsanitary conditions
- Issues rabies quarantine notices to pet owners whose animal (dog, cat, etc.) has bitten or scratched a human

Environmental Operations

Develops and manages the infrastructure to ensure that the bureau runs proficiently, effectively, and professionally by finding solutions to problems before they affect the state's environmental program.



Alabama Department of Public Health

Bureau of Health Provider Standards

The Bureau of Health Provider Standards (HPS) is responsible for:

- Licensure and certification of most healthcare providers in the state
- All facility types, except Assisted Living, are certified for the Centers for Medicare and Medicaid Services (CMS)
- CMS contracts with HPS to carry out CMS functions within Alabama
- HPS has no regulatory authority over VA hospitals, physician offices, and urgent care facilities
- HPS consists of the following units:
 - Assisted Living Facilities and Specialty Care Assisted Living Facilities
 - Medicare Other: regulatory functions for:
 - Ambulatory Surgical Centers
 - Comprehensive Outpatient Rehabilitation Centers
 - End Stage Renal Disease Treatment Centers
 - Home Health Agencies
 - Hospices
 - Hospitals–Acute, Critical Access, Rehab, Psychiatric
 - Organ Transplant Programs
 - Outpatient Physical Therapy
 - Portable X-Ray Suppliers
 - Rural Health Clinics
 - Federally Qualified Health Centers
 - Psychiatric Residential Treatment Facilities
 - Organ Procurement Centers
 - Long Term Care: Nursing Homes
 - Clinical Laboratory Improvement Amendment

Each unit serves to perform regulatory functions within its facility types.

- **Provider Services:** processes applications for initial licensure and certification, change of ownership, annual license renewal, and changes to provider information

License Unit: processes and issues state licenses

The majority of the staff are surveyors. These surveyors do field work conducting surveys (inspections). Surveyors consist of registered nurses, registered dietitians, social workers, activity professionals, and medical technicians.

Alabama Department of Public Health

Center for Health Statistics

The Center for Health Statistics (CHS) collects records for the following vital events occurring in the state of Alabama:

Birth*
Death*
Marriage*
Divorce*
Fetal Death (Stillbirth)
Induced Termination of Pregnancy (Abortion)
Acknowledgment of Paternity*

Certified copies of certificates are issued for those above with an asterisk through the following methods:

Alabama county health departments
Mail
CHS phone staff
Internet
CHS front counter staff

Statistical functions of the CHS include:

- Prepare annual publications which are located on the CHS website
- Provide data to and complete data requests for ADPH bureaus following the Vital Statistics Laws and Rules of the State Committee of Public Health
- Provide data to certain partners on a regular basis, such as VOICES for Alabama's Children, CDC's Pregnancy Mortality and Morbidity Surveillance, etc., as well as local and state government agencies, media, and approved research entities
- Transmit data on births, deaths, and fetal deaths to the Social Security Administration for enumeration at birth and termination upon death
- Transmit data on births and deaths to the National Center for Health Statistics for national publication, comparison among states, and determination of trends, such as low birth weight, teen birth, opioid deaths, etc.

Special functions of CHS include:

- Amend birth and death certificates
- Create delayed birth certificates
- Create new birth certificates following adoption (domestic and foreign birth)
- Create new birth certificates following legitimation and parentage determination

Administrative functions of CHS include:

- Conduct a 2-day training class every 4 months for new registrars of vital records; required before any registrar can issue vital records

Alabama Department of Public Health

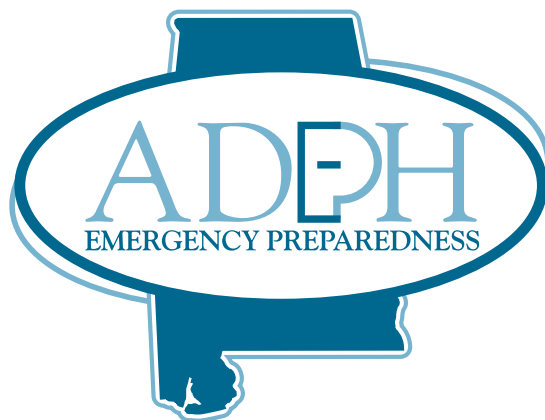
Center for Emergency Preparedness

The Center for Emergency Preparedness (CEP) is responsible for planning and preparation prior to emergency events, guiding the health and medical response to emergency events by carrying out the directions of the State Health Officer, and assisting in the recovery of the health and medical system following emergency events. CEP works in coordination with local, state, and federal partners to ensure a seamless response to disaster events with health and medical impact in Alabama or in support of sister states during disaster events.

ADPH is the Emergency Support Function #8 (ESF 8)–Health and Medical Lead for the state for planning during emergency events within the state. In this role, the department maintains a Logistics Center that includes a warehouse of supplies as well as trailers of supplies and equipment which can be deployed in support of the health and medical response at the local level. CEP has staff in each of the eight public health districts to coordinate planning with local emergency management agencies, healthcare coalitions, and other partners at the local level.

In addition, the director and deputy director of CEP participate in the Region IV Unified Planning Coalition, which is a planning organization of the eight southeastern states of the United States. This group plans for and coordinates state-to-state assistance during emergencies. As part of this organization, ADPH has deployed teams to Kentucky and Florida in support of those states during emergencies. Alabama received assistance from Mississippi during the tornado outbreak in 2011 when Alabama's resources were exhausted.

CEP is 100 percent federally-funded through two federal grants. The Public Health Emergency Preparedness grant from the Centers for Disease Control and Prevention is used to fund public health preparedness. The Hospital Preparedness Program grant from the Department of Health and Human Services is used to train and equip the nine healthcare coalitions and their member agencies to respond to emergency situations. Through contracts with the University of South Alabama, Alabama has provided training for thousands of healthcare professionals and has developed software programs which have been identified as best practices and have been adopted by other states.



Alabama Department of Public Health

Prescription Drug Monitoring Program

The Prescription Drug Monitoring Program (PDMP) maintains and manages the Controlled Substance Database, which contains prescription records of all controlled substances dispensed in Alabama. It is a clinical tool that assists healthcare professionals in making patient care decisions. Dispensers, including pharmacies and dispensing prescribers, must submit the prescription information within 24 hours of dispensing. It is funded by a \$10 per year fee from each controlled substance certificate issued by the regulatory boards.

Alabama law is specific in who has access to the database. Practitioners (physicians, podiatrists, dentists, optometrists, nurse practitioners, nurse midwives, and physician assistants) must possess an Alabama license and controlled substance certificate to qualify for access. Others who may access the database include pharmacists, law enforcement (must certify that an active investigation and probable cause exist), regulatory boards (access to their licensees only), coroners and medical examiners, and Medicaid (access to their recipients only). Physicians and dentists can have up to two delegates to access the database on their behalf. In addition, practitioners and pharmacists licensed in another state but practicing at a federal facility in Alabama may have access. The PDMP staff may access the database for operational purposes and to provide de-identified data per approval of the Information Release Review Committee.

The PDMP began collecting data in 2006. The database holds controlled substance prescription records for 5 years plus the current year. On January 1, data older than 5 years is deleted each year.

The information in the database is considered privileged and confidential and cannot be used in civil litigation. The law specifies criminal penalties for unauthorized access to and disclosure of information contained in the database.

The PDMP uses the Aware platform by Bamboo Health, formerly Appriss Health. In October 2018, the PDMP upgraded to Bamboo's NarxCare. This provides the existing PDMP functionality and an advanced analytics and patient support tool. NarxCare will aggregate and analyze prescription information from providers and pharmacies and present visual, interactive information, advanced analytic insights, machine learning risk scores, and more to help prescribers, pharmacists, and care teams provide better patient safety and outcomes for every patient. NarxCare also offers tools and resources that support patients' needs and connect them to treatment when appropriate.

PDMP users can integrate the PDMP Database into their electronic health records and pharmacy dispensing software. This eliminates the need to sign into a different website to obtain the patient's PDMP information, thereby saving time and improving efficiency.

A message is displayed on the patient profile when the patient is administered an opioid overdose reversal medication, such as naloxone or nalmefene, by Emergency Medical Services.

Alabama Department of Public Health

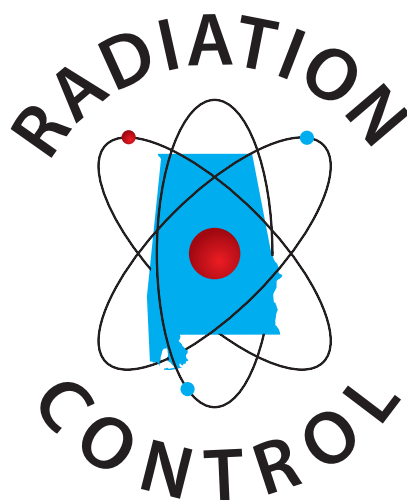
Radiation Control

The mission of the Office of Radiation Control (ORC) is to ensure the protection of the public from excess exposure to ionizing radiation. This mission is executed by registering/licensing, and inspecting sources of ionizing radiation, environmental monitoring, and training appropriate first responders.

ORC Activities Include:

- Licensing and inspecting radioactive materials users within the State of Alabama's jurisdiction. Alabama's authority to regulate radioactive materials in this fashion is captured in the department's agreement with the U.S. Nuclear Regulatory Commission (NRC). Alabama is one of 39 "Agreement States" in the United States. Alabama is required to maintain a program adequate to protect the public health and safety; Alabama's Administrative Code (radiological) and procedures must be compatible with NRC. Licensing actions and inspections of radioactive material use are conducted using NRC guidelines and procedures. Applications include medical (radiology nuclear medicine and cancer treatment), academic and commercial research, and industrial (gauging, non-destructive testing, geotechnical work, etc.). Although not regulated by NRC, ORC also licenses and inspects the possession and use of naturally occurring radioactive material (NORM). NORM subject to regulation may be found in the oil and gas industry or in certain construction materials. NORM generated as byproducts of commercial processes is also known as technologically enhanced NORM or TENORM.
- Registering and inspecting users of particle accelerators and X-ray machines within the jurisdiction of the State of Alabama. Devices are used in medical, research, and industrial areas. Applications include cancer treatment, extremity X-ray, veterinary use, bench-top chemical analysis, industrial gauging, etc. Jefferson County is the exception. Jefferson County has its own radiation protection division within the Jefferson County Department of Health that is responsible for regulating X-ray machine use (with limitations) in that county.
- Inspecting medical facilities that perform mammography exams in Alabama under the Federal Food and Drug Administration's (FDA) Mammography Quality Standards Act (MQSA). Alabama's MQSA program is administered via contract with the FDA. Alabama currently has approximately 140 facilities with mammography programs registered with the FDA; ORC MQSA inspectors perform annual inspections of these facilities.
- ORC responds to and investigates incidents involving radioactive materials and X-ray machines within Alabama's jurisdiction. ORC also investigates allegations of improper use or mishandling of radioactive materials and X-ray machines within Alabama's jurisdiction. ORC is responsible for mitigation of radiological incidents under our purview. An ORC Duty Officer is on call after hours and on weekends to respond.
- Maintaining a Radiological Emergency Preparedness Program (REP) and plan for the two nuclear power plants in Alabama. ORC coordinates this program with the Alabama Emergency Management Agency (AEMA), emergency management agencies in affected counties, health departments in affected counties, and the two commercial nuclear utilities.

- Training personnel in counties around the two nuclear power plants. Training includes personnel and equipment monitors, reception center personnel, hospital personnel, and county health department nurses, county environmentalists, and first responders such as EMS and firefighters.
- Participating in annual REP drills evaluated by the Federal Emergency Management Agency (FEMA). FEMA evaluates response and decision-making in the event of a major incident at one of Alabama's commercial nuclear power plants. FEMA drills exercise the designated hospital's ability to handle contaminated patients, ORC's ability to monitor plant conditions, perform off-site dose projections, and make protective action recommendations to the State Health Officer. The State Health Officer is responsible for and has the authority to issue public health orders and health advisories. Health orders and advisories may include evacuation and shelter-in-place orders to protect public health and safety.
- ORC maintains an environmental surveillance program around the two nuclear plants and subset of radioactive material licensees. The surveillance program currently includes routine air, vegetation, water, and soil sampling and radiation exposure readings in the general area.
- Maintaining training programs and radiation survey equipment for Alabama's part of the U.S. Department of Energy's (DOE) Waste Isolation Pilot Project (WIPP). ORC trains and equips first responders in counties along the I-59/I-20 corridors and monitors shipments of transuranic radioactive waste through Alabama from Department of Energy facilities to the WIPP facility in Carlsbad, New Mexico. ORC shares responsibilities for the WIPP program with AEMA.
- Maintaining an outreach and awareness program as part of the Environmental Protection Agency's (EPA) State Indoor Radon Grant program. ORC currently provides radon test kits at no cost to members of the public (1 per household per year, while supplies last) and engages media and marketing for public awareness about indoor radon. The public may order a radon test kit through the ADPH website and radon page (www.alabamapublichealth.gov/radon). Information is also available about radon, radon testing services, and radon mitigation services on this page. In Alabama, 15 counties have been designated as Zone 1 counties by the EPA. Zone 1 areas are places where built structures have the highest potential for radon levels greater than 4 picocuries/liter of air (the EPA's recommended action level).
- **Funding** – ORC is funded by fees for applications, with recurring annual invoices, from radioactive materials licensees. ORC also receives funding from contracts with the two commercial nuclear utilities. Federal funding is provided from the U.S. DOE, EPA, and FDA. ORC does not receive funding from the General Fund.



Alabama Department of Public Health

Office of HIV Prevention and Care

The mission of the Office of HIV Prevention and Care (OHPC) is to improve the quality of life for all Alabamians by ending intersecting epidemics impacting HIV and Hepatitis C through equitable, accessible, and stigma-free prevention and treatment services.

OHPC Consists of the Following Divisions:

The Data Management Division unifies data from the OHPC programs, and monitors state and federal guidelines for data submission. The integrated data is used to provide support for treatment and prevention activities, program and project improvements, and funding opportunity announcements. The HIV Surveillance Branch and the Adult Viral Hepatitis Branch are housed in the Data Management Division, and the HADIS (HIV/AIDS Disease Information System) is updated and maintained by the ADPH Bureau of Information Technology and the Division.

The Financial Operations Branch provides fiscal management and administrative support for all OHPC's program activities, which include budgets, contracts, purchasing, and disbursements.

The Prevention Division is responsible for statewide HIV prevention planning and program development services, to include the Alabama Prevention and Care Group, network groups, collaboration to establish prevention partnerships, and consultation for program activities to increase capacity building skills of individuals and organizations engaged in prevention planning activities.

The Ryan White HIV/AIDS Program (RWHAP) Part B Division delivers statewide HIV/AIDS care services through partnerships with AIDS service organizations (ASOs) and community-based organizations (CBOs). The RWHAP provides access to medications and medical services through the Alabama AIDS Drug Assistance Program (ADAP) to people with HIV that meet eligibility requirements.

FUNDING:

The OHPC is funded by federal funding from the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), state dollars, and pharmaceutical rebates.

Alabama Department of Public Health

Office of General Counsel

It is the mission of the Office of General Counsel to provide competent, responsive, and professional legal representation and advice to its clients, ADPH, and its officers and employees. The office consists of six attorneys, the general counsel and five assistant general counsels; three legal research assistants; and an administrative support assistant. The office's attorneys are also designated as assistant attorneys general by the Alabama Attorney General.

The primary interaction the office has with the State Committee of Public Health is the presence of the general counsel at Committee meetings and the promulgation of administrative rules. The general counsel attends Committee meetings in order to provide advice as needed; additionally, in some instances, the Committee may go into executive session only upon recommendation by the general counsel. The general counsel serves as Agency Secretary for purposes of the Alabama Administrative Procedures Act and the office is responsible for overseeing the department's rulemaking process. This includes internal drafting and legal review, presentation of proposed rules to the Committee for approval to release for public comment, ensuring required public notices are completed, conducting public hearings on proposed rules, and, lastly, presentation of rules to the Committee for final adoption.

On a daily basis, the office's attorneys provide legal advice and counsel to the department's leadership team and supervisory staff of its several bureaus and offices. The office is also responsible for review and approval of the department's contracts, grants, memoranda of understanding, and similar documents. The office's attorneys represent the department in adversarial proceedings, including administrative licensure actions, disciplinary proceedings involving department personnel, and litigation in state and federal court.



