

Alabama Department of Public Health
State Board of Health Training Module

**ALABAMA
PUBLIC
HEALTH**

LETTER FROM OUR STATE HEALTH OFFICER

Dear Board 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 State Committee of Public Health represents Alabama's State Board of Health, which was established by the Alabama Legislature in 1875. The 16 members of the State Committee of Public Health collectively serve as the day-to-day board that provides leadership and oversight of ADPH, and acts on behalf of the full State Board of Health.

The mission of ADPH is to serve the people of Alabama by assuring those conditions in which they can be healthy, and the department invokes its many clinical and regulatory functions to address health disparity and inequity. Your role as a board 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 your willingness to serve on the State Committee of Public Health is greatly appreciated by the entire department!

This orientation program gives an introduction to the variety of programs and initiatives that comprise the core public health functions of ADPH. 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 your work on behalf of the public health needs of Alabama.

Sincerely,

A handwritten signature in black ink that reads "Scott Harris, MD". The signature is written in a cursive, flowing style.

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

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MISSION STATEMENT, VISION STATEMENT & CORE VALUES

MISSION

To promote, protect, and improve Alabama's health

VISION

Healthy People. Healthy Communities. Healthy Alabama.



HEALTHY
PEOPLE • COMMUNITIES • ALABAMA

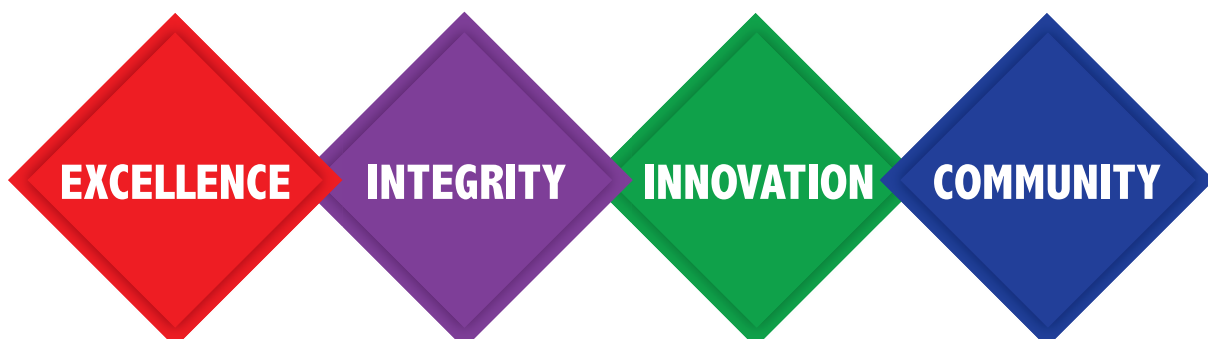
CORE VALUES

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.



STATE BOARD OF HEALTH

Alabama law designates the State Board of Health as an advisory board to the state in all medical matters, matters of sanitation, and public health. It was established by the Legislature in 1875. The Medical Association of the State of Alabama is ex officio the State Board of Health.

Duties

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

Investigation. The State Board of Health, through the 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 Board of Health also has charge of the registration of births, deaths, stillbirths, marriages, and divorces. It prescribes the form for reporting vital events. The State Board of 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. There are a number of advisory boards, committees, and councils that work with the State Board of Health. The State Board of Health is required to submit an annual report to the Governor.

STATE COMMITTEE OF PUBLIC HEALTH

The State Committee of Public Health is composed of 12 members of the State Board of Health of Censors of the Medical Association of the State of Alabama and the chairpersons of four councils created by statute in 1973. These are the Council on Dental Health, Council on Animal and Environmental Health, Council on Prevention of Disease and Medical Care, and the Council on Health Costs, Administration and Organization.

Duties

The State Committee of Public Health acts for the State Board of Health when the Board is not in session and has all the power and duties. It adopts and issues rules concerning problems of the people of the state.

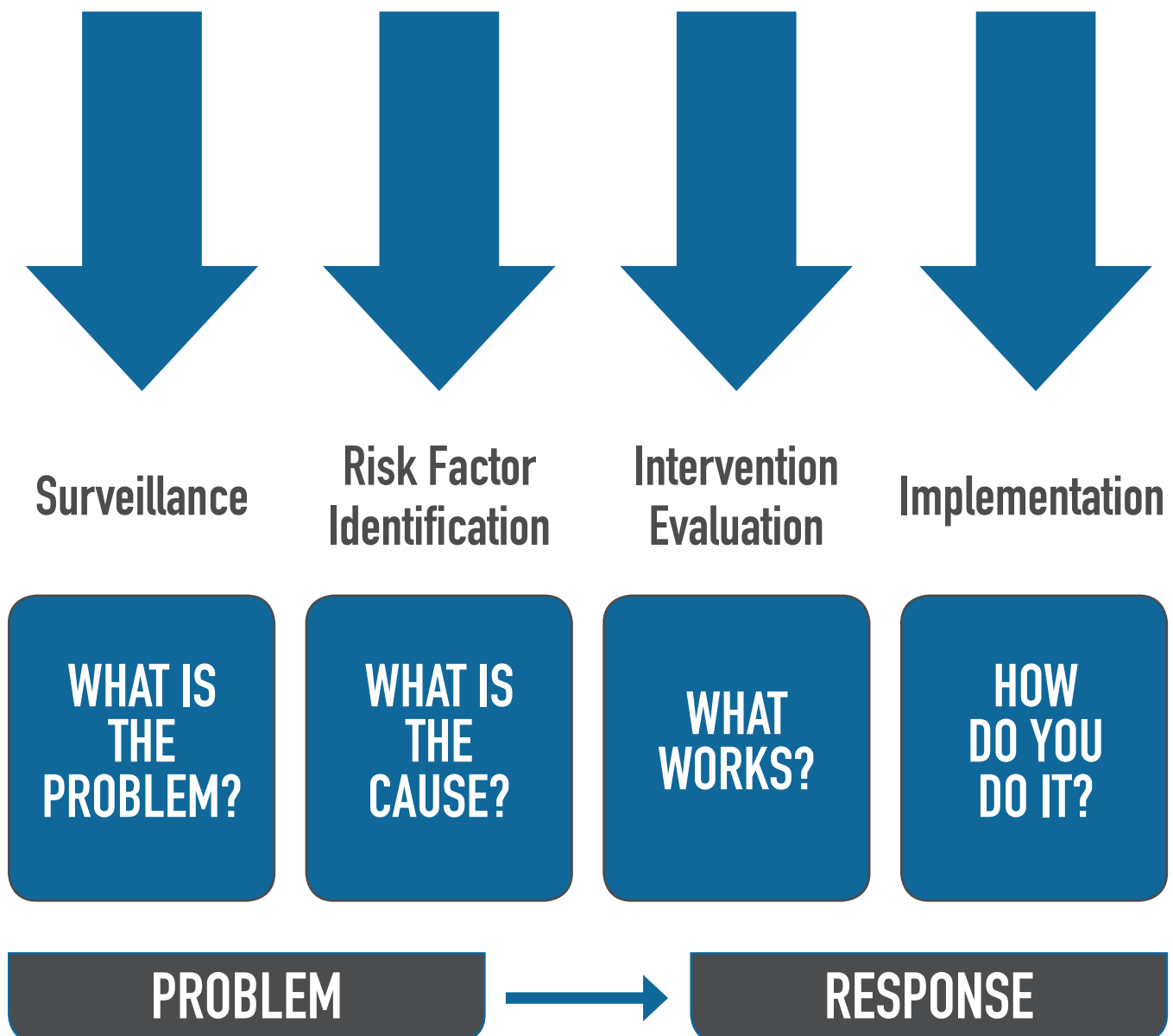
STATE HEALTH OFFICER

The State Health Officer is elected by the State Committee of Public Health. Qualifications, term of office, and salary are determined by the State Committee of Public Health under provisions of Alabama Code § 22-2-8. The State Health Officer serves as executive officer of the department, executes laws, policies, rules, and regulations concerning public health, exercises certain supervision over county health departments, and is required to keep informed as to public health conditions throughout the state. The State Health Officer informs the Governor concerning state health conditions, particularly the status of infectious and contagious diseases (See Alabama Code § 22-2-8). The State Health Officer hires all necessary departmental personnel, sets salaries subject to the approval of the State Personnel Board, and issues or provides for issuing permits required by establishments open to public use.

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 & 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 Board of Health, Alabama Department of Public Health Administrative Code

- Notifiable Disease Reporting 420-4-1
- Rabies Vaccination Verification Program 420-4-2
- Infected Health Care 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)

- The 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.
- **Essential Functions:**
 - Conduct STD surveillance–Heart of any STD Program.
 - Respond to STD-related outbreaks–It is important to mount a rapid and thorough response so that small outbreaks do not become large ones.
 - Identify persons with STDs and link them and their partners to care and to treatment 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. Beginning in 2019, the division will begin a process to assess provider treatment practices and provide education and assistance to providers who prescribe non-recommended treatment for gonorrhea and syphilis.
 - Disseminate local data and information to the healthcare community and general public.
 - Monitor and develop STD-related policy.
 - The work carried out by the division is essential to preventing and controlling the spread of STDs within Alabama.
- **Chlamydia:** 8.7 percent increase since 2016, Chlamydia remains the most common reportable disease in Alabama and is at the highest level since mandated reporting began in 1990 with an 8.7 percent increase. The highest rates were among young women, 15–25 years of age, who are at risk for serious reproductive health outcomes such as pelvic inflammatory disease and infertility.
- **Gonorrhea:** 28 percent increase since 2016, 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. Only a single treatment regimen (dual therapy with injectable ceftriaxone and oral azithromycin) is currently recommended.
- **Syphilis:** 23 percent increase since 2016, In March 2014, the CDC sounded a warning for health professionals to be on the lookout for ocular symptoms of syphilis. The majority of cases have been among HIV-infected men who have sex with men; a few cases have occurred among HIV-uninfected persons including heterosexual men and women. Several of the cases have resulted in significant sequelae including blindness.
- In 2016, Alabama had four reported cases of congenital syphilis. One case of congenital syphilis is one case too many. Syphilis is easily treated with antibiotics, but if left untreated, pregnant women are about 80 percent likely to pass on syphilis to their babies.

A 7-weeks pregnant female college student with reactive syphilis and gonorrhea test results was referred from her OB/GYN to the health department for treatment. The patient presented with a plantar rash, duration 1 month, and her partner also had a rash. No sexual history or examination of skin for rash were noted in patient record from the provider. The patient was fearful and inquired as to the need for an abortion. The Disease Intervention Specialist provided education to allay her fear.

This highlights why OB/GYNs should keep syphilis in mind when taking patient histories and performing exams, especially if unusual or unexplained symptoms are present. The patient and her partner were treated successfully. The patient had a beautiful baby girl named Journey, who could have potentially had congenital syphilis.

It is my hope that in future years, we will continue reporting on progress, instead of more identified cases of congenital syphilis in Alabama. This is our challenge and our call to effectively prevent and control STDs in Alabama.

DIVISION OF IMMUNIZATION

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, >5 mil patients and 60 mil doses
 - >3,000 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
 - > 510 providers
 - Approves >\$60 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

DIVISION OF IMMUNIZATION

2019 Priorities

- Increase HPV vaccine rates
 - AL Adolescent Vaccine Task Force, more than 17 public and private organizations involved
 - AAP/AAFP AL Vaccine Advisory Committee
- Update School Immunization Rules, 420-6-1,
<http://www.alabamaadministrativecode.state.al.us/docs/hlth/420-6-1.pdf>
- Update Registry Law, 420-6-2,
<http://www.alabamaadministrativecode.state.al.us/docs/hlth/420-6-2.pdf>

DIVISION OF HIV/AIDS PREVENTION AND CARE

Bureau of Communicable Disease: Division of HIV/AIDS Prevention and Care

VISION

Alabamians to KNOW their Status, MANAGE their Health, and LIVE their Best Life

MISSION

The Division of HIV/AIDS Prevention and Care, in collaboration with community partners, works to reduce the incidence of HIV infections, increase life expectancy for those infected, and improve the quality of life for persons living with or affected by HIV.

PROGRAM ACTIONS

Monitoring the epidemic

Improving public understanding of HIV

Preventing or reducing behaviors that transmit HIV

Increasing individual knowledge of HIV serostatus

Strengthening systems for referral to prevention and treatment services

THEN AND NOW

THEN

Significant Facts

- 1982 – First AIDS case reported in US/Alabama
- 1985 – 35 Alabama reported cases
- 1987 – AZT medication access provided on a case-by-case basis, federal funds requested
- 1989 – ADPH – Division of HIV/AIDS Prevention and Control established, hired four staffers
- 1992 – 1996 HIV/AIDS program expanded staff due to increased cases; services like HIV surveillance, prevention education, and the Alabama Drug Assistance Program (10 + meds) expanded

TODAY

Significant Program Activities

25 Central Office staff, 9 district staff, and 8 community linkage specialists representing the HIV positive community

- Financial Operations
- Data Management
- Hepatitis
- Prevention
- Direct Care

Ryan White Part B (ADAP Eligibility)

- HIV Positive
- Alabama Resident
- FPL 400 percent
- Ryan White Part B has to be payor of last resort
- Bi-annual Recertification

National Platforms

- Ending AIDS Movement
Getting To Zero
90.90.90 (Linked.Retained.Virally Supressed)
U=U (Undetectable = Untransmittable)
- Treatment as Prevention

Program Numbers

- Living with HIV – 13,348 cumulative data (2017)

Newly Diagnosed – 509

Alabama Drug Assistance Program

Prescription Only Participants – 1,145

73 percent virally suppressed*

Insurance Participants – 1,972

83 percent virally suppressed*

Medicare Part D (elderly/disabled)– 83

80 percent virally suppressed*

*National Goal: 90 percent Virally Suppressed

KNOW. MANAGE. LIVE (Overall Program Brand)

- Status
- In Care
- Quality of Life

Living with HIV today can have the same outcomes as those living with high blood pressure, high cholesterol, diabetes – following the prescribed regimen for a chronic disease can lead to a longer life.

FAMILY PLANNING

Bureau of Family Health Services: Family Planning

Family planning aspires for the complete physical, mental, and social well-being for the patients served; to promote 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. Healthy moms and healthy babies as a continuum.
- Family planning clinics throughout Alabama:
 - 83 clinic sites with infrastructure in every county in Alabama
 - 40 ADPH nurse practitioners under one physician collaboration
 - 73,000 male and female family planning clinic visits over past year

- Comprehensive clinical exam services: clinical breast exams, MMGs, and diagnostic services including covered referrals for cancer patients; pap management per ASCCP guidelines; pilot programs for the treatment of hypertension by JNC-8 recommendations, cholesterol, obesity and disease management with Well Woman and WISEWOMAN programs
- HPV vaccinations, preconception counseling, pregnancy testing and 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, and oral and emergency contraceptives per U.S. medical eligibility for contraceptive use recommendations
- Social worker case management, initiative for screening, brief intervention and referral to treatment
- Telehealth in 49 counties currently and growing
- Plans for onsite colonoscopy services

Bureau of Family Health Services: Newborn Screening: Overview

- The Alabama Newborn Screening Program 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 31 of 35 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
- The Bureau of Clinical Laboratories (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

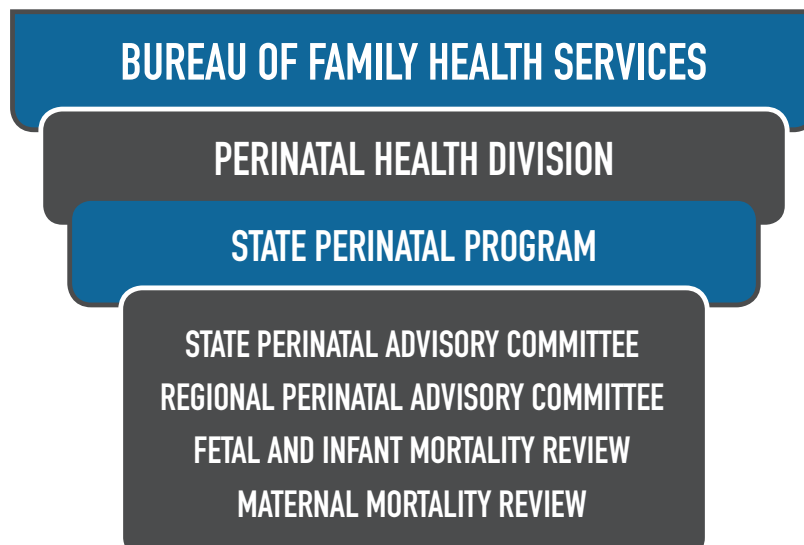
STATE PERINATAL PROGRAM

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
- Regional Perinatal Advisory Committee
- Fetal and Infant Mortality Review
- Maternal Mortality Review



Program Values

“The Perinatal Health Division believes that all mothers, infants, and families have the right to equitable and competent health care. 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
- Infant Mortality Reduction Initiative
- 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
- Increasing 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 120,605 participants per month
- 100 percent federally funded

Service Delivery

- All county health departments
- Some private local agencies
- Six hospitals
- One Indian Tribe organization
- One military base
- Two Head Start Programs
- One church

Program Requirements

- Pregnant women, infants, and children less than 5 years of age
- Proofs required
 - State resident
 - Income or Medicaid/SNAP/TANF recipient
 - Identification

Benefit Issuance

- Certain approved nutritional formulas and foods
- WIC authorized stores-700 statewide
- Annual redemption-\$100 million in revenue
- WIC also provides special formulas for participants with high-risk conditions
- 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

ENVIRONMENTAL HEALTH SERVICES

Environmental Services: Responsibilities

- Protect public health environment under authority of public health laws
- Activities
 - Inspections
 - Investigations
 - Plan reviews/approval/evaluating proposals
 - Abatement of nuisances
 - Environmental sampling
 - Education of industry and the public

Food, Milk, and Lodging Division

Alabama law authorizes the State Committee of Public Health to adopt rules on food operations “as conditions demand.”

FOOD AND LODGING BRANCH

- Retail Food – restaurants, grocery stores, convenience stores, school cafeterias, fairs, and festivals
- Milk Branch – dairy farms, milk transport trucks, milk processing plants
- Seafood Branch – oyster growing waters, seafood processing
- Manufactured Foods / Food Processing – all packaged foods except red meat, poultry, catfish (State Department of Agriculture)
- ALSO regulatory jurisdiction for: lodging (hotels) and body art facilities (tattoo)

Retail Food – Inspection report is scored, 100 is the maximum score.

ALABAMA DEPARTMENT OF PUBLIC HEALTH									
FOOD ESTABLISHMENT / RETAIL FOOD STORE INSPECTION REPORT									
COUNTY HEALTH DEPARTMENT _____					SCORE _____				
LEGAL NOTICE TO THE PROPRIETOR OR MANAGER: You are respectfully notified of such violations of the Alabama State Board of Health Rules for Food Establishment Sanitation as are indicated by a circle in the Inspection Report. This report constitutes an official notice to comply with Chapter 420-3-22 of the aforesaid Rules within a period of _____ days. Failure to comply with this notice may result in cessation of food service food store operations.									
ESTABLISHMENT NAME _____					OWNER OR MANAGER NAME _____				
ADDRESS _____					ZIP CODE _____				
PERMIT NUMBER	MO.	DAY	YEAR	INSP. TIME	PERMITTED	PRIORITY CAT.	COMPLIANCE VISIT/ INSP. REQUIRED		NO. OF P/Pf ITEMS _____
				IN	YES <input type="checkbox"/>		YES _____ NO _____		
				OUT	NO <input type="checkbox"/>				

PRIORITY (*) AND PRIORITY FOUNDATION ITEMS REQUIRE IMMEDIATE ACTION

MANAGEMENT AND PERSONNEL

1*	Personnel with infections restricted, excluded. Hands clean, properly washed. No bare hand contact. Commissary used.	5
2	Assignment of Person in Charge. Approved course. Authorized personnel. Nails. Permit category restrictions.	4
3	No discharges from eyes, nose, mouth. No eating, drinking, tobacco use. Clean clothes; Hair restraints. Other.	2
4	Properly posted: permit, report, other.	1

FOOD

5*	Safe; Source; Not adulterated; Food separated, protected from contamination. Tasting. Returned, reservice of food. Disposition.	5
6*	Time/Temperature Control for Safety (TCS) food meets temperature requirements during receiving, cooking, hot holding, cooling. Pasteurized eggs used if required. Non-Continuous Cooking (NCC).	5
7*	TCS food meets temperature requirements during cold holding. Time as a public health control. Compliance with approved plan. Juice.	5
8	Condition. Segregation. Handling. Receiving frozen foods. Date marking. Required documentation: ROP, Variance, HACCP, NCC, other.	4

WATER, PLUMBING, AND WASTE

GREASE TRAP LID SECURED? YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>		
24*	Water: source, quality. System: approved.	5
25*	Sewage, grease disposal: system approved; Flushed.	5
26*	Cross connection; Back siphonage; Backflow.	5
27	Water: pressure, capacity, sampling. Alternative water supply. Handwashing facilities: number, location, accessible, soap, towels/drying devices. Toilet tissue.	4
28	Plumbing: fixtures clean, designed, operated, maintained. Service sink provided. Handwashing signage. Toilet rooms constructed. Toilets: number, location. Other liquid wastes properly disposed.	1
29	Refuse, recyclables, and returnables. Outdoor/Indoor storage area approved. Receptacles: provided, covered. Approved refuse disposal method.	1

PHYSICAL FACILITIES

30	Food contamination from cleaning equipment prevented.	4
31	Presence of insects, rodents, other pests. Animals prohibited.	4
32	Pests control methods approved, used. Pest control devices	1

Food, Milk, and Lodging Division

Emergency Order of the Health Officer is issued if needed – reasons include sewage backup, no refrigeration, no hot water, disease outbreak.

STATE OF ALABAMA
COUNTY OF _____

Establishment Owner:
Establishment Name:
Establishment Address:

Permit Number:

EMERGENCY ORDER OF THE HEALTH OFFICER

Orders are reported to the State Committee of Public Health monthly and posted on the ADPH web page.

WHEREAS, Section 22-20-5, Code of Alabama 1975, authorizes the State Board of Health to adopt and promulgate rules governing food establishments and further authorizes county health officers, as authorized representatives of the State Health Officer, to enforce such rules within their respective jurisdictions; and

WHEREAS, it is unlawful to operate within any county or any incorporated municipality within the State of Alabama any establishment governed by said rules unless the operator of such establishment possesses a valid permit from the Health Officer for its operation; and

Division of Community Environmental Protection

- Onsite Sewage Branch – septic tank siting and installation
- Soil Branch – determine absorption rate of problem building lots so septic tanks can be properly sized
- Solid Waste and Septage Branch – garbage collection and transport; disposal of pumped waste
- Vector Control – information on vectors of public health significance – mosquitoes, e.g.
- Lead Branch – follow-up on elevated blood lead level reports, investigations to determine source of lead, regulatory oversight of contractors

Operations

- Develops environmental guidelines, policies, performance standards
- Facilitates structured training
- Disseminates information
- Monitors training courses
- Provides standardized training courses
- Conducts mandated Basic Environmental Training Course

HEALTH PROVIDER STANDARDS

Health Provider Standards: Responsibilities

- Licensure and certification of most health care providers in state
- 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 functions in Alabama
- Health Provider Standards has no regulatory authority over VA hospitals, physicians offices, and urgent cares

Units

- Assisted Living Facilities and Specialty Care Assisted Living Facilities
- Long Term Care: Nursing Homes
- Clinical Laboratory Improvement Amendments
- Medicare Other

HEALTH PROVIDER STANDARDS

- Medicare Other:
 - Ambulatory surgical centers
 - Comprehensive outpatient rehab centers
 - End stage renal disease (ESRD) treatment centers
 - Home health agencies
 - Hospices
 - Organ transplant programs
 - Outpatient physical therapy
 - Portable Xray suppliers
 - Federally qualified health centers
 - Psychiatric residential treatment facilities
 - Organ procurement centers
 - 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
- License Unit processes and issues state licenses

CENTER FOR HEALTH STATISTICS

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
- Induced Terminations of Pregnancy
- Acknowledgments of Paternity

Statistical Functions

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

EMERGENCY PREPAREDNESS

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

LEGAL DIVISION

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 attorney generals

State Board of Health

- Attends the Board of 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

PREScription DRUG MONITORING

Prescription Drug Monitoring Program: Mission and Functions

- Maintains and manages the Controlled Substance Database for Alabama
- Database is a clinical tool that assists healthcare professionals in making patient care decisions
- Database includes all controlled substance prescriptions dispensed in Alabama
- Dispensers–DEFINE
- Must submit prescription information within 24 hours of dispensing

Access

- Alabama law strictly specifies who has access to database
- Physicians, podiatrists, dentists, optometrists, nurse practitioners, nurse midwives, and physicians assistants must possess an Alabama license and controlled substance certificate to qualify for access
- Others may access including pharmacists, law enforcement, regulatory boards, Medicaid, practitioners licensed in other states but working at federally-funded facilities located in Alabama
- 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 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

- NarxCare
- Provides existing functionality plus advanced analytics and patient support tool
- Benefits of new platform

Future Plans

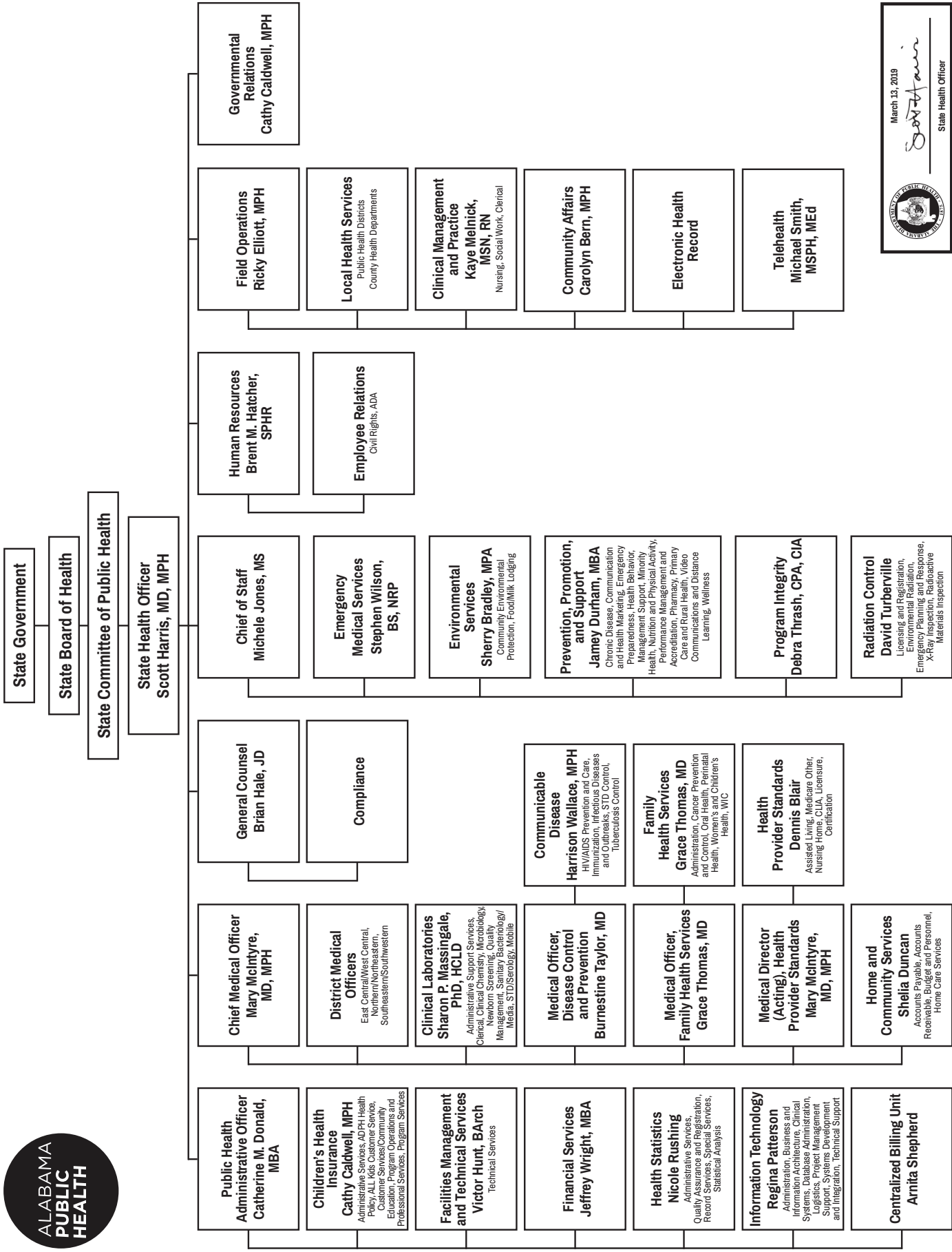
- Integration into physician electronic health record
- Integration into pharmacy dispensing software
- Benefits of these plans

WEBPAGE LINK

<http://alabamapublichealth.gov/about/boh-training.html>



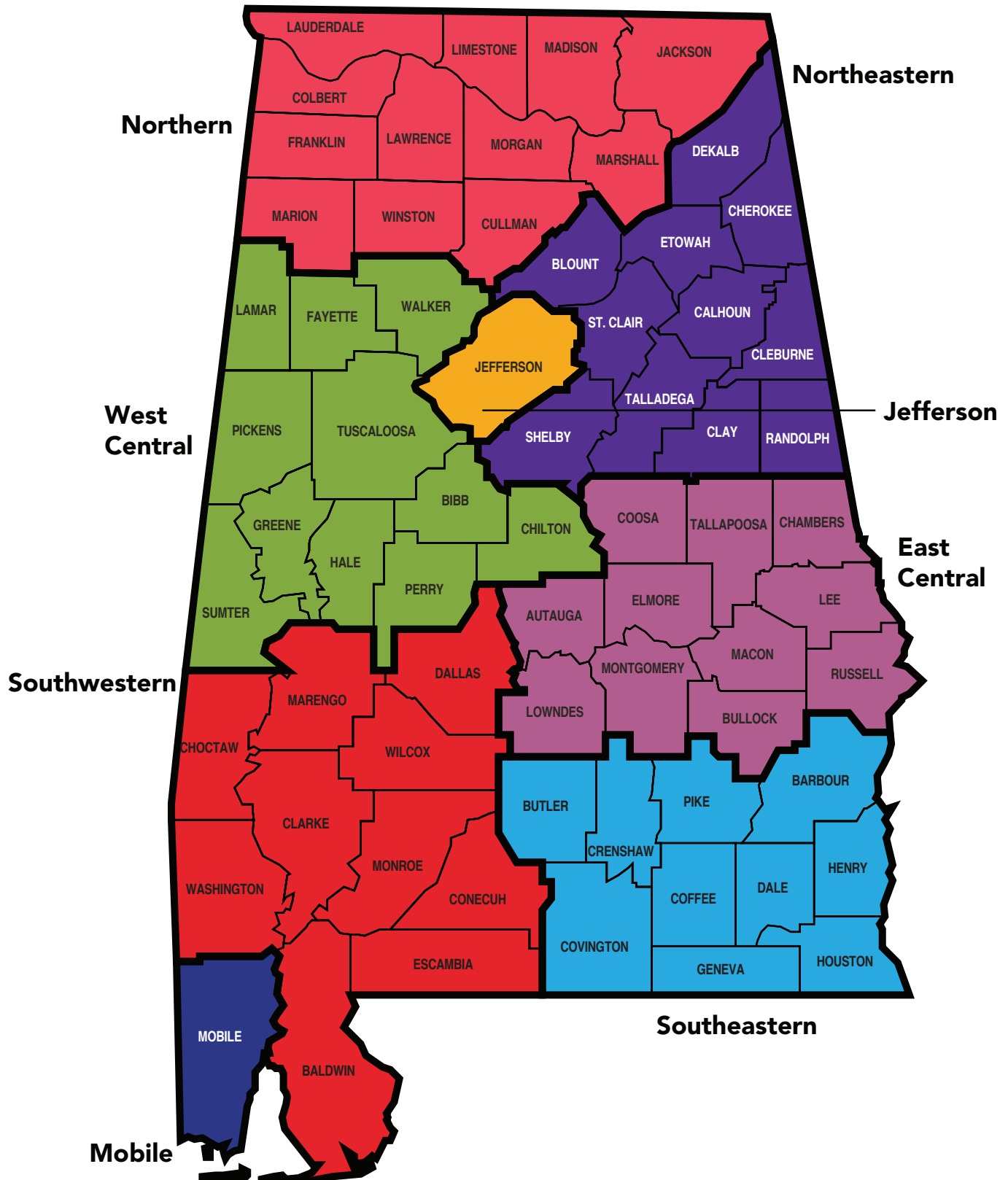
ORGANIZATIONAL CHART



March 13, 2019
Scott Harris
State Health Officer



Alabama Department of Public Health Districts Effective October 1, 2017



ADDITIONAL TRAINING RESOURCES

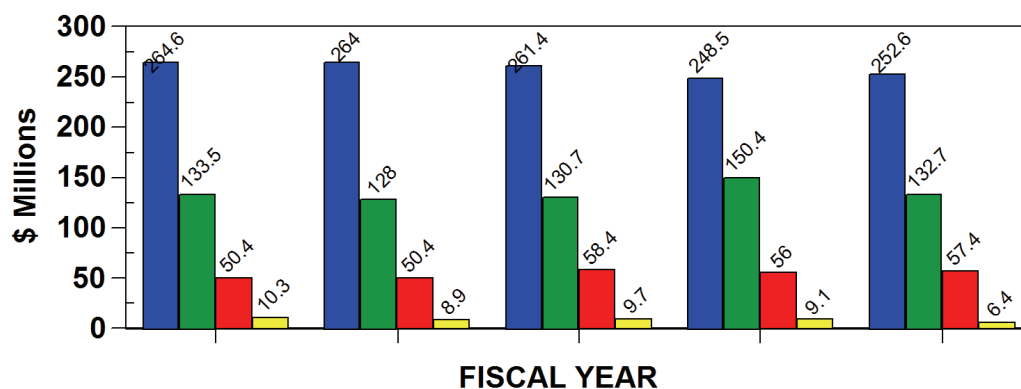
Alabama Department of Public Health

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, Infant, and Children (WIC)

Alabama Department of Public Health

Funding History



	2014	2015	2016	2017	2018
FEDERAL	264.6	264.0	261.4	248.5	252.6
REIMB	133.5	128.0	130.7	150.4	132.7
STATE	50.4	50.4	58.4	56.0	57.4
LOCAL	10.3	8.9	9.7	9.1	6.4

Excludes Children's Health Insurance Program

REIMB = Medicaid, Medicare and fees

Alabama Department of Public Health

Office of Field Operations

CLINICAL MANAGEMENT AND PRACTICE

Clerical

- Provide professional assistance in the daily operations of county health departments, public health districts, and central office
- 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

Nursing

- Assess, plan, and implement programs which promote public health and prevent disease
- Provide family planning, child health, and preventive and treatment services for disease control
- Approximately 780 nurses are employed by the department
- ADPH is an approved provider of continuing education by the Alabama State Nurses Association
- In 2018, over 2,400 participants earned 141 continuing education units through 38 programs that were offered

Social Work

- 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 Continuing Education by the Alabama Board of Social Work Examiners
- During 2018, provided social work continuing education credit for more than 60 programs, both onsite and via satellite
- The department employs approximately 175 social workers who provide care in county health department clinics, physician offices, the home, or are responsible for programmatic oversight in the county, district, and central office

Community Affairs

- Addresses healthcare transformation and its impact on communities, programs, and resources
- Goals include: better health for populations, better quality care for individuals, and lower per capita costs
- Works to identify ways the department can partner with other community entities to ensure poor social determinants of health and risky health behaviors are addressed by connecting programs, populations, and resources
- Works across multiple organizations and through stakeholders to address the complex health concerns of Alabama citizens

Telehealth

- 54 county health departments have Telehealth carts
- 12 healthcare agencies collaborate with the ADPH Telehealth Program – services include: nephrology, neurology, cardiology, behavioral health, genetic counseling, maternal-fetal medicine, HIV/AIDS, and diabetes education
- The Office of Telehealth manages several grants that provide for the deployment of the carts and specialty equipment – Primarily nurses and social workers serve as tele-presenters

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' (IDO) mission is to protect the residents of Alabama and prevent illness by monitoring and investigating infectious, zoonotic, and environmental diseases, conditions, and exposures.

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

Activities of IDO 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.

Division of HIV/AIDS Prevention and Care – The vision of HIV/AIDS is to KNOW your status, MANAGE your health, and LIVE your best life.

The mission of the division, in collaboration with community partners, is to reduce the incidence of HIV infections, to increase life expectancy for those infected, and to improve the quality of life for persons living with or affected by HIV. This is done by monitoring the epidemic, improving public understanding of HIV, preventing or reducing behaviors that transmit HIV, increasing individual knowledge of HIV serostatus, and strengthening the systems for referral to appropriate prevention and treatment services.

Activities of HIV/AIDS include communications/training, data management, direct care, financial operations, prevention, and hepatitis C education and outreach.

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. FP services are available throughout the lifespan.

Clinical Information

There are 83 clinics throughout Alabama offering FP services. A wide range of confidential and professional family planning services are provided to both females and males of all ages. These services are provided regardless of income.

Health Outcomes

The goal is 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 best well-being of the family unit throughout Alabama.

Alabama Department of Public Health

Newborn Screening Follow-up Program

Program Overview:

The Alabama Newborn Screening Program (NSP) 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 31 of 35 core disorders recommended by the United States Department of Health and Human Services Advisory Committee on Heritable Disorders in Newborns and Children.

Funding:

The NSP is 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 Board of 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.

Funding:

The SPP is funded by federal funding from the Maternal and Child Health Title V Block Grant, state dollars, and Medicaid funding.

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.

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, technology, 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 foods or breast pumps. Currently, technology funding includes the Crossroads Management Information System maintenance and enhancement; and implementation of eWIC, or electronic benefits issuance. 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, six hospitals, an Indian Tribal Organization, a military base, two Head Start facilities, and one church. WIC routinely explores innovative ways to provide services to clients 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 the past 30 days of family 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. Once proofs are verified, participants must have a nutritional risk 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 currently receive paper food instruments with a list of foods printed on them to be redeemed at WIC-authorized stores statewide. There are approximately 700 authorized stores statewide. Annual redemptions generated \$100 million in revenue last year. The State WIC Office purchases special formulas which are issued by the local clinic. The program began issuing benefits electronically in 2019.

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

According to the Environmental Core Services, the Bureau of Environmental Services performs required activities regarding inspections, investigations, plan reviews, approvals, evaluating proposals, abatement of nuisances, sampling, educating the industry and public, and training and enforcements of Public Health Laws of Alabama.

The Division of Food, Milk, and Lodging

State law requires any food facility where a sale of food occurs shall have a Food Permit issued by the county health department. Jails and prisons are not covered by actual rules (there is no sale of food); instead, guidelines for inspection are issued.

- Promulgate rules and regulations affecting sanitation of all food facilities in state
- Promulgate rules and regulations affecting lodging facilities including hotels, camps, prisons, and jails
- Administer and enforce the Sanitation Rules for Milk and Seafood (oysters, blue crab, and seafood processors)
- Provide individual training for the county environmentalists, advice on applying the rules and interpretations of the rules
- Audit and evaluate the County Food Program for consistency
- Serve as a liaison between the county environmentalists and the industry or federal agencies

Food and Lodging Branch

- The county health departments' food and lodging programs are responsible for the inspection of food establishments; school lunchrooms (public and private); retail grocery stores; food manufacturing plants; hotels/motels; recreational camps; county jails; and state prison facilities
- Provides individual training for the county environmentalists, advice on applying the rules and interpretations of the rules

Tattoo (Body Art) Facilities Program

("Body art" includes tattooing, body piercing, and branding.)

In 2000, the Alabama Legislature passed a law that made it mandatory that body art facilities be regulated and inspected by the Alabama Department of Public Health. In May 2000, the first set of rules and regulations was passed by the State Board of Health. In 2007, the rules and regulations for body art facilities were revised.

- Regulate the body art industry and ensure the public health and safety through inspecting facilities
- License body art facilities and issue permits to the operators
- Train environmentalists and body art operators in bloodborne pathogen and infection control procedures
- Provide interpretation of rules and regulations to public health environmentalists
- Revise rules for body art practice and facilities

Milk Branch

- Ensures that all in state/or out-of-state milk shipments meet FDA Standards as required by state law
- Responsible for the permitting, inspecting, and collection of milk samples from:
 - Dairy farms (cow, goat, or water buffalo)

- Milk processing plants (includes ice cream and container plants)
- Bulk milk haulers
- Bulk milk tankers
- Permits and sample products received from out-of-state producers
- Collects milk from transport trucks before entering the processing plant, after processing (pasteurization)

Seafood Branch

- Monitors Mobile Bay monthly for excess bacterial standards
- Issues the order for reefs closure to harvesting due to bacterial standards
- Tests product from processing plant for excess bacterial levels
- Conducts ongoing research on 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

The Division of Community Environmental Protection

Mission: To provide scientific, technical, mechanical, and operational oversight to programs dealing with onsite sewage disposal

- Promulgates rules and regulations affecting the disposal of residential wastes
- Administers programs dealing with indoor air quality and lead abatement
- Authorized to establish the rules and regulations under the Code of Alabama
- Provides individual training for the county environmentalists, advice on applying the rules and the interpretation of the rules (rules and regulations are enforced and administered by the county health departments)
- Serves as an intermediary between the county environmentalists and the federal and state agencies
- Responsibilities under the statutes include the permitting, approval, design, installation, and use of onsite sewage treatment and disposal system
- Establishes requirements for large flow developments/systems
- Oversees management of solid waste facilities and septage disposal sites
- Implements state and federal guidelines for evaluating and abating undesirable incidents of indoor air quality and lead-based conditions

Onsite Sewage Branch

- Conducts inspection and approval of onsite sewage disposal systems for homes that are too far to connect to public sewage treatment plants
- Issues permits to qualifying septic tank manufacturers and products
- Provides training for onsite sewage disposal system installers, county environmentalists and the public
- Reviews and makes recommendation on all requests for variances
- Performs surveys of onsite sewage programs to determine compliance with current rules, policies, and procedures;
- Provides interpretation of rules and regulations
- Issues state-issued performance permits for large-flow sewage systems
- Regulate onsite management entities operating large flow systems

Soil Branch

- Assists the county health department environmentalists in evaluating soils condition prior to the installation of an onsite disposal system
- Conducts statewide surveys to determine the adequacy of land areas to support onsite sewage disposal systems
- Conducts statewide site evaluation certification programs to public health environmentalists
- Trains environmentalists, engineers, and other industry personnel statewide in 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 and regulations

Solid Waste and Septage Branch

- Investigates and abates unauthorized dumps and public nuisances
- Provides legal interpretations of the rules/regulations governing solid waste
- Reviews, inspects, and regulates solid waste facilities
- Reviews and inspects all new plans submitted by engineers for solid waste transfer stations
- Facilitates all solid waste collection vehicle permitting decals and custom identification decals
- Reviews all land application plans submitted by engineers
- Assists local health departments in the inspection and permitting of land application sites

Vector Control

- Investigates public health nuisances caused by unsanitary conditions that provide food, water, and habitat to animal and insect vectors
- Conducts abatement of bats to prevent the spread of rabies
- Issues rabies notices to pet owner whose animal (dog, cat, etc.) has been identified in biting a human
- Conducts abatement of bird and bat roosting to prevent the spread of Histoplasmosis
- Conducts abatement of mosquito breeding sites
- Conducts West Nile virus surveillance within the avian population and mosquito populations

Indoor Air Quality/Lead Branch

- Maintains and enforces the Alabama Lead Certification Rules and Regulations;
- Performs compliance assistance to Housing and Urban Development and other owner/occupant faculties
- Conducts enforcement site visits to lead abatement projects
- Communicates professionally with/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 numerous civic groups and organizations
- Performs environmental lead investigations at residences where a child has been identified as having lead poisoning.
- The Lead Reduction Act of 1997 established the procedures for certification of contractors or firms that perform lead-based paint inspections, risk assessments, abatement, and renovation activities in target housing (pre-1978) and child-occupied facilities
- Acts as the Environmental Protection Agency's designated state indoor air contact providing advisory

services for Alabama and those who request it by providing indoor air quality, molds, and asbestos information and printed materials

Environmental Operations

This branch creates the infrastructure for the bureau by ensuring that the bureau runs proficiently, effectively, and professionally. The goal of the Operations Branch is to find solutions to problems before they affect the state's environmental program.

- Develop environmental guidelines, policies, and performance standards that measure the efficiency and productivity of the state's environmental programs
- Manage and resolve personnel issues that affect the integrity of the bureau/department
- Facilitate structured training through workshops, seminars, and conferences
- Disseminate information to district and county environmentalists
- Monitor training courses to ensure that course objectives are being met
- Provide standardized training courses for environmentalists and food service managers and employees
- Conduct the mandated Basic Environmental Training Course (BETC), which is offered biannually and must be successfully completed by newly hired public health environmentalists prior to their receiving permanent employment status with the state. The BETC provides employees with interpretation on the food and onsite rules and provides them with the knowledge necessary to perform their job duties.

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)
Acknowledgements 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 are to:

- Prepare annual publications which can be found on the CHS website
- Provide data to and perform data requests for ADPH bureaus following the Vital Statistics Laws and Rules of the State Board of 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 media and approved research entities
- Transmit data on births and deaths to 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 the 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 paternity determination

Administrative functions of CHS include:

- Conduct an in-person, 3-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 very 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), and Medicaid (access to their recipients only). In addition, practitioners and pharmacists licensed in another state but practicing at a federal facility located 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 currently holds controlled substance prescription records for 5 years plus current year. Each January 1, data older than 5 years is deleted.

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

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

Plans to improve user access and productivity include integration into practitioner electronic health records and pharmacy dispensing software. This will eliminate the need to sign into a different website to obtain the patient's PDMP information, thereby, saving time and improving the efficiency in obtaining patient information.

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 through a variety of activities, including the registering, licensing, and inspection of all sources of ionizing radiation; performing environmental monitoring; and providing emergency training and preparedness through public and professional education.

ORC Activities Include:

- Licensing and inspecting all users of radioactive material in Alabama. Alabama is one of 38 “Agreement States” where, in 1966, the Governor entered into an agreement with the Nuclear Regulatory Commission (NRC) to allow ORC to regulate radioactive material use in non-federally exclusive jurisdictions within the state. As part of this agreement, Alabama is required to maintain a program that is adequate to protect the public health and safety, and have rules and procedures that are compatible with NRC. Licensing actions and inspections of radioactive material use are conducted using NRC guidelines and procedures. Although not regulated by NRC, ORC also licenses and inspects the possession and use of naturally occurring radioactive material.
- Registering and inspecting users of particle accelerators and X-ray machines in Alabama. This includes medical, research, and industrial applications of use for machine produced radiation. The registration and inspection of x-ray machines include all units with the exception of X-ray machines in Jefferson County. Jefferson County has its own radiation protection division that is responsible for regulating X-ray machine use in that county.
- Response and investigation to incidents and allegations involving the use of radioactive material and radiation producing machines. In the event of any radiological incident in Alabama, ORC is responsible for responding to and mitigating the incident. An ORC Duty Officer is on call after hours and on weekends to respond, if needed.
- Maintaining a Radiological Emergency Preparedness plan for the two nuclear power plants in Alabama through coordination with the Alabama Emergency Management Agency and the utilities.
- Training first responders around the two nuclear power plants. This includes radiation workers; personnel and equipment monitors; reception center personnel; hospital personnel; and county health department nurses and environmentalists.
- Participating in annual Federal Emergency Management Agency evaluated nuclear plant and hospital exercises to test emergency response and decision-making capabilities in the event of an incident at a nuclear plant. In the event of an incident at a nuclear plant, ORC is responsible for monitoring plant conditions, performing dose projections off-site of the plant, and making protective action recommendations to the State Health Officer who has the responsibility and authority to issue public health orders, including evacuation and shelter-in-place orders to protect public health and safety.
- Maintaining a routine environmental surveillance program around the two nuclear plants as well as a subset of radioactive material licensees. This includes routine air, vegetation, water, and soil sampling as well as ambient exposure readings using fixed pressurized ion chambers.

- Training and equipping first responders in counties along the I-59/I-20 corridors and monitoring the shipment of transuranic radioactive waste through Alabama from Department of Energy facilities to the Waste Isolation Pilot Project (WIPP) facility in Carlsbad, New Mexico.
- Maintaining a radon awareness program. In Alabama, 15 counties have been designated as Zone 1 counties where homes have the highest potential to have radon levels greater than 4 pCi/L. Through the ADPH website, free test kits and information are available on radon and how to mitigate a home if elevated radon levels are found.

Funding – ORC receives its funding from receipt of radioactive material license applications and annual fees; contracts with the nuclear power plant utilities; and federal funding through various projects such as WIPP and radon awareness. ORC receives no revenues from the General Fund.

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; the department's privacy officer; 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.



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