

Something to Celebrate: Accreditation is Progressing



Public Health Accreditation

The work of public health is important in keeping people healthy and controlling threats to the public's health. Accreditation provides us a way to recognize that we are doing a great job while driving us to improve continually. The process also improves communication and collaboration within the department and develops our current and future workforce.

The Public Health Accreditation Board (PHAB) accepted the Alabama Department of Public Health Statement of Intent at 10:41 a.m. on May 22, which means that "the clock is now ticking" toward submitting our application for state health department accreditation.

What Is Ahead

It is the department's goal to submit our accreditation application by April 30, 2015, and the required documentation by Sept. 30, 2015. After that there will be a site visit and an accreditation decision. Reports will follow every year and reaccreditation will occur every five years once the department is awarded accreditation status.

A statewide satellite conference on July 17 facilitated by Dale Quinney of the Bureau of Professional and Support Services unveiled the top 13 health priorities that were identified in a Community Health Assessment (CHA). These issues will be used in developing our Community Health Improvement Plan (CHIP) for Alabama and will have links to the department's Strategic Plan and services. The CHA, CHIP and Strategic Plan are prerequisites that must be submitted with our accreditation application. A CHA

- Is focused on population health status and issues
- Is a collaborative process
- Mobilizes the community
- Develops priorities
- Identifies resource assets and needs
- Collects and analyzes data

The process included conducting the following four surveys:

- Statewide individual
- Statewide organizational
- Domain 1 Workgroup
- Selected interest group

Public health areas also conducted local community interest group meetings to identify the top 10 leading health-related concerns within their areas.

The top health issues identified by the assessment surveys conducted are as follows. These are ranked in order of priority:

1. Access to Care
2. Mental Health and Substance Abuse
3. Poor Pregnancy Outcomes
4. Nutrition and Physical Activity
5. Circulatory Diseases
6. Sexually Transmitted Infections
7. Cancer
8. Child Abuse and Neglect
9. Diabetes
10. Geriatrics
11. Injury and Violence Prevention
12. Dental Health
13. Tobacco Use

The CHIP will include improvement initiatives that will be tracked and measured to specifically address three to five of the health priority issues.

It cannot be stressed enough that every employee's support of our accreditation efforts is needed and valued. More information about public health accreditation is available on the PHAB website at <http://www.phaboard.org/>. More information about our department's progress is available on the ADPH accreditation website at <http://www.adph.org/accreditation/>. The satellite conference "Community Health Assessment 101: A Primer for Alabama Department of Public Health Employees" is available on-demand at <http://www.adph.org/ALPHTN>.

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Disclaimer: The contents of this article are those of the authors and do not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention.

CMS Recognizes Alabama for Success in Application and Enrollment Simplification

All 50 states and the District of Columbia are in the process of implementing the Affordable Care Act simplifications to Medicaid and Children’s Health Insurance Program application and eligibility determination processes and making technology upgrades to transition to streamlined, data-driven eligibility determination systems.

Alabama was one of five states highlighted for being especially successful in implementing these changes. Improvements highlighted include:

- Real-time determinations of Medicaid and CHIP eligibility through on-line application systems that are connected to data sources for verifying information submitted by applicants; and
- Immediate authorization of services through the use of hospital-based presumptive eligibility. Under the law, hospitals that meet certain requirements (including completing necessary training) can immediately enroll patients who are likely eligible under a state’s Medicaid eligibility guidelines for a temporary period of time.

Employees who have been integral to the success of this application and enrollment simplification include the following:

- Bureau of Children’s Health Insurance, Director Cathy Caldwell, Teela Carmack and Keith Wright

- Bureau of Information Technology, Director John Heitman, Regina Patterson and Ravi Satya
- Alabama Medicaid Agency employees Paul Brannan, Shannon Crane, Gretel Felton and Paul McWhorter.

The following description was included in the monthly report of July 11:

Alabama

With new system upgrades in place, Alabama is now able to make real-time eligibility determinations (meaning as soon as the individual completes the application) on almost all applications for modified adjusted gross income-based Medicaid eligibility groups that are received through the state’s online application portal as required by the Affordable Care Act. Applicants can receive their Medicaid identification number right away.

The day after the eligibility file is sent to the state’s enrollment system, providers can use the system to look up individuals and confirm their enrollment. In addition, the state will soon be moving from a weekly to a daily batch transfer of the Medicaid eligibility files to the state’s enrollment system (CHIP accounts are already being transferred on a daily basis).

Breastfeeding: A Winning Goal-for Life!

The month of August is recognized as Breastfeeding Awareness Month in the Alabama WIC Program. This year’s theme established by the World Alliance for Breastfeeding Action (WABA) is “Breastfeeding: A Winning Goal-for Life!” The theme asserts the importance of increasing and sustaining the protection, promotion and support of breastfeeding.

Supporting mothers to reach their individual breastfeeding goals is a vital role of WIC. Mothers need a breastfeeding team that helps to promote exclusive breastfeeding. Family, physicians, employers, child care providers, peer counselors and WIC staff can provide a team approach for breastfeeding support.

If you would like more information on breastfeeding, please contact Michell Grainger at (334)-209-2921 or Michell.Grainger@adph.state.al.us

Alabama Department of Public Health

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

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

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

Alabama’s Health

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- Donald E. Williamson, M.D..... State Health Officer
 Jim McVay, Dr. P.A..... Director, Bureau of Health Promotion and Chronic Disease
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Colorectal Screening Can Save Your Life: Take-home FIT Now Available

Have you been screened for colorectal cancer (CRC)? Screening could save your life. CRC is the second leading cause of cancer deaths among all Alabamians and the leading cause of cancer deaths among non-smokers. Both men and women can get it, and it is most often found in people 50 or older. However, CRC is largely preventable through routine screening.

The body sometimes makes abnormal growths or polyps in the colon; occasionally these polyps change to become cancer. Screening tests can find polyps so they can be removed before they have a chance to turn into cancer. Screening also helps find cancer earlier when it is easier to treat. If you are 50 or older and have not been screened, it is time to talk to your doctor.

Getting screened is probably easier than you think. There are several types of CRC screening tests that have been proven effective. For average risk people aged 50 to 75, the United States Preventive Services Task Force (USPSTF) recommends three different test options:

1. A colonoscopy every 10 years;
2. A sigmoidoscopy every five years with a high sensitivity fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every three years ; or
3. A high sensitivity FOBT or FIT annually. Any of these options are equally effective in saving lives. (People

who are at higher risk for CRC may need to be screened earlier or more frequently.)

The FIT is an easy way to be screened for CRC. It is a take-home test that finds hidden blood in the stool, which may be evidence of polyps. This take home test is more accurate in finding or ruling out disease than older types of stool tests. The FIT is not expensive, it can be completed at home, and it does not require time off from work or transportation arrangements. Additionally, it does not require you to change your diet or medications. To complete a FIT, you would use a kit provided by your doctor to collect a tiny sample of stool which you return to your provider or a laboratory. If the test is positive, a colonoscopy is needed.

Many medical conditions are beyond our control. However, colorectal cancer is one of life's complications you can help avoid simply through regular screening and polyp removal. Precancerous polyps and early stage colorectal cancer don't always cause symptoms. This is why screening is so important. Please make CRC screening a priority for yourself or your family members.

For more information about screening for CRC with FIT, visit the Alabama FITWAY Colorectal Cancer Prevention Program website at adph.org/fitway. The FITWAY Program is funded by the CDC to increase CRC screening rates statewide.

By *ASHLEY VICE*

IF YOU ARE 50 OR OLDER, GET SCREENED FOR COLORECTAL CANCER

Colorectal cancer is the 2nd leading cancer killer in Alabama.

Ask your doctor about screening options for colorectal cancer, including the new take-home test called FIT or iFOBT. (If you are at high risk for colorectal cancer, you may need to be screened more frequently.)

THE FIT IS AN EASY WAY TO BE TESTED FOR COLORECTAL CANCER:

- No need to change eating habits
- No need to change medications
- No liquids to drink
- No day off work
- Done in privacy of your home
- Mail back in a few days

This test is covered by Medicare, Medicaid, and many health insurance plans. Also, Blue Cross Blue Shield of Alabama approves this test. Be healthy and celebrate your life!

COLORECTAL CANCER CAN AFFECT ANYONE



Disaster Risk Reduction Expert Gives Australian Perspective to Public Health and Disaster Management

Employees of the Center for Emergency Preparedness in Montgomery were given an overview of the disaster management system of Queensland, Australia, when Ben Ryan, disaster coordinator spoke with them July 14 in Montgomery. Tim Hatch, CEP Planning and Logistics director, had previously collaborated with Ryan and was his host.

Ryan is the director of Disaster Risk Reduction (Asia-Pacific Region) for the International Federation of Environmental Health as well as the disaster coordinator for the Department of Health in Queensland, Australia. He is currently a Ph.D. candidate at James Cook University, Australia, and is writing his dissertation on non-communicable disease rates/transmissions for post-disaster situations.

“The incident command structure in Australia is very similar to Alabama’s,” Ryan said. “Cyclone Larry in 2005 and Cyclone Yasi in 2011 were so busy and chaotic for us and could be compared with the tornado outbreak in Alabama in 2011.”

Key environmental health issues during that time in Australia included drinking water, food safety, sewage, waste and asbestos, communicable diseases, vector issues, animal management, community and mass gatherings.

Although there are many similarities in disaster management in areas such as storms and flooding, Ryan’s colorful PowerPoint presentation illustrated some differences unfamiliar to Alabamians, including protecting

cute koala bears and dealing with the consequences of massive bushfires. He quoted 2012 World Meteorological Organization statistics that every dollar invested in disaster preparedness prevents seven dollar’s worth of disaster-related economic losses.

Ryan has responded to disasters and disease outbreaks, facilitated health services for asylum seekers, and worked in public health and disaster management at all levels of government in Australia and across the Asia-Pacific. This experience and expertise is guiding his efforts to standardize environmental health and disaster management training across the globe.



Ben Ryan makes a presentation to staff members in Montgomery.

Volunteer Symposium Looks at Human Side of Disasters

Volunteers from Family Assistance Centers, Medical Reserve Corps, Behavioral Health Clinicians, Disaster Response Workers and others attended the annual symposium. Its goal was to provide an overview of response activities for the State Mortuary Operations Response Team (SMORT) and Family Assistance Center (FAC) volunteers after an emergency or disaster in which there are multiple fatalities which overwhelm local resources. Information was provided on the data collection process, working with survivors and family members on site, and providing linkages to community resources for support and social services. Also on the agenda was a segment devoted to the human side of disasters—the people behind the faces. This was also the theme for a one-hour satellite conference which can be seen on demand.



Speaking at the 2014 Volunteer Symposium June 18 in Montgomery were, left to right, Tim Hatch, M.P.A., REHS, Suzanne Bernier, CEM, CBCP, MBCI, John Wible and Elias James Kontanis, Ph.D.

Workgroup Seeks to Improve Recall Coordination

Mark Sestak, deputy director of the Food, Milk and Lodging Division, serves on a workgroup to improve the coordination of product recalls among federal, state and local governments. He and his colleagues from the Food and Drug Administration and other states' regulatory staff involved in recall efforts are members of the Partnership for Food Protection (PFP). The workgroup has drafted a report on the best practice statements regarding recalls.



Mark Sestak

The July Issue of the PFP Newsletter included a photo of Sestak. The accompanying article stated, "Our dedicated workgroup members have made tremendous strides in creating a best practice document. If utilized by FDA, state and local governments, the document should enhance communication and sharing of recall information and promote faster removal of adulterated and unsafe products from the market."

At a recent PFP sponsored face-to-face meeting, the workgroup representatives drafted 22 best practice statements drawn from the efforts of the sub-workgroups. These best practice statements cover a diverse range of ideas and practices. A few examples listed in the newsletter follow:

1. Create a Directory of Recall Contacts: Use the Association of Food and Drug Officials (AFDO) Directory of Local and State Officials (DLSO) searchable database to identify state and FDA contacts for recalls.
2. Sharing of Information: Recommend means by which states and FDA collect and share information during recall situations or joint inspections more readily. (Create or enhance Memorandums of Understanding (MOU's))
3. Sharing and Communication: Recommend initiating quarterly conference calls with the states, FDA state liaisons and OEIO to facilitate communication, cooperation, and training.
4. Sharing and Communication: Recommend initiating routine conference calls with the states, FDA state liaisons, and local FDA district recall coordinators to enhance relationships and refine sharing and communication procedures.
5. Sharing of Information: Recommend changes to FDA's Reportable Food Registry (RFR) to obtain/require submission of customer lists through amended reports and to enhance and standardize information collected via the RFR.
6. Commissioning: Recommend state recall staff be commissioned in order to facilitate and enhance sharing of recall information during outbreaks and Class I recalls.

All of the Best Practice statements will be shared by the PFP as soon as the work is completed and approved by the PFP Governing Council. A best practices document is expected to be presented in August.

Retirees

The following departmental employees have retired recently.

May

Exanna Gerald

Etowah County Health Department

Lindy Payne

Chilton County Health Department

Victor Rohler

Public Health Area IV

June

Emmitt Black

Public Health Area VI

Mary Geeslin

Lawrence County Health Department

Maribeth Johnson

Russell County Health Department

Janice Kidd

DeKalb County Health Department

Robin Moore

Epidemiology Division

Ava Rozelle

Family Health Services

July

Alita Chappell

Talladega County Health Department

Barbara Mack

Family Health Services

Patty Moon

Blount County Health Department

Delia Reynolds

Public Health Area X

Deborah Singleton

Baldwin County Health Department

Debbie Wetzell

Health Care Facilities



Employees of the Center for Health Statistics bid Alton D. Stone, public health research analyst, farewell at a reception honoring him for his 40 years of state service. He retired effective July 1.

Clara Washington Reverses Retirement Tradition

When Clinic Aide Clara Washington retired from the DeKalb County Health Department effective May 31, she turned the tables by preparing and paying for a surprise appreciation lunch for her past and present coworkers and relatives from out of state.

"I was successful because I was part of a great team, and I appreciate them," Ms. Washington said reflecting on her public health career. "I wanted to let some joy shine on others instead of myself. God has been good to me, and I won't complain because I look back at my work as a joy."

Ms. Washington spent 14 years as a home health aide and the next half of her 28 years of service as a clinic aide. She said that in both the homes and the lab she would witness the distress of the patients and oftentimes the poor condition of the homes she visited. She would do her best to listen, show them love, and pray for them.

"I like to help the outcasts, and now it's time for me to do outreach," she said.

In the community, she was honored for her work with the National Day of Prayer. One of her proudest achievements was the graduation with honors of a teenager for whom

she was a therapeutic foster parent.

The special lunch menu for her farewell luncheon included barbecued chicken, ham, green beans, pasta salad, and a sheet cake that read "meet me in Jamaica."

In her retirement years, Ms. Washington plans to continue her medical outreach mission trips to the mountains of Jamaica where she and a group of 20 feed hungry people and give bibles to them. She is also heavily involved with the Bread of Life ministry to feed the homeless in Fort Payne. On a recent day, she helped serve more than 100 plates of food to the needy.

"This was truly a memorable experience for all of us," Public Health Area 5 and 6 Administrator Mary Gomillion said about the luncheon and Ms. Washington's service.



Event Brings Community Health Education Needs to Light

A receptive audience of people young and old listened to important health messages at the Relay for Health and Wellness 2014 at the Mount Gillard Missionary Baptist Church in Montgomery. The theme of the 10th annual event was "Finding your RIGHT place in life." Nutrition, obesity and diabetes in black communities were the principal areas of concern for the large crowd that turned out on July 26.

Among those taking part was Assistant State Health Officer Dr. Mary McIntyre, who educated and coached the participants about important tests such as the HbA1C, reducing salt intake, monitoring blood sugars, and suggested questions to ask their physicians.

Despite the participants' quest to find proven ways to improve their health, it was discouraging that the level of knowledge among those with chronic disease diagnoses was still so low. "I really was shocked by what some of the people with hypertension and diabetes did not know," Dr. McIntyre said.

Melanie Rightmyer, D.N.P., R.N., Bureau of Health Promotion and Chronic Disease, commented, "It was neat because it was really more than a health fair. We spent time with each person and were able to teach them skills they need

such as how to use their blood pressure monitors correctly and the importance of keeping a blood pressure log."

Other ADPH employees who participated included the following:

- Cynthia Foster, Montgomery County Health Department WIC program
- Jacqueline Harris, M.S.N., B.S.N., R.N., Lead Program, Bureau of Family Health Services
- Vivian Hinson, Tobacco Prevention and Control Program, Bureau of Health Promotion and Chronic Disease, Healthy Connection Partner
- Choona Lang, R.N., B.S.N., M.H.A., Office of Emergency Medical Services, Healthy Connection Partner
- Agnes Oberkor, M.S.N., M.P.H., CRNP, Bureau of Communicable Disease, Speaker on Holistic Living
- Elana Parker Merriweather, M.Ed., A.D.C., Ed.S., LPC, Minority Health and Center for Emergency Preparedness

James Martin, Public Health Area 8 administrator, was a sponsor of the event.

Other features of the event included a blood drive, stretching exercises, and distribution of items for youth participants.

Butler County Health Department Promotes Public Health at Community Appreciation Day

The Butler County Health Department held a Community Appreciation Day on June 13 to let the community and customers know how much they are appreciated.

Staff decorated the building in a red, white and blue theme, complete with streamers and balloons. Employees covered their office doors and posted positive words of encouragement and appreciation. Free refreshments were provided throughout the day, and door prizes were given away every hour through a random drawing. Public health educational materials were provided to everyone attending.

Ricky Elliott, PHA 9 administrator, stated, "I cannot express how appreciative I am of the Butler County Health Department staff. This outreach effort was a result of their collective planning. The staff are appreciative of the support public health receives in Butler County. They also wanted our clients to know how important they are and how much we appreciate them for choosing the Butler County Health Department for their health care needs. As the department prepares for the future implementation of Regional Care Organizations, reaching out to our clients and letting them know how important they are is crucial, and will help us to remain viable. We must continually be looking for ways to increase the number of clients utilizing our services. Events such as this are an excellent way to do that."

The Butler County Health Department was able to pick up several new clients as a direct result of this event. County commissioners, community leaders, media, clients, family and friends all attended.



Butler County Health Department staff shown are, front row, Dianne Jones, Teresa Compton, Renee Reed, LeeUndra Patton (Volunteer), Stella Patton, Debra Bradley, Betty Dawson, Kim Gordon and Tammy Barganier. On the back row are Bob Heartsill, Zane Mack, Elaine Womack, Jim Wood, Nikki Lovvorn and Toots Rogers.

Disaster Recovery Centers Assist Public After May Floods

Following May floods, two Disaster Recovery Centers (DRC) were opened in Baldwin County--one in Elberta and the other in Fairhope. The Elberta DRC was opened on May 8 and remained open until June 12. The DRC in Fairhope opened on May 9 and was open until June 12. PHA 9 staff provided coverage at both DRCs for the first two weeks. During the remaining weeks public health literature was provided and a staff member checked the DRC daily for messages.

The following staff from PHA 9 helped with the coverage: Bill Kelly and Teddy King of the Baldwin County Health Department, Kevin Kiser and Jessica Wade of the Public Health Area 9 Emergency Preparedness Team, and Marion Mahan of the Public Health Area 9 staff.

Information was provided on the following areas: mosquito control/larvacide, well water testing, mold abatement, vaccination guidance, WIC and Emergency Preparedness Guidance.

Other DRCs were also opened in other areas.



Jessica Wade staffs the Alabama Department of Public Health table at the Elberta DRC in Baldwin County.

Commendations

If you would like to praise employees for their accomplishments, send letters of commendation to the State Health Officer or the employee's supervisor and a copy by e-mail to Arrol.Sheehan@adph.state.al.us for inclusion in this list. Four items are needed: the employee's name, work unit, name of the person making the commendation, and his or her city and state.

**Glenda Adams
Nicole Henderson**
Center for Health
Statistics
from Janice Garner
Mahopac, N.Y.

Sherri Davidson
Bureau of
Communicable Disease
from Will Ferniany
Birmingham, Ala.

Family Planning Staff
Public Health Area 8
from LaShondra Lewis
Montgomery, Ala.

Terra Foster
Center for Health
Statistics
from Minnie Jenkins
Pensacola, Fla.

Casandra Henderson
Center for Health
Statistics
from Antonio Ricks
Atlanta, Ga.

Evelyn Jackson
Center for Health
Statistics
from Lura Stegall
Lithonia, Ga.

**Tereasa Jackson
Michell Oliver**
Health Provider
Standards
from Debbie Bonds
Albertville, Ala.

Okela Martin
Bureau of Children's
Health Insurance
from Frank Schefano, Jr.
Springville, Ala.

Kaye Melnick
Bureau of Children's
Health Insurance
from Gloria Stevenson
Mobile, Ala.

Doug Turnbull
Finance
from Sherry Bradley
Montgomery, Ala.

NEHA Honors Tim Hatch



Tim Hatch has been named recipient of the 2014 Past Presidents Award awarded by the National Environmental Health Association (NEHA). Each year, the past presidents of NEHA get to identify a hero for the profession, who accomplished much on behalf of environmental health, but who does a lot of his work behind the scenes. Hatch, M.P.A., REHS, Planning and Logistics director of the Center for Emergency Preparedness, was selected as the 2014 award winner based upon his leadership and accomplishments at the national and international levels.



Shown at the Disaster Behavioral Health Care Conference hosted by the Center for Emergency Preparedness on May 23, left to right, are Elana Parker Merriweather, Shannon Byrd, Acquanetta Knight, Linda Ligenza, Beverly Johnson, Lori Burkes and Anthony Speier.

Employee Health and Fitness Day Walk: A Success

The theme of the Employee Health and Fitness Day Walk 2014 was "Be Active, Be Healthy, Be Happy." The noncompetitive and free annual event is designed to encourage walking during the work day as part of a health and fitness routine and is aimed at promoting the benefits of physical activity at the worksite. The day was especially cool and comfortable. Participants enjoyed a warm-up session, took a one-mile fun walk around the Capitol grounds, picked up health and fitness-related information, partook of healthy snacks and drinks after the walk, and were awarded door prizes. The walk was sponsored by the Nutrition and Physical Activity Division, the Governor's Commission on Physical Fitness and Sports, and the State Employees Insurance Board.



Newly Opened EOC Offers Improved Capabilities

The Center for Emergency Preparedness unveiled its alternate emergency operations center, or EOC, at its annual pre-hurricane season meeting May 29. The state-of-the-art EOC is contained in a newly constructed warehouse on the outskirts of Montgomery.

Although the square footage at the new warehouse is less than at the older rented warehouse, the higher sidewalls allow for a greater vertical capacity. The higher doors allow for deliveries of medicine with climate control.

The facility has a safe room with a concrete-reinforced ceiling that was built into the design along with two outside exits for easy evacuation. Other features include a shower and a place for trailers to be parked under protective canopies for the first time. Security cameras help protect the more than \$7 million in inventory housed at the facility.

The Centers for Disease Control and Prevention has approved the warehouse for a possible Strategic National Stockpile storage area. There are electronic gate openers with card access which will give a printout with real-time access logs. There is video visibility and recorded information, a Southern Link booster, and efforts are underway to work with other companies for boosters. Video conferencing capabilities allow for up to 12 areas to be included in the video conferencing.

Communications are a critical component of the EOC, and the alternate EOC has sufficient capacity for 50 laptops and 20-30 wireless connections. Reliability is important, and the facility has 100 percent generator power when needed. New equipment additions include ARMZ units—satellite dishes and antennas that are portable to set up an AT&T network. These must be programmed in and can be moved as necessary. There is a \$500,000 communication truck. The property also features four light towers that can spread light over a large area.

The Strategic National Stockpile refrigerated medicine trailer holds a large amount of medications and also can be used for food storage. Water filtration units have been deployed to allow people to stay home and out of shelters, and there is a new morgue trailer and a new family assistance center trailer. With better communications capabilities, those assisting evacuees can check the evacuated persons' areas for water, sewage, power and health care services.



Center for Emergency Preparedness Director Andy Mullins describes the features of the new emergency operations center.



Mullins and Bureau of Information Technology Director John Heitman are pictured at the warehouse addition.



For the first time, emergency trailers are protected from the elements under protective canopies.

Strategic Thinking Retreat Looks to the Future

Understanding and believing in the mission, values, vision and strategy is important for every employee of the Alabama Department of Public Health. The changing environment of public health prompted State Health Officer Dr. Donald Williamson to convene a Strategic Thinking Retreat for senior leaders Feb. 3-4 in Prattville. At the retreat, participants looked at key external issues, current strengths and weaknesses, and needs for the future.

Objectives, goals and action plans were discussed in depth. Although the strategic plan below has been drafted, it has not been formally adopted and may be refined further before a final version is presented.

ADPH Draft Mission Statement

The mission of the Alabama Department of Public Health is to promote, protect, and improve the health of individuals and communities in Alabama.

ADPH Draft Value Statement

The Alabama Department of Public Health believes that all people have a right to be healthy. Our core values are the provision of high-quality services, a competent and professional workforce, and delivering compassionate care.

ADPH Draft Vision Statement

The Alabama Department of Public Health will lead the state in assuring the health of Alabamians by promoting healthy, safe, prepared, and informed communities.

Draft ADPH Strategy Statement

The Alabama Department of Public Health will increase its overall process and personnel efficiency while focusing on improving program quality and will identify, by region and by program, niches where it can demonstrate high value versus cost. The Department will also better position its regulatory and health care evaluation role, by enhancing its assurance and assessment capabilities. The Department will develop marketing, communication and branding strategies to increase the public's overall awareness of public health and inform them of the changes taking place in public health.

Goals Areas

1. Development of Electronic Medical Record (includes billing)
 - a. **Goal:** By January 2016, to implement an electronic health record (EHR) which will include meaningful use/health information exchange (HIE), billing and management tools, and quality improvement (QI) tools.



ALABAMA DEPARTMENT OF PUBLIC HEALTH Strategic Plan

2. Development of productivity standards (clinical and non-clinical)
 - a. **Goal:** Maximize the efficiency of employees by minimizing barriers to productivity to be competitive in the health care environment.
3. Enhanced data development and analysis capability focusing on outcomes
 - a. **Goal:** To develop the capacity/ability to perform statewide assessment/analysis of health outcomes.
4. Program-by-program, region-by-region strategic assessment
 - a. **Goal:** Establish our niches at county, area and state levels.
5. Marketing/communication/branding
 - a. **Goal:** To increase the public's awareness and understanding of the Department of Public Health and the services/products provided.

In addition to Dr. Williamson, the following administrators and bureau directors attended:

Dennis Blair, Office of Emergency Medical Services; Sherry Bradley, Bureau of Environmental Services; Cathy Caldwell, Bureau of Children's Health Insurance; Jamey Durham, Bureau of Professional and Support Services; Ricky Elliott, Public Health Area 9; Dr. Walter Geary, Bureau of Health Provider Standards; Kisten Gibson, Bureau of Home and Community Services; Mary Gomillion, Public Health Areas 5/6; Chris Haag, Bureau of Family Health Services; Brent Hatcher, Office of Human Resources; John Heitman, Bureau of Information Technology; Jackie Holliday, Public Health Area 7; Rodney Holmes, Public Health Area 4; Victor Hunt, Office of Facilities Management; Pat Ivie, Office of General Counsel; Michele Jones, Deputy Director for Program Operations; Corey Kirkland, Public Health Area 10; Dr. Karen Landers, Public Health Area 1; James

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Strategic Thinking, continued from page 10

Martin, Public Health Areas 8/10; Dr. Sharon Massingale, Bureau of Clinical Laboratories; Dr. Mary McIntyre, Disease Control and Prevention; Dr. Jim McVay, Bureau of Health Promotion and Chronic Disease; Dr. Thomas Miller, Chief Medical Officer; Cathy Molchan, Center for Health Statistics; Ronnie Moore, Public Health Area 1; Jane Reeves, Center for Emergency Preparedness; Judy Smith, Public Health Area 2; Joel Tate, Public Health Area 11; Dr. Grace Thomas, Bureau of Family Health Services; Debra Thrash, Office of Program Integrity; Harrison Wallace, Bureau of Communicable Disease; David Walter, Office of Radiation Control; Grover Wedgeworth, Public Health Administrative Officer; Dr. Mark Wilson, Public Health Area 4; Jeff Wright, Bureau of Financial Services; and Tammy Yager, Public Health Area 3.

Performance Improvement Manager/Accreditation Coordinator Carol Heier and Patronya Sanks provided support at the retreat. Dr. Jack Duncan, Dr. Peter Ginter and Dr. Andy Rucks of the University of Alabama at Birmingham School of Public Health facilitated the sessions.



Public health leaders worked to draft goals and action plans.

Washington County Health Department Introduces Nurse Practitioner at Open House

The Washington County Health Department held an open house on May 20 and invited the public to come and meet Nurse Practitioner Deah Brewer. Ms. Brewer began employment with the department on Oct. 16, 2013. She is a Certified Women's Health Nurse Practitioner with 12 years of health care experience in hospital and medical office environments.

The open house was part of Washington County Health Department's initiative to increase its family planning program. To highlight the variety of services offered, staff set up tables displaying brochures and pamphlets and provided refreshments.

Ricky Elliott, PHA 9 administrator, said, "I appreciate the efforts of the Washington County Health Department staff who worked diligently on the open house. It is imperative that we reach out to our communities and let them know all the great services we have available at the health department. We have great staff and excellent facilities. We love our clients and want to do all we can to help them live healthier lives."

Pictured, left to right, are Megan Moore, staff nurse; Suzanne Tate, office manager; Deborah Leigh Hooks, public health social worker; Yolanda Brown, custodian; Shannon Mitchell, administrative support assistant; Lana Howard, administrative support assistant; Beth Nichols, Nurse Practitioner director, Bureau of Family Health Services; Dr. Grace Thomas, Assistant State Health Officer for Family Health Services; Deah Brewer, nurse practitioner; Ginger Busby, nurse supervisor; Kaye Dunn, PHA 9 nursing director; Kelli Stallworth, administrative support assistant; and Ricky Elliott, PHA 9 administrator.



Employees Celebrate Summer Safety Month

During July the iChoices Wellness Team focused on health and safety for the season. Participants were reminded that watermelon is not only delicious, it's good for you since it doesn't contain any fat or cholesterol, is high in fiber and vitamins A and C, is a vegetable as well as a fruit, and is a good source of potassium.

On Fun Friday, July 18, employees enjoyed partaking of ripe watermelons and watching a special watermelon seed spitting contest. Winner Rená Reese is pictured with Wellness Coordinator Teresa Fair at right.

On July 25, iChoices promoted safety in the water and sun with noontime presentations to employees in Montgomery. Sgt. Walter Lacey, education and certification officer of the Alabama Marine Police, gave some great tips for safety around large bodies of water and answered some interesting questions. He is pictured with wellness team member, Julia Sosa below. Then Jeannie Summerlin from Alabama Comprehensive Cancer Control presented valuable messages on summer sun safety. She is shown with Shenetta Shine, another team member, at bottom right.

Employees also received valuable information on hydration and explored healthy and creative ways to add variety to the taste of water during "Thirsty Thursday" July 31. Ms. Fair stated, "Being safe during the summer is important. Our wellness team is committed to providing opportunities employees will embrace and learn from and has a calendar of activities for the rest of the year. Hopefully employee participation in upcoming iChoices wellness activities and programs will continue to flourish." The theme for August is "Be Happy, Be Fit, Be Well."



Rená Reese and Teresa Fair



Sgt. Walter Lacey and Julia Sosa



Shenetta Shine and Jeannie Summerlin

Calendar of Events



September 17

Infection Control and OSHA Update for Homecare Paraprofessionals, 2-4 p.m.

For more information contact Becky Leavins, (334) 206-3867.



September 24

Medical Needs Shelter Update 2014: ADPH Nurse Inservice, 9:30-11 a.m.

For more information contact Thresa Dix, (334) 206-3377.



October 1

Nurse Inservice, 2-4 p.m.

For more information contact Thresa Dix, (334) 206-3377.



October 2

ADPH Statewide Staff Meeting, 3-4 p.m.

For more information contact Video Communications, (334) 206-5618.



October 8

Caring for Stroke Patients in Home Care for Home Health Paraprofessionals, 2-4 p.m.

For more information contact Becky Leavins, (334) 206-3867.