

# ALABAMA'S HEALTH

A PUBLICATION OF THE ALABAMA DEPARTMENT OF PUBLIC HEALTH

## New Lab Facility Construction Well Underway

Department staff will be pleased to learn that construction of a new \$30 million Bureau of Clinical Laboratories is on track, with a projected opening date of January 2020. The project is a long time in coming.

After a feasibility study was conducted in 2013, planning efforts began to replace the aging and outdated state public health laboratory on the Auburn University at Montgomery campus. A prime consideration was the need for improved biosafety and biosecurity to ensure continued compliance with national regulatory requirements. After a great deal of input, many plans were developed that later had to be partially scrapped.

A series of roadblocks prevented construction at five different proposed sites in Montgomery before it was announced in December 2017 that the facilities were to be located on a 12-acre site at Legends Park at HomePlace on Legends Parkway in Prattville. Construction began in June, and despite numerous rain delays over the summer, the project is meeting the projected timeline.

Dr. Sharon Massingale, director of the Bureau of Clinical Laboratories, has gone through the ups and downs of making plans for each site with numerous changes required each time a new location had to be chosen. The lab and an adjacent new Training Facility are being constructed through the Alabama Public Health Care Authority. Robins & Morton is the program manager; Ellis Architects, Inc. and the national architectural consulting group HDR are the design team. Working Buildings is the commissioning group that will ensure certain regulatory requirements throughout the construction.

"From the very beginning, HDR helped by sharing lots of their public health laboratory design experiences with us. We also relied on the Working Buildings and the Association of Public Health Laboratories for a national perspective," Dr. Massingale said. "Because of the misfortunes of lab construction in other states, we



**Dr. Sharon Massingale views the progress of the construction from the foundation up.**

are learning from their experiences. Also helping us out are our vendors."

Dr. Massingale credits Assistant Lab Director Dr. Aretha Williams for her organizational skills, attention to detail and thoroughness throughout this long process. As liaison, Dr. Williams met with staff to learn what was needed and to digest what was required so that plans align with the bureau's goals and objectives.

It was determined that an open lab concept will allow for more flexibility. For the most part, labs will not be confined by walls; however, there will be closed spaces for bioterrorism, tuberculosis, newborn screening, and molecular biology labs.

The approximately 66,000 square foot facility will have an exterior constructed of brick veneer with cast masonry stone accents. The building will be one story with an elevator leading to a "penthouse" for mechanical space. The substantial concrete loading dock can accommodate heavy deliveries.

**continued on page 3**

# APHTN Joins HRSA-Funded Region IV Public Health Training Center as a Community-Based Training Partner

In July 2018, the Alabama Public Health Training Network (ALPHTN), a division of the Alabama Department of Public Health, was funded to be a community-based training (CBT) partner with the Region IV Public Health Training Center (PHTC) headquartered at the Rollins School of Public Health, Emory University in Atlanta, Georgia. Ryan Easterling, acting director of the Video Communications Unit, will lead Region IV PHTC efforts in Alabama.

Funded by the Health Resources and Services Administration (HRSA), the Region IV PHTC network includes the central office at Emory, six CBTs and three technical assistance providers including the University of Alabama at Birmingham's (UAB) School of Public Health which serves as the lead evaluation unit for the region. This network works collectively to improve the ability of the public health workforce to meet national, state, and local needs. The Region IV PHTC will offer training on strategic public health skills, such as leadership and communication, as well as priority health concerns, including mental health, opioid use and childhood obesity. The ADPH will work with both Emory and UAB to coordinate a student field placement program that aims to increase the number of skilled public health students working on projects in rural and/or underserved communities across Alabama.

The Region IV PHTC serves governmental public health professionals in the eight southeastern states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee. Dr. Moose Alperin, principal investigator for the Region IV PHTC, says, "I am grateful to have Ryan and his colleagues at ALPHTN as partners. With their leadership, the Region IV PHTC will be able address the myriad of challenges, both current and emerging, that are faced by the public health workforce in Alabama and the southeast."

The R-IV PHTC is one of ten regional HRSA-funded PHTCs throughout the U.S. and a member of the national Public Health Learning Network. For more information about the trainings and programs offered by the Region IV Public Health Training Center and its CBT partners, please visit the Region IV website at <http://www.r4phtc.org/>.

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*By Lisa McCormick, DrPH  
UAB School of Public Health*



**Dr. Susanne Fogger, professor at the UAB School of Nursing, conducts a satellite and webcast conference focusing on the assessment of substance use as a prevention tool. Participants in the program learned how to conduct an evidence-based assessment method called SBIRT (Screening, Brief Intervention and Referral to Treatment) to guide behavior change and support the change process.**

**Alabama Department of Public Health**  
**Mission**  
To promote, protect, and improve the health of individuals and communities in Alabama.  
**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.  
**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.

## Alabama's Health

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### **New Lab, continued from page 1**

Laboratory space within the facility will consist of 21,000 square feet of Biosafety Level-2 and 4,500 square feet of Biosafety Level-3 laboratories.

As the costs have increased over the years, some compromises had to be made to cut expenses. These include the tradeoff of eliminating some optional features of the design. Changes also had to be made to comply with the newer edition of the building code adopted by the City of Prattville.

The interior design incorporates earth tones with blacks, whites and grays, and perhaps even color-coded glass dividers. One priority was to have space for all current 108 lab employees to have individual areas for their computers. There will be “huddle rooms” to accommodate four to six people to

encourage collaboration among lab professionals. The mechanical structure will be more secure and there will be automated systems to ensure functioning of the building and video monitoring for security and safety. Adequate parking will be available as well.

Even after the facility is ready, one of the Biosafety Level-3 laboratories must meet the Centers for Disease Control and Prevention codes and standards before work begins in this area. The relocation from the current facility to the new one will need to be carried out in stages to ensure services continue with minimal interruptions.

While there are multiple challenges ahead, the lab leaders are prepared. They have been meeting significant challenges for the past five years!



## **American College of Surgeons Team Assesses Alabama Trauma System**

**R**epresentatives of the American College of Surgeons (ACS), Committee on Trauma, came to Montgomery in September to evaluate the Alabama Trauma System at the request of Alabama stakeholders.

This assessment was sought because the economic burden of trauma in the U.S. is more than \$585 billion annually. A person who has experienced trauma is 15 times more likely to attempt suicide, four times more likely to become alcoholic, develop a sexually transmitted disease or inject drugs, and more likely to experience other serious health and social problems.

A principle of trauma care is that patients with life-threatening injuries need to receive treatment in

the hospital best suited to their medical needs. The facility should be capable of providing immediate and comprehensive assessment, resuscitation and care. Alabama's regionwide trauma system helps reduce death and disability, improve patient outcomes, and reduce health care costs.

The Alabama Trauma System relies on the voluntary participation of hospitals in Alabama and some neighboring states. It includes emergency medical services, trauma centers, the Alabama Trauma Communications Center, regional EMS and advisory councils.

*continued on page 4*

# ADPH and Local Partners Conduct Community Assessment in Lowndes County

Representatives from the Alabama Department of Public Health (ADPH) and the local community conducted household surveys of residents in Lowndes County in May to ask about general household water and sewage practices, household illnesses, and illness prevention practices.

Community assessments are typically conducted to assist public health and environmental health professionals as well as government leaders in determining the health status and basic needs of affected communities. In this scenario, several teams consisting of two or three people conducted the surveys in person at randomly selected households. Participation in the survey was voluntary and the information collected will remain confidential. The purpose is to hear directly from residents to better address issues and concerns in the community.



**The department is seeking partnerships to assist with securing proper sewage disposal in Lowndes County, and participated in a health fair sponsored by U.S. Sen. Doug Jones and U.S. Rep. Terri Sewell. Shown from left to right are Community Environmental Protection Director Leigh Willis, Rep. Sewell, Bureau of Environmental Services Director Sherry Bradley and Sen. Jones.**

## Trauma, continued from page 3

"We appreciate all stakeholders continuing to work to improve trauma care in the state of Alabama," Dr. William Crawford, medical director, Alabama Office of Emergency Medical Services, said. "With our concentrated efforts to provide the best trauma care possible, we can continue to improve our state's system."

This consultation is being made with the support of the Alabama Department of Public Health, Alabama Hospital Association, Children's of Alabama, the Healthcare Authority of the City of Huntsville doing business as HH Health System, the UAB Health System and USA Health University Hospital.

A member of the team of reviewers is Dr. Brian Eastridge, a trauma surgeon from San Antonio, Texas. He explained, "We are here to consult on the functional development of the Alabama Trauma System and to make realistic and relevant recommendations to Alabama. As an outside professional group that is an uninvested third party, we can suggest a process to prioritize recommendations to effectively make resources available to the system."

The Alabama Trauma System started in seven counties around Birmingham in 1996. Between 1996 and 2005, over 23,000 patients were treated for major trauma. In this region, there was a 12 percent decrease in the death rate from trauma during this time, yet no improvements were noted in the remainder of the state during that period.

In 2007, a statewide trauma system was launched. The Alabama Trauma Communications Center (ATCC) expanded capabilities and constantly monitors the status or resources of every trauma center. A recent example of how the system responds was a mass casualty incident in Baldwin County. In a charter bus crash, 45 patients were extracted and transported to area hospitals.

As a result of this ACS assessment, trauma leadership will develop a consultative report for Alabama that will guide future systems development tailored to meet Alabama's specific needs.

## Are you a good Septic Tank owner?

DO YOU HAVE YOUR SEPTIC TANK PUMPED EVERY 3 - 5 YEARS? If not, call your Local County Health Department for names of certified pumpers.



ALABAMA  
PUBLIC  
HEALTH

For more information contact your local health department.

[alabamapublichealth.gov/onsite](http://alabamapublichealth.gov/onsite)

**Perman Hardy, a community leader of Lowndes County, promoted the need to be a good septic tank owner by posing as a model for gas pump toppers and a billboard in the area.**



# Nurse Strike Teams Aid Hurricane Florence Victims



**Twenty-two members of public health nursing strike teams, 20 nurses and two logistics specialists, made a logistically challenging trip to serve displaced people at shelters in flood-devastated areas of North Carolina following Tropical Storm Florence. This group photo was made at a rest stop en route. The teams worked 12-hour days surrounded by chaos during their two-week deployment, yet the experience was rewarding and life-changing in a positive way. One nurse even took the shoes off her own feet to help a storm victim who had lost hers.**



**North Carolina Governor Roy Cooper, third from right, expressed his appreciation to members of Team JM in Bladen County. The staff of the Center for Emergency Preparedness, who also worked long hours during the event, welcomed deployed members home with a cookout.**



## Staff Investigate IPD at Correctional Facility

Public health employees collaborated with the Centers for Disease Control and Prevention and the Alabama Department of Corrections regarding an outbreak of invasive pneumococcal disease (IPD) among inmates at Ventress Correctional Facility in Barbour County. The investigation set up a system to monitor for IPD among inmates and facility personnel. The bacteria that cause IPD are known as *Streptococcus pneumoniae*. Based on laboratory testing, it was confirmed the outbreak was caused by a strain of *S. pneumoniae*, which the PPSV23 vaccine provides protection against.



Field staff who investigated the outbreak were, left to right, Tammy Brown, Charlotte Gilmore and Sarah Isaac.



Guillermo Sanchez, Dr. Burnestine Taylor, Constance Bourne and Lytasha Foster were among those who helped quell the outbreak at Ventress Correctional Facility. Others who participated included Immunization Division Director Cindy Lesinger and Interim State Epidemiologist Sherri Davidson.

## Alabama Water Systems Receive Fluoridation Awards

Summer Gagnon, fluoridation coordinator for the Oral Health Office, hands a water fluoridation quality award to Ed Turner of Anniston Water Works and Sewer Board. The Centers for Disease Control and Prevention commended 95 Alabama public water systems for their consistent and professional adjustment of fluoride content to the recommended level for oral health in 2017. Certificates of appreciation also were presented to the Cullman Utilities Board, Tallassee Water Works and Tuskegee Utilities Board for fluoridating for 50 years or more.



## In Memoriam

Our sympathy to the family, friends and coworkers of Seth Carr. The much beloved public health environmentalist, who predominantly worked in Marshall and Cullman counties, passed away suddenly and unexpectedly on September 11.



# Telehealth Makes Inroads to Connect Patients With Providers

Telehealth technology has been gaining momentum, and growth has accelerated since the Office of Telehealth within Field Operations was created in 2018. A significant development is that Blue Cross Blue Shield of Alabama soon will begin reimbursement for all telehealth encounters if a specialty is presently covered.

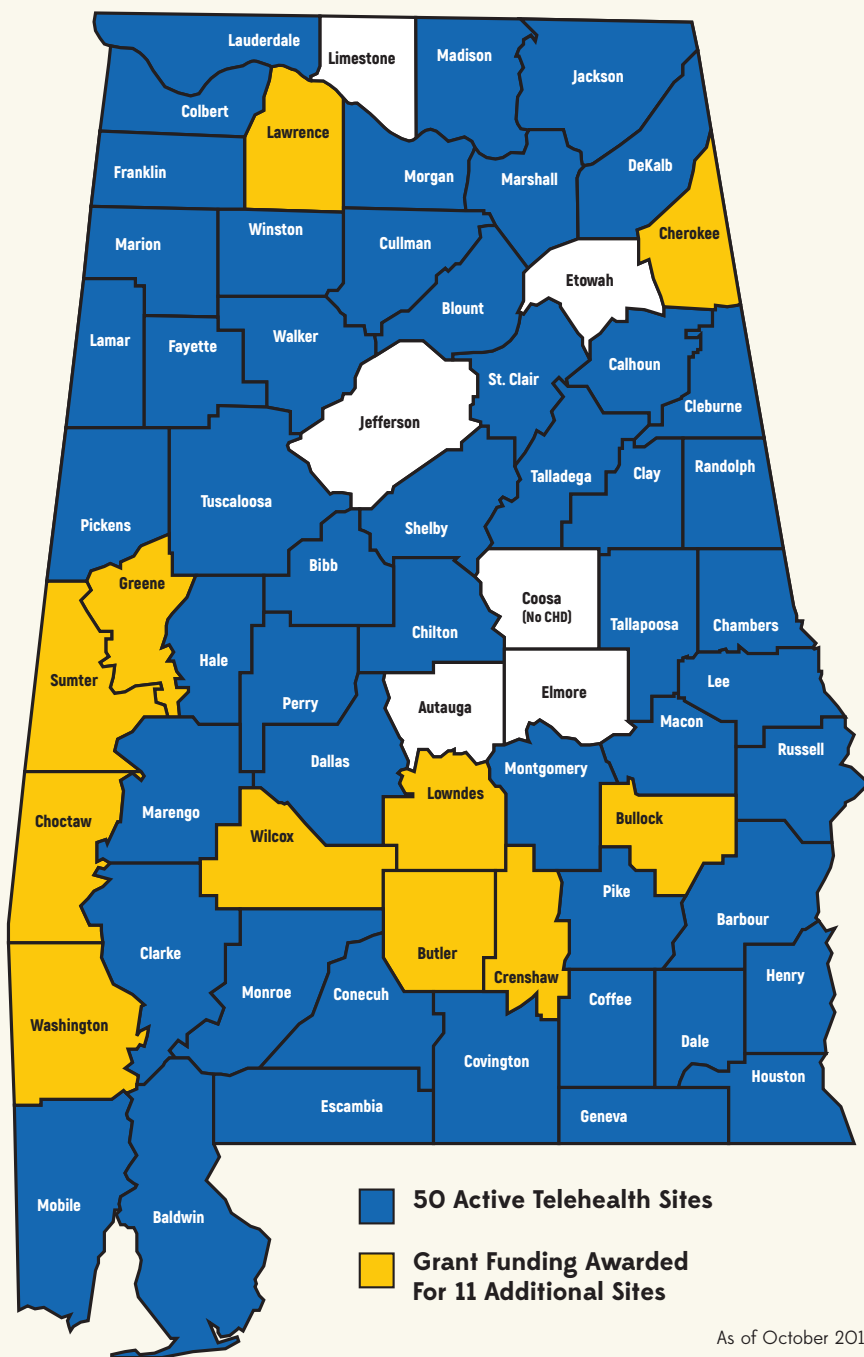
“This opens up whole new opportunities,” Michael Smith, director of the Office of Telehealth, said. “Effective November 1, providers will no longer have to check to determine whether a service is covered. This means telehealth can be financially sustainable for providers.”

In addition, Governor Kay Ivey has convened a workgroup to develop recommendations for proposed telehealth legislation by January 2019. Medicaid current spends more than \$8 million annually on transportation, and telehealth could not only help surmount geographic barriers for those patients living in rural, medically underserved areas but reduce costs.

Three years ago, the first telehealth carts were deployed to county health departments. With cart installation in Blount County, now 50 of the 67 counties in the state have this capability. The Office of Telehealth continues to expand its network and grants are enabling expansion to 10 additional counties.

The Office of Telehealth staff has a great deal of expertise. In addition to Smith, the staff consists of Dr. Jessica Hardy, clinical consultant, Ron Davis, Information Technology systems specialist, and April Golson, who was recently welcomed as program manager. Dan Metzger, broadcast engineer with the Video Communications Division, installs the carts.

An active Telehealth workgroup meets monthly to update activities, introduce new partners, keep others informed about grant status, and discuss a wide range of other activities and ideas.



As of October 2018

A grant began October 1 with partners in the Department of Mental Health and Children’s of Alabama. Telehealth can provide behavioral health services to adolescents. Local pediatricians are using the technology and may come to county health departments for more advanced work.

“This new grant will empower rural providers with telehealth encounters, especially those involving nurses and social workers in case management,” Smith said. An important difference between telehealth encounters at county health departments and

*continued on page 8*



commercial video services is that visits are encrypted and HIPAA compliant.

Within ADPH, telehealth partners include the STD Division, the Bureau of Family Health Services and the Bureau of Clinical Laboratories. Discussions are also underway to expand biomonitoring services now done by the Bureau of Home and Community Services.

Employees can find a wealth of helpful telehealth protocols, forms, supply lists and training materials, including patient surveys, in the document library in Lotus Notes. IT network support and guidance are available to users.

As with most new technology, adjusting to a new system is sometimes challenging for public health staff members, but the rewards are great for the people served: improved access to services, better health outcomes, and reduced costs.

An employee who is finding telehealth to be especially beneficial to her program is Ashley Megelin, senior microbiologist at the State Lab in the Quality Management Division. Ms. Megelin's work as a technical consultant ensures that all clinical laboratory testing in the state's county health departments meets federal regulatory standards under the Clinical Laboratory Improvement Amendments, CLIA. Thanks to 2019 grant funding, the lab will be able to buy 95 new microscopes; 75 will go to the state's county health departments. The additional microscopes will be kept at the Bureau of Clinical Laboratories to train ADPH nurses to perform laboratory methods that require a microscope.

"There are many different microscope models at our county health departments, and each microscope has different capabilities and all are of different complexity. Most have been in use a very long time, so we are excited to replace them all with a single updated model," she said. She has developed a work plan for new microscopes to be fitted with a high-definition video camera that will both upgrade the quality of care and cut travel time and costs for technical consultants as they will interface with the telehealth carts for video conferencing.

CLIA requires technical consultants to observe analysts while they run certain laboratory test methods to assess their skill, or competency, in that method. This is traditionally done in person, but video cameras can be attached to the microscopes to

aid in these assessments in addition to being able to provide training updates using the telehealth carts. A camera will attach to the microscope via a third eyepiece while a USB cable connects the camera to the telehealth cart. A few training updates have already been conducted using the telehealth carts, and county health department staff have stated that the trainings have been extremely helpful. Technical consultants are eager to expand the use of the telehealth carts to include the microscope method, as well.

In addition to departmental programs, partners include the following agencies, educational institutions, and organizations:

- AIDS Alabama
- Alabama Department of Rehabilitation Services
- Alabama Health Action Coalition
- Auburn University
- Birmingham Veterans Affairs Medical Center
- Central Alabama Veterans Health Care System
- Children's of Alabama
- Medical Advocacy and Outreach (Partnering since 2011)
- UAB Department of Genetics
- UAB Medical Center
- University of South Alabama

Another exciting growth in telehealth is an expansion to the number of subspecialty services offered via telehealth by the Medical Center at UAB. The partnership currently includes nephrology visits and consults for dialysis patients, transplant nephrology consults, with plans to add these subspecialties soon: pediatric nephrology; genetic counseling; epilepsy; rheumatology; maternal and fetal medicine; stroke follow-up; general neurology; infectious diseases; geriatrics; and pediatric neurology.

The UAB School of Medicine is conducting a study that utilizes telehealth for home dialysis patients. Dr. Eric Wallace, UAB nephrologist, stated, "My hope is that telehealth will provide the patient less time caring for their disease and in turn improve quality of life."

The department encourages the use of telehealth technology to facilitate staff meetings, training and educational programs for efficiency and cost savings. For the latest information about the ADPH Telehealth Network, visit [www.alabamapublichealth.gov/alphntn](http://www.alabamapublichealth.gov/alphntn).



# WIC Programs in Three County Health Departments Receive National Loving Support Award

The U.S. Department of Agriculture (USDA) has named the WIC Programs in Baldwin, Marshall and Mobile counties recipients of the 2018 Loving Support Award of Excellence.

Each year the USDA announces the Loving Support Award of Excellence winners. The program was established to recognize local WIC agencies that have provided exemplary breastfeeding promotion and support activities. The intent is to provide models and motivate other local agencies to strengthen their breastfeeding promotion and support activities and ultimately increase breastfeeding initiation and duration rates among WIC participants.

Dr. Scott Harris, state health officer, praised those who have made this significant accomplishment possible and stated, "I appreciate so much the care that you all show for our clients."

According to the USDA's Southeast Regional Office, "These local agencies have successfully met the criteria identified as best practices, which demonstrate excellence in breastfeeding practices and support. WIC local agencies continue to play a critical role in promoting, encouraging and supporting breastfeeding! We appreciate the commitment to making breastfeeding promotion and support a priority as well as ensuring the core component of the nutrition services that the WIC Program provides to meet its mission of safeguarding the health of low-income women, infants and children."

Amanda Martin, state WIC Program director, noted, "This is the second time that Alabama has received this distinction, and the first time that we have received three awards in my history with the program." The Tuscaloosa County Health Department was honored with the award in 2017.



**Alabama Department of Public Health Nutrition Directors (left to right) Amanda Arnold of Mobile, Jessie Simmons of the Northern District, and Nancy Johnson of the Southwestern District are shown with 2018 Loving Support Award of Excellence certificates. They accepted the awards on behalf of the Mobile, Marshall and Baldwin county health departments' WIC programs.**

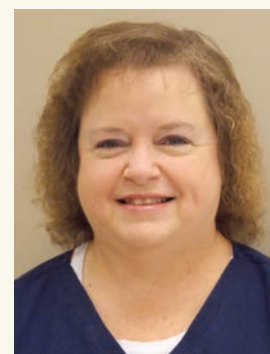
## ASA to Nurse Practitioner: Former Employee Returns to Public Health

Ellen Cody recently joined the Northeastern District as a nurse practitioner, with a base of Etowah County.

In introducing Ms. Cody to the district, Tamara Clem, district business manager, described her unique story. She was first employed in the 1990s with ADPH at the Calhoun County Health Department as an administrative support assistant. She worked there for several years before being laid off. Then she was employed with Children's Rehabilitation Services, working there for about a year when she decided to return to school to further her education.

Ms. Cody attended Jacksonville State University, where she obtained her bachelor's degree in nursing. Knowing

she wanted to be a public health nurse, she took a position as a staff nurse with the Talladega County Health Department. Meanwhile, she returned to college where she studied to be a nurse practitioner. Ms. Cody had to leave Talladega for her clinical rotations.



Ms. Cody's first position as a nurse practitioner was in a primary care office in Florida; however, she knew she wanted to return to public health, so she had already made application with the state. She received a letter about her availability for a position in Etowah County "and the rest is history," Ms. Clem concluded.



## Employees Throughout State Support Childhood Cancer Awareness

Raeleigh Jane, the daughter of Bureau of Information Technology employee Josh McCartha and his wife Rachel, was diagnosed January 15, 2016, with Stage 4 high risk neuroblastoma. When she was only 15 months old, she had a tumor the size of a coconut in her stomach and the cancer had spread throughout her body. After about 18 months of treatment and then on a clinical drug trial, her family found out in May that there was no evidence of disease and her condition remains stable today. She is now 4 years old. She and so many others have endured so much and fought so hard, and unfortunately some have lost their battle.

To promote awareness of childhood cancer, employees of more than half of Alabama's county health departments ordered T-shirts printed with the "I Wear Gold for Raeleigh Jane" gold ribbon and wore their T-shirts during September, Childhood Cancer Awareness Month. Some of the photographs submitted are included here along with a group photo made at the RSA Tower on September 21.







**Calhoun County**



**Marshall County**



**Franklin County**



**Southwest Mobile County**



**Jackson County**



**Madison County**



**Houston 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](mailto: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.

### Noelle Ahmann

#### Kathie Blaze

Prevention, Promotion, and Support  
from Knoxe Williams, Montgomery, Ala.

### Georgette Blackmon

Center for Health Statistics  
from Chris Thomas, Huntsville, Ala.  
Alex Strum, Pike Road, Ala.

### Kathie Cleckler

Center for Health Statistics  
from Dick Grabowski, Sterling Heights, Mich.

### Sabrina Doby-Horn

#### Jennifer Guthrie

#### Shelli Hunter

Montgomery County Health Department  
from Kitty D. Norris, BSN, RN, Montgomery, Ala.

### Wendy Flamand

#### Jocelyn Wilson

Madison County Health Department  
from a Vital Statistics customer, Tennessee

### Tim Hatch

Center for Emergency Preparedness  
from Scott Belton, Auburn, Ala.

### Saundra Gray

Center for Health Statistics  
from Alice Moore-Hardrick, Alabama

### Casandra Henderson

Center for Health Statistics  
from Jeannine Davis, Montgomery, Ala.

### Michael Huff

Bureau of Clinical Laboratories  
from Sharon Massingale, Ph.D., Montgomery, Ala.

### Kawanna Jones

Center for Health Statistics  
from Lynn Tucker, Texas

### Nakella McCollough

Center for Health Statistics  
from J. Prim, Akron, Ohio  
Lynn Tucker, Texas

### Tameka Owens

Center for Health Statistics  
from D. Jons, Address unlisted

### Georgia Reynolds

Center for Health Statistics  
from Mary Ann Duke, Georgia

### Shayla Santiago

Center for Health Statistics  
from Ivelisse Alemany-Martinez, Mechanicsburg, Pa.

### Janelle Varner

Center for Health Statistics  
from Thomas Eaton, Pine Grove, Ill.

### Ashley Vice

Center for Health Statistics  
from Pat Archer, Washington, D.C.

## East Central District Honors Casey Walker

East Central District Home Care Nurse Coordinator Casey Walker was recognized for her role as part of the emergency preparedness team that traveled to Elizabethtown, N.C., to help after Hurricane Florence. Casey volunteered to go for two weeks and was among the public health employees deployed. East Central District Administrator Richard Burleson and Assistant Administrator Connie King presented her with a certificate and gift basket.





## Home Health Aides Celebrated in Autauga County

The Autauga County Health Department Home Care celebrates home health aides with breakfast during National Home Care Month. Shown, left to right, are Sheila Patterson, Shantel Adams, Shonda Deramus and Earnestine Mitchell.



## Customers Praise CHIP Employees for Going Above and Beyond

Each day public health employees interface with our customers—the public—and the Bureau of Children’s Health Insurance recently shared a couple of commendations that prove how important it is to treat all people using our services with courtesy and respect.

A letter addressed to Cathy Caldwell, director of the Bureau of Children’s Health Insurance, emphasizes the importance of superior customer care. The letter was written by a mother whose child’s CHIP application had somehow been misplaced and she needed to reapply to avoid having her daughter’s ALL Kids insurance coverage from lapsing.

The customer wrote, “I was very impressed with the receptionist who assisted me in this process. **Ms. Rena Reese** was so polite, helpful, patient and kind. Thank you so much for hiring her, and I wish her the best on her journey in life. I believe she will go far with such a beautiful personality.”

Office Manager Brian Miller commented about the letter commending Ms. Reese, “This is not the first time an applicant has written to us about her exceptional customer service. We are proud to have Rena representing us when people walk in.”

Another CHIP employee, Amy Singleton, receives and responds to email requests sent to the web site as a

part of her job. A customer sent the following email message to Customer Service Director Courtney Corum.

“I wanted to reach out to you to give praises for **Amy Singleton**. Amy has been helping me and my family for over a year now in different situations and different phases of our life, and I can’t tell you how much I appreciate having her to reach out to knowing that I will get a quick response back (sometimes late evening or early morning) and also that she will know how to help me and answer my questions.

“She has gone above and beyond to make sure that we have been taken care of and she makes it seem as if we are her only clients because of the service she gives. You are blessed to have her as part of your team and me and my family are blessed to have her as a part of our team!”

In sharing the email, Ms. Corum, said about Ms. Singleton, “She has always done exceedingly well with this task and her other duties here with CHIP.”

Past issues of Alabama’s Health have reported studies showing that it takes 12 positive experiences to make up for one unresolved negative experience. In addition to doing the minimum requirements of their positions, employees need to adopt good customer service practices that accommodate the people seeking our services.

# Retirees

The following departmental employees have retired recently:

## June

**Joy Pierce**  
Information Technology

## July

**Rosie Cunningham**  
West Central District

**Cheryl Dunn**  
Southeastern District

**Bobbie Harper**  
Southeastern District

**Samuel Lemaster**  
Northern District

**Marcus Whatley**  
Environmental Services

## August

**Elaine Barnes**  
Southwestern District

**Brenda Burney**  
East Central District

**Gwenevere Davis**  
Health Provider  
Standards

**Jason Fuller**  
Information Technology

**Linda Bowen**  
Immunization

**Sheila King**  
Jefferson District

**John McCaleb**  
Northern District

**Josephine Moore**  
East Central District

**Mary Reid**  
Northern District

**Aimee' Samples**  
Northern District

**Patricia Savage**  
Southwestern District

**Rebecca Sherrell**  
Northeastern District

## September

**Betty Aderholt**  
Northern District

**Carole Correll**  
Southeastern District

**Bonnie Davis**  
Immunization

**Linda Gibson**  
Northern District

**Melissa McLaughlin**  
Northern District

**Philip Selman**  
Northeastern District

**Sylvia Ware**  
West Central District

**Jacqueline Williamson**  
Southeastern District

## October

**Stephanie Goodson**  
Southeastern District

**Ludean Hicks**  
West Central District

**Beverly Jones**  
Immunization

**Iris Moore**  
Southwestern District

**Annette Nelson**  
Northeastern District

**Michael Ramage**  
HIV/AIDS

**Takenya Taylor**  
Immunization

## November

**Myra Jefreys**  
Northern District



**Dorothy Easterly retired completing 27 years of dedicated service. Coworkers in the Bureau of Communicable Disease hosted a reception for her on September 14.**



**Coworkers in Dallas County and the Southwest District honored Mary Holmes, Southwest District Social Work director, upon her retirement effective November 1. State Social Work Director Bill Kennedy presented her with a certificate recognizing her 23 years with the department and 32 years of state service.**



**Colleagues honored David Walter, director of the Office of Radiation Control, for his more than 35 years of state service with the reception on August 10.**



# Creative Presentation Earns Kudos at Food Safety Seminar

Alabama is enrolled in the Food and Drug Administration (FDA) Voluntary National Retail Food Regulatory Program Standards and participates in its Southeastern Regional Retail Food Safety Seminar. This annual conference is an opportunity for representatives of the Southeast regional states to network with their colleagues from other states, the Centers for Disease Control and Prevention, FDA, industry partners, and academia.

This year's meeting in Charleston, S.C., October 16-18, took a new twist with a "speed dating" type of format. Rather than having each state make a predictable PowerPoint presentation of its activities or distribute fliers, groups numbering 20 people rotated from exhibit to exhibit and state representatives presented a 7-minute timed session to the other participants to share their work on meeting the national standards.

Phyllis Fenn and Lauren Gambill of the Food, Milk, and Lodging Division of the Bureau of Environmental Services wowed the group by creating a "Where's Waldo?" theme to describe their outreach activities across the state in meeting one specific standard. The "Where's Retail?" state of Alabama map they used featured a game in which participants won small prizes by guessing the Alabama city or town on the map. Ms. Fenn authored 10 rhyming riddles as clues for the attendees to guess which of the 10 towns and cities in Alabama were being referred to. These are a few examples:

Got my shades  
my shovel and pail,  
Catching some rays,  
Where's retail?  
(Orange Beach)



**Lauren Gambill and Phyllis Fenn wear the "Where's Waldo" signature red and white shirts, matching beanies and round-frame glasses at their exhibit. They thanked Holly Calloway and Chris Hall of the Communications and Marketing Division for creating the phenomenal graphics.**

Up on Alabama's highest peak  
follow the wooded trail  
wade across the rippling creek  
tell me where's retail?  
(Mount Cheaha)

This salty snack is nutritious  
packaged in its own shell  
as a spread its quite delicious  
yum yum where is retail?  
(Dothan)

In Alabama, this year's activities have included working with industry partners and child nutrition programs, especially with regard to education about the Sadie Grace Andrews Act. This new act requires grease traps to be secured or heavy enough to prevent access by children, plus be able to withstand expected loads if located in driving surfaces.

Last year's presentation was also very creative, and an attendee from another state remarked with enthusiasm, "Alabama brings it!"

# Summit Explores Strategies to Reduce Infant Mortality

**I**nfant mortality continues to be a persistent, complex challenge in Alabama. To raise awareness about infant mortality and the impact it has on families, communities and the state of Alabama, the department and other partners sponsored the 2018 Infant Mortality Reduction Summit: The State of Infant Mortality in Alabama on September 14 at Auburn University at Montgomery.

In introductory remarks, Chief Medical Officer Dr. Mary G. McIntyre noted that Alabama's infant mortality continues to be detrimental to the state, with Alabama having the highest rate in the U.S. One of many factors contributing to Alabama's high rate is that women here only qualify for Medicaid during pregnancy and a short time after birth.

Nationally renowned obstetrician, gynecologist and pediatrician Arthur R. James, M.D., F.A.C.O.G., was the keynote speaker. He noted the longstanding disparity between black and white infant mortality in Alabama in addressing the audience of 250.

"Based on 46 years of data, Alabama has well-established, racially determined patterns for black and white infant mortality," Dr. James said. "Living conditions have consequences, yet with regularity we hold onto a medical model. Your zip code matters more than your genetic code."

While infant mortality touches families of all ethnicities, socioeconomic and educational backgrounds, Dr. James advocated the need to strive for equity instead of equality in approaching the reduction of infant mortality. He further noted that everyone has a responsibility to address the problem of infant mortality, stating that Alabama would not stand for its college football teams to rank worst in the nation but we accept our consistently low ranking in infant mortality.

Following the keynote address was a panel discussion by members of Alabama families who have experienced a fetal or infant loss. Surviving parents



**Dr. Grace Thomas, Dr. Arthur James and Dr. Mary G. McIntyre addressed the 2018 Infant Mortality Reduction Summit.**

described their pain and heartache, sometimes provoked by the insensitivity of health care providers.

Panelist Natalie Davis reflected on her own loss and said, "Almost 18 years later, I think of it despite having healthy sons, ages 21 and 16." Participants also heard from fathers who had lost children before birth and during infancy, which communicated to the audience the importance of fathers' roles in the family unit. While all of the panel participants expressed their strong faith and supportive families for helping them deal with their losses, moderator Lisa Carter said many others may not enjoy this support.

"Achieving Health Equity Is Not Impossible: Dig Deeper!" was the title of an address by Dr. Tanya T. Funchess, assistant professor, College of Nursing and Health Professions, University of Southern Mississippi. Breakout sessions featured Rickey G. Green, chief executive officer of Birmingham Healthy Start Plus, and Timothy Long who discussed the Father to Father program that focuses on the significance and importance of the fathers' role in promoting positive birth outcomes and their impact on infant and childhood well-being.

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# Professionals Praise ‘Engaging and Intense’ Child Injury and Death Training

When a child dies unexpectedly, a thorough investigation is needed to accurately determine the cause and manner of death. To train professionals in several disciplines about child injury and death scene re-enactment, the Alabama Child Death Review System (ACDRS) offered a series of six two-day training sessions in child injury and death scene re-enactment and scene reconstruction.

These sessions provided sudden unexpected infant death investigation training for law enforcement personnel, emergency medical services personnel, district attorneys, medical examiners, coroners and those working in child protective services. ADPH social workers and nurses were also in attendance. Sessions were held in six locations throughout the state. The training received widespread press coverage from WSFA and the Andalusia Star-News.

Participants learned the skills needed to provide investigations that will lead to a more accurate determination of the cause of injury and the persons responsible. Retired Major Connie Shingledecker of the Manatee County Sheriff’s Office, was the presenter at the sessions, which were held in Andalusia, Auburn, Birmingham, Huntsville, Centre and Montgomery during July and August.

“This excellent training should be a requirement for all investigators and child protective service workers,” one individual who attended commented. Another praised the trainer for her knowledge and presentation of useful tools for investigations. Another wrote, “This has truly been the most intense and most informative training I have ever taken. I learned so much information that I can take back with me professionally and personally.”

ACDRS was established by statute (Section 26-16-90 et seq.) in 1997. The system has both state and local Child Death Review Teams which are mandated. The State Team is responsible for identifying trends that place children at risk and identifying interventions that will prevent further deaths. It also supports local



**Retired Major Connie Shingledecker communicates the message of preventing child injury and death in a television interview.**

team training and service needs. Local teams meet to conduct retrospective and in-depth investigations, and then make recommendations to the State Team. The collaboration of these teams assists ACDRS in developing efforts that will reduce child death through awareness, education and prevention.

Carrea Dye, ACDRS director, commented, “It was an honor for the Alabama Child Death Review System to collaborate with a number of disciplines and subject matter experts to present a training that was not only informative but beneficial to our target audience. Thorough investigations lead to better data. Better data translates to improved prevention strategies. In an effort to prevent future child deaths, understanding

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# Alabama PRAMS Outreach Efforts Displayed at National Meeting

Over the past year and a half, a great deal of work has gone into creating an outreach program for the Alabama Pregnancy Risk Assessment Monitoring System (PRAMS) in an effort to increase the response rate from the PRAMS survey.

Alabama PRAMS Data Manager Victoria Brady created products to acquaint new and expectant mothers with the PRAMS program and a fact sheet, “Why You Should Promote PRAMS,” which encourages health care professionals to assist with educating these mothers by making PRAMS materials available in their offices. The majority of hospitals in Alabama are putting these PRAMS brochures in the discharge packets for their maternity patients and through their childbirth classes.

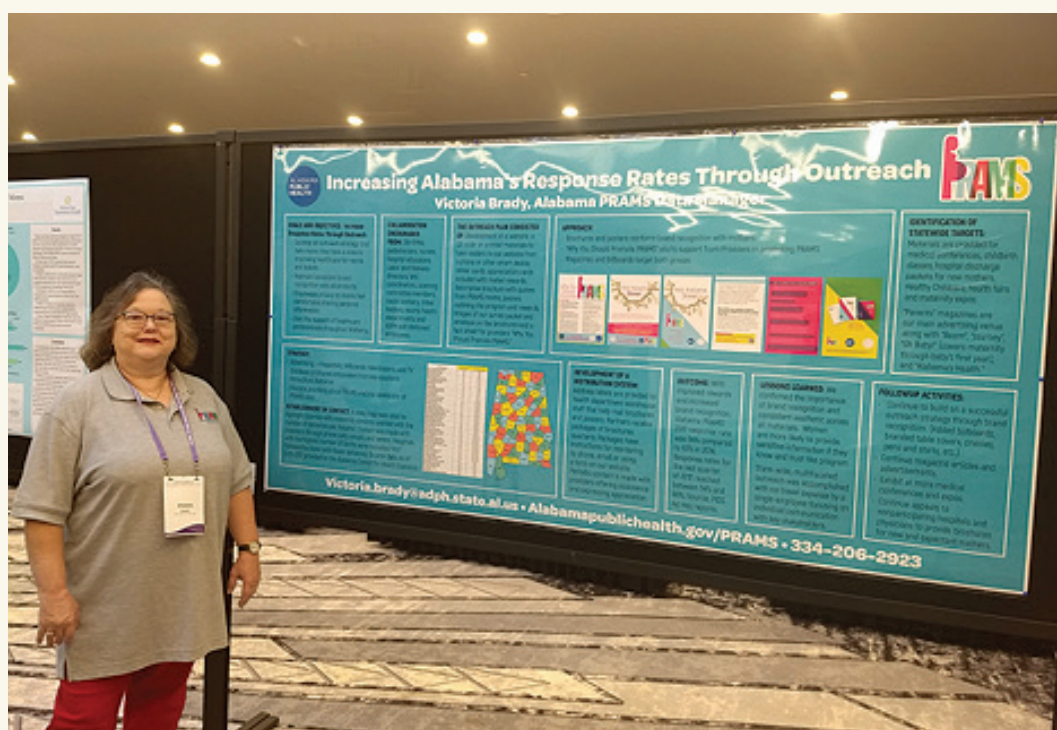
PRAMS is a joint research project between the Centers for Disease Control and Prevention and the Alabama Department of Public Health. The purpose of PRAMS is to learn why some babies are born healthy and others are not. Randomly selected new mothers are surveyed about their pregnancy, delivery and new baby. That information helps build on positive factors while overcoming adverse conditions. The information collected is used in developing health care programs and policies and helps professionals improve health care while making better use of health resources.

The Centers for Disease Control and Prevention (CDC) issued a call for abstracts for presentation at the PRAMS National Meeting to be held September 10 and 11 in Portland, Ore. Mrs. Brady was encouraged to submit an abstract describing her outreach work. Her abstract was chosen for a poster presentation at the national meeting, and the CDC expressed hope that PRAMS staff members from other states could learn from her example and possibly increase their own response rates. In addition, the Alabama PRAMS staff had an opportunity to learn more about different aspects of the PRAMS program from presentations submitted by PRAMS staff from other states.

Mothers who complete a survey may choose from among four items—disposable diapers, an insulated cooler, a Gerber onesie or a manicure set—that are mailed to them in appreciation for their participation. With improved rewards and increased brand recognition, Alabama PRAMS’ 2017 response rate was 54 percent compared to 45 percent in 2016, and recent batches have had an even better response.

“I ask everyone who knows a pregnant woman to let them know how important it is for them to complete the survey if they receive it. Their participation can play an active role in improving the health and well-being of Alabama women and babies,” Ms. Brady said. “My biggest goal for the coming year is to reach pregnant women in Alabama’s rural counties for whom receiving regular care is more difficult due to the lack of physicians in those counties and not having hospitals that still do deliveries.”

Collaborators in developing outreach included physicians, hospital labor and delivery directors, WIC coordinators, public health out-stationed employees, steering committee members and public health social workers. Follow-up activities include adding billboards, branded pens and shirts to reinforce brand recognition, and continued appeals to physicians and hospitals not yet providing brochures.



**PRAMS Data Manager Victoria Brady stands alongside a display depicting outreach materials to increase response rates.**



how and why children die across the state of Alabama remains a priority for ACDRS.”

Measurable improvements can be attributed to the involvement of ACDRS in successful outreach and awareness efforts. As a result, several child injury and fatality prevention laws have reduced the dangers to children found in Alabama’s roadways, homes and neighborhoods.

ACDRS is located in the Behavioral Health Division of the Bureau of Prevention, Promotion, and Support. For more information about ACDRS, please visit the [www.alabamapublichealth.gov/cdr](http://www.alabamapublichealth.gov/cdr). Carrea Dye can be reached via email at [carrea.dye@adph.state.al.us](mailto:carrea.dye@adph.state.al.us) or telephone at (334) 206-2085. Financial support was provided by the Alabama Department of Human Resources and the Children’s Justice Task Force at no cost to attendees.



***Carmen Cooper, a nurse with the Lowndes County Health Department, performs a doll re-enactment to demonstrate the “found” positions of the parent and infant in an unsafe sleep environment.***

## **Office of Radiation Control Hosts OAS Meeting**



**T**he Organization of Agreement States (OAS) held its annual meeting at the Renaissance Hotel & Spa at the Convention Center in Montgomery August 13-16. Each year, OAS holds a meeting to discuss the latest changes in policy, regulation and general industry trends as they apply to radioactive material use. Representatives from the 37 Agreement States, the U. S. Nuclear Regulatory Commission (NRC), and licensee stakeholders attended and made presentations. Shown left to right, are ORC employees Neil Maryland, Michael Hallman, Emily Hasson, Myron Riley, David Turberville, NRC Commissioner Stephen G. Burns, NRC Commissioner David A. Wright, David Walter, Latira Simon, Roger Cleckler, Cason Coan, Undria McCallum and Kasey Beasley.

# Office Improves Health Care Access and Quality in Medically Underserved Communities

For Dr. Peter Strogov of Fort Payne and hundreds of other health care providers, the array of programs administered by the Office of Primary Care has helped provide financial support to repay their student loans while expanding health care into many medically underserved communities in Alabama.

The work of the dedicated employees Robert Boyles and Niko Phillips in the Office of Primary Care and Rural Health rarely captures attention, but their efforts to facilitate connecting providers with underserved areas have a tremendous positive impact on Alabamians. The office provides a broad range of services that include the following:

- Determining health professional shortage areas for primary care, mental health and dental health
- Promoting the placement of primary care health professionals in underserved areas through the National Health Services Corps (NHSC) and 3RNet.org
- Working in concert with communities and educational programs on health workforce planning and development initiatives

The office provides technical support to rural communities and promotes awareness of rural health issues. Currently, 60 of Alabama's 67 counties have areas designated as medically underserved. These areas have a high prevalence of health care concerns that include chronic diseases such as diabetes, hypertension, heart disease and other challenges, such as a high rate of substance abuse.

Some of the major programs used by the office are the recruitment and retention of health care professionals and the provision of technical assistance to small rural hospitals and health providers in transitioning to a new value-based health care system. The office utilizes a national, web-based recruitment system called 3Rnet (Rural Recruitment and Retention) to recruit into medically underserved areas. During fiscal year 2017, approximately 246 primary care practitioners were referred to rural hospitals and clinics in Alabama.

Another recruitment program is the NHSC, which has both scholarship and loan repayment components. The NHSC covers several disciplines of health professionals, from physicians, dentists, and nurse practitioners to behavioral health professionals. These



**Peter Strogov, M.D.**

programs are supplemented by the J-1 Visa Waiver Program, which enables placement of foreign-trained physicians in return for three years of service in medically underserved areas. J-1 recipients typically work on citizenship or their permanent residency (green) cards while serving.

Ms. Phillips collects and validates physician data to determine where health care shortages are located based on geographical designation, population designation for those serving low-income people, and facility health provider shortage areas. She distributes surveys to gather pertinent facts such as the number of locations, when a provider plans to retire, any interns and other factors to generate a health professional shortage area score. The scores determine rankings for the highly competitive placements with the NHSC.

Boyles is the contact person who helps applicants qualify for the NHSC loan repayment and scholarships. Eligible U.S. citizens or nationals include primary health care providers, internists, pediatricians, family practitioners, obstetrician/gynecologists, psychiatrists, dentists, nurse practitioners, physician assistants, and other mental and behavioral health specialists, to include health service psychologists, licensed clinical social workers, licensed professional counselors and marriage/family therapists.

The programs in the office provide many opportunities that can provide benefits to the potential employee. For example, if a primary care physician or psychiatrist locates in a geographic HPSA, he or she receives a 10 percent bonus payment as part

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## Healthy Bedtime Routines Promoted Through 'Brush, Book, Bed'

**G**ood oral hygiene, reading and regular bedtimes are three simple life skills that pediatricians in 12 Alabama practices are reinforcing through "Brush, Book, Bed" (BBB), a new statewide program of the Alabama Chapter of the American Academy of Pediatrics (AL-AAP) and its early literacy arm, Reach Out and Read-Alabama (ROR-AL).

Made possible by a grant from the DentaQuest Foundation, along with in-kind support from the Alabama Department of Public Health's Oral Health Division, the program is providing families at well-child visits with materials in hand. These total 6,000 age-appropriate books, stickers, a toothbrush, toothpaste and floss--500 kits to each of the pediatric offices. These items are to remind families of the need to complete the BBB routine each night to achieve optimal oral health for their children.

"This program will pay dividends to the lifelong health of our patients and their families," said Dr. Grant Allen,

a Florence, Ala., pediatrician and BBB physician leader. "Many families, especially those most vulnerable, are not aware of the importance of early oral health, seeing a dentist and reading to their children."

Participating pediatric offices in the program are Charles Henderson Child Health Center, Troy; Dothan Pediatric Clinic; Enterprise Pediatric Clinic; Eufaula Pediatric Clinic; Gadsden Pediatric Clinic; Model City Pediatrics, Anniston; Ozark Pediatric Clinic; Partners in Pediatrics, Montgomery; USA Family Medicine, Mobile; West Alabama Pediatrics, Tuscaloosa; Pediatrics West Bessemer; and Pediatrics West McAdory, Bessemer.

"Appropriate early oral health prevention, intervention and education are needed to prevent dental decay, which in Alabama is twice that of the national rate, and those children particularly at risk for dental caries are those under 3 years of age," said State Dental

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## Participation in Medicare QI Wins Award for Alabama

**M**ichael A. Smith, program manager of the Flex/SHIP programs of the Office of Primary Care and Rural Health, left, accepts the MBQIP Award at the 2018 Flex Program Reverse Site Visit ceremony. He is shown along with Nisha Patel, MA, CHES, associate director/senior advisor, HRSA/Federal Office of Rural Health Policy, and Bethany Gamma, membership coordinator of the Alabama Hospital Association. The Medicare Beneficiary Quality Improvement Project is a quality improvement activity under the Medicare Rural Hospital Flexibility grant program of the Health Resources and Services Administration's Federal Office of Rural Health Policy. The goal is to improve the quality of care provided in critical access hospitals by increasing quality data reporting and then driving quality improvement activities based on the data. The award was presented to Alabama because 100 percent of the state's critical access hospitals participated in a national quality improvement program for Medicare beneficiaries.



## **Underserved Communities, continued from page 20**

of reimbursement from the Centers for Medicare and Medicaid Services (CMS). Currently, there are more than 157 health care providers delivering medical care to rural and medically underserved Alabamians under these programs.

The office also collaborates with the Alabama Partnership for Telehealth and the ADPH Office of Telehealth to expand health care access through partnerships and new telehealth technologies. Alabama's 34 small, rural hospitals are also assisted under federal grants targeted at improving operational efficiency, quality and hospital sustainability. Collaborations with other organizations such as the Alabama Primary Health Care Association, Alabama Rural Health Association, and bureaus within the ADPH also help to further the expansion of primary care in rural, underserved areas while supporting rural hospitals and other safety net providers dedicated to providing health care to those most in need.

*Below is a testimonial to the difference the office makes to both providers and the underserved.*

### **An Alabama Physician's Success Story**

In 2010, I graduated from medical school with a staggering \$280,000 dollars in student loan debt. The NHSC Loan Repayment Program was instrumental in my decision to relocate to a rural community in Alabama. I was fortunate to serve as an NHSC recipient from 2010-2016 and was able to pay off the bulk of my student loans in that time.

The NHSC has afforded me the opportunity to establish and grow my own practice without the burden of student loan repayment. I have since opened three additional pediatric rural health clinics with hopes of giving back to medically underserved communities like the one that accepted me and my family with open arms. Additionally, the Loan Repayment Program (LRP) has been a major recruitment tool for our practices.

The ability to post job openings on the Program Portal, participate in Virtual Job Fairs, and offer competitive salaries, benefits, and loan repayment options has allowed us to attract qualified providers to Health Professional Shortage Areas (HPSA) in Alabama. To date we have staffed four NHSC LRP recipients, two of whom were able to completely eliminate their debt, and the remaining recipients are well on their way to doing the same!

*Peter Strogov, M.D.*

## **Bed, Brush, Bed, continued from page 21**

Director Dr. Tommy Johnson. "Because pediatricians and other child health professionals are most likely to encounter new mothers and infants, it is essential that they educate parents on the prevention of dental decay."

According to a recent article in *Parents* magazine, bedtime stories have long been known to foster parent-child bonds and prepare children for sleep. But lately, researchers have attached other powers to this nighttime routine; parents reading to their child are actually boosting the child's brain development. According to G. Reid, Lyon of the National Institute of Child Health and Human Development, the most profound benefit is the way reading bedtime stories can rewire children's brains to quicken their mastery of language.

The evidence-based Reach Out and Read program, administered by 60 pediatric practices and clinics in 30 counties across Alabama, builds on the unique relationship between parents and medical providers to develop critical early reading skills in children, beginning in infancy. During regular visits with the doctor, families grow to understand the powerful role they play in supporting their children's development, early language and literacy at home.

ROR-AL's ninth annual "Rx for Summer Reading" campaign promoted the importance of bedtime routines through the children's book, *Goodnight, Daniel Tiger*.

## **Mobile County Health Officer Presented 2018 Laureate Award**

**D**r. Bernard "Bert" H. Eichold II, health officer for Mobile County since 1990, was recently presented with the 2018 Laureate Award by the American College of Physicians' Alabama Chapter. The Laureate Award honors Fellows and Masters of the College who have demonstrated by their example and conduct an abiding commitment to excellence in medical care, education or research, and in service to their community, their chapter and the ACP.

"He has been a supporter of the College and has represented its professional ideals through his career," the organization stated. "He has also been a long-standing advocate for public health in the state of Alabama through his roles with the Mobile County Health Department." Dr. Sam Eichold, Dr. Eichold's father, had been presented with the ACP's Laureate Award in 1993.



# Getting It Right! Americans with Disabilities Act (ADA)

**E**mployers are required to provide reasonable accommodation for an employee's disability or religious, moral or ethical beliefs, unless making such accommodations would cause undue hardship.

**A person with a disability is someone who meets one of the following criteria:**

- Has a physical or mental impairment that substantially limits one or more "major life activities."
- Has a record of such impairment.
- Is regarded as having such impairment (example: Employer discriminates on the basis of a mistaken belief that the individual is impaired.)

## **Reasonable Accommodation**

A reasonable accommodation is any change in the work environment (or in the way things are usually done) to help a person with a disability apply for a job, perform the essential functions of their job, gain access to the workplace, and enjoy the benefits and privileges of employment.

## **Providing Accommodations**

Agencies should consider and provide accommodations on a case-by-case basis. Accommodations may include the following:

- Making existing facilities readily accessible and usable for people with disabilities.
- Providing written material in accessible formats, such as large print, Braille or audio.
- Modifying a work site
- Part-time, adjusting/flexible work schedules
- Restructuring jobs
- Acquiring or modifying equipment or devices
- Obtaining accessible technology or other workplace adaptive equipment
- Providing interpreters, assistive devices or readers
- Job reassignments
- Permit the use of accrued paid or unpaid leave

Employees requesting reasonable accommodations should follow the chain of command and notify their supervisors. Questions may be addressed to Danita Rose, Employee Relations Officer, at (334) 206-9494.



### **Summit, continued from page 16**

Lorena Kaplin, public health analyst-campaign lead for the Eunice Kennedy Shriver Institute of Child Health and Human Development, described ways of reducing the risk of sudden infant death syndrome and other sleep-related causes of infant death.

Obstetrician and gynecologist Dr. Gregory P. Jones addressed the topic of what preconception and interconception mean. Tracye Strichik, Ph.D., senior director of the Alabama Department of Early Childhood Education, spoke about how evidence-based home visits can effectively address the core causes of infant mortality. Julie Preskitt spoke about home visiting as a strategy to reduce infant mortality.

ADPH Perinatal Health Division Director Janice Smiley said, "Many factors contribute to infant mortality, including access to health care, premature births, racial disparities and unsafe sleep environments. This summit allowed us to discuss both the problems and potential solutions to reduce infant mortality. It is fitting that this summit was held during September, Infant Mortality Awareness Month."

The leading causes of infant mortality in Alabama are birth defects, prematurity, and sudden infant death syndrome. A subcommittee worked to develop an infant mortality reduction plan. Members in addition to ADPH were from the Alabama Department of Early Childhood Education, the Alabama Department of Human Resources, the Alabama Department of Mental Health, the Alabama Medicaid Agency, and the Governor's Office of Minority Affairs.

Objectives of Alabama's Infant Mortality Reduction Plan are as follows:

#1 – Develop initiatives to decrease preterm and low birth weight births.

#2 – Develop targeted education campaigns on infant mortality related issues.

#3 – Create external collaborations to support infant mortality initiatives.

Ms. Smiley unveiled a pilot project that will be conducted in the East Central District counties of Macon, Montgomery and Russell with the goal of reducing infant mortality by 20 percent in five years. Components of the reduction plan that begins in October include the following strategies:

- Home visitation programs
- Preconception and inter-conception health care
- Substance use, domestic violence and depression screenings
- Perinatal regionalization
- 17P (alpha-hydroxyprogesterone caproate) utilization
- Safe sleep education
- Breastfeeding promotion

In addition to ADPH, the summit was co-sponsored by the Auburn University at Montgomery Office of Diversity and Inclusion, Birmingham Healthy Start Plus, The Gift of Life, and March of Dimes.

## **Calendar of Events**

**November 27  
10-11 a.m.**

**Human Trafficking: The  
Nightmare Next Door**

For more information,  
contact the Video  
Communications and  
Distance Learning  
Division, (334) 206-5618.



**December 6  
3-4 p.m.**

**ADPH Statewide  
Staff Meeting**

For more information,  
contact the Video  
Communications and  
Distance Learning  
Division, (334) 206-5618.



**December 13  
10-12:30 p.m.**

**Human Trafficking**

For more information,  
contact the Video  
Communications and  
Distance Learning  
Division, (334) 206-5618.



**April 3-5, 2019**

**Alabama Public Health  
Association Annual  
Education Conference**

For more information,  
visit [www.alphassoc.org](http://www.alphassoc.org).