



# Annual Report 2005

**ADPH**  
Alabama Department of Public Health



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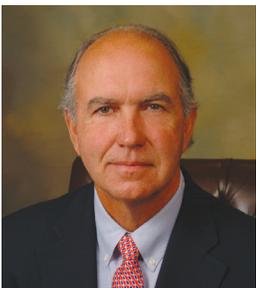
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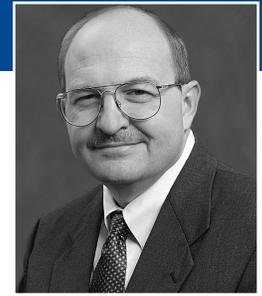


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# Letter to the Governor



The Honorable Bob Riley  
Governor of Alabama  
State Capitol  
Montgomery, Alabama 36130

Donald E. Williamson, M.D.

Dear Governor Riley:

It is with great pleasure that I present to you the 2005 Annual Report of the Alabama Department of Public Health. This past year the state and the Department were faced with many challenges. Among these, Hurricane Katrina and its aftermath represented one of the great Public Health challenges of this generation.

Hurricane Katrina presented unique challenges for the Department both in responding to public health issues and in assisting displaced persons to rebuild their lives. Dedicated public health employees and volunteers worked tirelessly to ensure that people were aided in their time of need. In response to Hurricane Katrina the Department was engaged in numerous response activities. They included:

- Department staff and volunteers worked at both mass care shelters and medical needs shelters throughout the state.
- The Center for Emergency Preparedness worked with Alabama hospitals to assist with patient referrals, assessed hospital surge capacity, and helped organize clinical services to meet the needs of evacuees.
- The Children's Health Insurance Program, in partnership with Medicaid, facilitated the enrollment of evacuated children in ALL Kids and Medicaid.
- The Oral Health Branch identified evacuees needing dental care and matched them to local dentists or public health clinics for treatment. Following your office's proclamation, temporary licenses were granted to Louisiana and Mississippi dentists, and branch staff worked to match the displaced dentists with clinics or private offices needing additional staff.
- The Mobile Laboratory staff sent well water sampling kits to the county health departments in areas that received flooding. This resulted in a 250 percent increase in private water samples during the month of September and a 50 percent increase in public distribution samples as municipal water systems were restored.
- The Center for Health Statistics assisted nearly 800 Hurricane Katrina evacuees in obtaining their birth certificates from Louisiana.

In addition to Katrina, the Department was once again faced with a disruption of the influenza vaccine supply. This disruption was due to delays in production and difficulties in the vaccine distribution system. The Immunization Division distributed 153,750 doses of influenza vaccine to county health departments. In January 2006, the division provided over 10,700 doses to 154 private providers who were unable to acquire it through their usual sources. The predictability and reliability of vaccine supply remains a major public health issue. Each year 500-700 Alabamians die from influenza and pneumonia. As we prepare for avian influenza, a reliable supply of vaccine is essential.

The Department continued its commitment to providing valuable public health services to the state of Alabama. The Alabama Breast and Cervical Cancer Early Detection Program, which has provided free breast and cervical cancer screenings to 43,506 Alabama women, has detected over 641 breast cancers and 47 invasive cervical cancers. Many of these tumors would otherwise have been diagnosed much later when they would be more difficult to treat. In addition, 176 precancerous cervical lesions have also been detected.

A total of 81,856 children were enrolled in Alabama's Children's Health Insurance Program, ALL Kids, an increase of 3 percent from the 79,407 children enrolled in 2004. Additionally, it is estimated that since the inception of ALL Kids in February 1998, an additional 121,000 children have become enrolled in Alabama's Medicaid program due to ALL Kids outreach and ALL Kids/Medicaid enrollment simplification.

Despite limited funding and a waiting list, the Alabama Drug Assistance Program continued to provide HIV medications to low income, uninsured Alabama residents living with HIV/AIDS. Due to enhanced state funding the program is able to provide medication to 1,100 clients each month. Without those additional funds some individuals would have lost essential medication. Unfortunately, the continued growth of the AIDS epidemic will present an ongoing challenge to the state, both in its efforts to provide needed care; as well as in efforts to prevent future cases.

In April 2005, the Department's Tobacco Prevention Division launched the Alabama Tobacco Quitline, a toll-free tobacco cessation line (1-800-Quit Now) that assists Alabamians in quitting tobacco. The service provides callers with free individualized counseling, educational materials, and referrals to local programs. In the brief time since its inception, the Quitline has received more than 5,000 calls.

To encourage healthy living and to help prevent many chronic health problems, the Department instituted several community projects in 2005. The Cardiovascular Health Branch worked with community leaders and community health advisors to facilitate local projects to address risk factors related to heart disease and stroke. These projects supported efforts aimed at raising awareness and facilitating behavior change to address high blood pressure, high cholesterol, heart disease, poor nutrition, physical inactivity, and to enhance recognition of signs and symptoms of heart attack and stroke.

Last year the Department also began a project to construct, equip, renovate, and refurbish approximately 17 public health facilities throughout the state. This project coupled with the health department facilities constructed over the past 10 years will ensure that local county health departments are adequately equipped to provide services to Alabama citizens of the next generation.

Finally, this new year brings additional challenges. The state is faced with the threat of an influenza pandemic. While no one can predict whether the current avian influenza will result in a pandemic, all experts agree that there will be another pandemic at some time. Because of this certainty, it is essential that we prepare, so that we can protect our citizens and minimize the disruption to society.

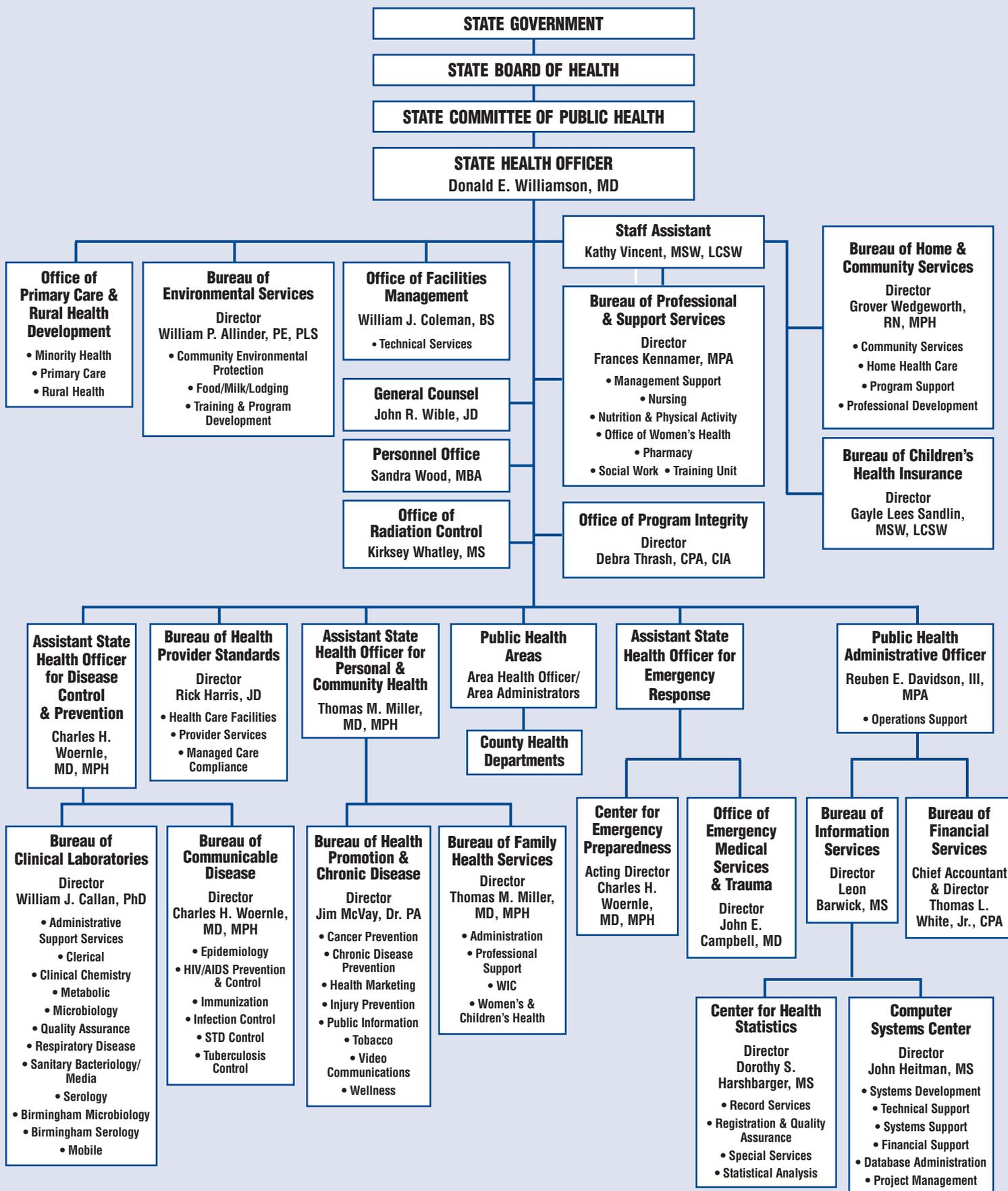
Whether responding to hurricanes or preparing for a pandemic, the Department remains committed to addressing the public health needs of all our citizens. The Department appreciates the support we have received during the past challenging year from your administration, from the legislature, and from our partners in the public and private sector.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Williamson". The signature is fluid and cursive.

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

# Organization of the Alabama Department of Public Health



# 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.

## Authority

Alabama law designates the State Board of Health as an advisory board to the state in all medical matters, matters of sanitation and public health. The Medical Association, which meets annually, is the State Board of Health. The State Committee of Public Health meets monthly between the annual meetings and is authorized to act on behalf of the State Board of Health. The State Health Officer is empowered to act on behalf of the State Committee of Public Health when the Committee is not in session.

More than 125 years ago medical leaders in Alabama advocated constitutional authority to oversee matters of public health. The purpose of the authority was to preserve and prolong life; to plan an educational program for all people on the rules which govern a healthful existence; and to determine a way for enforcing health laws for the welfare of all people.

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# Bureau of Communicable Disease

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

## Epidemiology

The mission of the Division of Epidemiology is to protect the residents of Alabama by identifying the presence of communicable, zoonotic, and environmentally-related human diseases. Through the Communicable Disease, Zoonotic Disease, and the Risk Assessment and Toxicology branches, supported by Epidemiology's Public Health Information Network Branch, the division works to accomplish the following:

- Find ways to prevent and/or control communicable diseases and their deleterious effects on individuals and society;
- Provide a statewide network of disease surveillance for the early detection and response to disease threats both naturally occurring and terrorist sponsored;
- Develop interventions and educational programs that will prevent illness and reduce the negative effects on individuals;

- Act as a resource to the department's other bureaus, centers, divisions, and its many county programs and clinics, as well as to populations throughout the state;
- Provide technical assistance and consultation to both health professionals and lay persons;
- Protect citizens from diseases caused by environmental contaminants through education, alerts, and warnings.

## Communicable Disease

Since the events of September 11, 2001, the Division of Epidemiology has played a more robust role in the state's preparedness by working through the department's Center for Emergency Preparedness to provide response plans for both biological and chemical threats. During this past year, which saw a record number of hurricanes, the division assumed many additional roles. Activities included transporting supplies, staffing emergency medical shelters, answering telephoned questions from the public, and investigating the causes of multiple carbon monoxide cases and their relationship to generators. In addition to these new roles, the division continued to monitor West Nile virus and other common and uncommon outbreaks such as an outbreak of chickenpox (varicella) at one of the state's prisons. There were more cases of pertussis this past year than any of the past six years, but division staff is encouraged by the potential plateau of the number of *E. coli* O157:H7 cases.

**Cases of Notifiable Diseases in Alabama, by Year, 1996-2005\*\***

Notifiable Diseases	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Campylobacteriosis	265	240	188	180	172	175	228	178	181	175
Chickenpox (Varicella)	*	*	*	*	*	*	*	*	54	73
Cryptosporidiosis	4	2	0	16	16	18	49	56	25	29
<i>E. coli</i> O157:H7	15	14	24	28	10	15	21	17	32	30
Ehrlichiosis (Human Monocytic)	*	*	*	1	2	0	2	2	3	2
Giardiasis	299	378	288	340	227	228	207	216	189	197
<i>H. influenzae</i> invasive disease	13	15	16	18	14	26	16	25	14	18
Hepatitis A	217	87	81	62	56	79	39	24	10	42
Hepatitis B	78	80	77	86	71	85	105	96	84	88
Histoplasmosis	19	11	29	25	10	1	10	17	13	6
Legionellosis	5	4	9	5	5	13	8	20	13	13
Listeriosis	12	8	6	11	4	8	4	13	5	9
Lyme Disease	9	11	24	20	6	11	11	8	7	3
Malaria	8	10	6	7	16	7	5	7	12	6
Measles	0	0	1	0	0	0	12	0	0	0
Meningococcal invasive disease	95	85	55	38	36	33	22	21	17	6
Mumps	6	9	9	11	4	0	4	4	4	6
Pertussis	26	34	27	21	20	41	37	19	49	90
Rocky Mountain spotted fever	15	9	11	17	14	20	17	21	54	70
Rubella	2	0	0	2	0	0	0	0	0	0
Salmonellosis	508	470	695	605	676	719	856	798	768	749
Severe Acute Respiratory Syndrome (SARS)	*	*	*	*	*	*	*	0	0	0
Shigellosis	144	272	459	117	100	199	836	337	320	227
<i>Vibrio vulnificus</i> infection	20	11	15	16	4	6	4	5	5	7
West Nile virus	*	*	*	*	*	2	49	38	16	10
Yersiniosis	1	0	4	8	11	8	15	17	23	14

\* Disease not reportable or monitored during this year    \*\*Numbers based on year reported

The Alabama National Electronic Disease Surveillance Base System is an operational secure Web-based electronic reporting system in accordance with Centers for Disease Control and Prevention's recommended security requirements for Public Health Information Network applications. The Epidemiology Division has completed configuration of the Alabama system to allow for the electronic exchange of information between county health departments and the state health department, using secure Web browser-based access to the state health department. Since October 1, 2004, Alabama has been reporting national notifiable disease messages to the CDC in real-time for Mobile County using the system. In December 2005, Jefferson County Department of Health began training in the system testing environment and the division anticipates that Jefferson County will begin sending data using the system in early 2006. The remaining 65 Alabama counties are scheduled for deployment by public health area according to their rank in contributed morbidity reporting to the disease surveillance system.

Beginning June 1, 2005, the department began receiving direct send electronic laboratory reports from LabCorp in the system test environment, and in January 2006 the division began receiving the reports in the production system report to CDC. The system, upon becoming an operational Web-based electronic reporting system in August and September 2005, incorporated use by external users. Infection control practitioners and hospital laboratory report personnel at Springhill Hospital and the University of South Alabama Hospital began reporting notifiable diseases to the system's Web-based data entry site by laboratory personnel.

In early 2006, the department's Epidemiology Division should be ready for statewide release and use of the Alabama National Electronic Disease Surveillance Base System online for public health areas, counties, external users in hospitals, and medical providers with Internet access who may be interested in using the system's Web-based system. Also, in 2006 the division plans to continue expanding electronic exchange of laboratory surveillance data from large national laboratories to include Quest and Mayo as the messages and translators become available through collaboration with CDC partners.

### **Zoonoses Program**

The Zoonoses Program is charged with monitoring, controlling, and preventing diseases transmitted from animals to humans. The number of cumulative cases of animal rabies in 2005 was 79. Raccoons accounted for 42 of the positive rabies cases and the other major species, bats, accounted for 21 positive rabies cases. Rabid foxes increased from one in 2004 to 11 in 2005. Wild animals accounted for 93.6 percent of the positive rabies cases reported in Alabama in 2005. Among domestic animals there were only five positive rabies cases, which is a testament to the effectiveness of the department's statewide rabies vaccination program.

The Zoonoses Program cooperated in a national effort to halt the northwesterly migration of the raccoon variant of rabies across Alabama by distributing 976,117 doses of oral rabies vaccine in portions of 21 Alabama counties throughout 2005.

The Zoonoses Program also monitors activity of arboviruses such as West Nile virus and the virus which causes Eastern Equine Encephalitis (EEE). This was the sixth year the Zoonoses Branch collaborated with the Centers for Disease Control and Prevention and 15 cooperators across Alabama in a West Nile virus surveillance project. The effort was extremely successful and allowed for early public alerts. West Nile virus activity was detected in four of the state's 67 counties, and four of 85 dead birds tested were positive for the virus. In addition, 12 horses were found to be positive for West Nile virus. Of the 1,217 mosquito pools tested, eight were found to be positive for West Nile virus. Two sentinel chickens in two counties were determined to be infected with West Nile virus. There were 10 human cases of West Nile virus infection in five counties with two deaths occurring this year. These figures indicate a reduced level of West Nile virus circulating among mosquitoes and birds across Alabama when compared to last year's level.

During 2005 EEE viral infections were detected in 31 horses in 16 counties of the state. There were 12 sentinel chickens in two counties which tested positive for EEE. In addition, there were two human cases of EEE, with one case becoming fatal in 2005.

### **Risk Assessment and Toxicology Branch**

The primary task of this branch is to conduct and coordinate hazardous site-specific activities. Their two overriding objectives are to identify pathways of exposure to hazardous waste sites and potentially hazardous industrial releases and, secondly, to identify, implement, and coordinate public health interventions to reduce exposures to hazardous substances at levels of health concern in the state.

In December of 2005, the U.S. Environmental Protection Agency (EPA) listed 281 Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) sites in Alabama. Among them, 18 are federal sites and 12 are on the final National Priority List (a list of the worst-contaminated sites in the nation). One CERCLA site is one of the Agency for Toxic Substances and Disease Registry "C" sites that requires extensive work and oversight due to the level of documented human exposure to contaminants. EPA also lists 8,921 Resource Conservation and Recovery Act sites in Alabama, with approximately 800 sites added each year for the past five years. The Alabama Department of Environmental Management (ADEM) conducts a Voluntary Cleanup Program (VCP) for entities who wish to clean up sites under ADEM oversight, listed as a

state site rather than incurring an EPA listing. The Risk Assessment and Toxicology Branch evaluated approximately 10 such sites at ADEM's request. ADEM also collaborates with the Alabama Dry-cleaning Environmental Response Trust Fund, a consortium of approximately 100 Alabama dry cleaners created to collectively assume responsibility for members' environmental contamination. Because of the success of its 14-year history of providing public health assessments, the branch receives and responds to approximately 50 additional environmental health concerns and/or site-specific requests each year from citizens, attorneys, or other agencies. By working with ADEM and EPA, the department contributes to the resolution and remediation of sites, some of National Priorities List quality, in a manner that prevents listing, thus providing savings for the limited funding that is now received.

### **Infection Control**

The mission of the Infection Control Section of the Bureau of Communicable Disease is to provide infection control and infectious disease training and consultation and to develop infection control related policies and procedures. These services are structured to meet the needs of the Alabama Department of Public Health, the medical community, and the general public.

During 2005, educational training programs were provided via satellite teleconferences and on-site to a total of 6,835 participants. These individuals included health care providers from the Alabama Department of Public Health, hospitals, extended care facilities, physician and dental offices, as well as other sectors (day care providers, teachers, nursing students, cosmetologists, body artists, and various industries).

The Alabama Department of Public Health Refugee Health Screening Program ensures newly arriving refugees into Alabama are properly provided health screenings. This program is coordinated by Infection Control staff to ensure that communicable and infectious diseases are not introduced into and transmitted within the state. In 2005, 113 refugees from Cameroon, China, Colombia, Cuba, India, Iran, Iraq, Korea, Kyrgyzstan, Liberia, the Philippines, Russia, Sierra Leone, Somalia, the Sudan, Uzbekistan, Vietnam, and Yemen settled in Alabama. The counties in which they made their new homes were Baldwin, Coffee, Escambia, Houston, Jefferson, Lee, Madison, Mobile, Montgomery, Morgan, and Tuscaloosa.

Alabama's Infected Health Care Worker Management Act of 1995 mandates that health care workers who are chronically infected with hepatitis B virus or the human immunodeficiency virus report themselves to the state health officer. The purpose of the law is to prevent transmission of

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

### **HIV/AIDS Prevention and Control**

The mission of the Division of HIV/AIDS Prevention and Control, in collaboration with community partners, is to reduce the incidence of HIV infections, to increase life expectancy for those infected, and to improve the quality of life for persons living with or affected by HIV. The year 2005 was one of great strides for the HIV/AIDS Surveillance Branch. The collaborative effort between the HIV/AIDS Surveillance Branch and the Alabama Medicaid Agency was created to evaluate the completeness of HIV/AIDS reporting. This collaborative effort was successfully concluded. The evaluation revealed a 98.3- 99.7 percent completeness of reporting from the HIV/AIDS Reporting System. This demonstrates that the department has established an excellent system that ensures all HIV/AIDS cases are reported to the HIV/AIDS Surveillance Branch.

The Surveillance Branch implemented an HIV Incidence Surveillance in Alabama during 2005. This project will 1) allow the department to measure the incidence (newly infected) of HIV infections, and 2) provide an excellent indicator of the HIV/AIDS epidemic in Alabama as well as allow the department to better utilize financial resources. As of November 30, 2005, a total of 185 serological specimens have been designated for testing under the HIV incidence protocol.

The statewide HIV Prevention Planning Group completed its reorganization process. The mission of the group is to continue to monitor HIV prevention needs in Alabama communities. The Enhanced Referral Tracking System was created to provide follow-up contact to HIV-positive clients to ensure access to treatment services. This program is a joint collaboration between HIV/AIDS, the Sexually Transmitted Disease Division, and community-based organizations. It is currently being facilitated by area HIV coordinators. The tracking system provides baseline and benchmark data to improve performance measures regionally and statewide.

The Alabama Drug Assistance Program (ADAP) provides HIV medications to low income, uninsured Alabama residents living with HIV/AIDS. The program continued to experience a waiting list and limited funding in 2005 which made it necessary to cap enrollment at 1,100 participants. This program provides 36 medications on its formulary with no limitations placed on the number of antiretroviral medications available per patient. In 2004

President Bush announced the availability of an additional \$20 million to assist state drug assistance programs with waiting lists. With the additional funding in 2005, the drug assistance program was able to transition 390 clients off the waiting list and onto the President's AIDS Initiative. Funding for this special initiative is projected to run out by December 31, 2005, and is not expected to be refunded in 2006. As a result, health care providers in Alabama have begun to transition clients onto pharmaceutical assistance programs. When a client has been transitioned onto a program, the client's name will be placed back on the ADAP waiting list, resulting in an increase in the number of clients waiting.

In spite of the ongoing funding challenges ADAP faced in 2005, the program was able to provide HIV medications for 22 HIV-positive evacuees displaced by Hurricane Katrina (20 from Louisiana and two from Mississippi). An abbreviated emergency application process was put into place that waived all ADAP eligibility requirements for evacuees. Alabama's Direct Care staff worked closely with the Louisiana drug assistance program staff to help locate clients who evacuated to Alabama. This joint effort enabled evacuees to be placed back on the Louisiana program.

Staff is in the process of assisting health care providers and ADAP clients to prepare for Medicare Part D enrollment. The ADAP central pharmacy began in September 2005 placing the "ABC's of Medicare Part D" brochure in all client medication orders. The brochure will be disseminated throughout 2006. In November 2005 the Direct Care and Planning and Development branches' annual collaborative meeting featured a national speaker to provide additional Medicare Part D enrollment training for Alabama HIV health care providers, social workers, case managers, and clients living with HIV.

Alabama's HIV/AIDS Division was chosen along with seven other states' programs to participate in the Quality Management/Quality Improvement Initiative sponsored by the Division of Service Systems and Health Resources and Services Administration (HRSA), Center for Quality Management and Quality Improvement. Alabama's project team for the initiative includes representatives from the HIV/AIDS Direct Care Branch, Planning and Development Branch, Surveillance Branch, and Administration. Alabama's Project Team will collaborate with HRSA and seven other states in this 18-month, Ryan White Title II funded project. The purpose of the project is to enhance Alabama's HIV/AIDS quality management and quality improvement program.

Seven regional HIV consortia throughout Alabama currently work with HIV/AIDS clinics, AIDS service organizations, and county health departments to provide health care services for Alabama's HIV-positive citizens. The

HIV/AIDS direct care coordinator began working with Oregon's direct care consultant in 2004 in an ongoing effort to form one statewide HIV/AIDS Direct Care Planning Group. The first official meeting of the direct care planning group, now known as Alabama's HIV/AIDS CARE Alliance, was held in September 2005. The mission of this body is to develop a statewide HIV/AIDS plan that promotes quality services and reduces barriers to medical care for persons with HIV and AIDS in Alabama. The primary goal is to improve health outcomes for infected persons. Many hours of hard work by HIV/AIDS health care providers, AIDS service organizations, consortia members, and consumers (HIV-positive persons) statewide have gone into the development of the statewide planning group.

The Program Collaboration and Special Projects Branch embarked on multiple projects throughout 2005. The Statewide Peer Mentoring Program, Consumer Advisory Board, and Alabama Prison Initiative have greatly impacted the consumer population throughout the state.

The Statewide Peer Mentoring Program consists of seven peer mentors representing public health areas 3, 4, 5, 8, and 11. The program reaches HIV-positive persons and high-risk negative individuals who are not currently accessing direct care services. The mentors provide linkages to medical/dental clinics, referrals to the local AIDS Service Organizations for housing assistance, drug treatment facilities for inpatient/outpatient substance abuse addiction, secondary prevention services, emotional support, and transportation assistance. The peer mentors also assist persons with HIV testing, medication adherence, behavior modification, and risk-reduction techniques. The division hopes to expand the Peer Mentoring Program to other areas throughout the state that are not currently represented.

The Statewide Consumer Advisory Board consists of HIV-positive persons that represent various public health areas throughout the state. The Advisory Board provides a voice for consumer issues to be expressed at the state level. Each consumer engages in activities in his or her local area to brainstorm ideas, discuss community needs, advocate for medical/dental and social services, and provide support to newly diagnosed persons. Consumers also participate in their local prevention network and Direct Care Consortia meetings which create opportunities to provide input at the state level.

The Alabama Prison Initiative has continued primary and secondary prevention education and discharge services to various institutions throughout the Alabama Department of Corrections. Secondary prevention services continue to be offered to HIV-positive inmates at Limestone, Tutwiler, and Kilby prisons. Inmates transitioning from these facilities receive information on life enrichment topics to assist with a

positive transition back into the community. Volunteer instructors from area AIDS service organizations and community-based organizations throughout the state provide educational information and community resource information. Primary HIV prevention education has been extended to Bullock County Prisons, Easterling Prison, Birmingham Work Release Center for Women, and St. Clair Prison for Men. Through a prevention grant award a collaborative agreement among the HIV/AIDS Division, Aid to Inmate Mothers, Jefferson County AIDS in Minorities, and Montgomery AIDS Outreach has provided an opportunity to increase HIV prevention education to high-risk negative women in the Alabama Department of Corrections.

The HIV/AIDS Division staff participated in and supported annual World AIDS Day events. The 2005 theme was "Stop AIDS, Keep The Promise."



**ImmPRINT**  
Immunization Provider Registry  
with Internet Technology  
1-800-469-4599  
Alabama Department of Public Health

### **Immunization**

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

The division provides vaccine using state and federal funds. It participates in the Vaccines for Children Program known as VFC as a federal entitlement program that provides vaccine at no cost to children 0-18 years of age who are on Medicaid, are uninsured, are underinsured, or are American Indian or Alaskan Native. During 2005, the division distributed \$22,799,941 worth of vaccines to 581 clinics, both public and private, that provide vaccine to children in

Alabama. This represents a 1 percent increase in vaccine distribution from the previous year. Eighty new providers were enrolled in the VFC program during 2005.

Alabama's population-based immunization registry known as Immunization Provider Registry with Internet Technology (ImmPRINT) continues to grow. As of December 2005, ImmPRINT contained 1,968,909 individual patient records, representing 15,433,550 doses of vaccine given. Currently ImmPRINT receives immunization information from the Alabama Center for Health Statistics, 97 county health department locations, 30 federally qualified health centers, Blue Cross Blue Shield of Alabama, the Alabama Medicaid Agency, the Bureau of Clinical Laboratories, and 145 private physician offices. The division has begun recruitment and enrollment of private healthcare providers in Alabama.

The Immunization Division annually conducts a School Entry Self-Survey in conjunction with the Alabama Department of Education. This survey evaluates the immunization status of all children to ensure they have an up-to-date Certificate of Immunization or a valid exemption on file. During the 2004-2005 school year, all public and private schools in the state responded to the School Entry Self-Survey. To validate the survey, Immunization staff audit 25 percent of all schools in Alabama annually. In 2005 Immunization staff visited 462 schools and provided education for school officials about vaccine requirements. Of those surveyed, 92 percent of students were found to have a valid certificate.

The Immunization Division also conducts a Day Care/Head Start Survey annually in cooperation with the Alabama Department of Human Resources. The purpose of this survey is to ensure that all children enrolled have an up-to-date Certificate of Immunization or valid exemption on file. In 2004-2005, 47.6 percent of day care and Head Start centers in the state responded to the self-survey. During 2005, 490 (25 percent) of the child care centers, including those that did not respond to the self-survey, were visited by Immunization staff to validate the Child Care Self-Survey or to conduct an on-site survey and to provide education for day care providers about vaccine requirements. During 2005, 95 percent of the children enrolled in Head Start or day care had a valid certificate.

In addition, Immunization staff conducts surveillance and investigation of diseases preventable by vaccination. The incidence of pertussis (whooping cough) increased in 2005 with 90 cases reported. This represents the largest number of pertussis cases in Alabama since 1993, when 65 cases were reported. The increase in cases is attributed to increased awareness of pertussis due to an educational campaign conducted by the Immunization Division, as well as an increase in testing newer methods to diagnose pertussis. In

March 2004, varicella became a reportable disease in Alabama with 73 cases of chicken pox reported. Six cases of mumps were reported. There were no cases of tetanus, diphtheria, polio, measles, or rubella reported in Alabama residents. In 2005, there were no reported cases of *Haemophilus influenzae* type b (Hib) among children less than 6 years of age. Hepatitis B disease is reported in children 18 years of age and younger, resulting in only one case of acute hepatitis B in this age group in 2005.

This year's influenza season was another challenging one. Only one manufacturer had influenza vaccine available for the entire nation until two other manufacturers came to market with limited supplies late in the year. The Immunization Division distributed 153,750 doses of influenza vaccine to county health departments. The division also distributed 60,750 doses to over 500 VFC providers statewide. In January 2006, the division utilized remaining doses in department clinics by designing a Web page on the department's Web site to distribute influenza vaccine. Over 10,700 doses of influenza vaccine were distributed to the 154 private providers that requested vaccine over the Web site.

### Tuberculosis Control

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

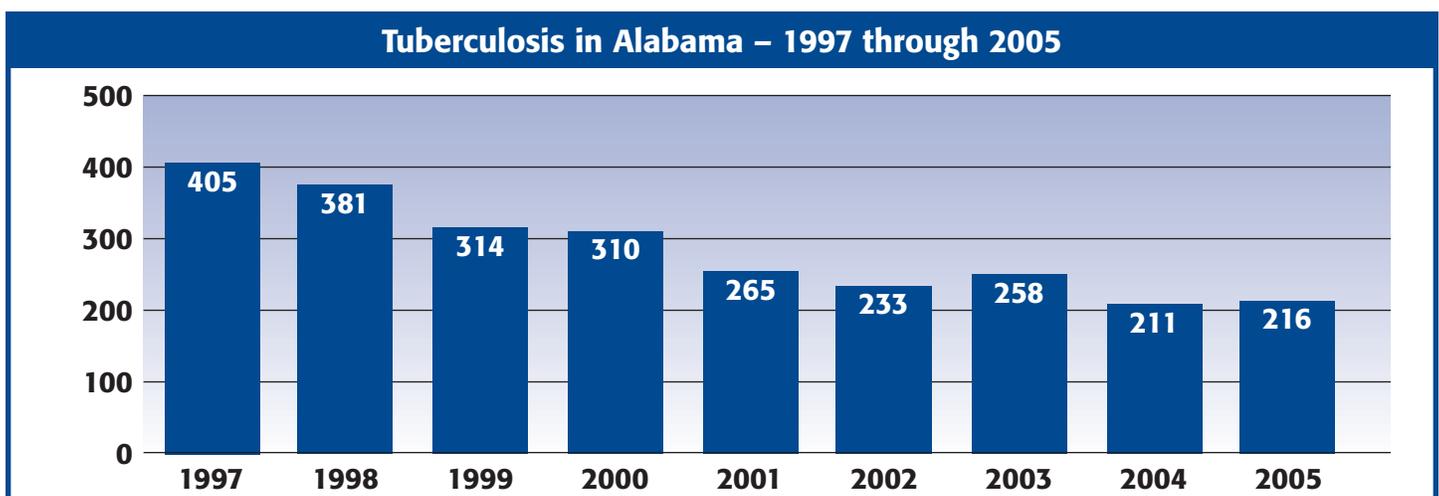
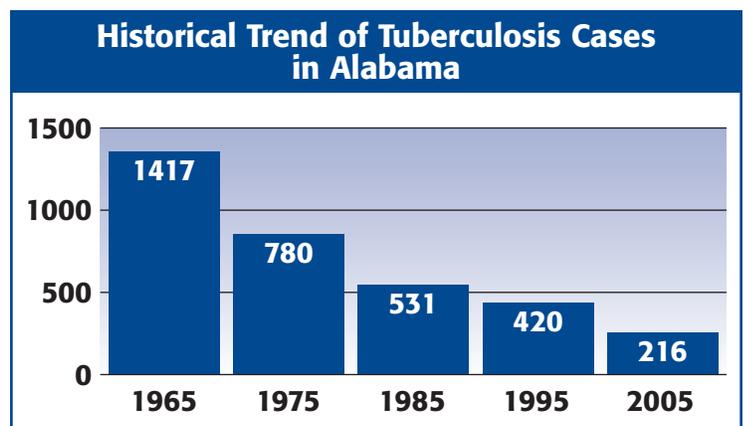
In 2005 the Division of Tuberculosis Control verified and reported 216 cases of active TB disease. This figure represents an increase of five cases (2.4 percent) from

2004, when Alabama had the lowest recorded number of cases at 211. The division closely monitors the incidence of disease, and notes that 7 of the 11 public health areas in Alabama reported increases in active TB disease this year. Preliminary reports reveal that the African American community continues to bear a disproportionate burden of this disease.

Epidemiologic investigations conducted by the division reveal that the diagnosis of TB may be overlooked or delayed in settings serving this community - factors that contribute to additional transmission and the development of secondary cases. Often, an otherwise healthy patient is treated empirically for "bronchitis" or "pneumonia" and TB is not suspected until one or more attempts to treat the patient have failed.

The medical community is encouraged to "Think TB" when patients present with persistent cough or chest pain accompanied by weight loss. Hospitals and private providers should refer patients with such symptoms to TB control staff through their local health department.

For more information about tuberculosis, and a description of the program and its objectives, please visit <http://www.adph.org/tb>.



**Sexually Transmitted Diseases**

During calendar year 2005, the Sexually Transmitted Disease Control Division documented a decrease in the total number of early syphilis cases reported as compared with 2004. Statewide, primary cases increased from 43 cases in 2004 to 50 cases in 2005. Secondary syphilis decreased from 122 cases in 2004 to 116 cases in 2005. Early latent syphilis decreased from 229 cases in 2004 to 180 cases in 2005. This represents an 11.6 percent decrease in total early syphilis cases. This decrease was largely due to three counties. (Etowah, Madison, and Montgomery).

COUNTY	2005	2004	PERCENT DECLINE IN TOTAL EARLY SYPHILIS CASES
Etowah			
• Primary	2	9	64.3
• Secondary	4	16	
• Early latent	9	17	
Madison			
• Primary	3	16	76.8
• Secondary	9	22	
• Early latent	7	44	
Montgomery			
• Primary	3	5	55
• Secondary	14	33	
• Early latent	28	61	

The total number of early syphilis cases in Mobile County went from just six cases in 2004 to 21 cases in 2005. Primary cases of syphilis increased from just one case in 2004 to two cases in 2005. Secondary cases went from three cases in 2004 to six cases in 2005. Early latent cases increased from two cases in 2004 to 11 cases in 2005. This represents a 250 percent increase in total early syphilis in Mobile County.

Jefferson County's (Birmingham) STD Program reported an increase in total early syphilis. There were 162 cases reported in 2005 versus 66 in 2004. Primary syphilis cases increased from just nine cases in 2004 to 35 cases in 2005. Secondary cases grew from 22 cases in 2004 to 57 cases in 2005. Early latent cases jumped from 35 cases in 2004 to 70 cases in 2005. This represents a 146 percent increase in total early syphilis in Jefferson County.

There was an increase in the number of reported cases for both chlamydia and gonorrhea as compared with calendar year 2004. There were 13,345 chlamydia cases in 2004 versus 16,991 cases in 2005. Among women of childbearing age (age 15-44), there was an increase of 12,814 cases in 2004 to 16,315 cases in 2005. There was also an increase in reported positive gonorrhea cases from 8,226 in 2004 to 9,435 cases in 2005. Among women of childbearing age, there was an increase from 7,614 cases in 2004 to 8,726 cases in 2005.

# Emergency Response

*The Department's Emergency Response Division is made up of the Office of Emergency Medical Services and Trauma and the Center for Emergency Preparedness.*

## Emergency Medical Services

During 2005, the Emergency Medical Services Division was transferred from the Bureau of Health Provider Standards and reorganized as the Office of Emergency Medical Services and Trauma in the Bureau of Emergency Response reporting directly to the Assistant State Health Officer for Emergency Response. The Office of EMS and Trauma will continue to be responsible for the same duties of coordinating the development and implementation of a statewide Trauma/Critical Care System.

The office also began the process of re-establishing EMS regional agencies that will assist with regional EMS activities and with the Trauma/Critical Care System. The office's statewide Quality Improvement Committee has been active throughout the year completing a statewide EMS data analysis and several specialized studies which were presented to the State Emergency Medical Control Committee. The committee will continue to analyze data and support the office's long-term plan to have a data-driven EMS system in Alabama.

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

• Permitted ambulances inspected.....	218
• Licensed transport services inspected.....	94
• Advanced Life Support services permitted.....	80
• Individual EMTs licensed.....	6,170
• EMT licensure examinations administered.....	1,756

## Center for Emergency Preparedness

The Centers for Disease Control and Prevention (CDC) provided \$17,079,781 in a cooperative agreement with the Alabama Department of Public Health in 2004-2005. These funds were to be used in part by the Center for Emergency Preparedness in providing overall direction to and management of the department's assessment, planning and response to acts of bioterrorism, outbreaks of infectious disease, and other public health threats and emergencies, such as meteorological, geological, chemical, radiological, and industrial disasters.

### Activities of the center for 2005 included:

- Responding to Hurricanes Dennis and Katrina;
- Coordinating with area emergency preparedness staff to enhance plans, provide training, and conduct exercises.
- Responding to 219 calls received by the staff duty officer.

Training activities of the center in 2005 included collaboration with various universities and vendors to develop and present an array of workshops, tabletops, and other training exercises. The following is a list of trainings made possible with funding through the center, as well as training events in which the center has participated.

- 20 forensic epidemiology workshops;
- 12 emergency medical services workshops;
- 11 mental health train-the-trainer workshops;
- 10 risk communication workshops;
- 2 media training workshops;
- Participated with the Alabama Emergency Management Agency in seven regional tabletop exercises;
- Participated in the Strategic National Stockpile Training and Education Demonstration; and
- Hosted the first Agroterrorism Conference with an attendance of 467.

The Health Resources and Services Administration's Hospital Bioterrorism Preparedness Program provided \$7,962,315 in a cooperative agreement with the Alabama Department of Public Health in 2004-2005. These funds were designated to be used to enhance hospital capacity and preparedness to respond to large numbers of patients presenting to hospitals following a naturally occurring disaster or terrorist action resulting in mass casualties.

### Specific activities that concentrated on the assessment of healthcare partners to determine the overall state of readiness included:

- An annual hospital mass casualty assessment to gauge the improved state of readiness of hospitals to respond to local and regional emergencies. Information gained was used to determine funding for the purchase of additional satellite equipment, additional personal protective equipment, and the construction of permanent decontamination areas.
- An initial assessment of the state's community health centers was conducted in the Fall of 2004. Through a grant to the Alabama Primary Healthcare Association, the purchase of redundant communication equipment for 93 sites (SouthernLinc radio phones) and one decontamination shower unit per site was completed. The delivery of personal protective equipment will be early in the 2006 grant period.
- An initial assessment of selected inpatient and large outpatient mental health providers was conducted. The department's Bureau of Professional and Support Services used the information gathered to work jointly with the Alabama Department of Mental Health/Mental Retardation to offer statewide train-the-trainer crisis intervention training.

### Additional activities included:

- Quarterly tracking and trending of over-the-counter pharmaceutical purchases in the state, through the University of Pennsylvania's RODS data system and CDC's Biosense Database to track spikes in biologically-related illnesses.
- Monthly reporting and quarterly tracking and reporting of emergency preparedness team activities for CDC and HRSA grant projects.
- Development of a team resource database for departmental emergency response teams.

# Bureau of Health Promotion and Chronic Disease

*The Bureau of Health Promotion and Chronic Disease manages programs related to chronic disease prevention, cancer prevention, disability prevention, communications and social marketing, health education, public information, risk communication, risk surveillance, worksite wellness, and video communications and distance learning.*

## Arthritis Prevention

Arthritis is not a single disease that affects individuals in the same manner, but it includes more than 100 diseases and conditions. The 2003 Behavioral Risk Factor Surveillance System indicates that 34 percent of Alabamians have some form of arthritis. Persons aged 65 and older are the fastest growing segment of Alabama's population and the impact of arthritis is expected to increase dramatically by the year 2020, as the "baby boomers" age.

In Alabama, the arthritis problem is magnified by a high level of obesity and lack of leisure time physical activity. There is also a shortage of facilities, and properly trained professionals in arthritis treatment, care, education, and rehabilitation programs.

To address these issues, the Alabama Arthritis Prevention and Treatment Coalition was established with individuals or groups dedicated to decreasing the burden of arthritis. Seven annual meetings have taken place.

The coalition has implemented a comprehensive state of arthritis control plan. This plan focuses on the following: promoting evidence-based self-management programs offered by the Arthritis Foundation, Alabama Chapter; communicating through the news media the benefits of physical activity, weight management, and avoidance of occupational or sports-related injuries; utilizing current technologies such as the Web site and videos; enhancing the understanding of the frequency, distribution and potential risk factors for arthritis in the state of Alabama; improving access to rheumatology care in certain geographic locations; and integrating evaluation measures into activities.

Workgroups have completed: a community resource care case-based training module with continuing education units attached, access to a rheumatologist in two rural locations and one urban location, extended the reach of evidence-based self-management programs such as Arthritis Foundation Self-Help Program, Arthritis Foundation Exercise Program, and the Arthritis Foundation Aquatics Program in the state, collaborated with the Alabama Department of Senior Services, Alabama Cooperative Extension System, and several rural hospitals with wellness centers to train 207 Arthritis Foundation Exercise Program instructors, and developed an overall evaluation plan.

The Arthritis Foundation Self-Help Program that was established in a rural, low income, low literate, and medically under-served area in East Wilcox County and has expanded

to cover 18 counties statewide. In addition, the Arthritis Foundation Exercise Program has been established in 45 counties statewide to provide avenues for people to maintain and increase joint flexibility, expand range of motion, and improve muscle strength. In one year, over 1,338 persons with arthritis have participated in these programs and 90 leaders have been trained.

A health communications campaign with the theme "Physical Activity: the Arthritis Pain Reliever" is being initiated in different areas of Alabama annually. Emphasis will be placed on the importance of physical activity, benefits of physical activity, and appropriate physical activity. The campaign targets males and females age 45 to 64 that are African American or Caucasian with arthritis, high school or less education, and income less than \$35,000. This year the campaign took place in two identified areas with 4,150 brochures placed in 35 sites, 13 newspaper advertisements displayed, and 882 radio spots run.

## Diabetes

Results from the 2004 Behavioral Risk Factor Surveillance System place Alabama among the highest states in the nation for the prevalence of diabetes with 8.8 percent of adults reporting that they had been diagnosed with the disease. The most recent data released by the Centers for Disease Control and Prevention predict that 1 in 3 Americans born in the year 2000 will develop diabetes during their lifetimes. More than 20 percent of adults (1 in 5) over age 60 have the disease.

The Alabama Diabetes Prevention and Control Program follows national objectives to increase the percentage of persons with diabetes who receive the recommended influenza and pneumococcal vaccines, foot exams, eye exams, and A1C tests. The program promotes good nutrition, physical activity, weight and blood pressure control, and smoking cessation as key factors in preventing and managing diabetes. Funded primarily by the Division of Diabetes Translation at CDC, the Diabetes Branch collaborates with many other agencies and organizations to prevent diabetes and to help people with diabetes live longer, healthier lives by reducing complications linked to the disease. Program staff and partners also work to reduce health care disparities related to diabetes.

### Some program highlights for the year included the following activities:

- In January, the Diabetes Branch provided a workshop at Auburn University at Montgomery for health care professionals regarding foot care for people with diabetes. Educational sessions were provided by a podiatrist, a wound treatment specialist, and a dietitian who specializes in wound care.

- In partnership with the Macon County Diabetes Coalition and the department's Office of Women's Health, a community forum regarding diabetes was held in Tuskegee in March with over 150 participants.
- In March, a satellite television conference for health care providers, *Clinical Perspectives on Diabetes*, featured two endocrinologists in private practice and a professor from the Auburn University School of Pharmacy. More than 1,200 registrants representing 27 states participated in the conference.
- Branch staff collaborated with the Alabama Cooperative Extension System to conduct the fourth annual diabetes education and training workshop, *Steppin' Up to Prevent Diabetes and Obesity in Alabama*, for county extension agents and health care providers. Held in Montgomery in April, the two-day conference featured a variety of speakers and workshops for 80 participants. Primary sessions were led by an endocrinologist, a bariatrician, a podiatrist, and multiple academicians. A featured workshop included diabetes cooking demonstrations. Approximately 80 individuals registered for the conference which offered continuing education units for attendees. Evaluation forms completed at the final session indicated that 86 percent of attendants ranked the overall conference as "good" or "excellent."
- Early in the year the Nutrition and Physical Activity Unit and the Alabama Department of Senior Services completed a 10-week pilot program, *Eating Better, Moving More*, designed to promote healthy eating and increased physical activity in two senior centers with high rates of diabetes. Approximately 80 people participated, primarily African Americans whose average age was over 70. More than 80 percent were overweight or obese and 39 percent had other medical problems. The results were good, showing improvements in exercise duration and frequency and overall improvements in nutrition patterns. Follow-up reports from senior center managers indicated that the groups were still walking regularly and had gained awareness of healthy eating.
- With the Office of Women's Health and other partners, the branch co-sponsored the development of *A New Leaf: Choices for Healthy Living*, a program to address overweight and obesity in women and their families, in several rural counties in the state.
- In October and November, the Video Communications Division produced and broadcast a series of three diabetes education satellite conferences developed by the University of Alabama at Birmingham for people living with diabetes. Topics included risk factors, nutrition, exercise, self-management, and complications. Each session averaged more than 1,900 registrants from 39 states.

## Cancer Prevention

The Alabama Cancer Prevention and Control Program, provides the infrastructure for facilitating implementation of the Alabama Comprehensive Cancer Control Plan. This comprehensive approach to coordinating cancer prevention and control initiatives involves partnerships between the Alabama Department of Public Health and other health care providers, research and academic institutions, and community-based private and volunteer organizations. The goal of the plan is to effect change in behavioral risk practices, increase usage of early detection and follow-up examinations, promote access to state-of-the-art treatment services, help ensure cancer survivors have access to supportive care, and promote a toxic-free environment.

In June 2005, the Alabama Comprehensive Cancer Control Coalition released the Alabama Comprehensive Cancer Control 2006-2010 state plan. The plan provides the framework for implementation of evidence-based cancer control activities working with partners across the state. Utilizing the strategies in the plan, the coalition works to broaden partnerships and the community's role in cancer control, investigate, and implement new cancer control strategies, provide linkages for cancer control research, increase use of early detection and screening programs by underserved populations, and enhance surveillance activities to monitor and evaluate cancer prevention and control activities.

## Cancer Registry

The Alabama Statewide Cancer Registry, a population-based cancer registry, is an information system designed for the collection, management, and analysis of cancer data. The purpose of a cancer registry is to disseminate cancer data and cancer risk factor information to public health and medical professionals, volunteer agencies, community groups, and others who are interested in cancer prevention and control. Cancer is the second leading cause of death for Alabamians and approximately one out of every three people will be diagnosed with cancer at some point in their lifetime. Based on the estimates for 2005, 66 Alabamians have been diagnosed with cancer every day; and 27 Alabamians have died every day as a result of cancer.

Effective prevention measures exist to substantially reduce the number of new cancer cases each year and to prevent cancer deaths. Cancer surveillance serves as the foundation for a comprehensive strategy to reduce illness and death from cancer and enables health professionals to better understand the cancer burden. As an indicator of the high quality of data collected by the registry, the ASCR was awarded the Gold Certification by the North American Association of Central Cancer Registries for data quality, completeness, and timeliness.

Accordingly, the Alabama Statewide Cancer Registry plays a significant role in disseminating data through the partnerships to aid in efforts to reduce the burden of cancer in Alabama. The ASCR is a member of the Alabama Comprehensive Cancer Control Coalition and serves on the surveillance committee. The coalition, which consists of the Alabama Department of Public Health, community members and academic and research institutions, works toward an integrated and coordinated approach in reducing the incidence, morbidity, and mortality of cancer. The registry's key function within the coalition includes the dissemination, utilization, and sharing of cancer data.

In a collaborative effort with the American Cancer Society, the Alabama Statewide Cancer Registry produced *Alabama Cancer Facts and Figures 2005* to illustrate a variety of factors that affect prevention, detection, and quality of life by not only providing data, but also a resource for those working on cancer control in Alabama. In addition, the ASCR data was included in the national publication, *United States Cancer Statistics: 2002 Incidence and Mortality*, produced by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute in 2005.

**Alabama Cancer Incidence Rates, by Site and Sex, 1996-2003 Combined\*\***

	MALE		FEMALE	
	Rate	Count	Rate	Count
All sites	536.3	81,784	398.5	79,377
Bladder	29.8	4,341	6.9	1,445
Brain & CNS	7.7	1,239	5.6	1,073
Breast	2.4	370	137.7	26,872
Cervix	*	*	10.0	1,868
Colon and Rectum	64.6	9,629	44.8	9,239
Esophagus	8.3	1,300	1.9	387
Hodgkin Lymphoma	2.7	446	1.9	361
Kidney	15.8	2,472	8.0	1,597
Larynx	10.0	1,578	1.9	381
Leukemia	11.9	1,802	7.5	1,493
Liver	6.1	924	2.5	509
Lung and Bronchus	111.7	17,054	48.4	9,899
Melanoma of the Skin	22.7	3,507	14.2	2,728
Myeloma	6.5	973	4.1	842
Non-Hodgkin Lymphoma	19.0	2,932	13.2	2,691
Oral Cavity and Pharynx	18.9	2,963	6.5	1,318
Ovary	*	*	13.8	2,753
Pancreas	12.3	1,814	8.9	1,864
Prostate	133.6	20,575	*	*
Stomach	9.3	1,376	4.9	1,022
Testis	3.9	667	*	*
Thyroid	2.9	473	7.5	1,392
Uterus	*	*	17.4	3,467

\*\* Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard.  
\* Not applicable

## Cardiovascular Health

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

Alabama ranks fifth in the nation in death rates due to heart disease. Major health risk factors such as overweight, sedentary lifestyle, high blood pressure, and high cholesterol levels contribute markedly to the development of heart disease. Community level efforts to make modest changes in one or more of these risk factors can have a large public health impact in reducing the incidence of heart disease.

Alabama ranks fourth in the nation in deaths due to stroke. A major risk factor for stroke is uncontrolled hypertension. Treating and controlling high blood pressure is essential in preventing stroke and other chronic conditions. Recognizing the signs and symptoms of stroke and getting immediate medical treatment is also critical to improved medical outcomes from an acute event. Prompt medical treatment for stroke can increase survival rates and reduce the long-term disability.

The mission of the Cardiovascular Health Branch is to improve the cardiovascular health of all Alabamians through promotion of heart healthy policies and activities that help make positive changes in local communities. In 2005, the branch worked with community leaders and community health advisors to facilitate local projects to address risk factors related to heart disease and stroke. These projects supported efforts to raise awareness and facilitate change in high-risk communities regarding high blood pressure, high cholesterol, heart disease, nutrition, physical activity, and recognition of signs and symptoms of heart attack and stroke.

As the number of people living with cardiovascular disease continues to rise and the state's population continues to age, the health burden of cardiovascular disease will greatly impact the health status of the state. Through support for heart healthy communities and targeted efforts at reduction of major risk factors that lead to cardiovascular disease, significant strides can be made in reducing the burden of heart disease and stroke in Alabama.

## Tobacco Prevention and Control

The Tobacco Prevention and Control Division provides technical assistance and funding to all 11 public health areas and 12 youth serving organizations statewide. Funding for these state- and local-level programs is provided by the State of Alabama and the Centers for Disease Control and Prevention. The division's mission is to improve the health of all Alabamians by working to prevent youth initiation of tobacco use, promote quitting among youth and adults, and eliminate exposure to secondhand smoke. Through implementation of the Alabama Tobacco Use Prevention and Control State Plan, the division has made strides in reducing the burden of tobacco use in the state.

## 2005 Accomplishments

- The area programs conducted nine public forums to educate decision makers and the community on the benefits of implementing stronger policies to protect citizens from secondhand smoke. Fifteen cities passed smoke free ordinances in 2005 that restrict the use of tobacco in public places.
- In April 2005, the division launched the Alabama Tobacco Quitline, a toll-free tobacco cessation line (1-800-Quit Now) that helps Alabamians quit tobacco. The service provides callers with free individualized counseling, educational materials, and referrals to local programs. A media campaign including billboards and radio spots promoted the Quitline in the Birmingham metro area from April to June. For the nine-month period of operation in 2005, the Quitline received more than 5,000 calls. The Quitline helped 64 Alabamians to quit tobacco, saving the state an estimated \$104,000 annually in health care costs to treat smoking-related diseases.
- The Youth Tobacco Prevention Program funded 12 communities statewide to conduct tobacco use and exposure prevention and empowerment programs to educate communities about the dangers of exposure to secondhand smoke and to encourage local policy development.
- More than 400 youth advocates and tobacco control practitioners participated in the Alabama Tobacco Advocacy Conference. The one-day, accredited conference was a joint effort between the Coalition for a Tobacco Free Alabama, the Alabama Peer Helpers Association, and the Tobacco Prevention and Control Program and featured breakout sessions and keynote speakers such as Dr. Jeffrey Wigand.
- Area tobacco control coordinators trained 158 healthcare providers to implement the U.S. Public Health Service's *Clinical Practice Guidelines for Treating Tobacco Use and Dependency*. Local tobacco control coordinators are providing free, accredited training to help health care providers treat tobacco users using a brief intervention model called the 5 As.
- The division, in collaboration with the Coalition for a Tobacco Free Alabama and the Office of Minority Health, conducted a survey to determine Alabama's Hispanic populations' beliefs, practices, and knowledge of tobacco. Results from the survey will be posted on the Coalition's Web site at [www.tobaccofreealabama.org](http://www.tobaccofreealabama.org).

### **Steps to a Healthier Alabama**

Steps to a Healthier Alabama is a five-year program under the U.S. Department of Health and Human Services' Steps to a Healthier U.S. initiative.

The program is located in the department's Bureau of Health Promotion and Chronic Disease and is working to reduce the burden of diabetes, obesity, and asthma, and risk factors including poor nutrition, physical inactivity, tobacco use and exposure, through funding of community-based interventions in two specific regions.

Using the concept that small changes over time can yield dramatic results, the Steps initiative is designed to identify and promote efforts that encourage people to make small behavioral changes to reduce the burden of these leading chronic diseases and risk factors.

The Steps River Region program is organized by the Montgomery Area Community Wellness Coalition and includes the counties of Autauga, Elmore, Lowndes, Macon, and Montgomery.

The Steps Southeastern Alabama Region program is led by the Charles Henderson Child Health Care Center and includes Barbour and Pike counties.

A sampling of the department's Behavior Risk Factor Surveillance System (BRFSS) Risk Surveillance Unit demonstrated a need for Steps regions to target Alabama's at-risk individuals, families, schools, and other worksites.

#### **Among adults**

- 11 percent have asthma
- 24.8 percent reported smoking daily
- 8.1 percent have been told by a doctor they have diabetes
- 64.7 percent are overweight or obese
- 60 percent of adults do not meet recommended guidelines for physical activity
- 77 percent of adults do not eat adequate amounts of fruits and vegetables

#### **Among youth in grades 9-12**

- 25 percent are smokers
- 14 percent are at risk for overweight and 14 percent are overweight
- 42 percent participate in insufficient vigorous activity
- 81 percent participate in insufficient moderate physical activity
- 67 percent do not attend daily physical education classes
- 86 percent do not eat adequate amounts of fruit and vegetables

The Steps program organized three governing bodies: the program management team, a steering committee, and an advisory committee. These committees provide guidance and assurance that all the department's resources are leveraged and that Steps activities are consistent and integrated within the department's chronic disease programs and with large partners who have experience in reaching communities related to the Steps Program.

#### **2005 fiscal year activities**

- Worked with Auburn University at Montgomery to provide the staff support for the State Department of Education.
- Collaborated with the University of Alabama at Birmingham to conduct Behavior Risk Factor Surveillance System surveys in the seven Steps counties. This data will be analyzed to provide new information on disease burden.
- A "Take Charge Challenge" consultant provided an orientation for River Region, Southeastern Region, and department staff in February 2005.
- Steps staff assisted the Office of Women's Health with its New Leaf weight control program in Macon and Lowndes counties by providing materials, supplies, scales, and training.
- A Steps program Web site and comprehensive resource directory were developed.

#### **River Region**

- Staff held a news conference in Montgomery, consortium meetings, and a comprehensive community awareness campaign utilizing print, outdoor, radio, and television media. Individuals were encouraged to call 211 for information on getting healthier.
- Introduced over 244 employees at the Tallassee Community Hospital to the Healthy Steps Challenge based upon the Centers for Disease Control's *Take Charge Challenge* and the *Weight 4 Me* worksite wellness program.
- Conducted the School Health Index at four schools and facilitated school improvement plan development.
- Strengthened partnerships with YMCA.
- In collaboration with the Wellness Coalition, partnered with the Baptist Health System to conduct a diabetes lay educator training program to increase knowledge and skills of those working with clients with diabetes.

#### **Southeastern Region**

- Held news conferences in Barbour and Pike counties to announce the Steps award.
- Conducted regular consortium meetings with 92 network members in Barbour and Pike counties to assist with developing a healthy community.

- Established a Web site at [www.adph.org/stepssar](http://www.adph.org/stepssar) which allows the public to view information about diabetes, obesity, and asthma.
- Over 80 Pike County students in grades K-2 were transported to a local recreation center to attend the Asthma Safari asthmatic training program.
- Trained local college and university students to teach *Open Airways*, a six-week asthma management program to children in Barbour County Intermediate School and two schools in Pike County.
- Introduced *Mission Meltaway* within the region to encourage participants to improve their nutritional intake and increase their physical activity.
- Provided nutrition education to local WIC participants to promote use of coupons for produce and increase consumption of fresh fruits and vegetables.
- Provided teaching programs to over 200 students in summer 2005 at the Family Life Center in Troy in partnership with Troy University. Volunteers worked with children ages 5-16, providing education on safety issues, nutrition, exercise, and healthy kidneys.
- Worked with Healthy Schools/Healthy Kids to begin the implementation of the CATCH program, a nutrition and physical activity program for elementary students in Pike County.
- Administered the Youth Risk Behavioral Survey in Barbour County High School, Goshen High School, and Charles Henderson High School. Surveyed grades 9-12, totaling 1,200 students.
- Trained 29 volunteers in January 2005 in *Open Airways for Schools*. In turn, these volunteers taught 57 asthmatic students in Pike County and Troy City Schools. Post-test evaluations were completed; however, the results have not yet been returned to the local level and remain at the corporate level.
- Held training for nine volunteers to teach individuals with arthritis how to exercise safely and effectively.
- Presented *Asthma 101* to 102 teachers in August 2005.
- Presented information on healthy school vending and fundraising to school systems in Pike and Barbour counties.
- Actively promoted the Alabama Tobacco Quitline campaign. Staff met with local health care providers and distributed 150 posters in Barbour and Pike counties.
- Participated in a health fair in Eufaula attended by over 400 participants.
- Utilized the *Activity for Kids/The Activity for Parents*, a summer program to teach students and adults how to exercise and have fun at the same time
- Both the River Region and the Southeastern Region are working toward having the Healthy Steps Challenge, a community-wide campaign to promote physical activity and good nutrition within their communities.

## Public Information

The goal of the Public Information Division is to improve public health by providing information through the mass media and through departmental publications.

The division provides health information to the news media and agency staff about departmental objectives and activities. In 2005 the division prepared and distributed more than 80 news releases; assisted with news media campaigns for several programs; composed radio public service announcements; edited the monthly publication, *Alabama's Health*; moderated numerous educational programs by satellite; distributed video monitoring reports; and coordinated regular appearances on a television talk show. The division also edited the department's annual report which details the past year's activities and expenditures.

The division distributed notices and news releases to the news media electronically and through facsimiles according to the media outlet's expressed preference for receiving information. The Health Alert Network expedited the distribution of faxed news releases. News releases are published on the department's Web site and are sent to all agency employees by e-mail upon release. *Alabama's Health*, the official agency publication, is also made available on the department's Web site and is printed in-house to reduce costs.

In order to communicate agency objectives and plans to the public and to special target audiences, division staff also composed and edited a variety of publications and worked on numerous projects and promotions. These included meeting summaries, reports, fliers, address/telephone rosters, news conferences, proclamations, public service announcements and fact sheets.

Division staff participated as public information officers as members of the Incident Command System response teams during Hurricanes Dennis and Katrina.

## Social Marketing

The Social Marketing Branch utilizes the same demographic, lifestyle, product, and media market research tools that are most widely used by Fortune 500 companies. This allows the department to identify households with a higher propensity to use certain healthcare services and exhibit certain health behaviors as well as to determine what their product, media, and lifestyle preferences are. Social Marketing uses this information to craft more cost-effective outreach and media messages.

During 2005, the Social Marketing Branch continued to collaborate with the National Cancer Institute on developing detailed profiles of Alabama communities most at risk for cancer by geocoding data from the Alabama Statewide Cancer Registry. In addition to starting the process of evaluating the geocoded cancer data to detect trends in

incidence and to link incidence data to information on socioeconomic status, access to care, screening behavior, and media or outreach preferences, the Social Marketing Branch published an article on the project in the November 2005 issue of *Preventing Chronic Disease* and presented "Cancer Prevention for Alabama's Underserved Populations: A Focused Approach" at the American Public Health Association's Annual Conference.

Social Marketing continued to utilize Medstat's Market Expert as a marketing tool for programs interested in defining and targeting audiences for communications messages, determining the most cost-effective methods of communications for campaigns, and overall strategic program planning. Medstat is the only company to connect current research on healthcare utilization with Claritas' PRIZM Lifestyle Segmentation System, the leading demographic segmentation method in the United States.

The branch worked with several programs to target messages on a large variety of subjects, including ALL Kids, obesity, arthritis, cardiovascular health, comprehensive cancer, Steps to a Healthier Alabama, tobacco prevention, personnel, family planning, WIC, workforce development, crisis lines statewide, Plan *first*, suicide prevention, environmental health, and emergency preparedness. Media activities included placing over 4,400 television spots and 20,000 radio spots targeting public health education and information to a full range of demographics. The division also worked with the Risk Communication Branch to produce a video to recruit volunteers for emergency preparedness. Other information delivery outlets included the Internet, newspapers and other periodicals, online and print telephone directories, and community resources. Over 14,500 items, including educational presentations, posters, brochures, fact sheets, flyers, displays, cards, forms, manuals, reports, letterhead, and identification badges were designed, produced, and delivered through the Communications and Social Marketing Division. The department requested 18 million pages of administrative and educational materials to be reproduced at state and commercial printers. More than 8 million black-and-white pages and 617,000 color pages were printed in-house by the Document Imaging Branch. In addition, the *adph.org* Web site received 3 million page views in 2005.

The division continued to develop Internet resources for information, education, and promotion. The new Web-based application for *adph.org*, the department's Web site, was completed but awaiting a final graphical interface design and additional server space before it could be put into production. The new Web-based application for the Learning Content Management System was tested and put into production, but it also needed a final graphic interface and additional server space to handle large volumes of traffic. This system provides

online tools for training, notifying, and coordinating department staff, volunteers, and other resources as well as for giving Health Department personnel an efficient means of access to career development opportunities that will improve employee performance, recruitment, and retention. In 2005, the system's survey tool was used by several offices, including the Office of Personnel and Staff Development for recruitment and Emergency Preparedness for Hurricane Katrina staff evaluations, Hospital Mass Casualty Assessment, and Mental Health Provider Assessment. Internal and external marketing plans for both *adph.org* and the Learning Content Management System were begun and will be implemented in 2006 to increase both the usage of online information and the speed of communications. The Social Marketing Branch will work with other department offices to refine the tool and use it for conducting research for various programs to create more cost-effective communications and educational activities.

### **Risk Communication**

The Risk Communication Branch works to ensure that state and local entities are prepared to respond to the challenges that occur during terrorist and crisis events and to provide effective communication materials and training programs for the workforce and public.

During 2005 the Risk Communication Branch performed several activities throughout the state including implementing statewide Emergency Preparedness meetings to inform Alabama citizens about how to plan and prepare for emergency events. In partnership with the department's Smallpox Branch, the meetings were held in each of the 11 public health areas and featured a presentation on how to respond during a smallpox or pandemic flu outbreak and a question and answer segment on general emergency preparedness information. Participants in the meetings also completed surveys to help the branch gather data on the best communication methods for each of the areas visited.

Both local and regional risk communication training was conducted in 2005. Local training featured a renowned risk communicator whose two-day course included mock ambush on-camera interviews, techniques in message mapping, and in-depth discussion of risk communication principles. In collaboration with the University of Alabama at Birmingham, one-day risk communication workshops were held throughout the state. The workshops provided participants with the knowledge and skills required to effectively communicate during crisis events related to bioterrorism featuring topics such as tailoring messages to the special needs population and developing media plans.

The Risk Communication Branch partnered with the department's Communications and Social Marketing Division on two projects this year for the Center for

Emergency Preparedness. A Family Readiness Guide was produced for distribution statewide to Alabama citizens and included the following:

- creating a family emergency preparedness plan
- disease control measures
- preparing for natural and manmade disasters
- food and water safety
- injury prevention, and
- evacuating safely and effectively during an emergency.

A volunteer video was also begun in 2005 to recruit specialized and general volunteers to assist the department during an emergency event at both mass and medical needs shelters.

Risk Communication staff continued to work with other department branches and statewide partners to address the communication needs of the special populations community and participated in Strategic National Stockpile and emergency preparedness tabletop exercises.

## **Injury Prevention**

The Injury Prevention Division endeavors to reduce death and disability from intentional and unintentional injuries through data collection and the coordination and implementation of health promotion and education programs. Current funded programs include injury surveillance, fire safety, motor vehicle safety, and violence against women.

Trauma surveillance is an important tool that is fundamental in assessing the true impact that traumatic injuries have on public health. Trauma injury surveillance in Alabama is accomplished, in part, through use of a trauma registry. The registry program represents a centralized database for the collection, storage, and analysis of statewide trauma data. Its design is two-fold consisting of a comprehensive component referred to as the Alabama Trauma Registry, as well as a head and spinal cord injury component, the Alabama Head and Spinal Cord Injury Registry. The trauma registry component is based on voluntary participation, whereas the head and spinal cord injury registry component is mandated by law. The program originated in May 1998, when the Alabama Legislature passed Law 98-611, the "Alabama Head and Spinal Cord Injury Registry Act" which requires all acute care hospitals in Alabama to report head and spinal cord injuries to the Alabama Department of Public Health. As of December 2005, the trauma registry database contained approximately 88,000 trauma records.

After cases are submitted by the department, moderate to severe head and spinal cord injury cases are identified and referred to the Alabama Department of Rehabilitation Services for follow-up work. To date, 99 percent of all Alabama acute care hospitals have submitted data to the registry. The data collected can be utilized to monitor trends in the incidence of traumatic injuries, to determine the need

for the development and implementation of educational awareness programs, and to monitor the effectiveness of interventions aimed at reducing these injuries. Trauma-related information and data acquisition is accomplished by secure file uploads as well as online data entry via Web site. In autumn 2005, the program was moved from the Injury Prevention Division to the Office of Emergency Medical Services and Trauma.

The Alabama State Capacity Building Injury Surveillance Program, funded by the Centers for Disease Control and Prevention, seeks to reduce unintentional and intentional injuries by establishing a focal point for injury collaboration and surveillance within the Injury Prevention Division. An injury advisory council was formed to collaborate with organizations across the state. The council has offered expertise with the development of a statewide injury prevention plan which addresses motor vehicle crashes, bicycle-related injuries, falls in the elderly, residential fires, youth violence, sexual assault, and domestic violence. This plan will assist in developing and supporting public policy and decision-making efforts for injury prevention.

The division is also committed to reducing violence against women, specifically sexual assault and domestic violence. Through the Rape Prevention and Education Program, the Alabama Coalition Against Rape receives funding and support for its 15 member rape crisis centers. The centers provide a 24-hour rape hotline, and provide educational information to schools, organizations, and communities regarding rape prevention. Through the Violence Against Women Program, a partnership with leaders throughout Alabama resulted in the establishment of a statewide plan to address violence against women. The comprehensive plan addresses every aspect of society from health care providers to law enforcement to the judicial system to victims themselves. Efforts to prioritize and implement portions of the plan are underway.

Alabama ranks among the top ten states in fire deaths and injuries. Through the Alabama Smoke Alarm Initiative, the division is able to provide home fire safety education and smoke alarm installation in high-risk communities. The community-based project is implemented through partnerships with fire departments and community volunteers at the local level as well as the Injury Prevention Division and the State Fire Marshal's Office at the state level. Community residents receive information regarding fire prevention, smoke alarm installation and maintenance, and home evacuation planning. To date, over 7,000 smoke alarms have been installed in 15 communities in Barbour, Bibb, Bullock, Butler, Greene, Macon, Perry, Pike, Randolph, Sumter, and Wilcox counties. The program has documented 43 lives saved to date.

The use of seat belts and child restraints has been shown to reduce fatalities. In 2005, 82 percent of Alabamians buckled up their seatbelts and 92 percent put their children in car

seats. These are dramatic increases from years past. Through the Occupant Restraint Program, the department will continue to increase awareness and provide education to Alabamians regarding the importance of appropriate occupant restraints. In addition to conducting observational surveys to determine Alabama's usage rates, educational activities also include a statewide poster contest for elementary school children.

The division also serves on the Alabama Suicide Task Force, a collaboration with several state agencies. The task force published a state plan to address suicide and seeks to obtain funding for prevention activities. Additional efforts include the promotion of bicycle and playground safety and the establishment of funding to address youth violence.

### **Risk Surveillance**

The purpose of the Risk Surveillance Unit is to identify and measure the health practices, attitudes and conditions that place adults in Alabama at risk for chronic diseases, injuries, and preventable infectious diseases. More than half the deaths that occur each year can be attributed to modifiable health risk factors. The Alabama Behavioral Risk Factor Surveillance System or BRFSS is an annual telephone survey which monitors the health-related risk behaviors among the adult population in Alabama. The information gathered in these surveys is used to evaluate the success of reducing the prevalence of health behaviors that endanger public health. By providing this information, public health officials can strive for change through programs which promote healthy lifestyles and improved health status for all Alabamians.

In 2004, 3,582 Alabama adults participated in the Alabama Behavioral Risk Factor Survey and reported the following concerning their health practices and daily living habits:

- 24.8 percent classified themselves as current smokers.
- 8.1 percent reported being told by a doctor that they have diabetes.
- 33 percent reported being told that their blood pressure is high.
- 64.7 percent are overweight or obese based on body mass index.
- 34.8 percent stated that they had received a flu shot in the past year.
- 82.9 percent reported having some type of health care coverage

The Risk Surveillance Unit responds to numerous data requests from within the department, from outside agencies and news media. Also, the data serve as an effective tool in planning for future public health activities and evaluation.

### **Worksite Wellness**

The Worksite Wellness Division's main purpose is to plan, develop, implement, and evaluate worksite wellness programs on a fee-for-service basis. The division's state-level staff work in coordination with the county health departments to provide statewide service. The division contracts with two of the largest self-funded health care plans to provide various wellness services for most state employees and public education employees. Services are also provided to the dependents and retirees of these health plans. The division also provides wellness services for private industry and community groups.

HealthWise, a wellness program funded by the Public Education Employees' Health Insurance Plan, began its fifth year of operations. The program provides health screenings, osteoporosis screenings, and influenza immunizations.

The HealthWise Health Screenings consist of a blood pressure check, a pulse reading, osteoporosis screening and an assessment of blood sugar, total cholesterol and high-density lipoprotein levels. A colorectal cancer screening test is also provided to "at-risk" participants. Over 26,000 eligible participants were screened in 2005, 11,000 had their bone density measured, and 3,821 received an influenza vaccination. Influenza vaccinations declined this past year as a result of limited vaccine supply.

HealthWatch, a wellness program for state employees and city and local governments, began its 13th year of operations. This program is funded by the State Employees' Insurance Board for its enrolled participants. The program provides health screenings, quarterly blood pressure checks, and influenza immunizations.

The HealthWatch health screenings consist of a blood pressure check, a pulse reading, and an assessment of blood sugar and total cholesterol levels. Over 9,000 eligible participants were screened in fiscal year 2005, another 21,000 participated in the blood pressure control program, and 2,100 received an influenza immunization.

Both the HealthWatch and the HealthWise programs screen for potential health problems, make referrals to the medical community, and provide education about preventive practices and recommended health guidelines. Both are voluntary programs offered free of charge to eligible participants at their worksite during the work day.

### **Video Communications and Distance Learning**

Emergency broadcasts by the Video Communications and Distance Learning Division for the state health officer, the governor, and several Alabama state departments provided critical information to Alabamians, the media, rescue workers, first responders, and others working in the aftermath of the widespread disaster now known the world over as Hurricane Katrina. The morning after Katrina made landfall, division staff went to the State Emergency Operations Center in Clanton to broadcast a news conference. During the next several weeks, the division produced many emergency

broadcasts not only for the governor and the department, but also for other state agencies such as the Departments of Human Resources and Education and the national media including MSNBC. Throughout the year, the Video Communications and Distance Learning Division produced a record number of 12 news conferences by satellite broadcast with live simultaneous webcasts, meeting the need to provide urgent and timely information to employees and the media.

The division's increasing utilization of webcast technology continues to provide both new and unlimited educational opportunities for public health employees, not only in Alabama but also around the world. Working with the department's new learning management system known as the LCMS (Learning Content Management System), division staff have been instrumental in the design of many unique features specific to distance learning. For example, division staff develop highly specialized registration and evaluation forms that assess participant knowledge pre and post a satellite conference or webcast. This not only complements the educational distance learning program but also provides valuable data to document an increase in knowledge after participation in the course.

The department's grant from the Health Resources and Services Administration continues to provide funding to the Alabama Hospital Association, further expanding the distance learning infrastructure in the state by providing a total of 101 satellite downlink systems to acute care hospitals around Alabama. Employees at 51 facilities are now able to participate in important preparedness training and educational programs. It is estimated that by the summer of 2006, the remaining Alabama acute care facilities will have had their satellite downlink systems installed.

Through a cooperative agreement with the University of South Alabama, the department's video conferencing system at the RSA Tower has been made available for employees to conduct both meetings and to participate in training. This two-way video and two-way audio distance learning conferencing system proves to be efficient and a significant cost savings for the department.

In 2003, the Governor's Commission on Efficiency, Consolidation, and Funding recognized the department's successful use of satellite conferencing as a cost-effective method in providing training and education. The department continues to excel as a state and national leader in distance learning. It has been 13 years since the Video Communications and Distance Learning Division produced the first satellite conference for department employees and the Alabama Department of Public Health continues to lead the state and the nation in the utilization of this technology to educate the public health workforce. The Alabama Department of Public Health is the only state public health agency in the country to have both the equipment and staff to produce live satellite conferences for continuing education, inservice training, and news conferences for the media. The department infrastructure

includes a Ku-band satellite uplink vehicle (purchased in 1995), which is specifically designed for interactive delivery of educational programs via satellite and the office and production suite which includes an edit room, a master control room, and a studio. In addition, 65 county health department facilities have satellite downlink antennas, which provide convenient and efficient access for employees to participate in satellite conference training and educational programs.

The Video Communications and Distance Learning Division initiated national satellite conference activities and subsequently developed the Public Health Training Network by working in collaboration with the Centers for Disease Control and Prevention in 1992. Today the training network is the nationally recognized provider of public health training and education programs with the Alabama Department of Public Health producing more programs than any other state or federal agency. In 2005, the Alabama Department of Public Health produced 54 continuing education satellite conferences and live webcasts for the training network and the national public health workforce.

The department also provides video production and satellite conferencing/webcasts services to other Alabama agencies and national organizations. The Video Communications and Distance Learning Division has produced satellite conferences/webcasts in conjunction with the annual meetings of such national organizations as the American Public Health Association, the Directors of Health Promotion and Education, the National Association for Contingence, and the Centers for Disease Control and Prevention. The division also produces a monthly series for the South Central Center for Public Health Preparedness that is funded and co-sponsored jointly by the Schools of Public Health at Tulane University and the University of Alabama at Birmingham.

The division continues to maximize the growth of Internet technology for marketing programs, processing electronic registration for program participants, and as a vehicle to disseminate conference packet/handout materials. Participant enrollment in courses is electronically monitored as well as all administrative functions such as reporting and marketing. The division's Web site also has on-demand webcasts of select satellite conferences, educational programs, and news conferences.

The Video Communications and Distance Learning Division also produces other projects such as video educational programs, news conferences, and television and radio public service announcements. The division uplinks department news conferences live and produces special video packages for the Alabama media. A high-speed compact disk/digital video disk duplicator and printer along with the videotape dubbing equipment provides for efficient and prompt turn-around in providing thousands of educational programs to be distributed in Alabama and nationally each year.

# Bureau of Clinical Laboratories

*The goal of the Bureau of Clinical Laboratories is to provide testing for diseases of public health significance; offer diagnostic capabilities unavailable to the private sector; provide private laboratories with reference services; administer regulations; provide educational services; institute new testing procedures; and provide data to agencies.*

## Clinical Chemistry

The Clinical Chemistry Division of the Bureau of Clinical Laboratories operates with three branches: Clinical Services, Lead, and Chemical Terrorism/Biomonitoring (CT) branches. Construction on the CT Laboratory was completed in May 2005. Staffing for this lab includes a chemical coordinator, an assistant chemical coordinator, one chemist lab supervisor, two chemist II analysts, two laboratory technicians, and one administrative support assistant. The CT Lab serves as a Level II lab for emergency preparedness. Analyses on clinical samples identify chemical agents, nerve agents, and chemical adducts. The laboratory is validated for methodologies and equipment by the Centers for Disease Control and Prevention. Training of CT personnel is provided by both the CDC and various participating vendors.

During fiscal year 2005, the Blood Lead Section of the Lead Branch identified one child with a lead level exceeding 45 ug/dl (critical limit). Screening numbers for clinical blood leads have remained about the same as for fiscal year 2004. The Environmental Section of the Lead Branch analyzed 2,210 samples (wipes, soils, paint, and water). Approximately 80 percent of these samples were wipes with 20 percent testing positive; soils constituted 6 percent of the environmental sample volume, with 14 percent testing positive; paints made up 2 percent of environmental samples, with 84 percent testing positive; water samples constituted 12 percent of environmental samples with 2 percent testing positive.

The Clinical Services Branch provided routine chemistry, hematology, CD4 lymphocyte subset enumeration, and quantitative HIV Polymerase Chain Reaction (PCR) testing. Specimens were received from county health departments, federally funded primary health care centers, and community-based HIV treatment programs. For fiscal year 2005 the Clinical Services Branch experienced no appreciable difference in specimen volume as compared to the previous year.

## Metabolic Division

The Metabolic Division expanded testing for many genetic disorders that can be detected in the newborn. Newborn screening involves testing for the following disorders: hypothyroidism, congenital adrenal hyperplasia,

galactosemia, phenylketonuria, sickle cell anemia (including other abnormal hemoglobinopathies), biotinidase deficiency, amino acid disorders, fatty acid disorders, and organic acid disorders. During the past fiscal year, the division screened approximately 58,700 newborns within the first 48 hours of life as well as conducted a second test on these infants at 2-6 weeks of life. Thirty-eight infants were identified as positive for sickle cell anemia, 18 were positive for hypothyroidism, one was positive for congenital adrenal hyperplasia, two were positive for phenylketonuria, and one was positive for citrullinemia.

## Microbiology Division

The Microbiology Division received \$952,053 for the bioterrorism program during this period, which includes significant funding for pandemic influenza preparedness. During this period, the division lost one employee hired under the Bioterrorism Cooperative Agreement.

Additionally, the laboratory's portion for the Epidemiology Capacity Grant award was \$151,330, including supplemental support for the National Antimicrobial Resistance Monitoring System and West Nile virus testing.

## Bioterrorism Section

The Bioterrorism Testing Team received and tested five environmental specimens consisting of powders and envelopes containing powders that were deemed credible threats of terrorism by the Federal Bureau of Investigation this fiscal year; however, none was found to contain biological agents.

Two employees received training on the infrared IlluminatIR scope, which is used to determine if unknown powders contain biological agents, and to help identify the powders submitted for testing. The bioterrorism testing team participated in proficiency testing for the College of American Pathologists' Laboratory Preparedness Survey Proficiency Testing and two of the college's *Varicella zoster* virus Direct Fluorescent Antibody proficiency testing. The team also participated in the Centers for Disease Control and Prevention's Bioterrorism Proficiency Testing Program for Severe Acute Respiratory Syndrome serology, SARS polymerase chain reaction, Staphylococcus Enterotoxin B, *Bacillus anthracis* for food, and Variola virus rule-out. The team assisted the CDC in validating the new digoxigenin enzyme linked immunosorbent assay (DIG ELISA) for *Clostridium botulinum* toxin.

The bioterrorism laboratory staff conducted four laboratory preparedness wet workshops, five secure communication training sessions for Alabama's Sentinel Laboratories, produced two newsletter publications, and made 13 on-site visits this fiscal year.

The bioterrorism cooperative agreement allowed for the purchase of the Bio-Plex System that uses the suspension array technology with protein and nucleic acid applications. This system will allow simultaneous multiplex analysis of up to 100 different biomolecules in a single microplate well. It is expected to be used in the West Nile virus and bioterrorism testing programs once training and validation are completed.

### Reference Bacteriology Section

Two hundred fifty-seven specimens were submitted for *Bordetella pertussis* testing showing a 3 percent increase over last fiscal year with 18 (7 percent) being positive. The *Bordetella* positive rate for 2003-2004 was 4 percent. There were 44 positive *Escherichia coli* 0157:H7 specimens (double what was received in 2003-2004) and nine other samples that were shiga toxin positive. Of these nine, two were *E. coli* 0111; two were sent to the CDC for typing, and no shiga toxin producing *E. coli* was isolated from the remaining five. There were five clinical specimens submitted for *Clostridium botulinum* testing. One tested positive for *C. botulinum* type B by culture. There were three *Vibrio cholerae* and five other *Vibrio species* submitted. There were 21 *Campylobacter species*, eight *Neisseria meningitidis* and eight *Haemophilus influenzae* submitted.

There was one foodborne illness case that was investigated, and it was determined that *Staphylococcus aureus* was the organism that had contaminated the food. The patients had become ill from Staphylococcal toxin produced when the food was improperly stored.

### Gonorrhea Section

The Gonostat test, which officially ended in September 2005, had an increase in specimen load at the Montgomery Laboratory due to specimens being diverted from the Mobile Laboratory after Hurricane Katrina.

### Parasitology Section

Parasitology had 10 cases of *Giardia lamblia*, two *Entamoeba histolytica*, two *Cryptosporidium species*, and two *Plasmodium falciparum*. The Parasitology Section used the CDC's DPDx system to telediagnose unusual and hard-to-identify cases.

### Enteric Section

The Enteric section received a total of 1,260 specimens in 2004-2005. This was an increase of 13 percent in total specimens over 2003-2004. There was a 7 percent decrease in the number of clinical specimens received. There were two *Salmonella typhi* isolated during the year. Overall, there was a 1 percent decrease in the number of *Salmonella* isolated and an 8 percent increase in the number of *Shigella* from the previous year.

A total of 59 specimens were submitted to the National Antimicrobial Resistance Monitoring System which included 32 *Salmonella species*, 15 *Shigella species*, two *Escherichia coli* 0157:H7, three *Vibrio cholerae* non-01, five *Vibrio species*, and two *Salmonella typhi* submitted during the year.

There were 240 specimens tested for the Department of Agriculture, 16 of which were tested for both *Salmonella* and *Listeria*. There was no *Listeria monocytogenes* isolated during the year. Three of the 240 specimens were positive for *Salmonella*.

### Molecular Methods Section

In June the Molecular Section began analyzing and reporting Deoxyribonucleic Acid (DNA) fingerprint patterns to the National Server for the PulseNet Program at the CDC. During the remaining months of the fiscal year, 430 specimens for *Salmonella species*, *Shigella species* and *E. coli* O157 were received and electrophoresed according to the CDC standardized Pulse Field Gel Electrophoresis protocols. Of these, 397 resulted in distinct patterns that were uploaded to the national database for detection of potential clusters. Following analysis, three *S. typhimurium*, one *S. heidelberg*, one *S. miami*, one *S. javiana*, and one *S. newport* were associated with clusters, but there was not an epidemiological link. However, an *E. coli* pattern submitted was linked to a ground beef outbreak.

### Rapid Serological Assay Section

The West Nile virus testing area tested 141 human specimens this season which was down 20 percent from last year. All specimens (serum and cerebrospinal fluid) were tested by the IgM capture antibody assay and 80 (serum only) by the IgG ELISA, resulting in 11 IgM and four IgG positives. Interesting to note is that sera forwarded for further analysis by the CDC determined two positive LaCrosse and one Eastern Equine Encephalitis results. The section received only 20 birds this season with four testing positive for WNV, which was 81 percent less than last year. The WNV testing staff proved successful for the 2005 Center for Disease Control and Prevention's WNV PT for IgM and IgG capture antibody assay.

Additionally, the section received a clinical specimen that tested positive for *C. botulinum* type B by mouse bioassay and the DIG ELISA assay.

### Rabies Section

Once again, the Rabies Section in the Montgomery laboratory set a new record for the number of specimens received. The section received 1,249 specimens, representing an 8 percent increase over last fiscal year. Of that number, there were 55 positives, 32 of which were raccoons. The number of positives was less than 4.5 percent of the total number submitted for testing.

### Respiratory Disease Division

The Respiratory Disease Division received 13,372 specimens to identify for mycobacteria and actinomycetes; 472 of these were referred cultures. The Mycobacteriology Section performed 1,605 DNA probes and 837 high performance liquid chromatographies (HPLC) for the identification of *M. tuberculosis* and other non-tuberculous mycobacteria (NTM). Drug susceptibilities were performed on 470 samples. The Mycology Section received 4,605 specimens for fungal identification (1,250 were referred cultures) and identified 1,401 dermatophytes, 322 yeasts and 909 other fungi, including 12 *Histoplasma capsulatum* and four *Blastomyces dermatitidis*.

The division continues participation in the Tuberculosis Cooperative Agreement Grant and CDC Tuberculosis Multi-Drug Resistant Susceptibility Study. Isolates from all new cases of *M. tuberculosis* are being sent to the regional DNA Fingerprint laboratory in California for genotyping.

The Mycology Section is also continuing participation in the study of significant systemic mycosis conducted by the Medical Mycological Society of the Americas through the Department of Microbiology and Immunology at the University of California in San Francisco.

### Quality Management Division

The Quality Management Division continues with the additional responsibilities of safety management and other management functions. The division director also continues with the responsibility of director of the Alabama County Health Department Laboratory System. The division monitors Clinical Laboratory Improvement Amendment compliance of both the Clinical Laboratory and the county health departments. Competency evaluations and training are offered to county health department personnel as well as on-site reviews and consultations.

### Serology

The Serology Division implemented amplified nucleic acid testing for *Chlamydia trachomatis* and *Neisseria gonorrhoea* on October 3, 2005. With the new, more sensitive technology the positivity rates for both organisms have nearly doubled to 13.9 percent for chlamydia and 6.1 percent for gonorrhea. The volume of testing has also increased nearly 15 percent with the availability of the new procedure.

The ABO/RH program fell sharply with the health department discontinuing the maternity program. The Rubella and Measles section also experienced a large decrease in test volumes.

The Syphilis section also decreased in test volumes because of a shift in testing areas. There were 48,961 VDRLs performed with 1,169 reactive results.

The HIV section performed 126,477 EIA screening tests for HIV. Western Blots were performed on 869 specimens that were positive by screening tests. The division continued to participate in the HIV prevalence study.

### Sanitary Bacteriology/ Media

The Sanitary Bacteriology/Media Division, located in the Montgomery Laboratory, tests dairy products, public and private water samples as well as prepares the media used by both the county health departments and within the laboratory system. Dairy sample testing was down slightly due to the closings of milk plants and private dairies. The number of water samples tested has remained relatively the same. Working in conjunction with the Alabama Department of Environmental Management, four public utility water laboratories were inspected for compliance with state and federal regulations. The Media Section made a total of 6,296 liters of media. The breakdown for each department is as follows:

• PKU.....	15 liters
• Serology.....	200 liters
• Mycology.....	161 liters
• TB.....	1,425 liters
• Microbiology.....	1,890 liters
• Birmingham Lab.....	1,921 liters
• Mobile Lab.....	684 liters

### Mobile Division

Emergency preparedness and response were keys to the Mobile Division laboratory's functions during 2005. Hurricane Dennis and tropical storm Cindy in July caused minor damage at the laboratory and resulted in temporarily suspended testing of beach waters and slightly increased private well water samples. The greater outcome of these weather events was to refine the laboratory's preparation for the possibility of power outage, increased environmental samples, and sample rerouting if the laboratory were forced to close. This proved useful when powerful Hurricane Katrina hit the Gulf Coast on August 29, 2005.

The Mobile Laboratory staff made preparations the weekend before the storm came ashore on Monday. The laboratory closed for three days until power to the building was restored. Well water sampling kits were then sent through the county health departments to areas that received flooding. This resulted in a 250 percent increase in private water samples during the month of September and a 50 percent increase in public distribution samples as municipal water supplies came back "on-line."

Alabama shellfish growing area waters were analyzed and opened for harvest within two weeks of the storm event. However, neighboring Mississippi suffered extensive damage

to its shellfish laboratory and requested assistance with its growing area tests. The Mobile Laboratory ran the samples for Mississippi during the months of September and October until its facility re-opened. During this time, a short-lived, harmful algal bloom of *Karenia brevis* occurred off the coasts of Florida, Alabama, and Mississippi. The laboratory provided sample monitoring for Mississippi, in addition to Alabama samples as part of each state's marine biotoxin contingency plan.

The initiation on October 3, 2005, of a new amplified DNA test for *Chlamydia* and *Neisseria gonorrhoeae* has resulted in greater test sensitivity and increased positive rates. The laboratory continues to run hepatitis B specimens for the state and VDRL and rabies specimens, in addition to drinking waters, environmental waters, and beach waters for the region.

### **Birmingham Division**

The Birmingham Division Laboratory experienced a year of changes and opportunities. A longtime microbiologist and laboratory manager retired after 35 years of service. The Influenza and Other Respiratory Disease Section expanded from a seasonal to a year round endeavor with the addition of a dedicated employee. Gonorrhea and chlamydia testing were combined in a single nucleic amplified test method (Genprobe Aptima™); this testing is now offered to all programs. The addition of two new microbiologists has allowed the division to resume discontinued VDRL testing in the service area.

The division continues to participate in two ongoing studies in conjunction with the CDC: influenza surveillance for vaccine development and the Gonococcal Isolation Surveillance Project (GISP) which is tracking drug resistance in *N. gonorrhoeae*. The division provided proficiency test specimens for seven industry dairy laboratories and one state laboratory. The laboratory evaluation officer inspected six public water utility laboratories for compliance with state and federal regulations.

# Bureau of Environmental Services

*The Bureau of Environmental Services ensures the safety of Alabamians by regulating food, milk, lodging, seafood, soil and onsite sewage, indoor air quality/lead and solid waste.*

## Training and Environmental Programs

This unit serves as a facilitator for the Bureau of Environmental Services by providing structured training through workshops, seminars, and conferences for bureau and county personnel. Each year the Training Unit coordinates the mandated Basic Environmentalist Training Course which is designed to educate newly hired public health environmentalists with the interpretation of the rules and regulations.

In counties with limited environmental staff, standardized training courses are provided for the food industries to improve their knowledge in food safety and good sanitation practices. Overall this unit helps promote public relations through public speaking and/or personal contact with public officials, civic organizations, schools and universities, industry representatives, and the general public to improve their relationship with local environmentalists.

## Food, Milk, and Lodging

The safety of food sold at retail in Alabama, and of food, other than red meat and poultry, processed in Alabama, is the responsibility of the environmental staff of the county health departments and of the Division of Food, Milk, and Lodging at the Central Office. This division promulgates rules and regulations affecting safety and sanitation of food, sanitation of lodging facilities in the state, and also issues guidelines for the inspection of prisons and jails. The division administers and enforces sanitation rules for milk and seafood. Rules for establishments such as restaurants, grocery stores, convenience stores, food manufacturing plants, tattoo facilities, hotels, and camps are enforced by the county health departments' environmentalists. The division consists of three branches: Food and Lodging, Milk and Food Processing, and Seafood.

### Food and Lodging

State law requires any facility selling food to have a permit from the county health department. The Rules for Food Establishment Sanitation require food facilities to be inspected on a routine basis, depending on the type of food being prepared and the amount of food preparation steps involved. Food service establishments are inspected three times per year; hotel and camps are inspected once a year; tattoo facilities are inspected twice a year; and jails are inspected once per year.

### Food Safety

In 2005, county health departments conducted 47,398 inspections at these establishments. There were 2,608 inspections made at temporary food establishments such as food booths at fairs and festivals and 4,446 inspections were made at other locations. County health departments investigated 3,183 complaints from the public concerning food or food establishments and issued 6,867 legal notices.

The number of inspections dropped from the previous year due primarily to a change in the rules reducing the routine inspection frequency to three times per year, a reduction of one time per year per permitted establishment for routine inspections.

### Tattoo (Body Art) Facilities

"Body art" includes tattooing, body piercing, and branding. In 2005, county health departments continued the regulatory activities for this relatively new program, established in 2001. Under the requirements for licensing the body art facilities and issuing permits to the operators, there were 139 licensed facilities in Alabama (up from 96 in 2003 and 126 in 2004). The county health departments conducted 170 inspections at body art facilities and investigated 41 complaints.

### Lodging

In 2005, county health departments conducted 885 inspections of hotels and camps, and issued 135 legal notices.

The number of inspections dropped from the previous year, again due primarily to a change in the rules reducing the number of routine inspections of hotels to one time per year per permitted establishment.

### Milk and Food Processing

Milk is a basic food for both the general public and school children in Alabama. Milk products such as ice cream and cheese are also important dietary components for Alabamians. Fluid milk supplied to schools represents approximately 17 percent of Alabama's milk processing plants' annual production. To help ensure the safety of milk and milk products, sanitation inspections are routinely conducted at dairy farms, milk processing plants, bulk milk haulers, and bulk milk tankers. Milk is routinely sampled and tested for compliance with bacterial and chemical standards from the time it leaves the cow until it is on the grocery store shelf. When out-of-state plants ship dairy products into Alabama, they are issued permits and their products are also tested for compliance with bacterial and chemical standards.

In 2005, the Milk Branch conducted 63 pasteurization equipment tests, 274 dairy farm inspections, 73 milk, frozen dessert, and cheese plant inspections, and 39 milk hauler and

tanker inspections. The branch collected 1,347 raw (before pasteurization) milk samples and 1,526 pasteurized milk samples for bacteriological, chemical, and antibiotic testing. A total of 10 milk tankers containing 433,443 pounds of milk (or 50,400 gallons) were disposed of due to antibiotic contamination.

**Seafood**

With high nutritional value, seafood is increasingly featured as a component of a healthy diet. The seafood industry of Alabama plays a vital role in the state and coastal economies of Alabama. The Seafood Branch ensures that seafood processing establishments meet food safety standards and that shellfish growing waters meet National Shellfish Sanitation Program standards.

The Seafood Branch and Seafood Quality Assurance of the department administer five major programs:

- 1 Permitting, inspecting, and sampling of shellfish processing facilities;
- 2 Permitting, inspecting, and sampling of blue crab processing facilities;
- 3 Permitting, inspecting, and sampling of shrimp, fish, and specialty product processing facilities;
- 4 Classifying and sampling of shellfish growing waters and sampling of shellfish to ensure compliance with the National Shellfish Sanitation Program;
- 5 Monitoring for *Vibrio vulnificus* and dinoflagellates in shellfish growing waters.

The Seafood Branch and Seafood Quality Assurance staff consists of the branch director, four public health environmentalists, and one administrative support assistant. In 2005, there were 70 shellfish processing permits issued, 26 blue crab processing permits issued, and 52 shrimp, fish, and specialty product processing permits issued.

There were 489 inspections and 541 field visits conducted at these seafood processing facilities. Inspections were conducted to ensure compliance with State Health Department Rules and Regulations. Field visits were conducted to provide onsite training in good manufacturing practices, record keeping, and compliance with inspection schedules. In addition, 178 seafood processing water samples were collected to ensure bacteriological compliance.

During fiscal year 2005, there were 160 shellfish growing water samples and 13 shellfish samples collected to determine bacteriological compliance. Mobile Bay was ordered closed to shellfish harvesting four times for a total of 69 working days. Of these orders, two (for 37 days total) were due to possible fecal contamination from excessive fresh water flow via the Mobile River System and two (for 32 days total) were precautionary following Hurricanes Dennis and Katrina.

During routine monitoring there were six shellfish growing water samples and six shellfish meat samples collected to determine levels of *Vibrio vulnificus*. Levels of *Vibrio vulnificus* were highest in summer months due to increases in temperature and salinity. There were 41 shellfish growing water samples collected to determine the presence of harmful algal blooms (toxic dinoflagellates). No harmful algal blooms were detected as of the end of the fiscal year on September 30, 2005.

During 2005, Seafood Branch staff provided department representation to the programs listed below.

- Interstate Shellfish Sanitation Conference
- Mobile Bay National Estuary Program
- Technical Interagency Committee
- Gulf of Mexico Public Health Program
- Gulf of Mexico Harmful Algal Bloom Program
- Gulf of Mexico Alliance Program

On August 25, 2005, Hurricane Katrina first made landfall just north of Miami as a Category 1 hurricane (wind speed of 90 mph). The hurricane then moved into the Gulf of Mexico and made landfall near the Louisiana-Mississippi state line on August 29, 2005, as a Category 4 hurricane with wind speed of 145 mph. Mobile and Baldwin counties experienced a 15 foot storm surge, the highest recorded since 1917. The majority of the local seafood processors were badly damaged or destroyed; however, most have been repaired or rebuilt and have been issued permits to operate.

**Soil and Onsite Sewage**

**During 2005:**

- Permits issued to install onsite sewage systems.....23,811
- Systems installed .....19,281
- Special projects such as plans review for large systems handled.....79
- Complaints handled statewide.....6,129
- Variances processed.....20
- 1,530 People were trained at various environmental training events during the year. This consisted of training for employees in the department and people involved in onsite systems design and installation outside of the department.
- 36 Product permits to date have been issued to manufacturers of advanced treatment and disposal products. These permits set the conditions under which on-site wastewater products can be used in the state.
- 27 Large onsite systems are now permitted by the department under performance permits. These permits require

sampling and maintenance of large systems to better protect public health and ground water. These permits are very similar to National Pollutant Discharge Elimination System permits issued for wastewater discharges by the Alabama Department of Environmental Management.

- 6 Onsite management entities have been issued Certificates of Financial Viability. These certificates provide the department with a mechanism to ensure proper maintenance and operation for large onsite systems owned by an onsite management entity.

The revised Onsite Sewage Disposal rules were adopted October 19, 2005, to include a chapter outlining the requirements for onsite management entities. This chapter addresses financial viability, operation, maintenance and enforcement issues for decentralized onsite cluster systems. The rules were also amended to include a requirement for the installation of effluent filters and risers and new tank testing requirements. The rules are scheduled to go into effect March 19, 2006.

**Indoor Air Quality/Lead**

This branch provides information on issues related to indoor air quality, molds, lead-based paint, and other lead hazards. Regarding the lead hazard program, the primary focus of the branch is to enforce the state regulations promulgated under the Alabama Lead Reduction Act of 1997. These rules require individuals and firms who are engaged in lead identification and risk assessment and lead-based paint removal of pre-1978 housing and child-occupied facilities to be trained and certified to perform according to established safe work practice standards. Branch personnel also provide support for the “Alabama Childhood Lead Poisoning Prevention Program,” a program which identifies children with elevated blood lead levels through screening by local health departments and private physicians, and provides environmental surveys of homes to identify sources of lead hazards and recommend methods to eradicate the hazard. This program ensures that proper medical treatment or case management is undertaken by responsible authority as well as prevention of lead poisoning in homes containing lead hazards.

The Indoor Air Quality/Lead Branch has suspended onsite investigations of indoor air quality problems because of insufficient funds. However, the Indoor Air Quality/Lead Branch remains as the Environmental Protection Agency’s designated state indoor air contact providing advisory services for the state and those who request it by providing indoor air quality, molds and asbestos information, and printed materials.

**Lead Contractor Certification Program activities include:**

- Certification of firms to conduct lead-based paint activities.....61
- Inspection of lead abatement project sites.....64
- Visits to municipal authorities for compliance assistance .....53
- Numbers of state lead regulations violations noted.....44

**Childhood Lead Poison Prevention Program activities:**

- Lead outreach (inspections and awareness) workshops..... 25
- Inspection of homes with cases of children with high blood lead.....92
- Environmental lead sampling of dust, soil, water, and paint chips (approximately)..... 2,210

**Solid Waste**

The Solid Waste Branch provides technical assistance to county environmentalists who work in the solid waste, septage management, and vector control programs. Local activities include the investigation of vector control complaints and unauthorized dumps, the permitting/inspection of transfer stations, processing facilities, garbage collection vehicles, and the permitting and inspection of septage/grease land application sites. Many counties also enforce local mandatory garbage collection programs and review applications for certificates of exception for such programs.

- Certification of firms to conduct lead-based paint activities.....61
- Unauthorized dumps inspected.....1,679
- Transfer/processing facilities inspected.....62
- Septage management facility inspections.....83
- Collection vehicles inspected.....724
- Certificates of exception reviewed/issued.....3,647
- Vector complaints investigated.....4,247

# Bureau of Professional and Support Services

*The Bureau of Professional and Support Services supports a variety of important department initiatives and projects.*

## Management Support

The Management Support Unit supported the department through management of the Records Disposition Authority, grant resource development, review of grants and requests for proposals, management of the Policy Clearinghouse, and assisting all bureaus with SPAR, the department's strategic planning and budgeting process. Staff coordinated all Health Insurance Portability and Accountability Act activities and worked closely with the Training Unit to coordinate training activities.

## Training Unit

Training coordination continued with interdepartmental and intradepartmental groups to provide quality education for all employees. Trainings were organized and managed through Auburn University at Montgomery, Tulane University, Emory University, the University of Alabama at Birmingham, the State Personnel Department, and the Alabama TechnaCenter. Forty-five live workshops, 37 supervisory training sessions, 96 TechnaCenter courses, and 24 distance-based/satellite learning conferences were coordinated through the training unit.

Distance learning opportunities were provided through satellite each month and continuing education credits awarded to appropriate professionals. In addition to workshops and satellite learning opportunities, the workforce participated in self-paced, online courses through the South Central Public Health Training Center and the South Central Center for Public Health Preparedness. The Alabama Department of Public Health training calendar was published as an efficient marketing tool for keeping staff aware of training opportunities.

During the year, the Training Unit continued to coordinate the development of a Learning Content Management System (LCMS), which will automate the training process and improve the department's workforce development program. The goal of the system is to offer a more efficient method of providing emergency preparedness information; allow unlimited access to training opportunities; and help better engage the emergency preparedness volunteer workforce. The department is required to implement a learning management system as part of its Preparedness Grant from the Centers for Disease Control and Prevention.

## Pharmacy Unit

The Public Health Pharmacy Unit participates on the department's preparedness task force and coordinates development of Alabama's procedures for ordering and processing the Strategic National Stockpile (SNS), a special stockpile of

drugs and supplies which would be shipped by the federal government to the state if indicated following any terrorism event. As of the end of the fiscal year over 1,500 pharmacists, nurses, and social workers have been trained to deploy the SNS. The Centers for Disease Control and Prevention gave Alabama an excellent rating for a full scale exercise of the SNS held in May in southwest Alabama.

The Pharmacy Unit continues to coordinate state agencies accessing the Minnesota Multi-State Contracting Alliance, a voluntary group purchasing organization operated by the State of Minnesota serving government-based health care facilities. This alliance allows the State of Alabama to purchase medications and clinic supplies at substantially reduced prices. In addition the Pharmacy Unit coordinates accessing 340 B pricing for covered entities in the Alabama Department of Public Health.

A Prescription Drug Monitoring Database which will monitor schedule II, III, IV, and V drugs in Alabama has been developed and tested. The database is scheduled to start in 2006.

The unit continues to consult and coordinate with all public health units, including county health departments and other agencies on medication-related and pharmacy-related activities. These activities include distribution issues, clinical information, drug scheduling, purchasing, and legal issues. Consultation and assistance continue in the areas of osteoporosis, cardiovascular disease, bioterrorism, diabetes, arthritis, and home health. Assistance is also provided in the rescheduling of drugs and the Controlled Substances List.

In addition, the unit provides internship experiences to pharmacy students, hosting two to three students each year from Auburn University and Samford University.

## Nursing Unit

The Nursing Unit had much success in 2005 as it continued to collaborate with community partners and health departments throughout Alabama. The unit continues to serve as a liaison to the Alabama Board of Nursing to ensure compliance with nursing licensure requirements. The unit also collaborates with the Alabama Board of Nursing to develop continuing education activities which will be beneficial to nurses seeking continuing education statewide.

The Clinic Protocol Committee continues to work with health department staff to ensure professional nursing standards are maintained and nursing protocol is updated and clarified as needed. There is an ongoing process for review of incidents and accidents, which allows for tracking and identification of needed corrective measures or policy changes.

The unit continues to collaborate with state and federal government agencies, community partners, educational

organizations, and public health providers to offer guidance and support for public health nursing through provision of community resources for promotion of public health concerns statewide.

The Community Training Center continues to provide CPR and first aid training for health care professionals, day care providers, and community volunteers throughout Alabama. The center serves as a nursing education provider not only for public health nurses but also for community volunteers and health care providers.

Memorandums of agreement with 23 schools of nursing in Alabama and surrounding states as well as collaborative relationships with other disciplines such as pharmacists have allowed positive public health clinical experiences for students statewide. This has naturally led to a number of health care professionals choosing public health as their area of practice after graduation.

The Nursing Unit works closely with other department offices toward excellence in the area of emergency preparedness. Public health nursing played a major role in the response to hurricanes in 2005, particularly by providing professional nursing oversight in mass and medical needs shelters. These actual events allowed for experiences which could be evaluated to assist in future emergency response planning. The nurse volunteer database was utilized during these events to allow for contact of nurse volunteers during the event. The process worked well with volunteers responding from Alabama and nationwide. Nurses have been provided training in the Strategic National Stockpile, hurricane relief, and emergency preparedness.

As always, the Nursing Unit continues to strive for excellence in the practice of public health nursing while serving the citizens of Alabama.

### **Social Work Unit**

The Social Work Unit works to promote and support sound professional practice. Actively involved in collaborating with program consultants, area social work directors, managers, county staff, and other systems of care, the unit strives to assist in providing case management/care coordination services to citizens of all ages. The department's Case Management/Care Coordination services include Plan *first*, Patient 1st Care Coordination, which provides services for the Early Periodic Screening Diagnostic Treatment of Children and Adults, Children with Special Health Care Needs, Elderly and Disabled Waiver Services, Home Health Medical Social Services, Breast and Cervical Cancer, Maternity Case Management, and some HIV/AIDS Case Management.

The Alabama Care Coordination Records Network captures all public health social work program documentation

costs and activity. This electronic system complies with Health Insurance Portability and Accountability Act standards, and provides a timely and efficient staff support service tool for all case managers.

The unit's Web page offers an opportunity for the general public to gain a better understanding of services and helps to recruit new employees. Prospective applicants are able to use the Web page to access public health social work classification information, download employment applications, and to e-mail area social work directors regarding employment opportunities. The site also offers visitors an opportunity to review the goals and methods of public health social work, the program service options, and the ability to contact central office staff regarding questions. The Social Work Unit, working with all of the accredited schools of social work throughout the state, strives to attract and maintain a quality work force. Responsible for assuring that a system of public health social work practice is available across the state, the unit working with department supervisory staff and the Alabama Board of Social Work Examiners strives to ensure that professional standards of practice are maintained. Training for professional development is offered with contact hours to assist staff in maintaining licensure and to upgrade professional practice skills.

The state's Emergency Preparedness Plan continues to include a critical role for the unit, as it continues to develop and maintain mental health response service systems, as well as to recruit and train volunteers and staff from across the state. Over 1,000 social workers and mental health professionals have participated in many different regional, satellite, and statewide conference training options. The many topics ranged from Emergency Preparedness Strategic National Stockpile, disaster response counseling, stress management, and other training sessions. The Social Work Unit participates in national, state, and local initiatives to enhance the services provided to the people of the state. Geared toward attracting a quality work force for the future, the unit also works with the administrative staff of the department and the South Central Public Health Leadership Institute to create opportunities for public health to be introduced to current students enrolled in educational institutions as interns.

### **Nutrition and Physical Activity**

Overweight and obesity, which are risk factors for many chronic diseases, are more common than ever before. It is well accepted that a balanced diet and daily activity are needed to maintain a healthy status; however, putting this knowledge into practice is often difficult. During fiscal year 2005, the Nutrition and Physical Activity Unit's health messages centered on making healthy choices a part of a lifestyle habit.



# N&PA

## THE NUTRITION AND PHYSICAL ACTIVITY UNIT

Alabama Department of  
Public Health

### 2005 fiscal year activities:

Staff coordinated the State Osteoporosis Task Force and the development of the Strategic Plan for the Prevention and Control of Overweight and Obesity in Alabama. The Obesity Task Force was composed of over 90 representatives from public health, academia, cooperative extension, food stamps, human resources, industries and businesses, and community groups. The group worked together to identify issues of concern dealing with overweight and obesity. Barriers and possible solutions to the concerns were addressed through the state plan. Currently, task force members use the plan, available on the department's Web site, as they implement solutions. The work of the task force will continue throughout the upcoming year.

Unit staff were active on the State Department of Education's Statewide Committee to Review the State of Health of America's Youth with Particular Emphasis on Alabama's Youth. Because of this work, changes were implemented in all public schools to improve the nutritional value of the snack foods in vending machines and through the cafeteria meals, reduce the soft drinks provided at the school, and make the school environment healthier. Unit staff provided guidance to all schools through fact sheets titled, "Guide to Healthy Vending Machines," "Guide to Healthy School Fundraising," "Guide to Healthy School Wellness Policies," and "Is it a Healthy Snack?"

During its regular session the Alabama Legislature passed Act No. 2005-257 establishing the Legislative Task Force on Obesity to study the various solutions available to address the impact of obesity on Alabama's citizens, including, but not limited to, educational awareness, lifestyle or behavioral choices, community based environmental strategies, and medical or pharmacological interventions. Task force members were appointed at the end of the fiscal year. The task force will develop a report, which will be completed and presented to the governor and the legislature no later than the fifth legislative day of the 2006 Regular Session. Education sessions in class format or group discussion were provided to individuals and family members in various community settings, such as wellness centers and YMCA's, housing communities, schools, after-school settings, and places of

faith. Through the after school program at Montgomery's Southeast YMCA, a variety of health education classes were taught to children between the ages of 9-11 during the school year and the summer program. Healthy lifestyle behaviors were encouraged with lessons that focused on increasing fruits and vegetable consumption, milk consumption, physical activity, decreasing sugar, and watching less television. *WeCan!* program is a national, public education outreach program that concentrates on the importance of maintaining a healthy weight in youth ages 8-13. Alabama was chosen as one of 13 national intensive sites to implement the program. Unit staff work to coordinate *WeCan!* for the state. *WeCan!* programs and community events will be taking place on a statewide basis with the long-range goal of improving nutritional choices, increasing physical activity, and reducing screen time in youth. Media coverage has been extensive with multiple media interviews via television, radio, and print.

In partnership with the department's Diabetes Branch and the Alabama Department of Senior Services, the Eating Better, Moving More health program was implemented in two senior centers by staff. The 10-week program taught basic nutrition concepts and emphasized physical activity through a walking program with pedometers. At the completion of the program, participants were presented with certificates at a special celebration. Follow-up materials were provided to each center for future use. Media messages continue as staff members appeared on television and participated in radio interviews. A partnership with a dairy provided six nutrition messages aired over a six-month time frame on radio stations statewide.

The Food and Fitness employee wellness program continues to promote healthy lifestyle strategies to employees for achieving and maintaining a healthy weight and increased physical activity. Walking competitions that include a dietary change provided the miles that equaled walking through five states. Additional activities included a fashion show, nutrition classes, yoga classes, and exercise/dance classes.





Staff provided training and technical support for Steps to a Healthier Alabama, a program focused on reducing the burden of obesity, diabetes, and asthma in seven counties in central and southeast Alabama. Staff also serves as the school liaison for Steps, linking program activities with the State Department of Education and local schools.

Staff provided leadership for Alabama Action for Healthy Kids, state affiliate to the national organization that promotes healthy school nutrition and physical activity environments. Alabama was awarded a grant this year from Action for Healthy Kids to implement *ReCharge!*, an after-school program in two elementary schools. This after-school program promotes leadership skills, good nutrition, and physically active lifestyles among students.

### Office of Women's Health

In 2005, the Office of Women's Health coordinated the development and implementation of a weight loss initiative that will be offered in Alabama communities throughout the state. Partnering with the Alabama Obesity Task Force and the Alabama Department of Public Health's Office of Minority Health, Nutrition and Physical Activity Unit, and Diabetes Branch, community health advisors were trained on a curriculum created by the University of North Carolina called *New Leaf; Choices for Healthy Living*. *New Leaf* is a structured nutrition and physical activity assessment program for cardiovascular disease risk reduction through weight reduction.

The sites initially targeted for *New Leaf* implementation were three underserved rural Black Belt counties: Lowndes, Greene, and Macon. These counties were chosen based on estimated burden of chronic disease and on availability of community health advisors previously trained in cancer and cardiovascular risk

reduction. Macon and Greene counties are among the top 25 percent of Alabama counties for estimated burden of chronic disease, and Lowndes County is above the state median.

During May 2005, *New Leaf* Intervention Training was provided for 26 advisors and five faith-based health team members/parish nurses from the three counties. Additionally, eight health department staff and four Office of Women's Health steering committee members were trained to provide technical support to the community leaders. In October, 23 more advisors were trained for implementation in five additional counties: Coosa, Dallas, Mobile, Monroe, and Wilcox.

Five specific sites and teams were identified for *New Leaf* intervention implementation in the three initially identified counties and an additional seven sites and team leaders were identified from the October training. Community leaders will coordinate area weight loss seminars and lead support groups to promote healthy eating and exercise habits among the women of the state and their families, throughout the upcoming year.

Additional activities for 2005 included monthly distribution of women's health educational materials, through presentations, frequent mailings, and participation in health fairs. The office also continued to serve as the department's point of contact and liaison for the U.S. Department of Health and Human Services, Region IV, Office on Women's

Health. As liaison, the office was asked to present a poster display and participate as a panel member during the *New Leaf* discussion at the Centers for Disease Control and Prevention's Annual WISEWOMAN Conference, November 14 - 18, 2005, in Newport Beach, California.

Rounding out the 2005 year is the office's Clearinghouse project. Resources of data and information affecting women's health have been accumulated and the preliminary work to develop a women's health information clearinghouse will culminate with the publication of the first Office of Women's Health newsletter in January 2006. The newsletter will be distributed biannually through routine mailings and be accessible on the Web page, making the clearinghouse information available to health professionals and the community.



# Bureau of Children's Health Insurance

*The Bureau of Children's Health Insurance was designed to decrease the number of children in the state who are without health insurance.*

During fiscal year 2005, a total of 81,856 children were enrolled in Alabama's Children's Health Insurance Program (CHIP – also known as ALL Kids). This was an increase of 3 percent from 79,407 children for fiscal year 2004.

Additionally, it is estimated that since the inception of ALL Kids in February 1998, an additional 121,000 children have become enrolled in Alabama's Medicaid program due to ALL Kids outreach and ALL Kids/Medicaid enrollment simplification.

During the past year, the program instituted several procedures to make ALL Kids a more family friendly program. These procedures included the establishment of a payment methodology known as Pay\$mart which assists families in setting up premium payment schedules. CHIP also established a methodology by which families could pay premiums online using a major credit card.

## **CHIP faced two major challenges in 2005:**

- 1** Changing mental health vendors and transitioning operations and enrollees from the Alabama Psychiatric Services to United Behavioral Health; and,
- 2** Responding to the needs of evacuees in the aftermath of Hurricane Katrina.

The first challenge occurred during the first part of the fiscal year. The transitioning involved internal administrative changes as well as education and outreach for recipients. The effects of this transition are just beginning to be realized and an increase in the type and number of mental health services available to enrollees and increased reporting of the number and type of services to the CHIP office is anticipated.

The second challenge occurred at the end of fiscal year 2005. Close collaboration between CHIP and Medicaid made this challenge more manageable than it otherwise would have been. This challenge necessitated the development of protocols, forms, and policies for dealing with evacuees from

Louisiana and Mississippi as well as for those Alabama enrollees who were displaced to other states. This challenge also involved the submission of a 1115 Medicaid/CHIP waiver which facilitated the enrollment of evacuated children in ALL Kids and Medicaid.

The program used two special grants during the year to complement the work of the CHIP staff. The first grant, a federal State Planning Grant (known as the IDEA Project), was used to develop and disseminate county level uninsurance rates, develop a cost:benefit assessment on health insurance in Alabama, and to conduct focus groups to identify the health insurance needs of individuals and small employers and ascertain the amount of money they would be willing to pay for insurance coverage. The second grant, Covering Alabama Kids and Families, funded by the Robert Wood Johnson Foundation, provided assistance to CHIP and Medicaid in the areas of program simplification, outreach, and enrollment.

# ALL Kids



# Bureau of Family Health Services

*The Bureau of Family Health Services protects and promotes the health and safety of women, infants, children, youth and their families in Alabama through assessment of community health status, development of health policy, and assurance that quality health services are available.*

## WOMEN'S HEALTH

One of the outcomes of the reorganization of the Bureau of Family Health Services in 2005 was the separation of the Women's and Children's Health Division into two distinct divisions. The Women's Health Division includes the Family Planning Program, the State Perinatal Program, the Alabama Breast and Cervical Cancer Screening Program, Maternity, the Alabama Abstinence Education Program, and Social Work Services which include care coordination programs. Division staff provide administrative, professional, and systems' development support and technical assistance to counties and areas on women's health clinical programs, care coordination programs, and other special projects.

### The overall goals of the division are to:

- 1 Reduce the incidence of pregnancy related mortality and morbidity by ensuring statewide access to quality women's health care services.
- 2 Reduce the incidence of unintended pregnancy.
- 3 Promote quality health care by improving the health status of children and adults through care coordination.

## Maternity

With the department no longer being a major provider of maternity services under Medicaid's State Maternity Plan, health department clinics providing prenatal care discontinued services in 2005 with the exception of the Mobile County clinic.

### Maternity Care Coordination

The department is only marginally involved in providing care coordination services under the State Maternity Plan. In September 2004, the department was providing care coordination in 24 counties; however, by September 2005, public health was only providing care coordination in six counties. One of these six also provides services to patients from an additional county. These are located in public health areas 2, 5, and 6. The trend has been for the Medicaid Primary Contractors to either offer care coordination themselves or to subcontract with physician offices and hospitals for care coordination. Medicaid primary contractors now have the responsibility for training maternity care coordinators, and this training is no longer provided by the department.

## Family Planning

Direct patient services were provided to 94,278 family planning clients in fiscal year 2005 through the Title X Family Planning Program which includes Plan *first*. Plan *first*, a joint venture between the Alabama Medicaid Agency and the department, continued in its fifth year of implementation and is continuing to operate through a program extension. This program is a 1115 (A) Medicaid Research and Demonstration Waiver expanding Medicaid eligibility for family planning services to women age 19-44 at or below 133 percent of the federal poverty level. As of September 2005, more than 135,000 women statewide were enrolled in Plan *first*. Also, the department's toll-free hotline received 7,389 calls regarding Plan *first*.

### Plan *first* Care Coordination

Plan *first* services include a psychosocial assessment to determine one's risk for an unplanned pregnancy. Care coordination services are offered by a social worker or a nurse to those who are identified at high risk for an unplanned pregnancy. These services have been provided since the implementation of the 1115 Family Planning Waiver on October 1, 2000. In fiscal year 2005, 48 full-time equivalent employees coded time to the Plan *first* program. Certification training is provided on a quarterly basis by Family Health Services. Fifty-two care coordinators were certified during 2005. All Plan *first* care coordination documentation is electronic. The Plan *first* Protocol Manual is kept updated and is accessible on the Lotus Notes Document Library. The 1115 Family Planning Waiver is in the process of being renewed and the care coordination process has been revised based on five years of experience. Medicaid has approved the revisions and they will be implemented upon renewal of the Waiver. Family Health Services staff will be responsible for training the new protocol statewide.

## State Perinatal Program

The purpose of the State Perinatal Program is to improve maternal and infant health through a system of regionalized care. The State Perinatal Advisory Council provides leadership in establishing program priorities. Five regions, based on regional perinatal referral hospitals, compose the regional perinatal health care system of the state. Regional Perinatal Advisory Councils provide representation from each county to advise and inform about regional perinatal issues.

In 2005, a perinatal nurse from each region and the perinatal program director managed the councils' activities. Regional needs assessments were completed and strategies were developed to address the identified gaps and barriers specific to each region. The regional perinatal nurses implemented activities to strengthen the perinatal health

care system in each region, including the following: planning and conducting quarterly meetings for perinatal nurse managers in each region to improve networking among the delivery hospitals; creating breastfeeding task groups to foster collaboration among perinatal nurses, lactation consultants, and nutritionists; providing folic acid education to healthcare providers; and delivering a smoking cessation intervention training program for delivering physicians and their office staff. In 2006, the smoking cessation project will be expanded to include pediatricians and their office staff. Additionally, infant mortality reviews were conducted in each region to identify factors surrounding the deaths of very low and low birthweight infants in each region.

### **Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) Annual Report**

Since 1996, the ABCCEDP has provided free breast and cervical cancer screenings to 43,506 Alabama women who are at or below 200 percent of the federal poverty level and are uninsured or underinsured (priority ages are 40-64 years old, although younger women have been served that present with abnormalities). Services include Pap smears, pelvic exams, gynecological consultations, colposcopies with biopsies, clinical breast exams, mammograms, ultrasounds, and biopsies. Statewide screening has detected over 641 breast cancers and 47 invasive cervical cancers many of which would have gone undiagnosed until later when they would have become more difficult to treat. There have also been 176 precancerous cervical lesions detected. Approximately 51 percent of patients served are Caucasians, 44 percent are African Americans, and 5 percent are other minorities. The Hispanic/Latino culture is the fastest growing ethnic population in Alabama; more than 1,250 Hispanic women have been screened by the program.

As of October 2001, women diagnosed with breast and cervical cancer through the ABCCEDP may be eligible for Medicaid benefits. To be eligible, the women must have no other credible insurance coverage, be a U.S. citizen or documented resident, and reside in Alabama. To date, 812 applications have been referred to Medicaid and more than 804 have been approved.

### **Alabama Abstinence-Only Education Program**

The Alabama Abstinence-Only Education Program is a federally funded Abstinence Education Program which has received funding from fiscal year 1998-2005. The goal of the program is to reduce the occurrence of all types of out-of-wedlock sexual activity and the consequent social, psychological, and physical problems among adolescents 17 years of age and younger in Alabama. The program continued funding for nine community-based projects in fiscal year 2005. The

projects provided abstinence-until-marriage education to approximately 35,000 participants 17 years of age and younger in 34 of Alabama's 67 counties. Project activities were conducted primarily in the school setting, as well as in private healthcare settings, other educational facilities and city/county/state social service organizations. The projects used the funds to provide abstinence-until-marriage education, as well as educational, recreational, and peer/adult mentor programs. A statewide media campaign consisted of news releases, radio/television public service announcements, billboards, project enhancements/incentives and a Web site. Over the duration of the Alabama Abstinence-Only Education Program, program evaluators are conducting an intensive, comprehensive, longitudinal evaluation of each of the projects and the program as a whole.

### **Patient 1st Care Coordination**

After the termination of the Patient 1st Program on March 1, 2004, department care coordinators began providing services to Medicaid-eligible individuals up to the age of 21 years old under EPSDT guidelines. After Patient 1st was reinstated in December 2004, care coordination was also reinstated for Medicaid-eligible adults under the new program. Care coordination to adults was implemented in stages between December 2004 and February 2005. In fiscal year 2005, 61 full-time equivalent employees coded time to the Patient 1st program. Patient 1st Care Coordination Certification Training continues to be provided by Family Health Services on a quarterly basis. Seventy-eight care coordinators were certified during fiscal year 2005. All care coordination documentation for the Patient 1st program is electronic. The Protocol Manual has been updated and is accessible on the Lotus Notes Document Library.

### **Targeted Case Management**

Targeted Case Management continues to decline. Public health provides targeted case management for HIV/AIDS patients; however, the majority of case management for this population is provided by community based organizations. The department provided limited case management during fiscal year 2005 for the AIDS Waiver administered by the Bureau of Home and Community Based Services. Targeted case management is offered outside the AIDS Waiver, but the Bureau of Home and Community Services is working with Alabama Medicaid to incorporate case management into the AIDS Waiver.

### **Healthy Beginnings & InfoConnection Helplines**

The Family Health Services helplines received 2,454 calls during fiscal year 2005. Of these calls, 2,245 were WIC related.

## **CHILDREN'S HEALTH**

The Children's Health Branch was made into a division in August 2005 with the Abstinence Only-Education and the Alabama Community-Based Abstinence-Only Education programs moving to the Women's Health Division. The Children's Health Division is involved daily with promoting the health and safety of infants, children, and adolescents within the state. The division programs include the Newborn Screening Program, the Universal Newborn Hearing Screening Program, the Alabama Childhood Lead Poisoning Prevention Program, Healthy Child Care Alabama, the State Early Comprehensive Systems Implementation Grant, Child Death Review, School/Adolescent Health, and Clinical Services.

### **Alabama Newborn Screening Program**

The Alabama Newborn Screening Program is a collaborative effort involving the Bureau of Clinical Laboratories and the Bureau of Family Health Services. The program provides laboratory screening and follow-up activities to prevent or minimize the effects of disorders that can lead to death, mental retardation, and life-compromising conditions in newborns.

All newborns in Alabama are screened for phenylketonuria (PKU), congenital hypothyroidism, certain hemoglobinopathies (including sickle cell disease), galactosemia, congenital adrenal hyperplasia, and biotinidase deficiency. Additionally, Alabama has implemented expanded screening using tandem mass spectrometry. This technology allows screening for amino acids, organic acidemia, and fatty acid oxidation disorders in a single process. These disorders are Maple Syrup Urine Disease, Homocystinuria, Tyrosinemia, Citrullinemia, Medium Chain Acyl-CoA dehydrogenase deficiency (MCADD), Propionic Acidemia, Methymalonic Acidemia, and Carnitine Transport Defect.

Infants identified with these disorders typically appear normal at birth. The testing and follow-up services allow diagnosis before significant, irreversible damage occurs. The department's Bureau of Clinical Laboratories conducts all screening for the approximately 60,000 infants born yearly in the state.

### **Alabama's Listening Universal Newborn Hearing Screening Program**

In 2005, all 59 birthing hospitals continued to have universal newborn hearing screening programs in place. Babies born in 35 of the 59 birthing facilities have been identified with significant hearing loss with approximately 125 babies being identified with significant hearing loss since the tracking program has been in place. More than 95 percent of infants born in Alabama are screened for hearing loss

before hospital discharge. Loaner equipment is available to birthing hospitals when needed in order to limit the number of infants who are not screened for hearing loss before discharge. The goal of this program is to ensure those infants receive appropriate follow-up and intervention services.

### **Alabama Childhood Lead Poisoning Prevention Project**

During fiscal year 2005, the Alabama Childhood Lead Poisoning Prevention Program, funded through the Centers for Disease Control and Prevention, collected reports of 15,504 blood lead screenings for 14,425 children through which 201 lead cases were referred for medical case management. As a result, 76 houses were investigated for environmental lead hazards. Follow-up inspections were conducted on homes for which a child's blood lead level did not improve in a six-month period.

The program led the Alabama Childhood Lead Poisoning Elimination Workgroup through the development of a statewide elimination plan to reduce the incidence of childhood lead poisoning to less than 1 percent by 2010.

### **Healthy Child Care Alabama**

Healthy Child Care Alabama is a collaborative effort between the Alabama Departments of Public Health and Human Resources. In 2005, seven registered nurse consultants served 40 counties by providing developmental, health and safety classes, coordinating community services for special needs children, identifying community resources to promote child health and safety, and encouraging routine visits for children to their health care providers.

The nurse consultants also worked with community agencies and organizations to reduce injuries and illnesses and promote quality childcare. The nurse consultants performed health and safety assessments of child care facilities and if a problem was identified, assisted the childcare provider in correcting the concern.

During fiscal year 2005, the nurse consultants documented 1,530 health safety trainings and educational sessions for 6,639 providers, 2,666 new provider contacts and visits, and an additional 4,918 provider contacts/consults for a total of 7,584 provider contacts. The nurse consultants also provided health and safety programs for 16,069 children in the childcare setting.

### **School/Adolescent Health**

The School/Adolescent Health Program has collaborated with other statewide adolescent programs to explore the development of a state adolescent advisory committee, which would include representatives from the other adolescent programs. This committee of adolescent "experts" would provide program direction to better reach and involve the adolescent community throughout the state.

The University of Alabama at Birmingham's Leadership Education in Adolescent Health (LEAH) Program provided a regional state adolescent health coordinators' workshop, "Adolescent Obesity: A Community Health Problem." The workshop provided a model for action in addressing adolescent obesity by local community involvement. The state adolescent health coordinator will use this model to assist local communities to develop and implement effective actions in addressing adolescent health.

### **State Early Comprehensive Systems Implementation Grant**

The "Blueprint for Zero to Five" (Blueprint) is the title of the Alabama Early Childhood Comprehensive Systems Plan for implementation. The planning committee, made up of state and local stakeholders including parents, worked for two years to develop the plan. The mission of the Blueprint is to create the environment and enhance opportunities for all Alabama's children to succeed as productive citizens. The vision of the Blueprint is "Ready Families + Ready Communities + Ready Services + Ready Schools = Ready Children with Bright Futures" (adapted from the National School Readiness Indicators Initiative, "Getting Ready"). The first year of the grant will fund an early childhood public awareness campaign titled "Zero to Five Matters" which builds on the United Way/Success by Six/Civitas "Born Learning" Initiative.

### **Child Death Review**

The Alabama Child Death Review System is continuing to make a difference in the lives of Alabama's children. System data, as published in the program's first-ever annual report, showed that in 1998 and 1999 there were approximately 500 infant/child deaths per year that met the criteria for case review. New data show that since 1999 the number of infant and child deaths that have met the review criteria has decreased by more than 30 percent (down to less than 300 per year). While the system cannot take credit for all of this decrease, it repeatedly has been publicly recognized as a significant contributor to these improved numbers.

The fourth annual report, containing final review data for 2002, was published in August of 2005. It was distributed to the governor and the state legislature as well as to other citizens and agencies in Alabama and around the country. The next annual report, containing final 2003 data, is being developed and is on schedule for publication in early 2006.

In addition to hosting the regular quarterly meetings of the State Child Death Review Team (SCDRT), staff also visited several local child death review teams and coordinators throughout the state in an effort to improve communication and team performance to the best possible levels. Staff have made a special effort to visit with the newly elected

district attorneys to acquaint them with the child death review process. The infant/child death scene investigation training curricula, developed in 2002 by the ACDRS-formed Child Death Investigation Task Force, continues to be taught to new recruits at the state's police academies and to experienced investigators at in-service courses offered periodically in different locations throughout the state.

Due to the success of the system's first-ever statewide training conference in 2004 and the fact that the state and local team membership is changing almost constantly, the system plans to conduct another statewide ACDRS training conference in 2006. This will again be an effort to ensure that everyone involved understands the purpose, mission, procedures, and operations of the program. The conference will offer both national and local speakers, program-specific training, and a participatory panel discussion.

The operational efficiency of ACDRS continued to improve in 2005 and, in fact, more local teams are actively participating and more cases are being completed now than at any time in the program's history. The 2003 case completion rate is almost 87 percent (up from 68 percent at the program's inception) and the 2004 rate (which will close out late in 2006) promises to be better still. The system continues to develop new public education and awareness strategies (such as current ongoing efforts with written and broadcast materials related to all-terrain vehicle safety and the prevention of youth suicide) and direct prevention efforts (such as the new Cribs for Kids program, piloted in 2005, which provides free, infant-safe cribs to families who otherwise could not afford them). Finally, the system continues to work toward common goals with strategic partners, such as the Children First Trust Fund, Gift of Life, Voices for Alabama's Children, the Alabama Suicide Prevention Task Force, the Alabama Injury Prevention Council, the Alabama Head Injury Task Force, and other such organizations.

### **Clinical Services**

Nineteen county health departments signed Early and Periodic Screening, Diagnosis, and Treatment agreements with 70 Patient 1st providers to perform the screening for their patients. A total of 37,124 patients were provided services by county health department staff. These patients made a total of 84,612 visits to local clinics.

### **WIC**

The Women, Infants and Children (WIC) program provides nutrition education, breastfeeding education, and supplemental nutritious foods to pregnant, breastfeeding, and postpartum women, infants, and children up to age 5. Program participants must be of low or moderate income and have a nutritional risk. WIC coordinates with and refers to

other health and social programs and serves as an adjunct to good health care during critical periods of growth and development.

WIC served an average of 118,751 patients per month, which included approximately 28,756 women, 33,503 infants, and 56,492 children. Over \$91 million in foods were purchased statewide in retail grocery stores.

WIC supports and promotes breastfeeding as the preferred method of infant feeding. Research indicates breastfeeding provides multiple health benefits for babies and mothers. WIC participants receive breastfeeding education throughout their pregnancy and additional support once they deliver their baby. In 2005, WIC initiated a Breastfeeding Peer Counselor Program in three counties: Blount, Mobile, and Montgomery. These pilot sites will employ present or former WIC participants who breastfed their babies and can offer support to pregnant and postpartum mothers regarding breastfeeding issues. After evaluation of these pilots, WIC will expand the program into other clinics. A breastfeeding coordinator in WIC will offer training to the counselors and be available for additional professional guidance. Studies have shown that breastfeeding peer counselors help increase breastfeeding initiation and duration rates.

WIC continues to assist participants and their families to increase their physical activity and improve their nutritional habits. To address the issue of childhood obesity, WIC's two-year Nutrition Education Plan has four major objectives to promote establishing and maintaining healthy weights among WIC children in Alabama:

- increase awareness of the importance of balancing food intake and daily physical activity;
- increase awareness of breastfeeding benefits;
- promote increased intake of fruits and vegetables; and
- promote the use of positive nutrition messages and health practices by WIC clinic staff.

## **Oral Health**

### **Data and Surveillance**

A major goal of the Oral Health Branch during fiscal year 2005 was to continue collecting statewide oral health data on children in a variety of age groups. Children in childcare settings, Head Start programs, and elementary schools were screened in an effort to measure the prevalence of dental caries (tooth decay) in these vulnerable populations. Approximately 442 children ages 1 to 3 years were screened in childcare centers from five Alabama counties. Of these, 17 percent (n=76) had caries experience, 7 percent (n=31) had current untreated decay, and 3 percent (n=13) had urgent treatment needs. Of the 6,917 second grade and third grade children screened, 58 percent (n=3,996) had caries

experience, 26 percent (n=1,769) had current decay, and 19 percent (n=1,281) had urgent treatment needs. Additionally, 12 percent (n=847) of the second and third graders screened had at least one dental sealant on a permanent molar.

An analysis of Medicaid dental data during fiscal year 2005 provided a four-year summary of utilization rates by Medicaid children statewide. The results showed a significant trend of increased utilization rates by all Medicaid children in the 1–19-year-old age groups for years 2000–2004. The report also indicated a considerable increase in the number of dental providers statewide. A future goal of the branch is to utilize similar ALL Kids data for a comparative study. These strong collaborative efforts with the Medicaid and ALL Kids dental programs continued to support the branch's data and surveillance role with the Oral Health Coalition of Alabama.

Another highlight for fiscal year was the development of two new state performance measures for oral health and the continuation of one national performance measure for oral health for inclusion in the state Maternal and Child Health Block Grant report and application. A new five-year needs assessment plan indicated that oral health was a significant area of need for the state; therefore, objectives and outcome measures were established for the next five-year reporting period.

### **Staff and Funding**

The branch's "State Oral Health Collaborative Systems" Health Resources and Services Administration grant received funding again during fiscal year 2005. This grant enabled the program to hire a new state fluoridation coordinator to fill a position that had been vacant since fiscal year 2004. The new fluoridation coordinator immediately began to work cooperatively with Alabama Department of Environmental Management, the Centers for Disease Control and Prevention, the Birmingham Laboratory, county health departments, and local water systems to address key issues that developed while the position was vacant. Some major goals of the fluoridation program are to assure that fluoridating water systems maintain optimal fluoride levels, that water samples continue to be collected by county health department environmentalists and submitted to the state level, and that existing fluoridating systems receive the support they need to continue fluoridating.

The branch received another new staff member during fiscal year 2005 as CDC provided a maternal and child health fellow to assist in analyzing oral health data. This individual served as a research analyst and focused primarily on the four-year Medicaid utilization report.

A public health nurse in Area 9 also assisted the dental staff again with community outreach activity, including dental health education, data collection, promotion of access to dental care, and other similar projects. This area dental

health coordinator provided educational programs to approximately 2,130 students, parents, teachers, principals, nurses, dental hygiene students, and others during fiscal year 2005. The nurse also played a major role in the scheduling and coordination of dental screening activity for elementary schools, Head Start, and child care programs throughout the state.

### Education and Prevention

Other activity within the branch was the development and inclusion of a workforce survey for all Alabama licensed dentists. The survey was included with license renewal applications provided by the Alabama Board of Dental Examiners. The responses will be forwarded to the branch for data entry and analysis during the next fiscal year. This data should be invaluable as the Alabama Board of Dental Examiners, the School of Dentistry, the Alabama Dental Association, and other key partners address the critical dental workforce shortage facing the state within the next decade.

The prevention of oral cancer through education and awareness was another program objective for the year. An Oral Cancer Symposium was coordinated by the branch and presented at Alumni Weekend at the University of Alabama's School of Dentistry during February 2005. Former Heisman Trophy winner and oral cancer victim, Pat Sullivan, told his compelling story about spit tobacco use and his battle to overcome oral cancer to more than 100 Alabama dentists attending the symposium. The overall goal was to increase oral cancer screening and prevention through private dental offices and clinics statewide.

Oral health staff participated in other educational opportunities by presenting lectures to dental students, dental hygiene students, dentists, and staff at the Alabama Dental Association and Alabama Dental Society annual meetings, and to participants at the Alabama Diabetes Association meeting. County health department staff attending Patient 1st case management certification training received dental health education from oral health staff, and the state dental director continued to serve as a member of two public health dental residency programs.

As in previous years, the dental program distributed thousands of oral hygiene supplies, dental health education literature, and other teaching material to county health departments, school nurses, private dental offices, dental clinics, teachers, parents, and others. Every child screened during fiscal year 2005 received a toothbrush and toothpaste.

### Dental Services

The Health Resources and Services Administration grant that funded the new fluoridation coordinator also enabled the branch to provide a \$15,000 grant to Alabama's Donated Dental Services project. Through the statewide program, approximately 94 uninsured persons received much-needed dental care. To qualify, the recipients had to be handicapped, elderly, disabled and/or medically compromised, or meet other program guidelines. The project's annual report indicated that the \$15,000 grant was matched with other contributions, while Alabama dentists donated their time and dental laboratories donated supplies. The result was approximately \$185,000 worth of dental care being provided to these persons of need.

Another noteworthy donated dental services' project occurred in Tuscaloosa County during February. A Birmingham dentist transported his mobile dental van to the county and provided dental services at no charge to uninsured children needing urgent care. While the branch staff screened and referred children who qualified for the program, four Tuscaloosa County dentists joined the Birmingham dentist in providing the dental care. Parents were able to transport their children to the van and to sit with them while receiving dental services.

Oral health staff was also involved in the department's Katrina response initiative. Numerous evacuees were identified as needing dental care and were matched to local dentists or public health clinics for treatment. Following the governor's proclamation that granted licensed Louisiana and Mississippi dentists temporary licenses in Alabama, branch staff worked to match these displaced dentists with clinics or private offices needing additional staff. The dental program continued its efforts to locate dental care for many uninsured elderly and indigent adults. Access to care for these populations remained a significant problem as phone calls, e-mails, and letters were received routinely.

#### Dental services through county health departments & school-based clinics

- 33,270 Patient encounters were reported from Jefferson, Mobile, Tuscaloosa, and Coffee county health departments' dental clinics.
- 11,991 Dental sealants were provided through these county health departments' dental programs.
- 1,636 Patient encounters were reported from Auburn and Opelika City School dental clinics.
- 362 Dental sealants were provided through these school-based programs.

# Office of Primary Care and Rural Health Development

*The Office of Primary Care and Rural Health Development facilitates and participates in activities to improve accessibility of primary care and promotes the health status and attainment of stable health care services for rural residents with special concern for minority and medically underserved populations.*

## Primary Care

The section collected and analyzed data to designate as Health Professional Shortage Areas those communities satisfying federal criteria. Assessments are performed in designating a shortage of primary care physicians, dentists, and mental health workers. This designation qualifies the community for several grants and programs to increase health care access. Sixty-two of Alabama's 67 counties are now designated as primary care physician shortage areas with information on eight of these counties being updated during the year. Elimination of these designations would require an additional 242 physicians strategically placed in Alabama communities for an estimated 2 million underserved residents. All 67 counties are designated as dental health shortage areas for the low-income population. Sixty-six counties are considered deficient in mental health care workers through designation of 21 Mental Health Catchment Areas. Data were collected and submitted this year to update all 67 counties by the Federal Shortage Designation Branch of the Health Resources and Services Administration.

Applications for assistance from the National Health Service Corps to recruit health professionals to Alabama communities resulted in 63 approvals this year. Efforts to recruit and fill these approved slots are underway through joint activities with the Primary Care Section and recruiting communities. Historically, not all slots are filled, primarily because of limited financial assistance available from the corps. Field strength is currently 29 physicians, 15 mid-levels, 10 dentists, five mental health workers, and four pharmacists. Approximately seven of the dentists were placed through the SEARCH rotations. The corps' loan repayment program continues to be attractive in that it pays off \$50,000 in loans for a two-year commitment and \$70,000 for an additional two years of service.

A demonstration program developed through Primary Care and funded by the Southern Rural Access Project provides a model for aggressively recruiting health professionals to live and work in Alabama's rural communities. The program employs a regional recruiter who receives technical support from the Primary Care Section. Activities included organizing a community's civic leaders and its health institution leaders in collaborative activities to both recruit and retain health workers in the community.

All the primary care physician residency programs were

visited or contacted in conjunction with the Physicians Alabama Opportunity Fair to be held in Point Clear, Alabama.

## Rural Health

The J-1 Physician Waiver Program continued to be the principal source of primary care and mental health physicians for many Alabama communities and was expanded at the request of Alabama medical providers to accommodate up to 15 sub-specialists per year. In 2005, this expansion resulted in the processing of waivers for 29 physicians, including 13 sub-specialists, bringing the total number of J-1 physicians in the state to 93. The expansion of sub-specialty waivers intensified program activities, resulting in a doubling in one-on-one consultations with health care providers, community leaders, employers, and immigration officials to over 2,000 a year and conducting over 10,000 transactions on Alabama's rural health Web site. The resulting J-1 physician practices provided essential health care access to over 180,000 Alabamians and provided substantial economic benefits to their respective communities by generating an estimated \$6 million in annual revenue and providing employment for approximately 485 supporting personnel. These J-1 program activities and benefits are expected to significantly increase due to federal legislation which broadened the program to accommodate more sub-specialist waiver applications.

Initiatives were continued to bring high-level tertiary and specialty care to rural communities through the use of state-of-the-art health and telecommunication technologies.

Strong rapport was maintained with the Office of Emerging Health Technologies at the University of South Alabama, toward the mutual pursuit of several demonstration projects. Ongoing demonstration projects involved monitoring home-bound elderly patients using varying combinations of remote surveillance and communications equipment, and maintaining the proficiency of physicians in remote rural locations by connecting them to continuing education and grand rounds programs at the state's medical schools. In addition, interest was established with the Alabama Department of Mental Health to demonstrate the advantages of performing mental health consultations at remote sites via tele-video technology. All of these initiatives resulted from concerted efforts to stay on the cutting edge of new tele-health technology through participation in trade shows and professional organizations and through constant networking with organizations and individuals through one-on-one personal contacts and Internet List-Serve contacts.

Two federal grant applications were submitted and approved during the year to strengthen small, rural hospitals and improve health care in their communities. A continuation application was submitted for the Medicare

Rural Hospital Flexibility Program in collaboration with the Alabama Hospital Association and awarded \$440,000. This grant program focuses on the smaller, rural hospitals. Grant funds can be used to explore the feasibility of converting to a federally designated Critical Access Hospital, conducting community needs assessments, developing health care networks, integrating Emergency Medical Services in communities, and improving the quality of care being delivered. Over 40 hospitals were approved for funding this year by the Alabama Rural Hospital Flex Grant Committee which evaluates and approves funding proposals from prospective hospital grantees.

The other federal grant application submitted was for the Small Hospital Improvement Program. Federal grant funds are made available through this program for all rural hospitals having less than 50 beds operational. The application process was conducted in a joint educational process with the Alabama Hospital Association and identified 27 eligible hospitals in the state. The application resulted in an award to the state of \$252,180. Eligible hospitals may use these grant funds to update financial operations for Prospective Payment Systems, plan and implement HIPPA requirements, reduce medical errors, and improve quality of care.

Grant opportunities and health related community data are continually being requested from staff. A grant notification process has been operational through mail and fax. In conjunction with the Alabama Rural Health Association, a ListServe is now under development and provides notices on grant opportunities of interest to community-based organizations in rural communities. More extensive support is being planned for those applicants interested in applying for funding through the federal Rural Health Outreach Program. This will include a statewide conference call hosted by Rural Health to offer technical assistance for applicants and identify potential collaborators for outreach grant applications. During the year 160 organizations and individuals received routine communications of notices for over 200 grant opportunities.

## Minority Health

The Minority Health Section of the Office of Primary Care and Rural Health strives to enhance and promote public awareness of the health concerns of the minority and underserved populations throughout Alabama. The section serves as an advocate for improving the health outcomes of minorities by joining other entities to improve access to quality health care services. During 2005 the Minority

Health Section collaborated with the department's chronic disease programs to implement community-based interventions focusing on health promotion and disease prevention through healthy lifestyle choices at the individual and community level. In partnership with the Office of Women's Health, the Nutrition and Physical Activity Unit, and the University of North Carolina at Chapel Hill, the Minority Health Section was awarded one time CDC funding to pilot the *New Leaf Intervention Training* to address obesity as a risk factor for chronic diseases in women 40-64 years of age. The New Leaf Training addressed obesity in three of the twelve Black Belt counties, Greene, Lowndes, and Macon.

One-time funds were made available from the Federal Office of Minority Health Department of Health and Human Services for the Minority Health Section to distribute funds to assist in the coordination of medical supplies, medical services, and social service interventions to the people in the Mobile County area devastated by the impact of Hurricane Katrina. In partnership with faith organizations, Federally Qualified Health Care Centers, and other minority serving organizations, communities came together to coordinate the delivery of services and medical supplies.

The Minority Health Section received a \$175,000 grant to support state efforts to improve the health of racial and ethnic minorities and eliminate disparities in health. The new *State Partnership Grant Program to Improve Minority Health* will focus on capacity building by bringing together other state agencies, policy makers, elected officials, community stakeholders, and health providers to develop a state health disparities plan. The plan will include action steps to improve the health status of minority populations in Alabama by promoting minority presence, participating in health policy and planning, and promoting public awareness of racial and ethnic health disparities.

The Minority Health Section participated in the development of several bilingual and culturally specific health education brochures and publications, and presentations for communities, academic institutions, and the department's bureaus and program division staff. Joining the staff of the Center for Health Statistics, the Minority Health Section supported the publication of the 2005 release of *Hispanic Health Profile Alabama 2003*. The Minority Health Section's link to the department's Web site was enhanced to include the most current racial and ethnic health data, and the quarterly publication of the *Minority Health Calendar of Events*.

# Bureau of Home and Community Services

*In 2005, the Bureau of Home and Community Services continued to administer the statewide Home Care Program in partnership with county, area, and state level staff to fulfill its mission - to ensure the delivery of compassionate and effective health care services in the home and community while striving to be consistently responsive and innovative in meeting the changing health care needs of Alabama citizens.*

This mission supports the mission statement of the Alabama Department of Public Health – to serve the people in Alabama by assuring conditions in which they can be healthy. In the fulfillment of its mission, the Bureau of Home and Community Services works with a cooperative effort on all levels and phases of program operation while at the same time ensures compliance with federal and state regulations and laws; federal, state, and private payor home care program requirements; and the department's business policies and procedures.

During 2005 the bureau continued with the statewide implementation of a new software system, Horizon Homecare. With this software implementation, Home Health and Life Care program records are now almost completely electronic. The electronic record begins at the point of care with the bureau's nurses, home health aides, and home attendants and continues throughout the entire home care process, including billing. The Bureau of Home and Community Services operates within the framework of five divisions: the Division of Billing and Support; the Division of Home Care Services; the Division of Community Services; the Division of Compliance and Contracts; and the Division of Budget and Personnel.

## Home Health Program

The Bureau of Home and Community Services is a Medicare-certified home health agency with 31 subunits and three branches. Quality and compassionate home health care is provided to patients with Medicare, Medicaid, private insurance, and no payment source. Services available through home health include skilled nursing, home health aide services, medical social services, physical therapy, occupational therapy, and speech therapy. All disciplines work together as a team to meet the patient's health needs and provide quality care. During 2005, the bureau's Home Health Program began the implementation of a new care model with the goal of improving patient continuity of care. The patient record is now almost completely electronic with the use of laptops and telephony. Approximately 339,734 home health visits were made in 2005 in efforts to assist many Alabama citizens in reaching their optimal health goals. The challenge for the upcoming year will be working with all the new

Medicare Advantage providers that will now be in the market as they sign up traditional Medicare patients in their programs.

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

## Life Care Program

The Bureau of Home and Community Services through the Life Care Program is a statewide direct service provider of home care services. Life care services are provided under specialized federal and state funded programs for the disabled, poor, and elderly, as well as contracts with other payor sources. Life care services can also be purchased by individuals through an options program. Life care patients are not required to be homebound, and physicians are involved in the patient's care as needed or as required by specific program guidelines.

Services offered by the Life Care Program include the following: homemaker services, personal care services, skilled respite services, unskilled respite services, companion services, adult day health services, and nursing visits.

Approximately, 1,053,777 hours of service were provided in 2005 to Life Care clients. This year the bureau started a new program within the framework of the Life Care programs. Telehealth is now being offered by the Medicaid program to reduce the cost of emergency room visits and physician visits by Medicaid patients who are not eligible for Medicare. Telehealth works by placing patient monitoring devices in the home for blood sugars, weights, blood pressures, and other measures. The Bureau of Home and Community Services has a goal of having 300 Telehealth patients statewide by March 2006. The Home Care Division also supports the Life Care program's needs for administration, operations, quality assurance, and education.

## Community Services

The Division of Community Services within the Bureau of Home and Community Services functions as an operating agency for the Elderly and Disabled Medicaid Waiver. This program is designed to offer an alternative to nursing home care for the elderly and/or disabled Medicaid recipient. Through professional case management services, the client's needs are assessed and an individualized plan of care is initiated. The plan of care will specify the waiver and non-waiver services that are needed by clients to remain at home so long as their health and safety are ensured. The client chooses a direct service provider to provide specified services. In fiscal year 2005, Elderly and Disabled Waiver case managers provided 106,728 hours of case management and 8,797 hours of recruitment.

## **Billing and Support**

The Division of Billing and Support is responsible for centralized billing for all the programs of the Bureau of Home and Community Services. These programs include Community Service programs, Home Health, and Life Care. With the continued implementation of Horizon Homecare, which is a single-data based management system, the centralized billing processes continues to be enhanced. The Billing and Support Division is made up of four units. These units are: Medicare/Medicaid Billing Unit, Third Party/Private Provider Billing Unit, Life Care Billing Unit, and the Payment Unit. The centralized billing is accomplished by the electronic collection of billing data at the point of service delivery by the visiting staff across the state through the use of laptops and telephony: the electronic review of billing data by Home Care Program supervisory staff; and by user-friendly data entry and correction processes performed by program support staff. As a result, the Division of Billing and Support expanded its claims submission, reimbursement posting, and support services for Home Health Medicare, Medicaid, and private insurance beneficiaries to include Elderly and Disabled Waiver services, Private Provider direct services, and Life Care Program services.

## **Quality Assurance and Performance Improvement Program**

The year 2005 marked the end of the sixth year of operations for the Quality Assurance and Performance Improvement Program. The goal of the program is to provide an organized, systematic, and continuous approach for quality care that will result in improved patient outcomes, customer satisfaction, communication between service providers and customers, clinical performance, documentation, employee job satisfaction, management performance, and agency performance reviews. This goal enables all staff to expeditiously identify and resolve issues that may impact upon the quality of patient care. Patient and physician satisfaction surveys and quality improvement audits were the principal evaluation tools used to assess the service delivery processes. Government reports that were obtained from Outcome Assessment Information System data continue to be utilized in the Quality Assurance and Performance Improvement Program. Indicators of areas for improvement were addressed through education and corrective planning. In 2005, a new version of *Home Health Compare* was published. *Home Health Compare* reports on outcomes and gives consumers a comparison of agency scores on the 10 outcomes measures compared to other agencies and the state and national average subunits against the other Home Health Agencies in Alabama based on outcomes derived from the Outcome Assessment and Performance Improvement System data that is collected.

In 2006, the bureau will be preparing for *Pay for Performance* which is a new government initiative to further improve the quality of home health services by offering monetary bonuses for agencies that have improved patient outcomes by a higher percentage when compared with other home health agencies. Because of the excellence of the Quality Insurance Program, the bureau is well in line with quality insurance initiatives to meet this challenge.

## **Education**

The Bureau of Home and Community Services continues to be committed to the philosophy of an education plan for all employees. An education plan includes orientation, continuing education, and in-service training manuals that have been developed over the past six years for all disciplines and most job positions. The Division of Home Care plans and produces 12 hours of mandated continuing education for home health aides and home attendants each year. Orientation and training are conducted at the local level by the area management team under the direction of and using manuals developed by the Bureau of Home and Community Services. This process supports the philosophy that quality patient care is promoted by training home care staff to perform job tasks and to understand the operation of the work environment.

## **Home Care Compliance Program**

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

# Bureau of Health Provider Standards

*The mission of the Bureau of Health Provider Standards is to improve quality of care and quality of life for health care consumers and reduce adverse outcomes, through the regulation of health care providers.*

## Health Care Facilities

The federal government has implemented mandatory assessment tools in certified long-term care facilities and home health agencies. Mandates require the comprehensive collection of health care data in a national repository. During the calendar year 2005, the state of Alabama processed more than 539,296 records from nursing homes and home health agencies. Inspection processes and Medicare reimbursement are based on this data.

The Complaint Division investigated 922 abuse/neglect and general complaints, 450 of which were on-site and 472 were administrative/desk reviews. The Long Term Care Unit surveyed 174 facilities, conducted 155 follow-up visits, and two initial surveys for certification purposes.

The Clinical Laboratory Improvement Amendment, or CLIA, is administered by the Laboratory Unit. This unit is responsible for monitoring 3,382 CLIA federally certified laboratories, 309 state licensed independent clinical, and 74 state licensed physiological laboratories that included 196 CLIA re-certifications, 27 follow-up visits, 34 initial and biennial licensure surveys.

The Medicare Other Unit is responsible for certification, licensure, and investigation of complaints for home health agencies, hospices, hospitals, dialysis facilities, ambulatory surgical centers, rural health clinics, various types of rehabilitation facilities, portable X-ray units, abortion centers, sleep

disorder centers, and residential psychiatric treatment homes. The unit conducted 48 licensure and 34 certification surveys for new facilities and conducted 64 certification surveys, 74 follow-up visits, and 27 complaint surveys for a total of 247 surveys.

The Nurse Aide Registry Program tracks 237 approved training programs. The registry has a total of 79,705 nurse aides. There are 30 nurse aides that are on specific time-limited sanctions and 965 that have been placed on the abuse register permanently.

The Assisted Living Unit currently monitors 239 regular licensed assisted living facilities totaling 7,126 beds and 97 specialty care facilities totaling 2,521 beds.

## Provider Services

This division processes initial licensure and certification applications; maintains and distributes the Provider Services Directory; and publishes, maintains, and distributes licensure rules. The division also processes bed and station requests, processes change of ownership applications, and provides consultation to health care providers and the general public concerning health care licensure requirements and certification standards and procedures.

In 2005, the division issued 1,423 annual renewal license certificates, 78 change of ownership license certificates, 80 initial license certificates, and 183 license status or facility information changes. There were also 1,713 providers certified to participate in the Medicare and Medicaid programs. During 2005, the division processed 84 initial certifications, 34 change of ownership certifications, and 106 certification changes.

# Office of Radiation Control

*The Office of Radiation Control ensures the protection of the public from excessive exposure to ionizing radiation through a variety of activities, including registration and inspection of equipment that produces ionizing radiation including particle accelerators, of users of radioactive material, environmental monitoring, maintaining continuous radiological emergency response capability, and public and professional education activities.*

## October 2004 - September 2005 Service Activities

- Inspected 771 medical X-ray tubes
- Inspected 1,090 dental X-ray tubes
- Inspected 541 medical X-ray facilities
- Inspected 254 dental X-ray facilities
- Inspected 112 veterinarian X-ray facilities
- Issued 17 new radioactive material licenses
- Issues 432 license/registration amendments
- Inspected 11 particle accelerators
- Reviewed 177 X-ray shielding plans
- Conducted 26 radiation safety training courses
- Trained 492 students in radiation safety
- Conducted and participated in six training exercises
- Collected and evaluated 796 environmental samples
- Monitored 584 transuranic waste shipments to date
- Participated in four Waste Isolation Pilot Plant training classes

# Bureau of Information Services

*The Bureau of Information Services provides vital record functions and statistical analysis of health data through the Center for Health Statistics. It also includes Computer Systems Center, which houses data operations, systems and programming, technical support, and the support desk.*

## Center for Health Statistics

The Center for Health Statistics operates the vital records system and collects and tabulates health-related statistical data for the state of Alabama. The center files, stores, and issues certified copies of vital records including birth, death, marriage, and divorce certificates for events that occur in Alabama. An automated vital records system called ViSION or Vital Statistics Image Oriented Network allows vital records to be issued through all 67 county health

departments. Customers can obtain most vital records from the Center for Health Statistics through their county health department in 30 minutes or less. Records may also be obtained through the mail in about 7 to 10 days.

The Statistical Analysis Division in the center conducts studies and provides analysis of health data for public health policy and surveillance. Staff prepare various statistical analyses of natality, pregnancy, general mortality, infant mortality, causes of death, marriage, divorce, and other demographic and health-related data for the state and its geographic subdivisions. This information is distributed through numerous publications, reports, presentations, special tabulations, the department's Web site, and by telephone to the public, news media, researchers, government or private agencies, and various units within the department.

## 2005 Service Activities

- Issued more than 465,000 certified copies of vital records with more than 308,000 of these records requested through local health departments.
- Coded, keyed, and scanned more than 172,000 new vital records into the vital records database.
- Prepared 1,995 new birth certificates after adoption and more than 3,100 after paternity determination; filed more than 460 delayed birth certificates; amended 4,450 birth certificates and more than 1,375 death certificates
- Processed 330 requests from adult adoptees to obtain copies of their original birth certificates and other adoption information.
- Filed more than 11,000 paternity affidavit forms which fathers signed to acknowledge their legal responsibilities when they were not married to the mother of the child.
- Received more than 99 percent of birth certificate data through electronic transmission using the Electronic Birth Certificate software installed in 67 hospitals throughout the state.
- Provided training on the proper completion of birth and death certificates to vital records providers across the state.
- Assisted nearly 800 Hurricane Katrina evacuees in obtaining their birth certificates from Louisiana.
- Keyed 41,000 old marriage records and more than 1,100 old birth, death, and divorce records.
- Received more than 80,000 phone calls through the automated telephone system from customers requesting information about obtaining Alabama birth, death, marriage, and divorce certificates. The system provides recorded information 24 hours a day.
- Produced a Hispanic Health Profile to document the health status of this growing population.
- Conducted studies and analyzed vital events data for geographic areas throughout the state.
- Produced four publications of statewide data, tables, figures, and graphs on pregnancy, birth, infant mortality, causes of death, marriage, and divorce trends.
- Provided health-related vital statistics information and expertise to the public; the news media; governmental, educational, and private agencies; and other offices in the health department.
- Surveyed new mothers for the Pregnancy Risk Assessment Monitoring System (PRAMS), a grant from the Centers for Disease Control and Prevention to study factors related to pregnancy and infant health in Alabama.
- Presented data at the Alabama Cooperative Extension's Diabetes Workshop, and the State Perinatal Advisory Council meeting.
- Presented a paper on use of health insurance for payment of delivery of birth at the Southern Demographic Association's annual meeting in Oxford, Mississippi.
- Made a presentation at the National Association for Public Health Statistics and Information Systems annual meeting on Alabama's state-of-the-art imaging system used to issue certified copies of vital records in all 67 county health departments in Alabama. Attendees represented states from across the nation.
- Produced fact sheets on heart disease, cancer, stroke, and obesity.
- Maintained a Center for Health Statistics Web site to provide Internet access to statistical reports, tables, maps, and graphs, and to provide information for obtaining vital records in Alabama. Vital records forms and instructions are available to be downloaded.
- Responded to more than 750 requests for statistical information and analytical assistance.
- Provided Alabama vital events data to the National Center for Health Statistics for inclusion in national statistics.
- Provided computerized birth certificate data to the Social Security Administration to initiate Social Security numbers for 57,902 newborns.

### Vital Statistics Records 2004

ESTIMATED POPULATION	4,530,182	RATE/PERCENT	
Births	59,170	13.1	(Per 1,000 population)
Births to Teenagers	8,259	26.7	(Per 1,000 females aged 10-19 years)
Low Weight Births	6,204	10.5	(Percent of all live births)
Births to Unmarried Women	21,608	36.5	(Percent of all live births)
Deaths	46,019	10.2	(Per 1,000 population)
Marriages	42,537	9.4	(Per 1,000 population)
Divorces	22,405	4.9	(Per 1,000 population)
Induced Terminations of Pregnancies	10,144	10.6	(Per 1,000 females aged 15-44 years)
Infant Deaths	516	8.7	(Per 1,000 live births)
Neonatal Deaths	305	5.2	(Per 1,000 live births)
Post Neonatal Deaths	211	3.6	(Per 1,000 live births)

### Alabama's Leading Causes of Death – 2004 and 2003<sup>1</sup>

CAUSE OF DEATH	2004			2003		
	RANK	NUMBER	RATE <sup>1</sup>	RANK	NUMBER	RATE <sup>1</sup>
Total All Causes		46,019			46,598	
Diseases of the Heart	1	12,734	281.1	1	13,149	292.2
Malignant Neoplasms	2	9,745	215.1	2	9,790	217.5
Cerebrovascular Diseases	3	2,974	65.6	3	3,020	67.1
Accidents	4	2,381	52.6	5	2,183	48.5
Chronic Lower Respiratory Diseases	5	2,359	52.1	4	2,426	53.9
Diabetes Mellitus	6	1,442	31.8	6	1,411	31.4
Alzheimer's Disease	7	1,385	30.6	7	1,266	28.1
Nephritis, Nephrotic Syndrome & Nephrosis	8	1,047	23.1	9	1,063	23.6
Influenza and Pneumonia	9	990	21.9	8	1,153	25.6
Septicemia	10	756	16.7	10	857	19.0
All Other Causes, Residual		10,206			10,280	

<sup>1</sup> Rate is per 100,000 population.

### Computer Systems Center

The mission of Computer Systems Center (CSC) is to plan, provide, and support the information needs of the department. The center develops and supports many information technology systems to supply information to department and public users through an integrated information processing and telecommunication structure.

CSC designed, developed, and implemented several new Lotus Notes-based applications. The Automated Contract Tracking System streamlines the entire contract coordination process and provides a standardized method for the department to create, track, and report on contracts. Working closely with the Bureau of Financial Services, CSC developed an electronic timekeeping and cost accounting system which is being piloted in several offices. CSC also developed a new electronic library system to store and retrieve department policies so that all employees can read current policies online.

The center purchased a new Health Alert Network

software package from Global Secure System. It is designed to replace the aging CityWatch system currently in use by the Center for Emergency Preparedness. The new system is called ALERT (Alabama Emergency Response Technology) and was installed in December 2005. It will provide a method to rapidly notify state and federal response agencies as well as departmental health partners within the state in the event of an actual or pending emergency of any kind.

During 2005, CSC continued to expand the National Electronic Disease Surveillance System (NEDSS). This system is a data repository and analysis tool for the department's disease control and surveillance staff. Jefferson County employees have been trained and are now testing the system for their use. Additionally, CSC brought the LabCorp interface online, accounting for approximately 30 percent of all lab tests used by public health. CSC will continue to install the system for use in all counties statewide and employ the system to interface with laboratory systems.

CSC developed and implemented a real-time interface between the Immunization Registry (ImmPrint) and the Public Health of Alabama County Operations Network (PHALCON) clinic system. This interface allows PHALCON users to have immediate access to the ImmPrint system.

CSC continued development and testing of a new Web-based program to allow hospitals to electronically file birth certificates with the department. This new system will replace and improve an older system and will improve service to the public served by the Center for Health Statistics. The system will be implemented in 2006.

A new inventory management system was purchased and installed in 2005 to allow electronic ordering, distribution, and oversight of expendable items throughout the state. Various users, including the Logistics Division and the Bureau of Clinical Laboratories, will use the system to request and track orders through the Internet.

Several initiatives to enhance the department network and security were completed this past year. A new intrusion detection system was added to the department network to prevent unauthorized users from entering and using the system. Additionally, CSC implemented Single Sign On in many areas of the department to enhance security and simplify user access to multiple systems.

Working with the state e-commerce vendor, Alabama Interactive, the department provided the citizens of Alabama several new online payment applications. These e-commerce applications include nursing home facility license renewals, Emergency Medical Services' provider license renewals, home health patient services payments, and Child Health Insurance Program payments.

CSC Finance Support Division enhanced the financial reporting capabilities of the department by developing a new consolidated report for the areas and counties and implementing a new Lotus Notes-based reports management system. Additionally, CSC implemented improvements in the billing system for laboratory tests and immunizations, resulting in the best year ever for accounts receivable from billing.

**CSC SUPPORT SERVICES**

<u>Category</u>	<u>Quantities</u>
• Help Desk Calls.....	16,341
• Personal Computers Supported.....	4,362
• Personal Computers Installed.....	462
• County Support Trips.....	967

**Logistics**

The Logistics Division of the Bureau of Information Services is comprised of four major sections: Forms, Mail Center, Property, and Fleet Management. The Logistics Division is responsible for the department's fixed asset management and disposal; forms storage, and distribution of mail and office supplies; Americans with Disabilities Act shuttle service; and vehicle management.

**Property Section**

The property inventory team is responsible for the inventory and management of over 13,100 items of equipment valued at \$28,997,702. This equipment is in 167 locations throughout the state. The department acquired an additional 1,603 new equipment items valued at \$3,847,685 in 2005, and disposed of 2,108 items valued at \$3,597,109.

During 2005, the Alabama state auditor and governor recognized the department for completing a "perfect audit" in its 2004 property inventory report and presented certificates of commendation to both the state health officer and the property inventory manager.

**Forms**

The primary responsibility of the Forms Section is to receive, store, distribute, and ship material for the department. It stores and distributes over 1,000 different types of English and Spanish language forms, and provides warehouse storage for all bureaus in the department. In 2005, the Forms Section shipped over 12,193 packages of forms and birth control pills to health department clinics/offices and private providers statewide. The section is implementing a new inventory management system which will be used to place orders, monitor commodity consumption, and track distribution of shipped items.

**Mail Center**

The Mail Center receives and distributes mail for the central office and county health departments. In 2005, it shipped 2,150 packages, managed the courier contract which delivers mail throughout the state and delivers lab specimens to the department's laboratories, and provided shuttle service to assist employees with mobility impairments to and from the RSA Tower parking deck and the RSA Tower.

**Fleet Management Section**

The Fleet Management Section managed the department's fleet of 58 vehicles valued at \$1,797,745.

**PORTFOLIO OF CURRENT INFORMATION SYSTEMS TABLE**

<b>NAME</b>	<b>PURPOSE</b>	<b>PROGRAM SUPPORTED</b>	<b>DATE INSTALLED</b>
PHALCON (Public Health of Alabama County Operations Network)	Clinic System	WIC, Family Health, Disease Control	1999
Lotus Notes	E-mail, Calendaring	All	1996
Online Care Coordination System	Capture Data for Case Management Patients	Case Management	2002
McKesson Horizon Home Care System	In Home Patient Care System	Home Health and Community-Based Waiver	2003-2004
Community-Based Waiver System	Elderly and Disabled Care Support System	Community-Based Waiver	1994
ImmPrint	Internet Based Immunization Registry System	Immunization	1996
ARTEMIS	Hepatitis B Case Management System	Immunization	2000
HRS (Human Resource System)	Maintain Financial Information	Finance	1990
Vital Records Information System	Collect, Maintain and Issue Vital Records	Health Statistics	1994
AFNS (Advantage Financial System)	Maintain Financial Information	Finance	1990
Cost Accounting	Reimbursement Justification	Finance	1990
Billing	Medicaid Billing for ADPH Services	Family Health, Case Management	1988
CHIP (Children's Health Insurance Program)	Enrollment System for the ALL Kids Children's Health Insurance Program	Children's Health Insurance Program	2000
Death Tracking System	Track Death Certificates	Health Statistics	2001
Reports Databases	Distribute Electronic Reports	All	2000
Health Provider Standards Imaging Project	Digitally Store and Retrieve Surveys	Health Provider Standards	2001
Environmental System	Manage County Environmental Activities	Environmental	2002
Laboratory Information System	Collect and Report Laboratory Test Data	Laboratory, Disease Control, Clinics, Emergency Preparedness	2004
NEDSS (National Electronic Disease Surveillance System)	Collect and Analyze Disease Data	Disease Control	2004
Automated Contract Tracking System	Manage Contracts Through Approval Process	General Counsel	2005

# Bureau of Financial Services

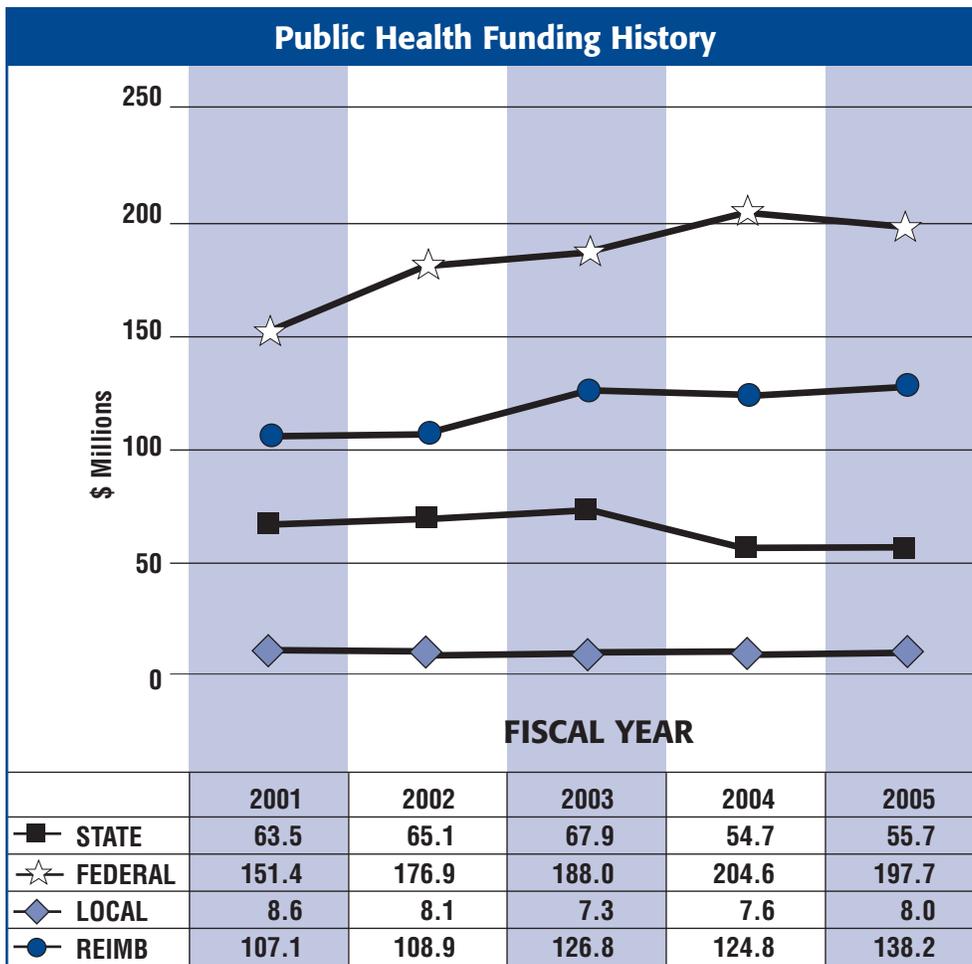
*The Bureau of Financial Services provides accounting, accounts receivable, payroll, accounts payable, purchasing, budgeting, production planning, and administrative support to accomplish its goals in financial accounting, reporting, and management.*

In addition, financial management services were provided for the Alabama Public Health Care Authority's \$47 million building program. The State Committee of Public Health authorized the department to establish the authority in 1995 which enabled the selling of bonds in 1996 for construction or renovation of inadequate facilities.

From 1997 through 2002, land was acquired by counties identified with the greatest need. Groundbreaking ceremonies

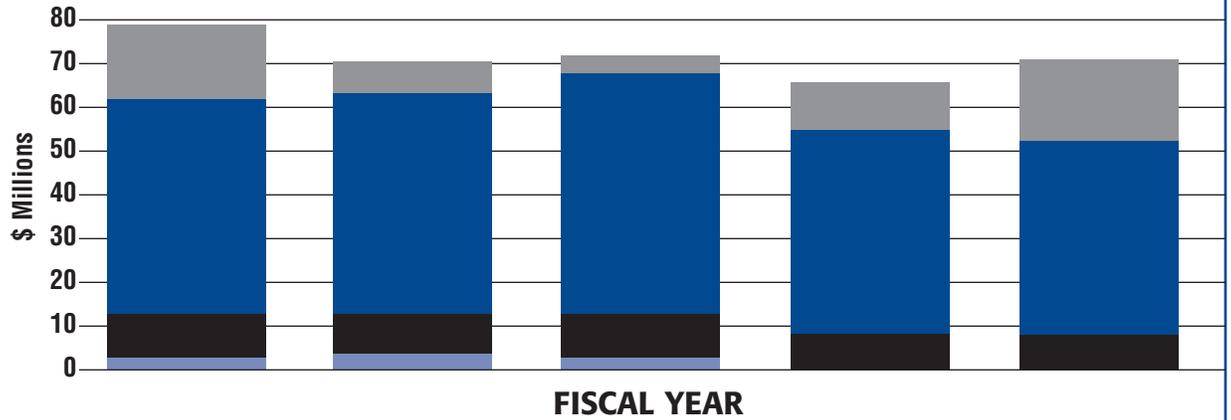
were held and facilities were designed for construction. Thirty-six facilities were constructed/renovated and occupied in Bibb, Blount, Bullock, Calhoun, Chambers, Chilton, Choctaw, Clay, Cleburne, Cullman, Dallas, DeKalb, Elmore, Franklin, Jackson, Lamar, Lawrence, Macon, Marengo, Marion, Morgan, Monroe, Montgomery, Perry, Russell, St. Clair, Shelby, Sumter, Talladega, Tallapoosa, Tuscaloosa, and Walker counties.

On September 28, 2005, the Alabama Public Health Care Authority issued Series 2005 revenue bonds in the amount of \$57,975,000. A portion of the proceeds was used to advance refund Series 1996 revenue bonds. The balance of the bond proceeds will be used to construct, equip, renovate and/or refurbish approximately 17 public health facilities in the state.



Excludes Children's Health Insurance Program & Children First Trust Fund.  
State funds include General Fund, Education Trust Fund, Cigarette Tax and ALERT Fund.

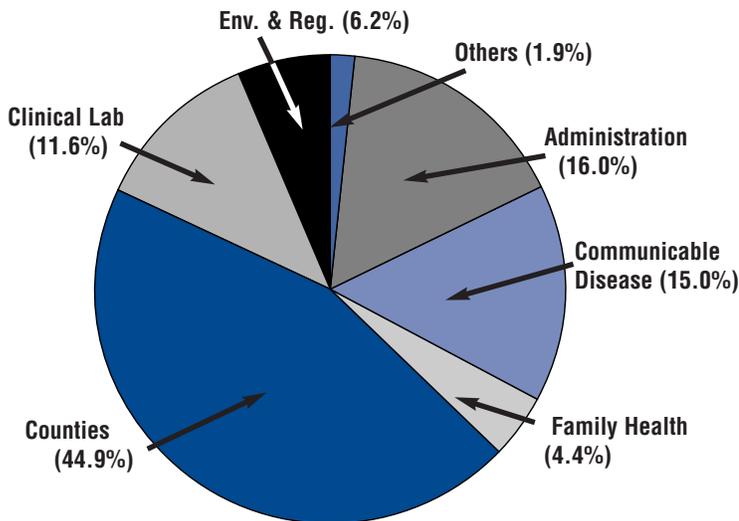
## Public Health Funding, General Fund and Education Trust Fund



	2001	2002	2003	2004	2005
ETF - EMS	4.3	4.1	3.8	0	0
ETF - Health	10.2	10.1	9.9	8.8	8.8
GF - Health	48.7	50.8	54.2	45.9	43.1
GF - CHIP	16.2	6.6	5.0	11.5	18.7

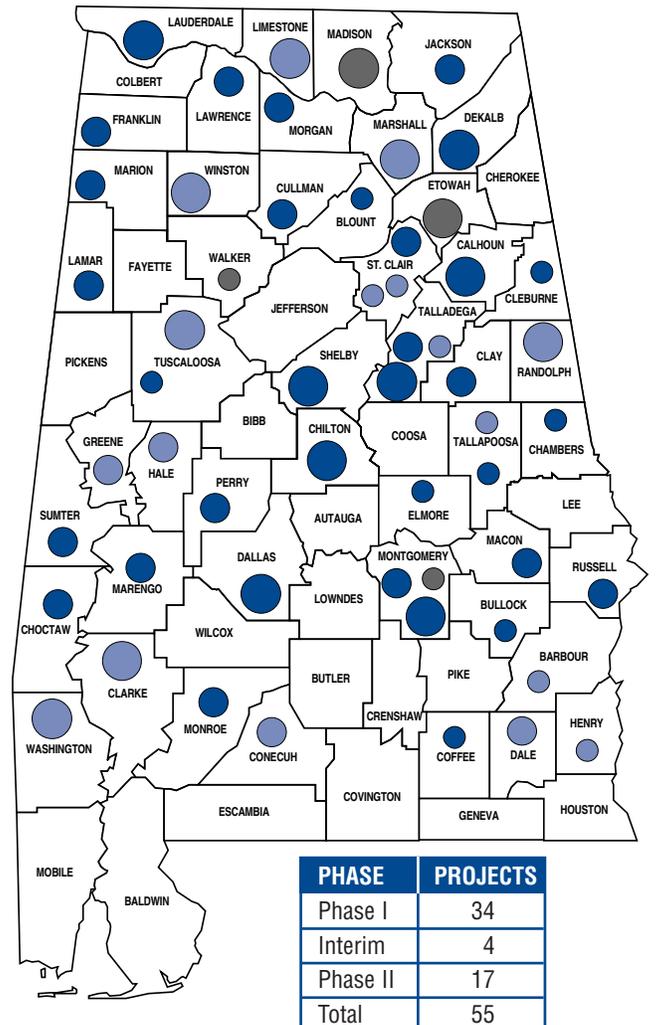
## Use of State Funds – FY 2005

GENERAL FUND AND ETF ONLY – \$51.9 MILLION



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

## APHA Projects



	PROJECTS UNDERWAY	CURRENT PROJECTS	FUTURE PROJECTS
\$1.5 million plus	●	●	●
\$1 - 1.5 million	●	●	●
\$0 - 1 million	●	●	●

# Office of Program Integrity

*The Office of Program Integrity serves the state health officer to provide assurances regarding the integrity of the department's financial systems, compliance with federal audit requirements, and compliance with applicable state laws and regulations.*

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

During 2005, the Office of Program Integrity continued its mission of objective evaluations of county health departments and central office units in the areas of financial and administrative activities. Contract agencies providing services on behalf of the department were evaluated to ensure compliance with program or contract requirements.

In addition to routine audit services, Program Integrity staff responded to requests to evaluate existing internal controls, and participated in several special projects as needs were identified or requests for audits were received.

<b>Activities Conducted in 2005 Compared to 2004</b>		
	<b>2005</b>	<b>2004</b>
Financial/Administrative Audits	22	18
Property Audits		
Area Offices	0	0
County Health Departments	22	18
State Level Sites	1	2
Private Agencies	0	0
Federal Program Audits		
County Health Departments	24	21
External WIC Sites	0	0
WIC Training Center Site	0	0
State Level Projects	3	4

# Office of Personnel and Staff Development

The Office of Personnel and Staff Development processes requests for personnel actions such as new hires, promotions, transfers, dismissals, leave reports, performance appraisals, and disciplinary actions.

The office's Employee Relations Section provides guidance to employees and supervisors in resolving workplace conflicts and coordinates (through referrals) the Employee Assistance Program. In addition, the office coordinates the department's Recruitment Program, Affirmative Action Program, and the State Employee Injury Compensation Trust Fund Program.

## 2005 Service Activities

- Updated recruitment information on Web site
- Provided public health areas with recruiting aids
- Attended career fairs and other recruitment events
- Conducted Interview and Selection training for 57 supervisors
- Conducted Positive Discipline training for 20 supervisors
- Revised several personnel policies
- Completed salary/classification studies for five class series, resulting in salary range increases for two series
- Established new classification of Licensure and Certification Coordinator
- Revised the Department's Personnel Procedures Manual
- Established Educational Leave Policy

## Personnel Actions Processed

Merit New Hires	402
Promotions	255
Dismissals	22
Retirements	92
Transfers Out	69
Total Separations	384
Employee Assistance Program Referrals	30
Hours of Leave Donations	3,765.5
Annual Appraisals	2,712
Probationary Appraisals	609

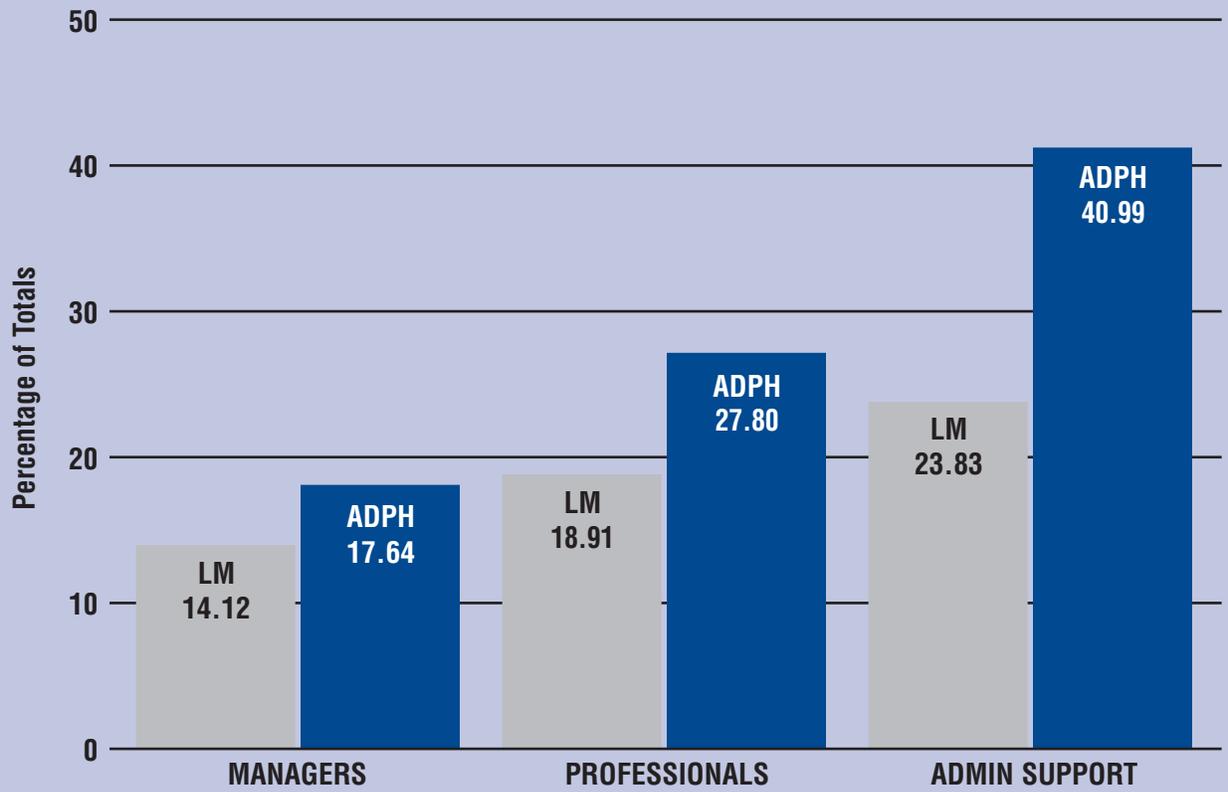
## Alabama Department of Public Health Employees 2004 vs. 2005

CATEGORY	AS OF DEC. 2004	AS OF DEC. 2005
Officials/Administrators	825	856
Professionals	862	892
Technicians	75	82
Protective Service Workers	4	6
Paraprofessionals	228	219
Administrative Support/Clerical	814	827
Skilled Craft	3	3
Service – Maintenance	34	46
<b>OVERALL TOTALS*</b>	<b>2,845</b>	<b>2,931</b>

\* Excluding Form 8 and contract employees  
 – 727 Form 8 employees as of 11/20/05  
 – 486 contract employees at end of 2005

### ADPH 2004 Minority Employment Comparison

ALABAMA LABOR MARKET (LM) VS. ADPH IN THREE EEO JOB CATEGORIES



# County Health Department Services

*Public Health Services in Alabama are primarily delivered through county health departments. County health departments are located in each of Alabama's 67 counties. Larger counties and counties with specific needs have more than one county health department location. A wide variety of services is provided at county health departments, as well as valuable information.*

## Typical services and information include the following:

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

# ADPH Address Roster of County Health Departments, Health Officers and Administrators

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 1</b> Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 929, Tusculmbia 35674-0929 Box 929, Tusculmbia 35674-0929	256-383-1231 256-383-1231	383-8843 383-8843	1000 Jackson Hwy., Sheffield 35660-5761 1000 Jackson Hwy., Sheffield 35660-5761
<b>COLBERT-</b> Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 929, Tusculmbia 35674-0929 Box 929, Tusculmbia 35674-0929	256-383-1231 256-383-1231	383-8843 383-8843	1000 Jackson Hwy., Sheffield 35660-5761 1000 Jackson Hwy., Sheffield 35660-5761
<b>NW AL REGIONAL H H OFFICE</b>	Box 929, Tusculmbia 35674-0929	256-383-1234	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
<b>FRANKLIN-</b> Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 100, Russellville 35653-0100 Box 100, Russellville 35653-0100	256-332-2700 256-332-2700	332-1563 332-1563	801 Highway 48, Russellville 35653 801 Highway 48, Russellville 35653
<b>LAUDERDALE-</b> Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 3569, Florence 35630 Box 3569, Florence 35630	256-764-7453 256-764-7453	764-4185 764-4185	4112 Chisholm Rd., Florence 35630 4112 Chisholm Rd., Florence 35630
<b>MARION-</b> Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 158, Hamilton 35570-0158 Box 158, Hamilton 35570-0158	205-921-3118 205-921-3118	921-7954 921-7954	2448 Military St. South, Hamilton 35570 2448 Military St. South, Hamilton 35570
<b>HOME HEALTH OFFICE</b>	Box 158, Hamilton 35570-0158	205-921-2859	921-7282	2448 Military St. South, Hamilton 35570
<b>WALKER-</b> Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 3207, Jasper 35502-3207 Box 3207, Jasper 35502-3207	205-221-9775 205-221-9775	221-8810 221-8810	705 20th Avenue East, Jasper 35502-3207 705 20th Avenue East, Jasper 35502-3207
<b>WINSTON-</b> Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 1029, Double Springs 35553-1029 Box 1029, Double Springs 35553-1029	205-489-2101 205-489-2101	489-2634 489-2634	24714 Hwy. 195, South, Double Springs 35553 24714 Hwy. 195, South, Double Springs 35553
<b>HOME HEALTH OFFICE</b>	Box 1047, Haleyville 35565-1047	205-486-3159	486-3673	2324 14th Ave., Haleyville 35565
<b>PUBLIC HEALTH AREA 2</b> Judy Smith, Acting Area Adm.	Box 1628, Decatur 35602-1628	256-340-2113	353-4432	201 Gordon Drive, S.E., Decatur 35601
<b>CULLMAN-</b> Tony Williams, M.D., LHO Judy Smith, Acting Area Adm.	Box 1678, Cullman 35056-1678 Box 1678, Cullman 35056-1678	256-734-1030 256-734-1030	737-9646 737-9646	601 Logan Ave., S.W., Cullman 35055 601 Logan Ave., S.W., Cullman 35055
<b>HOME HEALTH OFFICE</b>	Box 1086, Cullman 35056	256-734-0258	734-1840	601 Logan Ave., S.W., Cullman 35055
<b>ENVIRONMENTAL OFFICE</b>	Box 1678, Cullman 35056-1678	256-734-0243	737-9236	601 Logan Ave., S.W., Cullman 35055
<b>JACKSON-</b> Judy Smith, Acting Area Adm.	Box 398, Scottsboro 35768-0398 Box 398, Scottsboro 35768-0398	256-259-4161 256-259-3694	259-1330 574-4803	204 Liberty Ln., Scottsboro 35769-4133 204 Liberty Ln., Scottsboro 35769-4133
<b>HOME HEALTH OFFICE</b>	Box 398, Scottsboro 35768-0398	256-259-5882	259-5886	204 Liberty Ln., Scottsboro 35769-4133
<b>ENVIRONMENTAL OFFICE</b>				
<b>LAWRENCE-</b> Tony Williams, M.D., LHO Judy Smith, Acting Area Adm.	Box 308, Moulton 35650-0308 Box 308, Moulton 35650-0308	256-974-1141 256-974-1141	974-5587 974-5587	13299 Alabama Hwy. 157, Moulton 35650 13299 Alabama Hwy. 157, Moulton 35650
<b>HOME HEALTH OFFICE</b>	Box 308, Moulton 35650-0308	256-974-7076	974-7073	13299 Alabama Hwy. 157, Moulton 35650
<b>ENVIRONMENTAL OFFICE</b>	Box 308, Moulton 35650-0308	256-974-8849	974-7073	13299 Alabama Hwy. 157, Moulton 35650
<b>LIMESTONE-</b> Judy Smith, Acting Area Adm.	Box 889, Athens 35612 Box 69, Athens 35612	256-232-3200 256-230-0434	232-6632 230-9289	310 West Elm St., Athens 35611 110 Thomas St., Athens 35611
<b>HOME HEALTH OFFICE</b>				
<b>MADISON-</b> Lawrence L. Robey, M.D., LHO ENVIRONMENTAL OFFICE	Box 467, Huntsville 35804-0467 Box 467, Huntsville 35804-0467	256-539-3711 256-539-3711	536-2084 535-6545	304 Eustis Ave., S.E., Huntsville 35801-3118 311 Green St., Huntsville 35801
<b>MARSHALL-</b> Judy Smith, Acting Area Adm.	Drawer 339, Guntersville 35976 Drawer 978, Guntersville 35976	256-582-3174 256-582-8425	582-3548 582-0829	4200-B, Hwy. 79, S., Guntersville 35976 4200-A, Hwy. 79, S., Guntersville 35976
<b>HOME HEALTH OFFICE</b>	Drawer 339, Guntersville 35976	256-582-4926	582-3548	4200-B, Hwy. 79, S., Guntersville 35976
<b>ENVIRONMENTAL OFFICE</b>	Drawer 339, Guntersville 35976	256-582-7381	582-3548	4200-B, Hwy. 79, S., Guntersville 35976
<b>WIC CLINIC</b>				
<b>MORGAN-</b> Judy Smith, Acting Area Adm.	Box 1628, Decatur 35602-1628 Box 2105, Decatur 35602-2105	256-353-7021 256-306-2400	353-7901 353-6410	510 Cherry St. N.E., Decatur 35602 201 Gordon Dr., S.E., Ste. 107., Decatur 35601
<b>HOME HEALTH OFFICE</b>	Box 1866, Decatur 35602-1866	256-340-2105	353-7901	510 Cherry St. N.E., Decatur 35602
<b>ENVIRONMENTAL OFFICE</b>	Box 1625, Decatur 35602	256-560-0611	355-0345	510 Chery St. N.E., Decatur 35602
<b>WIC CLINIIC</b>				
<b>PUBLIC HEALTH AREA 3</b> Albert T. White, Jr., M.D., AHO Linda Robertson, Acting Area Adm.	Box 70190, Tuscaloosa 35407 Box 126, Centreville 35042-1207 Box 70190, Tuscaloosa 35407	205-345-4131 205-926-9702 205-554-4520	759-4039 926-6536 507-4718	1200 37th St. East, Tuscaloosa 35405 281 Alexander Ave., Centreville 35042 1200 37th St. East, Tuscaloosa 35405
<b>HOME HEALTH OFFICE</b>				
<b>BIBB -</b> Linda Robertson, Acting Area Adm.	Box 126, Centreville 35042-1207 Box 70190, Tuscaloosa 35407	205-926-9702 205-554-4520	926-6536 507-4718	281 Alexander Ave., Centreville, 35042 1200 37th St. East, Tuscaloosa 35405
<b>HOME HEALTH OFFICE</b>				
<b>FAYETTE-</b> Linda Robertson, Acting Area Adm.	Box 340, Fayette 35555 Box 548, Vernon 35592	205-932-5260 205-695-6916	932-3532 695-9100	211 First St., N.W., Fayette 35555 300 Springfield Rd., Vernon 36692
<b>HOME HEALTH OFFICE</b>				
<b>GREENE-</b> Linda Robertson, Acting Area Adm.	Box 269, Eutaw 35462-0269 Box 70190, Tuscaloosa 35407	205-372-9361 205-554-4520	372-9283 507-4718	412 Morrow Ave., Eutaw 35462-1109 1200 37th St. East, Tuscaloosa 35405
<b>HOME HEALTH OFFICE</b>				
<b>LAMAR-</b> Linda Robertson, Acting Area Adm.	Box 548, Vernon 35592-0548 Box 548, Vernon 35592-0548	205-695-9195 205-695-6916	695-9214 695-9100	300 Springfield Rd., Vernon 36692 300 Springfield Rd., Vernon 36692
<b>HOME HEALTH OFFICE</b>				
<b>PICKENS-</b> Linda Robertson, Acting Area Adm.	Box 192, Carrollton 35447-9599 Box 548, Vernon 35592	205-367-8157 205-695-6916	367-8374 695-9100	Hospital Drive, Carrollton 35447-9599 300 Springfield Rd., Vernon 36692
<b>HOME HEALTH OFFICE</b>				
<b>TUSCALOOSA-</b> Linda Robertson, Acting Area Adm.	Box 2789, Tuscaloosa 35403 Box 70190, Tuscaloosa 35407	205-345-4131 205-554-4520	759-4039 507-4718	1101 Jackson Ave., Tuscaloosa 35401 1200 37th St. East, Tuscaloosa 35405
<b>HOME HEALTH OFFICE</b>	Box 70190, Tuscaloosa 35407	205-554-4540	556-2701	1200 37th St. East, Tuscaloosa 35405
<b>ENVIRONMENTAL OFFICE</b>				

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 4</b> Michael E. Fleenor, M.D., AHO Michael E. Fleenor, M.D., LHO Gwen Veras, Area Adm. BESSEMER HEALTH CENTER CENTRAL HEALTH CENTER CHRIS MCNAIR HEALTH CENTER EASTERN HEALTH CENTER MORRIS HEALTH CENTER NORTHERN HEALTH CENTER WESTERN HEALTH CENTER	Box 2648, Birmingham 35202-2648 Box 2648, Birmingham 35202-2648 Box 2648, Birmingham 35202-2648 2201 Arlington Ave., Bessemer 35020-4299 Box 2648, Birmingham 35202-2648 1308 Tuscaloosa Ave. S.W., Birmingham 35211 5720 First Ave., S., Birmingham 35212-2599 Box 272, Morris 35116-0272 2817-30th Ave., N., Birmingham 35207-4599 1700 Ave. E, Ensley, Birmingham 35218	205-933-9110 205-930-1500 205-930-1510 205-424-6001 205-933-9110 205-715-6121 205-591-5180 205-647-0572 205-323-4548 205-788-3321	930-0243 930-0243 930-1576 497-9369 930-1350 715-6173 592-2406 647-0109 521-6851 241-5275	1400 Sixth Ave. S., Birmingham 35233-1502 1400 Sixth Ave. S., Birmingham 35233-1502 1400 Sixth Ave. S., Birmingham 35233-1502 2201 Arlington Ave., Bessemer 35020-4299 1400 Sixth Ave. S., Birmingham 35233-1502 1308 Tuscaloosa Ave. S.W., Birmingham 35211 5720 First Ave., S., Birmingham 35212-2599 590 Morris Majestic Rd., Morris 35116-1246 2817-30th Ave., North, Birmingham 35207-4599 1700 Ave. E, Ensley, Birmingham 35218
<b>PUBLIC HEALTH AREA 5</b> Mary Gomillion, Area Adm. <b>BLOUNT-</b> Mary Gomillion, Area Adm. HOME HEALTH OFFICE LIFE CARE OFFICE ENVIRONMENTAL OFFICE <b>CHEROKEE-</b> Mary Gomillion, Area Adm. HOME HEALTH OFFICE  LIFE CARE OFFICE <b>DEKALB-</b> Mary Gomillion, Area Adm. HOME HEALTH OFFICE  LIFE CARE OFFICE  ENVIRONMENTAL OFFICE <b>ETOWAH-</b> Mary Gomillion, Area Adm. HOME HEALTH OFFICE LIFE CARE OFFICE <b>ST. CLAIR-</b> Mary Gomillion, Area Adm. HOME HEALTH OFFICE LIFE CARE OFFICE  Satellite Clinic (Wednesday only) <b>SHELBY-</b> Mary Gomillion, Area Adm. ENVIRONMENTAL OFFICE Vincent Clinic WIC HOME HEALTH LIFECARE	Box 267, Centre 35960  Box 208, Oneonta 35121-0004 Box 8306, Gadsden 35902 Box 208, Oneonta 35121-0004 Box 208, Oneonta 35121-0004  Box 176, Centre 35960-0176 Box 680347, Ft. Payne 35968  Box 680347, Ft. Payne 35968  Box 680347, Ft. Payne 35968 Box 680347, Ft. Payne 35968  Box 680347, Ft. Payne 35968  Box 555, Gadsden 35902-0555 Box 8306, Gadsden 35902 Box 208., Oneonta 35121-0004  Box 627, Pell City 35125 Box 8306, Gadsden 35902 Box 208., Oneonta 35121-0004  P.O. Box 249, Ashville 35953  Box 846, Pelham 35124 Box 846, Pelham 35124 Box 240, Vincent 35178 Box 240, Vincent 35178 Box 240, Vincent 35178 Box 240, Vincent 35178	256-927-7000  205-274-2120 256-547-5012 205-274-9086 or 205-274-2120  256-927-3132 256-845-8680 or 1-800-732-9206 256-845-8685 or 1-800-600-0923  256-845-1931 256-845-8680 or 1-800-732-9206 256-845-8685 1-800-600-0923 256-845-7031  256-547-6311 256-547-5012 205-274-9086 or 1-888-469-8806  205-338-3357 256-547-5012 205-274-9086 or 1-888-469-8806 205-594-7944  205-664-2470 205-620-1650 205-672-2167 205-672-7176 205-672-3210 205-672-3170	927-7068  274-2210 543-0067 625-4490 274-2575  927-2809 845-0331  845-0331  845-2967 845-0331  845-0331  845-2817  549-1579 543-0067 625-4490  338-4863 543-0067 625-4490  594-7588  664-4148 664-3411 672-3548 672-3548 672-3548 672-3548	833 Cedar Bluff Rd., Centre 35960  1001 Lincoln Ave., Oneonta 35121 109 S. 8th Street, Gadsden 35902 1001 Lincoln Ave., Oneonta 35121 1001 Lincoln Ave., Oneonta 35121  833 Cedar Bluff Road, Centre 35960 2401 Calvin Dr., S.W., Ft. Payne 35967  2401 Calvin Dr., S.W., Ft. Payne 35967  2401 Calvin Dr., S.W., Ft. Payne 35967  2401 Calvin Dr., S.W., Ft. Payne 35967  109 South 8th St., Gadsden 35901-2454 109 South 8th St., Gadsden 35901-2454 1001 Lincoln Ave., Oneonta 35121  1175 23rd St. N., Pell City 35125 109 South 8th St., Gadsden 35901-2454 1001 Lincoln Ave., Oneonta 35121  411 N. Gadsden Hwy., Ashville 35953  2000 County Services Dr., Pelham 35124 2000 County Services Dr., Pelham 35124 131 Florey St., Vincent 35178 131 Florey St., Vincent 35178 131 Florey St., Vincent 35178 131 Florey St., Vincent 35178
<b>PUBLIC HEALTH AREA 6</b> Teresa C. Stacks, Area Adm. HOME CARE STAFF <b>CALHOUN-</b> Donald Bain, Asst. Area Adm. ENVIRONMENTAL OFFICE HOME HEALTH OFFICE <b>CHAMBERS-</b> Donald Bain, Asst. Area Adm. <b>CLAY-</b> Teresa C. Stacks, Area Adm. HOME HEALTH OFFICE <b>CLEBURNE-</b> Donald Bain, Asst. Area Adm. <b>COOSA-</b> Teresa C. Stacks., Area Adm. <b>RANDOLPH-</b> Donald Bain, Asst. Area Adm. HOME HEALTH OFFICE WEDOWEE SATELITE (Open Tues. P.M. & Wed.) <b>TALLADEGA-</b> Teresa C. Stacks, Area Adm. HOME HEALTH OFFICE SYLACAUGA CLINIC <b>TALLAPOOSA-</b> Teresa C. Stacks, Area Adm. DADEVILLE CLINIC	Box 4699, Anniston 36204-4699 233 Haynes St., Talladega 35160  Box 4699, Anniston 36204-4699 Box 4699, Anniston 36204-4699 Box 4699, Anniston,36204-4699  5 North Medical Park Dr., Valley 36854  86892 Hwy. 9, Lineville 36266 86892 Hwy. 9, Lineville 36266  Box 36, Heflin 36264-0036  Box 219, Rockford 35136-0235  468 Price St., Roanoke 36274 32 Medical Dr., Suite 3, Roanoke 36274 468 Price St., Roanoke 36274  223 Haynes St., Talladega 35160 311 North Elm Ave., Sylacauga 35150 311 North Elm Ave., Sylacauga 35150  2078 Sportplex Blvd., Alexander City 35010 Box 125, Dadeville 36853-0125	256-236-3274 256-362-2593  256-237-7523 256-237-4324 256-741-1361  334-756-0758  256-396-6421 256-396-9307  256-463-2296  256-377-4364  334-863-8981 334-863-8983 256-357-4764  256-362-2593 256-249-4893 256-249-3807  256-329-0531 256-825-9203	237-7974 362-0529  238-0851 238-0851 237-3654  756-0765  396-9172 396-9236  463-2772  377-4354  863-8975 863-4871  362-0529 208-0886 245-0169  329-1798 825-6546	3400 McClellan Blvd., Anniston 36201 2123 Haynes, St., Talladega 35160  3400 McClellan Blvd., Anniston 36201 3400 McClellan Blvd., Anniston 36201 3400 McClellan Blvd., Anniston, 36201  5 North Medical Park Dr., Valley 36854  86892 Hwy. 9, Lineville 36266 86892 Hwy. 9, Lineville 36266  Brockford Road, Heflin 36264-1605  Main Street, Rockford 35136  468 Price St., Roanoke 36274 32 Medical Dr., Suite 3., Roanoke 36274 Randolph County Court House, Wedowee 36278  223 Haynes St., Talladega 35160 311 North Elm Ave., Sylacauga 35150 311 North Elm Ave., Sylacauga 35150  2078 Sportplex Blvd., Alexander City 35010 220 LaFayette St., Dadeville 36853

**ADPH Address Roster of County Health Departments Health Officers and Administrators continued**

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 7</b> Ruth Underwood, Acting Area Adm.	Box 480280, Linden 36748-0280	334-295-1000	295-0006	303 Industrial Drive, Linden 36748-0280
<b>CHOCTAW-</b> Ashvin Parikh, Asst. Area Adm. LIFE CARE OFFICE ENVIRONMENTAL OFFICE	1001 S. Mulberry Ave., Butler 36904 1001 S. Mulberry Ave., Butler 36904 1001 S. Mulberry Ave., Butler 36904	205-459-4026 205-459-4013 205-459-4026	459-4027 459-3184 459-4027	1001 South Mulberry Ave., Butler 36904 1001 South Mulberry Ave., Butler 36904 1001 South Mulberry Ave., Butler 36904
<b>DALLAS-</b> Ashvin Parikh, Asst. Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	100 Sam O. Moseley Dr., Selma 36701 100 Sam O. Moseley Dr., Selma 36701 100 Sam O. Moseley Dr., Selma 36701	334-874-2550 334-872-2323 334-872-5887	875-7960 872-0279 872-4948	100 Sam O. Moseley Dr., Selma 36701 100 Sam O. Moseley Dr., Selma 36701 100 Sam O. Moseley Dr., Selma 36701
<b>HALE-</b> Ashvin Parikh, Asst. Area Adm. ENVIRONMENTAL OFFICE	Box 87, Greensboro 36744-0087 Box 87, Greensboro 36744-0087	334-624-3018 334-624-3018	624-4721 624-4721	1102 N. Centerville St., Greensboro 36744-0087 1102 N. Centerville St., Greensboro 36744-0087
<b>LOWNDES-</b> Ziba M. Anderson, Asst. Area Adm. ENVIRONMENTAL OFFICE	Box 35, Hayneville 36040-0035 Box 35, Hayneville 36040-0035	334-548-2564 334-548-2564	548-2566 548-2566	507 Montgomery Hwy., Hayneville 36040 507 Montgomery Hwy., Hayneville 36040
<b>MARENGO-</b> Ashvin Parikh, Asst. Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	Box 480877, Linden 36748-0877 Box 480877, Linden 36748-0877 Box 480877, Linden 36748-0877	334-295-4205 334-295-0000 334-295-1000	295-0124 295-0617 295-0006	303 Industrial Drive, Linden 36748-0877 303 Industrial Drive, Linden 36748-0877 303 Industrial Drive, Linden 36748-0877
<b>PERRY-</b> Ashvin Parikh, Asst. Area Adm. ENVIRONMENTAL OFFICE UNIONTOWN SATELLITE (Open T., W.)	Box 119, Marion 36756-0119 Box 119, Marion 36756-0119 Box 119, Marion 36756-0119	334-683-6153 334-683-6153 334-628-6226	683-4509 683-4509 628-3018	Rt. 2 Box 4-C, Hwy. 45 South, Marion 36756 Rt. 2 Box 4-C, Hwy. 45 South, Marion 36756 200 North St., Uniontown 36786
<b>SUMTER-</b> Ashvin Parikh, Asst. Area Adm. ENVIRONMENTAL OFFICE	P. O. Drawer 340, Livingston 35470 P. O. Drawer 340, Livingston 35470-0340	205-652-7972 205-652-7972	652-4331 652-4331	1121 N. Washington St., Livingston 35470 1121 N. Washington St., Livingston 35470
<b>WILCOX-</b> Ziba Anderson, Asst. Area Adm. ENVIRONMENTAL OFFICE	Box 547, Camden 36726-0547 Box 547, Camden 36726-0547	334-682-4515 334-682-4515	682-4796 682-4796	107 Union St., Camden 36726-0547 107 Union St., Camden 36726-0547
<b>PUBLIC HEALTH AREA 8</b> Bobby H. Bryan, Area Adm.	6501 U.S. Hwy 231 N., Wetumpka 36092	334-567-1165	514-5832	6501 U.S. Hwy 231 N., Wetumpka 36092
<b>AUTAUGA-</b> Bobby H. Bryan, Area Adm. HOME HEALTH OFFICE	219 N. Court, Prattville 36067 219 N. Court, Prattville 36067	334-361-3743 334-361-3753	361-3718 361-3806	219 N. Court St., Prattville 36067 219 N. Court St., Prattville 36067
<b>BULLOCK-</b> Ron Wheeler, Asst. Area Adm.	P.O. Drawer 430, Union Springs 36089	334-738-3030	738-3008	103 Conecuh Ave., W., Union Springs 36089-1317
<b>CHILTON-</b> James R. Martin, Asst Area Adm. LIFE CARE OFFICE	301 Health Ctr. Dr., Clanton 36405 301 Health Ctr. Dr., Clanton 36405	205-755-1287 205-755-8407	755-2027 755-8432	301 Health Ctr. Dr., Clanton 35046 301 Health Ctr. Dr., Clanton 35046
<b>ELMORE-</b> Bobby H. Bryan, Area Adm.	6501 U.S. Hwy 231, Wetumpka 36092	334-567-1171	567-1186	6501 U.S. Hwy 231, Wetumpka 36092
<b>LEE-</b> Bobby H. Bryan, Area Adm. LIFE CARE OFFICE	1801 Corporate Dr., Opelika 36801 1801 Corporate Dr., Opelika 36801	334-745-5765 334-745-5293	745-9830 745-9825	1801 Corporate Dr., Opelika 36801 1801 Corporate Dr., Opelika 36801
<b>MACON-</b> James R. Martin, Asst. Area Adm. LIFE CARE OFFICE	812 Hospital Rd., Tuskegee 36083 812 Hospital Rd., Tuskegee 36083	334-727-1800 334-727-1888	727-7100 727-1874	812 Hospital Rd., Tuskegee 36083 812 Hospital Rd., Tuskegee 36083
<b>MONTGOMERY-</b> James R. Martin, Asst Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE LIFE CARE OFFICE	3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108	334-293-6400 334-293-6525 334-293-6452 334-293-6528	293-6410 293-6402 293-6402 293-6402	3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108
<b>RUSSELL-</b> James R. Martin, Asst. Area Adm. HOME HEALTH OFFICE	Box 548., Phenix City 36868 1850 Crawford Rd., Phenix City 36867	334-297-0251 334-298-5581	291-5478 291-0498	1850 Crawford Rd., Phenix City 36867 1850 Crawford Rd., Phenix City 36867

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 9</b> Ruth Underwood, Area Adm.	Box 1227, Robertsdale 36567	251-947-6206	947-6262	23280 Gilbert Dr., Robertsdale 36567
<b>BALDWIN-</b> Ruth Underwood Area Adm. ENVIRONMENTAL OFFICE BAY MINETTE BRANCH	Box 369, Robertsdale 36567-0369 Box 369, Robertsdale 36567-0369 Box 160, Bay Minette 36507	251-947-1910 251-947-3618 251-937-0217	947-5703 947-3557 937-0391	23280 Gilbert Dr., Robertsdale 36567 22251 Palmer St., Robertsdale 36567 257 Hand Ave., Bay Minette 36507-0547
<b>BUTLER-</b> Ziba M. Anderson, Asst. Area Adm. GEORGIANA SATELLITE (Open Tues only)	Box 339, Greenville 36037 Box 339, Greenville 36037	334-382-3154 334-376-0776	382-3530	350 Airport Rd., Greenville 36037 Jones Street, Georgiana 36033
<b>CLARKE-</b> Ruth Underwood, Area Adm. ENVIRONMENTAL OFFICE	Box 477, Grove Hill 36451 Box 477, Grove Hill 36451	251-275-3772 251-275-4177	275-4253 275-8066	140 Clark Street, Grove Hill 36451 120 Court Street, Grove Hill 36451
<b>CONECUH-</b> Ruth Underwood, Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	Box 110, Evergreen 36401 Box 110., Evergreen 36401 Box 110, Evergreen 36401	251-578-1952 251-578-5265 251-578-9729	578-5566 578-5679 578-5566	526 Belleville St., Evergreen 36401 811 Liberty Hill Dr., Evergreen 36401 526 Belleville St., Evergreen 36401
<b>COVINGTON-</b> Ziba M. Anderson, Asst. Area Adm. OPP SATELLITE (Open Tues. Only) LIFE CARE OFFICE ENVIRONMENTAL OFFICE	Box 186, Andalusia 36420-0186 Box 186, Andalusia 36420-0186 Box 186, Andalusia 36420-0186 Box 186, Andalusia 36420-0186	334-222-1175 334-493-9459 334-222-5970 334-222-1585	222-1560  222-1560 222-1560	Alabama Hwy. 55, Andalusia 36420 108 N. Main Street, Opp 36467 Alabama Hwy. 55, Andalusia 3642 Alabama Hwy. 55, Andalusia 3642
<b>ESCAMBIA-</b> Ruth Underwood, Area Adm. ENVIRONMENTAL OFFICE ATMORE BRANCH	1115 Azalea Place, Brewton 36426 1115 Azalea Place, Brewton 36426 8600 Hwy. 31 N., Suite 17, Atmore 36502	251-867-5765 251-867-5765 251-368-9188	867-5179 867-5179 368-9189	1115 Azalea Place, Brewton 36426 1115 Azalea Place, Brewton 36426 8600 Hwy. 31 N, Suite 17, Atmore 36502
<b>MONROE-</b> Ruth Underwood, Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	416 Agricultural Dr., Monroeville 36460 416 Agricultural Dr., Monroeville 36460 416 Agricultural Dr., Monroeville 36460	251-575-3109 251-575-2980 251-575-7034	575-7935 575-2144 575-7935	416 Agricultural Drive, Monroeville 36460 416 Agricultural Drive, Monroeville 36460 416 Agricultural Drive, Monroeville 36460
<b>WASHINGTON-</b> Ruth Underwood, Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	Box 690, Chatom 36518 Box 690, Chatom 36518 Box 690, Chatom 36518	251-847-2245 251-847-2257 251-847-2245	847-3480 847-3299 847-3480	2024 Granade Ave., Chatom 36518 2024 Granade Ave., Chatom 36518 2024 Granade Ave., Chatom 36518
<b>PUBLIC HEALTH AREA 10</b> Russell Killingsworth, Area Adm.	P. O. Box 1055, Slocomb 36375-1055	334-886-2390	886-2842	465 S. Kelly, Slocomb 36375
<b>BARBOUR-</b> Ron Wheeler, Asst. Area Adm. HOME HEALTH OFFICE CLAYTON BRANCH	Box 238, Eufaula 36027-0238 Box 217, Clayton 36016-0217 Box 217, Clayton 36016-0217	334-687-4808 334-775-9044 334-775-8324	687-6470 775-9129 775-3432	634 School Street, Eufaula 36027 25 North Midway Street, Clayton 36016 41 North Midway Street, Clayton 36016
<b>COFFEE-</b> Russell Killingsworth, Area Adm. HOME HEALTH OFFICE	2841 Neal Metcalf Rd., Enterprise 36330 2841 Neal Metcalf Rd., Enterprise 36330	334-347-9574 334-347-9576	347-7104 347-3124	2841 Neal Metcalf Rd., Enterprise 36330
<b>CRENSHAW-</b> Ron Wheeler, Asst. Area Adm.	Box 326, Luverne 36049-0326	334-335-2471	335-3795	100 East 4th Street, Luverne 36049
<b>DALE-</b> Russell Killingsworth, Area Adm.	Box 1207, Ozark 36361-1207	334-774-5146	774-2333	200 Katherine Ave., Ozark 36360
<b>GENEVA-</b> Peggy Blakeney, Asst. Area Adm.	606 S. Academy St., Geneva 36340-2527	334-684-2259	684-3970	606 S. Academy St., Geneva 36340-2527
<b>HENRY-</b> Russell Killingsworth, Area Adm. HEADLAND BRANCH	Box 86, Abbeville 36310-0086 Box 175, Headland 36345-0175	334-585-2660 334-693-2220	585-3036 693-3010	505 Kirkland St., Abbeville 36310-2736 2 Cable Street, Headland 36345-2136
<b>HOUSTON-</b> Peggy Blakeney, Asst. Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	Drawer 2087, Dothan 36302-2087 Drawer 2087, Dothan 36302-2087 Drawer 2087, Dothan 36302-2087	334-678-2800 334-678-2805 334-678-2815	678-2817 678-2808 678-2816	1781 E. Cottonwood Rd., Dothan 36301-5309 1781 E. Cottonwood Rd., Dothan 36301-5309 1781 E. Cottonwood Rd., Dothan 36301-5309
<b>PIKE-</b> Ron Wheeler, Asst. Area Adm. HOME HEALTH OFFICE	900 So. Franklin Dr., Troy 36081-3850 900 So. Franklin Dr., Troy 36081-3850	334-566-2860 334-566-8002	566-8534 670-0719	900 So. Franklin Dr., Troy 36081-3850 900 So. Franklin Dr., Troy 36081-3850
<b>PUBLIC HEALTH AREA 11</b> Bernard H. Eichold II, M.D., AHO HOME HEALTH SERVICES ENVIRONMENTAL SERVICES SOCIAL SERVICES WOMEN'S CENTER IMMUNIZATION OFFICE CALCEDEAVER CLINIC CITRONELLE CLINIC EIGHT MILE CLINIC TEEN CENTER SCHOOL BASED CLINIC NEWBURN CLINIC	Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 248 Cox St., Mobile 36604 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 248 Cox St., Mobile 36604	251-690-8827 251-690-8130 251-544-2114 251-690-8981 251-690-8935 251-690-8883 251-829-9884 251-866-9126 251-456-1399 251-694-3954 251-456-2276 251-405-4525	432-7443 690-8907 432-7443 694-5004 690-8945 690-8899 829-9507 866-9121 456-0079 694-5037 456-2205 405-4521	251 N. Bayou St., Mobile 36603-1699 248 Cox St., Mobile 36604 251 N. Bayou St., Mobile 36604 251 N. Bayou St., Mobile 36604 248 Cox St., Mobile 36604 251 N. Bayou St., Mobile 36604 1080AA Red Fox Rd., Calcedaever 36560 19250 Mobile St., Citronelle 36522 4547 St. Stephens Rd., Eight Mile 36663 248 Cox St., Mobile 36604 800 Whitley St., Plateau 36610 248 Cox St., Mobile 36604

AHO-AREA HEALTH OFFICER, LHO-LOCAL HEALTH OFFICER

NOTE: THE PRIMARY "MAILING ADDRESS" FOR COUNTY HEALTH DEPARTMENTS WITH MULTIPLE SITES IS THE FIRST LINE LISTED UNDER THE COUNTY NAME IN BOLD PRINT. ALL OTHER SITES SUCH AS HOME HEALTH, ETC., SHOULD BE SENT TO EACH SPECIFIC ADDRESS AS SHOWN ABOVE. "STREET ADDRESSES" ARE USED ONLY FOR PONY EXPRESS, FEDERAL EXPRESS, AND UPS DELIVERIES!

Please notify the Bureau of Health Promotion & Chronic Disease of changes or errors,  
The RSA Tower, Suite 900, 201 Monroe Street, Montgomery, AL 36104, Telephone 334-206-5300. ADPH-BHPCD-PhRoster-03/2006

# Alabama Department of Public Health



# Public Health Areas

Alabama is divided into public health areas to facilitate coordination, supervision and development of public health services. Area offices are responsible for developing local management programs of public health services and programs particularly suited to the needs of each area.

## PHA 1

Karen Landers, M.D., *Area Health Officer*  
Roger Norris, *Area Administrator*  
Box 929, Tuscumbia, AL 35674-0929  
(256) 383-1231

## PHA 2

Ron Grantland, *Area Administrator*  
Box 1628, Decatur, AL 35602-1628  
(256) 340-2113

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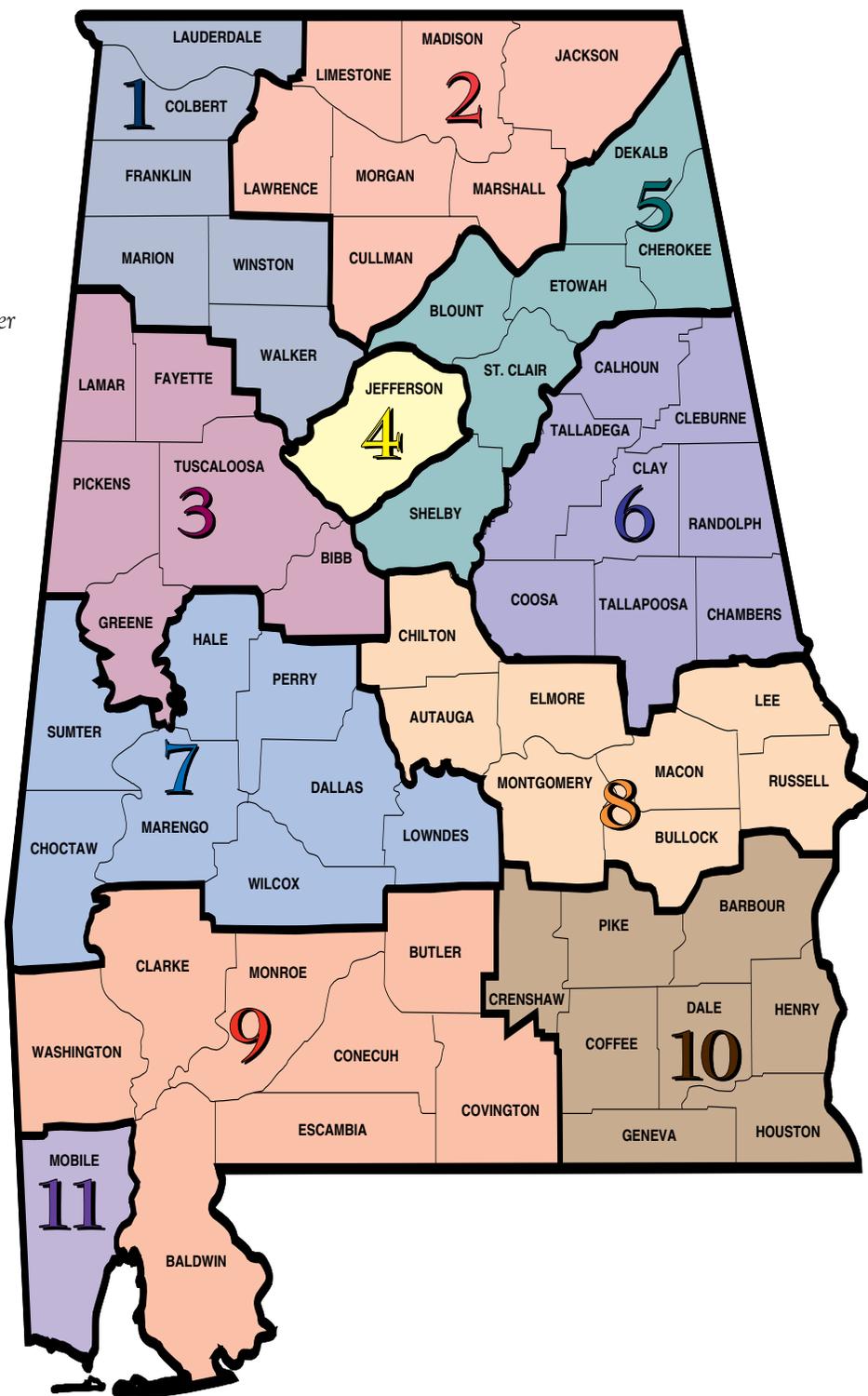
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