

Alabama Department of Public Health  
**ANNUAL REPORT 2009**



H1N1

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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 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 the advisory board to the state in all medical matters, matters of sanitation, and public health. The State Committee of Public Health meets monthly 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 130 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 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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# A LETTER FROM THE STATE HEALTH OFFICER

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

Dear Governor Riley:

It is my honor to present to you the 2009 Annual Report. The past year was filled with challenges both old and new as the Department continued to provide valuable public health services across the state, while also participating in one of the greatest vaccination efforts in our nation's recent history.

In April 2009, the first human cases of an unknown influenza virus were detected in the United States. This novel virus, first termed "swine flu," spread worldwide causing illness and death, with the first cases in Alabama identified on April 30. Public Health staff throughout the state quickly responded by conducting enhanced surveillance activities to monitor and recognize changes in levels of influenza-like illness, the strains circulating, and the disease burden on schools and health care services. The Department's Bureau of Clinical Laboratories processed more than 6,500 influenza specimens from throughout the state during 2009. Department staff also worked with hospitals, private physician offices, and schools to monitor bed availability, patient visits, and school absenteeism.

The first doses of H1N1 influenza vaccine arrived in the state in October. Significant manufacturing delays caused initial amounts of vaccine to be limited. As a result, the Department had to prioritize the shipments of vaccine to providers that served those populations at most risk of severe disease and death. The Department's Bureau of Information Technology staff designed an online system to organize vaccine and antiviral medication ordering. By the end of the year, vaccine requests had been fulfilled for all private providers, county health departments, hospitals, and pharmacies statewide.

Vaccination clinics were held at various locations throughout the state including county health departments, private physician offices, and pharmacies to ensure that all citizens had an opportunity to be vaccinated. Public Health clinic staff worked after hours and on weekends to provide more access for people to participate in the immunization process. The Department partnered with the State Department of Education to vaccinate school-aged children and to distribute health and safety information.

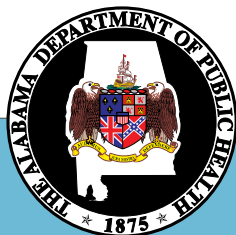
The Department worked diligently to inform the public of all aspects of the public health response to the influenza virus. In addition to the traditional methods of communication, the Department utilized innovative new marketing approaches such as interacting through the social networks Facebook and Twitter, developing

creative television commercials, and partnering with state college sports figures for media campaigns to disseminate public health messages as widely as possible.

Although the H1N1 influenza response was an enormous undertaking, several other programs also made significant progress during the past year. Seventy percent of the state is now covered by Alabama's trauma system. This trauma system is critical in reducing deaths and injuries in the "golden hour" after accidents occur.

Under this advanced system, injured patients are identified by emergency medical technicians at the scene who route the patient to the closest hospital that has the appropriate resources to care for the patient. The emergency medical technician contacts the trauma communications center, which knows the current status of all hospitals in the area, so that the patient is routed directly to the hospital best capable of providing necessary care.

During a period when many people were unemployed because of the slow economy, several Department services became even more important to citizens across the state. As of October 2009, the majority of the 78,000 uninsured children in Alabama were eligible for health insurance coverage thanks to an expansion of the ALL Kids Children's Health Insurance Program to 300 percent of the federal poverty level. This expansion provides those working families who earn too much to qualify for Medicaid, but do not have the income to



purchase health insurance in the private sector, health coverage for their children.

WIC provides nutrition education, breastfeeding education, and supplemental nutritious foods to pregnant, breastfeeding, and postpartum women, infants, and children up to age 5. Participants in the program must be of low or moderate income and have a nutritional risk. During the past year, WIC served an average of 142,340 clients per month, which included approximately 34,081 women, 38,271 infants, and 69,988 children. More than \$105 million of WIC funds were expended statewide in retail grocery stores.

To help Alabamians create healthier lifestyles and prevent chronic health problems, the Department conducted initiatives across the state. More than 40,000 Alabamians participated in Scale Back Alabama, the state's annual weight-loss competition. This 10-week long event also provided an opportunity to offer weight management education to participants. This past year's contest resulted in the loss of more than 200,000 pounds. Scale Back Alabama is an excellent example of a public-private partnership.

The Department's Alabama Strategic Alliance for Health Program received federal funding to help reduce chronic diseases and health disparities in the Black Belt and West Alabama region. Chronic diseases represent a major public health challenge in Alabama. Initiatives by this program will target obesity, diabetes, cardiovascular disease, and risk factors concerning nutrition,

physical activity, and tobacco. Initial planning has already been completed during the past year that will assist 21 counties with healthy interventions over the next five years.

Another area of enormous concern this past year was infant mortality. The state's infant mortality rate improved, decreasing from 10.0 deaths per 1,000 live births to 9.5. As in previous years, having no insurance was a contributing factor to infant mortality. While the decline in infant mortality is encouraging, the adequacy of prenatal care in Alabama fell to its lowest level in more than a decade. Only 74.2 percent of all live births were to women with adequate prenatal care. The Department will continue to reinforce the message of receiving adequate care during pregnancy to ensure healthier births among women in the state.

In the coming year, the Department will remain committed to addressing the public health needs of all people in Alabama. Last year's experience with H1N1 has reinforced the need to prepare for the unexpected and to retain the capacity to respond to unanticipated challenges in Public Health. The department is deeply appreciative of your support and of the Legislature's support over the past year.

Sincerely,



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



# BUREAU OF COMMUNICABLE DISEASE

## DIVISION OF EPIDEMIOLOGY

The mission of the Epidemiology Division is to protect the residents of Alabama by monitoring and responding to cases of communicable, zoonotic, and environmentally-related human diseases. The division strives to:

- Provide a statewide network of disease surveillance for early detection and timely response to disease threats, either naturally occurring or intentionally caused.
- Conduct investigations of communicable disease outbreaks.
- Implement interventions to reduce the occurrence of communicable diseases.
- Provide technical expertise, consultation, and assistance to healthcare professionals, institutions, and communities throughout the state.
- Protect citizens from diseases caused by environmental contaminants through education, alerts, and warnings.

### Surveillance Branch

The main objective of the Surveillance Branch is to provide support and direction to the area surveillance field staff, the health care sector, and the general public regarding communicable diseases and other areas of public health importance. The Surveillance Branch conducts surveillance for 47 notifiable diseases and health conditions designated as potential threats to the health and welfare of the public by the State Board of Health.

While the majority of surveillance involves notifiable communicable diseases, the Surveillance Branch also investigates hazards and outbreaks of any kind that are of public health importance, including cases related to nuclear, biological, or chemical terrorist activity. Further, the Surveillance Branch has been tasked with recruiting physicians to participate in year-round influenza surveillance. Highlights of major surveillance activities are provided below.

In December 2008, surveillance staff in Public Health Area 6 notified the department of individuals reporting abdominal pain and diarrhea following a catered dinner. The department identified approximately 40 attendees, including four employees of the catering business, with possible exposure. Twelve different items were served buffet style. Of the 12 food items and two beverages served at the dinner, only consuming the turkey-giblet gravy (attack rate = 100%, p-value < 0.001) was identified as a

significant factor for developing illness. From samples collected and tested at the Bureau of Clinical Laboratories (BCL), *C. perfringens* was identified.

In January 2009, two outbreaks were investigated by the Surveillance Branch. Patrons who dined at a restaurant in Public Health Area 5 experienced an outbreak of *Bacillus cereus*. Of the food items included in the menu, fried rice was identified as the only significant risk factor (odds ratio = 45; p-value 0.005) for developing the illness. Collected samples were processed for determination of two suspect agents, *B. cereus* and *S. aureus*, based on incubation period and symptoms experienced by patrons. The BCL isolated *B. cereus*. A portion of the food samples and clinical *B. cereus* isolates were forwarded to the Centers for Disease Control and Prevention (CDC) for further study. At CDC, *B. cereus* isolates were tested by polymerase chain reaction (PCR) to detect three toxin genes (ces, nhe, hbl) of *B. cereus*.

The second investigation involved an outbreak of varicella in a transitional (Correctional) facility. Using direct fluorescent antibody (DFA) and PCR assays, BCL isolated varicella-zoster virus from collected specimens. The division provided to the facility information about varicella/chickenpox cases, and facility staff were informed of the period of communicability.

In March 2009, Epidemiology surveillance staff were involved in a multi-state raw oyster-associated norovirus outbreak. Norovirus is a foodborne pathogen that can cause acute gastroenteritis in humans. Eleven individuals reported becoming sick after eating raw oysters at a restaurant in Chattanooga, Tennessee, and test results by the Chattanooga-Hamilton County Health Department and Tennessee Department of Health confirmed that the patients were infected with norovirus. The oysters were traced back to an oyster distributor in Alabama. To protect the public, a voluntary recall of the suspect oysters was initiated and the Conditionally Approved Area 2-C Shellfish Growing Waters were closed to the harvest of oysters until the waters were determined safe for harvesting oysters. The outbreak served as an opportunity to collaborate with Mississippi and Tennessee.

Also in March 2009, surveillance staff in Public Health Area 9 investigated a gastrointestinal outbreak of potential foodborne origin. One patient specimen was submitted to BCL. Norovirus GII was identified as the pathogen.

## BUREAU OF COMMUNICABLE DISEASE

In April 2009, Alabama had its first case of 2009 H1N1. Surveillance activities conducted included monitoring the disease and any changes that occurred; collecting and testing specimens from health care providers; and educating organizations and the public about the potential for widespread illness, community mitigation strategies, and personal preparedness.

The Surveillance Branch and its statewide field staff also provided educational information and assistance to local communities. Field staff spent many hours educating school employees, businesses, and the general public on preventing the spread of communicable disease within the community and preparedness for natural or biological events. Specific foci of educational efforts include routes of transmission and basic hygiene practices, such as hand washing to prevent the spread of influenza, and "Get 10" – Get Ready for Emergencies.

### Analysis and Reporting Branch

The Analysis and Reporting Branch identifies disease cases, clusters of diseases, and potential foodborne and waterborne outbreaks. Epidemiologists analyze disease data reported from across the state, report diseases to CDC, and monitor disease trends.

### Influenza

In 2009, influenza surveillance expanded to year-round surveillance once the new influenza strain, 2009 H1N1, was identified by CDC on April 15, 2009. Alabama identified its first case of 2009 H1N1 on April 30. Since that time, the department has undertaken enhanced surveillance activities to monitor and recognize changes in levels of influenza-like illness, the strains circulating, and the disease burden on schools and healthcare services. These enhanced surveillance activities require



Epidemiology and Immunization staff worked together to collect and analyze 2009 H1N1 data from various sources, including health care providers, the Department of Education, and families.

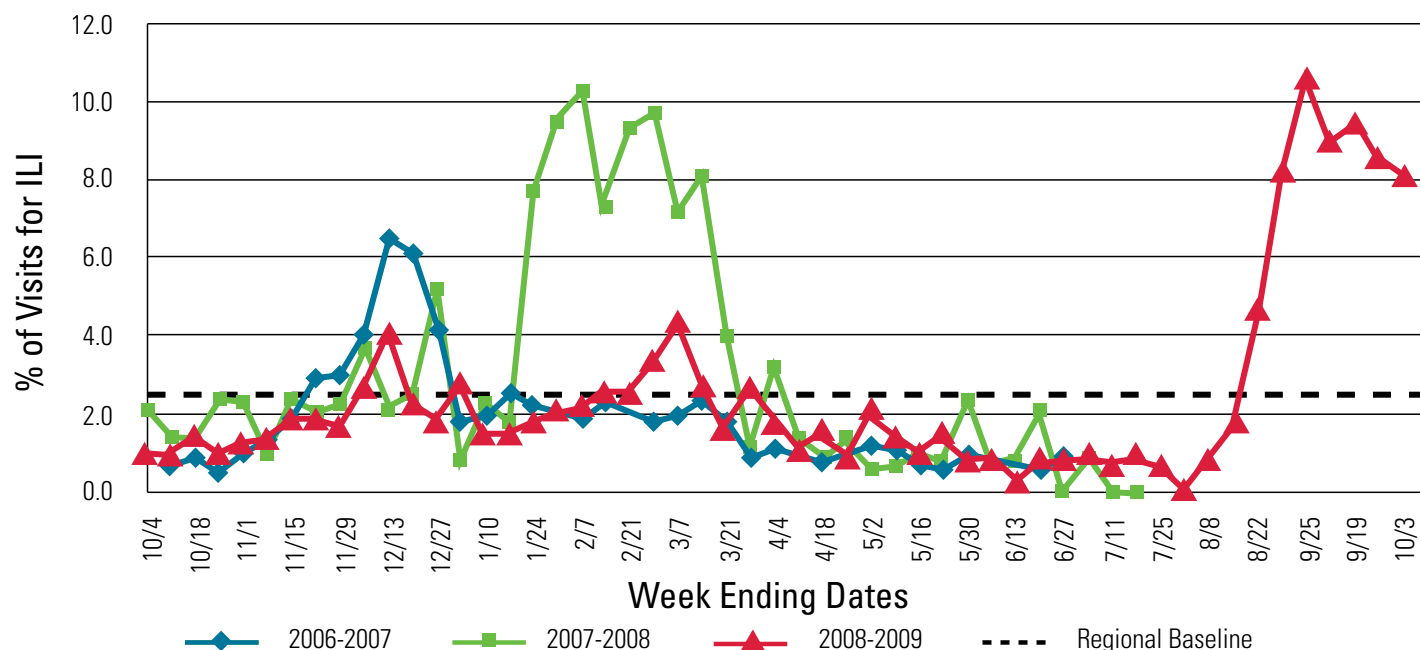


Figure 1: Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Alabama, Summary 2008-09 and Previous Seasons

## BUREAU OF COMMUNICABLE DISEASE

collaboration with the following federal and state partners:

- Influenza-like Illness Network (ILINet): CDC's U.S. Outpatient Influenza-like Illness Network
- Virologic specimen surveillance: Bureau of Clinical Laboratories
- School absenteeism data: Alabama State Department of Education
- Hospitalized patients with influenza-like illness: Alabama Incident Management System (AIMS)

The 2008-09 influenza season (September 28, 2008 – October 3, 2009) was a unique season for reasons other than the new strain identified. Widespread activity occurred outside the period of typical influenza activity. A couple of peaks occurred during December and February as expected, but at the end of summer, significant levels of activity were detected during a time when influenza traditionally has not been observed (see Figure 1). This unusual activity was contributed to by the identification of the 2009 H1N1 virus. During the 2008-09 season, 2,347 specimens tested positive for 2009 H1N1 at the Bureau of Clinical

Laboratories (BCL) from all 11 public health areas.

CDC's U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) consisted of 42 providers in Alabama that reported to CDC during the season, though not necessarily every week. These providers reported the total number of patients seen and the total number of patients seen with influenza-like illness (ILI) by age group by week. Figure 1 shows the ILI activity reported this past season along with the previous two seasons. As part of enhanced surveillance, the number of ILINet participants increased to more than 100 and the number reporting ILI activity also increased.

The department tracks the specimens received at BCL for influenza testing. During this season, BCL temporarily served as the only site able to identify 2009 H1N1. Since that time of serving as a diagnostic laboratory, BCL has returned to receiving specimens as part of influenza surveillance. The department has enrolled clinics and hospitals from all over the state to serve in the surveillance reporting network. Specimens are also requested from all hospitalized patients and pregnant patients experiencing ILI. BCL results identify influenza virus types, such as A and B, as well as subtypes such as seasonal

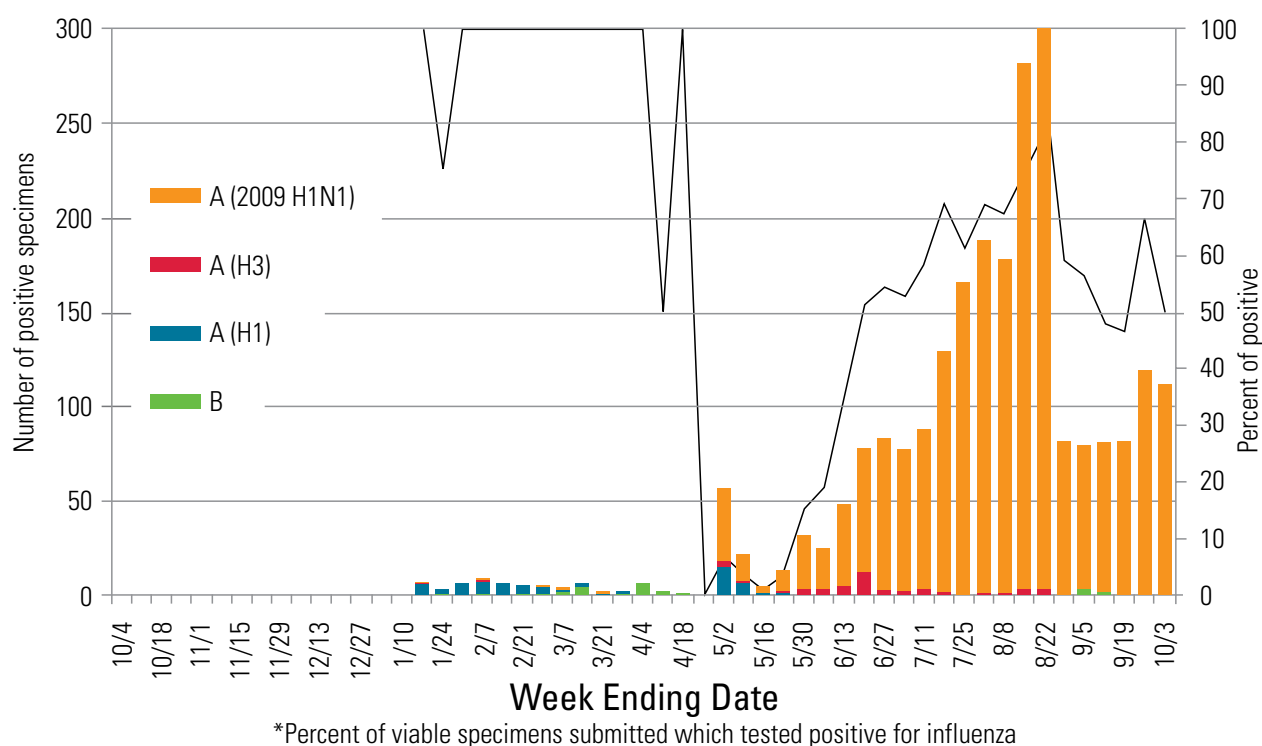


Figure 2: Alabama Summary for Influenza Season 2008-2009, Epidemiology/Surveillance via Bureau of Clinical Laboratories, by Week of Specimen Collection Date



## BUREAU OF COMMUNICABLE DISEASE

H1, H3, and 2009 H1N1. This season, BCL received 6,664 specimens. Influenza A (H1, H3, and 2009 H1N1) and influenza B were detected by Polymerase Chain Reaction (PCR). However, the 2009 H1N1 virus was the predominant subtype since its identification in late April. Of the specimens tested, 38 percent were positive for influenza, of which 94.2 percent were identified as the 2009 H1N1 strain. In contrast, 53.3 percent of the reported specimens tested negative for influenza while 7.2 percent were unsatisfactory (see Figure 2).

School absenteeism data was provided by the Alabama State Department of Education to enhance the surveillance of disease affecting school-aged children; the data includes public schools only. The information provided the number of students reporting

absent by school by grade per day, although the reason for the absenteeism was not included. The department used the information to depict the absenteeism rate over time. The school absenteeism data was especially valuable during the 2009 H1N1 response as widespread influenza activity affected the school-aged population.

In order to monitor the influenza disease burden in hospitals, the department activated the Alabama Incident Management System (AIMS) so hospitals could report bed availability and number and percentage of ILI patients seen in emergency departments and admitted to the hospital. More than 80 hospitals across the state voluntarily reported the information since August.

**TABLE 1. SELECTED COMMUNICABLE DISEASE INCIDENCE 2005 THROUGH 2009 (AS OF 12/23/2009)**

Disease	2005	2006	2007*	2008	2009±	5-year average
<b>Brucellosis</b>	1	1	1	1	3	1
<b>Campylobacteriosis</b>	175	170	263	273	246	225
<b>Cryptosporidium</b>	29	72	126	75	58	72
<b>E. coli O157:H7</b>	30	32	68	66	46	48
<b>Eastern Equine Encephalitis</b>	2	0	1	1	0	<1
<b>Haemophilus influenzae, invasive</b>	18	23	29	25	39	27
<b>Hemolytic Uremic Syndrome</b>	5	2	7	5	6	5
<b>Hepatitis A, acute</b>	44	13	24	12	11	21
<b>Hepatitis B, acute</b>	90	92	139	109	81	102
<b>Hepatitis C, acute</b>	14	11	15	13	8	12
<b>Histoplasmosis</b>	6	21	35	8	7	15
<b>Legionellosis</b>	14	11	14	18	18	15
<b>Listeriosis</b>	9	7	8	5	14	9
<b>Lyme disease</b>	3	11	23	10	3	10
<b>Malaria</b>	6	9	7	5	9	7
<b>Neisseria meningitidis, invasive</b>	6	7	11	10	11	9
<b>Rocky Mountain Spotted Fever</b>	72	85	95	93	64	82
<b>Salmonellosis</b>	742	910	987	1013	778	886
<b>Shigellosis</b>	225	348	741	427	129	374
<b>Tularemia</b>	1	0	0	0	0	<1
<b>Typhoid Fever</b>	1	1	3	4	0	2
<b>Vibriosis</b>	13	14	10	23	17	15
<b>West Nile Encephalitis</b>	6	5	17	11	0	8
<b>West Nile Fever</b>	5	2	7	9	0	5
<b>Yersiniosis</b>	14	13	19	14	13	15

\* Beginning in 2007, enhanced statewide electronic disease surveillance and reporting of Alabama's notifiable diseases was implemented. ± Data as of 12/23/2009

# BUREAU OF COMMUNICABLE DISEASE

## Select Communicable Disease Incidence

From 2005 to 2009, the numbers of reported cases of communicable diseases have fluctuated. In 2009, the incidence reported for five of 25 diseases shown below (see Table 1) have increased since 2008 (brucellosis, invasive *Haemophilus influenzae*, hemolytic uremic syndrome, listeria, and malaria). Among the diseases with fewer reported incidence, salmonella has decreased from 1,013 in 2008 to 778 in 2009, the only decrease in the five-year period.

## Adult Blood Lead Epidemiology and Surveillance (ABLES) Program

The ABLES program is a state-based surveillance system in which states provide information to the National Institute for Occupational Safety and Health (NIOSH) on laboratory reported blood lead levels among adults. The ABLES case definition for elevated blood lead level (BLL) for adults (being >16 years old) is a blood lead level concentration >10mcg/dL. Alabama has participated since 1991 when the program was implemented. In 2009, a total of 5,523 test results were received from reporting laboratories. Of the results received, 79 percent had blood lead levels <10mcg/dL, 13 percent 10-24mcg/dL, 6 percent 25-39mcg/dL, 1 percent 40-59mcg/dL, and 1 percent >60mcg/dL.

The division collaborates with the Alabama Childhood Lead Poisoning Prevention Program to detect cases related to occupational exposure that may be included in the program's surveillance activities. Epidemiology staff contact physicians involved in the screening of employees to facilitate proper treatment of those employees with high levels of lead in blood. In addition, during 2009 Epidemiology staff began sharing BLL reports in aggregate matter with OSHA's representatives to decrease exposure in those companies which have employees with high levels. Finally, Epidemiology staff are leading an effort to update the ABLES database in order to streamline data entry and increase the efficiency of human and material resources.

## Meningitis Surveillance Project

The department received a grant to work with CDC in a case-control study to evaluate the effectiveness of the conjugate meningococcal vaccine (MCV4, Menactra®) among adolescents and young adults, ages 11-23 years old. In order to accomplish the objectives of this grant, efforts are being made to increase epidemiological and laboratory surveillance for *Neisseria meningitidis* and enroll participants in the CDC-led national case-control study. Physicians

and laboratories throughout the state will be encouraged to submit specimens for serogrouping and vaccination status of the patient will be obtained. In addition, the department will increase surveillance for invasive *Haemophilus influenzae* disease in children less than 5 years of age using the same strategies.

## Zoonotic Branch

The Zoonotic Branch is charged with monitoring, controlling, and preventing diseases transmitted from animals to humans. The branch is also involved in outreach to educate the public about rabies, rabies prevention, arboviral disease prevention, and other zoonoses. The following is a summary of 2009 (through December 31, 2009) results for rabies and arboviral diseases in the state.

- The number of cumulative cases of animal rabies in 2009 was 81, as compared to 85 in 2008 and 80 in 2007. As in previous years, wildlife species, particularly raccoons, were the most commonly infected species. Raccoons accounted for 41 of the positive rabies cases as compared to 51 in 2008 and 47 in 2007. Alabama had 22 positive bats, as compared to 17 in 2008 and 20 in 2007. Foxes accounted for 12 of the positive rabies tests, as compared to 11 in each of the two preceding years. There was also one positive coyote in 2009, as compared to two coyotes in 2008.
- The domestic species testing positive for rabies this year in Alabama include only dogs and cats. There were two positive dogs and three positive cats in 2009; in 2008 there was one of each. There were no positive horses as compared to one in 2008. Domestic animals represent only 3 percent of positive rabies submissions, which is a reflection of the effectiveness of the statewide rabies vaccination program.
- The Zoonotic Branch cooperated with the U.S.D.A. Wildlife Services Division in efforts to halt the northwesterly migration of the raccoon variant of rabies across Alabama. U.S.D.A. Wildlife Service baited the state with 455,679 doses of oral rabies vaccine. The baits consisted of coated sachets and fish-meal polymers and were distributed by aircraft in portions of 12 counties in 2009. An additional 157,320 doses were distributed by hand in populated areas not conducive to air drops. The Zoonotic Branch was responsible for incoming calls from citizens with exposure to the baits. There were two instances of human allergic hypersensitivity reactions

## BUREAU OF COMMUNICABLE DISEASE

to the fish-meal on the baits reported to the department following exposure. The branch, in collaboration with the U.S.D.A Division of Wildlife Services, continued an enhanced surveillance program for raccoon rabies variant that was instituted in 2008 in Clarke County, with particular emphasis on areas located west of the Alabama River. The enhanced surveillance will provide epidemiological evidence of northwesterly movement of rabies by increased testing and variant typing for positive cases of rabies in terrestrial animals in this area. In 2009, trapping studies indicated that titers against the rabies virus were found west of the Alabama and the Tombigbee water systems, which indicate that the endemic boundary of rabies could be expanding past what were historically areas considered free of rabies. No positive animals were found in 2009 west of the aforementioned water systems; therefore, CDC continues to examine whether the titers are truly indicative of a current low virus activity in the area or previous misconceptions of physiological immune response to the virus.

- Arboviral surveillance programs were enhanced in eight counties in south Alabama. Federal funds were given to various municipalities for the purchase of mosquito adulticidal and larvicidal products, traps, and storage buildings that were intended to supplement equipment purchased in 2008 to institute arboviral disease prevention programs and mosquito control programs. Seventeen horses tested positive for West Nile virus (WNV), while in 2008 there were seven, and in 2007 there were none testing positive. Four sentinel chicken pools tested positive for WNV; however, there were no mosquito pools reportedly testing positive for WNV in 2009.
- During 2009, 36 horses tested positive for Eastern Equine Encephalitis (EEE), as compared to 22 in 2008 and 8 in 2007. Two sentinel chickens reportedly tested positive, compared to three in 2008 and six in 2007. No human cases of EEE were reported in 2009.

Outreach activities included the dissemination of coloring books and information booklets about preventing animal bites, rabies, arboviral disease, and West Nile virus prevention to schools throughout the state and to one summer camp. Children were presented with information about rabies and mosquito protection. The Department of Education was consulted on various ways to improve community outreach in the future.

### Infection Control

The mission of Infection Control 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 the needs of the Alabama Department of Public Health, the medical community, and the general public.

During 2009, educational training programs were provided via satellite teleconferences and on-site to approximately 4,526 participants. These individuals included health care workers from the department, hospitals, other state agencies, and extended care facilities.

Alabama's Infected Health Care Worker Management Act of 1995 mandates that health care workers who are chronically infected with hepatitis B virus or human immunodeficiency virus report themselves to the department. 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.

### Toxicology Branch

The primary task of the Toxicology Branch is to conduct and coordinate activities in and around hazardous waste sites. The two overriding objectives are to (1) identify pathways of exposure to hazardous substances and potentially hazardous industrial releases, and (2) identify, implement, and coordinate public health interventions to reduce exposures.

The United States Environmental Protection Agency (EPA) and the Alabama Department of Environmental Management (ADEM) list more than 10,000 contaminated sites in Alabama, 14 of which are on the National Priority List (NPL), a list of the worst contaminated sites in the nation. Due to its 18-year history of assessing the public health implications of contamination, the Toxicology Branch receives and responds to approximately 75 additional environmental health concerns and/or site-specific requests each year from citizens, attorneys, or other agencies. Collaboration with EPA and ADEM contributes to resolution of health concerns at sites, at times preventing an NPL listing, which reduces the cost of remediation. This branch also responds to inquiries concerning cleanup of mold and methamphetamine labs.

## BUREAU OF COMMUNICABLE DISEASE

In the past year, efforts have been directed toward two emerging contaminant issues. The first involves the presence of perfluorochemicals in the environment. Individuals principally have been exposed to perfluorooctanoic acid (PFOA) and perfluorooctane sulfonate (PFOS) through consumption of fish in which the contaminants have been detected. A secondary route of exposure is being investigated in instances in which the contaminants have been found in land-applied sludge from municipal waste treatment plants. Some of these materials may have been taken up in the grains and cattle that feed off these grains. An exposure investigation to determine the extent of individual exposure of people in areas where this sludge has been applied is scheduled to be conducted in early 2010 by the Agency for Toxic Substances and Disease Registry.

A second emerging issue has been the reports of corrosion problems and potential health related problems associated with the use of Chinese drywall in the construction of homes, offices, and other structures. This drywall has been found to outgas sulfur-containing compounds, principally carbonyl sulfate, which has been linked to the degradation of copper containing materials in homes, including flat-screen televisions and computer monitors, air conditioning tubing, and electrical connections. The Consumer Product Safety Commission is working with states to identify structures that may have used this material and provide an avenue for the public to report potential health problems.

### Healthcare-Associated Infections (HAI) Branch

The Healthcare-Associated Infections (HAI) Branch is a newly formed branch of the Division of Epidemiology. The HAI Branch was created due to the passing of the Mike Denton Infection Reporting Act and the receipt of American Recovery and Reinvestment Act (ARRA) grant monies to develop a State HAI Reporting and Prevention Program.

HAIs are infections that patients acquire while receiving treatment for medical or surgical conditions. The department has partnered with the Alabama Hospital Association and the Alabama Healthcare Quality Initiative to make the goal of eliminating HAIs a reality in Alabama. The Alabama HAI Reporting and Prevention Program will establish a hospital-wide awareness, education, reporting, and prevention program to address HAIs in acute care, specialty, and critical access hospitals in Alabama.

The Mike Denton Infection Reporting Act, effective August 1, 2009, provides for mandatory health care facility patient infection data reporting and collection in the categories of surgical site infections, central line associated bloodstream infections, and Ventilator Associated Pneumonia. The law designates the department to collect, compile, and analyze the collected patient infection data.

An advisory council required by the law convened officially in November 2009 to begin assisting the department on the development of the State HAI Prevention Plan. The Alabama HAI Prevention Plan was successfully submitted to the U.S. Department of Health and Human Services by the January 1, 2010, deadline.

The HAI Branch is committed to building a sustainable state program to address HAI prevention and to detect, report, evaluate, and validate HAI data. The HAI Prevention and Reporting Program will build upon existing initiatives and explore new collaborative opportunities to address HAI prevention and establish a central infection data repository for all hospitals in Alabama.

### STD PREVENTION AND CONTROL

The Alabama Department of Public Health's Division of STD Prevention and Control is charged with the following:

- 1) Reducing the number of Alabama residents reported with a sexually transmitted disease (STD).
- 2) Reducing the impact STDs have on Alabama's population and the health care system.
- 3) Determining the burden of disease in Alabama and identifying at-risk populations by conducting trend analysis.
- 4) Conducting effective and efficient case management to ensure patients reporting with an STD are treated according to the treatment guidelines established by the Centers for Disease Control and Prevention.
- 5) Conducting partner services including risk-reduction counseling.
- 6) Preventing STD-related infertility.
- 7) Reducing the syphilis rates in high morbidity areas.
- 8) Providing HIV partner notification.
- 9) Linking HIV patients to health care and social services.



## BUREAU OF COMMUNICABLE DISEASE

In addition, the program conducts enhanced case finding activities through community outreach and STD screenings to reduce the transmission and complications of STDs. Collaboration with other governmental and non-governmental agencies has enabled the division to increase efficiency and flexibility in providing comprehensive services and prevention messages to at-risk populations for multiple health problems.

According to the 2008 STD Surveillance Report released by CDC, nationally Alabama ranked fourth in the rate of primary and secondary syphilis (P&S), ranked fourth in the rate of infection for chlamydia and gonorrhea, and ranked seventh for congenital syphilis. The data serves as a reminder that the state continues to be in the midst of an STD crisis that poses serious health issues for Alabama residents of all ages, socioeconomic status, and gender. Co-infection with other STDs, including HIV and viral hepatitis, is also common among STD patients.

The incidence of P&S syphilis cases reported in 2009 (390) declined by 13.5 percent from the 451 cases reported in 2008. The decrease in cases is attributed to a 43.9 percent and 39.4 percent decline in P&S cases from Public Health Areas 2 and 4 respectively from 2008-2009. However, all other areas, except Public Health Area 7, had an increase in P&S cases in 2009. Although the department reported a decline in the number of reported P&S cases, the number of cases reported in 2009

represented the second highest number of cases reported in the past five years. Blacks comprise the majority (75.6 percent) of the P&S syphilis reported in 2009 followed by whites (18.5 percent) and Hispanics (3.6 percent). Overall, black males represented 52.1 percent of the reported P&S cases in 2009.

Chlamydia is the most commonly reported bacterial STD. Women and men frequently do not experience any symptoms of chlamydia, therefore it is not diagnosed and routinely goes untreated. If untreated, chlamydia can cause serious health complications such as pelvic inflammatory disease and infertility. Chlamydia testing is recommended for women under age 26, women who are pregnant, or women who have multiple partners. Individuals attending STD and family planning clinics are routinely screened for chlamydia and gonorrhea.

In 2009, the number of chlamydia cases reported to the department declined by 416 cases; however, positive cases are still being manually entered into the STD surveillance database. In 2009, 53.0 percent of the chlamydia cases were diagnosed among blacks. Although chlamydia cases have been reported among all age groups, 37.8 percent of the cases reported in 2009 were among persons age 20-24 years followed by persons age 15-19 years (37.1 percent) and persons age 25-29 years (14.1 percent).

The number of gonorrhea cases reported in Alabama decreased for a second consecutive year. In 2009, a total of 7,037 cases were

### PRIMARY AND SECONDARY SYPHILIS CASES BY PUBLIC HEALTH AREA, ALABAMA 2005-2009

PHA	2005	2006	2007	2008	2009
1	2	6	5	7	10
2	13	22	115	123	69
3	3	7	23	26	35
4	105	245	165	180	109
5	10	9	8	12	24
6	6	8	16	7	7
7	2	1	9	32	24
8	20	14	9	37	50
9	3	2	5	3	6
10	2	9	18	16	32
11	10	5	6	8	24
<b>Total</b>	<b>176</b>	<b>328</b>	<b>379</b>	<b>451</b>	<b>390</b>

## BUREAU OF COMMUNICABLE DISEASE

### CHLAMYDIA AND GONORRHEA CASES BY PUBLIC HEALTH AREA, ALABAMA 2008-2009

PHA	2008 Chlamydia	2009* Chlamydia	2008 Gonorrhea	2009* Gonorrhea
1	1,049	910	366	192
2	2,655	2,526	947	633
3	1,375	1,627	477	448
4	5,772	5,059	2,577	1,709
5	1,130	995	392	236
6	1,822	1,510	754	495
7	1,423	1,504	521	364
8	3,885	3,678	1,524	1,350
9	1,113	1,366	319	309
10	1,703	1,741	728	395
11	2,783	3,372	1,044	905
<b>**Total</b>	<b>24,713</b>	<b>24,297</b>	<b>9,679</b>	<b>7,037</b>

\*Additional cases will be reported in 2009.

\*\*Totals include cases with unknown residence.

reported to the department representing a 27.3 percent decrease in the number of cases (9,679) reported in 2008; however, the next three years will provide clear evidence whether the case reduction is sustainable. Among all racial/ethnic groups, blacks comprised 62.1 percent of the reported gonorrhea cases in 2009. The distribution of gonorrhea cases by age group was similar to those reported with chlamydia. In 2009, 36.4 percent of gonorrhea cases reported were among persons age 20-24 years followed by persons age 15-19 years (31.4 percent) and persons age 25-29 years (15.2 percent).



Governor Bob Riley and State Health Officer Dr. Don Williamson reviewed warehouse operations for storing and shipping seasonal and 2009 H1N1 vaccine.

### IMMUNIZATION

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

The Immunization Division provides vaccine to the public using state and federal funds. The division participates in the Vaccines for Children Program (VFC), which is a federal entitlement program that provides vaccine at no cost to children under

## BUREAU OF COMMUNICABLE DISEASE

19 years of age who are uninsured, Medicaid-eligible, under-insured, American Indian, or Alaskan Native. As of October 2009, there were 575 public and private providers enrolled in Alabama's VFC program, an increase from 568 providers in 2008 with over \$40 million worth of vaccines distributed to providers actively vaccinating children and adolescents throughout the state. Immunization staff continues to perform site visits and standard audits for enrolled providers to promote proper storage and handling of vaccine, accurate and safe administration of vaccine, and vaccine coverage improvement.

Distribution of seasonal influenza vaccine to the state began in September 2009. Approximately 258,360 doses of seasonal influenza vaccine were purchased by the Immunization Division, including 168,360 doses to VFC providers for eligible children. Presentations available included inactivated (TIV) and live (LAIV), preservative-free and preservative-containing, as well as pediatric and adolescent/adult formulations. All orders were expected to be shipped to providers statewide by the end of November 2009.

In March and April 2009, a new influenza virus, Novel influenza 2009 H1N1 virus, first caused illness in Mexico and the United States. On June 11, the World Health Organization signaled that a global pandemic was underway. The first doses of 2009 H1N1 virus arrived in the state in October 2009 and shipment to providers began; however, due to limited amounts of vaccine received, and to ensure as many providers that provide care to the target age groups received vaccine, shipments in 100-dose increments were provided. As of the second week of November 2009, approximately 443,000 doses had been distributed to private providers, county health departments, hospitals, and pharmacies statewide.



Public health employees from various bureaus deliver 2009 H1N1 vaccine to locations throughout the state.



Public health environmentalists from the Montgomery County Health Department assisted with patient registration at a 2009 H1N1 clinic.

Alabama's population-based immunization registry, known as Immunization Provider Registry with Internet Technology (ImmPRINT), continues to grow and reach out to more vaccination providers across the state. ImmPRINT has increased to include over 3 million individual patient records with over 27 million doses in their vaccination histories. In 2009, contributors to the data in ImmPRINT continued to include the Alabama Center for Health Statistics, Blue Cross Blue Shield of Alabama, the Alabama Medicaid Agency, 94

### CONFIRMED VACCINE-PREVENTABLE DISEASE CASES IN ALABAMA

DISEASE	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Measles	0	0	12	0	0	0	0	0	0	0
Mumps	0	0	0	4	1	5	6	3	4	5
Rubella	4	0	0	0	0	0	0	0	0	0
Tetanus	2	0	1	1	0	0	0	1	0	1
Pertussis	18	41	37	18	10	78	60	40	20	198
Polio	0	0	0	0	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0	0	0	0	0
Varicella							78	452	706	232

## BUREAU OF COMMUNICABLE DISEASE

county health departments, 101 federally qualified health centers, 47 rural health centers, over 300 private physician offices, 73 hospitals, and others including pharmacies and youth centers.

The Immunization Division annually conducts a School Entry Survey in conjunction with the Alabama Department of Education and a Day Care/Head Start Survey in cooperation with the Alabama Department of Human Resources. These surveys evaluate the immunization status of all children to ensure they have a current Certificate of Immunization or a valid exemption on file. During the 2008-09 school year, all public and private schools in the state responded to the School Entry Self-Survey, while 43 percent of day care and Head Start centers in the state responded. To validate the surveys, each year staff audit at least 25 percent of the schools, day care, and Head Start centers in Alabama. In 2009, 462 schools and 538 child care centers were visited. Of the records reviewed, 93.4 percent of school students and 92.7 percent of the child care center children were found to have a valid certificate on file.

As part of the Immunization Division's surveillance and outreach to monitor and prevent the spread of vaccine-preventable diseases, staff investigates vaccine-preventable diseases reported by physicians and laboratories. The number of pertussis (whooping cough) cases reported as of October 2009 increased from 2008; 290 new cases were investigated. Seventeen possible cases of mumps were investigated resulting in nine suspected and four confirmed cases in the state. As of October 2009, 232 cases of chickenpox had been confirmed, a decrease from 2008. Chickenpox has been a reportable disease since 2004. The division's Perinatal Hepatitis B program provided case management for 104 infants born to mothers who were

reported as positive for hepatitis B, 77 of those were identified prospectively. Immunization staff is in constant contact with hospitals and physicians to emphasize the importance of identifying possible cases to hasten intervention and prevention of further cases.

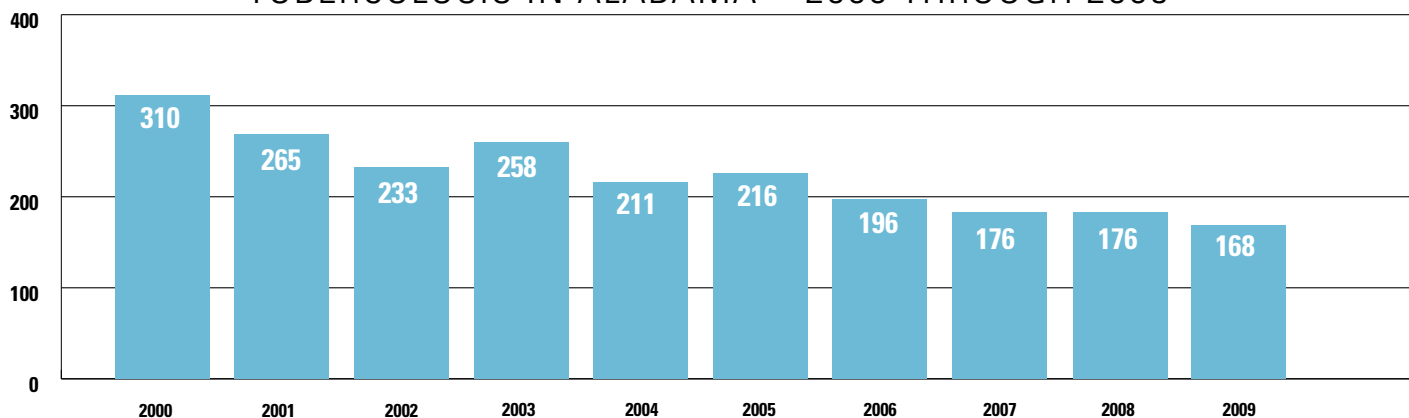
### TUBERCULOSIS (TB) CONTROL

The ultimate goal of the Division of TB 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 of TB Control provides these services to all persons in Alabama, regardless of the ability to pay. This commitment to the citizens of Alabama has contributed to the historic decline in morbidity illustrated in the accompanying chart.

In 2009, the Division of TB Control evaluated 319 persons suspected of having tuberculosis, eventually ruling out disease in 151 suspects and confirming active TB disease in 168 patients. This figure represents a 4.5 percent decrease in confirmed cases in 2008 (from 176 to 168), and marks the first measurable decline in morbidity since 2007.

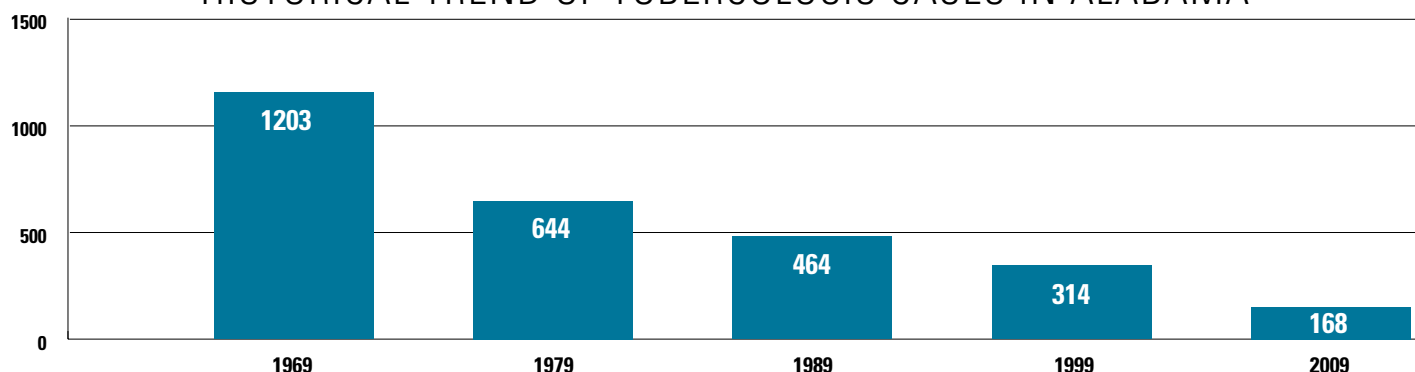
In addition to the identification, evaluation, and treatment of persons with active tuberculosis, the division seeks to prevent future cases through prompt identification and evaluation of contacts at risk for exposure, and to assure the initiation and completion of preventive therapy for those contacts found to be infected. Preliminary data for 2009 reveals that 2,881 contacts

TUBERCULOSIS IN ALABAMA – 2000 THROUGH 2009





## HISTORICAL TREND OF TUBERCULOSIS CASES IN ALABAMA



to persons with suspected or confirmed tuberculosis were identified, and that 2,363 (82 percent) of these persons were fully evaluated. Of this number, initial reports indicate that 239 persons were placed on treatment for latent TB infection by division staff.

Building upon success of hospital-based TB Grand Rounds in previous years, staff from the division coordinated TB-specific presentations in seven different hospitals during 2009. More than 200 health care providers participated in events which were intended to reduce diagnostic delays and assure prompt initiation of treatment for persons with symptoms of TB. The in-services were led by physicians with expertise in the diagnosis and treatment of tuberculosis, and included important updates regarding the changing epidemiology of TB in Alabama.

### HIV/AIDS DIVISION OF PREVENTION & CONTROL

The mission of the HIV/AIDS Division of Prevention and Control is, in collaboration with community partners, 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. Several programs are in place to support the mission of the division. In an effort to keep up with technology, the division has expanded the services of the Alabama AIDS Drug Assistance Program (ADAP) to include a Web-based reporting system and an expansion of the AIDS Division Web site information.

The HIV/AIDS Direct Care and Services Branch oversees Alabama's Ryan White Part B program activities that include Ryan White Part B funded case management and Alabama's ADAP.

### Ryan White Part B Lead Agency

Alabama's HIV care and service providers may apply for Ryan White funding to provide Health Resources and Services Administration defined core medical and support services through an annual competitive request for proposal (RFP) process. The department contracts with a lead agency, the United Way of Central Alabama (UWCA), to oversee the annual RFP process and to manage day-to-day contract and budget monitoring activities for the state's Ryan White program.

### Electronic Billing and Service Reporting Requirement

Alabama's Ryan White Part B funded providers are reporting monthly billing and quarterly service reports electronically through the UWCA's Web-based reporting system. Electronic billing and service reporting allows the UWCA to monitor Ryan White service utilization and expenditures, while decreasing billing and reimbursement processing time.

### Case Management Professional Standards

All Ryan White funded care and service providers in Alabama currently have at least one licensed social worker on staff. Non-licensed case managers working in a Ryan White clinic or service agency must complete 12 hours of training per year. The HIV/AIDS Division provides statewide case staffing meetings to assist social workers in meeting training requirements. Case staffing meetings improve communication between case managers and help to improve continuity of care while decreasing duplication of Ryan White funded services for clients accessing multiple HIV care and service providers statewide.

## BUREAU OF COMMUNICABLE DISEASE

### Alabama's AIDS Drug Assistance Program (ADAP)

In January 2009, there were no restrictions on enrollment which allowed the program to serve eligible enrollees without a waiting list. ADAP enrollment was capped with slightly more than 1,500 clients actively enrolled by the end of 2009 at a cost of more than \$10,000 per enrollee. Alabama's ADAP formulary offers 102 medications, and includes at least one drug from each class of HIV medications to remain in compliance with Health Resources and Services Administration's funding requirement. A complete ADAP formulary is available on the Alabama Department of Public Health Web site.

### Centralized ADAP Eligibility Determination

In an effort to streamline the Centralized Eligibility Recertification (CER) process, and to enhance the quality and integrity of eligibility verification, the primary responsibility for eligibility determination shifted in 2008 from HIV clinic social workers to the ADAP central office staff. Two medical eligibility specialists were added to the ADAP staff to conduct ongoing enrollment eligibility determination activities. In addition, the ADAP staff continue to enter client information into the electronic data collection system to meet the program's goal to transition from paper to electronic patient records.

### Medicare D Cost Assistance Plan (MEDCAP)

Alabama's ADAP sponsors a Medicare Part D cost assistance plan (MEDCAP) to assist ADAP enrollees eligible for Medicare, but who do not qualify for Low Income Subsidy Assistance (LIS), with the cost of co-pays and premiums associated with the MEDCAP specific Medicare Part D plan.

### Quality Management and Evaluation Branch

The Quality Management and Evaluation Branch staff collaborates with, and provides technical assistance to, each of the division's branches on program goals and objectives, quality management, quality assurance, and quality improvement projects. During 2009, branch staff participated in meetings of the Ryan White, Part C, (Early Intervention Clinics) HIV care and support service providers as they worked on establishing a state quality management plan for Part C.

### Peer Mentor Program

The peer mentors more than met their contact goals for providing medical, dental, and ADAP referrals and have begun tracking individual clients. They also developed and distributed business cards and a brochure that clarifies their role and services to prospective clients, medical clinics, and community-based organizations. As a result, relationships with providers and clients have grown, and a companion poster has been developed for clinics, service organizations, and places where potential clients gather. Peer mentors began effective intra- and interstate collaboration to keep transitioning clients in care.

### Alabama Consumer Advisory Board

The Alabama Consumer Advisory Board conducted its second annual statewide consumer and provider conference in December 2009 with 130 individuals participating. Contact hours were provided through collaboration with the University of Alabama at Birmingham. The board has begun the incorporation process to apply for 501(c) 3 status.

### HIV Prevention Programs

The division is currently funding four HIV prevention projects that are using science-based interventions in order to stimulate long-term behavior modification. The current projects will be ending in February 2010, opening the door for other organizations to apply for funding to initiate additional science-based prevention projects. During fall 2009, five community-based organizations were selected to conduct HIV prevention projects beginning January 2010.

The Enhanced Referral Tracking System, monitored by state HIV coordinators, successfully tracked and linked 60 percent of new HIV- positive clients into care. The system continues to support the health and well-being of individuals and their families.

### HIV/AIDS Surveillance

As of December 2009, 645 new HIV/AIDS cases were reported in Alabama. Males accounted for 74 percent of cases reported and the remaining 26 percent were female. The age groups 13 to 24 and 25 to 34 tied for the highest percentage of cases at 27 percent each, while the lowest percentage was in the age group <13 with less than 1 percent. Blacks accounted for 73 percent of the cases followed by whites with 21 percent and Hispanics with 2 percent.

## CENTER FOR EMERGENCY PREPAREDNESS

The Centers for Disease Control and Prevention provided \$10,769,331 in a cooperative agreement with the Alabama Department of Public Health in 2008-2009. 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.

### 2009 Activities

- Responded to an Emergency Management Assistance Compact (EMAC) request to assist with the recovery efforts in Kentucky in January after a winter storm seriously impacted the entire state. Alabama deployed six medical needs shelter teams (42 employees) to provide needed assistance. The teams remained in Kentucky from January 31 until February 10, 2009.
- Conducted pandemic influenza presentations in all 11 public health areas, at numerous state agencies, and private businesses.
- Participated in the pandemic influenza Formidable Footprint Hospital exercise with Florida and Georgia.
- Received a signed Pandemic and All-hazard Continuity of Operations Plan (COOP) Directive from the governor to require all state entities to create a COOP. Public Health and the Alabama Emergency Management Agency (AEMA) are contracting with the University at Alabama in Birmingham to create an integrated template for all state entities to meet this requirement.
- Co-hosted the Governor's Pandemic Influenza Workshop with AEMA. The audience was cabinet-level and key state department leadership. The goal was to ensure that state-level agencies understood the meaning of a pandemic and the upcoming Pandemic Influenza Operational Plan development.
- Produced a satellite broadcast, Fatality Management During a Pandemic. More than 7,770 participants from around the country watched the broadcast.

The Centers for Disease Control and Prevention provided \$2,105,558 and the Health Resources and Services Administration's Hospital Bioterrorism Preparedness Program provided \$312,564 in funding to assist in the state's response to the outbreak of the 2009 H1N1 virus. CDC also provided \$332,504 additional funding for pandemic influenza.



Public Health Emergency Preparedness teams from across Alabama went to Kentucky to staff shelters during one of Kentucky's worst ice storms and natural disasters in its history. The Alabama Public Health teams' emergency response training and various areas of public health expertise enabled them to provide valuable assistance that was personally recognized by Kentucky Governor Steve Beshear. As one team member said, "We enjoyed getting to serve, and it was a life-changing experience I will never forget. Public Health is never boring."

## CENTER FOR EMERGENCY PREPAREDNESS

### 2009 H1N1 Activities

- Created a new Do 10-Fight the Flu campaign that included print materials, radio and television public service announcements, movie theater public service announcements, billboards, name badge lanyards, temperature cards, mirror clings, hand sanitizer, tissues, and soap.
- Produced pandemic influenza educational DVDs/VHS tapes and distributed them to waiting rooms in all county health departments and epidemiology sentinel physician offices.
- Updated previously-created pandemic influenza print materials for content and design. The material included *Did You Cover Your Cough*, *Did You Wash Your Hands*, *Flu and You*, *Cleaning and Disinfecting*, and *Prepare for Home Care*.
- Mailed *Mimi Mouse Learns Healthy Habits* DVDs to all public and private K-3 grade schools and new child care centers.
- Created and distributed *The Pandemic Influenza Preparedness Handbook for Healthcare Workers* to all licensed registered nurses, licensed practical nurses, emergency medical technicians, pharmacists, 911 dispatch, and physicians' office staff.

- Distributed supplies such as hand gel and N95 masks to epidemiology sentinel physicians, the Department of Education, and all requesting health care providers.
- Distributed free supplies to 53 organizations through the Personal Protective Equipment Program.
- Distributed 59 Comfort Care Center adult pallets to various organizations.

The center conducted training activities in 2009 that included collaborating with various universities and vendors to prepare the workforce and public to respond to public health threats and biological, chemical, nuclear, radiological, and mass trauma emergencies.

The Assistant Secretary for Preparedness and Response Hospital Bioterrorism Preparedness Program provided \$6,160,312 in a cooperative agreement with the department. These funds were designated 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.



# OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

The Office of Emergency Medical Services (EMS) and Trauma introduced the Creating a Culture of Excellence in EMS campaign in 2009. The purpose is to instill a higher sense of duty and professionalism in providing pre-hospital emergency medical care to EMS providers and provider services. The campaign will be supported through regional EMS agencies and the office’s Quality Assurance and Improvement programs. The Quality Assurance and Improvement Committee will review system practices through the e-PCR data collection program and make recommendations to change or enhance the statewide protocols, rules, and regulations. This will also lead to improvements in the delivery of pre-hospital emergency medical care to the citizens of Alabama. The office will utilize the data to identify specific educational needs for the EMS providers and services that will best benefit areas targeted as deficiencies in pre-hospital care. The regional EMS agencies will then assist and provide the educational material and training to the providers and services as continuing education.

In 2009, the statewide departmental Office of Emergency Medical Services Trauma Communications Center added the Gulf, East, and West regions. It is the goal of the department to have the remaining EMS region participating by the end of 2009. The center is currently coordinating and providing the most appropriate patient hospital destination according to level of trauma to the North, Gulf, East, West, and Birmingham regions. The center will provide compliance data to the office and all EMS regions so that a process to follow up, to review compliance issues, and address any need for corrective measures can occur.

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

• Permitted ambulances inspected	815
• Licensed provider services inspected	250
• Licensed non-transport vehicles inspected	275
• EMS provider licenses processed	304
• Individual EMTs licensed	6,538
• Individual licensure practical exams administered	316

## 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 health marketing, health education, public information, risk communication, risk surveillance, worksite wellness, and video communications and distance learning.

### DIABETES PREVENTION AND CONTROL BRANCH

The Diabetes Prevention and Control Branch addresses the impact of diabetes in Alabama by developing policies, recommendations, and programs about the disease and related issues in collaboration with numerous community groups and internal partners. The program is funded through a grant from the Centers for Disease Control and Prevention. The goal is to prevent diabetes and its complications. According to CDC, in 2009 Alabama adults ranked second in the nation in overweight/obesity and sixth in youth overweight/obesity. This correlates to 65 percent of Alabama adults and 36.1 percent of Alabama youth. Approximately 31 percent of Alabama adults are obese.

According to the 2008 Behavioral Risk Factor Surveillance System data, more than 397,350 people in Alabama are aware they have diabetes. In addition, as many as 200,000 more may have diabetes and not know they have it. Overweight and inactive individuals increase their risk of developing type 2 diabetes.

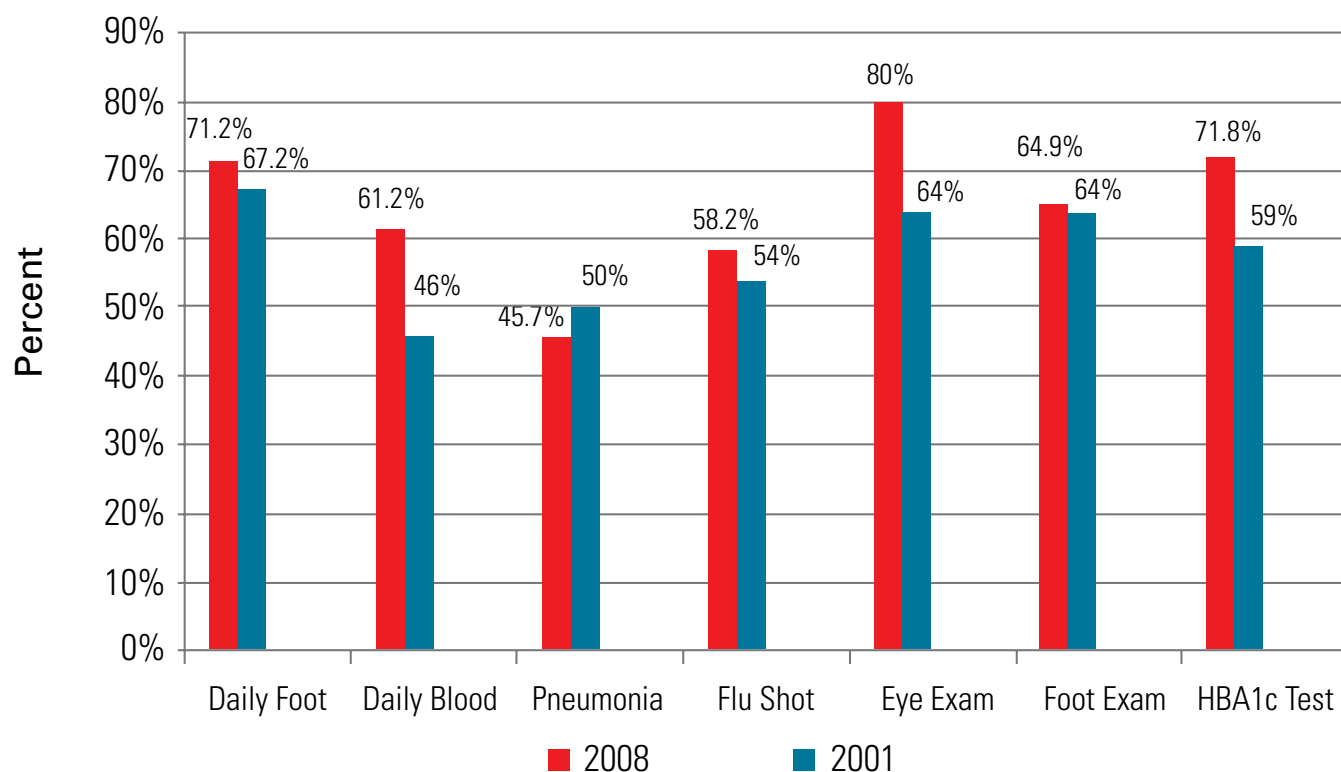
Those at greater risk for type 2 diabetes are African Americans, American Indians, those of Hispanic descent, the elderly, and those who have family members with diabetes. Other risk factors include being overweight, lack of physical activity, and poor dietary habits. The Diabetes Branch utilizes "Systems Thinking" to work toward opportunities to improve the health status of the community. Systems Thinking is a creative, flexible, future oriented problem solving and decision making process. It allows stakeholders to view interrelationships rather than cause-effect chains. It is proactive, manages the processes of change, and anticipates consequences of actions and responses.

To assist with this effort, the Alabama Diabetes Network, a group of diabetes advocates and experts from the public and private sectors, advises and supports the department's Diabetes Program. Coalition members represent many different organizations, linking the department and diabetes resources across the state. The network meets three times each year to assess needs, to modify the state plan to improve diabetes prevention and care efforts, and to reduce racial disparities related to incidence, treatment, and complications of diabetes in Alabama. Other partners include Diabetes Today Sites and American Diabetes Association's "Project Power" church affiliated programs. The goal set by the network is to "Maximize Organizational Capacity to achieve the National Diabetes Program Goals." The focus area is "Health Care Systems."

During the past year, program and network staff participated in several key conferences, training, and other activities.

- Held a satellite conference in March for Diabetes Today sites in Bibb, Houston, and Macon counties on the topics of Together for Quality, diabetes, Medicaid, and asthma. Cardiovascular Health Branch staff addressed diabetes and cardiovascular disease in the clinical and community settings.
- In April, an update on the Burden of Diabetes in Alabama and a presentation on "Diabetes and Smoking: Conquering the Deadly Duo" was presented at the Eighth Annual Alabama Cooperative Extension System conference.
- Co-sponsored the Tuskegee Area Health Education Center annual community forum.
- In September, held presentations on Healthy Aging for 200 chief executive officers, mayors, and other leaders, on diabetes prevention and control. Also, two public service announcements on diabetes risk factors and signs and symptoms were recorded by the state health officer and distributed to 86 radio stations.
- In October, staff appeared in a television interview on diabetes prevention reaching 20,000 Alabamians.

## Doctor and Patient Completed Activities 2008 BRFSS



- In November, a 40-minute radio interview on diabetes reached 30,000 Alabamians. The governor signed a National Diabetes Month Proclamation. The Diabetes Branch collaborated with the Minority Health Branch on a satellite town hall conference titled "Diabetes & Risk Factor-Tobacco Use" and one on chronic diseases.
- Collaborated with the Healthy Communities Branch to attend the Black Belt Institute for policy training to reduce chronic disease and with the Cardiovascular Health Branch to train staff on the Stanford University's Chronic Disease Self-Management program in June.

In addition, the Tobacco Prevention and Control Program began the collection of data on diabetic callers to the Alabama 1-800-QUIT NOW smoking quitline. Of the 232 callers to the Alabama Smoking Quitline, 171 identified themselves as diabetic, 41 were pre-diabetic, and 20 had gestational diabetes.

The accompanying chart illustrates changes in diabetes indicators between 2001 and 2008 for doctor and patient completed activities among diabetics. The results from the Behavioral Risk Factor Surveillance System questionnaire in 2008 and Tobacco Prevention and Control Smoking Quitline data will be utilized when creating future projects and goals for the program.

## BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

### CANCER REGISTRY

The Alabama Statewide Cancer Registry (ASCR), 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 to public health and medical professionals, community groups, volunteer agencies, and others who are interested in cancer prevention and control. Cancer is the second leading cause of death in Alabama, exceeded only by heart disease. Approximately one in three people will be diagnosed with cancer at some point in his or her lifetime.

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. The ASCR plays a significant role in disseminating data to aid efforts to reduce the burden of cancer in Alabama. The registry is a member of the Alabama Comprehensive Cancer Control Coalition and serves on the surveillance committee. The registry's key function within the coalition includes the utilization and sharing of cancer incidence data.

Each year, ASCR submits data to the National Program of Cancer Registries and the North American Association of Central Cancer Registries (NAACCR). As a participant in these annual data submissions, the registry ensures Alabama's data is included in national reports that monitor the national cancer burden. Alabama cancer data can be found in such national publications as *Cancer in North America* and the *United States Cancer Statistics*.

As an indicator of the high quality of data collected, ASCR was once again awarded Gold Certification by the NAACCR for excellence in data completeness, data timeliness, and data quality. The association awards Gold Certification each year to those state cancer registries which pass

100 percent of Exchangeable-edits, Data-dictionary, and Information Translation Standard (EDITS) criteria and attain a 95 percent or greater cancer incidence reporting rate. ASCR has achieved Gold Certification since data year 2004.

In a collaborative effort with the American Cancer Society, ASCR produces the Alabama Cancer Facts and Figures report to provide annual cancer registry data that can serve as a resource for those working on cancer control in Alabama. This yearly report is available on the Alabama Statewide Cancer Registry Web site. In addition to the annual report, the Web site includes cancer profiles and state maps which summarize cancer incidence rates by county.

### ALABAMA CANCER INCIDENCE RATES BY SITE AND SEX, 1998-2007 COMBINED\*\*

	MALE		FEMALE	
	RATE	COUNT	RATE	COUNT
<b>All sites</b>	<b>574.0</b>	<b>117,689</b>	<b>423.3</b>	<b>110,785</b>
<b>Bladder</b>	<b>31.0</b>	<b>6,041</b>	<b>7.3</b>	<b>2,011</b>
<b>Brain and CNS</b>	<b>10.0</b>	<b>2,111</b>	<b>9.3</b>	<b>2,332</b>
<b>Breast</b>	<b>2.0</b>	<b>415</b>	<b>141.6</b>	<b>36,520</b>
<b>Cervix</b>	<b>*</b>	<b>*</b>	<b>9.8</b>	<b>2,337</b>
<b>Colon and Rectum</b>	<b>65.5</b>	<b>13,260</b>	<b>45.0</b>	<b>12,173</b>
<b>Esophagus</b>	<b>8.7</b>	<b>1,825</b>	<b>1.8</b>	<b>497</b>
<b>Hodgkin Lymphoma</b>	<b>2.7</b>	<b>573</b>	<b>2.1</b>	<b>486</b>
<b>Kidney</b>	<b>18.0</b>	<b>3,809</b>	<b>9.3</b>	<b>2,457</b>
<b>Larynx</b>	<b>10.0</b>	<b>2,119</b>	<b>2.1</b>	<b>550</b>
<b>Leukemia</b>	<b>13.2</b>	<b>2,660</b>	<b>8.3</b>	<b>2,171</b>
<b>Liver and Intrahepatic Bile Duct</b>	<b>7.1</b>	<b>1,461</b>	<b>2.7</b>	<b>727</b>
<b>Lung and Bronchus</b>	<b>109.3</b>	<b>22,327</b>	<b>51.7</b>	<b>13,910</b>
<b>Melanoma of the Skin</b>	<b>31.6</b>	<b>6,496</b>	<b>19.1</b>	<b>4,794</b>
<b>Myeloma</b>	<b>7.1</b>	<b>1,456</b>	<b>4.6</b>	<b>1,243</b>
<b>Non-Hodgkin Lymphoma</b>	<b>19.8</b>	<b>4,078</b>	<b>13.6</b>	<b>3,653</b>
<b>Oral Cavity and Pharynx</b>	<b>19.7</b>	<b>4,189</b>	<b>6.7</b>	<b>1,783</b>
<b>Ovary</b>	<b>*</b>	<b>*</b>	<b>13.1</b>	<b>3,441</b>
<b>Pancreas</b>	<b>12.8</b>	<b>2,562</b>	<b>9.3</b>	<b>2,567</b>
<b>Prostate</b>	<b>149.0</b>	<b>30,888</b>	<b>*</b>	<b>*</b>
<b>Stomach</b>	<b>9.0</b>	<b>1,798</b>	<b>4.7</b>	<b>1,297</b>
<b>Testis</b>	<b>4.2</b>	<b>917</b>	<b>*</b>	<b>*</b>
<b>Thyroid</b>	<b>3.4</b>	<b>735</b>	<b>9.1</b>	<b>2,181</b>
<b>Uterus</b>	<b>*</b>	<b>*</b>	<b>17.5</b>	<b>4,611</b>

\* Not Applicable

\*\* Rates are per 100,000 and age-adjusted to the 2000 U.S. (19 age groups) standard.



## BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

### CARDIOVASCULAR HEALTH BRANCH

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 fourth in the nation in death rates due to heart disease. Major health risk factors such as obesity, sedentary lifestyle, smoking, high blood pressure, and high cholesterol levels contribute markedly to the development of heart disease. The branch works closely with the Diabetes Branch to reach the community since those with diabetes are at the same risk for heart attacks as those who have previously suffered a heart attack. The community-level activities to educate people on how they can address one or more of the risk factors can have a large public health impact in reducing the incidence of heart disease. The branches combine efforts to perform activities including conducting an annual satellite conference.

Alabama ranks fifth 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 as well as recognizing the signs and symptoms. The communities are being educated on the warning signs of stroke through the BE FAST campaign which means:

Be **FAST** - Know the Warning Signs of Stroke

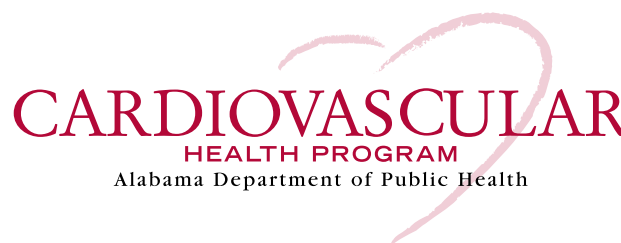
**F**ace – Sudden numbness or weakness in the face or one side of the body

**A**rm – Sudden numbness or weakness in arm or on one side of the body

**S**peech – Difficulty speaking or seeing

**T**ime – Brain! Call 911! Treatment within the first three hours of a stroke can be critical

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. Community projects such as the Chronic Disease Self Management Program supported efforts to raise awareness and facilitate change in high-risk communities through people becoming better self-managers of



their chronic conditions learning about high blood pressure, high cholesterol, heart disease, nutrition, physical activity, and recognition of signs and symptoms of heart attack and stroke. The branch worked with companies throughout Alabama to help raise awareness of the importance of worksites playing an active role in an employee's health. The health care community also benefited from quality improvement programs and training programs for health care professionals promoting the development of Primary Stroke Centers.

The branch completed the first burden document that included a comprehensive look at the burden of cardiovascular disease and stroke. Identified health disparities groups are being targeted for education and media campaigns. 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 upon the health status of the state. Through the Cardiovascular Health Branch's efforts significant strides can be made in reducing the burden of heart disease and stroke in Alabama.

### COMPREHENSIVE CANCER

The Alabama Comprehensive Cancer Control Program (ACCCP) completed the second year of a five-year funding cycle from CDC. ACCCP facilitates a statewide plan of cancer-related organizations through the Alabama Comprehensive Cancer Control Coalition (ACCCC). Four gatherings were held in 2009 with committee meetings on prevention; early detection and survivorship; research; environmental, medical, and occupational exposure; and surveillance. The coalition formed four special task forces to address prostate cancer, transportation, evaluation of the coalition and the statewide plan, and coalition building.

Through special conferences, two goals were achieved 1) new partnerships were developed in Northern Alabama with Clearview Cancer Institute and HudsonAlpha, and 2) clergy received hospice education. The program established a new hospice partnership

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Prostate cancer screenings were held across the state in collaboration with the Alabama Primary Health Care Association to reduce disparities and achieve the personal and financial savings of early detection.

with Baptist Hospice of Montgomery. Also, partners met at the Alabama Appalachian Forum and attended the Genetics Conference, which allowed for more dialogue about the creation of a northern chapter for the Coalition.

The program's prostate component produced DVDs of the Prostate Summit that was held at the University of Alabama at Birmingham. The DVDs were mailed to family practice and internal medicine physicians and were an essential tool in educating them on new developments in the field, as well as counting as continuing medical education.

The program also provided support through free prostate cancer screenings in many counties across the state. The program collaborated with the Alabama Primary Health Care Association (APHCA) to provide screenings to reduce disparities and to encourage men to take charge of their health. The screenings informed men of their baseline numbers and the importance of seeking treatment as early as possible. APHCA and the Urology Health Foundation combined to screen 1,284 men and discovered 191 abnormal findings.

The program held skin cancer interventions at one Professional Golf Association (PGA) and two Ladies Professional Golf Association (LPGA) National Tournaments - the Regions Classic PGA Masters Tournament at Ross Bridge (Birmingham), the Bell MicroProducts LPGA Tournament at Magnolia Grove (Mobile), and the Navistar LPGA Golf Classic at Capitol Hill (Prattville). During the tournaments, physicians from the American Academy of Dermatology and the Women's Dermatologic Society

screened spectators for skin cancer. An estimated 50,000 people received sunscreen, golf tees, and information about sun safety. In November, the program hosted an Appalachian Cancer Forum targeting Calhoun, Cherokee, DeKalb, and Etowah counties.

The program conducted a project that involved partnerships between the department's Health Marketing Division, the students of the Advertising Department of Auburn Montgomery (AUM), and the ACCCC. Under the direction of Health Marketing staff, students created appealing postcards with messages that encouraged healthy behavior in an amusing manner. Approximately ten of the best were chosen and the advertising class used a technique to rapidly brainstorm phrases or comments to associate with the cards. The same exercise was conducted at the April ACCCC meeting, resulting in the creation of more postcards. The postcards are currently being used in different awareness programs across the state.

The greatest accomplishment this past year was securing a CDC grant for colorectal cancer. The Funding Opportunity Announcement for a Colorectal Cancer Statewide Screening Program was viewed as an exciting opportunity for the coalition, particularly with the announcement written as a partnership with Comprehensive Cancer. The grant was written by the program with the cooperation of the Breast and Cervical Cancer Early Detection Program and was later submitted through the Bureau of Family Health Services. Large numbers of coalition members from throughout the state attended the American Cancer Society's Colorectal Cancer (CRC) Roundtable so that the coalition would have representation at the meeting and the areas outside traditionally funded counties, such as the Black Belt, would have an opportunity to express their wishes for the grant application. Maps were prepared demonstrating late stage diagnoses in the extreme Southeastern part of the state, an area traditionally not targeted for federal funds. The Mobile area also sent representatives and subsequently strong letters of support. The only Southeastern states funded for CRC screening were Alabama and Florida.

# BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

## TOBACCO PREVENTION AND CONTROL BRANCH

The Tobacco Prevention and Control Branch provides technical assistance and funding to all 11 public health areas and 13 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 branch'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 while addressing tobacco-related disparities among Alabamians.

### 2009 Accomplishments

- The area programs conducted public forums and media campaigns to educate decision makers and the community on the benefits of implementing stronger policies to protect citizens from secondhand smoke. Six cities passed smoke-free ordinances in 2009 restricting the use of tobacco in public places.
- The Alabama Tobacco Quitline, a toll-free tobacco cessation line (1-800-Quit Now) that helps Alabamians quit tobacco, served more than 13,000 callers in 2009. The service provides callers with free individualized counseling, educational materials, referrals to local programs, and a four-week supply of the nicotine replacement therapy patch, if indicated.
- The Youth Tobacco Prevention Program funded 13 communities statewide to conduct tobacco use and exposure prevention and empowerment programs to educate communities about the dangers of exposure to secondhand smoke, to encourage local policy development, and to implement the LifeSkills Training curriculum in schools.
- Area tobacco control coordinators trained 942 healthcare providers to implement the U.S. Public Health Service's Clinical Practice Guidelines for Treating Tobacco Use and Dependency. The accredited training is provided free of charge using the Ask, Advise, Refer, Prescribe (AARP) Brief Intervention model.
- Area tobacco control coordinators conducted 107 presentations with employers to encourage adoption of tobacco-free campus policies and to promote cessation coverage for employees.
- Area tobacco control coordinators conducted 145 smoke-free homes presentations to 2,583 parents and teachers of low socioeconomic status children. More than 2,289 Alabamians pledged to make their homes and cars smoke free in 2009.

- The Youth Cessation Program MySpace page generated more than 1,455 hits. The Youth Cessation Program launched a Twitter profile, created a Facebook fan page, and established a blog for minigrantees and eight new youth cessation program grantees. The program also conducted cable television and billboard anti-smoking campaigns generating more than four million exposures.

The Program's Policy Tracking System was expanded to include smoke free and tobacco free policies for Alabama hospitals.

## COMMUNICATIONS AND HEALTH MARKETING DIVISION

Development of a variety of communications and marketing tools occurred during 2009 as this division helped get the word out about the H1N1 influenza virus with noteworthy results.

Because of the constraints on the availability and distribution of the 2009 H1N1 vaccine, the fears about the vaccine itself, and the "it's over" attitude that arose as H1N1 cases dwindled, division staff were especially challenged to develop educational materials and methods of distribution that would stimulate widespread attention to the need for vaccination and discussion to overcome the barriers, or, to use social media terminology, create viral buzz. Seventy percent of consumers say that viral marketing or "word-of-mouth" promotion has a significant impact on their beliefs and decisions.

Inventive TV and radio spots using a myth-versus-fact game show format, college sports celebrities, an articulate child, and an unforgettable jingle created a buzz that staff could literally see and hear. Staff heard children singing the "Ten Things to Do to Fight the Flu" song in the streets and reported parents and teachers saying it was one of the children's favorite songs. Employees witnessed audiences in movie theatres discussing the spots they had just seen on the big screen and received calls from other ADPH offices, county



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health departments, other Alabama agencies, and from agencies in other states asking how sports advertising works, who created the television commercials, and who to contact about movie ads. In addition, the media called to do stories on the department's creative educational efforts. The ads stimulated calls to the department's flu hotline and increased hits on the Web site. The department's spots also popped up on news websites, in local daily papers and weeklies, on billboards, at elementary and high school sports events, in church bulletins, and on broadcasts by University of Alabama and NASCAR radio announcer Eli Gold and University of Alabama-Birmingham Basketball Coach Mike Davis.

The college sports venue showcased immunization information in a highly valued arena; over 80 percent of Alabamians watched or listened to the games of the top teams. Sports marketing proved its power with the widespread word-of-mouth resulting from the commercials featuring coaching staff from Alabama schools selected for the tremendous following of their football teams by all demographics throughout the state.

The flu vaccination spots by Auburn Head Football Coach Gene Chizik and Alabama Associate Head Football Strength and Conditioning Coach Scott Cochran generated a wave of comments on sports and other blogs. For example, some people were so excited about the Cochran spot that they shared it with others by posting it on YouTube and putting links in their blogs to [adph.org](http://adph.org) where people could see the videos on the department's Web site. In response, [adph.org](http://adph.org) added the ability to play Flash files of the commercials with a single mouse click; previously it took several clicks and in some cases they would not play so this was an important development piece that became a priority because of the demand to see the television spots.

A few of the comments on the Cochran spot are listed below:

- "WOW..I think I'll go and get vaccinated twice today after seeing that. Coach Cochran is Da Man."
- "Wow. I am leaving now to get one. Cochran is the man."
- "I just saw Scott Cochran doing a commercial urging people to get the H1N1 flu shot. I took it as an order and am now running up Hwy. \_\_\_\_ to find a Doctor's office that is open."
- "I saw it too...made me want to get that flu shot ...!"
- "Wow. Sign me up for two vaccinations. YEAH YEAH YEAH YEEEEAAAAHHHH!"



The benefits of employing these communications and marketing tools were both immediate and long term. Immediate benefits included overcoming some of the fear and apathy about vaccinations as well as letting people know about vaccine availability and recommendations. Long-term benefits included building relationships with important community and social media outlets so that Public Health has a real, respected, and memorable presence in the eyes of the public, the media, and various professional groups.

In addition to popular response to the department's educational efforts, an e-mail newsletter titled "InFLUation" was well received by doctors statewide as a way to get fast, reliable updates from Public Health.

The division also won several awards from the local chapter of the American Advertising Federation, including the Professional Best of Broadcast Award and Copywriter of the Year for the do10-Fight the Flu spot for Emergency Preparedness and Gold Addy Awards for mixed media for Get 10 and for do 10-Fight the Flu. Silver Addys went to a Mixed Media Campaign for Seasonal and H1N1 Flu for the Immunization Division; a brochure for Get 10 for Pets; a magazine ad for ALLKids; and a poster for the Alabama Public Health Association.



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### Public Information Branch

The goal of the Public Information Branch is to improve public health by providing information through the mass media and through departmental publications for agency staff about departmental objectives and activities.

During 2009, activities included preparing and distributing more than 115 news releases; providing assistance with news media campaigns for several programs; composing audio public service announcements; writing editorials; composing and distributing meeting summaries; editing a variety of documents including the department's official publication, *Alabama's Health*; distributing video monitoring reports; and answering and routing questions and comments from the department's Web site. Assistance was also provided to public-private partnerships such as Scale Back Alabama.

Beginning in late April, concerns about H1N1 influenza prompted increased informational activities to notify and inform the public about this novel virus. As the pandemic evolved, increased media attention was paid to this disease. Vaccine supply issues also became a subject of much interest. The volume of questions from both the departmental Web site and from the news media increased markedly. Because of the need for frequent timely updates, the RSS Web feed format was added to news release distribution methods. Late in the year, assistance was provided in distributing an influenza newsletter for specific health care audiences. As a result of media attention related to this disease, partnerships with public information personnel from other agencies and organizations were also enhanced.

### Risk Communication Branch

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 by providing communication materials, as well as training programs for staff, partners, and the public that equip them with the tools to communicate and respond effectively.

In 2009, the branch performed several activities to assist the department with both the seasonal and H1N1 influenza virus response. Branch staff participated in the development of marketing strategies and materials to educate and inform the public about the steps needed to protect themselves. Communication materials included the production of public



Risk Communications staff organized and managed the agency's Flu Hotline which received over 3,000 calls during the fall concerning influenza symptoms, care, complications, prevention, and vaccination.

service announcements, fliers, posters, news releases, and advertisements. Staff also managed the departmental influenza hotline that allowed the public and professionals to call with questions about various topics concerning influenza such as signs and symptoms; vaccine ordering and safety information; clinic locations and times; and other frequently asked questions. Callers included persons from both in and out of state.

To ensure consistency of information throughout the department, staff led an Influenza Outreach Committee to assist in the influenza response. This committee consisted of staff members from various programs in the department who could aid in the dissemination of information to the public about influenza prevention and vaccination while addressing the specific needs of their target population. These populations included children, those living with special needs, pregnant women, and non-English speaking persons. As a result, departmental information was made available in various formats including being translated into several different languages, placed in diverse venues across the state, and placed on several different Web sites.

Staff conducted training this past year to both enhance and instruct those within and outside the department on effective communication techniques. A communication drill was held for staff to: 1) exercise horizontal and vertical communication abilities within the department, and 2) to test how effectively the department utilizes its databases to notify, update, retrieve, and manage information. In addition to internal capabilities, the drill also tested the interoperability of communication equipment and information-tracking databases in support of emergency



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response efforts. The goal was to not only discover strengths and needed areas of improvement, but to also allow personnel to gain experience using communication devices and databases that they would use to respond to an emergency event.

A biological agent tabletop exercise was held in North Alabama. Branch staff provided a lecture that included risk communication techniques and led participants in an exercise that examined how to develop effective written materials for dissemination to the public.

To ensure that communication staff was equipped to deal with the media during the receipt of the Strategic National Stockpile (SNS), staff developed an SNS Media training. The training 1) defined SNS, 2) outlined the departmental SNS Media Protocol, 3) discussed Point of Distribution public information, and 4) presented effective communication techniques. Staff also developed a departmental SNS Media Policy. The purpose of the policy is to outline how information will be released to the news media during an emergency that involves receiving the SNS to ensure that Public Health speaks with a single, consistent voice.

The branch continued to work with departmental programs to coordinate television and radio appearances, to develop and disseminate brochures, booklets, articles, news releases, and public service announcements for emergency preparedness activities, and to assist Health Marketing staff with campaigns to promote statewide and local events, such as Scale Back Alabama and Get 10.

### ADMINISTRATIVE DIVISION

#### Injury Prevention Branch

The Injury Prevention Branch 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 the Alabama Smoke Alarm Initiative, Occupant Restraints, Safe Routes to School, and Sexual Violence Prevention and Education.

Alabama ranks among the top 10 states in fire deaths and injuries. Through the Alabama Smoke Alarm Initiative, the branch 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 Branch 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, the initiative has worked with 31 fire departments throughout the state reaching more than 8,000 homes with fire safety messages and has installed more than 7,500 smoke alarms. To date, the program has documented 75 lives saved.

Injury and death due to motor vehicle crashes can be prevented through the use of seat belts and child safety seats. Through the Occupant Restraint program, the department continues to increase awareness and provide education to Alabamians regarding the importance of appropriate occupant restraints. In 2009, 90 percent of Alabamians buckled their seatbelts and 95 percent put their children in car seats. In addition to conducting observational surveys to determine Alabama's usage rates, educational activities included workshops, distribution of materials, and a statewide coloring book contest for elementary school children.

The branch is also committed to reducing violence against women, specifically sexual assault and domestic violence. Through the Sexual Violence Prevention and Education Program, funded by the Centers for Disease Control and Prevention, the Alabama Coalition Against Rape and its 13-member rape crisis centers provide educational seminars to schools, colleges/universities, and the general public; training programs for professionals; 24-hour crisis hotline services; and educational material to promote sexual violence awareness and prevention.

In addition, the branch oversees the Alabama's Sexual Violence Prevention Committee, established in 2007 in partnership with the Alabama Coalition Against Rape. Comprised of key state and community representatives, the committee's mission is to develop a comprehensive sexual violence prevention plan that will change attitudes, norms, and behaviors that condone sexual violence. A plan is expected to begin implementation in 2010.

The branch also serves on the Alabama Suicide Prevention 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.

The Alabama Department of Public Health, the Alabama

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Department of Transportation, and the Alabama State Department of Education have partnered together for a program titled Safe Routes to School. The purpose of this program is to enable and encourage students in grades K-8 to walk and bicycle to school, and to make walking and bicycling to school safer and more appealing. The program will improve highway safety, reduce traffic fuel consumption, and reduce air pollution in the vicinity of schools. This effort, coupled with growing health and obesity concerns, makes walking and biking to school a low-cost, attractive alternative. Federal funds will make it possible to create an environment where students in grades K-8 can travel to school safely.

### Healthy Communities Branch

The Healthy Communities Branch houses four CDC-funded programs: Steps to a Healthier Alabama, Alabama Strategic Alliance for Health, Healthy Communities, and the Alabama Asthma Program.

### *Steps to a Healthier Alabama*

In 2009, the Steps to a Healthier Alabama completed its five-year cooperative agreement with the Centers for Disease Control and Prevention, and the U.S. Department of Health and Human Services Steps to a Healthier U.S. Initiative.

The Steps Program worked to create policy, system, and environmental changes that reduced the burden of diabetes, obesity, and asthma through funding community-based interventions in two regions of the state. The Steps River Region was led by the Montgomery Area Community Wellness

Coalition and included Autauga, Elmore, Lowndes, Macon, and Montgomery counties. The Steps Southeast Region was led by the Charles Henderson Child Health Center and included Barbour and Pike counties.

### *Activities in 2009 included:*

- The Montgomery County Commission and the City of Montgomery passed ordinances making all parks tobacco-free areas.
- A summer workshop titled “Action Based Academics” was organized by Auburn Montgomery for classroom and physical education teachers.
- Established a Diabetes Today community coalition in the Montgomery area.
- The City of Tuskegee passed a no smoking policy to cover restaurants, city parks, playgrounds, and ball fields.
- Minigrants supported nutrition, physical activity, and tobacco policies in local schools, churches, day cares, and other community organizations.
- Created a tobacco prevention campaign targeting teenagers using text messaging.
- Held an Asthma Safari for approximately 300 children in Pike County where elementary school children learned to recognize and manage their asthma symptoms and triggers.
- Secured new grant funds from CDC for a five-year cooperative agreement to establish a statewide asthma program.
- Through a partnership with the Alabama State Department of Education and the Alabama Department of Environmental Management a No Idling Campaign was created. The Alabama State Board of Education passed a No Idling Resolution on November 12 encouraging all school systems to create “No Idling Zones” on their campuses. This effort will also include training school bus drivers, encouraging parents to sign a “No Idling” pledge, and posting “No Idling Zone” signs on school campuses statewide.

### *Strategic Alliance for Health Program*

The Alabama Strategic Alliance for Health Program completed an initial planning year in 2009. The program’s goal is to reduce the burden of obesity, diabetes, and heart disease in at least 21 west

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The Steps to a Healthier Alabama River Region Program worked to partner with the Montgomery County Commission, the City of Montgomery, the Alabama Department of Environmental Management, YMCA of Montgomery, and the American Lung Association of Alabama to support policy and environmental changes to reduce the burden of asthma.

Montgomery Mayor Todd Strange, Montgomery County Commission Chairman Elton N. Dean, and Montgomery YMCA CEO Bob McCaughey gathered with Dr. Tom Miller, Assistant State Health Officer for Personal and Community Health, and Steps and Biscuits staff at the unveiling of a Young Lungs at Play sign posted near the Montgomery Biscuits baseball stadium to indicate that Montgomery's city and county parks are tobacco free.

Alabama counties over the next five years through community-based nutrition, physical activity, and tobacco interventions that are policy, systems, or environmentally based. The first year of the program included developing five-year program goals, an evaluation plan, and a communications plan. In addition, work began in three counties – Dallas, Perry, and Sumter. In 2009, these counties established community consortiums, with representatives from local governments, businesses, universities, schools, day cares, health care facilities, and other organizations. In each county, a lead agency guides the consortium and assists with program activities: Vaughan Health Community Foundation (Dallas County), Sowing Seeds of Hope (Perry County), and Sumter County Health and Wellness Education Center. In 2009 the three county consortia completed comprehensive community assessments and developed community action plans to impact rates of chronic disease and improve risk factors by changing existing policies, systems, and environments. A minigrant program in each county was established to support community interventions.

### *Alabama Healthy Communities Program*

In 2009, the Alabama Healthy Communities Program was established in the department to provide communities with training and technical assistance on implementing health

promotion and chronic disease prevention initiatives. Guidance is given to communities based on successful interventions from the Steps to a Healthier Alabama and the Strategic Alliance Program. Emphasis is placed on interventions that are policy, systems, and environmentally-based to ensure sustainability.

### *Alabama Asthma Program*

In September 2009, the Alabama Asthma Program was established through a five-year cooperative agreement with the Centers for Disease Control and Prevention. The program is located in the Healthy Communities Branch.

Through the work of the Steps to a Healthier Alabama Program, the Alabama Asthma Coalition was established in 2008. In April 2009, the coalition and the State Health Officer approved the Alabama Asthma State Plan and the Asthma Burden Document.

During its first year, the program will work with coalition members to promote activities in the state plan. These activities include providing education to school nurses who will then teach coaches and classroom teachers to recognize and deal with asthma symptoms. The program will also update physicians on the latest guidelines for the diagnosis and management of asthma. In addition to these educational activities, the program will implement an asthma surveillance program that will include the collection of hospital discharge data.

### *Worksite Wellness Branch*

The Worksite Wellness Branch's main purpose is to plan, develop, implement, and evaluate worksite wellness programs on a fee-for-service basis. The branch contracts with two of the largest self-funded health care plans, Public Education Employees' Health Insurance Plan (PEEHIP) and State Employees' Insurance Board (SEIB), to provide various wellness services for state employees and public education employees. Services are also provided to the dependents and retirees of these health plans.

The Wellness program has been centralized with all costs being incurred at the state level. A wellness nurse and administrative assistant have been assigned to the 11 public health areas. A business plan with production goals for each service offered by the program was developed. A new financial tool, Wellnet Vital Signs, was created to track program costs versus revenues.

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Online ordering of medical supplies was established. Nurses were required to post their schedules using a centralized electronic calendar. This information was then posted on the department's Web site for public viewing. Monthly production reports were sent to the nurses to allow them to track their progress.

The branch's collaboration with PEEHIP began its eighth year of operations. The program provides health screenings, osteoporosis screenings, and influenza immunizations for public education employees and dependents. The PEEHIP 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. In addition, a weight management program was offered to teachers. More than 28,687 eligible participants were screened in 2009, with 18,816 having their bone density measured.

The collaboration with SEIB began its 16th year of operations. The program provides health screenings, quarterly blood pressure checks, and influenza immunizations. The SEIB health screenings consist of a blood pressure check, a pulse reading, and an assessment of blood sugar and total cholesterol levels. For the first time, a weight management program was offered to state employees. Over 28,006 eligible participants were screened in 2009, three times the previous year total. This increase was due to a \$25 discount provided to employees that participated in a health screening.

### VIDEO COMMUNICATIONS AND DISTANCE LEARNING DIVISION

The Video Communications and Distance Learning Division provides training and public information to health professionals across the nation. The Alabama Public Health Training Network (ALPHTN) was formally established in 1992 in collaboration with the Centers for Disease Control and Prevention and is a nationally recognized provider of public health training and education programs. Division staff produced a record 80 live satellite broadcasts and webcasts in 2009.

The division utilizes the same cutting edge production software and video technology as major television stations and private production companies. Studio and field cameras support the new P2 chip technology. This enhancement allows for video to be recorded directly to a memory card, eliminating post-production flaws to improve workflow efficiency and maintain



Governor Bob Riley and State Health Officer Dr. Don Williamson spoke together at one of several 2009 H1N1 conferences in the department's broadcast studio.

the highest production standards. The division's six non-linear, high-definition editing stations are all equipped with Final Cut Studio 2, one of the leading professional editing applications. Video can be edited from HD, DV, and SD formats; incorporated with multiple audio and video tracks; and applied with unlimited video effects to create a flawless final product.

### Production

Satellite conferences and webcasts are broadcast directly from the department's production suite in Montgomery, which includes a 1,500 square foot broadcast studio and a state-of-the-art master control room. Recent technological upgrades have launched the Video Communications and Distance Learning Division into the digital production and broadcasting age. A new digital video switcher is now at the heart of video production products. The advanced equipment greatly enhances video quality and allows for more visual effects, thus improving the final product for satellite conference and webcast viewers.

Two specialized video servers are maintained in-house and allow for conferences to be hosted as live broadcasts and as On Demand programs, which can be viewed at the user's convenience. In addition to producing, hosting, and directing distance learning satellite conferences, division staff are routinely requested by public health and allied health agencies to provide off-site conference support throughout the state. And, the division also produces specialized video projects for public health and other health organizations. These projects can include educational videos or video news packages for broadcast media. Division staff conduct



## BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

all research, script development, recording, and editing. A full complement of production equipment and staff expertise enable the creation of many specialized projects to be shot on location to provide a more realistic perspective. As with satellite conferences, specialized projects can also be broadcast live, viewed as On Demand programs, or recorded to air at a future date.

This division is unique in that the video production specialists work side-by-side with graphic artists who specialize in Internet publishing and Web design. The designers are responsible for marketing and advertising every conference with a flier whose unique design is based on conference topics. Fliers and educational conference materials are all posted on the ALPHTN Web site. This enables conference participants to print relevant information to use as a reference. The designers also prepare and format custom graphics to use during satellite and off-site conferences.

### Satellite

Division infrastructure includes a satellite uplink production vehicle equipped with the latest digital technology. State-of-the-art capabilities allow the division to broadcast and uplink conferences from any location. The recent digital upgrade now allows the division to transmit broadcasts from the uplink truck in either analog or digital KU formats. To ensure that the downlink viewing sites can easily watch ALPHTN programs, a teleport is used to turn the KU broadcast to a commonly used C band format.

This multi-purpose vehicle also serves as a mobile production facility. The truck is equipped with all of the necessary production and broadcast tools to ensure that in the event of an emergency away from the division's central office, division staff would still be able to produce and broadcast a satellite program or news conference.

All of the department's 67 county facilities are equipped with satellite antennas to receive programs. The division has also partnered with the Alabama Hospital Association to install satellite downlink systems to more than 100 acute care facilities across the state. This allows thousands of health care professionals throughout Alabama to participate in continuing education and in-service programs live from their worksites while continuing to devote their attention to patient care.

### Broadcast

The Video Communications and Distance Learning Division produces more programs than any other state or federal agency in the country. Division staff broadcast these programs utilizing satellite and Web technologies that continue to provide both new and unlimited educational opportunities for public health employees, not only in Alabama but also around the world.

Nothing demonstrates this fact more than the division's production and broadcast of the Centers for Disease Control and Prevention's Inaugural Conference on Obesity Prevention and Control held in July 2009 in Washington, D.C. The three-day Weight of the Nation conference featured more than two dozen public health panelists and keynote presentations including former President Bill Clinton, Health and Human Services Secretary Kathleen Sebelius, and Acting Surgeon General, and Rear Admiral Dr. Steven Galson. Division staff coordinated eight live television broadcasts and webcasts during the conference and recorded six additional sessions.

### Internet

Satellite conferences produced by the division are also broadcast as live webcasts through the ALPHTN Web site. The division's graphic artists utilize the site to market conferences nationwide and are responsible for broadcasting both live webcasts and On Demand programs. The artists use proprietary Web applications to create and produce online courses, webcasts, and other On Demand special projects.

A live webcast is broadcast at the same time as the live satellite conference and is accessed through the ALPHTN Web site. Conference participants can view a program from their personal computers and watch in real time. On Demand programs are posted to the Web site two business days after the live broadcast and can be accessed at the participant's convenience. These webcasts can be viewed from a personal computer with either RealPlayer or Windows Media Player.

The ALPHTN Web site includes a customized electronic registration system that enables individual viewers to maintain an official transcript of completed courses and to conveniently pursue continuing education credits. Participants are also able to access and print any educational resources submitted with each program. Resources can include slide handouts, evaluation forms, post-conference tests, and other materials necessary for receiving course credits.



## BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

### Emergency Response

Emergency communications continue to play a significant role in the division's responsibilities. At the height of the 2009 H1N1 influenza outbreak in April, the division broadcast 17 urgent news conferences over a two-week period, with four being broadcast in a span of two days. News conferences were often planned and executed with minimal advance notice to the division, and many were carried live on various television and radio markets throughout the state. 2009 H1N1 news conferences were conducted and broadcast from the division's studio throughout the remainder of the year.

The department's satellite uplink and production vehicle is fully equipped for remote disaster response and provides e-mail, fax and IP phone use, a satellite phone, four cell phones, DSS-receive capability, and other customized features which can accommodate routine communications or emergency broadcast operations and response. All of these services can be deployed without land-based connectivity requirements including power, telephone lines, or Internet. Combined, these improvements ensure reliable and versatile broadcast satellite, voice, and data communications from any location around the state.

### Video Conferencing

Another major initiative for the division has been the establishment of a video conferencing system. This two-way video and two-way audio distance learning conference system is as simple as a conversation between two people in private offices (point-to-point) or several different sites (multipoint) with several people participating from each site. The division's video conferencing system transmits through a T1 line. This dedicated and isolated line has a reliable bandwidth and can transfer data up to 60 times faster than traditional modems. The end result is a clear and high quality videoconference for participants. This conferencing system is a critical meeting and learning tool and is a huge benefit for workforce development.



The Office of Minority held a series of Minority Health Disparities Town Hall satellite conferences and webcast programs utilizing the Department's training network broadcast facilities to reach health care providers across the state. One of the programs included a round table discussion with the members of the department's chronic disease offices, including cancer, cardiovascular disease, diabetes, HIV/AIDS, and tobacco prevention.

### Additional Services

The 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, provides audio and visual support for news conferences, and produces special video packages for the Alabama media. A high-speed CD/DVD duplicator and printer along with the videotape dubbing equipment provides for efficient and prompt turnaround in distributing thousands of educational programs in Alabama and throughout the United States.

### Collaborations

The division provides video production and satellite conferencing/webcast services to other Alabama agencies and national organizations. The 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 Continence, 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, the University of Arkansas, and the University of Alabama at Birmingham.

## BUREAU OF CLINICAL LABORATORIES

The Bureau of Clinical Laboratories is an essential component of the state and the national public health laboratory systems. The bureau is the first line of defense in detecting diseases, whether caused by natural or terrorist action, and offers citizens quality services through a vast array of technical specialties. The overarching mission of the bureau is to lead the state through laboratory science and service while improving and protecting the residents' health from current and future diseases and disasters. The goal of the bureau is to provide testing for diseases of the public, institute testing procedures, and provide testing data in support of disease surveillance and policy decisions.

The bureau currently consists of the central laboratory in Montgomery and a regional laboratory in Mobile. At the beginning of the fiscal year, there was a second regional laboratory in Birmingham, but in June of 2009 the Birmingham Laboratory Division closed. Personnel and testing were transferred to either Montgomery or Mobile laboratories. Also during this period, the laboratory director retired after rendering 33 years of meritorious service to the bureau.

In fiscal year 2009, the bureau received 837,000 specimens for analysis and performed almost 2 million laboratory tests.

### ADMINISTRATIVE SUPPORT SERVICES DIVISION

The Administrative Support Services Division continues in its responsibility of providing services that support the bureau. These services cover many aspects, including the bureau's budget, maintaining the property inventory, and overseeing the building and grounds. The responsibilities of this division also include purchasing; keeping the bureau supplies, reagents and equipment to a working level; maintaining personnel records; and maintaining the Laboratory Information System. In addition, the division is responsible for shipping testing supplies to the county health departments. This past fiscal year, the bureau began installing a new Laboratory Information System. When completely installed, the new lab will allow the bureau to receive orders and report results electronically. The personnel in the Quality Management Section of the Administrative Support Services Division are responsible for overseeing the bureau's quality assurance activities and serve as technical consultants in the Alabama County Health Department Laboratory Systems.

### Quality Management Section

The responsibilities of the Quality Management Section of the Bureau of Clinical Laboratories and the Alabama County Health Department Laboratory Systems include all facets of technical and nontechnical laboratory functions. The past year began with continuing efforts by quality management personnel to ensure that policies and procedures set forth by the Clinical Laboratory Improvement Amendments (CLIA) standards were maintained and ultimately exceeded.

The section places great emphasis on ensuring that the state laboratory system provides the best patient care possible through laboratory science. This task is accomplished through the following:

- Close monitoring of patient test management
- Procedure manual development
- Quality control assessment of county clinics
- Training assessment of new and existing clinical personnel
- Administration and monitoring of the Bureau of Clinical Laboratories and county proficiency testing
- Test results and method validation
- Patient information and test relationships
- Personnel assessment of bureau and county employees
- Communication assessments
- Complaint investigations
- Assessment of safety and laboratory documentation issues

The year 2009 concluded with successful CLIA inspections for both the bureau and the Alabama County Health Department Laboratory Systems. The section also distributed the October 2009 revised edition of the Alabama County Health Department Laboratory Systems Policy and Procedure Manual.

## BUREAU OF CLINICAL LABORATORIES

### CLINICAL CHEMISTRY DIVISION

The Clinical Chemistry Division offers services through three testing branches: Clinical Services, Lead, and Chemical Terrorism/Biomonitoring (CT). Testing includes both clinical and environmental sample analysis.

The Clinical Services Branch of the division performs testing for routine chemistry profiles, complete blood counts (CBC's), CD4 lymphocyte subset enumeration, quantitative polymerase chain reaction (PCR) for HIV viral loads, and HIV genotype testing. Genotyping provides genetic mutation information which can be used for drug susceptibility and enhanced case management for HIV-positive patients served by the department. This branch also performed the validation studies required for a new hematology analyzer placed in service to perform CBC's. Specimens for analysis performed in this branch are submitted from county health departments, federally funded primary health care centers, and community-based HIV treatment programs.

The Clinical Blood Lead Section processed and analyzed 14,766 specimens for lead. Of this total, 324 of these were found to be greater than or equal to 10 ug/dL (2.31 percent). Two children were confirmed with blood lead levels exceeding 45 ug/dL. In both cases, siblings were subsequently identified as also having elevated leads. The Environmental Lead Section tested 1,466 samples for lead with 278 found to have values greater than the level of concern for that matrix. Wipes from vinyl miniblinds represented the highest rate of positivity. The highest lead level was from paint that contained 12 percent lead by weight.

The CT Branch of the division acquired a new method, metabolites of tetranitromethane in urine. The lab is slowly increasing the use of existing equipment to enhance laboratory capability. One analyst attended the Fundamentals of Analytical Radiochemistry, an Environmental Protection Agency course. Information obtained will be put to use for future sample-handling procedures. The branch is expanding its cooperation with the Alabama Department of Environmental Management in the analysis of perfluorinated compounds (PFC's) in fish tissue with future plans to extend the analysis toward a clinical biomonitoring program. Several other states have approached the BCL/CT laboratory to perform fish tissue analysis.

The CT Branch is continuing the processes of validation, proficiency testing, and acquisition of new methods.

### MICROBIOLOGY DIVISION

The Microbiology Division continues to maintain its programs through state and grant funding. The division is supported by the Centers for Disease Control and Prevention (CDC) for emergency preparedness and laboratory epidemiological surveillance. A supplemental award was received to meet needs resulting from the influenza pandemic.

#### Bioterrorism

The conventional testing section successfully participated in two laboratory preparedness surveys. Two unknown powders and one suspicious letter were submitted to test for multiple agents. All three samples were negative for select agents. Eight clinical isolates were tested to rule out *Bacillus anthracis* (all negative) and two isolates recovered from feces were tested for Botulinum neurotoxin producing species of *Clostridium*. The two *Clostridium* isolates were transferred to CDC for further study.

# BUREAU OF CLINICAL LABORATORIES

## Reference Bacteriology Section

The section was awarded a grant involving vaccine-preventable diseases with emphasis on *Neisseria meningitidis* and *Haemophilus influenzae*. One analyst has been assigned to this project. The project is a two-year study with the laboratory confirming the serotype or serogroup of the isolates submitted. Isolates will be forwarded to CDC for further characterization.

There was a 34 percent decrease in the number of *Escherichia coli* O157:H7 confirmed in fiscal year 2009 as compared to 2008. Of 144 specimens screened for shiga-toxin producing *Escherichia coli*, 33 were serotype O157:H7, 49 were non-O157, and 22 were positive for shiga-toxin but the causative agent was not isolated. The remaining 40 were negative for shiga-toxin. There was a 28 percent increase in the number of *Haemophilus influenza* submitted for serotyping. This increase was attributed to the appeal that was made for hospitals and laboratories to submit isolates for serotyping due to the shortage of vaccine to accommodate enhanced surveillance. There were 10 *Neisseria meningitidis* isolates submitted with Group Y being the most common serogroup. There were 11 culture-confirmed cases of *Bordetella pertussis*, and 6 presumptive cases. Of the six *Vibrio* isolates submitted, one was *Vibrio cholera* non-01/non-0139. There were three *Listeria monocytogenes* and one *Listeria* species submitted for confirmation. One *Brucella suis* was forwarded to CDC for confirmation. In addition, one case of Rocky Mountain spotted fever and one case of Ehrlichiosis were serologically confirmed by CDC. *Clostridium botulinum* was isolated from feces from a patient diagnosed with infant botulism.

One foodborne illness case was investigated. *Bacillus cereus* was the causative agent in this outbreak. Isolates recovered from patients and the food samples were forwarded to CDC for toxin studies. No toxin was demonstrated in the food, but the isolates had the genes needed to produce toxin. It was determined that the rice used in the food had been improperly stored after cooking which allowed *Bacillus cereus* to grow to unacceptable levels.

## Enteric Pathogens Section

The Enteric Section received a total of 1,704 specimens in fiscal year 2009. This was a 25 percent decrease in the total specimens over 2008. Overall, there was a 4 percent decrease in the number

of *Salmonella* isolated and a 63 percent decrease in the number of *Shigella* from the previous year.

A total of 95 specimens were submitted this fiscal year to the National Antimicrobial Resistance Monitoring System.

• <i>Salmonella</i> species	68
• <i>Shigella</i> species	14
• <i>Escherichia coli</i> O157:H7	2
• <i>Listeria monocytogenes</i>	1
• <i>Vibrio</i> species	9
• <i>Vibrio cholerae</i>	1

## Parasitology Section

There were 4 confirmed cases of malaria, 3 cases of *Cryptosporidium* species, 2 *Schistosoma mansoni*, and 15 *Giardia lamblia* along with other non-pathogenic protozoa.

## Neisseria gonorrhoeae (Culture) Section

The lab received 454 cultures from nongenital sites for testing, almost double the amount for the year before. The increase was largely due to the closing of the Birmingham laboratory. The culture-positive rate dropped to 4 percent.

## Molecular Methods Section

**Influenza** –The section was inundated with specimens this fiscal year as the 2009 H1N1 strain spread worldwide. In support of the enhanced surveillance for the state to determine the burden of disease for this agent, the laboratory increased its capacity to test the large number of specimens received by purchasing additional equipment and implementing new protocols. During this fiscal year, the section tested 6,589 specimens for influenza by real-time PCR with 2,449 testing positive for Flu A (H1 and H3) and 21 for Flu B. Flu B appeared very early in the flu season. There was a 3,799 percent increase in flu specimens this year.

**Norovirus** – The section received eight specimens to test for Norovirus by real-time PCR. Six of these were positive for Norovirus GII.

## BUREAU OF CLINICAL LABORATORIES

**Bordetella (PCR)** – During this past fiscal year, the section received 19 specimens for testing by this method; 4 specimens were positive, 13 were negative, and 2 were deemed unsatisfactory.

**Tuberculosis (PCR)** – This section received 101 TB smear positive specimens from the respiratory disease division; 52 tested positive by RT-PCR.

**VZV** – One specimen, which was positive, was tested by Direct Fluorescent Antibody Assay (DFA) this fiscal year. The department also successfully participated in the CAP Virology Antigen Detection Proficiency Test.

**PulseNet** – Table 1 summarizes the bacterial specimens that were subtyped, while Table 2 indicates the number of clusters that included isolates from Alabama, as identified by the Alabama Pulsed Field Gel Electrophoresis (PFGE) Laboratory and PulseNet.

PFGE FY 2009		
Organism	Number	% increase from FY 2008
<i>E. coli</i>	61	36
Salmonella	1365	8
Shigella	288	61

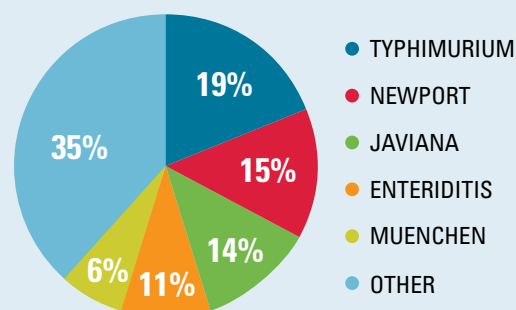
Table 1

NUMBER OF CLUSTERS WITH ALABAMA ISOLATES			
Typhimurium	25	Litchfield	2
Newport	12	Poona	2
Group B monophasici	7	Mississippi	2
Javiana	4	Oranienburg	2
E. coli	2	Enteritidis	2

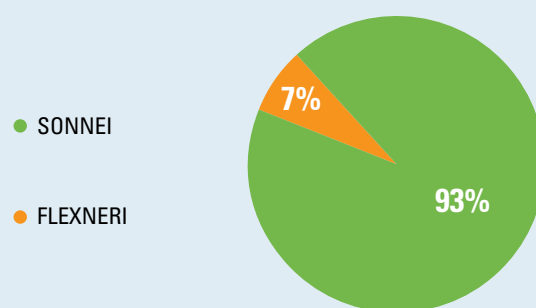
Table 2

The PFGE lab successfully participated in the fall 2008 PulseNet PT and the 2008 College of American Pathologists MRSA Survey. Two additional certifications for gels and analysis were obtained; one for *E. coli* and one for *Listeria*.

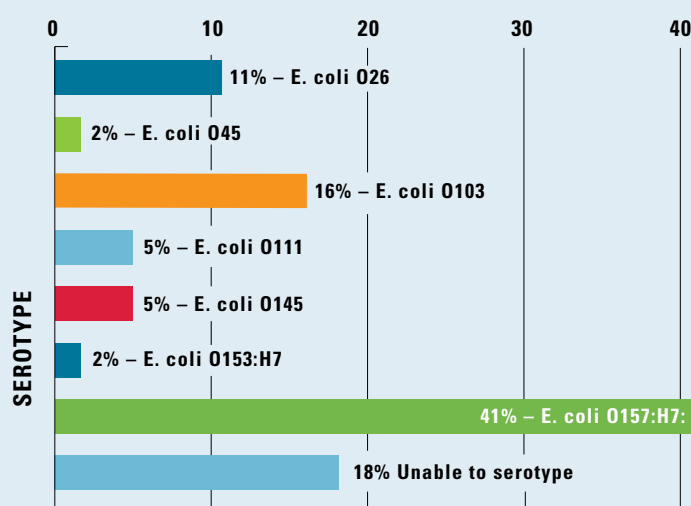
**FIGURE 1**  
DISTRIBUTION OF SALMONELLA SEROTYPE



**FIGURE 2**  
DISTRIBUTION OF SHIGELLA SEROTYPES FY 2008



**FIGURE 3**  
DISTRIBUTION OF E. COLI FOR FY 2008





# BUREAU OF CLINICAL LABORATORIES

## Rapid Serological Assays

**WNV** - The West Nile virus laboratory team ensured testing for 38 human specimens this past fiscal year. Two specimens tested positive for West Nile and one tested positive for Eastern Equine Encephalitis. No birds were received for testing this fiscal year.

**Botulinum toxin** - Two clinical specimens were received this fiscal year for botulinum toxin testing by mouse assay. One specimen tested positive.

## Rabies Section

In calendar year 2009, the Rabies Section processed specimens from 520 dogs, 436 cats, 154 raccoons, 110 bats, 27 cows, 12 squirrels, 26 opossums, 25 foxes, 24 horses, and other miscellaneous animals, including llama, alpaca, marmot and leopard. The greatest number of positives were raccoons (41), followed by bats (22), foxes (12), cats (3), dogs (2), and coyotes (1) for a total of 81. This represents a positive rate of 5.7 percent overall. For dogs, the positive rate was 0.38 percent, and for cats, 0.69 percent, while the positive rate for raccoons was 27 percent and foxes was 48 percent, with bats at 20 percent.

ANIMAL	NUMBER	NUMBER POSITIVE	PERCENT POSITIVE
Bats	110	22	20
Dogs	520	2	0.38
Cats	436	3	0.69
Cows	27	0	
Coyotes	2	1	50
Foxes	25	12	48
Horses and misc. animals including: Llama, Alpaca, Marmot, and Leopard	24	0	
Opossums	26	0	
Raccoons	154	41	27
Squirrels	12	0	

## RESPIRATORY DISEASE DIVISION

### Mycobacteriology Section

The Mycobacteriology Section received 12,870 specimens for isolation and/or identification of *M. tuberculosis* complex, other mycobacteria, and acid fast organisms; 452 of these were referred cultures. The section performed 1,544 DNA probes and 974 high pressure liquid chromatography tests for the identification of *M. tuberculosis* complex and Mycobacteria other than *M. tuberculosis* (MOTT). The section performed 521 drug susceptibility test panels for first-line and/or second-line drugs, as well as 311 tests for the antibiotic, pyrazinamide. The real-time polymerase chain reaction test for *M. tuberculosis* complex has aided the Division of Tuberculosis Control in contact investigation decisions. Generally, one specimen from all new smear positive patients was referred to the Emerging Diseases Section for rapid testing from clinical specimen. There were 102 tests performed and reported within 48-72 hours or less.

The Mycobacteriology Section continues participation in the Tuberculosis Cooperative Agreement Grant, CDC Tuberculosis Multi-Drug Resistant Susceptibility Study, and the National Tuberculosis Genotyping Program. An isolate from all new cases of *M. tuberculosis* complex and isolates for investigation of suspected cross contamination events were referred to the National Genotyping Laboratory. The genotype cluster information of the 187 isolates sent was collated and distributed to the Division of Tuberculosis Control to enhance outbreak investigations and patient care.

## BUREAU OF CLINICAL LABORATORIES

### Mycology Section

The Mycology Section received 5,167 specimens for fungal identification (1,518 were referred cultures). Testing of referred and clinical isolates identified 1,161 dermatophytes, 318 yeasts, and 1,205 other fungi. Systemic pathogens isolated and identified were 25 *Cryptococcus neoformans*, 11 *Histoplasma capsulatum*, four *Blastomyces dermatitidis*, and five *Coccidioides immitis*.

### Sanitary Bacteriology/Media Division

The Sanitary Bacteriology/Media Division, located in the Montgomery Laboratory, tests dairy products and public and private water samples, as well as prepares the media used by the county health departments and within the laboratory system. Testing was done on 976 dairy samples. Dairy samples include raw producer and tank truck samples as well as finished dairy products.

The lab tested 5,901 public and private waters samples, an increase from 2008. Working with the Alabama Department of Environmental Management, seven public water utility laboratories were inspected for compliance with state and federal regulations. The Media Section made a total of 4,014 liters of media, which poured 52,255 plates, 177,893 tubes, and 5,633 flasks. The breakdown for each division is shown in Table 3.

	Liters	Tubes	Plates	Flasks/Bottles
<b>Metabolic</b>	<b>8</b>			<b>102</b>
<b>Milk and Water</b>	<b>519*</b>	<b>2,920</b>		<b>4,084*</b>
<b>TB</b>	<b>1,325</b>	<b>78,051</b>	<b>7,118</b>	<b>141</b>
<b>Mycology</b>	<b>168*</b>	<b>28,289</b>	<b>80</b>	<b>160</b>
<b>Microbiology</b>	<b>1,696</b>	<b>68,633</b>	<b>29,653</b>	<b>1,146</b>
<b>Birmingham Lab</b>	<b>280</b>		<b>14,000</b>	
<b>Mobile Lab</b>	<b>18*</b>		<b>1,404*</b>	
<b>* Denotes an increase over 2008.</b>				

### Serology Division

Human immunodeficiency virus (HIV) testing had an increase in specimens of 8,529, a 1.1 percent reactivity rate of HIV Enzyme immuno assay (EIA), and confirmed 82 percent of the reactive HIV EIA tests. The total number of exams for HIV was 117,679.

*Chlamydia trachomatis* (CT) and *Neisseria gonorrhea* (GC) testing had a 3,341 specimen increase for a total of 42,714 exams. The positivity rate for CT was 12.8 percent and 5.1 percent for GC.

The Syphilis Branch performed Venereal Disease Research Laboratory (VDRL) testing on 45,676 specimens. Treponema Pallidum Particle Agglutination (TP-PA) testing was also performed on 1,241 specimens. The TP-PA test is utilized as the confirmatory test for syphilis. The positivity rate for syphilis showed an increase from 2.3 percent to 2.7 percent from fiscal year 2007 using the number of TP-PA's as the indicator. The number of positive TP-PA's showed an increase from 75.8 percent to 79.7 percent.

### BIRMINGHAM DIVISION

The Birmingham Division Laboratory ceased operation June 1, 2009, after 92 years of operation. During the period of October 1, 2008, to May 30, 2009, the division processed 76,137 specimens: 1,893 cultures for gonorrhea; 109 influenza cultures; 832 dairy specimens; 495 animals for rabies testing; 26,279 VDRL specimens; 4,739 urine cultures; 5,151 drinking water specimens; and 36,639 specimens for chlamydia and gonorrhea. The division participated in two ongoing CDC studies - influenza surveillance for vaccine development and the Gonorrhea Isolate Surveillance Project tracking drug resistance in *N. gonorrhoeae*.

In addition, the division housed the state regulatory laboratories under the Food and Drug Administration (FDA) for dairy product testing and drinking water testing under the Environmental Protection Agency and the Laboratory Certification Officer for both programs. The Sanitary Bacteriology Section participated in the FDA dairy laboratory proficiency testing program and was found to be in compliance. Proficiency test specimens were prepared and sent to seven industry dairy labs and one state laboratory. The Laboratory Certification Officer evaluated 2 industry milk laboratories and 10 drinking water laboratories, which were found to be in compliance with the appropriate state and federal regulations.

# BUREAU OF CLINICAL LABORATORIES

## MOBILE DIVISION

### Clinical Branch

The Clinical Branch analyzed specimens for Hepatitis B, syphilis, urine culture and sensitivity, *Chlamydia trachomatis*, and *Neisseria gonorrhoeae*. The decommissioning of the Birmingham Laboratory resulted in increases in the specimen load at the Mobile Laboratory. This included the statewide Urine Culture and Sensitivity Section transfer to Mobile. The lab continues to run Hepatitis B/markers for the entire state. An additional 8 counties brought the total to 31 counties submitting syphilis serology and chlamydia/gonorrhea specimens. The percent increase in specimen load is averaging approximately 30 percent. The upgrade to the automated Gen-Probe's Tigris DTS system has enabled the lab to process more specimens thus reducing turn around time for results. The lab began the transition to a new Laboratory Information System that promises to improve medical records management by interfacing with county Public Health of Alabama County Operations Network (PHALCON) systems.

### Environmental Branch

The Rabies Section of the Environmental Branch reduced its coverage area to Public Health Areas 9 and 11 when testing performed by the Birmingham Laboratory was distributed between the Montgomery and Mobile Laboratories.

A microbiologist in the Phytoplankton Monitoring Section of the Environmental Branch received training at the Florida Marine Research Institute in St. Petersburg, Florida. This course of training has been useful in standardizing phytoplankton monitoring across the Gulf Coast. This section examined harmful algal bloom specimens from Dauphin Island Sea Lab and Alabama Department of Conservation and Natural Resources to lend support in determining the cause of fish morbidity and mortality events in Mobile Bay and the surrounding estuaries. The laboratory provides analytical support to the department's Seafood Branch in shellfish growing areas for marine biotoxin monitoring and fecal coliform testing. This past year brought a 100 percent increase in fecal coliform samples of shellfish growing areas analyzed in the lab. The Environmental Protection Agency's BEACH program samples are analyzed in the Mobile Laboratory as are drinking water samples for public and private water systems.

## 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. By serving as a “checkpoint” for the bureau, local environmentalists are kept abreast of new and innovative technology, as well as seminars on professional development.

Each year, the Training Unit coordinates the mandated Basic Environmentalist Training Course (BETC). This course is offered biannually and must be successfully completed by newly-hired employees prior to their receiving permanent status with the state. The BETC provides new employees with interpretation of Alabama’s Food/Onsite Rules and Regulations and provides the skills necessary to perform their job duties.

In counties with limited environmental staff, mandated certified food safety courses are provided for food industry personnel to improve their knowledge in food safety and maintain good sanitation practices. The 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 county environmentalists.

### FOOD, MILK, AND LODGING DIVISION

#### Food and Lodging Branch

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. The number of routine inspections for food service establishments is three times per year; hotel and camp inspections are one time per year; tattoo facilities are inspected two times per year; and jails are inspected one time per year.

#### Food Safety

In 2009, county health departments conducted 37,819 inspections at food service establishments. In addition, 2,140 inspections were made at temporary food establishments such as food booths at fairs and festivals and 3,897 inspections were made at other locations. County health departments investigated 2,060 complaints from the public concerning food or food establishments and issued 4,471 legal notices.

#### Tattoo (Body Art) Facilities

“Body art” includes tattooing, body piercing, and branding. In 2009, revised rules for body art practice and facilities became effective. County health departments continued the regulatory activities for this relatively new program, established in 2001. Under the requirements for licensing body art facilities and issuing permits to the operators, there were 189 licensed facility inspections conducted. The county health departments investigated 57 complaints and issued 116 legal notices.

#### Lodging

County health departments conducted 775 inspections of hotels and camps, conducted 148 inspections of jails and prisons, investigated 171 complaints, and issued 94 legal notices.

#### Milk and Food Processing Branch

Milk is a basic food for both the general public and school children in Alabama. Milk products such as ice cream and cheese are 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 2009, the Milk Branch conducted 74 pasteurization equipment tests, 253 dairy farm inspections, and permitted 164 out-of-state

# BUREAU OF ENVIRONMENTAL SERVICES

plants to ship dairy products into Alabama. The branch collected 1,037 raw (before pasteurization) milk samples and 942 pasteurized milk samples for bacteriological, chemical, and antibiotic testing.

A total of six milk tankers containing 279,279 pounds of milk (or 32,474 gallons) were disposed of due to antibiotic contamination.

## Seafood Branch

The seafood industry of Alabama plays a vital role in the state and coastal economics of Alabama. With high nutritional value, seafood is increasingly featured as a component of a healthy diet. The Seafood Branch and Seafood Quality Assurance ensure 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 Alabama Department of Public Health administer five major seafood programs:

1. Permitting, inspecting, and sampling of shellfish processing facilities.
2. Permitting, inspecting, and sampling of 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.

In fiscal year 2009, a combined total of 483 inspections were conducted to ensure compliance with the department’s rules and regulations and a total of 386 field visits were conducted to provide onsite training in good manufacturing practices, record keeping, and compliance with inspection schedules. There were 34 shellfish processing permits issued; 19 crab processing permits issued; and 48 shrimp, fish, and specialty product processing permits issued. In addition, 96 private source water samples were collected from processors to ensure bacteriological safety.

During the 2009 fiscal year, 261 shellfish growing water samples and 30 shellfish samples were collected to determine bacteriological compliance. In addition, two shellfish samples were collected

to determine *Vibrio vulnificus* counts. Routine monitoring has determined that *Vibrio vulnificus* numbers were highest in summer months due to increases in temperature and salinity.

Thirty-five shellfish growing water samples were collected to determine the presence of harmful algal blooms (toxic dinoflagellates) and five shellfish samples were collected to determine the presence of toxin.

The Seafood Branch staff provided representation at the Interstate Shellfish Shippers Conference and participated in various subcommittees dealing with management and control plan issues. The staff also contributed to the Gulf and South Atlantic States Shellfish Conference, National Estuary Management Committee, and the Mobile Chamber of Commerce Seafood Task Force.

## DIVISION OF COMMUNITY ENVIRONMENTAL PROTECTION

### Soil and Onsite Sewage Branch

The Onsite Sewage Branch’s main objective is to coordinate the onsite sewage program in county health departments. This branch is one of three branches within the Division of Community Environmental Protection.

The Division of Community Environmental Protection carries out programs to minimize the adverse effects of disposal of sewage and high-strength sewage on human health and the environment by establishing and enforcing requirements for the design, permitting, installation, approval, and use of onsite sewage treatment and disposal systems.

During the past year:

- Permits issued to install onsite sewage systems 9,480
- Systems installed 7,382
- Special projects such as plans reviewed for large systems 21
- Complaints handled statewide 4,517
- Variances processed 5
- 2,159 people were trained at various environmental training events during the year. This consisted of training those in the department and those involved in onsite systems design and installation outside of the department.



## BUREAU OF ENVIRONMENTAL SERVICES

- 32 product permits to date have been issued to manufacturers of advanced treatment and disposal products. These permits set the conditions under which onsite wastewater products can be used in the state.
- 125 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.
- 43 county onsite sewage programs were reviewed by central office survey officers. This program is designed to evaluate, improve, and standardize county onsite sewage programs.

In May, legislation that delineated the size of systems (based on gallons per day) that the department permitted was signed into law. Any system disposing of less than 15,000 gallons per day would be permitted by the department. That same law transferred responsibility for certifying management entities to the Public Service Commission.

### Solid Waste Branch

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 as:

• Unauthorized dumps inspected	1,163
• Transfer/processing facilities inspected	26
• Septage management facility inspections	51
• Collection vehicles inspected	641
• Certificates of exception reviewed/issued	2,603
• Vector complaints investigated	2,737

### Indoor Air Quality/Lead Branch

This branch provides information on issues related to indoor air quality, molds, lead-based paint, and other lead hazards. The primary focus of the Lead Hazard Program 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, planning, design of lead abatement projects, 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 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 their 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 the responsible authority, as well as preventing childhood 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 branch remains the Environmental Protection Agency's designated state indoor air contact. The branch provides advisory services to those who request it by providing information and printed materials on indoor air quality, molds, and asbestos.

### Lead Contractor Certification Program activities:

• Firms certified to conduct lead-based paint hazard reduction activities	97
• Inspections of lead abatement project sites	42
• Visits to municipal authorities for compliance assistance	45
• Violations of state lead regulations noted	33

### Childhood Lead Poison Prevention Program activities:

• Lead outreach (education and awareness) workshops, seminars, and fairs	23
• Inspections of homes with cases of children with high blood lead levels	84
• Environmental lead samplings of dust, soil, water, and paint chips	1,029

## OFFICE OF RADIATION CONTROL

The Office of Radiation Control has unique responsibilities within the department, but the main objective is to protect the public from excessive exposure to ionizing radiation. This is done by registering, licensing, and inspecting the day-to-day use of radiation in the state of Alabama; environmental monitoring activities; and through training and preparedness activities in the event of an accident or incident involving radiation or radioactive material in the state. Duties of the Office of Radiation Control are separated into four branches that include the Radioactive Materials Licensing Branch, Radioactive Materials Compliance Branch, X-Ray Compliance Branch, and Emergency Planning Branch. The office maintains a supply of radiation detection equipment that is used for day-to-day inspection and training activities and in the event of an accident or incident involving radiation or radioactive material.

Specific activities and responsibilities of the office include:

- Registration and inspection of all medical and non-medical X-ray producing equipment and use in the state.
- Licensing and inspection of all uses of radioactive material in the state including medical, research, and industrial uses.
- Coordination, implementation, and inspection of increased controls for security of certain high-risk radioactive material licensees.
- Registration and inspection of particle accelerators in the state including medical, research, and industrial uses.
- Performance of annual inspections of mammography X-ray units under the Mammography Quality Standards Act of 1992.
- Review and approval of shielding plans for diagnostic X-ray, PET imaging, and particle accelerator facilities.
- Testing and certification of industrial radiographers.
- Environmental monitoring for radioactive material and radiation exposure around nuclear power plants, specific radioactive material licensees, and locations identified with elevated levels of naturally occurring radioactive material (NORM).
- Coordination with other state agencies in the development and implementation of the Alabama Radiological Emergency Response Plan for nuclear power plant incidents.
- Planning and participation in annual offsite nuclear power plant exercises.
- Planning and participation in annual medical service drills at hospitals located around nuclear power plants.
- Radiation safety training of first responders, state troopers, public health environmentalists, and public health nurses.
- Serving as the subject matter expert in the National Incident Management System for radiation in Alabama.
- Emergency response in the event of an accident or incident involving radioactive material.
- Planning and participation in terrorist threat-based training exercises involving radioactive material.
- Response and investigation of allegations of wrongdoing involving radiation or radioactive material.
- Coordination and oversight of the Alabama Radon Education Program.
- Surveillance of shipments of low-level radioactive waste transported through Alabama as part of the U.S. Department of Energy Waste Isolation Pilot Project.
- Participation in the Department of Homeland Security Task Force for the Preventive Radiological and Nuclear Detection Program in Alabama.
- Coordination and implementation of the department's expanded radiological emergency response teams involving assigned environmentalists and nurses in the 11 public health areas.



The Office of Radiation Control utilized information from its participation in Southern Exposure, a full-scale exercise to provide lessons on conducting preventive radiation/nuclear detection within commercial vehicle operations.

## OFFICE OF RADIATION CONTROL

### 2008-2009 Service Activities

- Registered 305 new X-ray units
- Reviewed 145 X-ray shielding plans
- Inspected 506 registered X-ray facilities
- Inspected 1,212 X-ray machines
- Inspected 1,273 X-ray tubes
- Issued 21 new radioactive material licenses
- Issued 2 new particle accelerator registrations
- Issued 446 amendments for radioactive material licenses
- Issued 62 amendments to particle accelerator registrations
- Inspected 173 radioactive material licenses
- Inspected 21 particle accelerator registrations
- Issued 22 industrial radiographer certification cards
- Responded to 44 incidents involving radioactive material and investigated 6 allegations of wrongdoing involving radioactive material
- Collected 568 environmental samples
- Conducted and participated in 2 nuclear power plant offsite radiological emergency response exercises
- Trained 1,500 first responders and support personnel in basic radiation principles and response procedures

### 2008-2009 Notable Achievements

- In 2009, the Alabama Radon Program was recognized by the U.S. Environmental Protection Agency for outstanding leadership and for hosting the most activities of any state in the United States during the 2009 National Radon Action Month.
- Equipped and trained approximately 32 public health personnel in the 11 public health areas as members of the Expanded Radiological Emergency Response Team to assist the office in the event of an incident or accident involving radioactive material. Eighteen public health environmentalists attended the Radiological Emergency Response Operations Course in Anniston, and 14 public health nurses attended the Radiation Emergency Medicine Course in Oak Ridge, Tennessee.
- Implemented additional increased control requirements for certain high risk radioactive material licensees. The additional requirements included the implementation and participation in the National Source Tracking System initiated by the U.S. Nuclear Regulatory Commission.
- Conducted two FEMA evaluated medical drills with Southeast Alabama Medical Center and Decatur General Hospital. No corrective measures or recommendations for improvement were received.
- Developed a written radiation emergency plan template and made it available through coordination with the Alabama Emergency Management Agency for county and municipal agencies to adopt.
- Participated in the Alabama Cancer Control Coalition.

## BUREAU OF PROFESSIONAL AND SUPPORT SERVICES

The Bureau of Professional and Support Services supports a variety of important department initiatives and projects. These services include the facilitation and participation in activities to recruit, retain, and further develop employees within the department, and the development and implementation of programs to enhance the health care work force and health delivery infrastructure in rural and medically underserved areas throughout the state.

### MANAGEMENT SUPPORT UNIT

The Management Support Unit supported the department through management of the Records Disposition Authority, development of grant resources, review of grants and requests for proposals, management of the Policy Clearinghouse, and assistance to all bureaus with SPAR, the department's strategic planning and budgeting process. The Management Support Unit is also responsible for managing budgets for the Bureau of Professional and Support Services.

### OFFICE OF MINORITY HEALTH

The mission of the Office of Minority Health is to improve the health of the racial and ethnic populations in Alabama through the development of health policies and programs that will help eliminate health disparities. The office facilitates local and state level partnerships to work collaboratively to address health disparities in Alabama. Health disparities are a reality and are impacting public health, individuals' quality of life, and mortality. To promote public awareness of the health concerns of the minority and underserved populations throughout the state, the office conducted outreach activities and presentations at numerous state, regional, and county workshops, conferences, summits, community meetings, and at correctional institutions.

During 2009, the office received funds for year four of a five-year grant through the U.S. Department of Health and Human Services Office of Minority Health. The State Partnership Grant Program to Improve Minority Health supported activities to improve the health status of minority populations by improving health planning, public policy, the promotion of minorities in the health professions, and the promotion of public awareness of health care needs of minority populations. In December, the Alabama Health Disparities Status Report 2009 was prepared for release in early 2010. It is a report with data and pertinent

information that includes health, lifestyle, and social and economic conditions, which often can be attributed to health disparities that affect the minority populations in Alabama. Data compiled included a comparison of a 10-year period that evaluated progress to reduce or eliminate the following six health disparities: cancer, cardiovascular disease, diabetes, HIV/AIDS, infant mortality, and mental health.

In April 2009, an additional staff member joined the State Office of Minority Health. The position of Health Equity Program Manager facilitates the tasks of Disparities and Outreach Coordinator, Limited English Proficiency Coordinator, and Public Health Liaison to the Alabama Department of Corrections. These duties assist and support the implementation of the State Health Disparities Elimination Plan.

The office, in collaboration with the Cardiovascular Health Branch, received an intensive training on the Chronic Disease Self-Management Program (CDSMP). CDSMP is an evidence-based program developed and tested by Stanford University to complement and enhance medical and disease management in people living with a chronic disease. It is an interactive group education program that is taught two hours a week for six weeks. The program emphasizes goal setting, problem solving, action step planning, exercise and physical activity, deep breathing exercises, muscle relaxation techniques, and meditation as techniques for self managing chronic disease. During the 2009 year, the office, in partnership with the Office of Women's Health, conducted two CDSMP courses: one at the Montgomery Women's Facility for 27 incarcerated women participating in the substance abuse program, and one community group course at the Coosa County Church in Goodwater where 12 attended the program.

In addition to outreach activities, grant funds supported the first two in a four-part satellite series that are designed to focus on Alabama's health disparities: cancer, cardiovascular disease, diabetes, HIV/AIDS, infant mortality, and mental health, which have the highest health disparities among minority populations in the state. The satellite conferences occurred in the format of a town hall style meeting and provided an opportunity to increase awareness of the risk factors that contribute to health disparities, prevention of health disparities, and access to treatment and care for minority populations. The satellite conferences targeted the general community, medical and health care professionals, caregivers, and persons who are living with these different disparities. There were 217



## BUREAU OF PROFESSIONAL AND SUPPORT SERVICES

participants registered for the first two satellite conferences. The third and final satellite in the series focused on HIV/AIDS with tuberculosis as a co-infection.

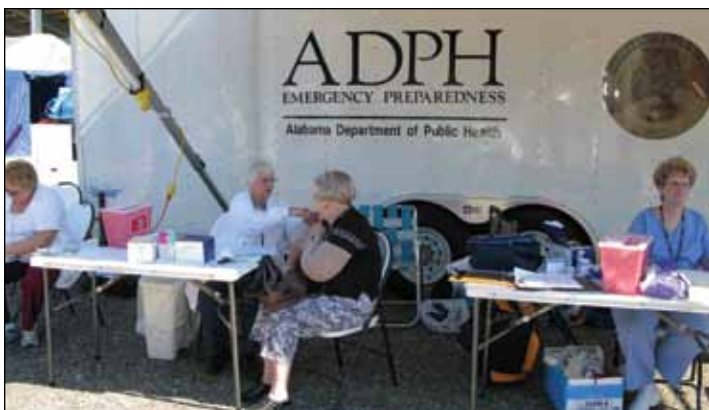
Outreach activities continue to occur with the Alabama Department of Corrections with the Reentry and Pre Release Programs at 26 prison facilities statewide. The office has worked to incorporate a health education module into the re-entry programs to provide preventative health information to inmates who are soon to be released back into the community. Inmates participating in these programs are provided with information on HIV/AIDS, sexually transmitted diseases, hypertension, cholesterol, high blood pressure, eating healthy, physical activity, how to quit smoking, staph infections, and influenza. These health education interventions target a vulnerable and underserved population of individuals who are considered to be at high risk for possible diagnosis of one or more of the health disparities due to high risk social behaviors. The purpose of the health education interventions in the prison system is to encourage healthy lifestyle choices with inmates prior to and after release into the community. Inmates are also provided with referral information to link them to the county health department in the area where they are being released. During the 2009 activity year, 3,704 inmates (607 female inmates and 3,097 male inmates) participated in the prison outreach initiative.

The office assisted with the outreach efforts to disseminate information on pandemic influenza and 2009 H1N1. Flu prevention materials have been translated into Spanish for distribution to non-English speaking patients who are accessing services at the county health departments. Flu prevention materials have also been disseminated to community partners at local and statewide meetings, and health education presentations upon request. Outreach efforts for seasonal flu and 2009 H1N1 have been specifically targeted for minority populations including Hispanics, Latinos, and African Americans through multicultural agencies, communities of faith, sororities, civic groups, social service organizations, group homes, drug treatment centers, and transitional facilities. Staff also worked with the Center for Emergency Preparedness on the Comfort Care Supplies Outreach Project. This initiative targeted state agencies and community organizations that provide residential services to persons who are considered to be at risk for contracting influenza due to compromised immune systems and pre-existing health conditions. The initiative included the provision of flu education for agency staff and technical assistance

to complete the Continuity of Operations Plan for selected agencies. This initiative has helped to expand services to minority communities by assisting them with organizational planning for emergency preparedness.

### NURSING DIVISION

The Nursing Division continues to work towards its mission of assuring conditions in which individuals, families, and communities can be healthy as it utilizes the unique expertise of public health nurses to assess, plan, and implement programs which promote health and prevent disease. During 2009, staff collaborated with community partners throughout the state to promote safe nursing practices, to enhance the knowledge of public health nurses, and to foster relationships among partners to promote nursing as a career. This year, collaborating partners included the Alabama Board of Nursing, the Alabama State Nurses Association, the Alabama Nursing Coalition, the Alabama Nurses Foundation, the Health Disparities Advisory Council, and the Emergency Medical Systems for Children Advisory Board. University collaborations included the University of Alabama, Auburn University, Auburn Montgomery,



Staff nurses administered 2009 H1N1 injections at numerous clinics statewide, including many held after hours.



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and the University of South Alabama. The division has clinical affiliations with 34 schools of nursing throughout Alabama and the United States. The Alabama Department of Public Health is also represented by staff as members of the Association of State and Territorial Directors of Nursing.

The Nursing Division serves as the American Heart Association Community Training Center for Cardiopulmonary Resuscitation (CPR) and first aid training. The division has 150 instructors based throughout Alabama who provide CPR and first aid training to day care providers, community volunteers, and health care professionals. The division is also approved to provide continuing education for nurses by the Alabama Board of Nursing and the Alabama State Nurses Association in collaboration with the American Nurses Credentialing Center.

A main focus of the division in 2009 was the development of the "Back to Basics" program which will become the foundation for the department's nursing competency review. To improve the clinical nature of public health nurses, fundamental bedside nursing techniques have been integrated with the community/emergency response role. Nurses from the state, area, and local level will receive a review of assessment techniques and commonly used equipment, hands-on practice utilizing anatomical models, and learn appropriate responses in simulated life-threatening events. This four-part program will be conducted at one of the division's collaborating facilities, Baptist Medical Center South in Montgomery, Auburn University, Auburn Montgomery, or the University of Alabama.

Planning efforts surrounding pandemic influenza were realized as the Nursing Division played a key role in responding to 2009 H1N1 influenza. Influenza vaccine was provided in school-based as well as mass clinics to risk groups identified by the Centers for Disease Control and Prevention. The department hired 100 contract nurses to assist in administering vaccine. Volunteer nurses were utilized as well. Clinic nurses and nurses from the area and state level also assisted in this massive effort to protect the citizens of Alabama.

### NUTRITION AND PHYSICAL ACTIVITY DIVISION

The Nutrition and Physical Activity Division continues to focus on empowering Alabamians to make healthy lifestyle choices while focusing on nutrition and physical activity. The division collaborated with various community, worksite, and school system partners to provide education, support, and development of activities and resources. The common goal of these partnerships was to support overweight and obesity prevention and management throughout the state.

The Scale Back Alabama program was successful again for a third year. This campaign is a 10-week statewide weight loss contest held the first of each year to encourage Alabamians to lose weight by forming healthy lifestyle habits. It is a joint project of the Alabama Hospital Association and the Alabama Department of Public Health, with generous underwriting from Barber's Dairies and Blue Cross Blue Shield of Alabama. Teams from 66 counties, compared to 60 counties in 2008, participated in the contest. More than 40,000 Alabamians participated in Scale Back Alabama in 2009 with almost 200,000 pounds lost. Over 10,000 teams of four participated in the contest and 690 teams reported weight loss of 10 or more pounds from all four members. Furthermore, 9,701 participants lost 10 or more pounds, regardless of the rest of the team, with an average weight loss of 14.22 pounds. The winning team was "The Bad Boys" from Montgomery County. Each team member was awarded \$1,000 for his accomplishment. The names of all participants who lost 10 pounds were included in a drawing and 55 individual prizes were awarded. Survey results showed that weight loss was not the only positive benefit from the program. A significant number of participants reported increasing fruit and vegetable intake, milk and water intake, and increasing the number of days they exercised. Results also indicated decreased blood pressure and total cholesterol levels of participants.

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A division staff member chairs the State Obesity Task Force. The mission of the task force is to work toward preventing and reducing obesity for a healthier Alabama. Alabama was selected as one of eight states to receive funds through the Balancing InTake and Expenditure (BITE) grant from the Chronic Disease Directors Association in early 2009. Through this grant, the Obesity Task Force selected five Alabama communities to receive grants of \$3,000 each to stimulate community-based physical activity and nutrition programs to reduce risks for overweight and obesity. Funds were received by communities in Anniston, Birmingham, Greensboro, Millbrook, and Montgomery. Some of the initiatives generated from the BITE grant focused on providing training to low-income communities about the importance of providing physical activity and healthy nutrition in churches, developing and improving community gardens, building community walking trails, forming walking groups, and developing advocacy materials for childhood obesity. The task force was also invited to be a member of Alabama Communities of Excellence, a comprehensive approach to economic and community development with partners from the private sector, governmental agencies, utility and construction companies, as well as universities and other interested groups, working together to successfully aid Alabama's smaller communities in their efforts to plan, grow, and prosper. Potential policy and environmental interventions for use in the communities were discussed with town leaders at their annual meeting in September 2009. As a part of the Obesity Task Force, division staff also provided additional advocacy and outreach by assisting in the development of tool kits and workshops for medical providers.

Division staff continue to provide a worksite wellness program for employees in the central office of the Alabama Department of Public Health. Employees participated in multiple campaigns focusing on increasing physical activity, managing stress, encouraging nutritious food choices, and calling attention to the importance of making small changes designed to help lead to meaningful behavior change. Employees also participated in one-on-one health coaching sessions with staff health coaches. The program, now called "iChoices," focuses on empowering employees to think better about choices regarding health and wellness and how those choices impact upon their lives. A new aspect of the iChoices program, health coaching through a Web-based software system, is being piloted with employees at the state laboratory. This easily accessible software program allows

staff to educate, motivate, and support employees in achieving or maintaining good health by providing readily available courses and resources related to a multitude of lifestyle issues. Staff interact individually with employees via e-mail, telephone, or physically to coach them in increasing their capacity to think better in ways that continue to develop over time and multiply from person to person. The division will expand the Web-based portion of the program throughout the central office of Public Health in the near future.

Revisions to the state's comprehensive wellness plan are underway. After completion of the plan, an implementation component will be developed by Alabama's Wellness Coalition, which is moderated by a staff member in the division. Division staff facilitate outreach by providing knowledge and resources to communities, worksites, and faith-based organizations to implement wellness programs.

Addressing childhood obesity remains at the forefront within the division. Alabama ranks sixth for childhood obesity in children 7-10 years of age, with 36.1 percent being overweight or obese. To help address this problem, the division collaborated with the State Committee of Public Health, Alabama Department of Agriculture and Industries, Steps to a Healthier Alabama, Montgomery Area Wellness Coalition, Healthy Weight Initiative, and Troy University School of Nursing for the Joint Obesity Youth Project. Five after-school programs were also recruited to participate. The programs included the Millbrook Child Development Plan, Butler County Education and Community Learning Center, Wall Street Community Learning Center, Troy Elementary School, and Macon County YMCA. Through this project, after-school sites allowed children's Body Mass Index (BMI) to be calculated, agreed to implement CATCH Kids Club materials, and students helped determine intervention. Interventions included small gardens, water bottle recycling, and improving play areas. The results of the project were as follows:

- 169 students were measured and 55 percent were overweight or obese (pre)
- 93 students completed the project and 53 percent were overweight or obese (post)
- 2 percent decrease in overweight and obesity
- 4 percent decrease in obesity

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Data collected is being analyzed for behavior changes and BMI changes.

The Alabama Action For Healthy Kids (AFHK) team's chair coordinates projects through the division. The Alabama AFHK provided minigrants to schools for physical activity and for nutrition interventions.

### PHARMACY DIVISION

The division's primary responsibility is to establish dispensing policy for all county health departments and oversee implementation of these policies.

The division continued to participate on the department's preparedness advisory council and collaborate on the refinement of Alabama's procedures for ordering and processing the Strategic National Stockpile, a special stockpile of drugs and supplies which would be shipped by the federal government to the state if indicated following any terrorism event.

The division continued to coordinate state agencies accessing the Minnesota Multistate Contracting Alliance for Pharmacy operated by the state of Minnesota and 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 division continued to coordinate accessing 340 B pricing, a federal pricing program for covered entities within the department.

A prescription drug monitoring database to monitor Schedule II, III, IV, and V drugs in Alabama has been developed and tested and became operational in April 2006. By September 30, 2009, approximately 42 million prescriptions had been reported into the database.

The division continued to consult with all public health units, including county health departments and other agencies, on medication-related and pharmacy-related activities. These activities included distribution issues, clinical information, drug scheduling, purchasing, and regulatory issues. They also include consultation 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 division continued to provide internship experiences to pharmacy students from both pharmacy schools in the state, Auburn University and Samford University.

### OFFICE OF PRIMARY CARE & RURAL HEALTH

The Office of Primary Care and Rural Health facilitates and participates in activities to improve access to health care services for all rural Alabamians, with special concern for children, the elderly, minorities, and other medically underserved vulnerable populations.

A primary function of the office is the collection and review of data to apply for designation of Health Professional Shortage Areas (HPSAs) in communities satisfying federal criteria. This designation qualifies the community for several grants and programs to increase health care access. Designation assessments were performed on shortages of primary care physicians, dentists, and mental health workers. As a result, 62 of Alabama's counties or sub-counties are now designated as primary care physician shortage areas. An additional 130 primary care physicians, strategically placed in Alabama communities, would be required to eliminate the physician shortage designations for underserved residents, but 405 additional primary care physicians are needed to provide optimum practitioner-to-population ratios. There were 66 Alabama counties designated as dental health shortage areas for the low-income population, with 288 additional dentists being needed to overcome this dental care shortage. Sixty-five counties are considered deficient in mental health care providers, with these counties being grouped among 22 Mental Health Catchment Areas. A total of 43 additional mental health providers, strategically placed, would be required to alleviate these mental health shortage designations. Additional counties that are not currently designated as HPSAs were reviewed for possible HPSA designation. A total of 19 primary care and 1 mental health shortage designations were updated.

Over 150 health provider vacancy opportunities were submitted to the National Health Service Corps (NHSC) to recruit health professionals into underserved Alabama communities. Efforts to recruit and fill these approved slots were undertaken through joint activities between the office, recruiting communities, and the Alabama Primary Care Association. Historically, not all slots have been filled primarily because of limited financial assistance from the NHSC and not being able to find providers to fill the vacancies. The current field strength of previously placed NHSC providers is 34 physicians, 21 mid-level

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providers, 11 dentists, and 9 mental health workers. The NHSC loan repayment program continued to be an attractive recruiting tool for rural and medically underserved areas by providing awards of \$50,000 in loans for a two-year service commitment, with \$70,000 available for two additional years of service. The office also worked closely with the state's health care provider organizations and medical training programs to ensure prospective program applicants remained current on NHSC policies and procedures, such as the procedural change to accelerate the deadline for submitting program applications and the revision of required documentation for application. An additional \$200 million was made available for NHSC loan repayment through the American Recovery and Reinvestment Act (ARRA) program. New placements facilitated by the NHSC program included a much needed obstetrics physician to serve the Hispanic population in a medically underserved community.

In addition to other health professional recruitment activities, all primary care physician residency programs in the state were visited or contacted to solicit residents' participation in an annual Physician's Alabama Opportunity Fair, and the number of health provider employment opportunities and prospective candidates in the automated recruitment system "Practice Sights" consequently increased. Currently there are 195 employment opportunities and 140 candidates in the Practice Sights database.

"Operation Get Funded" completed its first full year of technical assistance to rural and underserved health care entities, including their collaborators. This project was initiated by the Office of Primary Care and Rural Health in response to community requests for capacity building technical assistance including grant writing classes, Request for Proposal review, assistance with the grants.gov registration process, identification of federal and foundation grant opportunities, and health data requests for grant proposals. During 2009, more than 280 representatives of rural community programs participated in 24 proposal preparation workshops. In addition, one-on-one technical assistance has been provided to over 45 rural health care entities in 2009. Three new issues of the Alabama Rural Health Funding Forecast were distributed to help rural health care organizations identify funding opportunities and provide guidance on the proposal process.

The office partnered with the Alabama Rural Health Association to research, develop, and place online Selected Health Status Indicators reports on each of Alabama's 67 counties. This series of reports was developed to assist those seeking to improve health

care in Alabama. Each report includes information on 90 different health status indicators, comparing the county to Alabama and the nation on each indicator. This allows users to easily identify selected local health-related issues and concerns that could possibly be improved through intervention.

The J-1 Physician Waiver Program continued to be one of the principal sources of primary care and mental health physicians and specialists. The Office of Rural Health processed waivers for 19 additional J-1 physicians during the year, bringing the total number of J-1 physicians serving under a waiver obligation to 53. These physicians provided accessible health care to over 100,000 rural and medically underserved Alabamians, and made major economic contributions to their respective communities through the generation of millions of dollars in health-related revenue and expenditures and the employment of numerous supporting personnel. The office has processed a total of 421 J-1 physician waiver applications since assuming the J-1 waiver program in 1996, providing vital health care services to hundreds of thousands of Alabamians.

Three 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, which focuses on the smaller, rural hospitals, in collaboration with the Alabama Hospital Association (AlaHA), resulting in a \$356,413 award. These funds will be used to improve small hospitals' quality of care; implement an evaluation system that includes site visits to funded hospitals; support the development of a Statewide Trauma System by providing rural representation in planning the system; develop an innovative Rural Hospital Quality Network; and provide financial assistance to hospitals considering conversion to Critical Access Hospital (CAH) status. The Alabama Rural Hospital Flex Grant Oversight Committee, which evaluates and approves funding proposals from prospective hospital grantees, approved 29 hospitals for funding in 2009.

Another federal grant application submitted was for the Small Rural Hospital Improvement Grant Program. Federal grant funds are made available through this program for all rural hospitals having less than 50 operational beds. There were 29 eligible hospitals identified in Alabama. The application resulted in an award to the state of \$273,018. Eligible hospitals may use these grant funds to update financial operations for Prospective Payment Systems; purchase computer hardware and software such as applications that focus



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on quality improvement, performance improvement, and patient safety; and educate and train hospital staff on computer information systems such as using technology to improve patient outcomes. Finally, the office completed implementation of a Health Information Technology (HIT) grant of over a million dollars which funded a pilot network based at a CAH in the town of Roanoke in Randolph County. This new technology includes an Electronic Health Record for Randolph Medical Center; real time data links from the center to East Alabama Medical Center in Opelika; a disease data collection and analysis system; and a patient tracking system. The latter two components are funded by other HIT grants the center has been able to obtain with the Office of Rural Health's assistance. The success of this program exemplifies a strong spirit of cooperation between the office and small, rural hospitals in Alabama.

Numerous new initiatives were undertaken to bring high-level tertiary and specialty care to rural communities through the use of state-of-the-art health and telecommunication technologies. The governor's initiative to expand broadband telecommunications throughout the state was supported with document reviews and prospective discussions with individual hospitals. In addition, a joint initiative was pursued with the Alabama Medicaid Agency, Blue Cross Blue Shield, and other insurance carriers to enhance reimbursement for telemedicine services.

### SOCIAL WORK DIVISION

The Social Work Division, in collaboration with the department's social work program consultants and area directors, worked to ensure the provision of quality service delivery by using sound professional social work standards and practice. The division also partnered with local, state, and national organizations which enhanced public health development, planning, and service delivery for current and future public health initiatives. Supporting the development of health services options and opportunities for Alabama, the division worked to navigate new public health initiatives, while continuing to sustain public health social work service delivery.

In 2009, the division continued to collaborate with department leaders and other related agencies and organizations to support the provision of the following services: Elderly and Disabled Waiver services; Plan First, Patient 1st care coordination, which provides early and periodic screening diagnostic treatment to children and adults; home health medical social services; Home and Community Based 530 Waiver services; children with special health care needs;

breast and cervical cancer; HIV/AIDS case management; maternity case management; hepatitis C education; tobacco prevention and control; and a special asthma and diabetes service pilot program.

The division continued to provide support for the Alabama Care Coordination Records Network (ACORN) system. This system captures and maintains all client/patient related documentation, time, and activity to assure uniform and accurate client/patient service, and reimbursement information. ACORN plays a vital role in producing personnel, cost accounting, and management reports. It also serves as a useful audit tool which allows supervisory staff to monitor both quantity and quality of work produced by case management staff.

Ensuring that Alabama has a response and recovery plan is a major role of the division. The division worked with the Center for Emergency Preparedness to develop and maintain a network of state and local organizations, while striving to account for every possible special need.

The division worked with the Alabama accredited schools of social work, the Board of Social Work Examiners, and the Alabama Chapter of the National Association of Social Workers to support the department's Workforce Development Program. The ongoing collaborative initiative is working to develop new strategies for increasing the number of licensed social workers in the department's current and future workforce.

### TRAINING UNIT

Training coordination continued with interdepartmental and intradepartmental groups to provide quality education for all employees. Trainings were organized and managed in collaboration with Auburn Montgomery, Tulane University, the University of Alabama at Birmingham, ADPH Office of Human Resources, the State Personnel Department, and the Alabama TechnaCenter. Supervisory training sessions and TechnaCenter courses were coordinated through the Training Unit in 2009 on a quarterly basis. In addition, three PHALCON trainings were offered in 2009. A number of self-paced, online courses were offered to department staff through the South Central Public Health Training Center and the South Central Center for Public Health Preparedness.

Public Health TEAM (Training and Experience to Advance Managers) Academy continued in 2009. A five-day intensive program,





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TEAM Academy continues to develop managers throughout the department. Nine TEAM Academies with a total of 269 graduates were held in 2009. Projects developed during the first year of TEAM were compiled and distributed to the appropriate office/bureau for further development and possible implementation. One project that was implemented was the elimination of the A-3 Report, which has been in existence for more than 20 years. This information can now be accessed electronically; therefore, eliminating the need for county health departments' completion of this report manually.

In 2009, unit continued succession planning efforts for the department. A Workforce Development Web page is in the final stages of development with plans to implement it after the first of the year. This page will be an important tool for employees, facilitating the sharing of resources and information about the department and workforce development.

The unit continued to coordinate the further development and enhancement of a Learning Content Management System (LCMS), which automates the training process, provides an efficient way to administer surveys, and tracks training and registration of emergency preparedness volunteers. Several training opportunities were offered through the system in 2009, including State Personnel courses; ADPH Human Resources courses; Technacenter courses; Volunteer Symposia; CPR courses; and Certified Public Manager classes. In collaboration with a department-wide users' group, several key features were enhanced, making the processes more user-friendly. This year, the "Waiting List" feature has been added to the courses registration screen that will place registrants on a waiting list when the class is full.

The South Central Public Health Leadership Institute is one of several opportunities made available through the department's Workforce Development Program. The institute is sponsored by the South Central Public Health Partnership, a regional consortium comprised of the state health departments in Alabama, Arkansas, Louisiana, and Mississippi; Tulane University School of Public Health and Tropical Medicine; the University of Alabama at Birmingham School of Public Health; the University of Arkansas for Medical Sciences College of Public Health; the Louisiana State University Health Sciences Center; and three public health agencies: Jefferson County; Mobile County; and New Orleans. Administered by Tulane University School of Public Health and Tropical Medicine, the mission of the institute is to enhance and develop leadership skills through education and individual growth. The yearlong course of leadership

study involves three sessions scheduled at sites in the participating states, several conference calls, and completion of a group project related to some aspect of public health. Each state is permitted to send 10 scholars each year.

Through the South Central Center of Public Health Preparedness (SCCPHP), the unit provides financial assistance to support the IMPACT Program (Interns and Mentors Program for ACTION in Public Health Preparedness) which provides graduate students an opportunity to develop public health skills while assisting state and urban health departments in their efforts to assure a fully prepared public health workforce for the future. The SCCPHP collaborates with state health departments in Alabama, Arkansas, Louisiana, and Mississippi to fund this project. The SCCPHP solicits internship proposals from state and local public health agencies in the partnership and invites applications from graduate students from the universities in the region.

### OFFICE OF WOMEN'S HEALTH

The Office of Women's Health (OWH) continued the implementation of initiatives that address healthy lifestyle behaviors in Alabama communities throughout the state in 2009. Initiatives offered to the community included the nationally recognized programs BodyWorks, New Leaf...Choices for Healthy Living, Go Red for Women Heart Health Awareness, and the Heart Truth Awareness Campaigns. State originated initiatives include the Alabama Healthy Women's Network; publication of the OWH newsletter, *The Women's Health Exchange*; the first Women's Health 5K and Mother Daughter Walk; the Second Annual Women's Health Update Forum; the Women's Health Information for the Incarcerated (WHI-FI) Initiative; and the OWH clearinghouse resource information program

The Office of Women's Health Steering Committee, in partnership with St. Vincent's Hospital, held its first Women's Health 5K Run and 1 Mile Mother-Daughter Walk, Women on the Move, to Improve Women's Health, on May 9, at the One Nineteen Wellness Center in Birmingham to kickoff National Women's Health Week. National Women's Health Week is a weeklong health observance coordinated by the U.S. Department of Health and Human Services' Office on Women's Health (OWH). This event was designed to empower women to make their health a top priority, increase the awareness of women's health issues and highlight resources that are available for health and wellness for women in the state.

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The OWH Healthy Women Network increased its membership to more than 600 women in 2009. Individuals can register using the department's Learning Content Management System (LCMS) to receive the OWH newsletter, *Women's Health Exchange*, notification of women's health events such as the annual "Go Red Event" held in February to raise awareness of heart disease in women, and free health information and tips for healthy living.

The Women's Health Information for the Incarcerated (WHI-FI) Initiative is a joint collaborative venture between the OWH and the community based organization, Aid to Inmate Mothers. It is designed to provide preventative health education and referral information for women offenders at Tutwiler Prison for Women, Montgomery Community Based Institution for Women, and Birmingham Community Based Facility for Women. The purpose of WHI-FI is to increase awareness about women's health, foster healthy lifestyles prior to and after release, and assist with linkages to public health services in their local communities. Gender specific health education information is provided to the women on HIV/AIDS and STD's, hepatitis, tuberculosis, smoking and tobacco use, diabetes, cardiovascular disease, breast cancer, cervical cancer, nutrition and physical fitness, positive mental health, and human sexuality and addiction. Expansion of the initiative this year focused on women offenders who are participating in the Department of Corrections' re-entry program to provide them with contact information for the local county health department where they will be released. Women are oriented monthly to health department services including family planning, HIV/STD screenings, immunizations, medical and dental screenings, WIC services, vital records, and birth control services. The WHI-FI initiative encourages healthy lifestyle choices in women and provides information on how to access health care services after release from prison. A total of 852 have been the recipients of these services for 2009.

The Montgomery Women's Facility was the host site of the first Women's Health Forum to provide education and outreach services to incarcerated women on the different health disparities. Women participated in a panel presentation on how the risk factors of smoking and obesity contribute to heart attacks, strokes, and diabetes. Participants also learned about signs of staph infections and the importance of eating healthy and being physically active.

Additionally, the U.S. Department of Health and Human Services' Region IV, Office on Women's Health, awarded the Alabama OWH a \$5,000 grant to address infant mortality in Alabama. The initiative



From the Lawrence County Center of Technology Health Occupation Class to the seniors at the West Alabama Nutrition Coalition, communities and organizations from throughout the state were included in initiatives by the Office of Women's Health to address healthy lifestyle behaviors, which in these photos are represented through these groups' participation in the Go Red for Women Campaign to learn how to prevent heart disease in women.

was launched September 25 with a program for the 11 pregnant women at Tutwiler Prison. The purpose of this initiative is to raise infant mortality awareness among pregnant women and promote efforts to reduce infant deaths, low birth weight, preterm births, and health disparities in perinatal outcomes. Topics covered included tobacco use and smoking, physical activity, nutrition and WIC services, and stress reduction and relaxation.

Monthly activities for the office continue to include serving on local, state, and national steering committees, planning committees, and advisory boards for collaborating partners, and the distribution of women's health educational materials by frequent mailings, during presentations, and participation in health fairs. Outreach activities have expanded to sororities, substance abuse treatment centers, and transitional programs that provide services to women. These community partners have been encouraged to adopt health education initiatives to promote within their respective groups, organizations, and client bases to promote healthy living and decision making skills among women. The office also continues 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.

## BUREAU OF CHILDREN'S HEALTH INSURANCE

The Bureau of Children's Health Insurance administers the Children's Health Insurance Program known as ALL Kids.

The goal of ALL Kids is to provide low-cost, comprehensive health care coverage to uninsured children. The program historically covered children whose family income was too high to qualify for Medicaid and up to 200 percent of the Federal Poverty Level. In 2009, Alabama's legislature provided funds to expand ALL Kids income eligibility to 300 percent of poverty effective October 2009. ALL Kids works closely with the Alabama Medicaid Agency and the Alabama Child Caring Foundation to assure that children are referred to the appropriate program. In fiscal year 2009, more than 25,700 children were referred to Medicaid, and more than 5,400 were referred to the Alabama Child Caring Foundation. Families apply through a joint application process, using either a mail-in or online application. More than 30,000 online applications were submitted for coverage through the three programs in fiscal year 2009. This is a 39 percent increase over 2008. At the end of 2009, a total of 68,440 children were enrolled in ALL Kids.

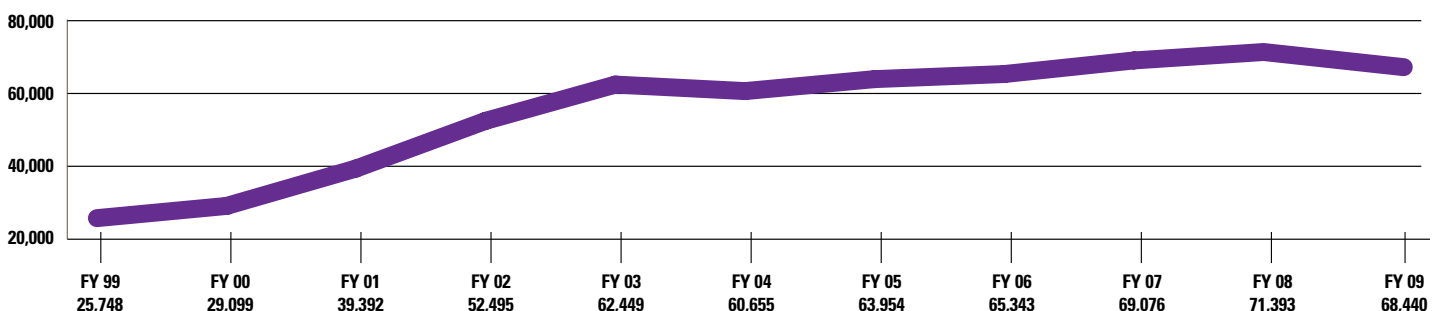
ALL Kids incorporates quality assurance procedures to make certain that children are enrolled appropriately and in a timely manner. Additionally, ALL Kids maintains a customer service line that handles more than 9,200 calls a month. Outreach is conducted through media and partnerships with provider organizations, community agencies, schools, state agencies, and many other entities across the state. ALL Kids staff work to ensure that applications are readily available in communities and that partners are trained to identify uninsured children and assist with enrollment. The ALL Kids philosophy has been to "teach the people who reach the people." Initiatives have been developed with special populations such as the growing Hispanic community.



ALL Kids regional coordinators, who are based throughout the state, are present at many community events, such as health fairs and plant closings, to provide information directly to eligible families. ALL Kids has provided coverage for more than 247,000 children in its 12 years of existence. The various enrollment and outreach strategies employed by ALL Kids have positively affected the number of uninsured children in Alabama. Currently, Alabama enjoys one of the lowest uninsured rates for children in the nation (6.6 percent, based on U.S. Census Bureau Current Population Survey for 2006-2008 coverage period).

During fiscal year 2009, ALL Kids continued to provide a comprehensive benefit package to its enrollees. In February 2009, ALL Kids, in collaboration with the Alabama Medicaid Agency, was awarded a Maximizing Enrollment for Kids grant by the Robert Wood Johnson Foundation to implement activities designed to increase enrollment and retention of eligible children in Medicaid and ALL Kids. The Children's Health Insurance Program Reauthorization Act of 2009, effective April 1, reauthorizes ALL Kids through 2013 and provides new opportunities to improve the quality of health care services and promotes the use of simplified processes that reduce enrollment barriers.

### ALL KIDS END OF FISCAL YEAR ENROLLMENT 1999-2009



## 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.

### DIVISION OF WOMEN'S HEALTH

The Division of Women's Health focuses on improving the health and well-being of women, children, and families through the following program initiatives and activities:

#### 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. The state's regional perinatal health care system is composed of five regions based on regional perinatal referral hospitals. Regional perinatal advisory councils provide representation from each county to advise and inform about regional perinatal issues. A regional perinatal director from each region and the perinatal program director manage the councils' activities.

The regional perinatal directors initiated activities to strengthen the perinatal health care system in each region including: 1) planning and conducting quarterly meetings for perinatal nurse managers in each region to improve networking among the delivery hospitals; 2) providing substance abuse patient education; 3) providing preconception health education; 4) creating breastfeeding task groups to foster collaboration among perinatal nurses, lactation consultants, and nutritionists; 5) providing newborn screening education to healthcare providers; and 5) forming regional consortiums to meet the perinatal continuing education needs in each region.

In 2009, the Fetal and Infant Mortality Review (FIMR) Program was implemented statewide as an intervention to address infant mortality. The purpose was to identify critical community strengths and weakness, as well as unique health/social issues associated with poor outcomes of pregnancy. The National Fetal and Infant Mortality Review Program is a collaborative effort between the Health Resources and Services Administration, Maternal and Child Health Bureau, and the American College of

Obstetricians and Gynecologists.

The review process begins when a fetal or infant death is identified. A regional director collects data about the death and services the woman and her family received from a variety of sources. The mother is asked to participate in a maternal interview to describe her experiences in her own words. The case is then de-identified and summarized to assure the critical confidentiality of patient, providers, and healthcare facilities. The cases summarized this past year have been presented to a case review team. The team reviews the cases, identifies issues, and reports the findings to the community action team which develops and implements plans that lead to positive change within the community. To date, data have been collected on more than 198 infant deaths, and 104 cases have been reviewed by the teams.

#### Family Planning

One of the major goals of the Alabama Family Planning Program is to decrease unintended pregnancies. The program provides education and counseling, medical examinations, laboratory tests, and contraceptive supplies for any person of reproductive age. It offers individuals opportunities to plan and space their pregnancies in order to achieve personal goals and self-sufficiency. Services are targeted to low income individuals. During fiscal year 2009, direct patient services were provided to 111,264 family planning clients through local health department clinics. This is an increase in caseload of 2 percent from 2008. Approximately 94 percent of the caseload served was below 150 percent of the federal poverty level.

Five supplemental Title X family planning projects were funded during the year in select counties. These included two HIV/AIDS projects, a short birth interval project, a special populations (Hispanic) project, and a clinic efficiency project. Plan First, a joint venture between the Alabama Medicaid Agency and the department, continued into its ninth year after being granted a three-year renewal that began in October 2008. With this renewal, the age range for eligibility was expanded to women age 19-55 at or below 133 percent of the federal poverty level. This program is an 1115 Medicaid Research and Demonstration Waiver expanding Medicaid eligibility for family planning services. As of September 2009, 76,395 women statewide were enrolled in Plan First. The department's Plan First toll-free hotline received 4,536 calls during 2009.



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Alabama has made significant improvements in reducing unintended births among low income women (Medicaid) since implementation of Plan First. In 2007, 60.1 percent of Medicaid births were unintended compared to 68.9 percent in 2001. This is a decrease of almost 13 percent.

### Patient 1st Care Coordination

Seventy-six licensed social workers and nurses in local health departments (excluding Jefferson) provided care coordination services to children and adults covered under Medicaid's Patient 1st Program during fiscal year 2009. Eight counties (Bullock, Calhoun, Lamar, Montgomery, Pickens, Pike, Talladega, and Tuscaloosa) were involved in a Medicaid asthma/diabetes pilot in 2009. This pilot will end on March 31, 2010, and the evaluation continues through December 2010. Medicaid began making direct referrals for care coordination during fiscal year 2008; the majority of the direct Medicaid referrals continue to be patients who are inappropriately using the emergency rooms and patients who have been discharged by their primary medical providers and need assistance in finding a new provider. Care coordination referrals generated by the Lead and Newborn Screening programs continued to increase during fiscal year 2009. The electronic care coordination referral system became operational during fiscal year 2007 and is staffed by a social worker in the bureau. The referral system has increased efficiency in making referrals to public health areas and has provided a means for tracking referrals and increasing quality assurance standards. The referrals being processed continue to be limited to those generated by Medicaid and Public Health.

### Plan First Care Coordination

During fiscal year 2009, 87 licensed social workers and nurses in local health departments (excluding Jefferson) provided care coordination to Plan First eligible women at high risk for unplanned pregnancy. This service has been available since the implementation of the 1115 Family Planning Waiver on October 1, 2000. During fiscal year 2009, services were provided to 36,558 unduplicated family planning patients, with 30,386 patients receiving a risk assessment for an unplanned pregnancy. Of the 30,386 risks assessed, 17,341 were identified as being at high risk for an unplanned pregnancy and were offered care coordination. Care coordination certification training is provided quarterly by the bureau.

### Maternity Care Coordination

The department is only marginally involved in providing care coordination services under the State Maternity Plan. The department transferred Henry County care coordination to the Medicaid primary contractors during fiscal year 2009. The department now provides care coordination in six counties (Coffee, Cullman, Dale, Geneva, Houston, and Mobile), continuing the trend of Medicaid primary contractors providing care coordination themselves or subcontracting with physician offices and hospitals. Medicaid primary contractors now have the responsibility of training maternity care coordinators; however, the department no longer offers this training.

### Targeted Case Management

Targeted Case Management continues to decline as more care coordination is provided through the Patient 1st Care Coordination Program. HIV/AIDS patients are still provided services through targeted case management; however, the majority of HIV care coordination is provided through community-based organizations. The department had only one full-time Public Health HIV/AIDS case manager during fiscal year 2009. This worker was based in Public Health Area 2 (Madison County).

### Healthy Beginnings and InfoConnection Help Lines

The Healthy Beginnings and InfoConnection help lines received 632 calls during 2009 and these calls were entered into an electronic program. The calls received were informative/referral calls for newborn screening, lead, maternity, and family planning. Call numbers were lower this past year because both the Children's Health Division and the WIC Division now have dedicated toll-free help lines.

## CHILDREN'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 Alabama Childhood Lead Poisoning Prevention Program, Healthy Child Care Alabama Program, State Early Comprehensive Systems Implementation Grant, Alabama Child Death Review System, School/Adolescent Health, Abstinence-Until-Marriage Program, and Clinical Services.



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### Healthy Child Care Alabama

Healthy Child Care Alabama continues as a collaborative effort between the department and the Alabama Department of Human Resources. During fiscal year 2009, the Healthy Child Care Alabama Program received funding to continue services in 42 counties by nine registered nurse consultants. Services offered by the program included providing child development, 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 (medical homes).

The nurse consultants also worked with community agencies and organizations to reduce injuries and illnesses and promote quality child care. The nurse consultants performed health and safety assessments of child care facilities and, if a problem was identified, assisted the child care provider in developing a corrective action plan. During 2009, the nurse consultants documented 1,495 health and safety training and educational sessions for 4,455 providers; 2,352 incidents of technical assistance to child care sites; and 2,395 consultations requiring phone calls, letters and/or e-mails responding to child care providers' questions and requests. The nurse consultants also provided health and safety programs for 22,714 children in the child care setting.

### State Early Childhood Comprehensive Systems Implementation Grant

The fourth year of Alabama's Early Childhood Comprehensive Systems Implementation Grant, "Blueprint for Zero to Five," continued the implementation plan for the state. The agency contracted to assist with implementing the Blueprint Alabama Partnership for Children worked with the Blueprint Advisory Committee in developing public awareness information concerning the activities of the blueprint. The blueprint has focused on the need for a child care quality rating and child care provider professional development. Supporting the expansion of developmental screenings for young children to identify possible developmental delay has also been a key focus of the blueprint.

### School/Adolescent Health

The School/Adolescent Health Program has made strides to provide statewide information and training centering on adolescent and school health issues. During fiscal year 2009, presentations for

school personnel, parents, and students covering adolescent brain development, positive youth development, coordinated school health, and pandemic influenza were provided throughout the state. During 2009, specific training for school nurses included standard precautions training, to include MRSA and 2009 H1N1. Continuing education credits were provided for the nurses. The Youth Advisory Council met quarterly seeking to coordinate programs and services within the department related to the health of adolescents and school age children. *The School Health Newsletter*, previously distributed bimonthly via e-mail to school nurses and school health personnel, was increased to monthly. In collaboration with the department's Wellness Branch, a monthly Message from the School Nurse was distributed statewide to school nurses to educate school faculty and staff regarding wellness topics. The Adolescent and School Health Program Web site continues to provide direct access to the Centers for Disease Control and Prevention's School Health Index where resources for teens, parents, and professionals are available on topics such as health and safety and activities for children. The County Children's Policy Councils have provided an opportunity to interact with several different communities across the state regarding youth risk behaviors. During 2009, the program partnered with the Alabama Campaign to Prevent Teen Pregnancy to provide a statewide Adolescent Health Conference with 117 participants attending. Statewide training was also provided for Alabama health teachers with 28 participants. Three webcasts were provided during the year covering topics such as Teen Driving, Web 2.0 as a Youth Development Tool, and Defending the Adolescent Brain. The program partnered with the Konopka Institute to design and provide a train-the-trainer series for the state adolescent health coordinators in April, and also served as a sponsor for the Alabama Youth Council in September. Participation on the Montgomery County Juvenile Risk and Resource Evaluation Committee saw a new mentoring initiative through a partnership with Partners in Education and Montgomery Public Schools. The mentoring program will pilot at-risk students in five middle schools during the 2009-2010 academic year. The 2007 program specifically targeting those who work with children with an autism spectrum disorder, with particular emphasis on care planning considerations for school nurses, was updated to reflect current research and incidence. The program continues to partner with the Alabama Child Death Review System in program development for the department's teen driving initiative. The program coordinator represented the department on the following state or national councils: the Alabama Autism Interagency Coordinating Council; the

## BUREAU OF FAMILY HEALTH SERVICES

National Association for State School Nurse Consultants; Alabama State Association for Health, Physical Education, Recreation, and Dance; the National Network for State Adolescent Health Coordinators; Alabama Suicide Prevention Task Force; and the Alabama Sexual Violence Prevention Task Force. The program coordinator continues to serve as the Chair for the SouthEast Region of the National Network for State Adolescent Health Coordinators.

### Alabama Abstinence-Until-Marriage Education Program

The Alabama Abstinence-Until-Marriage Education Program has been federally funded since fiscal year 1998. Current efforts are ongoing at the federal level to end abstinence-until-marriage education and move to broader comprehensive teen pregnancy education. The program works within the Adolescent and School Health Program to promote delay of sexual activity within a comprehensive approach to adolescent health and an integrative approach to positive youth development. The goal is to reduce the occurrence of out-of-wedlock sexual activity and consequently, the incidence of adolescent health issues related to premature sexual activity to include teen pregnancy in adolescents age 10-19. Seven sub-grantees were funded for three-quarters of the fiscal year and approximately 40,000 students, primarily at the middle school level, received abstinence education. All projects were monitored for medical accuracy and trained on how to integrate positive youth development into their programming. The program also supported peer and adult mentoring programs, initiatives to increase parental involvement, and service learning opportunities for teen abstinence leaders.

### Alabama Child Death Review System

The Alabama Child Death Review System continued to strive to prevent unexpected and unexplained child deaths through the study and analysis of all preventable child deaths that occur in Alabama. System data, as published in the first annual report, showed that in 1998 and 1999 there were approximately 500 infant/child deaths per year that met criteria for case review. That number has decreased by approximately 40 percent since then.

The eighth annual report, containing final review data for 2006 as well as a five-year trend analysis of the system's data, was completed in late 2009. The report was distributed to state officials, agencies, organizations, and citizens in Alabama and around the country, and also included a new set of State Child Death Review Team prevention

recommendations for the governor. The next annual report, containing final 2007 data, is being developed for publication in 2010.

In addition to hosting the regular quarterly meetings of the State Child Death Review Team, 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 and conduct necessary training. Special effort has been made to visit the newly-elected district attorneys and newly-appointed local team coordinators who were new to the child death review process. This personal interaction with volunteer contributors at the local level has become so vital to the program that visits are now an annual programmatic performance measure.

In 2009, Alabama Child Death Review staff and the Alabama Department of Forensic Sciences continued to work together to further the CDC Sudden Unexplained Infant Death Investigation Initiative. A core group of trainers from across the state have been trained to teach the curriculum, and are conducting classes for Alabama's first responders. As many as 90 classes were planned throughout the state in 2009.

Operational efficiency and program improvement remained priorities in 2009. After 2008, which was considered a "rebuilding year," and a complete staff turnover both at the central office and locally throughout the state, the system managed to achieve a new record level of success. When the 2006 data was finalized, the overall case completion rate exceeded 95 percent, a program high. This success was primarily due to the hands-on involvement of central office staff with the local teams and coordinators. Staff also implemented a new reporting system in 2009 which promises to improve the quality of future reviews and data collected at the local level.

The Alabama Child Death Review System continued to conduct public education and awareness efforts (especially regarding child vehicular safety and safe infant sleeping) and direct prevention efforts (such as the Cribs for Kids program and the hospital-based Shaken Baby Syndrome Prevention programs). A reimbursement arrangement with the Alabama Medicaid Agency continues to provide additional funding specifically for public education and outreach. Finally, staff continue to work towards common goals with strategic partners such as the Children First Trust Fund, the Alabama Medicaid Agency, 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.

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### Alabama Childhood Lead Poisoning Prevention Program

The Alabama Childhood Lead Poisoning Prevention Program (ACLPPP) is the product of collaborative efforts of the department's bureaus of Family Health Services and Environmental Services, and the Alabama Medicaid Agency. The program's mission is to help every child in Alabama develop to his or her maximum potential by promoting a lead-free environment and healthy lifestyle. To accomplish this mission, the program provides public outreach and education, case investigation, and case management services to help prevent further lead exposure in Alabama's children. ACLPPP provides several case management services which are made available to the families of children diagnosed with elevated blood lead levels. These services are intended to help promote a healthy lifestyle and environment which will prevent further lead exposure. Childhood lead poisoning is a serious but preventable public health problem. In young children, exposure to lead can result in long-lasting neurological damage that may cause learning and behavioral problems and lowered intelligence. Pregnant women and their fetuses may also be adversely affected. Preventing exposure to lead is the only effective way to protect children from the long-term consequences of lead poisoning.

During the 2009 calendar year, 38,983 children 0-21 years of age were screened with 840 children identified with elevated blood lead levels. According to the National Health and Nutrition Examination Survey (NHANES) report published by CDC, Alabama is approximately 2 percent higher than the national average for young children with elevated blood lead levels. Data derived from the report have been instrumental in the development and implementation of a number of health-related guidelines and reforms and public-policy initiatives.

When children are diagnosed with elevated blood lead levels, the Alabama Childhood Lead Poisoning Prevention Program collaborates with the child's health care provider, community organizations, and parents to ensure that families receive educational and environmental services appropriate for the blood lead level based on CDC guidelines. Care coordinators educate families about the sources of lead, the health effects of lead poisoning, and methods of reducing lead exposure in the home. Follow-up visits are made to reinforce the importance of returning for repeat blood lead testing. Certified

environmentalists conduct lead investigations in the home of the child to identify the sources of the lead exposure.

As a result, 97 homes were investigated for environmental lead hazards. These investigations may include taking paint, dust, soil, water, or other samples for laboratory analysis. In addition to these activities, follow-up of other children in the household who are at risk for lead poisoning is provided and coordination of preventive measures such as remediation or patient relocation are recommended when necessary. These measures are implemented to promote a healthy lifestyle and environment that will prevent further lead exposure.

### Clinical Services

County health departments assist primary medical providers by providing Early, Periodic, Screening, Diagnosis, and Treatment services to Patient 1st participants as requested. The county health departments also serve as the provider for well child services for patients that do not have any form of insurance or with other types of insurance. A total of 38,070 patients were provided services by county health department staff. These patients made a total of 89,123 visits to local clinics.

### BREAST AND CERVICAL CANCER DIVISION

The Breast and Cervical Cancer Division's goal is to provide access to breast and cervical cancer screening to underserved women in Alabama. Early detection of breast or cervical cancer saves lives. The Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) within the division provides screening services for underserved women. Screening services for breast cancer include clinical breast exams, mammograms, and diagnostic testing if an abnormality is found. Screening services for cervical cancer include a pelvic exam, Pap smear, and diagnostic testing if an abnormality is found. If a patient is diagnosed with breast or cervical cancer through the program, she is eligible to receive treatment through Alabama's Medicaid Agency.

Funding for the screening services is provided by the Centers for Disease Control and Prevention, State of Alabama, Susan G. Komen for the Cure North Central Alabama Affiliate, the Joy to Life Foundation, and the National Breast Cancer Foundation. In the past year, the program has provided cancer screening to over 10,900 women. Of these women, 3,114 received diagnostic services for

## BUREAU OF FAMILY HEALTH SERVICES

breast abnormalities and 177 women received diagnostic services for cervical abnormalities. To date, 137 women have been diagnosed with breast cancer and 29 have been diagnosed with pre-invasive or invasive cervical cancer.

Program services are provided by over 400 contracted physicians, surgeons, radiologists, and facilities across the state. These contracted providers of care are committed to providing services to underserved women. In addition to receiving a reduced rate for their services, they also agree to submit required data regarding services they provide for submission to CDC.

Partners throughout the state work with the program to recruit eligible women to enroll and receive screening services. Often women are unaware of or fear mammograms. These partners provide countless hours educating women and recruiting providers for the program. Partners include the American Cancer Society, Deep South Network, Komen for the Cure, Joy to Life Foundation, REACH US/REACH 2010 Coalition, the University of Alabama at Birmingham's Comprehensive Cancer Center, Mitchell Cancer Institute, DCH Regional Medical Center, Avon Foundation's Butterfly Project, and many others.

A Medical Advisory Committee guides the division. The committee consists of professionals with experience in screening, diagnosis, and initiation of treatment for breast and cervical cancer. Physicians from the University of Alabama at Birmingham, the University of South Alabama, and department staff currently serve on this committee. The committee meets quarterly and makes decisions regarding program policy and guidelines. Members are available as needed to provide clinical consultation.

The program was implemented in 1996 and continues to find ways to reach more underserved women. Underserved women include those who have no insurance or are underinsured, are at or below 200 percent of the poverty level, and are 40-64 years of age. Since its inception, more than 61,000 women have received screening services and 1,346 women were diagnosed with cancer.

### WIC DIVISION

WIC 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 142,340 patients per month, which included approximately 34,081 women, 38,271 infants, and 69,988 children. Over \$105 million of foods were purchased statewide in retail grocery stores.

WIC promotes and supports breastfeeding as the preferred method of infant feeding. Research indicates that 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. Studies have shown that breastfeeding peer counselor programs help increase breastfeeding initiation and duration rates. Peer counselors are former WIC participants who breastfed or are currently breastfeeding their babies. The peer counselors are hired to provide support to pregnant and breastfeeding mothers regarding basic breastfeeding issues. Currently, breastfeeding peer counselor programs are located in Blount, Dallas, Lee, Mobile, Montgomery, and Pike counties. Plans for expansion of the program are underway. Statewide breastfeeding rates also continued to increase during the past year.

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

- Use of positive messages and health practices presented by WIC staff regarding the need to balance food intake and energy expenditure.
- Increase intake of fruits and vegetables among WIC participants.
- Create awareness of the need to balance food intake and daily physical activity.
- Create awareness of breastfeeding benefits.

### ORAL HEALTH DIVISION

Several new initiatives were implemented during fiscal year 2009. Oral Health staff collaborated with the Office of Primary Care and Rural Health and the Alabama Primary Health Care Association to present recruitment and retention fairs to dental students at the University of Alabama at Birmingham's School of Dentistry. Freshmen and junior dental students received information on: 1) state and federal loan repayment opportunities, 2) the benefits of



## BUREAU OF FAMILY HEALTH SERVICES



The Oral Health Division and ALL Kids teamed up to provide dental screening and brushing and flossing education to Monroeville Head Start Center children. The goal of such educational outreach is to promote healthy lifestyle habits to help prevent dental disease and show how dental and dental-related problems can be prevented with proper, regular care.

practicing in underserved communities through community health centers and rural health facilities, 3) how to enroll as ALL Kids and Medicaid providers, 4) scholarship opportunities through the Alabama Dental Association, and 5) personal testimonies from private dentists practicing in rural communities. The overall goal was to recruit new dental graduates into underserved areas of the state.

Another new activity included the state launch of the Alabama Academy of Pediatric Dentistry Head Start Dental Home Initiative. State Oral Health Program staff joined Medicaid staff, Head Start directors, private dentists, and other child-serving program representatives to launch the new program. Members will serve as Alabama's Head Start Leadership Team and will play a key role in recruiting dentists to provide dental access for Head Start and Early Head Start children statewide. Other program objectives include training dentists and their staff, providing technical assistance to Head Start programs, and enhancing current Head Start and Early Head Start staff and parent education programs.

### Community Water Fluoridation

The Community Water Fluoridation Program continued to achieve success during fiscal year 2009. Oral Health staff cooperated with the Alabama Department of Environmental Management, the Centers for Disease Control and Prevention (CDC), the Birmingham Laboratory, community water facilities, public health area administrators, county environmentalists, and others to reach targeted goals.

Activities included:

- 39 field visits were conducted to inspect fluoridating equipment.
- 1,245 water samples were collected by county environmentalists and entered into the CDC Water Fluoridation Reporting System.
- 113 fluoridating systems participated in a CDC survey to evaluate the age of current equipment and estimate potential future needs.
- 13 analysis reports and 13 analysis summaries were provided to area environmental directors.
- 2 water systems that had discontinued fluoridating were visited and persuaded to resume fluoridating.
- 1 fluoridation presentation was provided at the Alabama Rural Water Conference.
- 77 public water systems received CDC Water Fluoridation Quality Awards for maintaining fluoride levels at optimal levels for 12 consecutive months.
- 7 systems received CDC awards for 50 years of continuous water fluoridation.
- 2 awards were presented to Alabama as a State of Excellence by CDC and the Association of State and Territorial Dental Directors.
- 116 public water systems (providing adjusted fluoride levels) were monitored by state Oral Health program staff.
- 10 public water systems continued to provide natural water fluoridation.
- 82.9 percent of Alabama's population on public water supply continued to receive the benefits of fluoridated water.

### Education and Prevention

The Oral Health Program dental nurse coordinator reached approximately 6,711 children and adults through 117 presentations to day care staff, community groups, parent organizations, professional groups, students, senior citizens, Head Start programs, and other groups in Public Health Area 9. New initiatives provided by the nurse coordinator include Oral Health Risk Assessment and Primary Oral Health prevention for nurses CEUs, an oral health program to the Escambia Cancer Support Group, and dental screenings in 14 day care centers. The nurse coordinator partnered with Healthy Childcare Alabama staff to provide the screenings and dental health education programs. Additionally, new county health department Patient 1st care coordinators received oral health



## BUREAU OF FAMILY HEALTH SERVICES

training through the state training program. The school-based fluoride mouth rinse program was implemented in 10 schools from six counties and reached 1,593 elementary children.

Program staff also distributed approximately 20,000 toothbrushes and toothpaste to children participating in screenings, county health department Patient First care coordinators, Healthy Child Care Alabama nurse coordinators, and school nurses working with students in underserved communities. Educational material was mailed to schools, churches, day care programs, Head Start programs, private dental offices, county health departments, and others as requested.

### Dental Services

Jefferson and Tuscaloosa County Health Departments are the two remaining programs with onsite dental clinics managed by health department staff. Talladega and Coffee County Health Departments have dental clinics onsite that are managed by Sarrell Regional Dental program. Mobile and Montgomery County Health Departments have dental clinics with Federally Qualified Health Center status. The Mobile dental clinic added a new clinic site during fiscal year 2009 at Eight Mile. It is a beautiful, state-of-the-art clinic and will go far in meeting the needs of an underserved area in Mobile County. The new clinic will operate three days per week until full-time staff can be employed.

- 29,597 patient encounters were provided through Jefferson, Mobile, and Tuscaloosa County Health Department dental programs.
- 4,218 dental sealants were provided through Jefferson, Mobile, and Tuscaloosa County Health Department dental programs.

### MATERNAL AND CHILD HEALTH EPIDEMIOLOGY BRANCH

The Maternal and Child Health Epidemiology Branch has two main purposes. The first is to conduct population-based studies pertaining to the health of women of childbearing age, children, and youth in Alabama. The second is to translate these and other studies into information necessary for allocating resources and for reshaping programs to better promote the health of women of childbearing age, children, and youth. The branch's

activities during 2009, often conducted in collaboration with other department employees and partners from other agencies, included the following:

- Preparation of the Maternal and Child Health Services Block Grant annual report and application.
- Implementation of the statewide five-year maternal and child health needs assessment, which is to be reported to the federal Maternal and Child Health Bureau in July 2010.
- Continuation of Alabama's Systems Development Initiative Project, a federally-funded program to increase the state's maternal and child health data capacity.

### ALABAMA NEWBORN SCREENING

The Alabama Newborn Screening Program is required by state law to test every Alabama newborn for the presence of certain metabolic and other inherited disorders. Early detection and treatment of these disorders may save a young life or at least present him or her with a much better quality and/or length of life. Since Alabama has well over 64,000 births each year and a second screening test is recommended at 4-6 weeks of life, there are approximately 150,000 newborn screening tests accomplished every year.

The program, in collaboration with birthing hospitals and other health-care providers, screens for 28 of 29 disorders recommended by the March of Dimes. The final test, Tyrosinemia I, is expected to be added to the panel in mid-summer 2010. The Alabama Newborn Screening Program began testing newborns for cystic fibrosis in April 2008 and has identified 24 infants who will benefit from early diagnosis and treatment. Each year, approximately 100 - 120 infants are identified with certain metabolic or other inherited disorders that are not otherwise apparent at birth. All newborns identified with a disorder have access to a diagnostic evaluation through medical specialists throughout the state. These consultants work closely with the primary care provider in determining needed tests and in developing a treatment plan when necessary. A satisfactory or valid newborn screening specimen is the most important goal.

The screening program has implemented measures to address concerns and issues surrounding unsatisfactory samples.

## BUREAU OF FAMILY HEALTH SERVICES

Along with the Alabama Hospital Association, the program has encouraged hospitals to designate a newborn screening coordinator who will serve as a primary contact for newborn screening issues at their facility. The screening program also provides a detailed quarterly report that allows hospitals to monitor their unsatisfactory rates. In addition, the program held a one-day conference in August 2009 for hospital coordinators to convene and discuss best practices regarding collection, storage, and handling of specimens. Attendees were able to tour the state laboratory and hear presentations on follow-up, metabolic disorders, and hearing screening. Representatives of 49 of 54 birthing hospitals attended. Three hospitals received awards for meeting the state quality blood collection standard of 95 percent or above for calendar year 2008.

The program maintains an active advisory board whose members include health care professionals, public health professionals, and a parent advocate. This group most recently addressed issues related to the timing of specimen collections for infants in the neonatal intensive care unit.

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

The Alabama Newborn Hearing Screening Program has made great strides in reducing the number of infants not screened prior to discharge because hearing loss was added to the Alabama mandated list of newborn screening tests. Currently, all 54 birthing facilities in the state offer hearing screening to all infants. The implementation of the guidelines from the Joint Committee on Infant Hearing 2007 Position Statement has helped in the reduction of numbers of infants considered lost to follow-up and needing rescreening. Using various existing federal grants, the Alabama system was able to replace outdated screening equipment and to increase services for several facilities in smaller, more rural areas. In the 2009-2010 grant year, additional grant money was obtained and will provide additional funds for even more equipment and service upgrades.

The Alabama's Listening staff held statewide regional update meetings regarding hearing screening and reporting requirements. These regional meetings were designed to assist participating hospitals with meeting HIPAA compliance requirements and to assist them with useful techniques in providing screening results

in the timeliest manner. Representatives from 40 of the 54 birthing facilities were present. The Alabama's Listening Program is constantly exploring new ways to ensure that all infants born in the state receive appropriate hearing screenings at birth, and diagnosis and intervention when needed.



At a one-day conference for hospital coordinators to discuss best practices on submitting newborn screening blood specimens, the department recognized Alabama hospitals which had exceeded goals for specimen submission. Newborn screening is a series of blood and hearing tests for 28 disorders that are required by state law in order to check for signs of unseen inherited or acquired disorders that could have serious consequences if left undetected and untreated.

## BUREAU OF HOME AND COMMUNITY SERVICES

In 2009, 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 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 department’s mission statement – to serve the people in Alabama by assuring conditions in which they can be healthy. In the fulfillment of its mission, the bureau 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.

The bureau operates within the framework of four divisions: the Division of Billing and Support, the Division of Home Care Services, the Division of Community Services, and the Division of Compliance and Contracts.



Washington County Home Care, which serves both Washington and Clarke counties, was named in 2009 as one of the 2008 Home Care Elite, a compilation of the most successful Medicare-certified home health providers in the U.S. in terms of quality outcome, quality improvement, and financial performance.

### HOME HEALTH PROGRAM

The bureau is a Medicare-certified home health agency with 30 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. This coordinated teamwork is managed by nurse care coordinators who are responsible for total patient care. There were 353,591 home health visits made in 2009 in an effort to assist many Alabama citizens in reaching their optimal health goals.

All disciplines use the Horizon Homecare software system to document patient care. Patient records are almost completely electronic and are accessible to all disciplines involved in the patient care delivery. The nurse care coordinators use the Horizon Homecare system extensively to provide quality, coordinated, and effective care.

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

In 2007 the Home Health Program received accreditation from the Community Health Accreditation Program, an independent, nonprofit accrediting body. Receiving accreditation means the program is held to the highest standards of excellence. It also means quality patient care and quality improvement for patient outcomes is the program’s top priority. In addition to receiving the accreditation, the Home Health Program received commendations for the satellite training and Web-based manuals, policies, training, and education materials developed by the Division of Home Care. According to the site reviewer, receipt of these types of commendations on initial site visits is extremely rare.

## BUREAU OF HOME AND COMMUNITY SERVICES

### LIFE CARE PROGRAM

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 payors. 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, companion services, unskilled respite services, skilled respite services, and nursing visits. Approximately 1,201,534 hours of service were provided in 2009 to Life Care clients.

Telehealth, a program started in 2006 by the bureau within the framework of the Life Care Program, has grown to 600 patients statewide. Telehealth is 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 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 functions as an operating agency for the Elderly and Disabled Waiver and the HIV/AIDS Waiver. These programs are designed to offer an alternative to nursing home care for the elderly/disabled Medicaid recipient or someone who has an HIV/AIDS and related illness diagnosis. 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 in order for 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 2009, Elderly and Disabled Waiver case managers provided 157,217 hours of case management services. HIV/AIDS Waiver case managers provided 3,414 hours of case management services.

### BILLING AND SUPPORT

The Division of Billing and Support is responsible for centralized billing for all the programs of the bureau. These programs include Community Service Programs, Home Health, and Life Care. With the implementation of Horizon Homecare, which is a single data-based management system, the centralized billing process continues to be enhanced. The division is made up of three branches: Home Health Billing Branch, Community Services/Life Care Billing Branch, and Accounts Receivable/Third Party Branch. 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. This is done through the use of laptops and telephones; 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 IMPROVEMENT PROGRAM

The year 2009 marked the 10th year of operations for the Quality 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 continued to be utilized in the Quality Improvement Program. Indicators of areas for improvement were addressed through education and corrective planning.

In 2008, the Centers for Medicare and Medicaid Services (CMS) began the Home Health Pay for Performance Demonstration. The demonstration program was designed to determine the impact of making incentive payments to home health agencies that consistently provide the highest quality of care, as well as those who



## BUREAU OF HOME AND COMMUNITY SERVICES

show significant improvements in the quality of care they provide to the Medicare beneficiaries. The demonstration covers seven states and Alabama is one the states selected by CMS. Participation by home health agencies was voluntary. The bureau had two subunits volunteer to participate in the demonstration. Because of the excellence of the Quality Improvement Program, the bureau is well in line with quality improvement initiatives to meet the Pay for Performance challenge.

### EDUCATION

The bureau continues to be committed to the philosophy of an education plan for all employees. An education plan includes orientation, continuing education, and inservice training materials that have been developed over the past eight 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, home attendants, and registered nurses each year. Orientation and training are conducted at the local level by the area management team using manuals developed by the bureau. 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 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 to reduce adverse outcomes through the regulation of health care providers.

### HEALTH CARE FACILITIES

The Long Term Care Unit is responsible for state licensing and federal certification of nursing homes and intermediate care facilities for the mentally retarded. This unit conducted 241 recertification surveys and conducted 233 follow-up visits. There were no initial surveys during this past fiscal year for federal certification purposes.

The Complaint Unit investigated 968 abuse/neglect and general complaints. Of these, 388 were onsite investigations and 580 were administrative/desk reviews.

The Laboratory Unit administers the Clinical Laboratory Improvement Amendment (CLIA). This unit is responsible for monitoring CLIA federally certified laboratories and state licensed independent clinical and physiological laboratories. Surveys conducted by this unit included 229 CLIA recertifications, 11 follow-up visits, 29 initial visits, 27 certificate of waiver visits for labs that perform simple tests such as finger sticks and urine dipstick tests, 11 validations of accredited labs, 30 initial licensure surveys, and 18 biennial licensure surveys for a total of 355 surveys.

The Medicare Other Unit is responsible for federal certification and state licensure and complaint investigations for home health agencies, hospices, hospitals, dialysis facilities, ambulatory surgical centers, rural health clinics, rehabilitation facilities, portable X-ray units, abortion centers, sleep disorder clinics, residential psychiatric treatment homes, psychiatric units, and rehabilitation units. This unit conducted 149 recertifications, 115 on-site complaint visits, 27 follow-up visits, 20 initial licensure surveys, and 30 initial certification surveys.

The Assisted Living Unit currently monitors 218 regular licensed assisted living facilities totaling 7,113 beds and 91 specialty care facilities totaling 2,527 beds. The unit conducted 85 ALF/SCALF surveys. During 2009 the unit submitted 25 cases to the Office of General Counsel for enforcement action.

The Nurse Aide Registry Program tracks 199 active training programs for nurse aides. The registry has a total of 94,410

nurse aides who are approved to work in health care facilities. Currently there are 31 nurse aides that are sanctioned by the Attorney General of Alabama. There are 1,158 that have been placed on the abuse register permanently and are not allowed to work in a Medicare or Medicaid certified health care facility.

### PROVIDER SERVICES

The Provider Services 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, 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 fiscal year 2009, the division issued 1,470 annual renewal license certificates, 28 change of ownership license certificates, 58 initial license certificates, and 91 license status or facility information changes. There were also 1,084 providers certified to participate in the Medicare and Medicaid programs. The division processed 17 initial certifications, 15 change-of-ownership certifications, and 132 certification changes.

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. Customers may also order records over the Internet or by telephone for next day delivery or they may send a request by regular mail.

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.

### 2009 Service Activities

- Issued more than 467,000 certified copies of vital records with more than 321,000 of these records requested through local health departments.
- Registered more than 160,000 new vital records.
- Prepared 2,850 new birth certificates after adoption and more than 1,980 after paternity determination; filed more than 480 delayed birth certificates; amended 4,260 birth certificates and more than 1,960 death certificates.
- Processed more than 320 requests from adult adoptees to obtain copies of their original birth certificates and other adoption information.
- Filed more than 14,600 paternity affidavit forms which fathers signed to acknowledge their legal responsibilities when they were not married to the mother of the child.
- Registered all births electronically through the Electronic Birth Registration (EBR) software used by all birthing hospitals in the state.
- Provided training on the proper completion of birth and death certificates to vital records providers across the state.
- Held meetings with the Electronic Death Registration System Work Group to develop and finalize the requirements for an electronic death registration system for Alabama. Members of the group consisted of persons involved in the death registration process.
- Made presentations on the development of Alabama's Electronic Death Registration System at funeral home, coroner, and health information management association meetings.
- Received over 40 percent of divorce decrees electronically from the Administrative Office of Courts.
- Keyed more than 5,000 old birth, death, marriage, and divorce records.
- Received more than 69,400 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.
- 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 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 State Perinatal Advisory Council meeting, Alabama Suicide Prevention Task Force, Health Disparities Task Force, and Office of Women's Health Advisory Panel.
- Presented a paper on Factors Related to Infant Mortality in Alabama, 1988-2007, at the Southern Demographic Association meeting.

## CENTER FOR HEALTH STATISTICS

- 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 62,130 newborns. In addition, 47,175 death records were transmitted to the Social Security Administration.

### VITAL STATISTICS RECORDS 2008

ESTIMATED POPULATION	4,661,900	RATE/PERCENT	
<b>BIRTHS</b>	<b>64,345</b>	<b>13.8</b>	(PER 1,000 POPULATION)
<b>BIRTHS TO TEENAGERS</b>	<b>8,567</b>	<b>27.4</b>	(PER 1,000 FEMALES AGED 10 TO 19 YEARS)
<b>LOW WEIGHT BIRTHS</b>	<b>6,716</b>	<b>10.6</b>	(PERCENT OF ALL LIVE BIRTHS)
<b>BIRTHS TO UNMARRIED WOMEN</b>	<b>25,667</b>	<b>39.9</b>	(PERCENT OF ALL LIVE BIRTHS)
<b>DEATHS</b>	<b>47,601</b>	<b>10.2</b>	(PER 1,000 POPULATION)
<b>MARRIAGES</b>	<b>40,638</b>	<b>8.7</b>	(PER 1,000 POPULATION)
<b>DIVORCES</b>	<b>20,311</b>	<b>4.4</b>	(PER 1,000 POPULATION)
<b>INDUCED TERMINATIONS OF PREGNANCIES</b>	<b>9,737</b>	<b>10.3</b>	(PER 1,000 FEMALES AGED 15 TO 44 YEARS)
<b>INFANT DEATHS</b>	<b>612</b>	<b>9.5</b>	(PER 1,000 LIVE BIRTHS)
<b>NEONATAL DEATHS</b>	<b>378</b>	<b>5.9</b>	(PER 1,000 LIVE BIRTHS)
<b>POSTNEONATAL DEATHS</b>	<b>234</b>	<b>3.6</b>	(PER 1,000 LIVE BIRTHS)

### ALABAMA'S LEADING CAUSES OF DEATH – 2007 AND 2008<sup>1</sup>

CAUSE OF DEATH	2008			2007		
	RANK	NUMBER	RATE1	RANK	NUMBER	RATE1
<b>TOTAL ALL CAUSES</b>		<b>47,601</b>			<b>45,983</b>	
<b>DISEASES OF THE HEART</b>	<b>1</b>	<b>12,091</b>	<b>259.4</b>	<b>1</b>	<b>11,761</b>	<b>254.1</b>
<b>MALIGNANT NEOPLASMS</b>	<b>2</b>	<b>10,152</b>	<b>217.8</b>	<b>2</b>	<b>9,862</b>	<b>213.1</b>
<b>CEREBROVASCULAR DISEASES</b>	<b>3</b>	<b>2,814</b>	<b>60.4</b>	<b>3</b>	<b>2,693</b>	<b>58.2</b>
<b>CHRONIC LOWER RESPIRATORY DISEASES</b>	<b>4</b>	<b>2,723</b>	<b>58.4</b>	<b>4</b>	<b>2,510</b>	<b>54.2</b>
<b>ACCIDENTS</b>	<b>5</b>	<b>2,497</b>	<b>53.6</b>	<b>5</b>	<b>2,476</b>	<b>53.5</b>
<b>ALZHEIMER'S DISEASE</b>	<b>6</b>	<b>1,516</b>	<b>32.5</b>	<b>6</b>	<b>1,506</b>	<b>32.5</b>
<b>DIABETES MELLITUS</b>	<b>7</b>	<b>1,380</b>	<b>29.6</b>	<b>7</b>	<b>1,288</b>	<b>27.8</b>
<b>NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS</b>	<b>8</b>	<b>1,107</b>	<b>23.7</b>	<b>8</b>	<b>1,032</b>	<b>22.3</b>
<b>INFLUENZA AND PNEUMONIA</b>	<b>9</b>	<b>921</b>	<b>19.8</b>	<b>9</b>	<b>878</b>	<b>19.0</b>
<b>SEPTICEMIA</b>	<b>10</b>	<b>898</b>	<b>19.3</b>	<b>10</b>	<b>750</b>	<b>16.2</b>
<b>SUICIDE</b>	<b>11</b>	<b>603</b>	<b>12.9</b>	<b>11</b>	<b>586</b>	<b>12.7</b>
<b>ESSENTIAL HYPERTENSION</b>	<b>12</b>	<b>511</b>	<b>11.0</b>	<b>14</b>	<b>464</b>	<b>10.0</b>
<b>CHRONIC LIVER DISEASE AND CIRRHOSIS</b>	<b>13</b>	<b>488</b>	<b>10.5</b>	<b>12</b>	<b>501</b>	<b>10.8</b>
<b>HOMICIDE</b>	<b>14</b>	<b>450</b>	<b>9.7</b>	<b>13</b>	<b>477</b>	<b>10.3</b>
<b>PARKINSONS</b>	<b>15</b>	<b>348</b>	<b>7.5</b>	<b>15</b>	<b>314</b>	<b>6.8</b>
<b>ALL OTHER CAUSES, RESIDUAL</b>		<b>9,102</b>			<b>8,885</b>	



## BUREAU OF INFORMATION TECHNOLOGY

The mission of the Bureau of Information Technology (IT) is to plan, provide, and support the information and logistics needs of the department. The bureau consists of five divisions, including Project Management, Database Administration, Systems Development and Integration, Technical Support, and Logistics. IT procures, develops, and supports information technology systems to supply information to department and public users through an integrated information processing and telecommunication structure. The IT Logistics Division manages the department's property assets, forms, emergency preparedness supplies, mailroom, and vehicles.

The department continued efforts to implement an Electronic Health Record (EHR) to support the department and meet federal guidelines and regulations. IT completed additional analysis related to a replacement for the current Public Health of Alabama County Operations Network (PHALCON). Additionally, the department worked with the United States Department of Agriculture on the development of a new WIC system as part of a four-state consortium.

In response to the needs of the Center for Health Statistics, IT developed and piloted the Electronic Death System which is the second phase of Alabama's electronic vital statistics systems. This will provide the ability to file a death certificate electronically from a hospital, nursing home, or coroner. The user base for this application could exceed 10,000 statewide.

IT worked with many other bureaus to respond to the national 2009 H1N1 crisis. IT developed a Web-based ordering system to receive and fulfill orders for both vaccines and antivirals. Additionally, IT developed decision support systems to enable the department leadership to fulfill orders to the highest priority citizens. The Logistics Division was responsible for shipping antivirals and vaccine supplies to health departments, doctors, and other providers throughout the state during the 2009 H1N1 crisis.

The Laboratory Information Management System (LIMS) for the State Laboratory completed a major milestone. The system has been implemented in many county clinics in the state and now offers streamlined reporting of results to clinics, Epidemiology, and CDC. This system will be fully implemented in 2010.

IT has worked closely with the Department of Finance's Information Services Division and AT&T to transition clinics to a new MPLS network giving the department capabilities such as network Quality of Service, site-to-site communications, greater

security, and multicasting for videos. The division was also able to extend Metro-E throughout the state allowing extra bandwidth for the larger sites.

Voice over Internet Protocol (VoIP) telephone systems continued to be installed throughout the county sites, increasing the total number of clinic and area offices with VoIP to 83. The goal is to complete the installations of all 89 locations by May 2010, resulting in telecommunication savings of up to \$800,000 annually. VoIP provides a more modern phone system with features such as voice mail capability and interoffice calling.

The Logistics Division assisted six health departments in moving into new buildings.

• IT Support Facts for 2009	Quantities
Help Desk Calls	25,395
Personal Computers Supported	4,498
Servers Supported	315
Personal Computers Installed	1,269
County Support Trips	2,702
IP Phone Devices Support	5,432

• Logistics Facts for 2009	Quantities
Equipment Inventory Items	15,562
Equipment Inventory Value	\$31 million
Equipment Items Acquired	1,117
Disposed Equipment Items	942
Forms Managed	689
Form Packages Sent	15,316
Department Vehicles	52
Emergency Response Trailers	76

## BUREAU OF INFORMATION TECHNOLOGY

ADPH PORTFOLIO OF INFORMATION TECHNOLOGIES			
System	Purpose	Year Implemented	Bureau
Health Alert Network	Provide alerting system to emergency responders	2006	CEP
Disease Control applications	Collect and analyze data for TB, AIDS, STD, etc	1999	BCD
NEDSS (National Electronic Disease Surveillance System)	Collect and analyze disease data	2004	BCD
Laboratory Information System	Collect and report lab test data	2009	BCD
Cost Accounting	Collect and report cost for services provided by ADPH	1990	FIN
AFNS (Advantage Financial System)	Financial accounting for department	1990	FIN
CHIP (Children's Health Insurance Program)	Enrollment System for the ALL Kids Child Health Insurance Program	2000	CHIP
Web Enable Enrollment System	Online enrollment determination for low cost insurance	2005	CHIP
Inventory Management System	Track ordering, storage, and issuance of supplies for warehouse, lab	2006	IT
Breast and Cervical Cancer System	Manage BCC program services and reimbursements to providers and manage slots enrolled	2005	FHS
Environmental System	Manage county environmental activities	2002	ENV
Electronic Medical Record	Replace PHALCON and ACORN	future	BPSS
McKesson Horizon Home Care System	In home patient care system for home health and Community Based Waiver	2004	BHCS
CLAIMS (Claims Management System)	Billing for ADPH Services	2003	IT
PHALCON (PH of Alabama County Operations Network)	Clinic System	1999	BPSS
Electronic Birth Certificate System (EVERS)	Internet based system to report births from hospitals	2006	CHS
Death Tracking System	Track death certificates	2001	CHS
HRS (Human Resource System )	Maintain personnel information	1990	HR
WIC SAM	Common WIC systems federal developed	2001	FHS
Vital Records Information System	Collect, maintain, and issue vital records	1994	CHS
ADPH Web Site (ADPH.org)	Provide ADPH Web site	2001	BHPCD
Cancer and Trauma Registries	Collect and maintain data for cancer and head and spinal injuries	2000	BHPCD
LCMS (Learning Content Management System)	Manage employees' professional development records	2004	BHPCD
Grayco Systems - EMS and Facilities	Manage EMS and Health Provider Std's Facilities compliance	2000	HPS & EMS
ARTEMIS Hepatitis B	Case management system	2000	DC
ImmPrint	Internet based immunization registry system	1996	DC
ICS Support Systems	Provide management information for ICS and EP activities	2006	CEP
e-CATS (Electronic Cost Accounting Time Sheets)	Data collection of employee time for cost	2006	FIN
Automated Contract Tracking System	Manage contracts from initiation through approval and implementation	2005	GC
Reports Databases	Distribution of reports in PDF format	2000	ALL
Lotus Notes	E-mail, Calendaring	1996	ALL
ACORN	Online Care Coordination System	2002	BPSS
Voice over IP Telephones	IP telephones and voice mail	2005	ALL
PC Inventory Verification System	System to track PCs, laptops, and networked items	2006	IT
Prescription Drug Monitoring Program	Data collection of reportable drugs from pharmacies	2006	BPSS

## BUREAU OF FINANCIAL SERVICES

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

To meet these goals, Financial Services managed the department's \$690 million budget using 409 internal budgets interfaced with 11 Executive Budget Office Spending Plan activities and 269 internal funds interfaced with 14 Comptroller's Office funds in the State Treasury.

A total of over 100 federal grants with a value in excess of \$395 million and 1,015 contracts totaling over \$63 million were managed in fiscal year 2009. Included in the federal grants accounted for were 4,658,931 Women's Infants and Children (WIC) negotiable instruments issued to 1,689,715 recipients paid with a redeemed food value of \$105 million including \$29.7 million received from the department's Infant Formula Rebate contract.

Transaction volumes to manage the department's financial and cost processes were:

- 109,000+ Payroll warrants
- 49,000+ Payment vouchers
- 808 Journal vouchers
- 3,206 Requisitions
- 3,254 Purchase orders
- 60,000+ Cost Accounting Monthly Time Reports (from multiple reporting systems)
- 3,500 Cost Accounting Monthly Activity Reports

The Family Practice Rural Health Board and the Board of Medical Scholarship Awards were provided fiscal agent services in the form of payroll, procurement, accounts payable, contract payment processing, and budget management.

The bureau also provides all accounting services for the Alabama Public Health Care Authority. The State Committee of Public Health authorized the department to establish the authority as a public corporation in 1995. The mission of the authority is to build, furnish, and equip public health facilities throughout Alabama.

In 1996, the authority issued \$30,000,000 in Series 1996 revenue bonds to construct and/or renovate inadequate public health facilities. The authority's initial building program was \$47 million. From 1997 through 2002, 36 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, Monroe, Montgomery, Perry, Russell, St. Clair, Shelby, Sumter, Talladega, Tallapoosa, Tuscaloosa, and Walker counties.

In 2005, the authority issued \$57,975,000 in Series 2005 revenue bonds. From the proceeds, \$27,975,000 was used to advance refund Series 1996 revenue bonds. The additional \$30,000,000 balance of bond proceeds was dedicated to a Phase II building program to construct, equip, renovate, and/or refurbish 15 public health facilities across the state. During fiscal year 2009, five projects were completed and occupied in Barbour, Limestone, St. Clair and Tuscaloosa counties. The Phase II building program is now finished. During fiscal year 2009, title was acquired to one health department site in Geneva County.

The authority is continuing to propose and develop solutions for additional public health building and equipment needs. Two equipment lease purchase schedules were finalized during fiscal year 2009 for a total of \$5.3 million. Work has begun on a Phase III building program that currently includes the following projects with status noted.

- Montgomery Modular Clinic – Complete
- Alabama Department of Public Health Montgomery Rail Yard Campus – On hold
- Crenshaw County Health Department – Under construction
- Geneva County Health Department – Under construction
- Walker County Health Department Renovation - Complete
- Biosafety Level 3 Lab Repair - Under construction
- Cullman Renovation - On hold

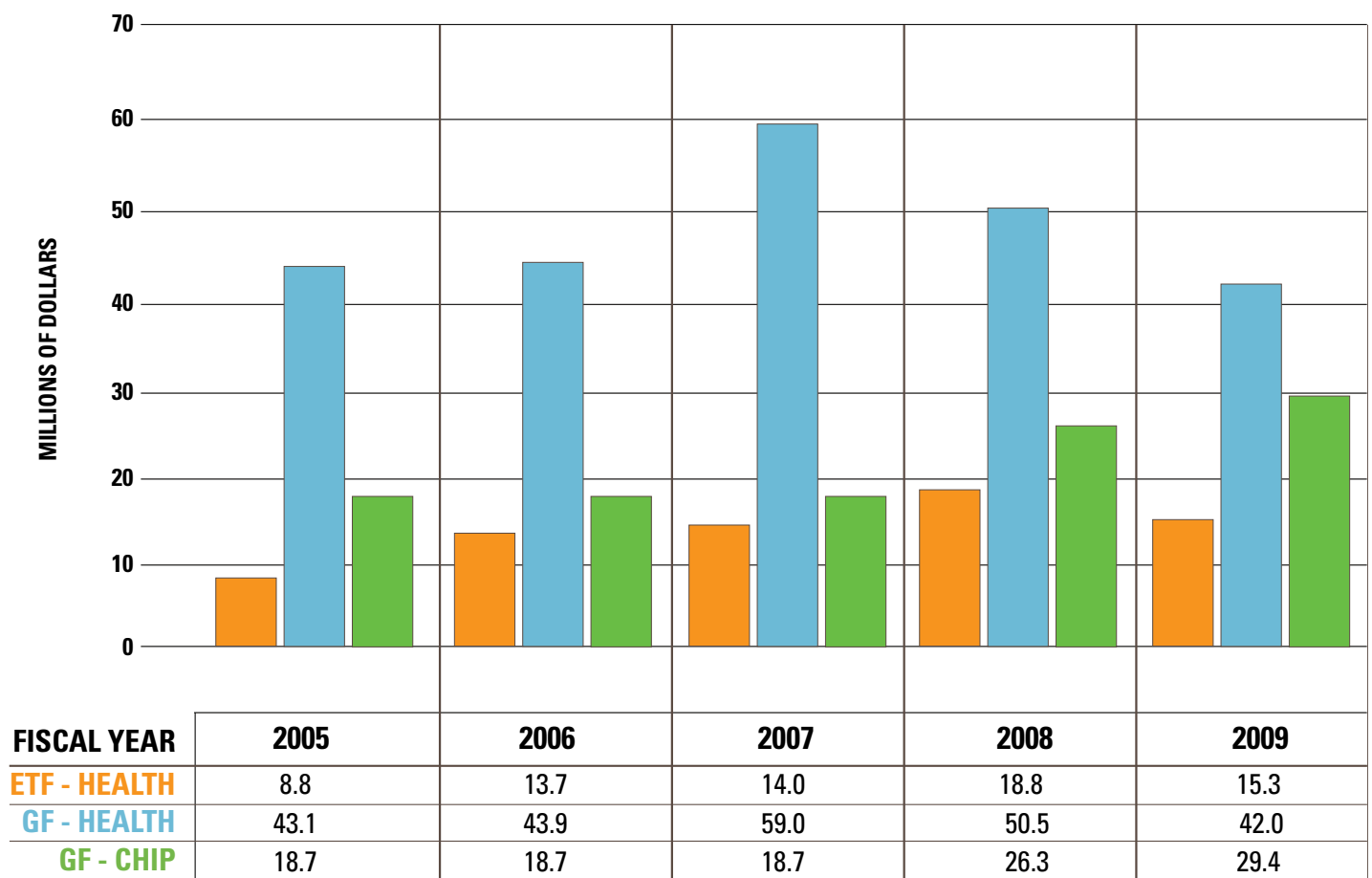
Other projects under consideration by the authority include a Montgomery satellite clinic and Morgan County Health Department.

## BUREAU OF FINANCIAL SERVICES

During this fiscal year, the authority continued development and refinement of the Alabama Public Health Capital Maintenance Trust Program. The program is managed by the department. The authority's construction management firm provides technical assistance, advice, and program monitoring. The purpose of the Public Health Trust is to provide funding for a comprehensive coordinated preventative maintenance, improvement, and replacement program for public health facilities in Alabama. The program spent \$1.1 million during fiscal year 2009 to provide the following services:

- Periodic facility inspections to identify deficiencies, repairs, and maintenance needs.
- Maintenance contracts for heating, ventilation, fire alarms, and air conditioning systems.
- Roof systems maintenance/repair and a full range of other maintenance repair expenditures and renovations to maintain public health facilities in good working order.

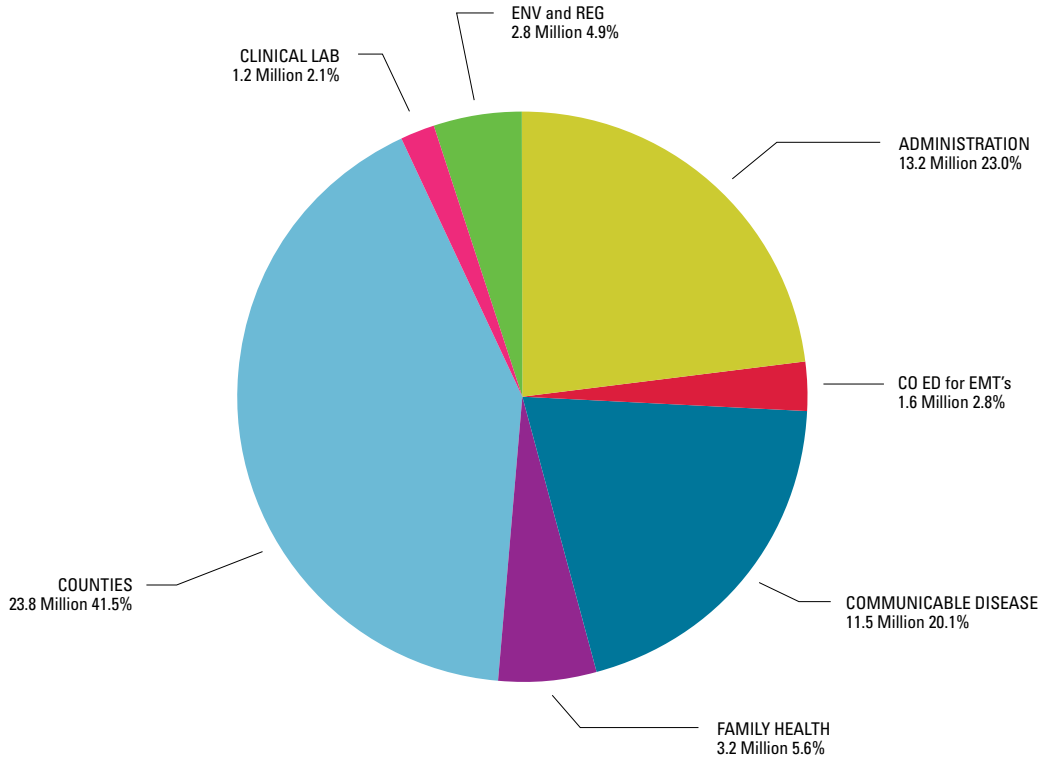
### PUBLIC HEALTH FUNDING GENERAL FUND & ETF





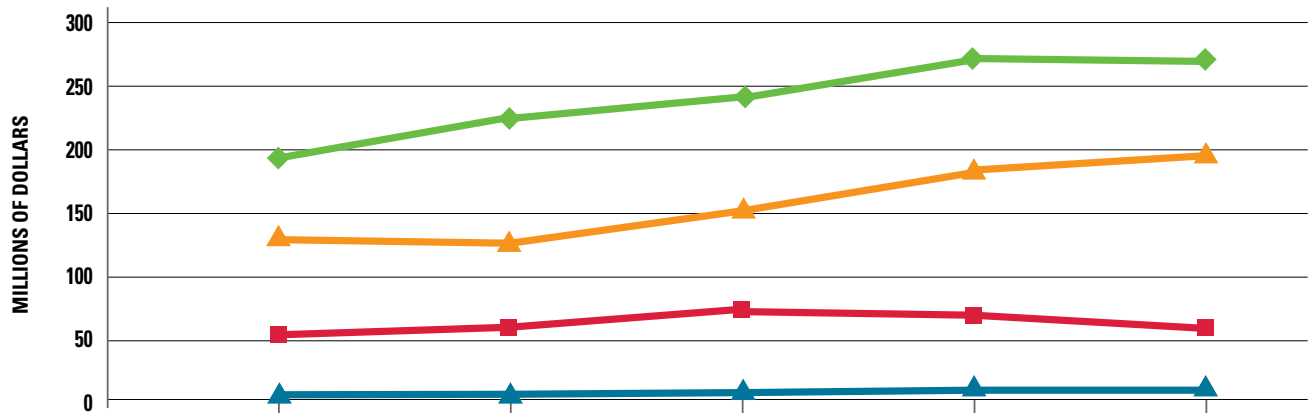
## BUREAU OF FINANCIAL SERVICES

### USE OF STATE FUNDS - FY 2009 GENERAL FUND AND ETF ONLY \$57.3 MILLION



Excludes Children's Health Insurance Program and Children First Trust Fund

### PUBLIC HEALTH FUNDING HISTORY

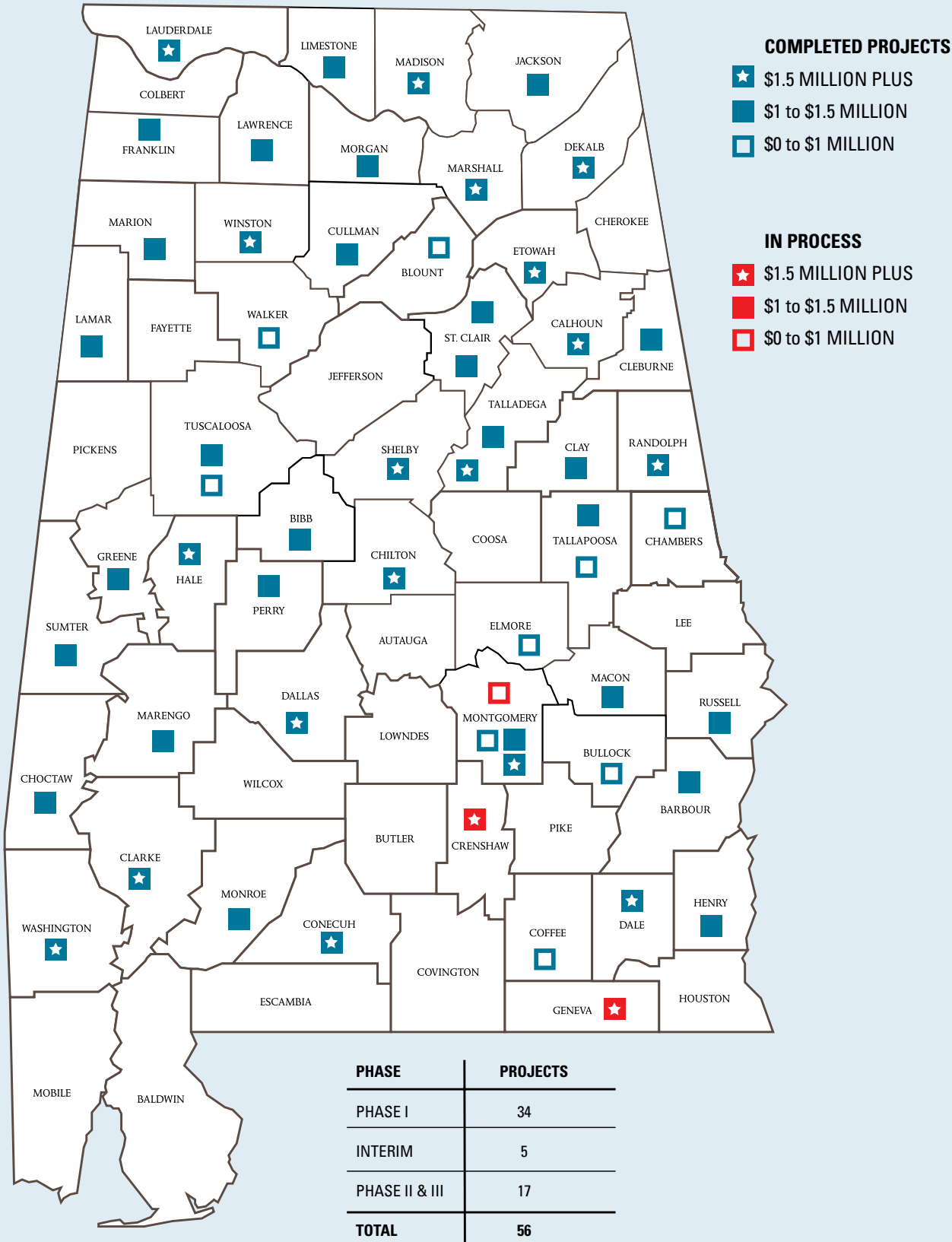


FISCAL YEAR	2005	2006	2007	2008	2009
STATE	55.7	60.8	75.5	72.7	60.7
FEDERAL	197.7	225.7	242.4	266.8	258.3
LOCAL	8.0	9.3	11.2	11.2	12.8
REIMB	138.2	135.1	154.9	181.1	194.9

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

BUREAU OF FINANCIAL SERVICES

ALABAMA PUBLIC HEALTH CARE AUTHORITY PROJECTS



## 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 2009, 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. Nine of the 11 public health areas received audit services. Activities in 41 county health departments were reviewed.

### ACTIVITIES CONDUCTED IN 2009 COMPARED TO 2008

	2009	2008
<b>FINANCIAL / ADMINISTRATIVE AUDITS</b>	<b>29</b>	<b>25</b>
<b>PROPERTY AUDITS</b>	<b>29</b>	<b>25</b>
<b>FEDERAL PROGRAM AUDITS</b>		
<b>County Health Departments</b>	<b>24</b>	<b>29</b>
<b>External WIC sites</b>	<b>0</b>	<b>3</b>
<b>WIC Training Center site</b>	<b>0</b>	<b>1</b>
<b>STATE LEVEL PROJECTS</b>	<b>5</b>	<b>10</b>

## OFFICE OF HUMAN RESOURCES

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

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

### Service Activities

- Conducted training for 287 supervisors at various locations, including the Alabama Public Library Service in Montgomery, Tuscaloosa County Health Department, and Morgan County Health Department.
- Conducted Interview and Selection training for 13 supervisors.
- Conducted Performance Appraisal training for 86 supervisors.
- Conducted Positive Discipline training for 55 supervisors.
- Conducted two new training programs: Family Medical Leave Act (FMLA) training for 87 supervisors and Overview of the HR Process training for 46 supervisors.
- Revised the Employee Orientation Checklist and the Employee Handbook by expanding content of some topics to reduce the number of separate human resources' policies.
- Revised FMLA Policy and developed checklists to assist supervisors in determining if an employee is eligible for FMLA leave and if FMLA applies to the leave request.
- Revised Americans with Disabilities Act (ADA) Employment Policy.
- Coordinated statewide participation in 21 recruitment events.
- Was awarded a \$30,000 grant by the ASPH/CDC Cooperative Agreement titled Science Careers: Making a Difference in Public Health.
- Processed two requests for educational leave.

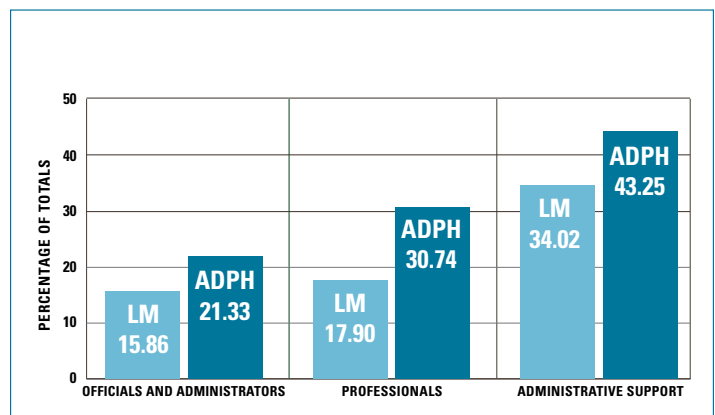
### PERSONNEL ACTIONS PROCESSED

<b>Merit New Hires</b>	<b>163</b>
<b>Promotions</b>	<b>114</b>
<b>Dismissals</b>	<b>19</b>
<b>Retirements</b>	<b>81</b>
<b>Transfers Out</b>	<b>14</b>
<b>Other Separations</b>	<b>130</b>
<b>Employee Assistance Program Referrals</b>	<b>53</b>
<b>Hours of Leave Donations</b>	<b>11,155</b>
<b>Annual Appraisals</b>	<b>3,172</b>
<b>Probationary Appraisals</b>	<b>351</b>

### ALABAMA DEPARTMENT OF PUBLIC HEALTH EMPLOYEES 2008 VS. 2009

CATEGORY	AS OF DEC. 2008	AS OF DEC. 2009
<b>Officials/Administrators</b>	<b>1,011</b>	<b>994</b>
<b>Professionals</b>	<b>1,027</b>	<b>1,015</b>
<b>Technicians</b>	<b>139</b>	<b>139</b>
<b>Protective Service Workers</b>	<b>6</b>	<b>6</b>
<b>Paraprofessionals</b>	<b>237</b>	<b>233</b>
<b>Admin. Support/Clerical</b>	<b>903</b>	<b>904</b>
<b>Skilled Craft</b>	<b>3</b>	<b>3</b>
<b>Service – Maintenance</b>	<b>58</b>	<b>61</b>
<b>OVERALL TOTALS*</b>	<b>3,384</b>	<b>3,355</b>
<b>Turnover Rates</b>	<b>7.89%</b>	<b>6.14%</b>

\* Excludes Form 8 and contract employees  
937 – Form 8 employees as of 10/31/2009  
562 – Contract employees as of 12/16/2009



## 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 (CHIP)



# ALABAMA DEPARTMENT OF PUBLIC HEALTH

## MAILING/STREET ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS, ADMINISTRATORS JANUARY 2010

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	Box 929, Tuscumbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
Don Cardwell, Area Adm.	Box 929, Tuscumbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
<b>COLBERT-</b>				
Karen M. Landers, M.D., AHO	Box 929, Tuscumbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
Don Cardwell, Area Adm.	Box 929, Tuscumbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
NW AL REGIONAL H H OFFICE	Box 929, Tuscumbia 35674-0929	256-383-1234	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
<b>FRANKLIN-</b>				
Karen M. Landers, M.D., AHO	Box 100, Russellville 35653-0100	256-332-2700	332-1563	801 Highway 48, Russellville 35653
Don Cardwell, Area Adm.	Box 100, Russellville 35653-0100	256-332-2700	332-1563	801 Highway 48, Russellville 35653
<b>LAUDERDALE-</b>				
Karen M. Landers, M.D., AHO	Box 3569, Florence 35630	256-764-7453	764-4185	4112 Chisholm Rd., Florence 35630
Don Cardwell, Area Adm.	Box 3569, Florence 35630	256-764-7453	764-4185	4112 Chisholm Rd., Florence 35630
<b>MARION-</b>				
Karen M. Landers, M.D., AHO	Box 158, Hamilton 35570-0158	205-921-3118	921-7954	2448 Military St. South, Hamilton 35570
Don Cardwell, Area Adm.	Box 158, Hamilton 35570-0158	205-921-3118	921-7954	2448 Military St. South, Hamilton 35570
HOME HEALTH OFFICE	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	Box 3207, Jasper 35502-3207	205-221-9775	221-8810	705 20th Avenue East, Jasper 35501
Don Cardwell, Area Admin.	Box 3207, Jasper 35502-3207	205-221-9775	221-8810	705 20th Avenue East, Jasper 35501
<b>WINSTON-</b>				
Karen M. Landers, M.D., AHO	Box 1029, Double Springs 35553-1029	205-489-2101	489-2634	110 Legion Rd., Double Springs 35553
Don Cardwell, Area Adm.	Box 1029, Double Springs 35553-1029	205-489-2101	489-2634	110 Legion Rd., Double Springs 35553
HOME HEALTH OFFICE	Box 1029, Double Springs 35553-1029	205-489-5500	486-5520	110 Legion Rd., Double Springs 35553
LIFE CARE OFFICE	Box 1029, Double Springs 35553-1029	205-489-5506	489-5513	110 Legion Rd., Double Springs 35553
<b>PUBLIC HEALTH AREA 2</b>				
Judy Smith, Area Adm.	Box 1628, Decatur 35602-1628	256-340-2113	353-4432	201 Gordon Drive, S.E., Decatur 35601
<b>CULLMAN-</b>				
Bart Crabtree, Asst. Area Adm.	Box 1678, Cullman 35056-1678	256-734-1030	737-9646	601 Logan Ave., S.W., Cullman 35055
HOME HEALTH OFFICE	Box 1086, Cullman 35056-1086	256-734-0258	734-1840	601 Logan Ave., S.W., Cullman 35055
ENVIRONMENTAL OFFICE	Box 1678, Cullman 35056-1678	256-734-0243	737-9236	601 Logan Ave., S.W., Cullman 35055
LIFE CARE OFFICE	Box 1086, Cullman 35056-1806	256-775-8568	734-6345	601 Logan Ave., S.W., Cullman 35055
<b>JACKSON-</b>				
Judy Smith, Area Adm.	Box 398, Scottsboro 35768-0398	256-259-4161	259-1330	204 Liberty Ln., Scottsboro 35769-4133
HOME HEALTH OFFICE	Box 398, Scottsboro 35768-0398	256-259-3694	574-4803	204 Liberty Ln., Scottsboro 35769-4133
ENVIRONMENTAL OFFICE	Box 398, Scottsboro 35768-0398	256-259-5882	259-5886	204 Liberty Ln., Scottsboro 35769-4133
<b>LAWRENCE-</b>				
Bart Crabtree, Asst. Area Adm.	Box 308, Moulton 35650-0308	256-974-1141	974-5587	13299 Alabama Hwy. 157, Moulton 35650
HOME HEALTH OFFICE	Box 308, Moulton 35650-0308	256-974-7076	974-7073	13299 Alabama Hwy. 157, Moulton 35650
ENVIRONMENTAL OFFICE	Box 308, Moulton 35650-0308	256-974-8849	974-7073	13299 Alabama Hwy. 157, Moulton 35650
<b>LIMESTONE-</b>				
Bart Crabtree, Asst. Area Adm.	20371 Clyde Mabry Dr., Athens 35611	256-232-3200	232-6632	20371 Clyde Mabry Dr., Athens 35611
HOME HEALTH OFFICE	20371 Clyde Mabry Dr., Athens 35611	256-230-0434	230-9289	20371 Clyde Mabry Dr., Athens 35611
<b>MADISON-</b>				
Lawrence L. Robey, M.D., LHO	Box 17708, Huntsville 35810-7708	256-539-3711	536-2084	301 Max Luther Drive, Huntsville 35811
ENVIRONMENTAL OFFICE	Box 17708, Huntsville 35810-7708	256-539-3711	535-6545	301 Max Luther Drive, Huntsville 35811
<b>MARSHALL-</b>				
Judy Smith, Area Adm.	Drawer 339, Guntersville 35976	256-582-3174	582-3548	150 Judy Smith Dr., Guntersville 35976
HOME HEALTH OFFICE	Drawer 978, Guntersville 35976	256-582-8425	582-0829	150 Judy Smith Dr., Guntersville 35976
ENVIRONMENTAL OFFICE	Drawer 339, Guntersville 35976	256-582-4926	505-0480	150 Judy Smith Dr., Guntersville 35976
WIC CLINIC	Drawer 339, Guntersville 35976	256-582-7381	582-3548	150 Judy Smith Dr., Guntersville 35976
<b>MORGAN-</b>				
Judy Smith, Area Adm.	Box 1628, Decatur 35602-1628	256-353-7021	353-7901	510 Cherry St., N.E., Decatur 35602
HOME HEALTH OFFICE	Box 2105, Decatur 35602-2105	256-306-2400	353-6410	201 Gordon Dr., S.E., Ste. 107, Decatur 356
ENVIRONMENTAL OFFICE	Box 1866, Decatur 35602-1866	256-340-2105	353-7901	510 Cherry St., N.E., Decatur 35602
WIC CLINIC	Box 1628, Decatur 35602-1628	256-560-0611	355-0345	510 Cherry St., N.E., Decatur 35602
<b>PUBLIC HEALTH AREA 3</b>				
Albert T. White, Jr., M.D., AHO	Box 70190, Tuscaloosa 35407	205-562-6900	556-2701	2350 Hargrove Rd., E., Tuscaloosa 35405
Tammy Yager, Area Adm.	Box 70190, Tuscaloosa 35407	205-554-4500	556-2701	2350 Hargrove Rd., E., Tuscaloosa 35405
HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	2350 Hargrove Rd., E., Tuscaloosa 35405
<b>BIBB -</b>				
Tammy Yager, Area Adm.	Box 126, Centreville 35042-1207	205-926-9702	926-6536	281 Alexander Ave., Centreville 35042
HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	2350 Hargrove Rd. E., Tuscaloosa 35405
<b>FAYETTE-</b>				
Tammy Yager, Area Adm.	Box 340, Fayette 35555	205-932-5260	932-3532	211 First St., N.W., Fayette 35555
HOME HEALTH OFFICE	Box 548, Vernon 35592	205-695-6916	695-9100	300 Springfield Rd., Vernon 36692
<b>GREENE-</b>				
Tammy Yager, Area Adm.	Box 269, Eutaw 35462-0269	205-372-9361	372-9283	412 Morrow Ave., Eutaw 35462-1109
HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	2350 Hargrove Rd., E., Tuscaloosa 35405
<b>LAMAR-</b>				
Tammy Yager, Area Adm.	Box 548, Vernon 35592-0548	205-695-9195	695-9214	300 Springfield Rd., Vernon 36692
HOME HEALTH OFFICE	Box 548, Vernon 35592-0548	205-695-6916	695-9100	300 Springfield Rd., Vernon 36692
<b>PICKENS-</b>				
Tammy Yager, Area Adm.	Box 192, Carrollton 35447-9599	205-367-8157	367-8374	Hospital Drive, Carrollton 35447-9599
HOME HEALTH OFFICE	Box 548, Vernon 35592	205-695-6916	695-9100	300 Springfield Rd., Vernon 36692
<b>TUSCALOOSA-</b>				
Tammy Yager, Area Adm.	Box 70190, Tuscaloosa 35407	205-562-6900	759-4039	2350 Hargrove Rd. E., Tuscaloosa 35405
HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	2350 Hargrove Rd. E., Tuscaloosa 35405
ENVIRONMENTAL OFFICE	Box 70190, Tuscaloosa 35407	205-554-4540	556-2701	2350 Hargrove Rd. E., Tuscaloosa 35405

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 EASTERN HEALTH CENTER MORRIS HEALTH CENTER WEST END 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 601 West Boulevard, Birmingham 35206-1300 Box 272, Morris 35116-0272 1308 Tuscaloosa Ave. S.W., Birmingham 35211 1700 Ave. E, Ensley, Birmingham 35218	205-933-9110 205-930-1500 205-930-1510 205-497-9300 205-933-9110 205-591-5180 205-933-4242 205-715-6121 205-788-3321	930-0243 930-0243 930-1576 497-3913 930-1350 510-3475 647-0561 715-6173 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 601 West Boulevard, Birmingham 35206-1300 590 Morris Majestic Rd., Morris 35116-1246 1308 Tuscaloosa Ave. S.W., Birmingham 35211 1700 Ave. E, Ensley, Birmingham 35218
<b>PUBLIC HEALTH AREA 5</b> Mary Gomillion, Area Adm. <b>BLOUNT--</b> Mark Johnson, Asst. 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> Mark Johnson, Asst. Area Adm. HOME HEALTH OFFICE LIFE CARE OFFICE  <b>ST. CLAIR--</b> Mark Johnson, Asst. Area Adm. HOME HEALTH OFFICE LIFE CARE OFFICE  Satellite Clinic (Wednesday only) <b>SHELBY--</b> Mark Johnson, Asst. 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  709 East Broad St., Gadsden 35903 709 East Broad St., Gadsden 35903 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 1-888-469-8806 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  709 East Broad St., Gadsden 35903 709 East Broad St., Gadsden 35903 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> Mary Gomillion, Area Adm. HOME CARE OFFICE <b>CALHOUN--</b> Mary Gomillion, Area Adm. ENVIRONMENTAL OFFICE HOME HEALTH OFFICE <b>CHAMBERS--</b> Ava Rozelle, Asst. Area Adm. <b>CLAY--</b> Mark Johnson, Asst. Area Adm. HOME HEALTH OFFICE <b>CLEBURNE--</b> Mary Gomillion, Area Adm. <b>COOSA--</b> Ava Rozelle, Asst. Area Adm. <b>RANDOLPH--</b> Mark Johnson, Asst. Area Adm. HOME HEALTH OFFICE <b>TALLADEGA--</b> Ava Rozelle, Asst. Area Adm. HOME HEALTH OFFICE SYLACAUGA CLINIC <b>TALLAPOOSA--</b> Ava Rozelle, Asst. Area Adm. DADEVILLE CLINIC	818 Leighton Ave., Anniston 36207 311 North Elm Ave., Sylacauga 35150  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  Box 36, Heflin 36264-0036  Box 219, Rockford 35136-0219  320 Main St., Roanoke 36274 320 Main St., Roanoke 36274  P.O. Box 455, Talladega, AL 35161 311 North Elm Ave., Sylacauga 35150 311 North Elm Ave., Sylacauga 35150  2078 Sportplex Blvd., Alexander City 35010 220 W. LaFayette St., Dadeville 36853	256-237-1896 256-249-4893  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  256-362-2593 256-249-4893 256-249-3807  256-329-0531 256-825-9203	240-2615 208-0886  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	818 Leighton Ave., Anniston 36207 311 North Elm Ave., Sylacauga 35150  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 35136-0219  320 Main St., Roanoke 36274 320 Main 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 220 W. LaFayette St., Dadeville 36853

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 7</b> Jackie R. Holliday, Area Adm.	Box 480280, Linden 36748-0280	334-295-1000	295-0006	303 Industrial Drive, Linden 36748-0280
<b>CHOCTAW--</b> Jackie R. Holliday, 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 LIFE CARE OFFICE	100 Sam O. Moseley Dr., Selma 36701 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 334-872-1421	875-7960 872-0279 872-4948 872-0279	100 Sam O. Moseley Dr., Selma 36701 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	670 Hall St., Greensboro 36744 670 Hall St., Greensboro 36744
<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> Jackie R. Holliday, 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 334-295-4205	295-0124 295-0617 295-0124	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.) LIFE CARE SATELLITE OFFICE	Box 119, Marion 36756-0119 Box 119, Marion 36756-0119 Box 119, Marion 36756-0119 Box 119, Marion 36756-0119	334-683-6153 334-683-6153 334-628-6226 334-683-8084	683-4509 683-4509 628-3018 683-4509	Rt. 2 Box 4-G, Hwy. 45 South, Marion 36756-0119 Rt. 2 Box 4-G, Hwy. 45 South, Marion 36756-0119 200 North St., Uniontown 36786 Rt. 2 Box 4-G, Hwy. 45 South, Marion 36756-0119
<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	107 Union St., Camden 36726-0547 107 Union St., 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> James R. Martin, Area Adm.	2500 Fairlane Dr., Building 2, Suite 200 Montgomery 36116	334-277-8464	244-1592	2500 Fairlane Dr., Building 2, Suite 200, Montgomery 36116
<b>AUTAUGA--</b> James R. Martin, 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.	Annex,103 Conecuh Ave., W., Union Springs 36089	334-738-3030	738-3008	103 Conecuh Ave., W., Union Springs 36089
<b>CHILTON--</b> James R. Martin, Area Adm. LIFE CARE OFFICE	P.O. Box 1778, Clanton 35046 P.O. Box 1778, Clanton 35046	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> James Martin, Area Adm.	6501 U.S. Hwy 231, Wetumpka 36092	334-567-1171	567-1186	6501 U.S. Hwy 231, Wetumpka 36092
<b>LEE--</b> Connie King, Asst. 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> Connie King, 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 Martin, 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 293-6410 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> Johnny Burell, Asst. Area Adm. HOME HEALTH OFFICE	1850 Crawford Rd., Phenix City 36867 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, Robertsedale 36567	251-947-6206	947-6262	23280 Gilbert Dr., Robertsedale 36567
<b>BALDWIN–</b>				
Ruth Underwood Area Adm.	Box 369, Robertsedale 36567-0369	251-947-1910	947-5703	23280 Gilbert Dr., Robertsedale 36567
ENVIRONMENTAL OFFICE	Box 369, Robertsedale 36567-0369	251-947-3618	947-3557	22251 Palmer St., Robertsedale 36567
BAY MINETTE BRANCH	312 Cthouse Sq., Ste. #29, Bay Minette 36507	251-937-6935	937-0391	212 Courthouse Square, Bay Minette 36507
<b>BUTLER–</b>				
Ziba M. Anderson, Asst. Area Adm.	Box 339, Greenville 36037	334-382-3154	382-3530	350 Airport Rd., Greenville 36037
GEORGIANA SATELLITE (Open Tues only)	Box 339, Greenville 36037	334-376-0776		Jones Street, Georgiana 36033
<b>CLARKE–</b>				
Ricky Elliott, Asst. Area Admin.	Box 477, Grove Hill 36451	251-275-3772	275-8066	22600 Hwy. 84 E., Grove Hill 36451
ENVIRONMENTAL OFFICE	Box 477, Grove Hill 36451	251-275-4177	275-8066	22600 Hwy. 84 E., Grove Hill 36451
<b>CONECUH–</b>				
Ricky Elliott, Asst. Area Adm.	102 Wild Ave., Evergreen 36401	251-578-1952	578-5566	102 Wild Ave., Evergreen 36401
HOME HEALTH OFFICE	102 Wild Ave., Evergreen 36401	251-578-5265	578-5679	102 Wild Ave., Evergreen 36401
ENVIRONMENTAL OFFICE	102 Wild Ave., Evergreen 36401	251-578-9729	578-5566	102 Wild Ave., Evergreen 36401
<b>COVINGTON–</b>				
Ziba M. Anderson, Asst. Area Adm.	23989 Alabama Hwy. 55, Andalusia 36420	334-222-1175	222-1560	23989 Alabama Hwy. 55, Andalusia 36420
OPP SATELLITE (Open Tues. Only)	23989 Alabama Hwy. 55, Andalusia 36420	334-493-9459		108 N. Main Street, Opp 36467
LIFE CARE OFFICE	23989 Alabama Hwy. 55, Andalusia 36420	334-222-5970	222-1560	23989 Alabama Hwy. 55, Andalusia 36420
ENVIRONMENTAL OFFICE	23989 Alabama Hwy. 55, Andalusia 36420	334-222-1585	222-1560	23989 Alabama Hwy. 55, Andalusia 36420
<b>ESCAMBIA–</b>				
Ricky Elliott, Asst. Area Adm.	1115 Azalea Place, Brewton 36426	251-867-5765	867-5179	1115 Azalea Place, Brewton 36426
ENVIRONMENTAL OFFICE	1115 Azalea Place, Brewton 36426	251-867-5765	867-5179	1115 Azalea Place, Brewton 36426
ATMORE BRANCH	8600 Hwy. 31 N., Suite 17, Atmore 36502	251-368-9188	368-9189	8600 Hwy. 31 N, Suite 17, Atmore 36502
<b>MONROE–</b>				
Ricky Elliott, Asst. Area Adm.	416 Agricultural Dr., Monroeville 36460	251-575-3109	575-7935	416 Agricultural Drive, Monroeville 36460
HOME HEALTH OFFICE	416 Agricultural Dr., Monroeville 36460	251-575-2980	575-2144	416 Agricultural Drive, Monroeville 36460
ENVIRONMENTAL OFFICE	416 Agricultural Dr., Monroeville 36460	251-575-7034	575-7935	416 Agricultural Drive, Monroeville 36460
LIFE CARE OFFICE	416 Agricultural Dr., Monroeville 36460	251-575-9184	575-2144	416 Agricultural Drive, Monroeville 36460
<b>WASHINGTON–</b>				
Ruth Underwood, Area Adm.	Box 690, Chatom 36518	251-847-2245	847-3480	14900 St. Stephens Ave., Chatom 36518
HOME HEALTH OFFICE	Box 690, Chatom 36518	251-847-2257	847-3299	14900 St. Stephens Ave., Chatom 36518
ENVIRONMENTAL OFFICE	Box 690, Chatom 36518	251-847-2245	847-3480	14900 St. Stephens Ave., Chatom 36518
LIFE CARE OFFICE	Box 690, Chatom 36518	251-847-3071	847-3299	14900 St. Stephens Ave., Chatom 36518
<b>PUBLIC HEALTH AREA 10</b>				
Peggy Blakeney, Area Adm.	P. O. Drawer 2087, Dothan 36301	334-792-9070	792-9071	1781 E. Cottonwood Rd., Dothan 36301
HEADLAND BRANCH	2 Cable St., Headland 36345-2136	334-693-2220	693-3010	2 Cable Street, Headland 36345-2136
<b>BARBOUR–</b>				
Ron Wheeler, Asst. Area Adm.	P. O. Box 238, Eufaula 36027-0238	334-687-4808	687-6470	634 School St., Eufaula 36027-2430
HOME HEALTH OFFICE	P. O. Box 217, Clio 36016-0217	334-775-9044	775-9129	39 Browder St., Clayton 36016
CLIO BRANCH OFFICE	1203 Bluesprings St., Clio 36017-2523	334-397-2223	397-0025	1203 Bluesprings St., Clio 36017-2523
CLAYTON BRANCH OFFICE	P.O. Box 217, Clio 36016-0217	334-775-8324	775-3432	39 Browder St., Clayton 36016
<b>COFFEE–</b>				
Peggy Blakeney, Area Adm.	2841 Neal Metcalf Rd., Enterprise 36330	334-347-9574	347-7104	2841 Neal Metcalf Rd., Enterprise 36330
HOME HEALTH OFFICE	2841 Neal Metcalf Rd., Enterprise 36330	334-347-9576	347-3124	2841 Neal Metcalf Rd., Enterprise 36330
<b>CRENSHAW–</b>				
Peggy Blakeney, Area Adm.	Box 326, Luverne 36049-0326	334-335-2471	335-3795	100 East 4th Street, Luverne 36049
<b>DALE–</b>				
Ron Wheeler, Asst. Area Adm.	532 West Roy Parker Rd., Ozark 36360	334-774-5146	774-2333	532 West Roy Parker Rd., Ozark 36360
<b>GENEVA–</b>				
Peggy Blakeney, Area Adm.	606 S. Academy St., Geneva 36340-2527	334-684-2259	684-3970	606 S. Academy St., Geneva 36340-2527
<b>HENRY–</b>				
Ron Wheeler, Asst. Area Adm.	P.O. Box 86, Abbeville 36310-0086	334-585-2660	585-3036	505 Kirkland St., Abbeville 36310-2736
<b>HOUSTON–</b>				
Peggy Blakeney, Area Adm.	Drawer 2087, Dothan 36302-2087	334-678-2800	678-2802	1781 E. Cottonwood Rd., Dothan 36301-5309
HOME HEALTH OFFICE	Drawer 2087, Dothan 36302-2087	334-678-2805	678-2808	1781 E. Cottonwood Rd., Dothan 36301-5309
ENVIRONMENTAL OFFICE	Drawer 2087, Dothan 36302-2087	334-678-2815	678-2816	1781 E. Cottonwood Rd., Dothan 36301-5309
<b>PIKE–</b>				
Ron Wheeler, Asst. Area Adm.	900 So. Franklin Dr., Troy 36081-3850	334-566-2860	566-8534	900 So. Franklin Dr., Troy 36081-3850
HOME HEALTH OFFICE	900 So. Franklin Dr., Troy 36081-3850	334-566-8002	670-0719	900 So. Franklin Dr., Troy 36081-3850
<b>PUBLIC HEALTH AREA 11</b>				
Bernard H. Eichold II, M.D., AHO	Box 2867, Mobile 36652-2867	251-690-8827	432-7443	251 N. Bayou St., Mobile 36603-1699
KEELER BUILDING, MAIN SITE	Box 2867, Mobile 36652-2867	251-690-8158	690-8853	251 N. Bayou St., Mobile 36603-1699
ENVIRONMENTAL SERVICES	Box 2867, Mobile 36652-2867	251-690-8895	432-7443	251 N. Bayou St., Mobile 36604
SOCIAL SERVICES	Box 2867, Mobile 36652-2867	251-690-8981	694-5004	251 N. Bayou St., Mobile 36604
WOMEN'S CENTER	Box 2867, Mobile 36652-2867	251-690-8935	690-8945	248 Cox St., Mobile 36604
SEMMES CLINIC	Box 2867, Mobile 36652-2867	251-445-0582	445-0579	3810 Wulff R., Semmes 36575
CALCEDEAVER CLINIC	Box 2867, Mobile 36652-2867	251-829-9884	829-9507	1080AA Red Fox Rd., Calcedaever 36560
CITRONELLE CLINIC	Box 2867, Mobile 36652-2867	251-866-9126	866-9121	19250 Mobile St., Citronelle 36522
EIGHT MILE CLINIC	Box 2867, Mobile 36652-2867	251-456-1399	456-0079	4547 St. Stephens Rd., Eight Mile 36663
TEEN CENTER	Box 2867, Mobile 36652-2867	251-694-3954	694-5023	248 Cox St., Mobile 36604
SCHOOL BASED CLINIC	Box 2867, Mobile 36652-2867	251-456-2276	456-2205	800 Whitley St., Plateau 36610
NEWBURN CLINIC	248 Cox St., Mobile 36604	251-405-4525	405-4521	248 Cox St., Mobile 36604
MOUNT VERNON CLINIC	Box 2867, Mobile 36652-2867	251-829-4882	829-4882	19180 Shepard Lake Rd., Mt. Vernon 36560

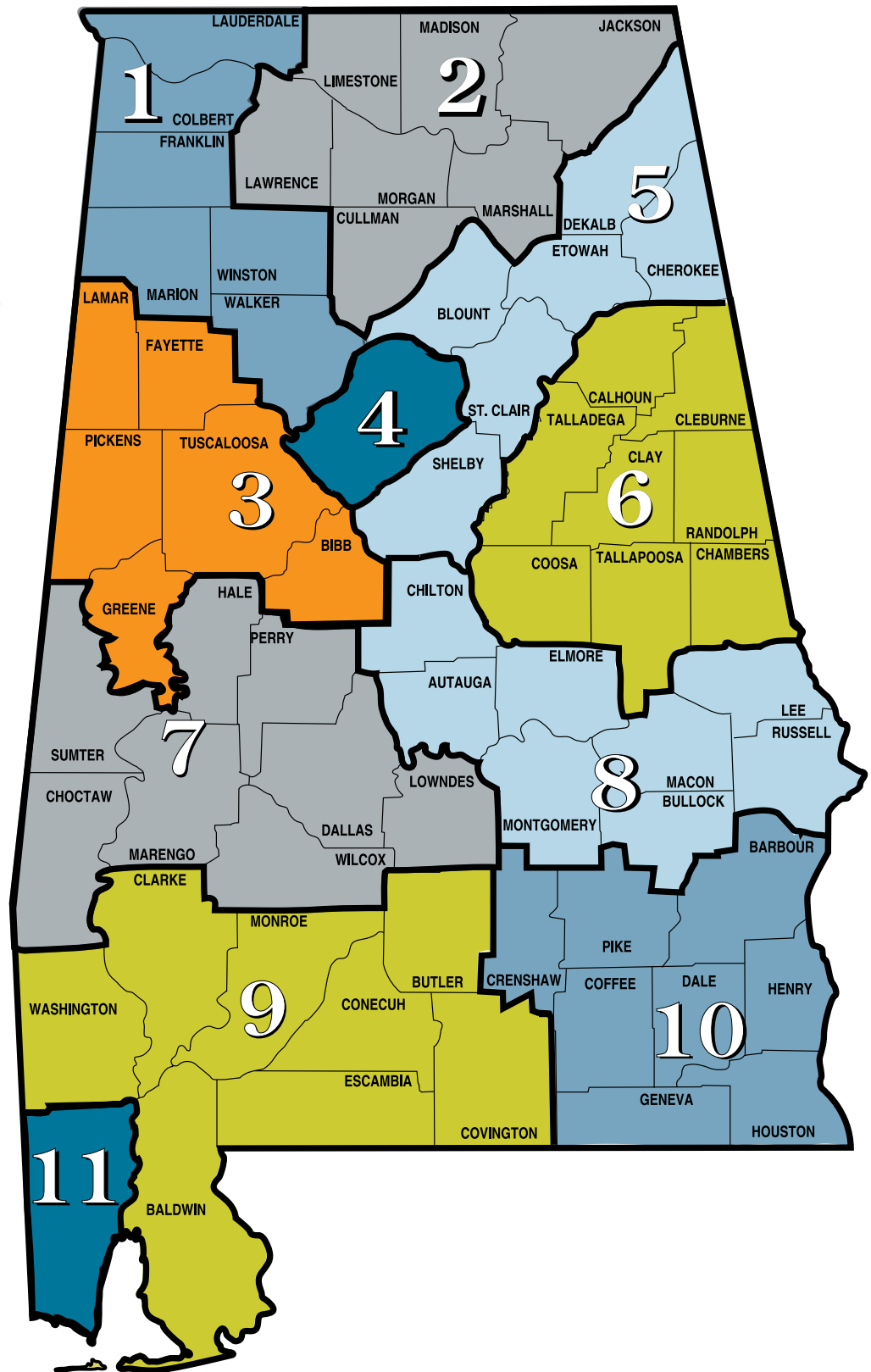
AHO–AREA HEALTH OFFICER, LHO–LOCAL HEALTH OFFICER

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.

# PUBLIC HEALTH AREA MAP

- PHA 1**  
 Karen Landers, M.D., Area Health Officer  
 Don Cardwell, Area Administrator  
 Box 929, Tuscumbia, AL 35674-0929  
 (256) 383-1231
- PHA 2**  
 Judy Smith, Area Administrator  
 Box 1628, Decatur, AL 35602-1628  
 (256) 340-2113
- PHA 3**  
 Albert T. White, Jr., M.D., Area Health Officer  
 Tammy Yager, Area Administrator  
 Box 70190, Tuscaloosa, AL 35407  
 (205) 554-4500
- PHA 4**  
 Michael Fleenor, M.D., Area Health Officer  
 Gwen Veras, Area Administrator  
 Box 2648, Birmingham, AL 35202-2648  
 (205)-930-1500
- PHA 5**  
 Mary Gomillion, Area Administrator  
 Box 267, Centre, AL 35960  
 (256) 927-7000
- PHA 6**  
 Mary Gomillion  
 Area Administrator  
 818 Leighton Ave., Anniston, AL 36207  
 (256) 237-1896
- PHA 7**  
 Jackie Holliday, Area Administrator  
 Box 480280, Linden, AL 36748-0280  
 (334) 295-1000
- PHA 8**  
 James Martin, Area Administrator  
 2500 Fairlane Dr., Bldg. 2, Ste. 200  
 Montgomery, AL 36116  
 (334) 277-8464
- PHA 9**  
 Ruth Underwood, Area Administrator  
 Box 1227, Robertsedale, AL 36567  
 (251) 947-6206
- PHA 10**  
 Peggy Blakeney, Area Administrator  
 Drawer 2087, Dothan, AL 36301  
 (334) 792-9070
- PHA 11**  
 Bernard H. Eichold, II, M.D.  
 Area Health Officer  
 Box 2867, Mobile, AL 36652-2867  
 (251) 690-8827





# ALABAMA DEPARTMENT OF PUBLIC HEALTH

STATE GOVERNMENT

STATE BOARD OF HEALTH

STATE COMMITTEE OF PUBLIC HEALTH

STATE HEALTH OFFICER  
Donald E. Williamson, MD

Staff Assistant  
Kathy Vincent, MSW, LCSW

Office of Program Integrity  
Debra Thrash, CPA, CIA

Bureau of Environmental Services  
William P. Allinder, PE, PLS  
Community Environmental Protection  
Food/Milk/Lodging Training & Program Development

Office of Facilities Management  
Victor Hunt, BArch  
Technical Services

General Counsel  
John R. Wible, JD

Office of Human Resources  
Sandra Wood, SPHR

Office of Radiation Control  
James McNees, M.S., CHP

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Office of Women's Health  
Pharmacy  
Social Work  
Workforce Development/Training

Bureau of Home & Community Services  
Grover Wedgeworth, RN, MPH  
Billing & Support Services  
Budget & Personnel  
Community Services  
Compliance & Contracts  
Home Health Care

Bureau of Children's Health Insurance  
Cathy Caldwell, MPH

Assistant State Health Officer for Disease Control & Prevention  
Charles H. Woernle, MD, MPH

Bureau of Health Provider Standards  
Rick Harris, JD  
Health Care Facilities  
Managed Care Compliance  
Provider Services

Assistant State Health Officer for Personal & Community Health  
Thomas M. Miller, MD, MPH

Public Health Areas  
Area Health Officers/  
Area Administrators

County Health Departments

Public Health Administrative Officer  
Rauben E. Davidson, III, MPA

Assistant State Health Officer for Emergency Response  
Vacant

Bureau of Clinical Laboratories  
Sharon P. Massingale, PhD, HCLD  
Administrative  
Support Services  
Clerical  
Clinical Chemistry  
Metabolic  
Microbiology  
Quality Assurance  
Respiratory Disease  
Sanitary Bacteriology/Media  
Birmingham Microbiology  
Birmingham Serology  
Mobile

Bureau of Communicable Disease  
Charles H. Woernle, MD, MPH  
Administration  
Epidemiology  
HIV/AIDS Prevention & Control  
Immunization  
STD Control  
Tuberculosis Control

Bureau of Health Promotion & Chronic Disease  
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Administration  
Chronic Disease Prevention  
Health Marketing  
Public Information  
Tobacco Prevention  
Video Communications

Bureau of Family Health Services  
Thomas M. Miller, MD, MPH  
Administration  
Breast & Cervical Cancer  
Child Health  
Consultants  
Newborn Screening  
WIC  
Women's Health

Center for Health Statistics  
Cathy Molchan Donald, MBA  
Administrative Services  
Quality Assurance  
& Registration  
Record Services  
Special Services  
Statistical Analysis

Bureau of Financial Services  
Rueben E. Davidson, III, MPA  
Acting Director

Bureau of Information Technology  
John Heitman, MS  
Database Administration  
Logistics  
Project Mgt. Support  
Systems Development & Integration  
Technical Support

Office of Emergency Medical Services & Trauma  
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Center for Emergency Preparedness  
Andy Mullins

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State Health Officer

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