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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 135 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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The Honorable Robert Bentley
Governor of Alabama
State Capitol
Montgomery, Alabama 36130

Dear Governor Bentley:

I am pleased to present the 2010 Annual Report of the Alabama Department of Public Health. The year 2010 was marked by both successes and challenges for the Department. Despite the state experiencing one of the worst economic environments since the Great Depression, we were able to continue to provide critical public health services to our citizens, respond to a devastating oil spill, and advocate healthy lifestyle changes for Alabamians.

Noteworthy this past year was the achievement of milestones in the state's infant mortality and tuberculosis (TB) case rates. The infant mortality rate was the lowest ever recorded at 8.2 deaths per 1,000 live births. We must remain committed to initiatives that improve our infant mortality rate including encouraging adequate prenatal care and reducing tobacco usage during pregnancy. The state's TB rate also decreased to its lowest level ever. In the past 40 years Alabama has seen a greater than 85 percent decline in cases, from 1,166 to only 146 in 2010.

Because of ALL Kids, Alabama's Children's Health Insurance Program, less than 7 percent of our children are uninsured. Total enrollment, as of September 2010, was 75,842, marking seven consecutive months of record enrollment. Since its inception, ALL Kids has provided coverage for more than 267,600 children of low-income working parents.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutrition education, breastfeeding education, and supplemental nutritious foods to pregnant, breastfeeding, and postpartum women; infants; and children up to age 5. This past year, WIC served an average of 145,001 participants per month, which included approximately 33,052 women, 37,508 infants, and 74,441 children. Over \$106 million of WIC foods were purchased statewide in retail grocery stores, representing a significant economic impact for Alabama.

Last year, the Department was among the various state agencies that responded to the Deepwater Horizon oil spill. From April to August, staff from the Department's Center for Emergency Preparedness were stationed at the State Forward Operations Center in Mobile. The staff served as liaisons to other state agencies and federal partners, coordinated health messaging, and facilitated town hall meetings related to beach monitoring, air quality, and seafood safety. Staff also collaborated with subject matter experts and worked closely within the incident command to protect the citizens of Alabama by educating them on potential health effects of the oil spill and addressing unnecessary fears. Employees participated in surveillance for oil spill related health effects, and provided training and education to health care providers, emergency room staff, and hospitals. The most commonly reported symptoms were respiratory illness and skin irritation.



In early 2010, staff continued to address H1N1 2009 influenza, which had caused death and widespread illness throughout the state during the previous year. Influenza vaccine was distributed to health care providers, pharmacies, and health departments in every county in Alabama. H1N1 influenza vaccinations were also offered to school children throughout the state in school-based initiatives.

There were other ongoing challenges during 2010. Our state consistently ranks among the top five states in obesity. Scale Back Alabama, a statewide program sponsored through a public-private partnership, is an initiative created to call attention to this issue. Since the first competition in 2007, Scale Back Alabama participants have lost more than 615,929 pounds. The program is designed to encourage Alabamians to get healthier by losing weight and increasing exercise and has expanded from a worksite wellness program into a community-supported competition. January 2010 marked the first year for a Scale Back Alabama Schools competition for faculty and staff. School teams successfully finishing the program were eligible to win physical activity supplies.

According to the 2009 Sexually Transmitted Disease (STD) Surveillance Report released by the Centers for Disease Control and Prevention, Alabama ranked fourth nationally in the rate of infection for primary and secondary syphilis, fourth for gonorrhea, fifth for chlamydia, and fifth for congenital syphilis. 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.

As the Department faces additional challenges in the upcoming year, we will continue to work diligently to address health concerns in the state and to ensure that all Alabamians receive quality health care, services, and information, regardless of social circumstances or the ability to pay.

Sincerely,

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



EPIDEMIOLOGY DIVISION

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. Branches within the division include Surveillance, Analysis and Reporting, Zoonotic, Infection Control, Toxicology, and Healthcare-Associated Infections. 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 health care 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 field surveillance staff (FSS), health care professionals, and the general public regarding communicable diseases and other areas of public health importance. The branch conducts surveillance for 44 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 the surveillance conducted by the branch concerns notifiable communicable diseases, the 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. The branch provides support and works closely to coordinate and advise the FSS. Surveillance Branch staff and FSS also provide educational information and assistance

to local communities. Further, the Surveillance Branch has been tasked with recruiting physicians to participate in a year-round influenza surveillance network.

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 the Centers for Disease Control and Prevention (CDC), and monitor disease trends. The Analysis and Reporting Branch and the Surveillance Branch work hand-in-hand to monitor and protect the citizens of Alabama from disease outbreaks and other events of public health concern. Highlights of major activities for both branches are provided below.

Local Outbreak Response

Since December 2009, the Epidemiology Division has investigated 17 outbreaks from 9 public health areas within the state. Three of these outbreaks were waterborne: one was a Norovirus outbreak affecting a group of approximately 300 home-schooled children attending an end-of-the-year picnic at a state park featuring swimming in a lake. The other two were *Cryptosporidium* outbreaks associated with different recreational water parks. There were seven Norovirus outbreaks most likely spread by person-to-person contact, three in restaurant attendees, two in nursing home residents, one at a child's birthday party, and one at an elementary school. An outbreak of *Shigella* occurred in a separate elementary school. In addition, there were two *Salmonella* outbreaks in attendees of two separate banquets. Lastly, there were four outbreaks of unknown etiology.

Additional Events of Public Health Concern

During 2010, the Epidemiology Division participated in three CDC EPI-AID events. The division staff also provided surveillance for health effects due to the Deepwater Horizon oil spill, and the investigation of 42 multi-state clusters identified by PulseNet. One EPI-AID event involved a Community Assessment for Public Health Emergency Response (CASPER)

visit to assess the impact of a water shortage in two rural counties. The other two EPI-AID events involved an anhydrous ammonia leak and a community-based assessment of mental health effects attributed to the oil spill.

The Surveillance Branch staff assisted FSS in providing on-site training, education, and surveys to health care providers, emergency department staff, and infection preventionists during the oil spill response. Between May 14 and October 1, 2010, participating facilities reported 285 of 104,168 (0.27 percent) of patients with symptoms and exposure to oil. The most commonly reported symptoms were respiratory illness and skin irritation.

The Epidemiology Division assisted in multi-state disease cluster investigations by participating in conference calls, performing analyses on local cases, and interviewing Alabama cases with additional questionnaires per CDC's requests. Analysis and Reporting Branch epidemiologists

also provided de-identified information gathered during cluster reviews to provide to other involved states or the CDC to aid in identifying the sources of infection.

INFLUENZA

In 2010, the Epidemiology Division maintained year-round influenza surveillance. Alabama's influenza surveillance comprises several components:

- CDC's U.S. Outpatient Influenza-like Illness Network (ILINet): Eighty-five family practitioners, internists, pediatricians, and urgent care facilities within Alabama participated in ILINet, which provides the data directly to the state. Providers report the number of patients with influenza-like illness (ILI) by age group and the total number of patients seen each week. For the weekly percentage of provider visits for ILI, please see Figure 1.

PERCENTAGE OF VISITS FOR INFLUENZA-LIKE ILLNESS (ILI) REPORTED BY THE
US OUTPATIENT INFLUENZA-LIKE ILLNESS SURVEILLANCE NETWORK (ILINET),
ALABAMA SUMMARY 2010-11 AND PREVIOUS SEASONS

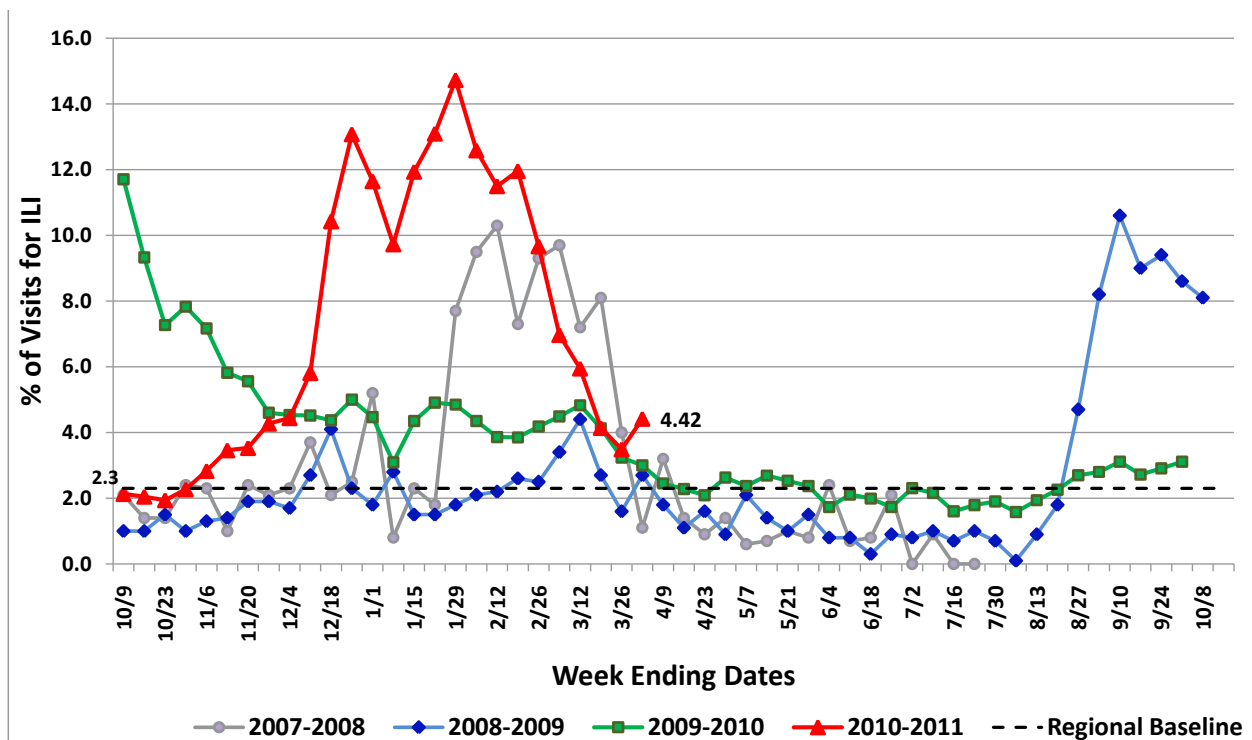


Figure 1: Percentage of Visits for Influenza-like Illness Reported by the ILINet and Subtypes of Influenza Specimens Received at the Bureau of Clinical Labs by Week Ending Date, Alabama 2006-10.

- Virologic Specimen Surveillance Network (SpeciNet): More than 100 emergency departments, family practitioners, internists, pediatricians, student health centers, and urgent care facilities agreed to submit specimens from a sampling of patients who presented with ILI. These virologic specimens are tested at the state's Bureau of Clinical Laboratories (BCL) to provide information about which types and subtypes of influenza are circulating in the state. During the 2009-10 influenza season (October 4, 2009 – May 22, 2010), BCL received 4,267 specimens, of which 1,518 (35.6 percent) tested positive for influenza. The breakdown of the subtypes identified are as follows:

Influenza A (H1N1)	1,503 (99.0%)
Influenza A (unable to subtype)	7 (0.5%)
Influenza A, H3	2 (0.1%)
Influenza A, H1	0 (0.0%)
Influenza B	6 (0.4%)

The weekly distribution of the subtypes of influenza specimens is shown in Figure 2.

- Poison Control Centers collaborated with the Epidemiology Division by providing de-identified call-in information on symptoms of ILI with onset, county of residence, physician of record, and care sought (if known). This information was shared weekly with FSS for follow-up and assessment of ILINet providers.
- Hospitalized Patients with ILI: During the 2009-10 influenza season, the department activated the Alabama Incident Management System (AIMS) to obtain information about the number of patients hospitalized with ILI to help the state assess the severity of the influenza in circulation. AIMS is a Web-based reporting system that allows hospitals to provide information pertinent to situational awareness, which was modified to accommodate information specific to ILI activity. This module captured bed capacity, ILI emergency visits, ILI hospital admissions, and influenza death data. The information

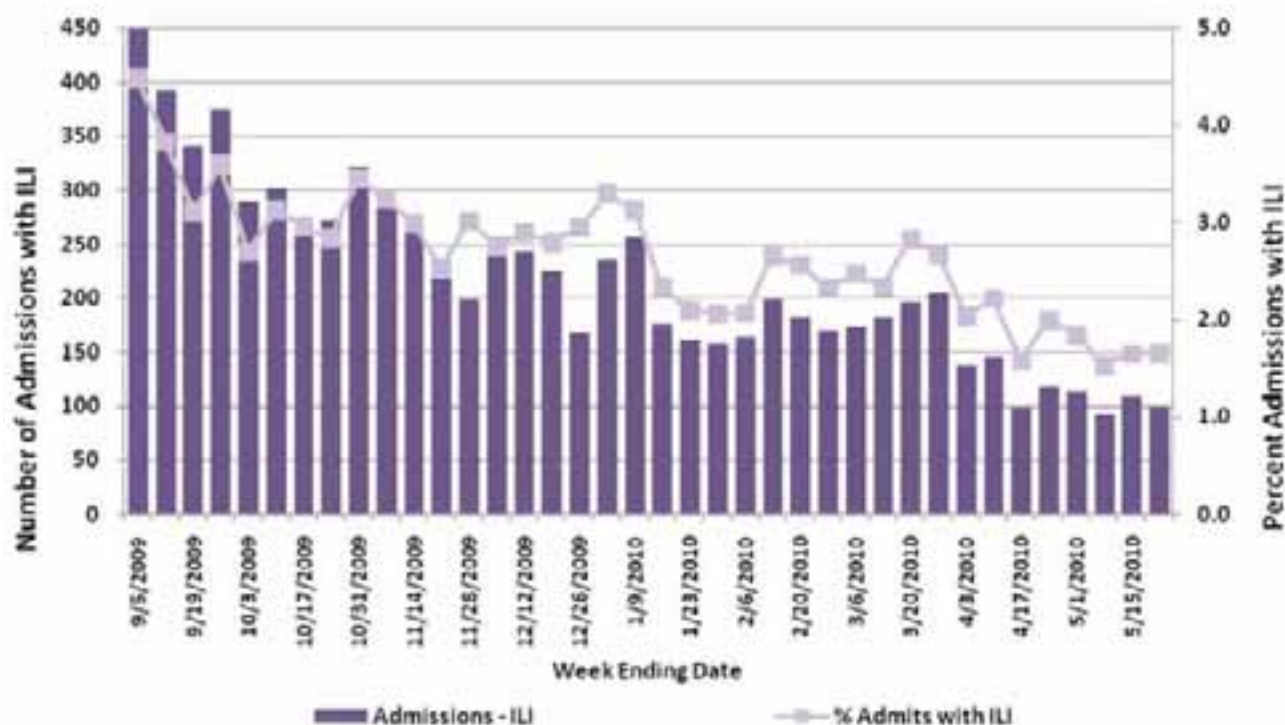


Figure 2. Number and Percent of Hospital Admissions with Influenza-like Illness, Totals by Week as Reported through AIMS, Alabama 2009-10

was updated daily by staff in 80 participating hospitals with the information for the preceding 24-hour period. Between August 30, 2009, and May 22, 2010, there were a total of 880,861 emergency visits of which 89,637 were ILI related. A total of 303,189 admissions occurred, of which 8,279 were ILI related.

- **Influenza Claims Billing Data:** The Analysis and Reporting Branch received claims data from Medicaid and Blue Cross and Blue Shield of Alabama (BCBSA) and analyzed the data to assess trends. The analysis suggested that due to its availability, high percentage of

population coverage, and similar patterns to established ILI surveillance strategies, the use of statewide ILI billing data was an effective tool to assess the burden of ILI, and should be explored as part of a comprehensive surveillance effort. This analysis was presented in the poster section at the Council of State and Territorial Epidemiologists (CSTE) annual meeting in Oregon in June 2010.

- **School Absenteeism Data:** The Alabama State Department of Education provided data to the Analysis and Reporting Branch for the monitoring of school absenteeism.

TABLE 1. SELECTED COMMUNICABLE DISEASE INCIDENCE 2006 THROUGH 2010 (AS OF 1/18/2011)

DISEASE	2006	2007*	2008	2009	2010±	5-year average
Arboviral – Dengue	2	5	2	1	4	3
Arboviral – Eastern equine encephalitis	0	1	1	0	0	<1
Arboviral – West Nile fever	2	7	7	0	2	4
Arboviral – West Nile encephalitis	5	14	11	0	1	6
Brucellosis	1	1	0	3	2	1
Campylobacteriosis	170	261	270	271	252	245
Cryptosporidiosis	72	125	74	68	163	100
E. coli O157:H7	32	67	66	47	56	54
Haemophilus influenzae, invasive	23	29	25	43	33	31
Hansen disease (Leprosy)	0	1	0	0	0	<1
Hemolytic Uremic Syndrome	2	7	5	6	5	5
Hepatitis A, acute	13	24	12	12	8	14
Hepatitis B, acute	92	128	109	81	66	95
Hepatitis C, acute	11	10	13	10	7	10
Histoplasmosis	21	35	8	7	5	16
Legionellosis	11	12	18	20	22	17
Listeriosis	7	8	4	14	6	8
Lyme disease	11	21	9	3	2	9
Malaria	9	7	5	9	9	8
Neisseria meningitidis, invasive	7	9	10	12	8	9
Salmonellosis	910	980	1012	933	1063	980
Shigellosis	348	741	427	156	231	381
Spotted Fever Rickettsiosis	85	96	93	68	83	85
Toxic Shock Syndrome, staphylococcal	1	3	0	0	2	1
Typhoid fever	1	3	4	0	3	2
Varicella (Chickenpox) > 18 yrs of age	8	25	28	16	17	19
Vibriosis	14	10	23	18	13	16
Yersiniosis	13	19	14	15	15	15

* Beginning in 2007, enhanced statewide electronic disease surveillance and reporting of Alabama's Notifiable diseases was implemented. ± Data as of 1/18/2011

- CDC Pneumonia and Influenza Mortality for 122 U.S. Cities: In Alabama, Birmingham, Mobile, and Montgomery metro areas participated in this surveillance.
- Fatality Reports: The Analysis and Reporting Branch monitored fatality reports on suspected influenza-associated deaths through the emergency preparedness-funded coroner's Web-based system called CoronerME. In 2010, two influenza-associated deaths were recorded in CoronerME.
- During the 2009-10 influenza season (October 4, 2009 – May 22, 2010) high influenza activity occurred in October and November and decreased gradually over the following months. The ILINet data showed 11.7 percent as the highest ILI in October, and after December it fell to less than 5 percent. As part of enhanced surveillance, a total of 63 ILINet providers participated this past season, of which 37 reported more than 50 percent of the weeks, while 24 reported more than 90 percent of the weeks. There was an increase of 117 percent for the providers who reported more than 50 percent of the weeks and an increase of 140 percent for the providers reporting more than 90 percent of the weeks from those providers reporting in 2009.

Select Communicable Disease Incidence

In 2010, the incidence of cases reported for 12 of 28 diseases explicitly reportable in Alabama (Table 1) increased from the 2009 reporting year (Dengue, West Nile fever, West Nile encephalitis, cryptosporidiosis, *E. coli* O157:H7, legionellosis, salmonellosis, shigellosis, spotted fever rickettsiosis, typhoid fever, toxic shock syndrome, and varicella). In 2010, the incidence of cases reported for 11 of 28 diseases explicitly reportable in Alabama (Table 1) were higher compared to the five-year average (2006-2010): Dengue, Brucellosis, campylobacteriosis, cryptosporidiosis, *E. coli* O157:H7, *Haemophilus influenzae*, legionellosis, malaria, salmonellosis, toxic shock syndrome, and typhoid fever. The incidence among 13 diseases were lower in 2010 (West Nile fever, West Nile encephalitis, Hepatitis A, B, and C acute, histoplasmosis, listeriosis, Lyme disease, *Neisseria meningitidis*, shigellosis, spotted fever rickettsiosis, varicella, and vibriosis), compared to the five-year average.

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 (BLL) among adults. The ABLES case definition for elevated BLL for adults (16 years of age or older) is a BLL concentration of $>10\mu\text{g/dL}$. In 2010, ABLES formally migrated the database into Alabama's National Electronic Disease Surveillance System Base System (ALBNS) to take advantage of the electronic laboratory reports (ELRs) coming in. As of November 15, 2010, a total of 3,565 test results were received from ELRs. Of these results, 75.7 percent had a BLL $<10\mu\text{g/dL}$, 12.7 percent had a BLL $10\text{--}24\mu\text{g/dL}$, 8.1 percent had a BLL $25\text{--}39\mu\text{g/dL}$, 3.1 percent had a BLL $40\text{--}59\mu\text{g/dL}$, and 0.4 percent had a BLL $>50\mu\text{g/dL}$. Epidemiologists continued collaboration efforts with the Occupational Safety and Health Administration (OSHA) to prevent and decrease exposure of lead among workers.

Meningitis Surveillance Project

The Analysis and Reporting Branch monitored cases of *Neisseria meningitidis* and *Haemophilus influenzae* to ensure that cases had been confirmed, that serotyping was done in all *N. meningitidis* cases, and all *H. influenzae* cases in children under 5 years of age were serotyped. In addition, *N. meningitidis* eligible cases were enrolled in the CDC MCV4 case-control study, immunization status was recorded, and specimens were sent to the CDC for *N. meningitidis* cases that met the case definition for the CDC MCV4 case-control study. A statewide campaign targeted to laboratories (392 independent clinical laboratories), physicians (4,636 physicians with active licenses in key specialties), and hospitals (infection preventionists in 134 hospitals) was developed to increase laboratory and epidemiologic surveillance for invasive cases of *N. meningitidis* and *H. influenzae*. As of November 3, 2010, three *N. meningitidis* cases met the study case definition and all were serogroup "Y."

Zoonotic Branch

The Zoonotic Branch is charged with monitoring, controlling, and preventing diseases transmitted from animals to humans. The Zoonotic Branch actively participated in

Table 2: Alabama Cases of Rabies by Species by Year

SPECIES	2008	2009	2010
Raccoon	51	41	43
Bat	17	22	11
Fox	11	12	11
Coyote	2	1	2
Dog	1	2	1
Cat	1	3	1
Bobcat	1	0	0
Horse	1	0	0
Skunk	0	0	1
Total	85	81	70

Table 3: Summary of Animal Arboviral Activity in Alabama, January–December 2010

DISEASE	2008	2009	2010
West Nile Virus (WNV)			
Horse	7	17	0
Chicken	0	0	1
Eastern Equine Encephalitis (EEE)			
Horse	22	36	8
Chicken	3	2	8

disease intervention through consultation with appropriate clinical treatment recommendations concerning zoonotic disease. The Zoonotic Branch aids the Surveillance and Analysis and Reporting Branches by serving as a liaison to the Alabama Department of Agriculture and Industries and the U.S. Department of Agriculture's (USDA) Wildlife Services Division. Pertinent surveillance information for zoonotic disease in veterinary species is channeled through the appropriate Epidemiology Division branch to ensure correct and timely reporting to national zoonotic disease identifying databases. The branch is also involved in outreach to educate the public about the prevention of rabies, arboviral diseases, and other zoonoses.

The domestic species that tested positive for rabies this past year in Alabama included only dogs and cats. There have been no positive livestock since 2008, when a horse tested positive. Domestic animals represented only 2.9 percent of positive rabies submissions, which is a reflection of the effectiveness of the statewide rabies vaccination program. A summary of the results for rabies surveillance in the state can be found in Table 2.

The Zoonotic Branch cooperated with the USDA Wildlife Services Division in an effort to halt the northwesterly migration of the raccoon variant of rabies across Alabama. The USDA Wildlife Services Division baited the state with nearly one million doses of oral rabies vaccine. The baits were distributed by aircraft in portions of four counties (DeKalb, Etowah, Jackson, and Marshall counties) in 2010. In contrast to 2009, neither hand baiting nor fish-meal polymer baits were distributed in the populous areas of Jefferson or Shelby counties. This change was due to lack of rabies positive samples being found through passive and active surveillance of the raccoon population. As part of a revised media information initiative, the branch was involved in distributing bait exposure information to local veterinarians within the baiting area for better response to incidental contact by nontargeted animals, mainly domestic pets. No adverse reaction reports from inadvertent human or animal contact of the bait were recorded, possibly due to this initiative.

In collaboration with the USDA Wildlife Services Division, the enhanced surveillance program for raccoon rabies variant that was instituted in 2008 in Clarke County was continued, with particular emphasis on areas located west of the Alabama River; however, to date no positive animals have been isolated in the enhanced surveillance area. In Mobile County there has been one positive test in a cat, which was ruled negative by the CDC. USDA and the department continue to monitor the wildlife population for rabies in Public Health Areas 9 and 11, with viral typing done on any positive animal. Titers are being examined for the specificity of virus activity, and could possibly change the current interpretation of the way the immune system responds to the virus.

In 2010, additional efforts were made to enhance the arboviral surveillance program, particularly in Public Health Areas 7 and 9. Since 2007, funds for the purchase of mosquito adulticide and larvicide products, traps, and testing equipment have been spent in an effort to establish arboviral disease prevention programs and mosquito control programs. In 2010, funding was used to increase the surveillance aspect of mosquito control programs instead of the mechanisms to abate mosquitoes. The initiative to create better surveillance will serve to create a more balanced and effective control program. A summary of arboviral activity in the state through 2010 can be found in Table 3.

Rabies and arboviral disease outreach and education was performed by the state public health veterinarian at the following organizations' annual meetings: the Alabama Vector Management Society (AVMS), Alabama Environmental Health Association (AEHA), and Auburn University's College of Veterinary Medicine's Public Health Career Day.

Infection Control Branch

The mission of the Infection Control Branch 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 department, the medical community, and the general public. The Infection Control Branch also serves as a consultant to the Healthcare-Associated Infections Branch.

During 2010, educational training programs were provided via satellite teleconferences and on-site to approximately 3,500 participants. These individuals included health care workers from the department, hospitals, other state agencies, and extended care facilities. Topics included infections in schools; infection control in nursing homes; prevention of influenza in community settings; infection prevention for nursing assistants, social workers, and aides; and infection prevention for public health nursing staff.

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 (HIV) report themselves to the State Health Officer. The purpose of the law is to prevent transmission of these blood-borne viruses from infected health care workers who perform invasive procedures on their patients or co-workers. Infection Control personnel provided consultation, initiated investigations, and conducted appropriate follow-up of these reported individuals.

The Infection Control Branch assisted in the development of a Respiratory Protection Program and was responsible for reviewing approximately 3,000 fit testing results. The infection preventionists interviewed persons who listed medical problems that could prevent them from being fit tested for the N-95 respirator, and referred them to their family physician for clearance.

Toxicology Branch

The primary task of the Toxicology Branch is to work with the public, health care providers, businesses, and other organizations to assess and prevent exposure to environmental factors and contaminants (toxic materials, noise, dust, heat, and mold), thereby improving the environment in which the public lives and works. Toxicological support is provided to assist other agencies or organizations by providing answers to questions such as home use of various chemical products, private wells, or unintentional spills. In addition, local environmental assessments enable volunteers and local public and private entities to identify hazards and resources to protect and preserve public health.

The Toxicology Branch conducts and coordinates activities in and around hazardous waste sites 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 Toxicology Branch also receives and responds to environmental health concerns and site-specific requests each year from citizens, attorneys, or other agencies. Collaboration with the Environmental Protection Agency (EPA), the Alabama Department of Environmental Management (ADEM), and the Agency for Toxic Substances and Disease Registry contributes to resolution of health concerns at sites.

The Toxicology Branch collaborates with ADEM and the Department of Conservation and Natural Resources to assess contaminant levels in fish from the five major river basins in Alabama. Fish are tested during the fall of each year for mercury, DDT, PCBs, and other contaminants, and the data is sent to the Toxicology Branch for analysis. The branch then provides guidance on safe fish consumption levels for the public. This information is distributed to the public through the media and provided on the department's Web site.

Healthcare-Associated Infection (HAI) Branch

The Healthcare-Associated Infections (HAI) Branch is responsible for developing, implementing, and maintaining the state HAI Reporting and Prevention Program. HAIs are infections that patients acquire while receiving treatment for medical or surgical conditions.

The Mike Denton Infection Reporting Act effective August, 1, 2009, designated the department to collect, compile, and analyze inpatient HAI data. The Healthcare Data Advisory Council provides consultation to the department on all matters of HAI data collection and reporting. The Advisory Council and the department promulgated rules to implement the Mike Denton Infection Reporting Act. The rules, effective July 28, 2010, mandate that all general, critical access, and specialized hospitals, including pediatric hospitals but excluding psychiatric, rehabilitation, long-term care, and eye hospitals, licensed pursuant to the Code of Ala. 1975, § 22-21-20, begin collecting HAI data using the National Healthcare Safety Network (NHSN) to report to the department no later than January 1, 2011. Ninety-nine Alabama hospitals are mandated to report central line bloodstream-associated infections (CLABSIs) from medical, surgical, medical/surgical, and pediatric critical care units; surgical site infections for colon surgeries and abdominal hysterectomies; and urinary tract catheter-associated infections from general medical, general surgical, and general medical/surgical wards using NHSN.

Hospital facility chief executive officers were informed of the HAI reporting law and asked to designate an NHSN facility administrator and provide contact information. HAI staff developed a training plan for Alabama hospitals to assist them in meeting the HAI reporting mandate. In May, staff conducted four regional HAI kick-off workshops to familiarize hospitals with the specifics of the Alabama HAI reporting mandate and begin training the new NHSN facility administrators and users. Over 80 percent of the hospitals sent participants to one or more of these workshops.

In June, the HAI Branch Web site was launched. These pages included information about the Advisory Council, meeting minutes, the Mike Denton Infection Reporting Act and HAI rules, the NHSN training plan and materials, links to resources, and HAI Branch staff contact information. In June and July, four Web chats were conducted by HAI staff. Subjects included NHSN enrollment, joining an NHSN group, conferring rights, Alabama-specific data reporting, and scenario-based training. More than 70 hospital facility NHSN users participated in each Web chat. HAI staff held a satellite conference in November to provide feedback to hospitals already participating in HAI data

submission to the NHSN, and to ensure that all hospitals were able to meet the January 1, 2011, mandate to enroll in NHSN, join the departmental NHSN group, and submit HAI data.

The department is collaborating with the Alabama Hospital Association (AlaHA), BCBSA, and CareFusion MedMined™ in the statewide Alabama Hospital Quality Initiative (AHQI) Program to help control and reduce HAIs. Alabama hospitals are categorized into one of three tiers based on their performance in three primary areas of interest: quality awareness, patient safety awareness, and financial awareness. Specific to HAI reporting, points can be earned by hospitals that enroll in NHSN and join the NHSN group, and submit HAI data for the fourth quarter of 2010. The department is also partnering with AlaHA on the Comprehensive Unit-based Safety Program. Hospitals will earn points by implementing safety practices into the daily work of a unit including the implementation of central line insertion practices to reduce CLABSIs.

HIV/AIDS DIVISION OF PREVENTION AND 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 with HIV. Several programs are in place to support the mission of the division.

HIV/AIDS Direct Care and Services Branch/ Alabama Drug Reimbursement Program

The HIV/AIDS Direct Care and Services Branch oversees Alabama's Ryan White Part B Program including the state's AIDS Drug Assistance Program (ADAP). The department contracts with one lead agency to oversee Alabama's Ryan White Part B Program including the annual request for proposal process. The department awarded the lead agency contract to the United Way of Central Alabama for the period April 1, 2010, through March 31, 2011, which will be renewable each year until March 31, 2013.

Alabama received a decrease in ADAP supplemental funding in 2010 that was offset by a slight increase in Ryan White base funding. Overall, there was not a negative impact on the

quality of HIV medical and social service or on ADAP services provided in 2010; however, level funding did not allow the state to address the critical need to create new access points to care. The level funding also failed to address the lack of services for HIV residents living in rural areas in Alabama, especially in the western counties of the state where the poorest and most rural counties are located. The department awarded Ryan White Part B funding to 16 HIV care and service coordinators to provide Health Resources and Services Administration (HRSA) defined core medical and support services in 2010.

Alabama's ADAP operated without a capped enrollment, allowing the program to continue to serve eligible enrollees with no waiting list since 2006. Enrollment in the state's ADAP as of January 2011, was slightly over 1,900 HIV-positive Alabama residents. The ADAP formulary continues to offer 102 medications which include one drug from each class of HIV medications to remain in compliance with HRSA's funding requirements. A complete ADAP formulary is available on the the department's Web site.

Alabama's ADAP continued to sponsor a Medicare Part D cost assistance plan (MEDCAP) to assist with the cost of Part D co-pays and premiums for HIV-positive residents with Medicare. Transitioning ADAP enrollees to Medicare Part D and MEDCAP for medication services continued to enhance enrollment on Alabama's ADAP by allowing the program to continue to operate without a waiting list.

Peer Mentor Program

Peer mentors exceeded their patient contact goals for providing medical, dental, and ADAP referrals. They developed a poster with a brochure pocket and placed the materials in schools, physician offices, county health departments, and HIV/AIDS clinics and service agencies. Monthly meetings included evaluated training sessions to ensure accurate knowledge of HIV transmission, life cycle, stages of disease, and stages of behavior change. The division has initiated recruitment activities to identify new peer mentors.

Alabama Consumer Advisory Board

The Alabama Consumer Advisory Board has continued to grow in its commitment to advocacy for people living with HIV infection across the state. The board has established

standing committees for prevention, training, grant writing, and conference planning. The Third Annual Statewide HIV Consumer and Provider Conference was conducted in December 2010. Contact hours were provided through collaboration with the University of Alabama at Birmingham (UAB).

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. Staff meet monthly to review ongoing projects that include program monitoring and measurement, data collection, and program audits. Recent activities include collaboration on the newly funded HIV expanded testing initiative, development and implementation of a new Web-based data collection system for the counseling and testing program, and integration of program databases to support cross-program information exchange.

Planning and Development Branch

The division was recently funded by the CDC to expand HIV rapid testing in the state. The division partnered with the Alabama Primary Care Association, the University of Alabama at Birmingham Emergency Department, and Historically Black Colleges and Universities (HBCUs) to expand and increase HIV rapid testing through the year 2013. The goal of the expansion is to increase HIV testing, enabling more people to know their HIV status, and strongly recommending HIV testing to be considered as routine medical testing. Testing will begin in six primary care clinics geographically located in HIV high incidence areas of the state and in the UAB Emergency Department in 2011. The HBCUs will increase HIV testing with additional planned events. The division historically has provided testing on any college campus requesting the service.

HIV Surveillance Program

As of October 2010, 494 new HIV/AIDS cases were reported in Alabama for the year 2010. Males accounted for 69 percent of cases reported and the remaining 31 percent were females. The age groups, 13 to 24 years of age and 25 to 34 years of age, tied for the highest percentage of cases at

FLU & TDAP

PROTECT YOURSELF AGAINST
INFLUENZA & PERTUSSIS.
GET YOUR FLU & TDAP SHOTS.

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The Immunization Division educates medical personnel and the public on vaccine-preventable diseases. Alabama was a recognized leader in immunizations in America's Health Rankings in 2010.

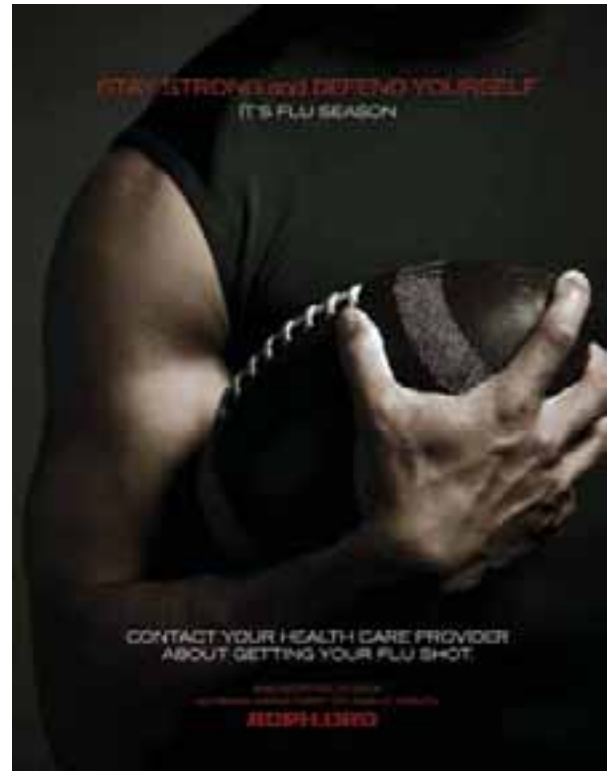
24 percent each, while the lowest percentage was in the less than 13 years of age group with less than 1 percent. Blacks accounted for 71 percent of the cases followed by whites with 25 percent and Hispanics with 2 percent. The highest risk group for Alabama continues to be those who have male-to-male sexual contact (36 percent) followed by those with heterosexual contact (32 percent).

IMMUNIZATION DIVISION

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 cares, Head Start centers, and schools are adequately immunized against diseases that are harmful and sometimes deadly.

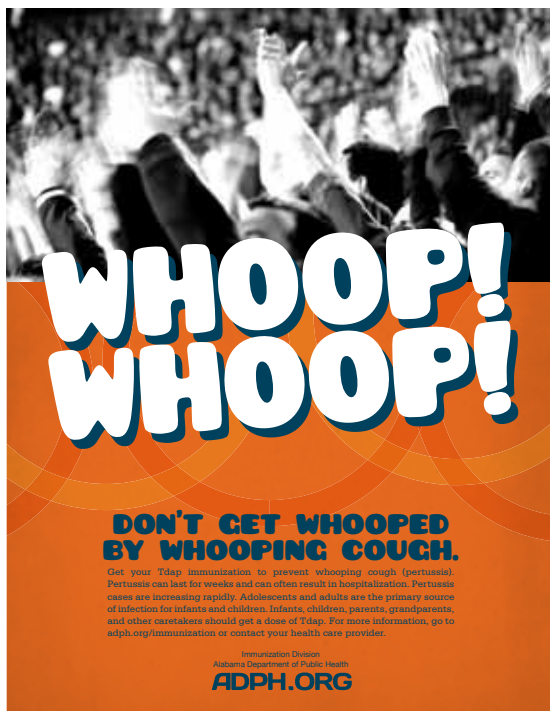
The division provides vaccine to the public using state and federal funds. The division participates in the Vaccines for Children Program (VFC), which is a federal entitlement program that provides vaccine at no cost to children under 19 years of age who are uninsured, Medicaid-eligible, under-insured, American Indian, or Alaskan Native. As of October 2010, there were 547 public and private providers enrolled in Alabama's VFC Program, with more than \$55 million worth of vaccines distributed to providers actively vaccinating children and adolescents throughout the state. Immunization staff continue to perform site visits and standard audits for enrolled providers to promote proper vaccine storage and handling, accurate and safe administration, and coverage improvement.

Distribution of seasonal influenza vaccine to the state began in September 2010. A total of 263,420 doses of seasonal influenza



vaccine were purchased by the Immunization Division, including 173,240 doses sent to VFC providers for eligible children. Formulations available included inactivated and live vaccine, preservative-free and preservative-containing vaccine, as well as pediatric and adolescent/adult formulations.

Alabama's population-based immunization registry, ImmPRINT, continued to grow and reach out to additional vaccination providers across the state. ImmPRINT increased to include over 3.2 million individual patient records with over 31 million doses in their vaccination histories. In 2010, data contributors to ImmPRINT continued to include the Alabama Center for Health Statistics, Blue Cross and Blue Shield of Alabama, the Alabama Medicaid Agency, 95 county health departments, 85 federally qualified health centers, 49 rural health centers, over 400 private physician offices, 73 hospitals, and others including 30 pharmacies and youth centers.



The number of reported pertussis (whooping cough) cases in Alabama increased from 68 in 2008 to 315 in 2009, and a new educational campaign on the disease began in 2010 during which the number of cases reported was 205.

The Immunization Division annually conducts a School Entry Survey in collaboration 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 2009-10 school year, all public and private schools in the state responded to the School Entry Survey, while 48.6 percent of day care and Head Start centers in the state responded to the self-survey.

To validate the surveys, each year staff audit at least 25 percent of the schools, day cares, and Head Start centers in Alabama. In 2010, 466 schools and 542 child care centers were visited. Of the records reviewed, 92.9 percent of school students and 83.7 percent of child care center children were found to have a valid certificate on file.

DIVISION OF 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 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 reported with an STD are treated according to the treatment guidelines established by the CDC.
- 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 healthcare and social services.


In addition, the division conducts enhanced case finding activities through community outreach and STD screenings to reduce the transmission and complications of STDs. Collaboration with other governmental and nongovernmental agencies have 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 2009 STD Surveillance Report released by the CDC, Alabama ranked fourth nationally in the rate of primary and secondary syphilis (P&S), ranked fourth in the rate of infection for gonorrhea, ranked fifth in the rate of infection for Chlamydia, and ranked fifth in the rate of 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 number of P&S syphilis cases reported in Alabama in 2010 (277), declined by 32.6 percent from the 411 cases reported in 2009. (Table 4) The decrease in cases is attributed to a more effective surveillance program that actively investigates and tests the partners and contacts of the case to ensure they are tested and receive the appropriate treatment if needed. The number of P&S syphilis cases in 2010 represented the lowest number of cases reported in the past five years. Blacks comprise the majority (84.5 percent) of the P&S syphilis cases reported in 2010, followed by whites (14.8 percent). Overall, black males and black females represented 61.7 percent and 22.7 percent of the reported P&S syphilis cases in 2010, respectively.

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 the age of 26, women who are pregnant, or women who have multiple partners. Individuals attending



Step Up and get tested.

Prevent the spread of Chlamydia and gonorrhea.

For more information about testing, contact your personal healthcare provider or local county health department.

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STD Surveillance Report data from the Centers for Disease Control and Prevention indicates 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.

Table 4: PRIMARY AND SECONDARY SYPHILIS CASES BY PUBLIC HEALTH AREA, ALABAMA 2006-2010

PHA	2006	2007	2008	2009	2010*
1	6	5	7	13	9
2	22	115	123	72	24
3	7	23	26	36	26
4	245	165	180	112	93
5	9	8	12	26	10
6	8	16	7	8	3
7	1	9	32	27	7
8	14	9	37	54	56
9	2	5	3	6	7
10	9	18	16	32	19
11	5	6	8	25	23
Total	328	379	451	411	277

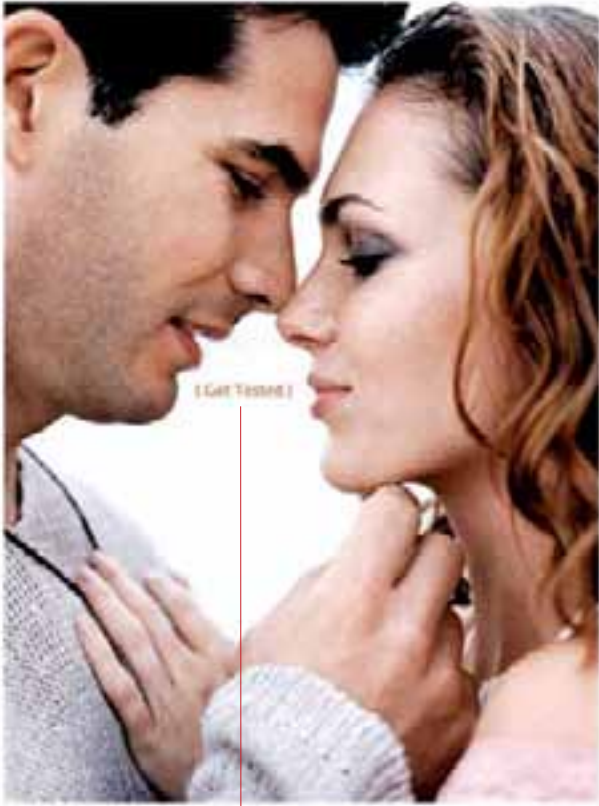
*Additional potential cases from 2010 are still being investigated. Updated numbers will be reported in 2011.

Table 5: CHLAMYDIA AND GONORRHEA CASES BY PUBLIC HEALTH AREA, ALABAMA 2009-2010

PHA	2009 Chlamydia	2010* Chlamydia	2009 Gonorrhea	2010* Gonorrhea
1	1,001	1,127	221	168
2	2,861	2,790	718	605
3	1,691	1,582	469	390
4	5,314	5,177	1,805	2,203
5	1,059	1,328	248	273
6	1,603	1,679	521	486
7	1,643	1,427	397	385
8	3,871	4,700	1,409	1,238
9	1,472	1,539	327	401
10	1,919	2,108	430	529
11	3,469	3,222	943	1,142
**Total	25,912	26,692	7,490	7,825

*Additional potential cases from 2010 are still being investigated. Updated numbers will be reported in 2011.

**Totals include cases with unknown residence



before you get involved
Prevent the spread of Chlamydia and gonorrhea.

For more information about testing, contact your personal healthcare provider or local county health department.

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STD and family planning clinics are routinely screened for Chlamydia and gonorrhea.

The total number of Chlamydia cases reported to the division (26,692) in 2010, declined by 416 cases. (Table 5) In 2010, 52.5 percent of the Chlamydia cases were diagnosed among blacks. Although Chlamydia cases have been reported among all age groups, 38.3 percent of the cases reported in 2010 were among persons age 20-24 years, followed by persons age 15-19 years (36.8 percent), and persons age 25-29 years (13.6 percent).

In 2010, a total of 7,825 cases of gonorrhea were reported to the division, representing a 4.5 percent increase in the number of cases



**DON'T GET BURNED
GET TESTED**

Prevent the spread of Chlamydia and gonorrhea.

For more information about testing, contact your personal healthcare provider or local county health department.

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Table 6A: TUBERCULOSIS IN ALABAMA - 2001 THROUGH 2010

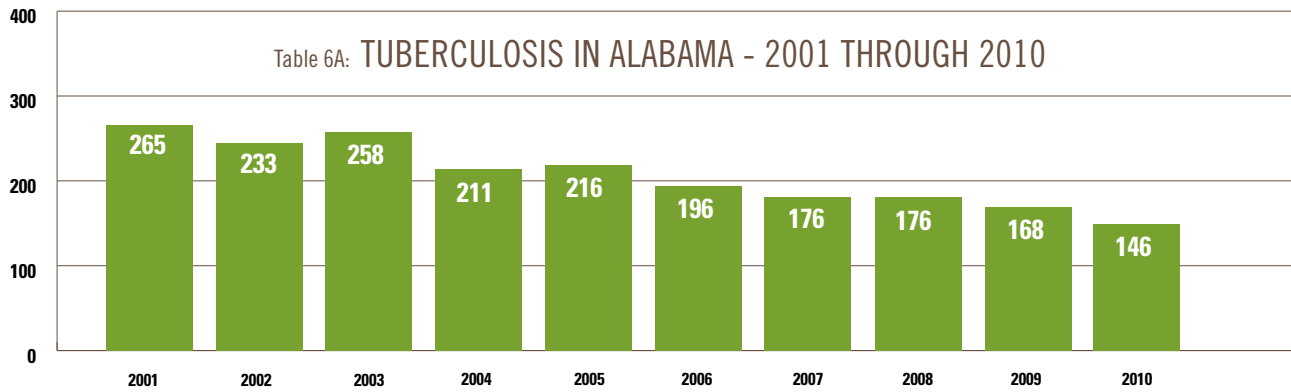
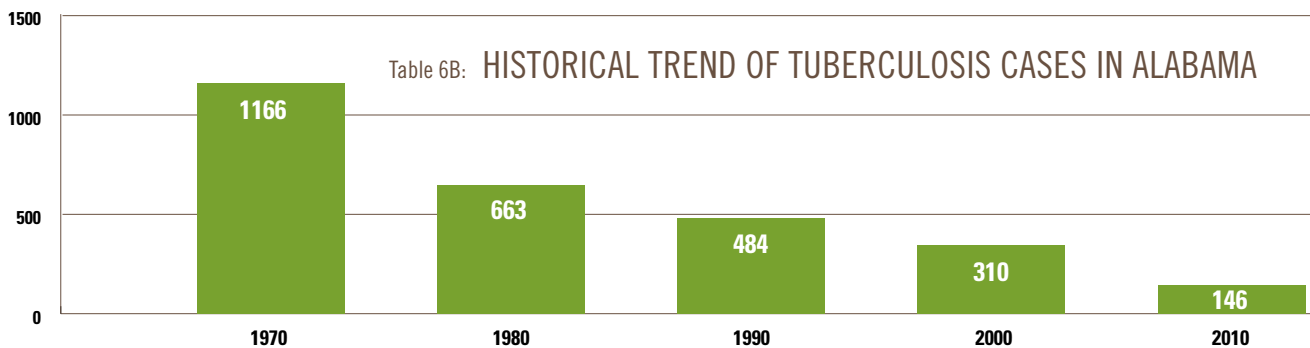


Table 6B: HISTORICAL TREND OF TUBERCULOSIS CASES IN ALABAMA



(7,490) reported in 2009. (Table 5) Among all racial/ethnic groups, blacks comprised 62.9 percent of the reported gonorrhea cases in 2010. The distribution of gonorrhea cases by age group was similar to those reported with Chlamydia. In 2010, 36.7 percent of gonorrhea cases reported were among persons age 20-24 years, followed by persons age 15-19 years (32.2 percent), and persons age 25-29 years (15.1 percent).

DIVISION OF TUBERCULOSIS (TB) CONTROL

The ultimate goal of the Division of Tuberculosis (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 their ability to pay. This commitment to the citizens of Alabama has contributed to the historic decline in morbidity illustrated in Tables 6A and 6B.

In 2010, the Division of TB Control evaluated 298 persons suspected of having tuberculosis, eventually ruling out disease in 152 suspects and confirming active TB disease in 146 patients.

This figure represents a 13.1 percent decrease in confirmed cases, continuing the trend in declining morbidity.

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 preventative therapy for those contacts found to be infected. Preliminary data for 2010 reveals that 3,209 contacts to persons with suspected or confirmed tuberculosis were identified, and that 1,936 (60 percent) of these persons were fully evaluated. Of this number, initial reports indicate that another 163 persons were placed on treatment for latent TB infection by division staff.

Building upon the success of hospital-based TB Grand Rounds in previous years, staff from the division coordinated TB-specific presentations in four hospitals during 2010. A total of 285 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.

Center for EMERGENCY PREPAREDNESS

The Centers for Disease Control and Prevention provided \$9,933,115 in a cooperative agreement with the Alabama Department of Public Health in 2009-2010. These funds were to be used in part by the Center for Emergency Preparedness (CEP) 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.

CEP staff worked with several other state agencies and federal partners to provide guidance on health messaging during the Deepwater Horizon oil spill.

Response activities of the center for 2010 included:

- Responded to Clarke and Wilcox counties in January to assist in the water outage caused by prolonged cold temperatures. The department worked closely with the Alabama National Guard, Emergency Management Agency, and local officials in several communities to filter water for drinking and hygienic needs. Nearly 27,000 Alabama citizens were affected and approximately 17,000 gallons of water were provided by CEP to those in need.
- Responded to the Deepwater Horizon oil spill. From April - August, CEP staffed the ESF8 desk at the State Forward Operations Center (SFOC) in Mobile, Alabama. Staff participated in the daily functions of the SFOC and served as liaison to other state agencies and federal partners, coordinated health messaging, and facilitated town hall meetings related to beach monitoring, air quality, and food safety. CEP collaborated with subject matter experts and worked closely within the incident command to protect the citizens of Alabama by educating them on potential health effects of the oil spill. CEP continues to work with partners on long-term health impact and monitoring.

PUBLIC HEALTH PRECAUTIONS

This beach has been impacted by the oil spill in the Gulf of Mexico. Oil may come and go at any time and it may not be visible. If you see oil in the water, you are cautioned not to enter.

- Do not handle tar balls.
- Avoid contact with the oil.
- If you get oil or tar balls on your skin, wash with soap and water.
- If you get oil on your clothing, launder as usual.
- Do not use harsh detergents, solvents or other chemicals to wash oil from skin or clothing; they may promote absorption of the oil through the skin.
- If the odor causes nausea, vomiting, headache or breathing problems, leave the affected area.

FOR MORE INFORMATION CONTACT:
Alabama Department of Public Health 1.866.264.4073
Report oiled wildlife 1.866.557.1401
Report odor 1.800.424.8802

ADPH.ORG

ADVISORIES WILL BE POSTED AS NECESSARY.

NOTICE: PUBLIC HEALTH ADVISORY

This beach has been impacted by the oil spill in the Gulf of Mexico. Please be aware that oil may not be visible from shore. Oil in the water or on the beach poses little risk to the health of the general public if they remain out of the water and on the shore. Contact with oil may pose a risk of skin and eye irritation.

YOU ARE ADVISED TO:

- Avoid contact with the water (no wading, swimming or entering the water)
- Avoid contact with oil or oily materials in the water or on the beach
- Avoid contact with dead or dying fish or other wildlife
- Leave the area and contact your physician as you deem necessary if experiencing respiratory (difficulty breathing) or other health problems

FOR MORE INFORMATION CONTACT:
Alabama Department of Public Health 1.866.264.4073
Report oiled wildlife 1.866.557.1401
Report odor 1.800.424.8802

ADPH.ORG

ADVISORIES WILL BE POSTED AS NECESSARY.

- On August 2, 2010, CEP was notified that the University of South Alabama Medical Center in Mobile had lost its air conditioning and might need to transfer patients in its intensive care unit. The center worked with the hospital, Mobile County Health Department, the Alabama Emergency Management Agency, and the Alabama Department of Public Safety to provide 21 cooling units to the hospital within four hours of the notification. The response allowed patients to remain in the facility.

Training activities of the center included collaboration with various universities and vendors to prepare the workforce and public to respond to public health threats and emergencies: biological, chemical, nuclear, radiological, and mass trauma.



The Get10 campaign continued to provide information at community events statewide to give individual citizens simple steps to prepare for emergencies.

The Assistant Secretary for Preparedness and Response Hospital Bioterrorism Preparedness Program provided \$5,528,753 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.

Seven mobile medical stations were strategically placed throughout the state. These stations can increase hospital surge capability by providing up to 350 beds and supplies. CEP staff conducted routine inventories to identify and replace expired items and ensure that the equipment in the mobile medical stations is functional.

CEP distributed an annual mass casualty assessment to all hospitals in Alabama in an effort to identify gaps and needs of health care facilities in the state. Approximately 102 of 104 hospitals responded to the most recent assessment. CEP is in the process of collecting and analyzing the data.



The CEP utilized the popularity of college sports figures to provide information on emergency preparedness.

CEP, in conjunction with other departmental staff, continued to collaborate with other states in the development of a Southeastern Regional Pediatric Disaster Surge Response Network. Hospitals and providers that deliver pediatric-specific care or specialty care for children are limited within the region, which results in a lack of pediatric-specific resources in emergency planning and response. When fully developed, this network will be utilized to identify and secure resources to support the coordination of a local, state, or multi-state response to an emergency or disaster involving children.

Office of EMERGENCY MEDICAL SERVICES AND TRAUMA

The Culture of Excellence in EMS campaign has instilled a higher sense of duty and professionalism in providing pre-hospital emergency medical care to the citizens of Alabama. The EMS community has embraced this effort as seen by an overall improvement in ambulance inspections and a renewed commitment to EMS education. The First Annual EMS Culture of Excellence Conference was held in Montgomery in October. The conference was presented by the department's Center for Emergency Preparedness, the EMS for Children Program, and the Office of EMS and Trauma (OEMST). It was designed to continue the efforts to advance and improve EMS in Alabama and to bring the state's system in accordance with national EMS standards. The campaign is supported through regional EMS agencies and the OEMST Quality Assurance and Improvement (QAQI) programs. The Quality Assurance and

Improvement Committee reviews practices through the e-PCR data collection program and makes recommendations to change or enhance statewide protocols, rules, and regulations. This has led to improvements in the delivery of pre-hospital emergency medical care to the citizens of Alabama. The OEMST utilizes the data to identify specific educational needs for the EMS providers and services that benefit areas targeted as deficiencies in pre-hospital care. The regional EMS agencies assist and provide the educational material and training to the providers and services as continuing education.

The West Region was added to the statewide trauma system in March 2010. The Alabama Trauma Communication Center (ATCC) is currently coordinating and recommending the most appropriate trauma center destination according to the severity of the patient's injuries to the North, East, Birmingham, West, and Gulf regions. The ATCC is providing compliance data to the OEMST and the regional agencies so that a follow-up process can occur to review compliance issues and address any need for corrective measures.

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

- Permitted ambulances inspected 500
- Licensed provider services inspected 231
- Licensed nontransport vehicles inspected 230
- EMS provider licenses processed 314
- Individual EMTs licensed 7,660
- Individual licensure practical exams administered 367



Volume XI, Issue II

STATE EMS MEDICAL DIRECTOR'S REPORT

DANGER: DETERGENT SUICIDE
Recently, there has been a new method of suicide posted on the internet. It appears to have originated in Japan. The method consists of mixing two chemicals that can be bought over the counter at local stores. This method is referred to as "Detergent Suicide" which is a very dangerous situation for first responders. If you are not familiar with this type of suicide it is so named for the ingredients utilized that when mixed together produce a deadly "Hydrogen Sulfide" gas that can be very toxic. Hydrogen Sulfide (H₂S) is considered a broad-spectrum poison, meaning that it can poison several different systems in the body, although the nervous system is most affected. The toxicity of H₂S is comparable with that of hydrogen cyanide. It forms a complex bond with iron in the mitochondrial cytochrome oxidases, thereby blocking oxygen from binding and stopping cellular respiration. Because the process appears to be quick and painless, this method of committing suicide has become popular in Japan and references to it can be found on the internet. Simply put, chemicals that are readily available to the public, such as Muratic or Sulfuric acid, mixed with organic phosphates, such as toilet bowl cleaner or insecticides will create the gas. Concentrated in a small area, if the levels exceed 100 parts per million (ppm) the atmosphere is potentially toxic. Levels of 700-800 ppm are usually fatal. Three known cases have been documented in the United States and one in Toronto. The suicides occurred in personal vehicles. Each party left a note warning first responders of the dangers. If a first responder opens the vehicle and inhales, he/she will be exposed to the possibly fatal gas. In the event that your agency responds to situations where this method of suicide might be used the following should be considered:

WARNING SIGNS:

1. Subject appears unconscious or asleep in a contained area (usually vehicle).
2. If someone has opened the vehicle there will be odor of rotten egg.
3. Subject may be wearing safety glasses and medical gloves (required to handle chemicals).
4. Windows may be taped (prevents gas from escaping).
5. Possible note to warn of the dangers present.
6. First responders and emergency service agencies could be compromised if the gases, usually concentrated within small spaces like a car, bathroom, storage area, etc. is released without the proper safeguards in place. If possible the rescue should be supervised by Hazmat personnel who are properly equipped to do it.
7. A first responder's hazmat training (awareness and operations) regarding this method is the key to prevent becoming poisoned. If you enter an area and it has a chemical odor take this as a clue to exit the area. Hydrogen Sulfide (rotten egg smell) and some other chemicals will diminish your sense of smell as you venture deeper into a contaminated area. Keep in mind the safety of the first responder is paramount; entering an atmosphere where the hazards are not known can be extremely dangerous.
8. Use Level B PPE. Remove victim(s) from the exposure without compromising emergency personnel's safety; support respiratory effort; remove contaminated clothing immediately; conduct emergency gross wash decontamination for 3 minutes; transport patient to medical facility

EMS UPDATE

GRANTS
There are several funding opportunities available to emergency responders. Check to see if your agency qualifies for one of the opportunities listed below:
The Firehouse Subs Foundation
The Firehouse Subs Foundation can fund "life-saving" equipment for FD and EMS. Grant amount to be requested should be \$15,000-\$25,000. Their website is <http://www.firehousesubs.com/>
Wal-Mart Store and Sam's Club Giving Programs
Wal-Mart has increased the amount a local store can give up to \$5,000. Minimum request is \$1,000. This is a good resource for a couple of AEDs or supplemental funding for defib or LUCAS CPR devices. This is applicable for all non-profit business segments (hospitals, FD, LE, EMS, Schools, Non-profit organizations). The Program Resources and information can be found on the Wal-Mart Foundation website.
The Wal-Mart Foundation is proud to support the charitable organizations that are important to our customers and associates in their own neighborhoods. Wal-Mart's founder, Sam Walton, introduced the philosophy, "operate globally, give back locally." Today, the Wal-Mart Foundation continues to support local, state and national organizations that provide opportunities in the communities we serve. Through our Wal-Mart Store and Sam's Club Giving Programs, Wal-Mart Stores and Sam's Clubs can recommend grants of up to \$5,000 to local nonprofit organizations.

The Office of Emergency Medical Services and Trauma continued to publish the *EMS Update* as a communications tool to provide standard information statewide.

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 requirements, and compliance with applicable state laws and regulations. The office also serves as consultant for the programs, services, and functions of the department.

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

During 2010, the Office of Program Integrity continued its mission of objectively evaluating 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 40 county health departments were reviewed.

FISCAL YEAR 2010 ACCOMPLISHMENTS

FINANCIAL/ADMINISTRATIVE AUDITS	22	
PROPERTY AUDITS	2	
FEDERAL PROGRAM AUDITS		
• County Health Departments	32	
• External WIC sites	3	
• WIC Training Center site	1	
STATE LEVEL PROJECTS	2	
SPECIAL REVIEWS and CONSULTING ACTIVITIES		
• Subrecipient Compliance and Monitoring		
• Red Flag Rules		
• CBW Time Keeping and Reporting Revisions		
• WIC Forms Evaluation		
• Risk Management		
• Fee System Manual Revisions		
• County Health Department Training on Audit Issues 37 sessions held		

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.

ADMINISTRATIVE DIVISION

Injury Prevention

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, Sexual Violence Prevention and Education, and Students Against Destructive Decisions.

Alabama ranks among the top ten 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.



To enable and encourage students to walk and bike to school, the Injury Prevention Branch partnered with other state agencies on the Safe Routes to School Program to make routes safer and more appealing.

Community residents receive information regarding fire prevention, smoke alarm installation and maintenance, and home evacuation planning. To date, the initiative has worked with 36 fire departments throughout the state reaching more than 8,000 homes with fire safety messages and has installed more than 8,000 smoke alarms. The program has documented 77 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, 91 percent of Alabamians buckled their seat belts and 93 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 15-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 Sexual Violence Prevention Committee, established in 2007 in partnership with the Alabama Coalition Against Sexual Violence. Comprised of key state and community representatives, the committee's mission is to implement a comprehensive sexual violence prevention plan that will change attitudes, norms, and behaviors that condone sexual violence. The plan was completed in January 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 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 federally funded program is to enable and encourage students in kindergarten through eighth grade 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.

In 2010, the branch became state coordinator for all Students Against Destructive Decisions chapters (SADD) in Alabama. Originally, the SADD mission was to help young people say “no” to drinking and driving. Today, the mission has expanded. Students have said that positive peer pressure, role modeling, and environmental strategies can prevent other destructive decisions and set a healthier, safer course for their lives. That is why SADD has become a peer-to-peer education, prevention, and activism organization dedicated to preventing destructive decisions.

Worksite Wellness

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 financial tool, Wellnet Vital Signs, was used to track program costs versus revenues. Online ordering of medical supplies was continued. 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 ninth year of operations. The program provided influenza immunizations for public education employees and dependents. The Wellness Branch administered 39,693 flu shots in 2010 to public employees and dependents.

The collaboration with SEIB began its seventeenth 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, triglycerides, HDL, LDL, and total cholesterol levels. A weight management program was offered to state employees. In 2010, the Wellness Branch administered 17,544 flu shots and provided 19,573 health screenings to state employees.

CHRONIC DISEASE PREVENTION DIVISION

Cardiovascular and Stroke Health

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

Heart disease, the most common form of CVD, is the leading cause of death in Alabama. 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 Cardiovascular Health Branch works closely with the Diabetes Branch with educational outreach programs including satellite conferences. A key message taught is that people with diabetes are at the same risk for heart attacks as people who have already suffered a heart attack. Community-level efforts

for learning how to make changes in risk factors can have a large public health impact in reducing the incidence of heart disease.

Alabama ranks fifth in the nation in deaths due to stroke. A major risk factor for stroke is uncontrolled blood pressure. Treating and controlling hypertension is essential in preventing stroke and other chronic conditions as well as recognizing the signs and symptoms. Community education is based on the ABCs of Heart and Stroke Prevention:

A = Aspirin use. Ask your health care provider about taking aspirin regularly.

B = Blood pressure treatment and control.
BP <120/80

C = Cholesterol.
Total cholesterol <200 and LDL (bad cholesterol) <100

S = Smoking cessation.

Access to care continues to be a concern, especially in Alabama. Many parts of Alabama are without access to acute stroke services. Telestroke technology can aid in bridging this gap by providing medical specialists with the data necessary to assist remotely located bedside clinicians in stroke-related decision making. The branch is assisting in developing this technology for the state.

The mission of the CVH 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 (CDSMP) supported efforts to raise awareness and facilitate change in high-risk communities through people becoming better self-managers of their chronic conditions. Participants discuss subjects including high blood pressure, high cholesterol, heart disease, nutrition, physical activity, and recognition of signs and symptoms of heart attack and stroke. The branch works with companies throughout Alabama to help raise awareness of the importance of worksites playing an active role in employees' health. The health care community also benefits with quality improvement programs and trainings for health care professionals promoting the development of Certified Primary Stroke Centers.

The CVH Branch completed the second burden document that included a comprehensive look at the burden of CVD and stroke. Access to care was highlighted as a serious problem. In situations where literally every second counts, such as during a heart attack or stroke, being able to receive prompt medical care is critical to the survival of the patient. The following counties were listed as not having a hospital: Choctaw, Cleburne, Coosa, Henry, Lamar, Lowndes, and Perry. Groups with health disparities are being targeted for education and media campaigns. As the number of people living with CVD continues to rise and the state's population continues to age, the health burden of CVD will greatly impact the health status of the state. Through the CVH Branch's efforts, significant strides can be made in reducing heart disease and stroke in Alabama.

Community Tobacco Prevention

The Community Tobacco Prevention Branch was created with the following three programs: the American Recovery and Reinvestment Act (ARRA) grant with the Centers for Disease Control and Prevention (CDC) to fund a statewide smoke-free policy advocacy campaign; a second ARRA grant with CDC to fund a state-coordinated local smoke-free policy advocacy campaign; and the state-funded youth tobacco prevention mini-grant program.

The statewide smoke-free policy advocacy campaign is designed to empower local groups to educate state level decision makers and the general public about the need for strong policies to protect people from exposure to secondhand smoke. The campaign funds all 11 public health areas and is being implemented in collaboration with the Coalition for a Tobacco Free Alabama.

The state-coordinated local smoke-free policy advocacy campaign is designed to empower local communities to educate municipal decision makers and the general public about the need for strong policies to protect people from exposure to secondhand smoke in Mobile County. In addition, the campaign promotes cessation services, increased excise taxes on tobacco products, reduced tobacco advertising at the point of purchase, and a media campaign to raise awareness about the dangers of exposure to secondhand smoke and the dangers of tobacco use. In collaboration with the Mobile County Health Department, CDC awarded the branch \$3 million to address these issues.

HEALTHCARE PROVIDERS

Healthcare providers interested in a quick and secure way to refer patients may use our online or fax referral programs. Both forms are compliant with HIPAA regulations, confidential and easy to use. Our services conform to the U.S. Clinical Practice Guidelines for treating tobacco use and dependence. Healthcare providers may register on the Web site and refer patients and check their progress through an online process. If you prefer a paper referral, once you and your patient sign the form, it can be faxed to the Tobacco Quitline, allowing our staff to call your patient. Progress reports on the patient are available to the healthcare provider, if requested.

Visit us online at alabamquitnow.com
or call **1.800.QUITNOW** (1.800.784.8669)



**Alabama
QUITNOW**
alabamquitnow.com / 1.800.784.8669

HOURS OF OPERATION

Monday - Friday - 8 a.m. - 8 p.m.

Saturday - 9 a.m. - 5:30 p.m.

Sunday and after hours - Voicemail is available

ADPH.ORG

Alabama Department of Public Health

CALL IT QUILTS.

Free call.
Free online site.
Free counseling.
Free nicotine patches.
(If medically eligible and in cessation counseling)



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I QUIT... I QUIT... I QUIT!

The **Alabama Tobacco Quitline** is a **FREE** telephone and online counseling service for any Alabamian who is ready to quit tobacco. If you, a friend, or family member, are ready to stop using tobacco, the Tobacco Quitline staff is available to help. Information, referrals and counseling are confidential, and counseling sessions are designed on a schedule that is convenient for you.

**WHAT HAPPENS WHEN YOU CALL THE QUITLINE or REGISTER ON THE QUITNOW WEBSITE?**

When you call the Quitline or visit our Web site to register for counseling, the first thing we do is gather information to help us customize your quit plan.

After the initial intake by one of our interventionists, you will be contacted by your counselor at the Quitline. The counselor will work with you to get started on your personal quit plan. **Quitting tobacco is never easy**, but with help you are twice as likely to quit tobacco for good!

- **FREE COUNSELING** - Our counselors have Master's Degrees
- **FREE PERSONALIZED QUIT PLAN** - Customized just for you

Visit us online at alabamquitnow.com
or call **1.800.QUITNOW** (1.800.784.8669)

Quitline telephone services are available in Spanish and translation services are available for other languages.



**FREE NICOTINE
PATCHES FOR
FOUR WEEKS!**
(If medically eligible and in cessation counseling)

WHAT DOES "MEDICALLY ELIGIBLE" MEAN?

If you are taking certain medications, your doctor will be asked to approve the patches for your use. You will be asked several questions about your health when you register. Call us or register online for more information. We want to help you quit!

The Tobacco Control Branch expanded the reach of its toll-free number cessation program with the addition of an online program and included a component to study the cost-effectiveness of telephonic and online cessation services.

The state-funded Youth Tobacco Prevention Program sponsored 13 mini-grants throughout the state. In addition to implementing the LifeSkills Training curriculum in the sixth grade, the purpose of the grant is to empower youth to raise awareness in their communities about the human and economic cost of tobacco use and exposure to secondhand smoke. The LifeSkills curriculum was provided at 45 schools and reached 3,858 sixth grade students. In addition, mini-grantees reached 96,285 youth with tobacco prevention presentations and community events, and trained 557 high school students on the Youth Empowerment Program, teaching them to become youth advocates.

The Youth Cessation Program piloted the Not on Tobacco Teen Cessation Program (N-O-T) funding six public health areas and two mini-grantees to provide a N-O-T Program in their communities, serving 132 teens. The Alabama Tobacco Quitline reported 95 teens called the Quitline during this time period and of the 95 callers, 16 were pregnant teens.

Tobacco Control

The Statewide Tobacco Control Branch almost doubled in funding in 2010, adding the Food and Drug Administration (FDA)-funded Tobacco Retail Inspection Program and the ARRA funded Online

Cessation Program. With funding from the CDC, the branch continued supporting all 11 public health areas to address these goals preventing youth initiation of tobacco use, promoting quitting among youth and adults, and eliminating exposure to secondhand smoke while addressing tobacco-related disparities among Alabamians.

The purpose of the FDA Tobacco Retail Inspection Program is to enforce the 2009 Family Smoking Protection and Tobacco Control Act by conducting inspections of retail locations that sell tobacco products, in collaboration with the Alabama Alcoholic Beverage Control Board, as commissioned agents of the FDA. The act empowered the FDA to regulate the manufacturing, marketing, and distribution of tobacco products to protect the public health and to reduce tobacco use by minors.

The second new program implemented in 2010 was the Online Cessation Program. The purpose of the program is to expand the reach of the current telephonic cessation program, 1-800-Quit Now, to users of the Internet by offering free assistance to develop a quit plan, provide a community of quitters, and provide up to four weeks of a nicotine replacement therapy patch to those who are engaged in the quit process and who are medically eligible. The program also co-authored, with the department's

Comprehensive Cancer Control Program, a successful grant to work with the CDC to study the cost-effectiveness of telephonic and online cessation services. After launching the online program in June, 717 Alabamians are using the new service. In addition, the telephonic cessation program received 11,017 calls in 2010.

The CDC-supported Statewide Tobacco Control Program made significant progress in 2010. The program co-sponsored, with the Coalition for a Tobacco Free Alabama, the Alabama Tobacco Use Prevention and Control Task Force, whose purpose is to develop and update the state plan. Results from the 2010 Youth Tobacco Survey showed a decline in the use of cigarettes by ninth through twelfth grade students from 22.1 percent in 2008 to 18.6 percent. The adult cigarette prevalence rate remained virtually unchanged at 22.5 percent, according to the 2009 BRFSS. Three municipalities strengthened their ordinances in 2010 to protect citizens from exposure to secondhand smoke. Area tobacco control coordinators trained 1,755 health care providers to implement the U.S. Clinical Practice Guidelines to Treating Tobacco Use and Dependence. More than 4,440 Alabamians took the Smoke Free Home pledge.

Healthy Communities

In 2010, the Healthy Communities Branch housed four federally 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 2010, Steps to a Healthier Alabama (Steps Program) completed the close-out of a five year cooperative agreement with the CDC and the United States Department of Health and Human Services.

From 2004-2009, the Steps Program worked to create policy, systems, and environmental changes to reduce 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.



Alabama STRATEGIC ALLIANCE FOR HEALTH

Program close-out activities in 2010 included completing required five-year reports and dissemination of Steps initiatives outside the original program counties:

- Completion of the five-year evaluation report of the Steps to a Healthier Alabama Program.
- Completion of the Steps to a Healthier Alabama Success Stories, a document, including 69 reports of successful Steps Program interventions throughout the five-year program period.
- Collaborative work with the Alabama State Department of Education (ALSDE) leading to a statewide No Idling Resolution passed by the ALSDE in November 2009, to improve air quality on school grounds and reduce triggers for children with asthma.
- Technical assistance provided to 37 municipalities statewide to enact or enhance Young Lungs at Play resolutions/ordinances to improve air quality at playgrounds and other recreational areas and reduce triggers for persons with asthma.

> Strategic Alliance for Health Program

The Alabama Strategic Alliance for Health (SAH) Program completed its second year of a five-year cooperative agreement program with the CDC. The SAH Program's goal is to reduce the burden of obesity, diabetes, and heart disease in 21 west Alabama counties over the next five years through community-based nutrition, physical activity, and tobacco interventions that are policy, systems, or environment-based. After an initial planning year in 2009, in 2010 the SAH Program began implementing interventions in three funded counties – Dallas, Perry, and Sumter. These counties have built and sustained active SAH community consortia to drive program activities. Consortia include representatives

from local governments, businesses, universities, schools, health care facilities, and churches, among others.

In each county, an agency coordinates local activities: Vaughn Health Community Foundation (Dallas County), Sowing Seeds of Hope (Perry County), and Sumter County Health and Wellness Education Center (Sumter County). Based on comprehensive community assessments completed in 2009, the consortia developed and implemented community action plans in 2010. A mini-grant program in each county was established to support interventions in the plans. The following list describes some of the policy, systems, and environmental interventions successfully completed in these three counties. Departmental SAH staff provided leadership, training, and technical assistance to the counties as they implemented interventions.

- Establishing an onsite fitness center at a worksite in Dallas County potentially affecting over 600 employees.
- Creating a new quarter-mile walking path at South Dallas Industrial Park potentially impacting 800 employees and citizens from neighboring communities.
- Establishing new policy for routine police patrol of common walking areas in downtown Selma (Dallas County).
- Enhancing the safety of River Walk in Selma by adding lights and security cameras.
- Creating City Walk, a network of mapped neighborhoods in Selma, to encourage walking.
- Enhancing a walking path at a Dallas County high school with lighting so it can be used by community members after the school day.
- Enhancing the Dallas County Farmers Market by extending months and hours of operation, identifying a market manager, and rehabilitating the pavilion with new paint and signage.
- Creating gardens at two Dallas County schools, increasing access to fruits and vegetables among students.
- Strengthening the Selma City tobacco ordinance to include all outdoor parks and recreation areas.
- Collaborating with Auburn Rural Studio to resurface a walking path in Uniontown (Perry County).
- Collaborating with the University of Alabama to enhance a park in Marion (Perry County) with a new walking path and new playground equipment.
- Passing a tobacco ordinance in the City of Marion.
- Establishing the Marion City Walk, a network of mapped routes for walking the downtown area.
- Establishing a worksite wellness program at the Marion City Courthouse, affecting 50 employees.
- Adopting LifeSkills tobacco prevention curricula in Dallas County and Selma City middle schools.
- Establishing five new quarter-mile walking paths in Sumter County, to promote safe and accessible physical activity (all of these have been designated tobacco-free and advertising-free zones).
- Passing a new tobacco ordinance in Livingston (Sumter County).
- Providing up-to-date books and other resources on chronic disease to public libraries in Dallas, Perry, and Sumter counties.

➤ Alabama Healthy Communities Program

This program was established in 2009 to identify a focal point at the department for communities to gain 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 Strategic Alliance Program. Emphasis is placed on interventions that are policy, systems, and environment based to ensure sustainability. In 2010, activities focused on collaborating with the Steps to a Healthier Alabama Program to provide technical assistance to 37 municipalities establishing tobacco-free zones in recreation areas (Young Lungs at Play ordinances/resolutions).

> Alabama Asthma Program

The Alabama Asthma Program (AAP) began in late 2009, funded through a five-year cooperative agreement program with the CDC. Activities included hiring new staff, developing a five-year strategic plan, and creating a first-year work plan. Additionally, activities in 2010 focused on building a comprehensive surveillance system to assess the burden of asthma throughout the state. In addition to data from the Behavioral Risk Factor Surveillance System, the AAP is obtaining data from the following sources as part of the surveillance system:

- Center for Health Statistics - Mortality Records
- Hospital Discharge Data
- Blue Cross/Blue Shield of Alabama
- Children's Health Insurance Program
- Biosense - Veterans Affairs and Department of Defense
- Youth Tobacco Survey
- Youth Risk Behavior Surveillance System
- Alabama Department of Environmental Management (ADEM)
- Medicaid

To ensure availability of asthma-related hospital discharge data, the State Committee of Public Health approved adding asthma to the State's List of Notifiable Diseases, effective on October 22, 2010. As of January 3, 2011, data has been received from 67 of 100 hospitals, with additional hospitals reporting daily. Three-quarters of the hospitals that have sent data have submitted all asthma records for 2009. Also, nearly half of the hospitals have reported all cases of asthma through the first three quarters of 2010.

Although year one was focused on creating an infrastructure for the AAP, several partnerships were established to lay a foundation for future activities in year two. The AAP partnered with the Environmental Protection Agency and ADEM to formulate future plans for implementing

Tools for Schools and an Air Quality Flag Program in school systems across the state. The ALSDE, ADEM, and Steps to a Healthier Alabama partnered with the AAP to establish the No Idling Campaign. The AAP and ADEM distributed 3,000 No Idling signs to 1,500 schools statewide. In order to promote the No Idling Campaign, the AAP printed 10,000 No Idling educational brochures for schools, and presentations were given by ADEM and AAP staff.

The AAP conducted three Alabama Asthma Coalition (AAC) meetings in 2010 as well as sending correspondence routinely to all AAC members in order to maintain an active statewide coalition. AAP staff created an AAC Facebook page which allows members to post current activities, articles, and resources in order to promote asthma awareness and coalition collaboration. A separate sub-committee of the AAC called the Asthma Quality Measures Sub-committee was formed to determine the best practices and protocols of health care providers throughout Alabama.

The AAP also created an asthma Web page hosted on the department's Web site. The Web page includes a resource bank which will store publications, fact sheets, and reports regarding asthma awareness and its impact.

> Risk Surveillance Unit

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

In 2009, 6,789 Alabama adults participated in the BRFSS and reported the following concerning their health practices and daily living habits:

- 22.5 percent classified themselves as current smokers.
- 12.3 percent reported being told by a doctor that they have diabetes.
- 68.2 percent are overweight or obese based on body mass index.
- 84.5 percent reported having some type of health care coverage.

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

COMMUNICATIONS AND HEALTH MARKETING DIVISION

Requests for researched-based, competitive marketing strategies, materials, media avenues, and community venues continued to grow to promote public health educational programs and services that lead to healthier lives and help cut health care costs. In response to the need to provide data-based messaging, the Communications and Health Marketing Division began development of a new branch to provide research to help assure the best use of new and traditional communications resources. Aiding in this effort is the fact that accompanying the ever-widening array of marketing methods to reach audiences are built-in evaluation components on the scope of impact of various mediums. For example, cell phone and Internet activity is a prime source of market data. Nine out of ten 18-29 year-olds own a cell phone, 95 percent use it to text message, 65 percent to access the Internet, and 29 percent of cell phone owners in this age group are “e patients,” i.e., they use their phones to look up health and medical information. This increasing availability of current marketing data makes it possible not only to make more cost-efficient media placement decisions but also pushes the division to be more in touch with the communications systems, attitudes, loyalties, and behaviors of target audiences rather than making traditional assumptions that result in less effective educational outreach.



As a result of new marketing avenues and research, the division has more and better choices to suit program budgets and audience needs. For example, the Diabetes Program had limited funds but was able to reach both rural and urban populations through gas pump topper mini-billboards that provided diabetes symptom and complication education to people while they pumped gas. During hurricane season, the GET 10 Program used wraps on bagged ice containers at convenience stores in remote but highly frequented places to convey their message about the ten things people needed for emergency preparedness.



Success of various campaigns by the division also generated requests for services. In addition to departmental requests, other agencies and organizations, including University of Alabama-Birmingham (UAB), the Alabama Department of Mental Health, and the Department of Human Resources saw ADPH marketing efforts through venues from college sports events to



The design concept and marketing strategy behind the preconceptual health campaign GAL (Get A Healthy Life) demonstrated the importance of researching and utilizing popular trends and communication tools to engage the target audience.

YouTube and contacted the division for artwork and media, event, and social media strategies. One such campaign is GAL (Get a Healthy Life). In its earliest stages, GAL excited people with its potential to stimulate interest in its topic, which is life planning for preconceptual health and covers a range of behaviors from healthy eating to pregnancy spacing to financial responsibility. Both GAL's design concept and marketing strategies have generated new requests for division assistance on educational efforts. UAB is using work created by the division for the ADPH HIV/AIDS Division to promote regular HIV testing. The division began work with the HIV/AIDS Division in collaboration with UAB and HBCUs (Historically Black Colleges and Universities) to study recommendations to develop a phone app or mobile site to encourage testing by providing easy access to information that HIV testing and management is not as frightening an issue as it once was. The division won several awards this year for its work on campaigns, including ALL Kids Sports Marketing, WIC, Get 10 Sports Marketing, and Good Choice.



Public Information

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 2010, staff served as media liaison and provided internal communication venues. Activities included preparing and distributing more than 70 news releases; providing assistance with news media campaigns for several programs; composing audio public service announcements; composing and distributing meeting summaries; editing a variety of documents including the department's official publication, *Alabama's Health*; assisting with scheduling a regular television talk program; distributing video monitoring reports; and answering and routing questions and comments from the department's Web site to health units within and outside the department. Assistance was also provided to partnerships such as Scale Back Alabama and Go Red for Heart.

The Deepwater Horizon oil spill that began on April 20 was an unprecedented environmental disaster. Providing updated information about harmful effects to the public due to the oil spill became a priority, and led to increased informational activities to notify and inform the public about recommended actions. The volume of public inquiries by telephone, from the departmental Web site, and from the news

media increased markedly. In response, a set of frequently asked questions, answers, and appropriate referrals was developed to assist those responding. Concerns centered on ensuring the health of the public and on their safety in the aftermath of the oil spill.

Preparedness for crises that have an impact upon public health is critical as a part of the department's mission. Staff also serve as members of the Incident Command System and participate in radiological emergency response exercises and drills.

Risk Communication

The Risk Communication Branch works to ensure that state and local entities are prepared to respond to the challenges that occur during terrorist and crisis events by providing communication materials and training programs for staff, partners, and the public that equip them with the tools to communicate and respond effectively.

In 2010, the branch conducted training that instructed departmental employees and partners on working with the media, writing news releases for dissemination, and developing statements. The branch also provided training on educating the media and the public about receiving the Strategic National Stockpile.

The branch developed materials that included public service announcements, fliers, posters, news releases, and advertisements. Staff also served as the editor of the department's annual report.

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.

Staff also participated in radiation control exercises. During the past year, branch staff assisted in influenza response and the oil spill including responding to questions from the public and preparing public information.

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 (APHTN) was formally established in 1992 in collaboration with the Centers for Disease Control and Prevention (CDC) and is a nationally recognized provider of public health training and education programs. Division staff produced 68 live satellite broadcasts and webcasts in 2010.

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 the highest production standards. The division's six nonlinear, 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, which includes a 1,500 square foot broadcast studio and a state-of-the-art master control room. Recent technological upgrades have launched the division into the digital and high-definition 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 is routinely requested by public health and allied health agencies to provide off-site conference support throughout the state. 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 conducts 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's 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 from their worksites while reducing the amount of time spent traveling to receive training.

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. In 2010, nearly 160,000 people watched one or more of the 68 trainings by satellite, webcast, or as an on-demand program.

Video Communications is expanding upon its capabilities to produce special and featured video projects. Staff worked closely with several departmental offices and state organizations to produce special video projects. One of the largest assignments was to produce a special continuing education training for WIC titled Alabama WIC Nutrition Education/Breastfeeding Training. The training included eight separate presentations from three nationally recognized experts on child nutrition, and offered 11.5 hours of continuing education credits. More than 200 people viewed each segment, all of which were featured on the Web site.

Staff members also had the opportunity to collaborate with members of the National Fetal Infant Mortality Review (FIMR) team in Baltimore, Maryland, to produce a six-minute video promoting the FIMR process and program. The video project was submitted and selected as an abstract to the American Public Health Association's Annual Meeting and selected as a feature presentation during its three-day conference in Denver, Colorado.

Another special project is a documentary on the advancement of health education and health promotion in state agencies throughout the country. This 30-minute video was produced with the Directors of Health Promotion and Education.

Internet

Satellite conferences produced by the division are also broadcast as live webcasts through the APHTN's 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.

Emergency Response

Emergency communications continue to play a significant role in the division's responsibilities. After the largest oil spill in history in the Gulf of Mexico, the division played a crucial role in providing public health information to health care personnel across the country. The division, in collaboration with the South Central Center for Public Health Preparedness and the South Central Public Health Training Center, broadcast a 90-minute distance learning training titled *Anatomy of an Oil Spill: Public Health Response*. Experts discussed the toxicological effects of oil and dispersants, the routes of exposure, and seafood safety concerns. More than 2,000 people participated in the live training.

This is a much different role than the one played in 2009 during the height of the Novel H1N1 Influenza outbreak where the division broadcast 17 urgent news conferences over a two-week period. 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.

Additional Services

Another initiative for the division is video conferencing. This two-way video and 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. This conferencing system is a critical meeting and learning tool and is a huge benefit for workforce development.

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 also 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 Contingence, and the CDC. The division also produces a series for the South Central Center for Public Health Preparedness, which is now known as the South Central Preparedness and Emergency Response Learning Center. The center is a collaborative partnership between the Schools of Public Health at the University of Alabama at Birmingham and Tulane University, and the public health workforce of Alabama, Louisiana, Mississippi, and the Poarch Band of Creek Indians of Alabama and the Mississippi Band of Choctaw Indians with funding from the CDC.

Bureau of **CLINICAL LABORATORIES**

The Bureau of Clinical Laboratories (BCL) is an essential component of the state and national public health laboratory systems. The BCL is the first line of defense in detecting diseases, whether caused by natural or terrorist action, and offers its citizens quality services through a vast array of technical specialties.

The overarching mission of the BCL 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 BCL 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, in collaboration with its internal and external partners, aspires to ensure quality test results for timely diagnosis and treatment of Alabama's citizens.

The BCL currently consists of the main laboratory in Montgomery and a specialty testing laboratory in Mobile. The laboratories received a combined total of 644,000 specimens during fiscal year 2010. Almost two million laboratory tests were performed, most of which were clinical. The bureau offers environmental testing in support of departmental programs. These tests and their results have significant impact for the individual patients, their communities, and subsequently, the entire state.

The BCL made special efforts to reach out to the community to pique an interest in laboratory science, as there is a national decline of qualified staff in this area. Several local high schools have toured the Montgomery laboratory as a result.

ADMINISTRATIVE SUPPORT SERVICES DIVISION

The Administrative Support Services Division provides an array of services in support of the bureau. These services cover many aspects, including preparing and monitoring the budget, maintaining property inventory, shipping test supplies to county health departments, and overseeing the building and grounds. Also included are purchasing, personnel, quality management, and Laboratory Information Management System activities.

Progress has been made in the installation of a new Laboratory Information Management System. High-volume tests, such as Chlamydia/ Neisseria gonorrhea (GC), Human immunodeficiency virus (HIV), Venereal Disease Research Laboratory (VDRL), and Blood Lead, are now ordered and test results reported via the new system from all of the county health departments, with the exception of Jefferson and Mobile counties. Providers outside of health departments are able to order tests and receive test results electronically through use of a Web portal.

The responsibilities of the Quality Management (QM) Section of the BCL include all facets of technical and nontechnical laboratory functions. The year began with continuing efforts to ensure that policies and procedures set forth by the Clinical Laboratory Improvement Amendments (CLIA) were maintained and ultimately exceeded within the BCL.

The QM Section places great emphasis on ensuring that the BCL and the Alabama County Health Department Laboratory System provide 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 testing personnel
- Administration and monitoring of the BCL and county proficiency testing
- Test results and method validation
- Patient information and test relationships
- Personnel assessment of state and county employees
- Communication assessments
- Complaint investigations
- Assessment of safety and laboratory documentation issues

The year concluded with preparation for upcoming CLIA inspections for both the bureau and the Alabama County Health Department Laboratory Systems.

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 performs testing for routine chemistry profiles, Hepatitis B screens, complete blood counts (CBC's), CD4 lymphocyte subset enumeration, quantitative polymerase chain reaction (PCR) for HIV viral loads, and HIV genotype testing. During this fiscal year, Hepatitis B testing was transferred from the Mobile Division Laboratory to this branch to consolidate testing. The branch also performed the validation studies required for a new immunoassay analyzer placed in service to perform hepatitis and thyroid stimulating hormone testing. Specimens for analysis are submitted from county health departments, federally funded primary health care centers, and community based HIV treatment programs.

The Clinical Blood Lead Section of the Lead Branch processed and analyzed 15,421 specimens for lead. Of this total, 243 of these were found to be greater than or equal to 10 ug/dL (1.58 percent). Four children were confirmed with blood lead levels exceeding 45 ug/dL. In one case, a sibling was subsequently identified as also having an elevated lead level.

The Environmental Lead Section of the Lead Branch tested 1,146 samples for lead with 216 found to have values greater than the level of concern for that matrix. Wipes from vinyl mini-blinds represented the highest rate of positivity.

The CT Branch of the division acquired two new methods: metabolites of tetranitromethane and tetramine in urine. The lab is slowly increasing the use of existing equipment to enhance laboratory capability and expects to acquire a new Gas Chromatography/Mass Spectrometry this year. The branch is currently preparing to analyze local Gulf seafood samples for Polyaromatic Hydrocarbons and chemical dispersants. Testing will be done by the BCL and the Alabama Department of Agriculture

and Industries in conjunction with the Food and Drug Administration (FDA). The branch continues to assist law enforcement offices in the identification of unknown samples, and it is also continuing the processes of validation, proficiency testing, and acquisition of new methods.

METABOLIC DIVISION

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 enable him or her to achieve a much better quality and length of life. Alabama has approximately 62,000 births each year, with an initial screening performed at birth and a second screening that is recommended at 4-6 weeks of age.

The Newborn Screening Laboratory performs tests that aid in the diagnosis of 28 of the 29 primary disorders that are recommended by the March of Dimes and American College of Medical Genetics. In addition, screening is performed for approximately eight secondary disorders, bringing the total to an approximated 36 disorders. The laboratory screens approximately 125,000 specimens yearly, which translates to 4,400,000 total tests. The program is constantly researching, testing, and training to stay current with methods and to be consistent with testing performed in other NBS laboratories.

Each year the Alabama NBS Program identifies approximately 100-120 infants with a metabolic, endocrine, hematological, or other inherited disorder that may not be 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.

The screening program has implemented measures to assist providers with training to address concerns and issues surrounding the collection and submission of a satisfactory specimen for testing. The program has encouraged hospitals to designate a newborn screening coordinator who will serve as the facility's primary contact for newborn

screening issues. The screening program also provides a detailed quarterly report that allows hospitals to monitor their unsatisfactory rates. The program maintains an active advisory board whose members include health care professionals, public health professionals, and parent advocates.

MICROBIOLOGY DIVISION

Bioterrorism

The Bioterrorism Section processed 21 environmental samples (letters with powder); all of which were negative. Three food specimens were tested for *Clostridium botulinum* toxin and found to be negative, and no *C. botulinum* was isolated. One clinical specimen was tested and found to be positive for *C. botulinum*, while two other clinical specimens tested negative. Five culture isolates were tested to rule out *Bacillus anthracis* and all were negative. Two culture isolates tested positive for *Brucella* species (*Brucella canis* and *Brucella suis*). One other specimen was tested to rule out *Francisella tularensis* and found to be negative. This section successfully participated in six proficiency exercises.

Civil Support conducted an informative emergency preparedness exercise at the BCL in the summer. Laboratorians were able to observe the process of collecting and submitting potential bioterrorism samples to the BCL for confirmative testing. The section participated in testing the mock specimens collected during the exercise.

Reference Bacteriology Section

A 20 percent decrease in the number of *Escherichia coli* O157:H7 was confirmed in the fiscal year 2010 as compared to 2009. There were 156 specimens screened for shiga-toxin producing *Escherichia coli*, 33 were serotype O157:H7, 42 were non-O157, and 27 were positive for shiga-toxin but the causative agent was not isolated. The remaining 38 were negative for shiga-toxin. Thirty-one specimens were submitted for *Haemophilus influenza* with the majority being unable to serotype. There were 12 *Neisseria meningitidis* isolates submitted for serotyping (5 Group B, 3 Group Y, 2 Group C, and 2 unable to type). There were five culture-confirmed cases of *Bordetella pertussis*. There were seven *Listeria*

monocytogenes submitted. *Clostridium botulinum* was isolated from the feces of a patient diagnosed with infant botulism and a second patient specimen was tested but found to be negative for *C. botulinum*. Foods associated with the *C. botulinum* cases were negative for toxin and *C. botulinum* organisms. Three foodborne illness cases (*Listeria*, norovirus, and *Salmonella*) were investigated. Foods were not tested for norovirus; the others were negative for the suspect causative agent.

Other organisms of interest were a *Legionella pneumophila* isolated from bronchial fluid and *Rickettsia parkeri* identified in a patient. According to the Centers for Disease Control and Prevention (CDC), this is the first recorded case of this particular strain of *Rickettsia* in Alabama.

Enteric Pathogens Section

The Enteric Pathogens Section received 1,705 specimens in fiscal year 2010. This is approximately the same number of total specimens as the previous year. There was a 14 percent decrease in the number of *Salmonella* isolated and a 12 percent increase in the number of *Shigella* isolates from the previous year.

A total of 101 specimens were submitted this fiscal year to the National Antimicrobial Resistance Monitoring System.

• <i>Salmonella</i> species	69
• <i>Salmonella typhi</i>	2
• <i>Escherichia coli</i> O157:H7	2
• <i>Listeria monocytogenes</i>	10
• <i>Vibrio</i> species	6
• <i>Vibrio cholera</i>	0
• <i>Shigella</i> species	10
• <i>Paratuberculosis</i> A	2

Parasitology Section

There were 3 confirmed cases of malaria, 4 cases of *Cryptosporidium* species, and 11 *Giardia lamblia* along with other nonpathogenic protozoa.

Neisseria gonorrhoeae (Culture) Section

The section received 377 cultures from nongenital sites for testing. This is a 17 percent decrease from the previous year. Of this number, 13 were positive.

Molecular Methods Section

During this fiscal year, the section tested the following:

- Influenza – Tested 4,550 specimens for influenza by real-time PCR with 1,717 testing positive.
- Norovirus – Received 26 specimens to test for norovirus by real-time PCR. Sixteen of these specimens were positive.
- Bordetella (PCR) – Received ten specimens for testing by this method. None of the specimens tested positive.
- TB (PCR) – Received 203 specimens with 51 testing positive.
- VZV – No clinical specimens were received for DFA testing. The section successfully participated in the CAP Virology Antigen Detection Proficiency Test.
- PulseNet – Serotyped 36 bacterial specimens. Table 1 summarizes the bacterial specimens that were serotyped, as identified by the Alabama PFGE Laboratory and PulseNet.

PFGE FY 2010	
Organism	Number
E. coli	51
Salmonella	1,418
Shigella	201
Listeria	8

The PFGE lab successfully participated in the fall 2009 and spring 2010 PulseNet Proficiency Testing Rounds, and an additional certification for gels and analysis were obtained for *Campylobacter*.

- WNV– The West Nile virus laboratory team ensured testing for seven human specimens. None of these were positive. No birds were received for testing this fiscal year.
- Botulinum toxin - Two clinical specimens and three food specimens were received for botulinum toxin testing by mouse assay. One clinical specimen tested positive.

Rabies Section

The total number of specimens processed by the Rabies Section was 1,871, up 37 percent from last year's total. The number of positives decreased from 77 to 59.

RESPIRATORY DISEASE DIVISION

Mycobacteriology Section

The Mycobacteriology Section received 11,501 specimens for isolation and identification of *Mycobacterium tuberculosis* complex, other mycobacteria, and acid fast organisms; 469 of these were referred cultures. The section performed 1,272 DNA probes and 929 high pressure liquid chromatography tests for the identification of *M. tuberculosis* complex and Mycobacteria other than *M. tuberculosis*. The section performed 488 drug susceptibility test panels for susceptibility to isoniazid, rifampin, ethambutol, and streptomycin initially. If resistance to any drug was detected, the organism was additionally tested for susceptibility to ethionamide, kanamycin, ofloxacin, and higher concentration drugs of isoniazid and streptomycin. In addition, 269 tests for the antibiotic pyrazinamide were performed.

Molecular testing by real-time PCR test for *M. tuberculosis* complex has aided the Division of Tuberculosis Control in contact investigation and treatment decisions. Generally, one specimen from all new smear positive patients was referred to the Emerging Diseases Section (EDS) for rapid testing from clinical specimen. Testing of smear negative specimens from patients with high suspicion for TB began in November 2009, upon special request. There were 263 RT-PCR tests referred to EDS; 37.6 percent were smear negative specimens.

The Mycobacteriology Section continues participation in the Tuberculosis Cooperative Agreement Grant, the 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 159 isolates sent was collated and distributed to the Division of Tuberculosis Control to enhance outbreak investigations and patient care. The Mycobacteriology Section submits specimens/isolates that exhibit resistance to two or more of the first-line drugs or are anticipated to be resistant to the CDC for the CDC Drug Resistance Study for molecular mutations associated with drug resistance.

Mycology Section

The Mycology Section received 4,839 specimens for fungal identification. Of these, 1,566 were referred cultures. Testing of referred and clinical isolates identified 1,084 dermatophytes, 294 yeasts, and 1,136 other fungi. Of 294 yeasts reported, 91.5 percent were identified. Of the 8.5 percent remaining yeasts, only 1.4 percent did not have an identifiable pattern; the rest were mixed cultures—unable to separate to identify. Of 1,084 dermatophytes reported, 99.8 percent were reported to the species level, and 0.2 percent to the genus level only. The most common dermatophyte identified was *Trichophyton tonsurans* at 91.3 percent of all dermatophytes reported. Of 1,136 other molds reported, 90.2 percent were reported with identification. Other cultures were reported as “mold, unable to identify” due to mixed culture—unable to separate, sterile (nonsporulating) mycelia, or sporulating fungus—unable to identify.

Systemic pathogens isolated and identified were 18 *Cryptococcus neoformans*, 15 *Histoplasma capsulatum*, 4 *Blastomyces dermatitidis*, and 7 *Coccidioides immitis*. The incidence of *Histoplasma* and *Coccidioides* both increased by greater than 25 percent, while *Cryptococcus neoformans* decreased by 28 percent.

SANITARY BACTERIOLOGY/MEDIA DIVISION

The Sanitary Bacteriology/Media Division, located in the Montgomery Laboratory, tests dairy products, tests public and private water samples, and prepares media used by both

the county health departments and within the laboratory system. Testing was done on 1,100 dairy samples. Dairy samples include raw producer and tank truck samples as well as finished dairy products.

The lab tested 5,900 public and private water samples, approximately the same number as last year. Working with the Alabama Department of Environmental Management, 15 public water utility laboratories were inspected for compliance with state and federal regulations. The Media Section made a total of 3,725 liters of media, which poured 42,370 plates, 156,539 tubes, and 5,438 flasks. The breakdown for each division is shown in table below. Working with the FDA, six milk laboratories were inspected for compliance with state and federal regulations.

	Liters	Tubes	Plates	Flasks/Bottles
Metabolic	8			102
Microbiology	1,337	59,358	34,790	578
Milk and Water	461	2,150		4,044
Mycology	179	29,622	160	205
TB	1,095	65,409	7,420	238
EID	645			271
TOTALS	3,725	156,539	42,370	5,438

SEROLOGY DIVISION

HIV testing had a decrease of 1,455 specimens tested, a 0.6 percent reactivity rate of HIV Enzyme immuno assay (EIA), and confirmed 78 percent of the reactive HIV EIA tests. The total number of examinations for HIV was 107,673.

CT and GC specimens increased by 29,223, representing a 49 percent increase in specimens compared to fiscal year 2009. The positivity rate for CT was 10.9 percent and 5.3 percent for GC. The division conducted a validation study to expand the current methodology to allow nongenital site sampling for CT and GC infection.

The Syphilis Branch performed VDRL testing on 76,242 specimens. *Treponema Pallidum* Particle Agglutination (TP-PA) testing was also performed on 2,143 specimens. The TP-PA test is utilized as the confirmatory test for syphilis. The positivity rate for syphilis showed a decrease from 2.3 percent to 2.1 percent from

fiscal year 2009, using the number of TP-PA's as the indicator. The division evaluated an automated syphilis EIA test for the possible use as the primary screening test for syphilis.

MOBILE DIVISION

The Mobile Division of the Bureau of Clinical Laboratories operates with three branches covering the analyses of shellfish and recreational waters of Alabama's Gulf beaches, clinical testing, and environmental testing, such as drinking water and rabies.

Shellfish/BEACH/Harmful Algae Branch

In 2010, Alabama's coastal waters were impacted by oil from the explosion of the Deepwater Horizon oil drilling rig. The Phytoplankton Section of Mobile Laboratory's Shellfish/BEACH/Harmful Algae (Beaches Environmental Assessment and Coastal Health) Branch supported the actions by the Seafood Branch, the Alabama Department of Conservation and Natural Resources, and the Alabama Department of Environmental Management as they investigated the possible deleterious effects of oil on the fisheries. The laboratory examined water samples to determine if harmful microalgae could be ruled out as the cause of fish kills. The months-long oil spill resulted in Gulf beaches being placed under public health advisory due to the oil and the possible dangers it presented to swimmers and others. This caused a reduction in the BEACH samples collected from open Gulf sites. The estuarine recreational water areas remained open to the public and were tested routinely for the presence of the fecal indicator bacteria, enterococci. Normal BEACH sampling resumed in August.

The Shellfish/BEACH/Harmful Algae Branch supported the efforts of the Epidemiology Division in the investigation of a norovirus outbreak in a Shelby County lake by analyzing water samples from the swimming area using the methods approved by the Environmental Protection Agency for recreational waters. The Mobile laboratory was evaluated by the U.S. FDA and found to be in full compliance of requirements for the molluscan shellfish safety program.

Clinical Branch

The Clinical Branch processed specimens for syphilis (VDRL and TP-PA), Chlamydia trachomatis/Neisseria gonorrhoeae (CT-NG) by the GENPROBE Tigris, Urine Culture and Sensitivity, and Hepatitis B until March 2010. The number of clinical specimens analyzed increased significantly from 2009. The syphilis serology, VDRL, numbered nearly 52,000 plus 951 specimens for the TP-PA confirmation test. Specimens for CT-NG (44,211) yielded 88,422 patient results. The activities of this branch support 31 county health departments and numerous not-for-profit health clinics and correctional facilities. The statewide Urine Culture and Sensitivity Program served providers in 61 counties by running nearly 2,200 specimens. The Clinical Branch significantly supported the bureau's effort to implement the new Laboratory Information Management System processing and reporting. Work flow adjustments to maximize the benefits of this technology and staff training were accomplished quickly. As a result of this implementation, approximately 69 percent of clinical test results are transmitted to submitters electronically.

Environmental Branch

The Environmental Branch had a restructuring of the service areas so rabies specimens were reduced from previous years' numbers. Of the 422 specimens submitted, 10 were positive and 5 of those were raccoons. The Mobile lab tested 5,290 public and private drinking water samples.

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 and are offered seminars on professional development.

Each year the Training Unit coordinates the mandated Basic Environmentalist Training Course. This course is offered biannually and must be successfully completed by newly hired employees prior to their receiving permanent employment status with the state. The course provides new employees with interpretation of the 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 personal contact with public officials, civic organizations, schools and universities, industry representatives, and the general public to improve their relationship with county environmentalists.

The Training Unit facilitated the 2010 Gulf and South Atlantic State Shellfish Conference in Baldwin County. The conference allowed individuals from throughout the U.S. to come together in an educational arena to speak on the effects of the Deepwater Horizon oil spill and surrounding beaches, as well as learn ways of improving and promoting shellfish safety. Also, the unit helped facilitate two workshops on “A Coordinated Response to Food Emergencies: Practice and Execution” held in Prattville and Birmingham. Both workshops were sponsored by the Alabama Department of Public Health’s Center for Emergency Preparedness and targeted

personnel responsible for food incident response from federal, state, and local levels including food safety investigators and inspectors and defense personnel.

FOOD/MILK/LODGING DIVISION

Food and Lodging

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

Food Safety

In 2010, county health departments conducted 42,293 inspections at food service establishments. In addition, 3,150 inspections were made at temporary food establishments such as food booths at fairs and festivals; 5,990 inspections were made at other locations. County health departments investigated 2,331 complaints from the public concerning food or food establishments and issued 7,063 legal notices.

Tattoo (Body Art) Facilities

“Body art” includes tattooing, body piercing, and branding. Under the requirements for licensing body art facilities and issuing permits to the operators, there were 294 licensed facility inspections conducted. The county health departments investigated 72 complaints and issued 57 legal notices.

Lodging

County health departments conducted 1,073 inspections of hotels and camps and 169 inspections of jails and prisons, investigated 208 complaints, and issued 131 legal notices.

Milk and Food Processing

Milk is a basic food for both the general public and school children in Alabama. Milk products such as ice cream and cheese are 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 2010, the Milk Branch conducted 61 pasteurization equipment tests, 228 dairy farm inspections, 99 milk plant inspections, 10 single service manufacturing plant inspections, and permitted 159 out-of-state plants to ship dairy products into Alabama. The branch collected 854 raw (before pasteurization) milk samples, and 967 pasteurized milk samples for bacteriological, chemical, and antibiotic testing.

A total of seven milk tankers containing 350,000 pounds of milk (or 40,689 gallons) were disposed of due to antibiotic contamination.

Seafood

The oil spill on April 20, 2010, brought about unprecedented challenges including coordinating efforts with multiple state and federal agencies to develop a reopening protocol for shellfish harvest areas closed as a precautionary measure to ensure seafood safety.

As part of the oil spill response, Seafood Branch staff attended training on:

- Mississippi Canyon 252 Responses provided by BP contractors.
- Sensory Training for Detection of Taint in Seafood Due to Oil Spill Exposure provided by a special sensory expert team composed of National Marine Fisheries Service and Food and Drug Administration experts.

Be
CONFIDENT
about your
GULF SEAFOOD

Harvest areas in Alabama state waters have been reopened by the Alabama Department of Conservation and Natural Resources. These areas had been closed as a precautionary measure after the Deepwater Horizon Incident.

Seafood samples have been collected and tested and results were below established levels of concern.

More information can be found at FDA.gov.

ADPH.ORG

ENV/CSB post 10.12.10.08

The oil spill incident on April 20, 2010, brought about unprecedented challenges including coordinating efforts with multiple state and federal agencies to develop a reopening protocol for shellfish harvest areas closed as a precautionary measure to ensure seafood safety.

- “HOW” to Assure Safe Seafood, Harvest Open Waters provided by NOAA Sea Grant Programs and Association of Food and Drug Officials.

A reclassification from “prohibited” to “restricted” harvest designation was completed for Area 5 growing waters in upper Mobile Bay. The Seafood Branch and Marine Resources Division of Alabama Department of Conservation and Natural Resources completed one of the largest shellfish relay projects along the Gulf Coast. Following the reclassification, 100,000 sacks of oysters were taken from approximately 29,335 acres of “restricted” waters in the upper Mobile Bay and relocated 15 miles to a newly constructed 800-acre oyster relay reef in “approved” waters. Eighty acres of the reef were planted in this project. The \$1.65 million project was completed in ten working days.

Routine work for fiscal year 2010 included a combined total of 358 inspections conducted to ensure compliance with the State Health Department Rules and Regulations and a total of 312 field visits made to provide onsite training in good manufacturing practices, record keeping, and compliance with inspection schedules. There were 22 shellfish processing permits issued; 16 crab processing permits issued; and 38 shrimp, fish, and specialty product processing permits issued. In addition, 93 private source water samples were collected from processors to ensure bacteriological safety.

During the 2010 fiscal year, 284 shellfish growing water samples and 25 shellfish samples were collected to determine bacteriological compliance.

Sixty-six 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 shellfish growing areas, Mobile Bay Water Monitoring Program, and shellfish processing elements were found to be in compliance with the National Shellfish Sanitation Program by the Food and Drug Administration's regular review.

The Seafood Branch hosted the 2010 Gulf and South Atlantic Shellfish Conference in Orange Beach.

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.

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.

During the past year:

Permits issued to install onsite sewage systems	8,065
Systems installed	10,134
Special projects such as plans reviewed for large systems handled	25
Complaints handled statewide	3,828
Variances processed	4

- 435 people were trained at various environmental training events during the year. This consisted of training departmental staff and those involved in onsite systems design and installation outside of the department.
- 33 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.
- 133 large onsite systems are now permitted by the health 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.
- 46 county onsite sewage programs were reviewed by central office survey officers. This program is designed to evaluate, improve, and standardize county onsite sewage programs.

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.

• Unauthorized dumps inspected	922
• Transfer/processing facilities inspected	78
• Septage management facility inspections	32
• Collection vehicles inspected	1,055
• Certificates of exception reviewed/issued	3,924
• Vector complaints investigated	2,306

Indoor Air Quality/Lead Branch

This branch provides information on issues related to indoor air quality, molds, lead-based paint, and other lead hazards. Regarding the lead hazard program, the primary focus of the branch is to enforce the state regulations promulgated under the Alabama Lead Reduction Act of 1997. These rules require individuals and firms who are engaged in lead identification and risk assessment, 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 also provide support for the Alabama Childhood Lead Poisoning Prevention Program, a program which identifies children with elevated blood lead levels through screening by local health departments and private physicians; it also provides environmental surveys of their homes to identify sources of lead hazards and recommend methods to eradicate the hazards. This program ensures that proper medical treatment or case management is undertaken by responsible authorities to prevent 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 as 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	92
• Inspections of lead abatement project sites	38
• Visits to municipal authorities for compliance assistance	66
• Violations of state lead regulations noted	30

Childhood Lead Poison Prevention Program activities:

• Lead outreach (education and awareness) workshops, seminars, and fairs	20
• Inspections of homes with cases of children with high blood lead levels	80
• Environmental lead samplings of dust, soil, water, and paint chips	1,600

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; monitoring environmental activities; and conducting training and preparedness activities in case there is an accident or incident involving radiation or radioactive material in the state. The office maintains a supply of radiation detection equipment that is used for the above purposes.

Specific statewide activities and responsibilities of the office include:

- Registering and inspecting all medical and nonmedical X-ray producing equipment and its use.
- Licensing and inspecting all uses of radioactive material including medical, research, and industrial uses.
- Coordinating, implementing, and inspecting increased controls for security of certain high-risk radioactive material licensees.
- Registering and inspecting particle accelerators including medical, research, and industrial uses.
- Performing annual inspections of mammography X-ray units under the Mammography Quality Standards Act of 1992.
- Reviewing and approving shielding plans for diagnostic X-ray, PET imaging, and particle accelerator facilities.
- Testing and certification of industrial radiographers using radioactive material and X-ray producing equipment.
- 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.
- Coordinating with other state agencies in the development and implementation of the Alabama Radiological Emergency Response Plan for nuclear power plant incidents.
- Planning and participating in annual offsite nuclear power plant exercises.
- Planning and participating in annual medical service drills at hospitals located around nuclear power plants.
- Providing 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 Monitoring System for radiation in the state.
- Providing emergency response in the event of an accident or incident involving radioactive material.
- Planning and participating in terrorist threat-based training exercises involving radioactive material.
- Responding to and investigating allegations of wrongdoing involving radiation or radioactive material.
- Providing coordination and oversight of the Alabama Radon Education Program.
- Conducting surveillance of shipments of low-level radioactive waste transported through Alabama as part of the U.S. Department of Energy Waste Isolation Pilot Project.
- Participating in the Department of Homeland Security Task Force for the Preventive Radiological and Nuclear Detection (PRND) Program in Alabama.
- Coordinating and implementing the department's expanded radiological emergency response teams involving assigned environmentalists and nurses in the 11 public health areas.

For 2009-2010, service activities for the Office of Radiation Control include the following:

- Registered 323 new X-ray units.
- Reviewed 162 X-ray shielding plans.
- Inspected 566 registered X-ray facilities.
- Inspected 1,395 X-ray machines.
- Inspected 1,477 X-ray tubes.
- Issued 14 new radioactive material licenses.
- Issued one new particle accelerator registration.
- Issued 360 amendments for radioactive material licenses.
- Issued 55 amendments to particle accelerator registrations.
- Inspected 225 radioactive material licenses.
- Inspected 19 particle accelerator registrations.
- Issued 32 industrial radiographer certification cards.
- Responded to 58 incidents involving radioactive material and investigated 6 allegations of wrongdoing involving radioactive material.
- Collected 551 environmental samples.
- Conducted and participated in four nuclear power plant offsite radiological emergency response exercises.
- Trained 931 first responders and support personnel in basic radiation principles and response procedures.

For 2009-2010, notable achievements for the Office of Radiation Control included:

- In May 2010, the office was inspected by a team led by the Nuclear Regulatory Commission (NRC). This inspection is part of the Integrated Material Performance Evaluation Program (IMPEP) set up by the NRC to evaluate a regulatory program's adequacy to protect the public health and

safety, and to determine whether the program has regulations that are compatible with those of the NRC. These IMPEP reviews are performed every four years, and this is the fourth such review of the Alabama program. The evaluation included reviews of the agency's radioactive material licensing and inspection programs, responses to any incidents or allegations, and the current state of regulations. The Office of Radiation Control program was found to be adequate to protect public health and safety, and Alabama regulations were found compatible with the NRC's. There were no recommendations for improvement, and the IMPEP team specifically commended the agency's medical authorized user database as a good practice. This is the third consecutive IMPEP review in which the agency has received such favorable findings.

- Rules 420-3-26-.01, 420-3-26-.02, 420-3-26-.03, 420-3-26-.06, 420-3-26-.07 and 420-3-26-.10, Alabama Administrative Code, Radiation Control, were revised.
- The office equipped and trained approximately 35 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. Seventeen public health environmentalists attended the Radiological Emergency Response Operations Course in Anniston, and 18 public health nurses attended the Radiation Emergency Medicine Course in Oak Ridge, Tennessee. These trained personnel were utilized in providing timely response to three incidents involving radioactive material.
- In coordination with the Alabama National Guard's 46th Civil Support Team and the Alabama Department of Public Safety's Crisis Response Team, staff provided radiation surveillance at the two Talladega races as part of the state's PRND Program.

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 supports 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 unit also manages budgets for the Bureau of Professional and Support Services.

OFFICE OF MINORITY HEALTH

The mission of the Office of Minority Health (OMH) is to improve the health of 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, individual quality of life, and mortality. To promote public awareness of the health concerns in 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 correctional institutions.

During 2010, the office received funds for year five 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. The office produced a document, "The Alabama Health Disparities Status Report 2010." This report contains 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 ten-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.

The OMH, in collaboration with the Cardiovascular Health Branch, trained several community groups on the Chronic Disease Self-Management Program (CDSMP) in English and Spanish. The 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.

In addition to outreach activities, grant funds supported a series of 11 satellite conferences that were 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 for 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 OMH hosted a summer series of cultural competency satellite programs that focused on high-risk and underserved minority populations. The purpose of the series was to provide information on minority subpopulations that were impacted by social determinants. The summer satellite conference

series focused on the following high-risk social groups: (1) gay, lesbian, bisexual, and transgendered persons; (2) incarcerated and ex-offenders; and (3) Asian, Hispanic/Latino and Native American Indian populations. Another purpose of the conference series was to orient health care providers in the workforce on employee prejudices and stereotypes that present barriers to diverse minority groups accessing health care services. The satellite conferences targeted the general community, medical and health care professionals, caregivers, and persons who are living with the different disparities. A total of 20,837 participants registered for the 11 satellite conferences.

Outreach activities continued with the Alabama Department of Corrections through the reentry and pre-release programs at 22 prison facilities statewide. The OMH has worked to incorporate a health module into the reentry programs to provide preventative health information to inmates who are soon to be released into the community.

Inmates participating in these programs are provided with information on cardiovascular disease, diabetes, immunizations, HIV/AIDS, sexually transmitted diseases, hypertension, cholesterol, high blood pressure, healthy eating, physical activity, smoking cessation, staph infections, and influenza. These health education interventions target a vulnerable and underserved population of individuals who are considered to be at 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 from prison. 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 2010 activity year, 2,045 inmates (614 female inmates and 1,431 male inmates) participated in the prison outreach initiative.

The OMH assisted the Cancer Prevention and Control Division with outreach efforts to disseminate information on a new project for colorectal cancer. The ultimate goal of this project is to increase colorectal cancer screening to 80 percent by 2014. Materials have been translated into Spanish for distribution to non-

English-speaking patients who are accessing services at county health departments and federally funded clinics.

The OMH also provided a series of cultural competency and diversity awareness training programs to multiple state agencies, academic institutions, community organizations, and faith-based programs. Training was provided to nursing students at Tuskegee University, Alabama School of Alcohol and Drug Studies Conference, University of Alabama School of Nursing, and the Department of Latin American Studies. Cultural diversity training was also provided at the Annual WIC Training Conference; Alpha Kappa Alpha Sorority, Inc., Day at The Capitol; Southern AIDS Coalition Advisory Council Meeting; Alabama Strengthening Communities Project; Federally Qualified Health Centers; Emergency Medical Services; Alabama Pharmacy Association; and Chamber of Commerce. OMH staff was also trained on multicultural and diversity awareness issues through the American Association of Retired Persons.

NURSING DIVISION

Public health nursing in Alabama 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 2010, staff collaborated with community partners throughout the state to promote safe nursing practice, to enhance the knowledge of public health nurses, and to foster relationships between partners to promote nursing as a career.

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, and the University of South Alabama. The Nursing Division also has student nurse clinical affiliations with 34 schools of nursing throughout Alabama and the United States. The department 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's 134 instructors are based throughout Alabama and provide CPR and first aid training to daycare providers, community volunteers, and health care professionals. The division is also approved to provide continuing education for nurses by the Alabama State Nurses Association in collaboration with the American Nurses Credentialing Center.

Nurses from the division and from the Center for Emergency Preparedness participated in the State Forward Operations Center in response to the Deepwater Horizon oil spill. Duties for nurses included participation in public health planning, toxicology, and vessel decontamination.

NUTRITION AND PHYSICAL ACTIVITY DIVISION

The Nutrition and Physical Activity Division's (NPA) vision is for Alabamians of all ages to embrace a culture of healthy choices as their normal way of life. Focusing on healthy lifestyles, the division addressed changes through encouraging policy, environmental, and systems changes.

Scale Back Alabama, a statewide program sponsored by the Alabama Hospital Association (AlaHA), Barber's Dairies, Blue Cross Blue Shield of Alabama, and the department is an example of a successful systems change. The semi-Internet based competition begins in January to coincide with New Year's resolutions and continues for 10 weeks. Since the first competition in 2007, Scale Back Alabama participants have lost more than 615,929 pounds. The program is designed to encourage Alabamians to get healthier by losing weight and increasing exercise and has expanded from a worksite wellness program into a community supported competition. January 2010 began the first year for a "Scale Back Alabama Schools" competition. School teams successfully finishing the program were eligible to win physical activity supplies.

Staff worked closely with Action for Healthy Kids, the nation's leading nonprofit and largest volunteer network fighting childhood obesity and undernourishment, and partnered with schools to improve nutrition and physical



Healthy food choices were stocked in vending machines in four pilot areas, and the healthy snacks are identified with the "Good Choice" logo. Educational seminars and materials were provided to employees at the pilot offices explaining the vending machine selections.

activity to help students learn to eat right, to be active every day, and to be ready to learn. The Alabama Action for Healthy Kids Team was involved in many activities including the Healthy Lifestyles Summit, Scale Back Alabama Schools, and Fuel Up to Play 60. The guide series for schools to use in promoting a healthy school environment was updated this year.

Division staff continued to reach school audiences by collaborating with the Alabama State Department of Education and the Alabama Department of Human Resources to provide nutrition and physical activity programs to schools. During and after school hours, nutrition education classes, staff training, materials, and resources are provided to students, school personnel, and parents through the Healthy Weight Initiative and the Supplemental Food Assistance Program. A new partner, the USDA Forest Service in Alabama, joined NPA to promote the Youth Taking Action Challenge in

schools. The challenge motivates students to be physically active while outdoors and to learn about Alabama forests. Thirty-one schools were selected and are completing the challenge.

Although vending machines are convenient for employees to grab a snack during the workday, many are filled with low-nutrient, high-calorie food and beverages. The division partnered with the Alabama Department of Rehabilitation Services to develop a healthy vending machine policy and make positive environmental changes by replacing unhealthy options with more nutritious and healthful foods to support healthy behavior. The overall goal of this policy is to offer healthy choices while still allowing for free choice. Nutrition criteria were developed and used to identify healthy snacks. The policy specifies that 50 percent of snacks/food in vending machines shall meet the following criteria per individual serving:

- 10 percent or less of the daily value of total carbohydrates/35 percent or less of total product weight from sugar.
- 10 percent or less of the daily value of total fat/35 percent or less of total calories from fat and no more than 10 percent of calories from saturated fat.
- 5 percent or more of the daily value of at least one: fiber, vitamin A, vitamin C, calcium, or iron.
- 360 milligrams or less of sodium.

Healthy choices were stocked in the vending machines in four pilot areas (Department of Public Health, Department of Agriculture and Industries, Department of Rehabilitation Services, and the State Capitol building). The healthy snacks are identified with the “Good Choice” logo. Educational seminars and materials were provided to state employees explaining the vending machine selections.

Grant funding was received to increase physical fitness and reduce childhood obesity rates in Alabama by implementing a quality physical education policy in kindergarten through twelfth grade. By partnering with the State Department of Education, division staff helped to draft a quality policy recommendation to be presented to the State Board of Education. A Quality Physical Education Task Force was

assembled to develop the first Alabama Physical Education Instructional Guide and a new fitness assessment to better assess health and fitness of all students. Eight schools across the state were selected to pilot the newly developed curriculum and fitness assessment during the 2010-2011 school year.

The division partnered with the Obesity Task Force to address policy, environmental, and system changes. One example of a completed project is the Balancing InTake and Expenditure (BITE) Project. Funds were provided to five community groups to address obesity through nutrition or physical activity. Projects include increasing walking groups, developing advocacy materials for childhood obesity, creating a local walking path, developing a manual for churches to use for faith-based health interventions, and planting a community garden utilizing high school students and local restaurants.

Community assessments, including health aspects, were completed through Alabama Communities of Excellence (ACE). A series of handouts was developed and provided to elected officials and community leaders.

To encourage more advocacy efforts addressing childhood obesity, the NPA Division, the Alabama Chapter of the American Academy of Pediatrics, the State Obesity Task Force, and ACE obtained a grant from National Initiative for Children’s Healthcare Quality. Funds were used to develop community gardens, to create walking paths, and to convert an older school building to a community center.

As part of the division’s effort to focus on healthy lifestyles, NPA expanded its role with wellness development and programming. Over the past year, NPA staff continued to provide wellness technical assistance to worksites, communities, and schools. The department’s comprehensive employee wellness program, iChoices, was implemented with the goal of reducing employee health risks by making employees more aware of healthy behaviors while encouraging them and their families to adopt healthy lifestyles. The iChoices program provides individual health coaching to employees to affect overall health status and improve presenteeism. iChoices provides access to a Web-based wellness system aimed at changing lifestyle habits, such as stress, poor nutrition, and lack of physical activity.

Changes promoted through everyday choices are individually tailored to the needs of employees. The employee program also provides monthly wellness challenges and education designed to improve employee health habits and create a work environment supportive of healthy choices. High-risk state employees participating in iChoices are able to receive a health insurance premium discount.

PHARMACY DIVISION

The Pharmacy 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 as a member of 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 a terrorism event.

The division continued to coordinate state agencies accessing the Minnesota Multistate Contracting Alliance for Pharmacy which is operated by the State of Minnesota and serves 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. The

database became operational in April 2006. By September 30, 2010, approximately 56 million prescriptions had been reported to 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. Consultation is also provided in the areas of osteoporosis, cardiovascular disease, bioterrorism, diabetes, arthritis, and home health. Assistance is provided in the rescheduling of drugs and the Controlled Substances List.

In addition, the division provided internship experiences to pharmacy students, hosting approximately eight students from each of the two pharmacy schools in the state, Auburn University and Samford University.

OFFICE OF PRIMARY CARE AND RURAL HEALTH

The Office of Primary Care and Rural Health (OPCRH) 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, 60 of Alabama's counties or sub-counties are now designated as primary care physician shortage areas. An additional 128 primary care physicians, strategically placed in Alabama communities, would be required to eliminate the physician shortage designations for underserved residents, but 408 additional primary care



The Prescription Drug Monitoring Program (PDMP) database became operational in April 2006, and as of September 30, 2010, approximately 56 million prescriptions had been reported to it.

physicians are needed to provide optimum provider-to-population ratios. Sixty-five Alabama counties and one sub-county were designated as dental health shortage areas for the low-income population, with 288 additional dentists being needed to overcome this dental care shortage. Sixty-six counties are considered deficient in mental health care providers, with these counties being grouped among 21 mental health catchment areas. Forty-four 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 designation. One primary care shortage designation and 35 dental care shortage designations were updated.

Over 168 health provider vacancy opportunities are on the National Health Service Corps (NHSC) opportunities list. Efforts to recruit and fill these approved slots were undertaken through joint activities between the office, recruiting communities, and the Alabama Primary Health Care Association. Historically, not all slots have been filled primarily because of a limited number of primary care residents and an inability to find physicians and dentists to fill the vacancies. The current field strength of previously placed NHSC providers is 30 physicians, 27 mid-level providers, 18 dentists, and 14 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.

In an effort to promote recruitment and retention of critical health care practitioners, particularly in rural Alabama, the OPCRH has received funding to create the Alabama State Loan Repayment Program. The program provides sub grants to qualified health care professionals in exchange for two years of

service in a HPSA. This program works closely with the NHSC loan repayment program to give rural and underserved communities more options for using loan repayment as a recruitment tool.

The office aggressively recruited health care professionals for the State of Alabama through the use of the Practice Sights Software Program, which resulted in eight placements in fiscal year 2010. Two physicians, three nurse practitioners, and three dentists were assisted in finding practice opportunities in Alabama and have begun practicing. The two physicians were recruited at the NHSC Scholars Conference last fall. The counties benefiting from these services include Clarke, Cullman, Greene, Jefferson, Madison, Randolph, Sumter, and Talladega. Currently, the Practice Sights Recruitment Database includes 172 opportunities and 161 candidates. Of the 95 physicians in the database, 57 are foreign physicians seeking J-1 Visa Waivers. New candidates make contact through telephone calls, e-mails, and through the national recruitment Web site 3RNet. These candidates are sent information on opportunities available for their specialties, and the candidates' information is sent to the opportunity contacts for review. Through continued communication with both candidates and opportunity contacts, the office is seeing more interest in candidates referred, more communication between candidates and opportunity contacts, and more placements made, resulting in an increase in access to health care across the state.

"Operation Get Funded" completed its second full year of technical assistance to rural and underserved health care entities, including their collaborators. This project was initiated by the OPCRH 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. More than 280 representatives of rural community programs participated in grant writing workshops or request for proposal reviews focused on HRSA grants. The Alabama Rural Health Funding Forecast continues to be distributed to rural health care organizations so that they can identify funding opportunities and obtain guidance on the proposal process.

The office has expanded its health information capabilities to include descriptive geographical system mapping. Maps have been developed and placed online that present Alabama's general hospitals by location, clearly identifying the eight rural counties that do not have a hospital, the location of the hospitals that offer obstetrical services, the 35 rural counties that do not have hospitals that offer this service, and the location of certified rural health clinics in Alabama. Plans are to greatly expand the production of descriptive maps.

The J-1 Physician Waiver and National Interest Waiver (NIW) programs continued to be two of the principal sources of primary care and mental health physicians and specialists. Waivers were processed for 16 physicians during the year, bringing the total number of physicians obligated to serve under a J-1 or NIW waiver to 58. 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 national Medicare Rural Hospital Flexibility Program (Flex) continued to be funded, resulting in \$294,004 for quality improvement projects in 29 small rural hospitals. This grant is administered in partnership with the Alabama Hospital Association, and has been the source of significant funding for quality projects supporting improvements in the quality of health care provided in communities served by Critical Access Hospitals (CAHs), supporting efforts to improve the financial and operational performance of the CAHs, and supporting communities in developing collaborative regional and local delivery systems. One keynote project was the further development of the Rural Quality Network, an opportunity for participants to meet and share best practices, discuss current issues, and develop relationships with like-minded hospital personnel.

The Small Hospital Improvement Program also received continued funding, and \$259,492 was used by small rural hospitals to purchase computer hardware and software, to provide education and training for staff, and to upgrade existing prospective payment systems.

Thousands of Alabama residents benefited from these purchases made by the 29 participating hospitals during fiscal years 2009-2010.

The OPCRH has been actively assisting rural hospitals across the state with finding resources and tools to move them closer toward meaningful use in their health information technology (HIT) journey, which will strengthen their eligibility to receive significant incentives from the Centers for Medicaid and Medicare Services (CMS). An HIT Web page was created and kept current with notices from federal, state, and local sources regarding tools and information on HIT and hosts best practices, links to HIT toolkits, and news and events. In addition to serving small rural hospitals, the office has partnered with the Alabama Regional Extension Center, the Alabama Medicaid Agency's Health Information Exchange, and Connecting Alabama (the statewide broadband initiative), to facilitate information dissemination across Alabama.

The OPCRH, along with the Alabama Rural Health Association and the Alabama Office of Emergency Medical Services and Trauma (EMS), hosted the first Rural Health Conference in March. Conference objectives included providing the latest news on health care policy and its impact on rural providers. Presentations included trends in health care information technology and its meaningful use on the national and state level, EMS updates, and technical assistance to health care providers wanting to establish rural health clinics and needing to understand CMS cost reporting and reimbursement issues.

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 in Alabama.

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; 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.

The division was instrumental in planning the 2010 Volunteer Symposia around the state which focused on the various roles of nurses, social workers, pharmacists, and ham radio operators in a disaster situation. The division also collaborated with the Alabama Department of Mental Health to develop and implement a three-day training program for emergency professionals on the subject of communicating with persons with autism. Social workers in Public Health Areas 7 and 9, as well as members of the division, were involved with the Deepwater Horizon oil spill response and recovery. Many participated in a Community Public Health Emergency Response (CASPER) Survey to assess the physical and behavioral effects of the oil spill on those living in the affected areas.

The department was recently awarded a supplemental Breast and Cervical Cancer Early Detection grant that will provide patient navigation services to eligible individuals who are not currently being served in the Alabama Breast and Cervical Cancer Early Detection Program. The program is being piloted in Marshall County and will utilize licensed social workers as patient navigators.

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. Training was organized and managed in collaboration with the Alabama TechnaCenter, Auburn University at Montgomery, the Office of Human Resources, the State Personnel Department, Tulane University, and the University of Alabama at Birmingham. Supervisory training sessions and TechnaCenter courses were coordinated through the Training Unit in 2010 on a quarterly basis. In addition, three PHALCON trainings were offered. 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 (SCCPHP).

Public Health TEAM (Training and Experience to Advance Managers) Academy continued in 2010. A five-day intensive program, TEAM Academy continues to develop managers throughout the department. Three TEAM Academy classes with a total of 92 graduates were held. Projects are developed by the participants in each TEAM Academy class. The unit is currently in the process of developing one of the TEAM projects for implementation. Once developed, the "Are You New Around Here?" project will become an enhancement to the new employee orientation program. This project will provide an introduction to all the bureaus/offices of the department along with the services they provide.

The Training Unit continued succession planning efforts for the department. A Workforce Development Web page is in the final stages of development. This page will be an important tool for employees, facilitating the sharing of resources and information about the department and workforce development.

The Training Unit continued to coordinate the further development and enhancement of the 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 new training opportunities were offered through the system to include State Personnel courses, Public Health Human Resources courses, Technacenter courses, and the Emergency Preparedness Volunteer Symposia. New software was introduced to LCMS for developing courses. The software was used to implement two new courses for the Women, Infants, and Children (WIC) and HIV/AIDS divisions, respectively. In collaboration with Tulane University, an additional software package was incorporated into LCMS to enhance the LCMS system as a whole. The Certificate Manager program, which will provide participants a certificate of completion upon completing a course, is currently being developed.

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, Louisiana, and Mississippi; Tulane University School of Public Health and Tropical Medicine; the University of Alabama at Birmingham School of Public Health; the Louisiana State University Health Sciences Center; and three public health agencies: Jefferson County, Alabama; Mobile County, Alabama; and New Orleans, Louisiana. Administered by the 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 year-long 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 ten scholars each year.

Through the SCCPHP, the Training 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, 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 2010. 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 Annual Women's Health 5K Run and Mother-Daughter Walk, the Annual Women's Health Update Forum, the Women's Health Information for the Incarcerated (WHI-FI) Initiative, and the OWH clearinghouse resource information program.

During the Women's Health Week Observance, the OWH partnered with the Office of Minority Health, UAB Minority Health and Health Disparities Research Center, Auburn University, Alabama Department of Mental Health, and Jefferson County AIDS in Minorities to host a professional development webcast program, "Addressing Social and Health Disparities in Minority Women." The goal of the program was to provide information on health disparities, substance abuse and chemical dependency issues, mental health issues, eating disorders, and HIV/STD's that impact minority women. An estimated 3,333 viewers tuned in for the satellite program. The webcast also served as a professional development program that provided continuing education credits to nurses and social workers.

The WHI-FI Initiative has continued its collaborative partnership with Aid to Inmate Mothers to provide health education and referral information for women offenders at Tutwiler Prison for Women, Montgomery Women's Facility, 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 the women's local communities. Gender specific health education information is provided to the women on HIV/AIDS and STDs, tuberculosis, smoking and tobacco use, diabetes, cardiovascular disease, breast cancer, cervical cancer, nutrition and physical activity, infant mortality, and positive mental health.

The program continued to focus on women offenders who are participating in the Department of Corrections' reentry program to provide them with referral information to the local county health department where they will be released. Monthly, the women are oriented to health department services including family planning, HIV/STD screenings, immunizations, medical and dental screenings, WIC services, vital records, and family planning 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. In 2010, the WHI-FI Initiative expanded to the community phase of service provision. WHI-FI training was offered to nurses, social workers, and clerical staff in Calhoun, Madison, and Montgomery county health departments. Training participants were provided with an overview of the WHI-FI Initiative, description of beliefs and perceptions of incarcerated and ex-offenders, barriers to accessing health care and social services, challenges to effective service delivery, and personal stories of previously incarcerated persons. Training participants were also provided with an overview of the prisoner reentry program and the discharge planning/referral process provided to inmates from corrections to the community. An estimated 60 health department staff was trained on the WHI-FI Initiative.

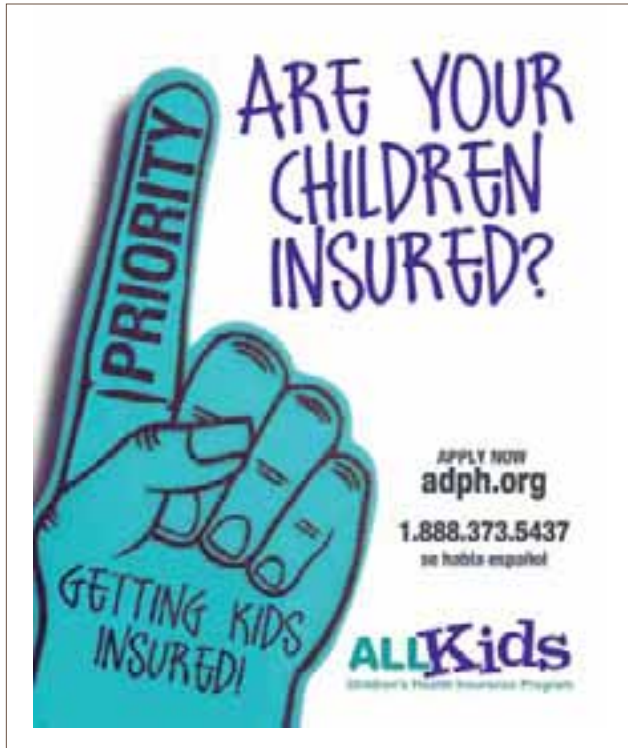
In January, Montgomery Women's Facility was the site for the second Chronic Disease Self-Management Program (CDSMP) facilitated by the OWH in collaboration with the Office of Minority Health and the Cardiovascular Health Branch. This program was offered to inmates that participated in the substance abuse program. This program consists of female inmates that have a history of chronic substance misuse, a history of mental illness, and other chronic health conditions. The CDSMP offered a six-week series of self-management strategies to assist patients and caregivers with how to manage pain resulting from diabetes, cardiovascular disease, different forms of cancer, STD's/HIV, and mental health. An estimated 35 women participated in the group level program interventions.

The OWH completed program interventions for the Infant Mortality Awareness Initiative, funded through the United States Department of Health and Human Services Region IV. The purpose of the project was to raise awareness of the health disparities surrounding infant mortality, train health care workers on newly emerging issues developing around infant mortality, and create an education platform that will inform women across the state regarding opportunities to improve preconception health.

The OWH implemented the following activities: (1) Program interventions at Tutwiler Prison and Birmingham Work Release Center that targeted pregnant women and women of childbearing age; (2) Prevention education and outreach programs to at-risk women and youth in the community; and, (3) Dissemination of health information through media and public relations. In observance of National Infant Mortality Awareness Month, a professional development satellite conference was held to provide information on the impact of infant mortality on Alabama, state initiatives that address infant mortality, social marketing venues to reach college students of childbearing age, community programs, and initiatives to raise awareness around the disease disparity. The satellite conference was a collaborative partnership between the Office of Minority Health, Bureau of Family Health Services, University of Alabama, Alabama Medicaid Agency, and the March of Dimes. The satellite conference was viewed by 1,165 viewers. An estimated 6,124 participants were reached by the infant mortality awareness initiatives.

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 distributing women's health educational materials through frequent mailings, 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. As of October 1, 2009, ALL Kids raised its upper income eligibility level to 300 percent of the poverty level and enrolled almost 10,000 children during the first year of this expansion. Total enrollment, as of September 2010, was 75,842, marking seven consecutive months of record enrollment.

ALL Kids worked closely with the Alabama Medicaid Agency and the Alabama Child Caring Program to refer children to the appropriate program for health care coverage. In 2010, ALL Kids referred over 21,700 children to Medicaid and referred over 900 children to the Alabama Child Caring Program. Families applied by using either a mail-in or online joint application. More than 35,300 online applications were submitted to the three programs in 2010, representing a 15 percent

increase over 2009. Additionally, ALL Kids maintained a customer service line that averaged over 8,800 monthly calls.

Outreach efforts continued through partnerships with provider organizations, community agencies, schools, state agencies, and many other entities across the state. ALL Kids staff worked to ensure availability of applications in communities and trained partners to identify uninsured children and assist with enrollment. ALL Kids staff also provided information to resource centers and attended a community recovery resource fair in response to the Deepwater Horizon oil spill in April. ALL Kids utilized additional media strategies to increase awareness of the program among families in the new income eligibility range (200 to 300 percent of the federal poverty level) through billboard advertising and promotions at sporting events across the state. ALL Kids materials also were revitalized to support a cohesive look with a consistent message.

Federal legislation required ALL Kids to make several program changes during fiscal year 2010. First, the Children's Health Insurance Program Reauthorization Act required ALL Kids to begin verifying the citizenship of new enrollees aided through an electronic match with the Social Security Administration. Citizenship verification was received for almost 100 percent of enrollees with 97 percent verified through Social Security. Another directive required ALL Kids to change its reimbursement policy for federally qualified health centers and rural health centers from fee-for-service to a prospective payment system effective October 1, 2009.

ALL Kids continued implementation of a Robert Wood Johnson Foundation grant, Maximizing Enrollment for Kids. Through this grant, ALL Kids investigated barriers to enrollment by conducting focus groups and worked to improve, streamline, and simplify enrollment processes.

ALL Kids has provided coverage for more than 267,600 children since its inception. The various enrollment and outreach strategies employed by ALL Kids have positively affected the number of uninsured children in Alabama. Currently, Alabama enjoys a low uninsured rate for children of 6.8 percent (based on U.S. Census Bureau Current Population Survey for the 2007-2009 coverage period).

Office of HOME AND COMMUNITY SERVICES

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 Alabama Department of Public Health's mission statement—to serve the people of Alabama by assuring conditions in which they can be healthy. In the fulfillment of its goal, 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 of Home and Community Services 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.

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 323,481 home health visits made in an effort to assist many Alabama citizens in reaching their optimal health goals.

Horizon Homecare point-of-care documentation is completed as care is provided. The utilization of laptop computers in the home maximizes the benefits of the electronic health record thereby promoting continuity of care. The nurse care

coordinators use the Horizon Homecare system extensively to provide quality, coordinated, and effective care. Expert wound management is provided utilizing a modern wound software program with oversight by a certified wound ostomy continence nurse consultant.

The Home Health Program is supported by the Division of Home Care for administrative, operational, quality improvement, and education needs. The nurse, social worker, 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 (CHAP), 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

Hometown. Home Health.
PROVIDING QUALITY CARE TO ALABAMIANS SINCE 1950

The Alabama Department of Public Health's Mission is to provide caring, high quality professional services for the improvement and protection of the public's health.

Your Public Health Home Care Program is dedicated to delivering services with compassion, skill, and high ethical standards.

AVAILABLE SERVICES

- Occupational Therapy
- Physical Therapy
- Skilled Nursing
- Personal Care
- Medical Social Services

REFERRALS

Although a physician must approve the patient being admitted for home health services, patients can refer themselves, or can be referred by physicians, hospitals, other agencies, relatives or friends.

REGISTERED NURSES ON CALL 24 HOURS A DAY, 7 DAYS A WEEK

Houston County Home Care also serving Dale and Henry Counties 800-659-2963	Pike County Home Care also serving Crenshaw County 800-206-1567	
Coffee County Home Care 800-851-0401	Geneva County Home Care 800-891-0406	Barbour County Home Care 800-436-3243

HOME & COMMUNITY SERVICES
ALABAMA PUBLIC HEALTH
800-225-9770

The Department's Home Health Program continues to earn accreditation from the Community Health Accreditation Program for meeting the highest standards of excellence in patient care and quality improvement for patient outcomes through its outstanding staff training and program management.

patient outcomes is the program's top priority. In addition to receiving the accreditation, the 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.

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 784,143 hours of service were provided to Life Care clients in 2010. 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 to check blood sugar, weight, blood pressure, 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 nonwaiver 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 2010, Elderly and Disabled Waiver case managers provided 168,702 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, 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 goal of the Quality Improvement 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 have an 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. In 2010, the Centers for Medicare and Medicaid Services implemented a revised Outcome and Assessment Information Set (OASIS). Government reports obtained from OASIS data continue to be utilized in identifying areas for improvement through education and corrective planning.

In 2007, as part of achieving high quality, the home health agencies became accredited by CHAP. To achieve accreditation, a home health agency must be in compliance with the conditions of participation and provide an excellent standard of care. In 2010, home health agencies participated in a CHAP survey for re-accreditation. Because of the ongoing Quality Improvement Program and the level of care being provided to patients, accreditation continues.

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 in-service training material developed for all disciplines and job positions. The Division of Home Care plans and produces 12 hours of mandated continuing education yearly for home health aides and home attendants. In addition, continuing education hours are provided yearly for social workers and nurses. The Division of Home Care provides ongoing education as needs are identified. Orientation and training are conducted at the local level by the area management team utilizing materials 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 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 continues to provide

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) creating breastfeeding task groups to foster collaboration among perinatal nurses; 3) forming regional consortiums to meet the perinatal continuing education needs in each region; and 4) continuing to conduct activities of the Fetal and Infant Mortality Review Program. Postneonatal and selected fetal deaths were reviewed by the program in 2010.

Community action teams continue to develop and implement plans that lead to positive changes within the community throughout the state. Actions implemented include: 1) providing bereavement education to providers, staff, and clergy; 2) creating a Facebook page "Healing Hearts for Baby Loss" for sharing and resources related to perinatal loss; 3) developing a hospital bereavement protocol for referral of mothers and families who have experienced loss; and 4) participating in an event held to commemorate infant and fetal loss on the National Perinatal and Infant Loss Day on October 15, 2010.

Funding was received from the Health Resources and Services Administration to raise public awareness regarding preconception and interconception health through a social media campaign for first-time mothers and new parents.

Family Planning

One of the major goals of the Alabama Family Planning Program is to decrease unintended pregnancies. According to Alabama's Pregnancy Risk Assessment Monitoring System, a significant decrease in the percent of unintended births in Alabama has occurred over the past five years,



Funding was received from the Health Resources and Services Administration to raise public awareness regarding preconception and interconception health through a social media marketing campaign designed to engage first-time mothers and new parents in adopting important health practices that can improve pregnancy outcomes.

from 50.0 in 2004 to 44.9 in 2008. The percentage of Medicaid unintended births has decreased from 65.2 in 2004 to 57.6 in 2008. During fiscal year 2010, direct patient services were provided to 105,004 family planning clients through local health department clinics. This is a decrease in caseload of 5.6 percent from 2009. Approximately 95 percent of the caseload served was below 150 percent of the Federal Poverty Level.

The Family Planning 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. Five supplemental Title X family planning projects continued to be 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 tenth year after being granted a three-year renewal that began in October 2008. This program is a 1115 Medicaid Research and Demonstration Waiver expanding Medicaid eligibility for family planning services for women 19-55 years of age. As of September 2010, 62,702 women statewide were enrolled in Plan First. The department's Plan First toll-free hotline received 3,367 calls during 2010. Alabama has made significant improvements in reducing unintended births among low-income women (Medicaid) since implementation of Plan First.

Patient 1st Care Coordination

Seventy-seven 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 2010. Certification training for Patient 1st Care Coordinators is conducted quarterly. Eight counties (Bullock, Calhoun, Lamar, Montgomery, Pickens, Pike, Talladega, and Tuscaloosa) were involved in a Medicaid asthma/diabetes program that ended March 31. The University of Alabama at Birmingham and Medicaid evaluations were both favorable, showing that the care coordinators had made a difference in improving the health and health

care of the Medicaid recipients who participated in the pilot as well as showing a significant cost savings to the Medicaid Agency as a result of the care coordination interventions.

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. Emergency room referrals were limited to adults until May 2009 when children in Tuscaloosa County began to be referred by Medicaid for care coordination services. This new intervention in Tuscaloosa is still being studied by Medicaid for effectiveness. Care coordination referrals generated by the Lead and Newborn Screening Programs continued to increase during fiscal year 2010. The electronic care coordination referral system became operational during fiscal year 2007 and is staffed by a social worker and medical benefits specialist in Family Health Services. 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 the department.

Plan First Care Coordination

During fiscal year 2010, 86 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 2010, services were provided to 36,602 unduplicated family planning patients, with 989 patients receiving a risk assessment for an unplanned pregnancy; 837 women were identified as being at high risk for an unplanned pregnancy and were offered care coordination. Care coordination certification training is provided quarterly by Family Health Services.

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 only in Public Health Area 11 (Mobile) and Public Health Area 2 (Cullman), 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.

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 HIV/AIDS case manager during fiscal year 2010. 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 1,647 calls during 2010. These calls were entered into an electronic program during fiscal year 2010. The calls received were informative/referral calls for newborn screening, lead, maternity, and family planning.

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. The Newborn Screening Program was returned to the division this year.

Healthy Child Care Alabama

Healthy Child Care Alabama continues as a collaborative effort between the Alabama Department of Public Health and the Alabama Department of Human Resources. During fiscal year 2010, the program received funding to expand the service area covered by nine registered

nurse consultants from 42 counties to 52 counties. Services offered by the program included providing information on child development, conducting health and safety classes, coordinating community services for low-income and 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 2010, the nurse consultants documented 2,349 health and safety training and educational sessions for 7,511 providers; 2,851 incidents of technical assistance to child care sites; and 4,405 consultations requiring phone calls, letters, and e-mails responding to child care providers' questions and requests. The nurse consultants also provided health and safety programs for 23,478 children in the child care setting.

State Early Childhood Comprehensive Systems Implementation Grant

The fifth year of the Alabama Early Childhood Comprehensive Systems Implementation Grant, Blueprint for Zero to Five, continued the implementation plan for the state. The agency contracted with the Alabama Partnership for Children (APC), Alabama's Smart Start agency, to assist with implementing the blueprint. APC worked with the Blueprint Advisory Committee in developing public awareness information concerning the activities of the blueprint. The blueprint has focused on assisting with the development of a child care quality rating and improvement system in Alabama, addressing the need for more professional development for child care providers, and educating stakeholders regarding the problem of childhood obesity. 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. Presentations for school personnel, parents, and students covering adolescent brain development, positive youth development, coordinated school health, teen driving, and adolescent self injury were provided throughout the state. During 2010, specific training for school nurses included standard precautions training, to include MRSA and 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 Division, 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 continued 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. The program partnered with the Alabama Campaign to Prevent Teen Pregnancy to provide a statewide Adolescent Health Conference with 117 participants attending.

Through the School Health Program, a statewide initiative brought agencies together from across the state to increase awareness of diabetes in school-age children and youth. Through a partnership with Johnson & Johnson and the Alabama Association of School Nurses, Web site pages were made available with resources for schools to increase awareness and promote physical activity and healthy eating. The Eagle Book Series, created by the Centers for Disease Control and Prevention, is accessible through the Web and library and classroom sets of the four books were made available to Alabama schools. In collaboration with the Alabama Public Health Training Network and the Children's Hospital Endocrinology Division, a four-part web-cast series was produced for school nurses providing care for children and youth.

A statewide training was provided regarding evidence-based programs to prevent teen pregnancy. The program co-sponsored the

Alabama Youth Council in September. The program coordinator represented public health on the following state or national councils: the National Association for State School Nurse Consultants; Alabama Association of School Nurses; Alabama State Association for Health, Physical Education, Recreation, and Dance; the National Network for State Adolescent Health Coordinators; Alabama Suicide Prevention Task Force; Alabama Sexual Violence Prevention Task Force; and as 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 was federally funded from fiscal year 1998 until July 2009 when the funding was interrupted. Re-authorized through the Patient Protection and Affordable Care Act of 2010, however, funds will be offered to community-based organizations to provide abstinence education as well as mentoring, counseling, and adult supervision programs that promote abstinence from sexual activity, through a competitive request for proposals. 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, including teen pregnancy in adolescents aged 10 to 19 years.

Alabama Child Death Review System

The Alabama Child Death Review System (ACDRS) 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 ninth ACDRS Annual Report, containing final review data for child deaths through 2007 as well as a five-year trend analysis of the system's data, was completed in late 2010. The report was distributed to state officials, agencies,

organizations, and citizens in Alabama and around the country, and included a set of formal prevention recommendations from the State Child Death Review Team.

In addition to hosting the regular quarterly meetings of the State Child Death Review Team, staff also visited several local child death review teams (LCDRTs) 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 was made to visit newly elected district attorneys and appointed coordinators who were new to the child death review process. This personal interaction with volunteer contributors at the local level is considered vital and has become an annual programmatic performance measure.

ACDRS and the Alabama Department of Forensic Sciences continued to work together to further the Alabama Sudden Unexplained Infant Death Investigation Initiative. A core group of trainers from across the state were trained to teach the curriculum, and conducted classes for Alabama's first responders.

Operational efficiency and program improvement remained priorities in 2010. When the data for 2007 cases were finalized, the overall case completion rate exceeded 95 percent for the second year in a row. This success was primarily due to the hands-on involvement of central office staff with the local teams and coordinators. ACDRS staff also completed the implementation of a new online reporting system, introduced in 2009, which promises to improve the quality of future reviews and data collected at the local level.

ACDRS continued to conduct public education and awareness efforts and direct prevention programs. Special attention was placed on child vehicular fatalities and infant sleep-related deaths, the two largest categories each year for preventable child deaths in Alabama. In August, ACDRS conducted a statewide prevention campaign related to teen driving safety. A new brochure "Surviving Teen Driving" and Web site were introduced and promoted in the media and through focused advertising. The campaign was specifically commended by the U.S. Secretary of Transportation. A reimbursement arrangement with the Alabama Medicaid Agency continues to provide additional funding specifically for public education and outreach.

Finally, ACDRS staff continue to work toward 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 and Resource Coalition, the Alabama Injury Prevention Council, the Alabama Head Injury Task Force, and other such organizations.

Alabama Childhood Lead Poisoning Prevention Program (ACLPPP)

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, ACLPPP provides public awareness seminars, outreach and education, care coordination, environmental investigations, and a medical consultant to help prevent further lead exposure in Alabama's children.

The goal of ACLPPP is to eliminate childhood lead poisoning in Alabama. The objectives are to protect the health and environment of Alabama's children, to prevent lead poisoning, and to promote wellness through a wide range of lead poisoning prevention strategies.

The ACLPPP has continued as a collaborative effort of the bureaus of Family Health Services and Environmental Services, and the Alabama Medicaid Agency. ACLPPP works to assure that physicians and nurses have the right information and tools available to screen children under the age of 21 for lead poisoning.

State guidelines describe proper treatment of children with elevated blood lead levels of at least 10 micrograms per deciliter, which is the level of concern recommended by the Centers for Disease Control and Prevention (CDC). Exposure to lead poisoning, even at a low level, is a serious health concern for children, and Alabama children are at risk.

Some of ACLPPP's 2010 activities included the following:

- Maintaining a statewide blood lead surveillance data system (STELLAR).
- Providing case management, investigation oversight, and care coordination services for children under 21.

- Monitoring lead-related health hazards.
- Developing lead poisoning prevention policies, regulations, and strategies.
- Collecting and analyzing environmental health data related to lead exposure.
- Providing monthly community and professional outreach and educational services.
- Purchasing a new enhanced surveillance system known as HELPPS. The program will operate under dual-surveillance systems until the older system (STELLAR) is retired. The new Web-based format will allow for better case management, improved data quality, and greatly enhanced surveillance of screening and case management for lead poisoning in Alabama.
- Screening 40,422 children 0-21 years of age with 632 children identified with elevated blood lead levels.
- Investigating 95 homes for environmental lead hazards. The investigations included 1,035 samples for paint, dust, soil, water, and samples for laboratory analysis. In addition to these activities, follow-up of other children in the household who are at risk for lead poisoning was provided, and coordination of preventive measures such as remediation or patient relocation were recommended when necessary. These measures were implemented to promote a healthy lifestyle and environment that will prevent further lead exposure.

Alabama Newborn Screening Program

The Alabama Newborn Screening Program's mission is to test every Alabama newborn for the presence of certain metabolic and other inherited disorders. Although most of the disorders are rare, they are usually serious. Some may be life threatening; others may slow down a baby's physical development or cause mental retardation or other problems if left untreated. None of the disorders can be cured. 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 length of life. With approximately 60,000 births each year and a second screening test recommended between 4-6 weeks of life, there are approximately 124,000 newborn screening tests accomplished every year.

The program works in partnership with hospitals and pediatricians to enhance existing services and assure program objectives are met. Alabama screens for 28 of the 29 disorders recommended by the March of Dimes. The program began testing newborns for cystic fibrosis in April 2008 and to date has identified 35 infants who will benefit from early diagnosis and treatment of this disease. In 2010, a total of 156 infants were diagnosed with metabolic or other inherited disorders. 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 program has implemented measures to address concerns and issues surrounding unsatisfactory samples. In August, a nurse educator was hired to educate hospitals and medical providers regarding the reduction of unsatisfactory collection rates. The program has encouraged hospitals to designate a newborn screening coordinator who will serve as the primary contact for newborn screening issues at each facility. The program provides a detailed quarterly report that allows hospitals to monitor their unsatisfactory specimen rates.

The program maintains an active advisory board whose members include health care professionals, public health professionals, and a parent advocate.

Alabama's Listening - Universal Newborn Hearing Screening Program

The Alabama Newborn Hearing Screening Program, Alabama's Listening, has made great strides in reducing the number of infants not screened prior to discharge. 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. Additional grant money was sought

and obtained and will provide funds for even more equipment and service upgrades. In 2010, 31 infants were identified with mild to severe hearing loss.

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.

DIVISION OF CANCER PREVENTION AND CONTROL

The Division of Cancer Prevention and Control's purpose is to reduce morbidity and mortality related to cancer through prevention, early detection, and surveillance. The division consists of the Comprehensive Cancer Program, the Prostate Cancer Prevention Program, the Breast and Cervical Cancer Early Detection Program, the FIT WAY Colorectal Cancer Prevention Program, and the Alabama Statewide Cancer Registry.

Comprehensive Cancer Prevention and Control Program

The Comprehensive Cancer Prevention and Control program, funded by the CDC, facilitates the statewide Alabama Comprehensive Cancer Control Coalition (ACCCC). The coalition is a group of cancer-related organizations responsible for assessing the burden of cancer, determining priorities for cancer prevention and control, and developing and implementing a statewide comprehensive cancer control plan. The program achieved several goals this past year:

- Holding skin cancer interventions at large sporting events and through social marketing.
- Expanding the membership and communication capability of the coalition.
- Revising the five-year statewide plan.
- Building the social work capacity for hospice care, particularly in Northeast Alabama.
- Strengthening partnerships with tobacco programs to align program with CDC's priorities.



- Facilitating the ACCCC through satisfaction surveys, meetings, information sharing, and setting up Facebook as an additional method of communication.

The program held skin cancer interventions at the Regions Classic Professional Golf Association (PGA) Senior Masters Tournament at Ross Bridge and the Bell MicroProducts Ladies Professional Golf Association Tournament at Magnolia Grove. During the tournaments, physicians from the American Academy of Dermatology and the Women's Dermatologic Society screened spectators for skin cancer. Staff also participated in the Auburn University and University of Alabama A-Day football games in the spring and a three-day Auburn baseball series with a beach-themed weekend in which staff distributed sunscreen and sunglasses to spectators. A new sunscreen campaign, "Red is Not Your Color. Put On Your Sunscreen," was advertised at football home games for both Auburn University and the University of Alabama in the stadium and in the game programs.

Prostate Cancer Prevention Program

The Prostate Cancer Prevention Program provides free prostate screenings in many counties across the state. Funded by the Alabama Legislature, 1,075 men were screened in 2010. The program collaborated with the Alabama Primary Health Care Association, Southeast Alabama Medical Center, and Urology Health Foundation to provide free prostate cancer screenings to reduce disparities and to encourage men to take charge of their health. The screenings informed the men of their baseline numbers and of the importance of early diagnosis and treatment.



The CDC funds a five-year prostate component for the Comprehensive Cancer Control Program to educate men about prostate cancer. In partnership with the Alabama Cooperative Extension System, the department provided town hall meetings in 26 counties to cover the basics of prostate cancer and myths surrounding the disease, to facilitate discussions between families and providers on how to better communicate about this topic, and to provide opportunities for prostate cancer survivors to share their experiences.

The prostate component hosted a webinar discussing functional health literacy and prostate cancer due to the complicated nature of the diagnosis and treatment of the disease. This webinar can be found on a new prostate cancer Web site. Members of the ACCCC contributed to the design and materials posted on this site.

Breast and Cervical Cancer Early Detection Program

The Alabama Breast and Cervical Cancer Early Detection Program's goal is to provide access to breast and cervical cancer screening to underserved women in Alabama. Early detection of breast and cervical cancer saves lives.

The program provides free screening and diagnostic 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 the Alabama Medicaid Agency. In order to be eligible for breast and cervical cancer screening services, the individual must be female, age 40-64, have an income at or below 200 percent of the Federal Poverty Level, and have no insurance or be underinsured.

Funding for the screening services is provided by the CDC, State of Alabama, Susan G. Komen for the Cure North Central Alabama Affiliate, the Joy to Life Foundation, and the National Breast Cancer Foundation.

- Since the program's inception in 1996, more than 72,903 women have received screening services and over 1,500 women have been diagnosed with cancer.
- In 2010, the program enrolled over 15,400 women and provided screening services to more than 14,860 women. Of these women:
 - 12,630 received screening mammograms through this program.
 - 1,705 received diagnostic services for breast abnormalities.
 - 180 received diagnostic services for cervical abnormalities.
 - 131 were diagnosed with breast cancer.
 - 28 were diagnosed with pre-invasive or invasive cervical cancer.

Program services are provided by over 400 contracted physicians, surgeons, radiologists, and facilities across the state 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 the CDC.

Partners throughout the state work with the program to recruit eligible individuals to enroll and receive screening services. Often women are unaware of or fear cancer screening tests. These partners provide countless hours educating people 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, Southeast Alabama 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, cervical, and colorectal cancer. The committee meets quarterly and makes decisions regarding program policy and guidelines. Members are available as needed to provide clinical consultation.

Alabama FIT WAY Colorectal Cancer Prevention Program

The Alabama FIT WAY Colorectal Cancer Prevention Program promotes screening for colorectal cancer (CRC). Funded by CDC, the program's goal is to increase CRC screening rates to 80 percent among Alabamians 50 years of age and older within five years.

Two-thirds of the award is directed to establish broad-based coalitions to create policy and systems changes that will increase screening rates. In year one, the program has focused on the following:

- Increasing knowledge about the guidelines and importance of CRC screening.
- Educating providers about new technology for home testing using antibodies to detect hidden blood (the FIT or iFOBT).

- Creating a statewide taskforce and seeking important partnerships.
- Creating a medical advisory board.
- Developing printed materials about CRC for physicians and the public.

The program's Web site contains the following: peer-reviewed articles about the new fecal immunochemical testing (FIT), U.S. Preventive Services Task Force Guidelines for CRC, articles about ways to increase screening rates among different populations and in practices, discussions about tests for screening compared to tests for detection, information about the program, and staff contact information.

Approximately one-third of the grant award is used to reimburse for direct screening and follow-up services for low-income, uninsured people in 25 counties. These free screening services include an annual FIT test and a colonoscopy if the FIT test has a positive result.

Alabama Statewide 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 1 in 3 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 registry plays a significant role in disseminating data to aid efforts to reduce

Funded by CDC, the Alabama FIT WAY Colorectal Cancer Prevention Program's goal is to increase screening rates to 80 percent of Alabamians age 50 and over. The five-year effort includes educating providers about new home testing using antibodies to detect hidden blood.

ALABAMA CANCER INCIDENCE RATES BY SITE AND SEX, 1999-2008 COMBINED**

	Male		Female	
	Rate	Count	Rate	Count
All sites	586.2	122,566	432	114,513
Bladder	31.6	6,291	7.3	2,043
Brain and CNS	10.6	2,266	10.3	2,638
Breast	2.1	436	143.1	37,419
Cervix	*	*	9.8	2,349
Colon and Rectum	65.6	13,559	45.1	12,370
Esophagus	8.7	1,881	1.8	484
Hodgkin Lymphoma	2.8	598	2.1	493
Kidney	18.8	4,043	9.7	2,589
Larynx	10.1	2,179	2.1	558
Leukemia	13.8	2,810	8.5	2,251
Liver and Intrahepatic Bile Duct	7.5	1,578	2.8	759
Lung and Bronchus	108.6	22,604	52.4	14,296
Melanoma of the Skin	35	7,338	21.2	5,369
Myeloma	7.2	1,491	4.6	1,274
Non-Hodgkin Lymphoma	19.9	4,148	13.7	3,709
Oral Cavity and Pharynx	19.8	4,292	6.8	1,842
Ovary	*	*	12.9	3,437
Pancreas	12.9	2,651	9.5	2,664
Prostate	152.9	32,390	*	*
Stomach	9.1	1,860	4.7	1,320
Testis	4.3	923	*	*
Thyroid	3.7	806	9.8	2,368
Uterus	*	*	17.6	4,718

* Not Applicable

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

the burden of cancer in Alabama. The registry is a member of the ACCCC 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, the 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, the 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 that attain 100 percent accuracy based on NAACCR data submission standards and a 95 percent or greater cancer incidence reporting rate. The ASCR has achieved gold certification since data year 2004.

In a collaborative effort with the American Cancer Society, the 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. The Web site also includes cancer profiles and state maps which summarize cancer incidence rates by county.

ORAL HEALTH BRANCH

The state Oral Health Program continued to provide its prevention, education, and outreach oral health initiatives during fiscal year 2010. Programs included statewide community water fluoridation, school and community-based dental programs, data collection and analysis through oral health screenings, and access to dental care promotion for underserved populations.

A new dental initiative began through a partnership with the University of Alabama at Birmingham School of Dentistry, the Tuscaloosa County Health Department Dental Clinic, and the state Oral Health Branch. The state dental program provided a grant to the dental school for pediatric dental residents and senior dental students to work one day per week in the Tuscaloosa County Health Department Dental Clinic. Students and residents provided preventive and restorative care to qualifying children. Dental screenings, education, and fluoride varnish applications were also provided through the WIC program to children choosing to participate. Parents were educated on proper brushing and flossing techniques, good dietary habits, the importance of regular dental care, and other preventive measures.

The Alabama Head Start Dental Home Initiative continued to link Head Start children into dental homes. Head Start parents, staff, and administrators partnered with dental professionals to promote a variety of oral health messages and interventions. An Oral Health

Summit was held to measure progress, develop future plans, and promote new strategies that will improve the oral health of Alabama Head Start children and their families.

The Oral Health Branch partnered with the Tobacco Prevention Branch and the Alabama Chapter of the American Academy of Pediatric Dentistry to develop new smokeless tobacco education materials. Posters were mailed to middle, junior, and senior high schools; dental offices; athletic event venues; and other sites to inform young athletes about the health risks linked to smoking and use of smokeless tobacco.

Staff continued to collaborate with the Office of Primary Care and Rural Health to present recruitment and retention fairs to dental students at the University of Alabama at Birmingham's School of Dentistry. Students received information on state and federal loan repayment opportunities for dentists agreeing to practice in qualifying facilities located in designated health professional shortage areas of the state.

Community Water Fluoridation

The Community Water Fluoridation Program continued to reach targeted goals. Oral health staff partnered with the Alabama Department of Environmental Management, the CDC, the Bureau of Clinical Laboratories, community water facilities, public health area administrators, county environmentalists, and others to maintain a successful state fluoridation program. Accomplishments include:

- 87 public water systems received CDC Water Fluoridation Quality Awards for maintaining fluoride levels at optimal levels for 12 consecutive months.
- Four systems received CDC awards for 50 years of continuous water fluoridation.
- The CDC and the Association of State and Territorial Dental Directors presented the Alabama program a State Fluoridation Quality Award.
- Two water systems that had discontinued fluoridating resumed fluoridation.
- 115 public water systems (providing adjusted fluoride levels) were monitored by state oral health program staff.

- Ten 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.
- 29 field visits were conducted to inspect fluoridation equipment.
- 1,522 water samples were collected by county environmentalists and entered into the CDC Water Fluoridation Reporting System.
- 12 analysis reports and 12 analysis summaries were provided to area environmental directors.
- Fluoridation presentations and awards were provided at the Alabama Department of Environmental Management Surface Water Conference.
- Staff conducted fluoridation promotion at the Alabama Communities of Excellence Conference.
- News articles were published in Alabama Rural Water Association Publication and local newspapers.

Education and Prevention

The oral health nurse coordinator reached approximately 6,450 children and adults through 106 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. Initiatives provided by the nurse coordinator included the development of a Senior Smiles Project with a focus on improving the oral health of older Americans. The nurse coordinator partnered with Healthy Child Care Alabama staff, ALL Kids coordinators, Tobacco Prevention and Control coordinators, and other county staff to promote good oral health. The nurse coordinator also teamed with school health nurses and participated in Kid Check events scheduled throughout the school year. Dental screenings and oral health education programs were also provided in a broad range of settings.

New Patient 1st care coordinators received oral health education through the state training program. The school-based fluoride mouth rinse

program was implemented in ten schools from six counties and reached approximately 1,500 elementary children. Thousands of toothbrushes and tubes of toothpaste were distributed through various school, community, and county health department programs. 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 provided comprehensive dental care and preventive services through their onsite dental clinics and mobile dental programs. Talladega and Coffee county health departments continued to provide dental services at the respective health departments through dental clinics by a nonprofit provider rather than county or area administrative. Mobile and Montgomery county health departments provided dental services through federally qualified health center programs located within the county health department facilities.

Fiscal Year 2010 dental services provided:

Tuscaloosa County

Patient encounters	2,343
Dental sealants	302

Jefferson County

Patient encounters	17,607
Sealants	2,436

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 145,001 patients per month, which included approximately 33,052 women, 37,508 infants, and 74,441 children. Over \$106 million of foods were purchased statewide in retail grocery stores.



The WIC Nutrition Program provides positive messages and health practices that are important during critical periods of a child's growth and development and that also help address obesity issues among children and adults. WIC served an average of 145,001 patients per month in 2010, which included approximately 33,052 women, 37,508 infants, and 74,441 children. Over \$106 million WIC-approved 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 information. Thirteen breastfeeding peer counselor programs are located in ten counties including Blount, Dallas, Etowah, Houston, Lee, Lowndes, Mobile, Montgomery, Pike, and Tuscaloosa counties. Plans for expansion of the program include 15 additional sites. The increases in breastfeeding rates statewide are reflective of expansion of the peer counseling program.

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 five 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.
- Increased intake of fruits and vegetables among WIC participants.
- Increased use of the cash value vouchers among WIC participants for the purchase of fresh fruits and vegetables.
- Use of positive messages to WIC vendors about the importance of the cash value voucher and correct redemption procedures.
- Creation of awareness of breastfeeding benefits.

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 2010, 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.
- Completion of the statewide five-year maternal and child health needs assessment, which was reported to the federal Maternal and Child Health Bureau in September 2010.
- Continuation of Alabama's Systems Development Initiative Project, a federally funded program to increase the state's maternal and child health data capacity.

Office of HUMAN RESOURCES

The Office of Human Resources reviews and 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 provides training on human resources issues, provides guidance to supervisors and employees in resolving workplace conflicts, and coordinates (through referrals) the Employee Assistance Program. Staff reviews and recommends requests for serious disciplinary actions and participates in administrative hearings; and responds to grievances and allegations of unfair practices.

2010 Service Activities

- Conducted 29 training classes totaling 748 employees at various locations, including the Alabama Public Library Service in Montgomery and at the following county health departments: Dallas, Houston, Monroe, Montgomery, Talladega, Tuscaloosa, and Winston.
- Conducted The Discipline Process training for 151 supervisors.
- Conducted Family & Medical Leave training for 340 supervisors.
- Conducted Interview & Selection training for 47 supervisors.
- Conducted Leave training for 25 employees.
- Conducted An Overview of the HR Process training for 34 supervisors.
- Conducted Performance Appraisal training for 151 supervisors.
- Revised the Employee Handbook and developed the Contract Employee Handbook.
- Revised FMLA Policy to comply with new federal guidelines.
- Created Anonymous Complaint Form and added to employee Web site.
- Coordinated statewide participation in 27 recruitment events.
- Updated and distributed employment law posters.
- Processed eight requests for educational leave.
- Revised Human Resources forms in the Document Library and have them available as fill-in PDF files.
- Revised all 12 personal services contracts and have them available in the Document Library as fill-in PDF files.

PERSONNEL ACTIONS PROCESSED

Merit New Hires	254
Promotions	129
Dismissals	7
Retirements	78
Transfers Out	18
Other Separations	138
Employee Assistance Program Referrals	67
Hours of Leave Donations	6,000
Annual Appraisals	3,127
Probationary Appraisals	394

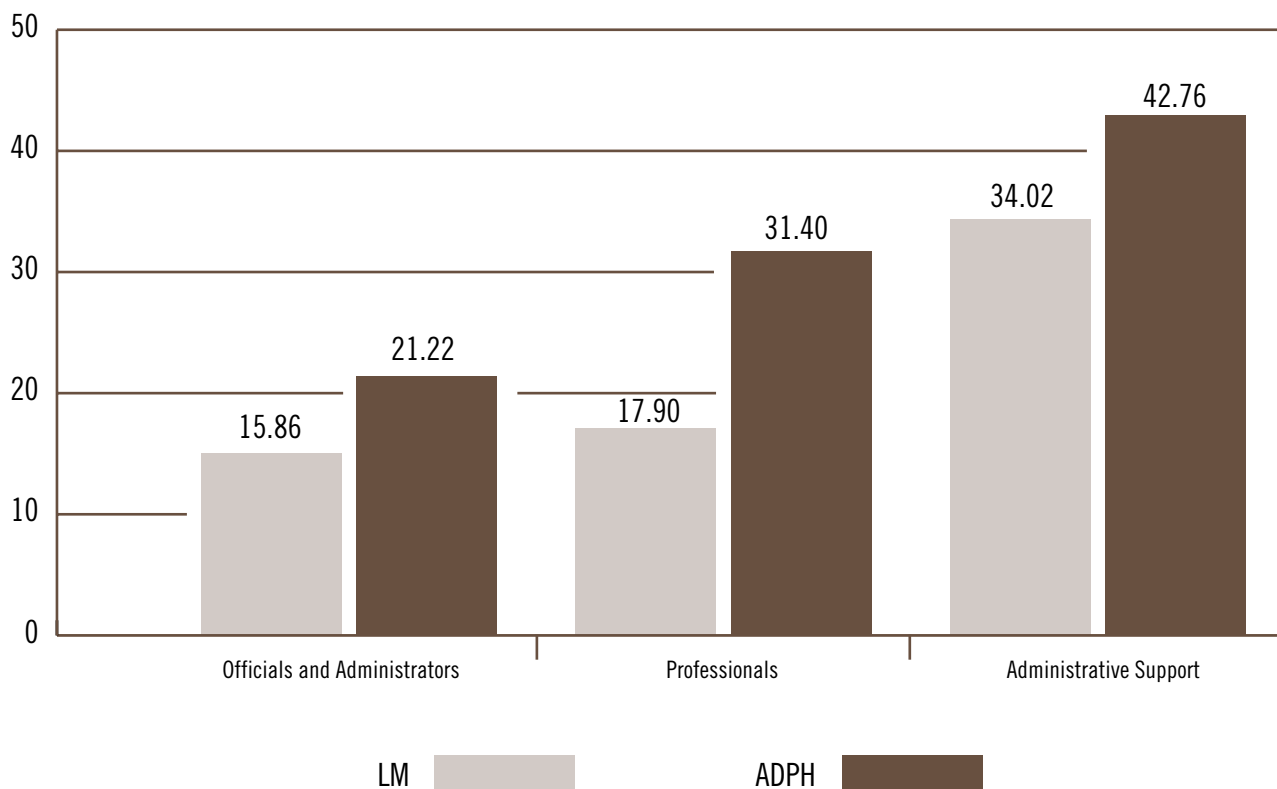
ALABAMA DEPARTMENT OF PUBLIC HEALTH EMPLOYEES - 2009 VS. 2010

CATEGORY	AS OF DECEMBER 2009	AS OF OCTOBER 2010
Officials/Administrators	994	1,004
Professionals	1,015	1,032
Technicians	139	143
Protective Service Workers	6	5
Paraprofessionals	233	234
Admin. Support/Clerical	904	898
Skilled Craft	3	4
Service – Maintenance	61	61
OVERALL TOTALS*	3,355	3,381
Turnover Rates	6.14%	7.16%

* Excludes Form 8 and contract employees

941 – Form 8 employees as of September 2010

508 – Contract employees as of September 2010

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

The mission of the Bureau of Health Provider Standards is to improve quality of care and 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 228 recertification surveys and conducted 185 follow-up visits. There were no initial surveys this fiscal year for federal certification purposes.

The Complaint Unit investigated 1,660 abuse/neglect and general complaints. Of these, 515 were onsite investigations and 1,145 were administrative/desk reviews.

The Laboratory Unit administers the Clinical Laboratory Improvement Amendment, or 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 205 CLIA re-certifications, 12 follow-up visits, 1 complaint investigation, 46 initial visits, 41 certificate-of-waiver visits for labs that perform simple tests such as finger sticks and urine dipstick tests, 11 validations of accredited labs, 31 initial licensure surveys, and 28 biennial licensure surveys for a total of 375 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 164 re-certifications, 79 on-site complaint visits, 19 follow-up visits, 14 initial licensure surveys, and 21 initial certification surveys.

The Assisted Living Unit currently monitors 200 regular licensed assisted living facilities totaling 6,681 beds and 84 specialty care facilities totaling 2,564 beds. This unit conducted 84 ALF/SCALF surveys. During this period, the unit submitted 19 cases to the Office of General Counsel for enforcement action.

The Nurse Aide Registry Program tracks 235 active training programs for nurse aides. The registry has a total of 98,857 nurse aides who are approved to work in health care facilities. Currently, there are 26 nurse aides that are sanctioned by the Attorney General of Alabama. There are 1,221 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 FY 2010, the division issued 1,450 annual renewal license certificates, 63 change-of-ownership license certificates, 43 initial license certificates, and 92 license status or facility information changes. There were also 1,076 providers certified to participate in the Medicare and Medicaid programs. The division processed 16 initial certifications, 10 change-of-ownership certifications, and 136 certification changes.

CENTER FOR HEALTH STATISTICS

The Center for Health Statistics operates the vital records system and collects and tabulates health-related statistical data for the state of Alabama. The center files, stores, and issues certified copies of vital records including birth, death, marriage, and divorce certificates for events that occur in Alabama. An automated vital records system called ViSION (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 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.

2010 Service Activities

- Issued almost 430,000 certified copies of vital records with more than 290,000 of these records requested through local health departments.
- Registered more than 160,000 new vital records.
- Prepared 2,390 new birth certificates after adoption and more than 1,735 after paternity determination; filed more than 595 delayed birth certificates; amended 4,245 birth certificates and more than 1,825 death certificates.
- Processed more than 325 requests from adult adoptees to obtain copies of their original birth certificates and other adoption information.
- Filed more than 14,300 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.
- Made presentations on the development of Alabama's Electronic Death Registration System at meetings.
- Received over 45 percent of divorce decrees electronically from the Administrative Office of Courts.
- Received more than 77,850 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 analytical expertise to the public; the news media; governmental, educational, and private agencies; and other offices in the health department.
- Surveyed new mothers for the Pregnancy Risk Assessment Monitoring System (PRAMS), a grant from the Centers for Disease Control and Prevention (CDC) 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.

VITAL STATISTICS RECORDS 2009

ESTIMATED POPULATION	4,708,708	RATE/PERCENT	
BIRTHS	62,476	13.3	(PER 1,000 POPULATION)
BIRTHS TO TEENAGERS	8,365	26.8	(PER 1,000 FEMALES AGED 10 TO 19 YEARS)
LOW WEIGHT BIRTHS	6,472	10.4	(PERCENT OF ALL LIVE BIRTHS)
BIRTHS TO UNMARRIED WOMEN	25,561	40.9	(PERCENT OF ALL LIVE BIRTHS)
DEATHS	47,278	10.0	(PER 1,000 POPULATION)
MARRIAGES	39,278	8.3	(PER 1,000 POPULATION)
DIVORCES	20,757	4.4	(PER 1,000 POPULATION)
INDUCED TERMINATIONS OF PREGNANCIES	9,392	9.9	(PER 1,000 FEMALES AGED 15 TO 44 YEARS)
INFANT DEATHS	513	8.2	(PER 1,000 LIVE BIRTHS)
NEONATAL DEATHS	313	5.0	(PER 1,000 LIVE BIRTHS)
POSTNEONATAL DEATHS	200	3.2	(PER 1,000 LIVE BIRTHS)

- Developed a Keepsake Birth Certificate for persons born in Alabama in collaboration with the Alabama State Council on the Arts and the Alabama Department of Child Abuse Prevention/Children's Trust Fund.
- Produced a Maternal and Child Health Chart Book.
- Provided abortion and maternal death data to the CDC for its surveillance systems.
- Provided data to the Region IV Network for Data Management and Utilization (RNDMU).
- Presented a poster on Intimate Partner Violence at the PRAMS National Meeting.
- 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.
- 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 61,339 newborns. In addition, 46,848 death records were transmitted to the Social Security Administration.

ALABAMA'S LEADING CAUSES OF DEATH – 2009 AND 2008¹

CAUSE OF DEATH	2009			2008		
	RANK	NUMBER	RATE ¹	RANK	NUMBER	RATE ¹
TOTAL ALL CAUSES		47,278			47,601	
DISEASES OF THE HEART	1	11,962	254.0	1	12,091	259.4
MALIGNANT NEOPLASMS	2	10,255	217.8	2	10,152	217.8
CHRONIC LOWER RESPIRATORY DISEASES	3	2,761	58.6	4	2,723	58.4
CEREBROVASCULAR DISEASES	4	2,647	56.2	3	2,814	60.4
ACCIDENTS	5	2,342	49.7	5	2,497	53.6
ALZHEIMER'S DISEASE	6	1,510	32.1	6	1,516	32.5
DIABETES MELLITUS	7	1,271	27.0	7	1,380	29.6
NEPHRITIS, NEPHROTIC SYNDROME, AND NEPHROSIS	8	1,177	25.0	8	1,107	23.7
INFLUENZA AND PNEUMONIA	9	934	19.8	9	921	19.8
SEPTICEMIA	10	868	18.4	10	898	19.3
SUICIDE	11	667	14.2	11	603	12.9
ESSENTIAL HYPERTENSION	12	528	11.2	12	511	11.0
CHRONIC LIVER DISEASE AND CIRRHOSIS	13	486	10.3	13	488	10.5
HOMICIDE	14	411	8.7	14	450	9.7
PARKINSONS	15	362	7.7	15	348	7.5
ALL OTHER CAUSES, RESIDUAL		9,097			9,102	

¹ Rate is per 100,000 population

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.

The bureau managed a total of over 100 federal grants with a value in excess of \$395 million and 1,015 contracts totaling over \$63 million in fiscal year 2010. Included in the federal grants accounted for were 4,658,931 Women, 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 as follows:

- 109,100+ Payroll Warrants
- 50,000+ Payment Vouchers
- 933 Journal Vouchers
- 3,408 Requisitions
- 3,662 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, and 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 this 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 million in Series 1996 revenue bonds to construct and renovate 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 million in Series 2005 revenue bonds. From the proceeds, \$27,975 million was used to advance refund Series 1996 revenue bonds. The additional \$30 million balance of bond proceeds was dedicated to a Phase II building program to construct, equip, renovate, and refurbish 15 public health facilities across the state. During fiscal year 2009, 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
Complete
- Geneva County Health Department
Under Construction
- Walker County Health Department
Renovation Completed
- Biosafety Level Three Lab Repair
Complete
- Calhoun County Health Department
Renovation in Process

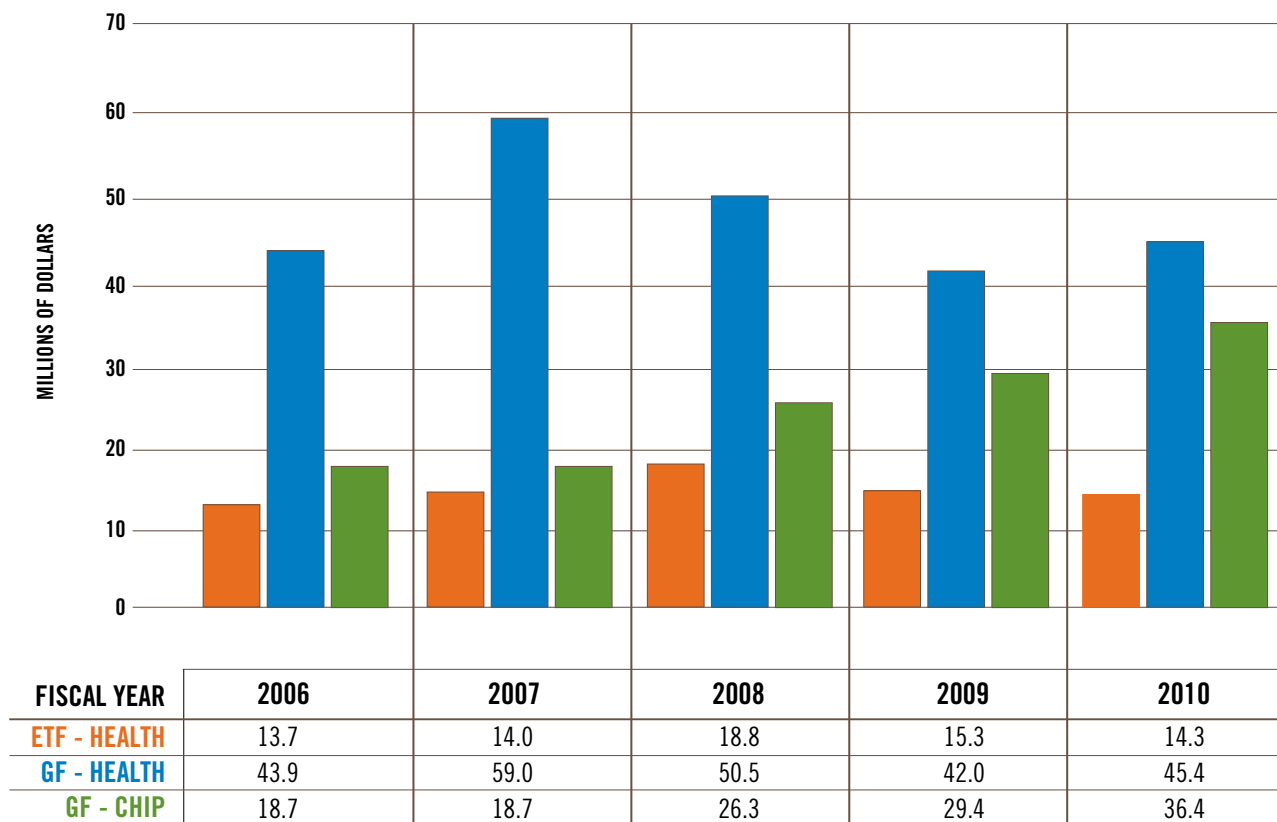
Other projects under consideration by the authority include a Montgomery satellite clinic and the Morgan County Health Department.

During this fiscal year, the authority continued development and refinement of the Alabama Public Health Capital Maintenance Trust

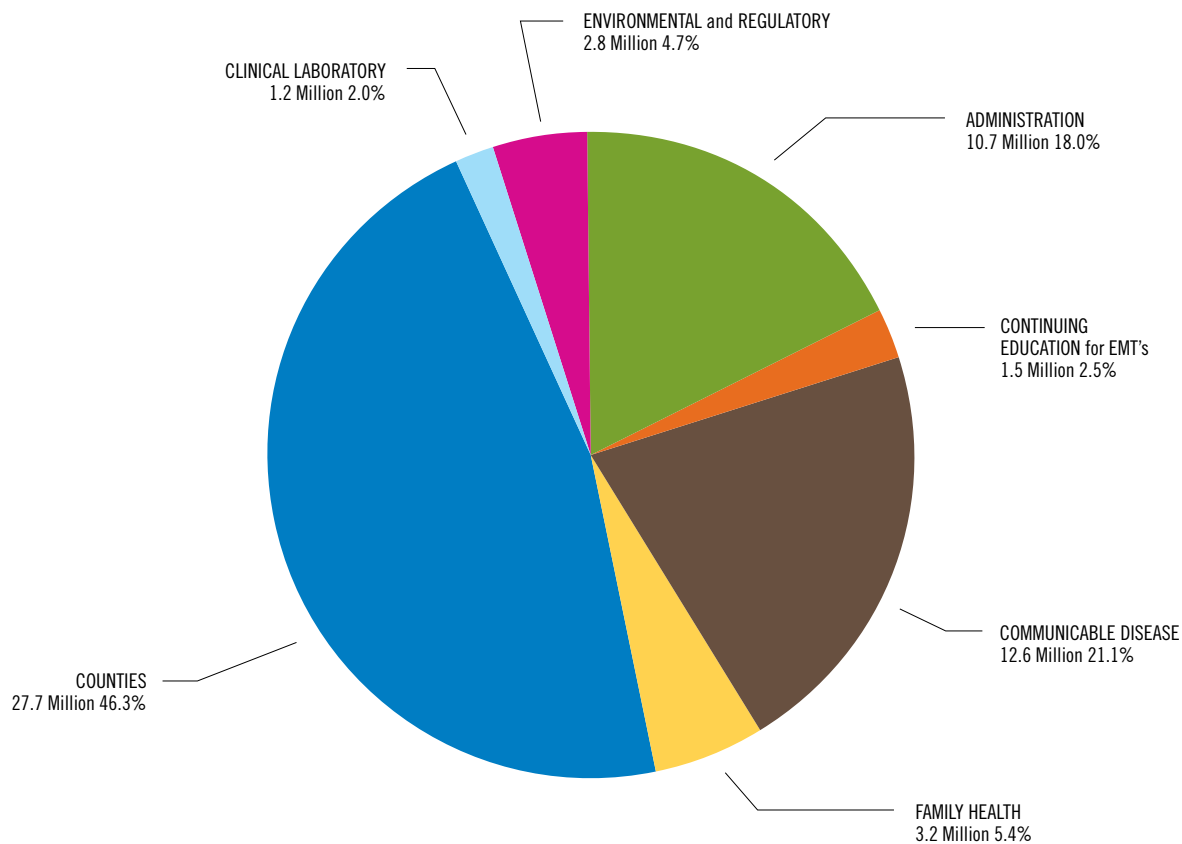
Program. The program is managed by the department. The authority's construction management firm provides technical assistance, advice, and program monitoring. The purpose of the Public Health Trust is to provide funding for a comprehensive coordinated preventative maintenance, improvement, and replacement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

- Periodic facility inspections to identify deficiencies, repairs, and maintenance needs.
- Maintenance contracts for heating, ventilation, and air conditioning systems and fire alarms.
- 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

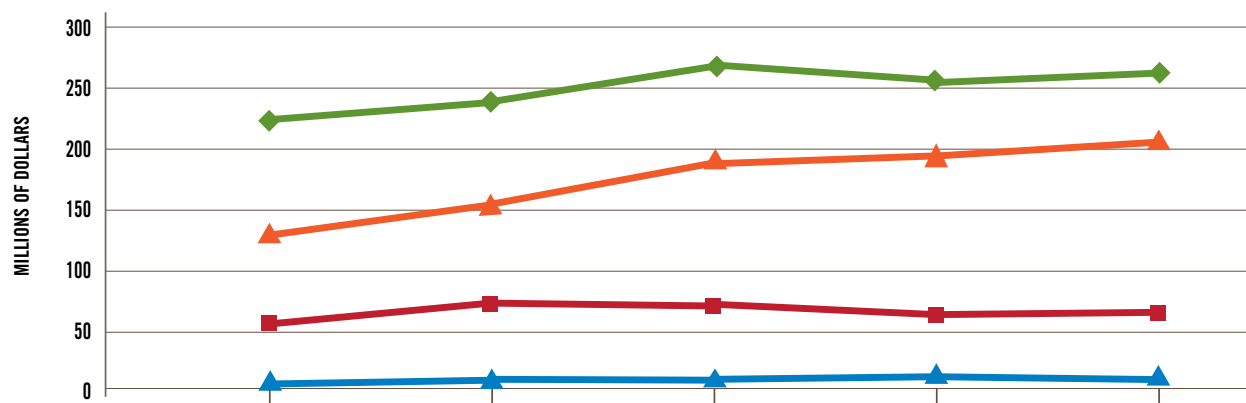


USE OF STATE FUNDS - FY 2010 / GENERAL FUND & ETF (\$59.7 MILLION)



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

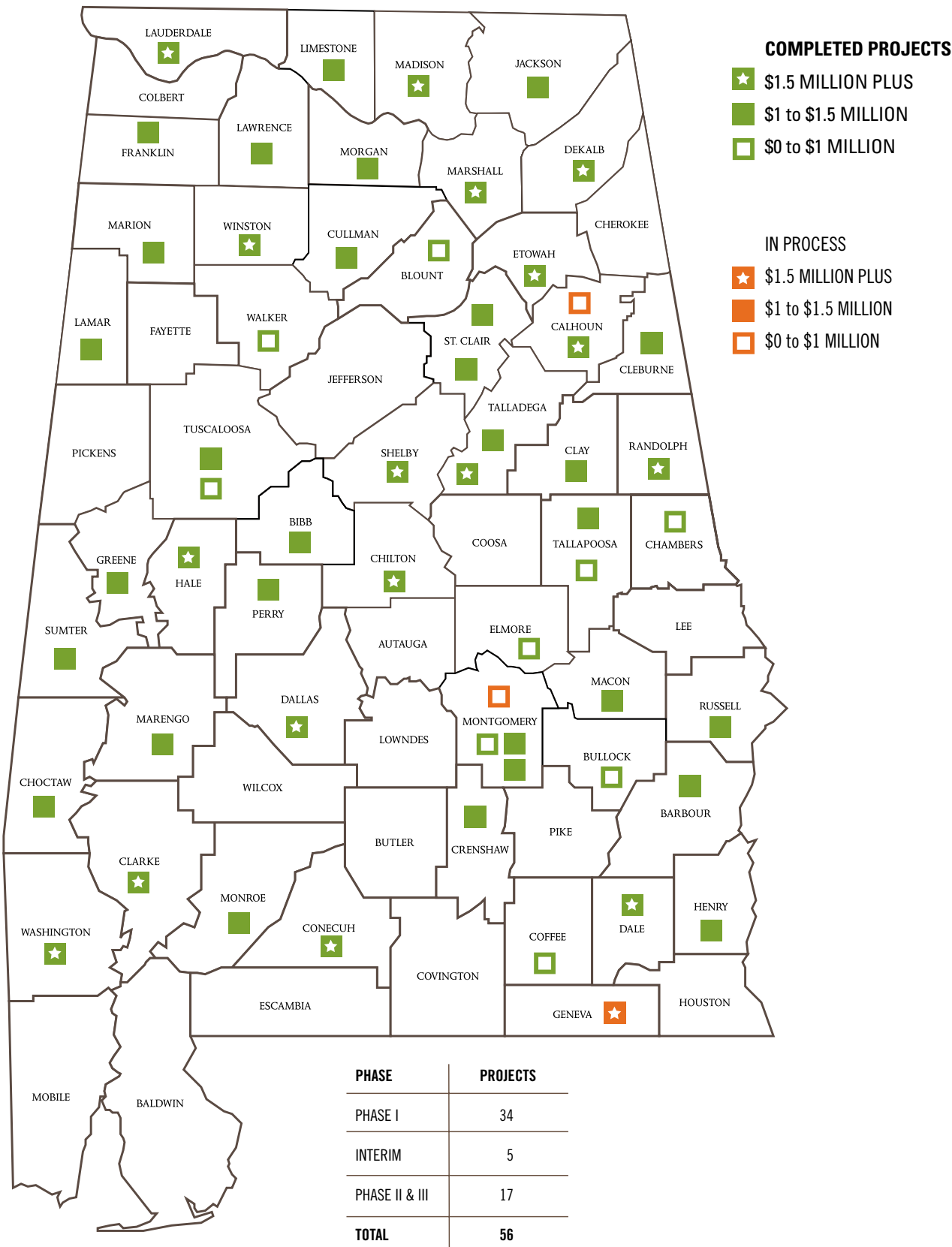
PUBLIC HEALTH FUNDING HISTORY



FISCAL YEAR	2006	2007	2008	2009	2010
STATE	60.8	75.5	72.7	60.7	62.9
FEDERAL	225.7	242.4	266.8	258.3	261.9
LOCAL	9.3	11.2	11.2	12.8	11.8
REIMB	135.1	154.9	181.1	194.9	203.9

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

ALABAMA PUBLIC HEALTH CARE AUTHORITY PROJECTS



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 six divisions: Project Management, Database Administration, Systems Development and Integration, Business and Information Architecture, Technical Support, and Logistics. IT procures, develops, and supports information technology systems to supply information to departmental and public users through an integrated information processing and telecommunication structure. The Logistics Division manages the department's property assets, forms, emergency preparedness supplies, mailroom, and vehicles.

IT was involved in the development of a state Health Information Exchange (HIE) plan with representatives from the Alabama Medicaid Agency, government, insurers, employers, hospitals, and providers. The bureau began to prepare the state Immunization Registry and National Electronic Disease Surveillance System to electronically interface directly with providers and hospital electronic health record systems. The eventual goal is to communicate with the regional, state, and national HIE.

In partnership with three other states, IT participated in the development of a new WIC system called Crossroads. This project is funded by the United States Department of Agriculture Food and Nutrition Service in an effort to provide a robust and cost-effective management information system which can be used in many states. To prepare for the transition to Crossroads, IT began modifying the county PHALCON system to work seamlessly with Crossroads when it is implemented.

IT has assisted with the development of training modules and plans for the new Electronic Death System. The system offers the ability for providers, hospitals, nursing homes, and coroners to complete the death certificate process electronically, and then submit directly to the state. It has been piloted in several areas around the state.

The Laboratory Information Management System for the State Laboratory continued to advance toward full implementation. The electronic ordering and results module has been implemented in all PHALCON clinics and continues to be enhanced as needed. Work is ongoing to interface with Jefferson

information
technology
ALABAMA PUBLIC HEALTH



ADPH PORTFOLIO OF INFORMATION TECHNOLOGIES

System	Purpose	Year Implemented	Bureau
Cost Accounting	Collect and report cost for services provided by ADPH.	1990	Finance
AFNS (Advantage Financial System)	Provide financial accounting for department.	1990	Finance
HRS (Human Resource System)	Maintain personnel information.	1990	Human Resources
Vital Records Information System	Collect, maintain, and issue vital records.	1994	Health Statistics
Lotus Notes	Provide email, calendaring.	1996	All
PHALCON (PH of Alabama County Operations Network)	Serve as clinic system.	1999	WIC, Family Health, Communicable Disease
Disease Control Applications	Collect and analyze data for TB, AIDS, STD, etc.	1999	Communicable Disease
Reports Databases	Distributes reports in PDF format.	2000	All
CHIP (Child Health Insurance Program)	Serves as enrollment system for the ALL KIDS Child Health Insurance Program.	2000	CHIP
Grayco Systems - EMS and Facilities	Manage EMS and Health Provider Std's Facilities compliance.	2000	Health Provider Std's and EMS
ARTEMIS	Provide Hepatitis B Case Management System.	2000	Immunization
Death Tracking System	Track death certificates.	2001	Health Statistics
ADPH Web Site (ADPH.org)	Provide ADPH Web site.	2001	Health Promotion
ACORN	Serve as on-line Care Coordination System.	2002	Case Management
Environmental System	Manage county environmental activities.	2002	Environmental
CLAIMS (Claims Management System)	Provide billing for ADPH services.	2007	Finance
McKesson Horizon Home Care System	Provide In-Home Patient Care System for Home Health and Community-Base Waiver.	2004	Home Health
LCMS (Learning Content Management System)	Manage employees professional development records.	2004	Professional Services
NEDSS (National Electronic Disease Surveillance System)	Collect and analyze disease data.	2004	Communicable Disease
Automated Contract Tracking System	Manage contracts from initiation through approval and implementation.	2005	General Counsel
Web-Enabled Enrollment System	Allow on-line enrollment determination for low-cost insurance.	2005	CHIP
Breast and Cervical Cancer System	Manage BCC program services and reimbursements to providers and manage slots enrolled.	2005	Family Health Services
Voice Over IP Telephones	Provide IP telephones and voice mail.	2005	All
ICS Support Systems	Provide management information for ICS and EP activities.	2006	Emergency Preparedness
e-CATS (Electronic Cost Accounting Time Sheets)	Collect employee time data for Cost Accounting.	2006	Finance
Inventory Management System	Track ordering, storage, and issuance of supplies for warehouse, laboratory.	2006	Logistics Division
Electronic Birth Certificate System (EVERS)	Report births from hospitals internet-based system.	2006	Health Statistics
Cancer Registry	Track and manage cancer patients and statistics.	2006	Health Promotion
Health Alert Network	Provide alerting system to emergency responders.	2006	Emergency Preparedness
PC Inventory Verification System	Track PCs, laptops, and networked items.	2006	Logistics/IT
Prescription Drug Monitoring Program	Collect data of reportable drugs from pharmacies.	2006	Professional Services
Web Security Application	Single Sign-On for Web applications.	2007	All
Environmental System	Record food scores and animal bites.	2007	Environmental
Child Death System	Collect and manage child and fetal deaths.	2008	Family Health Services
Family Planning Eligibility Application	Provide the ability to create electronic applications and send directly to Medicaid.	2009	Family Health Services
ADPH Calendar	Provide information about ADPH and other events.	2009	All
ImmPrint	Serve as Internet-based immunization registry system.	2009	Immunization
Laboratory Information System	Collect and report lab test data.	2009	Laboratory, Communicable Disease, Emergency Preparedness
Production Management	Provide online reporting tool.	2010	All
Cost Accounting Online Reporting	Reporting tool for Cost Accounting.	2010	All
Trauma Registry	Collect, store, and analyze trauma data.	2010	EMS
Electronic Medical Record	Replace PHALCON and ACORN.	2011	Professional Services
WIC SAM	Provide Common WIC system (federally developed).	2011	Family Health Services

and Mobile county clinical applications. In addition, electronic results are available to consumers of the data such as the various departmental bureaus, private laboratories, and the Centers for Disease Control and Prevention. IT developed and implemented modules of a new Web-based environmental system. The food scores and animal bite modules were the first section of the reporting system to be implemented.

The ALL Kids eligibility and enrollment system was redesigned and implemented during 2010. The system was modernized to a Web-based system to improve functionality and ease of access.

IT has worked closely with the Department of Finance and AT&T to transition clinics to a new network giving the department capabilities such as quality of service, site-to-site communications, greater security, and multicasting for videos. The bureau was also able to extend Metro-E throughout the state allowing extra bandwidth for the larger sites.

Voice over Internet Protocol (VoIP) telephone systems have been installed in all the county sites, increasing the total number of clinic and area offices with VoIP to 89. VoIP also provides a more modern phone system with features such as voice mail capability and interoffice calling.

The Logistics Division moved five health departments into new or remodeled facilities during the year. Property history cards were converted to electronic transmittal to streamline the transfer process, and the Logistics Division received another perfect property audit by the State of Alabama Office of State Auditor, marking the fourth consecutive perfect audit for the division.

IT SUPPORT FACTS	QUANTITIES
Help Desks Calls	23,483
Personal Computers Supported	4,498
Servers Supported	315
Personal Computers Installed	1,269
County Support Trips	2,702
IP Phone Devices Supported	5,432

LOGISTICS FACT	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

ADPH ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS, & ADMINISTRATORS

NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
PUBLIC HEALTH AREA 1				
Karen M. Landers, M.D., AHO	Box 929, Tuscumbia 35674	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660
Don Cardwell, Area Adm.	Box 929, Tuscumbia 35674	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660
COLBERT				
Don Cardwell, Area Adm.	Box 929, Tuscumbia 35674	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660
NW AL Regional Home Health Office	Box 929, Tuscumbia 35674	256-383-1234	383-8843	1000 Jackson Hwy., Sheffield 35660
FRANKLIN				
Ronnie Moore, Asst. Area Adm.	Box 100, Russellville 35653	256-332-2700	332-1563	801 Hwy. 48, Russellville 35653
LAUDERDALE				
Don Cardwell, Area Adm.	Box 3569, Florence 35630	256-764-7453	764-4185	4112 Chisholm Rd., Florence 35630
MARION				
Ronnie Moore, Asst. Area Adm.	Box 158, Hamilton 35570	205-921-3118	921-7954	2448 Military St. S., Hamilton 35570
Home Health Office	Box 158, Hamilton 35570	205-921-2859	921-7282	2448 Military St. S., Hamilton 35570
WALKER				
Don Cardwell, Area Adm.	Box 3207, Jasper 35502	205-221-9775	221-8810	705 20th Avenue E., Jasper 35501
WINSTON				
Ronnie Moore, Asst. Area Adm.	Box 1029, Double Springs 35553	205-489-2101	489-2634	110 Legion Rd., Double Springs 35553
Home Health Office	Box 1029, Double Springs 35553	205-489-5500	486-5520	110 Legion Rd., Double Springs 35553
Life Care Office	Box 1029, Double Springs 35553	205-489-5506	489-5513	110 Legion Rd., Double Springs 35553
PUBLIC HEALTH AREA 2				
Judy Smith, Area Adm.	Box 1628, Decatur 35602	256-340-2113	353-4432	201 Gordon Dr., S.E., Decatur 35601
CULLMAN				
Bart Crabtree, Asst. Area Adm.	Box 1678, Cullman 35056	256-734-1030	737-9646	601 Logan Ave., S.W., Cullman 35055
Home Health Office	Box 1086, Cullman 35056	256-734-0258	734-1840	601 Logan Ave., S.W., Cullman 35055
Environmental Office	Box 1678, Cullman 35056	256-734-0243	737-9236	601 Logan Ave., S.W., Cullman 35055
Life Care Office	Box 1086, Cullman 35056	256-775-8568	734-6345	601 Logan Ave., S.W., Cullman 35055
JACKSON				
Judy Smith, Area Adm.	Box 398, Scottsboro 35768	256-259-4161	259-1330	204 Liberty Ln., Scottsboro 35769
Home Health Office	Box 398, Scottsboro 35768	256-259-3694	574-4803	204 Liberty Ln., Scottsboro 35769
Environmental Office	Box 398, Scottsboro 35768	256-259-5882	259-5886	204 Liberty Ln., Scottsboro 35769
LAWRENCE				
Bart Crabtree, Asst. Area Adm.	Box 308, Moulton 35650	256-974-1141	974-5587	13299 Alabama Hwy. 157, Moulton 35650
Home Health Office	Box 308, Moulton 35650	256-974-7076	974-7073	13299 Alabama Hwy. 157, Moulton 35650
Environmental Office	Box 308, Moulton 35650	256-560-6441	974-7073	13299 Alabama Hwy. 157, Moulton 35650
LIMESTONE				
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
Environmental Office	20371 Clyde Mabry Dr., Athens 35611	256-232-3200	216-1730	20371 Clyde Mabry Dr., Athens 35611
Life Care Office	20371 Clyde Mabry Dr., Athens 35611	256-230-0458	233-5947	20371 Clyde Mabry Dr., Athens 35611
MADISON				
Lawrence L. Robey, M.D., LHO	Box 17708, Huntsville 35810	256-539-3711	536-2084	301 Max Luther Dr., Huntsville 35811
Environmental Office	Box 17708, Huntsville 35810	256-539-3711	535-6545	301 Max Luther Dr., Huntsville 35811
MARSHALL				
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
MORGAN				
Judy Smith, Area Adm.	Box 1628, Decatur 35602	256-353-7021	353-7901	510 Cherry St. N.E., Decatur 35601
Home Health Office	Box 2105, Decatur 35602	256-306-2400	353-6410	201 Gordon Dr. S.E., Ste. 107, Decatur 35601
Environmental Office	Box 1866, Decatur 35602	256-340-2105	353-7901	510 Cherry St. N.E., Decatur 35601
WIC Clinic	Box 1628, Decatur 35602	256-560-0611	355-0345	510 Cherry St. N.E., Decatur 35601

ADPH ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS, & ADMINISTRATORS

NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
PUBLIC HEALTH AREA 3				
Albert T. White, Jr., M.D., AHO	Box 70190, Tuscaloosa 35407	205-554-4500	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
BIBB				
Tammy Yager, Area Adm.	Box 126, Centreville 35042	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
FAYETTE				
Tammy Yager, Area Adm.	Box 340, Fayette 35555	205-932-5260	932-3532	215 First Ave., N.W., Fayette 35555
Home Health Office	Box 548, Vernon 35592	205-695-6916	695-9100	300 Springfield Rd., Vernon 36692
GREENE				
Tammy Yager, Area Adm.	Box 269, Eutaw 35462	205-372-9361	372-9283	412 Morrow Ave., Eutaw 35462
Home Health Office	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	2350 Hargrove Rd. E., Tuscaloosa 35405
LAMAR				
Tammy Yager, Area Adm.	Box 548, Vernon 35592	205-695-9195	695-9214	300 Springfield Rd., Vernon 36692
Home Health Office	Box 548, Vernon 35592	205-695-6916	695-9100	300 Springfield Rd., Vernon 36692
PICKENS				
Tammy Yager, Area Adm.	Box 192, Carrollton 35447	205-367-8157	367-8376	80 William E. Hill Dr., Carrollton 35447
Home Health Office	Box 548, Vernon 35592	205-695-6916	695-9100	300 Springfield Rd., Vernon 36692
TUSCALOOSA				
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
PUBLIC HEALTH AREA 4				
Michael E. Fleenor, M.D., AHO	Box 2648, Birmingham 35202	205-933-9110	930-0243	1400 Sixth Ave. S., Birmingham 35233
Michael E. Fleenor, M.D., LHO	Box 2648, Birmingham 35202	205-930-1500	930-0243	1400 Sixth Ave. S., Birmingham 35233
Gwen Veras, Area Adm.	Box 2648, Birmingham 35202	205-930-1510	930-1576	1400 Sixth Ave. S., Birmingham 35233
BESSEMER HEALTH CENTER	2201 Arlington Ave., Bessemer 35020	205-497-9300	497-3913	2201 Arlington Ave., Bessemer 35020
CENTRAL HEALTH CENTER	Box 2648, Birmingham 35202	205-933-9110	930-1350	1400 Sixth Ave. S., Birmingham 35233
EASTERN HEALTH CENTER	601 West Blvd., Birmingham 35206	205-591-5180	510-3474	601 West Blvd., Birmingham 35206
MORRIS HEALTH CENTER	Box 272, Morris 35116	205-933-4242	647-0561	590 Morris Majestic Rd., Morris 35116
WEST END HEALTH CENTER	1308 Tuscaloosa Ave. S.W., Birmingham 35211	205-715-6121	715-6173	1308 Tuscaloosa Ave. S.W., Birmingham 35211
WESTERN HEALTH CENTER	1700 Ave. E., Birmingham 35218	205-788-3321	241-5275	1700 Ave. E., Birmingham 35218
PUBLIC HEALTH AREA 5				
Mary Gomillion, Area Adm.	Box 8306, Gadsden 35902	256-927-7000	927-7068	709 E. Broad St., Gadsden 35903
BLOUNT				
Mark Johnson, Asst. Area Adm.	Box 208, Oneonta 35121	205-274-2120	274-2210	1001 Lincoln Ave., Oneonta 35121
Home Health Office	Box 8306, Gadsden 35902	256-547-5012	543-0067	109 S. 8th St., Gadsden 35902
Life Care Office (1-888-469-8806)	Box 208, Oneonta 35121	205-274-9086 or	625-4490	1001 Lincoln Ave., Oneonta 35121
Environmental Office	Box 208, Oneonta 35121	205-274-2120	274-2575	1001 Lincoln Ave., Oneonta 35121
CHEROKEE				
Mary Gomillion, Area Adm.	Box 176, Centre 35960	256-927-3132	927-2809	833 Cedar Bluff Road, Centre 35960
Home Health Office (1-800-732-9206)	Box 680347, Ft. Payne 35968	256-845-8680 or	845-0331	2401 Calvin Dr. S.W., Ft. Payne 35967
Life Care Office (1-800-600-0923)	Box 680347, Ft. Payne 35968	256-845-8685	845-0331	2401 Calvin Dr. S.W., Ft. Payne 35967
DEKALB				
Mary Gomillion, Area Adm.	Box 680347, Ft. Payne 35968	256-845-1931	845-2967	2401 Calvin Dr. S.W., Ft. Payne 35967
Home Health Office (1-800-732-9206)	Box 680347, Ft. Payne 35968	256-845-8680 or	845-0331	2401 Calvin Dr. S.W., Ft. Payne 35967
Life Care Office (1-800-600-0923)	Box 680347, Ft. Payne 35968	256-845-8685	845-0331	2401 Calvin Dr. S.W., Ft. Payne 35967
Environmental Office	Box 680347, Ft. Payne 35968	256-845-7031	845-2817	2401 Calvin Dr. S.W., Ft. Payne 35967
ETOWAH				
Mark Johnson, Asst. Area Adm.	709 E. Broad St., Gadsden 35903	256-547-6311	549-1579	709 E. Broad St., Gadsden 35903
Home Health Office	709 E. Broad St., Gadsden 35903	256-547-5012	543-0067	709 E. Broad St., Gadsden 35903
Life Care Office (1-888-469-8806)	Box 208, Oneonta 35121	205-274-9086	625-4490	1001 Lincoln Ave., Oneonta 35121
ST. CLAIR				
Mark Johnson, Asst. Area Adm.	Box 627, Pell City 35125	205-338-3357	338-4863	1175 23rd St. N., Pell City 35125
Home Health Office	Box 8306, Gadsden 35902	256-547-5012	543-0067	109 S. 8th St., Gadsden 35901
Life Care Office (1-888-469-8806)	Box 208, Oneonta 35121	205-274-9086	625-4490	1001 Lincoln Ave., Oneonta 35121
Satellite Clinic (Wednesday only)	Box 249, Ashville 35953	205-594-7944	594-7588	411 N. Gadsden Hwy., Ashville 35953
SHELBY				
Mark Johnson, Asst. Area Adm.	Box 846, Pelham 35124	205-664-2470	664-4148	2000 County Services Dr., Pelham 35124
Environmental Office	Box 846, Pelham 35124	205-620-1650	664-3411	2000 County Services Dr., Pelham 35124
Vincent Clinic	Box 240, Vincent 35178	205-672-2167	672-3548	131 Florey St., Vincent 35178
WIC Clinic	Box 240, Vincent 35178	205-672-7176	672-3548	131 Florey St., Vincent 35178
Home Health Office	Box 240, Vincent 35178	205-672-3210	672-3548	131 Florey St., Vincent 35178
Life Care Office	Box 240, Vincent 35178	205-672-3170	672-3548	131 Florey St., Vincent 35178

ADPH ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS, & ADMINISTRATORS

NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
PUBLIC HEALTH AREA 6				
Mary Gomillion, Area Adm.	3400 McClellan Blvd., Anniston 36201	256-237-1896	240-2615	3400 McClellan Blvd., Anniston 36201
Home Care Office	311 N. Elm Ave., Sylacauga 35150	256-249-4893	208-0886	311 N. Elm Ave., Sylacauga 35150
CALHOUN				
Mary Gomillion, Area Adm.	3400 McClellan Blvd., Anniston 36201	256-237-7523	238-0851	3400 McClellan Blvd., Anniston 36201
Environmental Office	3400 McClellan Blvd., Anniston 36201	256-237-4324	238-0851	3400 McClellan Blvd., Anniston 36201
Home Health Office	3400 McClellan Blvd., Anniston 36201	256-741-1361	237-3654	3400 McClellan Blvd., Anniston 36201
CHAMBERS				
Ava Rozelle, Asst. Area Adm.	5 North Medical Park Dr., Valley 36854	334-756-0758	756-0765	5 North Medical Park Dr., Valley 36854
CLAY				
Mark Johnson, Asst. Area Adm.	86892 Hwy. 9, Lineville 36266	256-396-6421	396-9172	86892 Hwy. 9, Lineville 36266
Home Health Office	86892 Hwy. 9, Lineville 36266	256-396-9307	396-9236	86892 Hwy. 9, Lineville 36266
CLEBURNE				
Mary Gomillion, Area Adm.	Box 36, Heflin 36264	256-463-2296	463-2772	90 Brockford Rd., Heflin 36264
COOSA				
Ava Rozelle, Asst. Area Adm.	Box 219, Rockford 35136	256-377-4364	377-4354	9516 Hwy. 231, Rockford 35136
RANDOLPH				
Mark Johnson, Asst. Area Adm.	320 Main St., Roanoke 36274	334-863-8981	863-8975	320 Main St., Roanoke 36274
Home Health Office	320 Main St., Roanoke 36274	334-863-8983	863-4871	320 Main St., Roanoke 36274
TALLADEGA				
Ava Rozelle, Asst. Area Adm.	Box 455, Talladega 35160	256-362-2593	362-0529	1004 South St. E., Talladega 35160
Home Health Office	311 N. Elm Ave., Sylacauga 35150	256-249-4893	208-0886	311 N. Elm Ave., Sylacauga 35150
Sylacauga Clinic	311 N. Elm Ave., Sylacauga 35150	256-249-3807	245-0169	311 N. Elm Ave., Sylacauga 35150
TALLAPOOSA				
Ava Rozelle, Asst. Area Adm.	2078 Sportplex Blvd., Alexander City 35010	256-329-0531	329-1798	2078 Sportplex Blvd., Alexander City 35010
Dadeville Clinic	220 W. LaFayette St., Dadeville 36853	256-825-9203	825-6546	220 W. LaFayette St., Dadeville 36853
PUBLIC HEALTH AREA 7				
Jackie R. Holliday, Area Adm.	Box 480280, Linden 36748	334-295-1000	295-0006	303 Industrial Dr., Linden 36748
CHOCTAW				
Jackie R. Holliday, Area Adm.	1001 S. Mulberry Ave., Butler 36904	205-459-4026	459-4027	1001 S. Mulberry Ave., Butler 36904
Life Care Office	1001 S. Mulberry Ave., Butler 36904	205-459-4013	459-3184	1001 S. Mulberry Ave., Butler 36904
Environmental Office	1001 S. Mulberry Ave., Butler 36904	205-459-4026	459-4027	1001 S. Mulberry Ave., Butler 36904
DALLAS				
Ashvin Parikh, Asst. Area Adm.	100 Sam O. Moseley Dr., Selma 36701	334-874-2550	875-7960	100 Sam O. Moseley Dr., Selma 36701
Home Health Office	100 Sam O. Moseley Dr., Selma 36701	334-872-2323	872-0279	100 Sam O. Moseley Dr., Selma 36701
Environmental Office	100 Sam O. Moseley Dr., Selma 36701	334-872-5887	872-4948	100 Sam O. Moseley Dr., Selma 36701
Life Care Office	100 Sam O. Moseley Dr., Selma 36701	334-872-1421	872-0279	100 Sam O. Moseley Dr., Selma 36701
HALE				
Ashvin Parikh, Asst. Area Adm.	Box 87, Greensboro 36744	334-624-3018	624-4721	670 Hall St., Greensboro 36744
Environmental Office	Box 87, Greensboro 36744	334-624-3018	624-4721	670 Hall St., Greensboro 36744
LOWNDES				
Ziba M. Anderson, Asst. Area Adm.	Box 35, Hayneville 36040	334-548-2564	548-2566	507 Montgomery Hwy., Hayneville 36040
Environmental Office	Box 35, Hayneville 36040	334-548-2564	548-2566	507 Montgomery Hwy., Hayneville 36040
MARENGO				
Jackie R. Holliday, Area Adm.	Box 480877, Linden 36748	334-295-4205	295-0124	303 Industrial Dr., Linden 36748
Home Health Office	Box 480877, Linden 36748	334-295-0000	295-0617	303 Industrial Dr., Linden 36748
Environmental Office	Box 480877, Linden 36748	334-295-4205	295-0124	303 Industrial Dr., Linden 36748
PERRY				
Ashvin Parikh, Asst. Area Adm.	Box 119, Marion 36756	334-683-6153	683-4509	Rt. 2 Box 4-G, Hwy. 45 S., Marion 36756
Environmental Office	Box 119, Marion 36756	334-683-6153	683-4509	Rt. 2 Box 4-G, Hwy. 45 S., Marion 36756
Uniontown Satellite (Open Tu., W.)	Box 119, Marion 36756	334-628-6226	628-3018	200 North St., Uniontown 36786
Life Care Satellite Office	Box 119, Marion 36756	334-683-8084	683-4509	Rt. 2 Box 4-G, Hwy. 45 S., Marion 36756
SUMTER				
Ashvin Parikh, Asst. Area Adm.	Drawer 340, Livingston 35470	205-652-7972	652-4331	1121 N. Washington St., Livingston 35470
Environmental Office	Drawer 340, Livingston 35470	205-652-7972	652-4331	1121 N. Washington St., Livingston 35470
WILCOX				
Ziba Anderson, Asst. Area Adm.	107 Union St., Camden 36726	334-682-4515	682-4796	107 Union St., Camden 36726
Environmental Office	107 Union St., Camden 36726	334-682-4515	682-4796	107 Union St., Camden 36726

ADPH ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS, & ADMINISTRATORS

NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
PUBLIC HEALTH AREA 8				
James Martin, Area Adm.	2500 Fairlane Dr., Building 2, Ste. 200 Montgomery 36116	334-277-8464	244-1592	2500 Fairlane Dr., Suite 200, Montgomery 36116
AUTAUGA				
James Martin, Area Adm.	219 N. Court St., Prattville 36067	334-361-3743	361-3718	219 N. Court St., Prattville 36067
Home Health Office	219 N. Court St., Prattville 36067	334-361-3753	361-3806	219 N. Court St., Prattville 36067
BULLOCK				
Connie King, Asst. Area Adm.	103 Conecuh Ave. W., Union Springs 36089	334-738-3030	738-3008	103 Conecuh Ave. W., Union Springs 36089
CHILTON				
James Martin, Area Adm.	301 Health Center Dr., Clanton 35045	205-755-1287	755-2027	301 Health Center Dr., Clanton 35045
Life Care Office	301 Health Center Dr., Clanton 35045	205-755-8407	755-8432	301 Health Center Dr., Clanton 35045
ELMORE				
James Martin, Area Adm.	6501 Hwy. 231, Wetumpka 36092	334-567-1171	567-1186	6501 Hwy. 231, Wetumpka 36092
LEE				
Connie King, Asst. Area Adm.	1801 Corporate Dr., Opelika 36801	334-745-5765	745-9830	1801 Corporate Dr., Opelika 36801
Life Care Office	1801 Corporate Dr., Opelika 36801	334-745-5293	745-9825	1801 Corporate Dr., Opelika 36801
MACON				
James Martin, Area Adm.	812 Hospital Rd., Tuskegee 36083	334-727-1800	727-7100	812 Hospital Rd., Tuskegee 36083
Life Care Office	812 Hospital Rd., Tuskegee 36083	334-727-1888	727-1874	812 Hospital Rd., Tuskegee 36083
MONTGOMERY				
James Martin, Area Adm.	3060 Mobile Hwy., Montgomery 36108	334-293-6400	293-6410	3060 Mobile Hwy., Montgomery 36108
Home Health Office	3060 Mobile Hwy., Montgomery 36108	334-293-6525	293-6402	3060 Mobile Hwy., Montgomery 36108
Environmental Office	3060 Mobile Hwy., Montgomery 36108	334-293-6452	293-6410	3060 Mobile Hwy., Montgomery 36108
Life Care Office	3060 Mobile Hwy., Montgomery 36108	334-293-6528	293-6402	3060 Mobile Hwy., Montgomery 36108
RUSSELL				
Connie King, Asst. Area Adm.	1850 Crawford Rd., Phenix City 36867	334-297-0251	291-5478	1850 Crawford Rd., Phenix City 36867
Home Health Office	1850 Crawford Rd., Phenix City 36867	334-298-5581	291-0498	1850 Crawford Rd., Phenix City 36867
PUBLIC HEALTH AREA 9				
Ricky Elliott, Area Adm.	Box 1227, Robertsedale 36567	251-947-6206	947-6262	23280 Gilbert Dr., Robertsedale 36567
BALDWIN				
Ricky Elliott, Area Adm.	Box 369, Robertsedale 36567	251-947-1910	947-5703	23280 Gilbert Dr., Robertsedale 36567
Environmental Office	Box 369, Robertsedale 36567	251-947-3618	947-3557	22251 Palmer St., Robertsedale 36567
Bay Minette Branch	312 Courthouse Square, Ste. 29, Bay Minette 36507	251-937-6935	580-4767	212 Courthouse Square, Bay Minette 36507
WIC	8158 Hwy. 59 Unit 108, Foley 36535	251-943-7260	943-7280	8158 Hwy. 59 Unit 108, Foley 36535
BUTLER				
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		131 Jones St., Georgiana 36033
CLARKE				
Ricky Elliott, Area Adm.	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
CONECUH				
Ricky Elliott, 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
COVINGTON				
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 St., 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
ESCAMBIA				
Ricky Elliott, 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
MONROE				
Ricky Elliott, Area Adm.	416 Agriculture Dr., Monroeville 36460	251-575-3109	575-7935	416 Agriculture Dr., Monroeville 36460
Home Health Office	416 Agriculture Dr., Monroeville 36460	251-575-2980	575-2144	416 Agriculture Dr., Monroeville 36460
Environmental Office	416 Agriculture Dr., Monroeville 36460	251-575-7034	575-7935	416 Agriculture Dr., Monroeville 36460
Life Care Office	416 Agriculture Dr., Monroeville 36460	251-575-9184	575-2144	416 Agriculture Dr., Monroeville 36460
WASHINGTON				
Ricky Elliott, 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

ADPH ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS, & ADMINISTRATORS

NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
PUBLIC HEALTH AREA 10				
Peggy Blakeney, Area Adm. Headland Branch	Drawer 2087, Dothan 36301 2 Cable St., Headland 36345	334-792-9070 334-693-2220	792-9071 693-3010	1781 E. Cottonwood Rd., Dothan 36301 2 Cable St., Headland 36345
BARBOUR				
Corey Kirkland, Asst. Area Adm.	Box 238, Eufaula 36027	334-687-4808	687-6470	634 School St., Eufaula 36027
Home Health Office	Box 217, Clayton 36016	334-775-9044	775-9129	39 Browder St., Clayton 36016
Clio Branch Office	1203 Bluesprings St., Clio 36017	334-397-2223	397-0025	1203 Bluesprings St., Clio 36017
Clayton Branch Office	Box 217, Clayton 36016	334-775-8324	775-3432	39 Browder St., Clayton 36016
COFFEE				
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
CRENSHAW				
Peggy Blakeney, Area Adm.	15 Hospital Dr., Luverne 36049	334-335-2471	335-3795	15 Hospital Dr., Luverne 36049
DALE				
Corey Kirkland, Asst. Area Adm.	532 W. Roy Parker Rd., Ozark 36360	334-774-5146	774-2333	532 W. Roy Parker Rd., Ozark 36360
GENEVA				
Peggy Blakeney, Area Adm.	300 County Rd. 41, Hartford 36344	334-684-2256	684-3970	300 County Rd. 41, Hartford 36344
HENRY				
Corey Kirkland, Asst. Area Adm.	Box 86, Abbeville 36310	334-585-2660	585-3036	505 Kirkland St., Abbeville 36310
HOUSTON				
Peggy Blakeney, Area Adm.	Drawer 2087, Dothan 36302	334-678-2800	678-2802	1781 E. Cottonwood Rd., Dothan 36301
Home Health Office	Drawer 2087, Dothan 36302	334-678-2805	678-2808	1781 E. Cottonwood Rd., Dothan 36301
Environmental Office	Drawer 2087, Dothan 36302	334-678-2815	678-2816	1781 E. Cottonwood Rd., Dothan 36301
PIKE				
Corey Kirkland, Asst. Area Adm.	900 S. Franklin Dr., Troy 36081	334-566-2860	566-8534	900 S. Franklin Dr., Troy 36081
Home Health Office	900 S. Franklin Dr., Troy 36081	334-566-8002	670-0719	900 S. Franklin Dr., Troy 36081
PUBLIC HEALTH AREA 11				
Bernard H. Eichold II, M.D., AHO	Box 2867, Mobile 36652	251-690-8827	432-7443	251 N. Bayou St., Mobile 36603
Keeler Building, Main Site	Box 2867, Mobile 36652	251-690-8158	690-8853	251 N. Bayou St., Mobile 36603
Environmental Services	Box 2867, Mobile 36652	251-690-8895	432-7443	251 N. Bayou St., Mobile 36603
Social Services	Box 2867, Mobile 36652	251-690-8981	694-5004	251 N. Bayou St., Mobile 36603
Women's Center	Box 2867, Mobile 36652	251-690-8935	690-8945	248 Cox St., Mobile 36604
Semmes Clinic	Box 2867, Mobile 36652	251-445-0582	445-0579	3810 Wulff Rd. E., Semmes 36575
Citronelle Clinic	Box 2867, Mobile 36652	251-866-9126	866-9121	19250 Mobile St., Citronelle 36522
Eight Mile Clinic	Box 2867, Mobile 36652	251-456-1399	456-0079	4547 St. Stephens Rd., Eight Mile 36663
Teen Center	Box 2867, Mobile 36652	251-694-3954	694-5023	248 Cox St., Mobile 36604
School-Based Clinic	Box 2867, Mobile 36652	251-456-2276	456-2205	800 Whitley St., Plateau 36610
Newburn Clinic	Box 2867, Mobile 36652	251-405-4525	405-4521	248 Cox St., Mobile 36604
North Mobile Health Center	Box 2867, Mobile 36652	251-829-9884	829-6073	950 Coy Smith Hwy., Mt. Vernon 36560

PHA 1

Karen Landers, M.D., Area Health Officer
 Don Cardwell, Area Administrator
 Box 929, Tuscumbia, AL 35674
 (256) 383-1231

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 Box 1628, Decatur, AL 35602
 (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
 (205)-930-1500

PHA 5

Mary Gomillion, Area Administrator
 Box 8306, Gadsden, AL 35902
 (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
 (334) 295-1000

PHA 8

James Martin, Area Administrator
 2500 Fairlane Dr., Bldg. 2, Ste. 200
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PHA 9

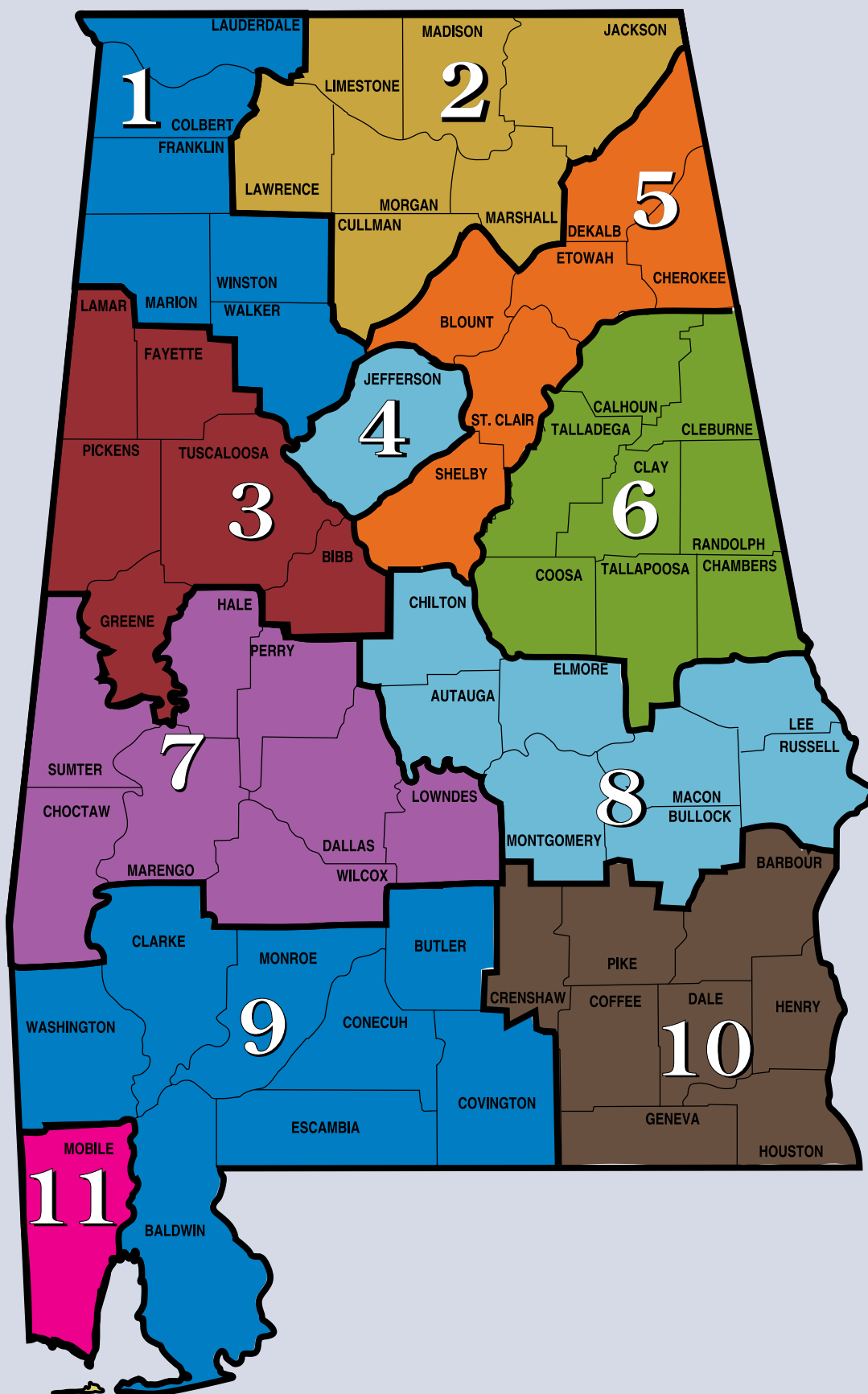
Ricky Elliott, Area Administrator
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PHA 10

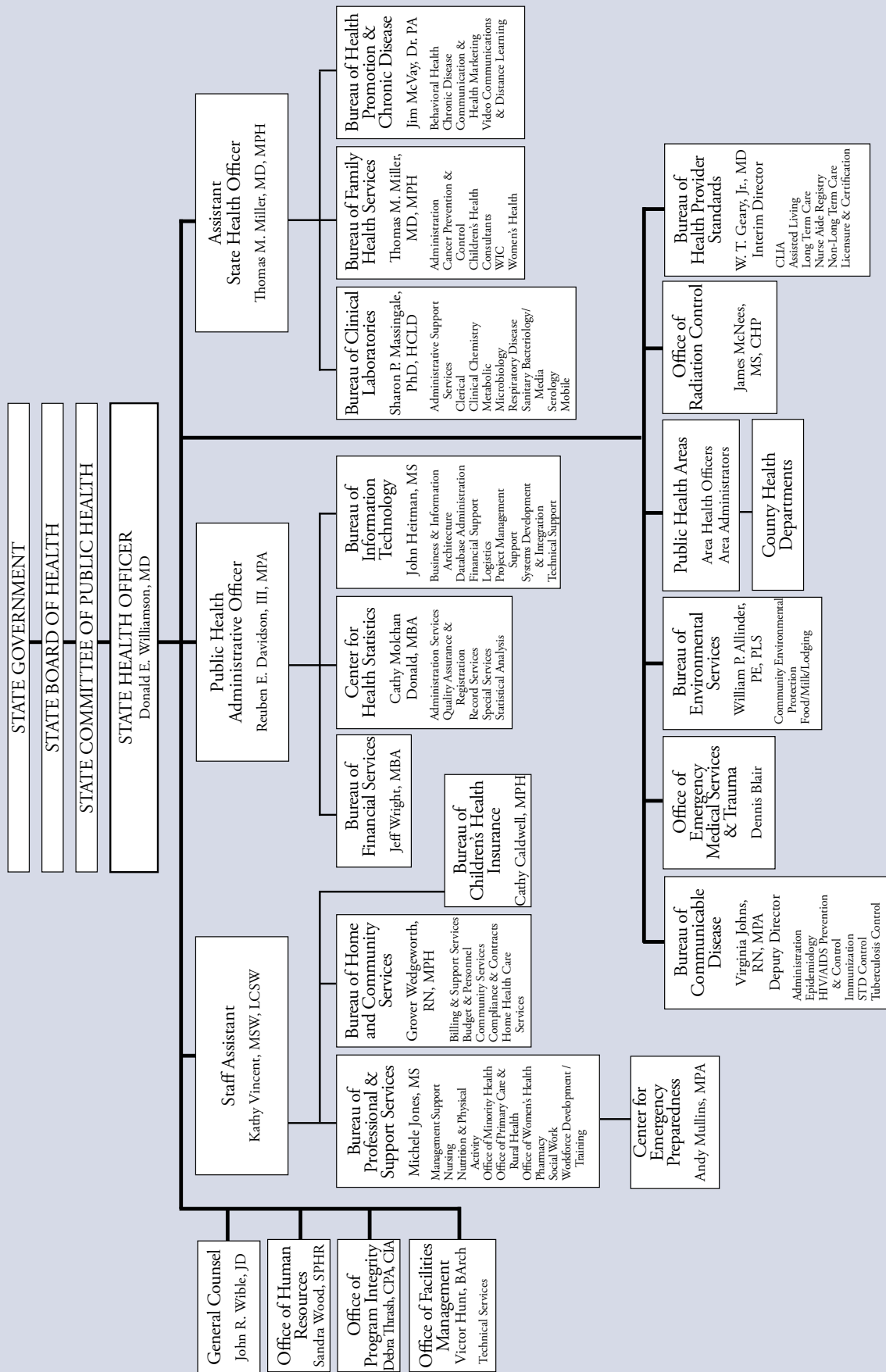
Peggy Blakeney, Area Administrator
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PHA 11

Bernard H. Eichold, II, M.D.
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ALABAMA DEPARTMENT OF PUBLIC HEALTH



April 13, 2011



State Health Officer

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