



2012 ANNUAL REPORT

PRESERVING, PROTECTING, AND PROVIDING

ALABAMA DEPARTMENT OF PUBLIC HEALTH

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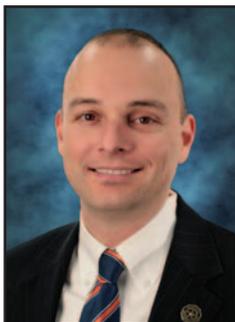
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A LETTER FROM THE STATE HEALTH OFFICER

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

Dear Governor Bentley:

It is my privilege to present to you the 2012 Annual Report of the Alabama Department of Public Health. Despite fiscal challenges in the last 12 months, we have continued to work to improve and protect the health of our fellow citizens.

Alabama's infant mortality rate has been among the highest in the nation. While it remains far too high, 2011 witnessed our lowest infant mortality rate in Alabama history at 8.1 deaths per 1,000 live births. In 2012, voluntary screening for critical congenital heart disease was implemented. Today more than 95 percent of all babies are voluntarily screened, and in 2013, all newborns will be screened. This initiative will identify children who are at risk of life-threatening congenital cardiac abnormalities, and facilitate early intervention. Alabama's infant mortality data also identified another opportunity for engagement. Infants delivered before 39 weeks of gestation were at higher risk of admission to neonatal intensive care units (NICUs) and of death. We are currently working with other providers to reduce the occurrence of elective deliveries prior to 39 weeks. As this initiative grows, more babies will avoid the NICU, and newborns' lives will be saved.

In addition to progress on infant mortality, the first report on healthcare-associated infections was released by the department. While the initial report focused on a limited number of infection sites, it forms a framework for future expansion. The publication of this data serves as a catalyst for continued improvement in the industry; moreover, it is a useful source of information for consumers.

The Bureau of Children's Health Insurance administers ALL Kids, the Children's Health Insurance Program for Alabama. ALL Kids is a low-cost, comprehensive health care coverage program for children under age 19. Benefits include regular check-ups and immunizations, sick child doctor visits, prescriptions, vision and dental care, hospitalization, mental health, and substance abuse services. ALL Kids enrollment continues to increase, reaching a 17-month record enrollment in 2012.

The Alabama Breast and Cervical Cancer Early Detection Program provides free breast and cervical cancer screening to underserved women in Alabama. Breast cancer screening includes clinical breast exams, mammograms, and diagnostic testing if an abnormality is found. Cervical cancer screening includes a pelvic exam, Pap smear, and diagnostic testing if an abnormality is found. If a patient is diagnosed with breast or cervical cancer, she is eligible to receive treatment through the Alabama Medicaid Agency. Early detection of breast and cervical cancer can save lives. Since 2001, over 1,385 breast cancers have been diagnosed and more than 340 cervical cancers have been diagnosed as a result of free screening.



Our state consistently ranks as one of the most obese states in the nation. According to a 2011 report from the Centers for Disease Control and Prevention, 66.7 percent of Alabamians are either overweight or obese. The Scale Back Alabama program is a public awareness campaign for adults conducted in partnership with the department and Alabama's hospitals and with support from Blue Cross and Blue Shield of Alabama. The year 2012 contest marked the sixth year of the program with a total weight loss of more than 908,000 pounds and healthier lifestyle changes for thousands of individuals during its existence.

While working to improve Alabama's health, we have continued to be good stewards of scarce tax dollars. To address reduced resources, we have modified the frequency of restaurant inspections, avoided filling some vacancies, consolidated services in some counties, and shared resources with other agencies.

Over the past year, it has been my privilege to work with both Public Health and Medicaid. In that role, I have observed the important role that each agency plays in protecting and improving the health of our fellow citizens. We remain committed to those goals. I am convinced that by working with our partners in both the public and private sectors, we will be successful.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Williamson".

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



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 140 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.

TABLE OF CONTENTS

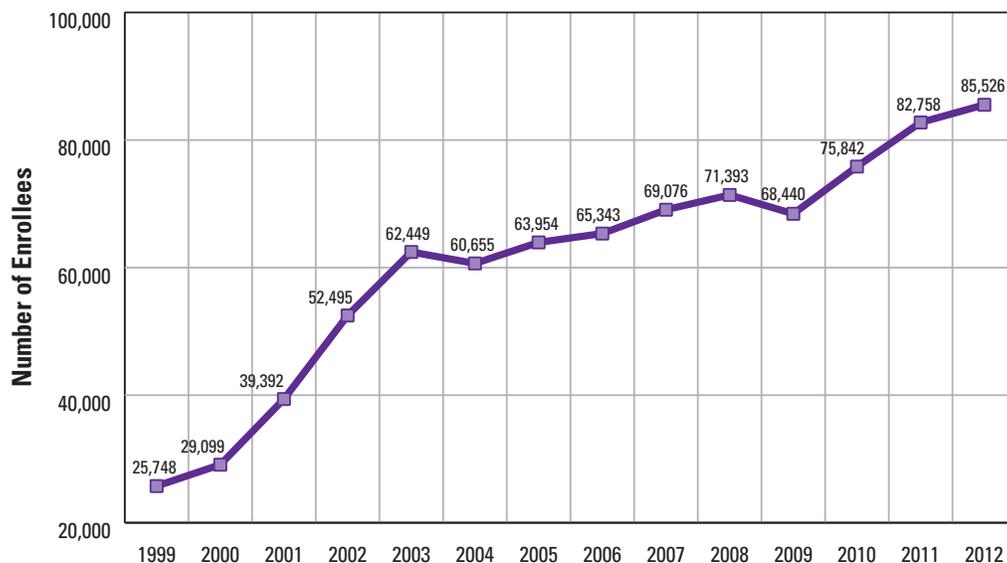
■ Letter to the Governor	4
■ Bureau of Children's Health Insurance	7
■ Bureau of Clinical Laboratories	8
■ Bureau of Communicable Disease	12
■ Office of Emergency Medical Services	17
■ Center for Emergency Preparedness	19
■ Bureau of Environmental Services	20
■ Bureau of Family Health Services	25
■ Bureau of Financial Services	37
■ Office of General Counsel	40
■ Bureau of Health Promotion and Chronic Disease	41
■ Bureau of Health Provider Standards	46
■ Center for Health Statistics	47
■ Bureau of Home and Community Services	50
■ Office of Human Resources	52
■ Bureau of Information Technology	53
■ Bureau of Professional and Support Services	55
■ Office of Program Integrity	58
■ Office of Radiation Control	59
■ ADPH Organizational Chart	61
■ County Health Department Services	62
■ Public Health Areas Map	63

Bureau of Children's Health Insurance (ALL Kids)

The Bureau of Children's Health Insurance administers ALL Kids, the Children's Health Insurance Program for Alabama. ALL Kids is a low-cost, comprehensive health care coverage program for children under age 19. Benefits include regular check-ups and immunizations, sick child doctor visits, prescriptions, vision and dental care, hospitalization, mental health and substance abuse services, and much more.

Figure 1. ALL Kids Enrollment, 1999 - 2012

ALL Kids enrollment continued to increase with a 17-month record enrollment.



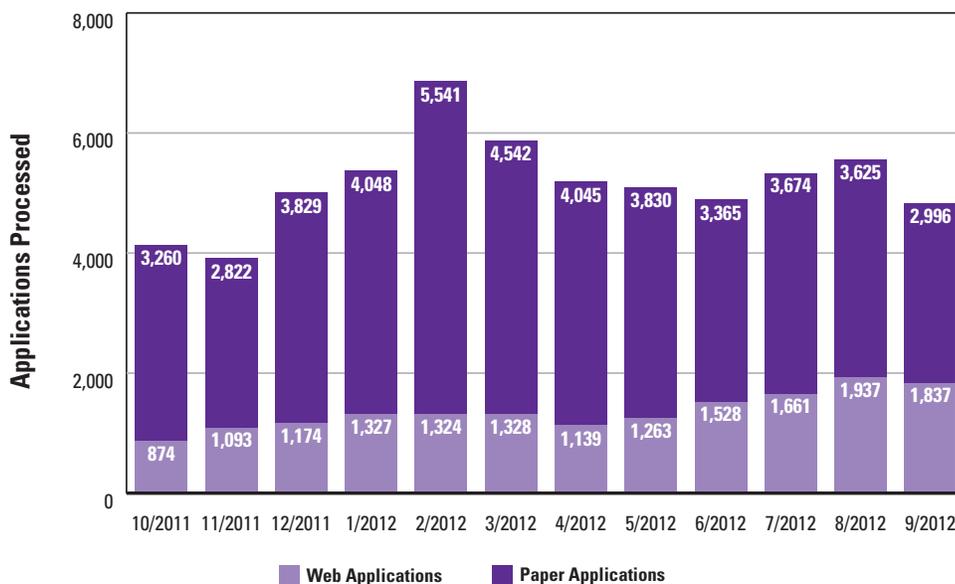
Through a Robert Wood Johnson Foundation grant, Maximizing Enrollment for Kids, ALL Kids implemented a new improvement project, which is a document imaging and workflow management system. The system allows applications to move electronically through the determination process providing a more efficient ALL Kids' processing system.

ALL Kids is working closely with the Alabama Medicaid Agency in preparation for fundamental changes in how program eligibility for children and families will

be determined in 2014. The department's Bureau of Information Technology is leading the development of a new joint eligibility system, which will enable ALL Kids and Medicaid to be in compliance with the requirements of the Affordable Care Act. It is anticipated that the new eligibility system will be functional by October 2013. Other human service programs offered through the Department of Human Resources will also be phased into this project. Enhanced federal funding is being received for this project.

Figure 2. ALL Kids Monthly Applications, Fiscal Year 2012

In May 2012, ALL Kids enhanced the online joint application shared with the Alabama Medicaid Agency, which featured two new components. One feature is a pre-populated renewal application that allows families to renew their coverage online. The second feature gives users the ability to set up accounts to update their information, and check enrollment status. ALL Kids has seen an increase in the number of Web applications received.



Bureau of Clinical Laboratories

The mission of the Bureau of Clinical Laboratories is to lead the state through laboratory science to improve and protect the residents' health by testing and providing test data in support of disease surveillance and policy decisions. The bureau, in collaboration with its partners, aspires to ensure quality test results for timely diagnosis and treatment of Alabama's citizens. The bureau consists of the following divisions: Clinical Chemistry, Newborn Screening, Microbiology, Quality Management, Respiratory Disease, Sanitary Bacteriology/Media, STD/Serology, Administrative Support Services Division, and Mobile Laboratory.

Distribution of Clinical Specimens and Environmental Specimens Received for Fiscal Year 2012: The Bureau of Clinical Laboratories, the first line of defense in detecting diseases, oversees the state through laboratory science by testing and providing data in support of disease surveillance and policy decisions. The bureau, which is funded through Medicaid receipts and federal grants, is federally certified and credentialed through the Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration (FDA), the Environmental Protection

Agency (EPA), and Clinical Laboratory Improvement Amendments (CLIA) to ensure quality test results for timely diagnosis and treatment of the state's residents. It offers quality services through an array of technical specialties and consists of a main laboratory in Montgomery and a specialty testing laboratory in Mobile. More than 7 million laboratory tests were performed for more than 800,000 specimens received for fiscal year 2012. The number of specimens received, and tests performed, increased at both laboratory locations during the past year.

Figure 3. Fiscal Year 2012 Distribution of Clinical Specimens

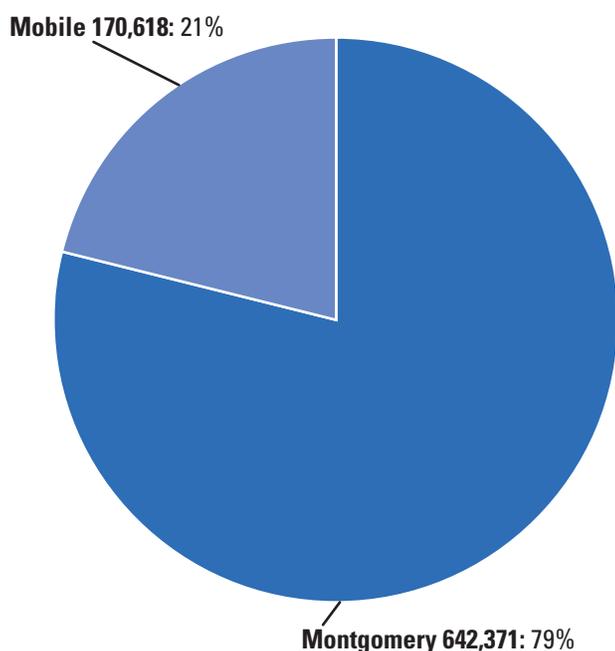
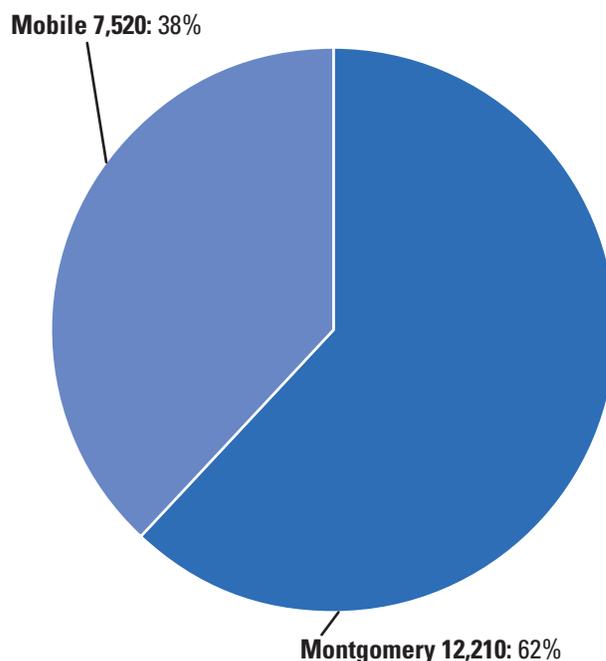


Figure 4. Fiscal Year 2012 Distribution of Environmental Specimens



IMPROVED INFORMATION TECHNOLOGY

Bureau of Clinical Laboratory Information Management System: The Bureau of Clinical Laboratory's multiyear installation of the Chemware Horizon Laboratory Information Management System (LIMS) is almost complete. The LIMS allows the laboratory to receive, request, and send test reports electronically from county health departments and 22 private submitters, including small, rural providers. Electronic requests and reporting reduces the number of specimens to be manually keyed in, allows near real-time reporting, reduces data-entry errors, decreases turnaround time, and reduces lost report incidents.

LIMS also allows the laboratory to automatically send electronic reports to its public health partners. Notifiable disease reports are sent electronically to CDC, the department's Epidemiology Division, and other programs in near real-time. Bioterrorism specimen reports are now submitted electronically to CDC directly and securely from the LIMS. The laboratory is one of 13 national laboratories with this capability. Another important feature of the LIMS is its ability to capture auxiliary data for easy extraction to generate ad hoc reports that assist in epidemiological projects such as outbreak investigations.

Bureau of Clinical Laboratories

Laboratory Outreach: A broad range of the state laboratory's partners assembled in January 2012 for the first Alabama Public Health Laboratory System Performance Assessment (AL-SIP). This assessment revealed that the state laboratory system rates high in several of the metrics examined.

In May, the BCL partnered with the state's FBI Weapons of Mass Destruction coordinators to host a workshop for hazardous response teams. There were 36 attendees representing agencies of fire and rescue, Homeland Security, 46th Civil Support Team, and the Alabama Department of Public Safety and Public Health. In June, the BCL hosted a conference titled, "Laboratory Best Practices for Preparedness: Learning from Each Other." The conference served 70 attendees representing state public health and 35 hospitals.

CLINICAL CHEMISTRY ANALYSIS

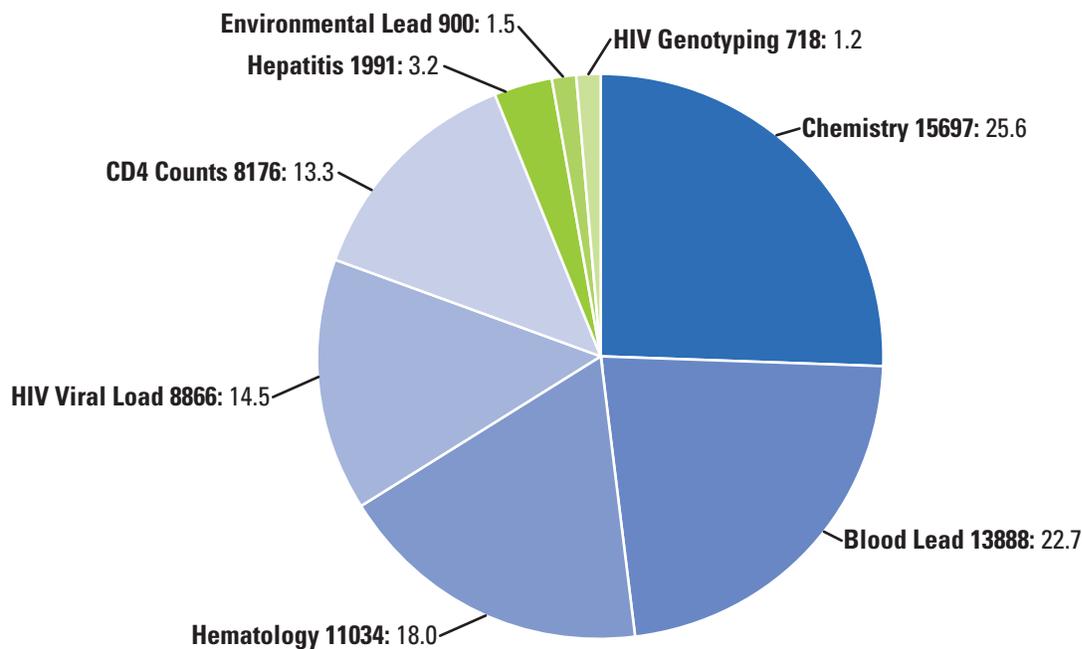
Lead Screen Critical Level Measurement Reduced: New Recommendations to Define Elevated Blood Lead Levels: In January 2012, an expert committee recommended that CDC

change its "blood lead level of concern" based on studies that show that even low blood lead levels can cause lifelong health effects. The new recommendation is 5 micrograms per deciliter as opposed to 10. ADPH will continue to follow the current algorithm for follow up however.

CLINICAL CHEMISTRY SPECIMENS PROCESSED AND ANALYZED FOR FISCAL YEAR 2012

The Clinical Services Branch performs testing for routine chemistry profiles, Hepatitis B screenings, complete blood counts (CBC's), CD4/8 T-lymphocyte subset enumeration, quantitative polymerase chain reaction (PCR) for HIV viral loads and HIV genotype testing. Specimens for analysis are submitted from county health departments, federally qualified health centers, and community based HIV treatment programs to support the clinical management of their patients. The division processed and analyzed 61,270 specimens during 2012.

Figure 5.



INFECTIOUS TESTING DISEASE - MICROBIOLOGY

Outbreaks: During fiscal year 2012, the state laboratory's Reference Microbiology Section assisted in investigating ten enteric bacterial outbreaks. Seven were caused by *Shigella*, and three were *Salmonella*. Noteworthy was a foodborne illness detected among participants attending a health fair picnic. The suspected agent was determined to be *Staphylococcus aureus*.

The Emerging Infectious Disease Section was involved in 61 outbreak investigations: 30 were caused

by Norovirus, 2 by *Salmonella*, 7 by *Shigella*, 1 by *Staphylococcus aureus*, and 14 were unidentified.

Genotyping data linked *Salmonella* Newport identified at the laboratory with a nationwide cantaloupe outbreak and identified *Salmonella* Braenderup as the causative organism in smoked chicken and rice for a gastrointestinal outbreak from a school banquet.

In 2012, 52 West Nile virus specimens were received, a 472 percent increase over 2011; four were positive.

Bureau of Clinical Laboratories

This increase was due in part to the Dallas, Texas, outbreak that garnered much public interest.

The addition of 16S sequencing has aided in rapid identification of isolates (bacterial and fungal) previously sent to CDC for testing.

Preparedness: The state laboratory received 25 clinical specimens and 3 environmental samples to rule out agents of bioterrorism; 1 was positive for *Brucella suis*.

The laboratory also received specimens from patients with an atypical rash to rule out smallpox. Collaboration with the department's Epidemiology Division and CDC identified Coxsackie A6, the causative agent of hand, foot, and mouth disease as the culprit. This serotype had not been described in infections within the United States prior to this investigation.

The laboratory and the Mississippi Department of Health (MDOH) simulated a disaster drill to test their Memorandum of Understanding for surge during a public health emergency. This exercise required the MDOH laboratory contact the state laboratory and arrange to have potential bioterrorism specimens transferred and tested at the laboratory. An after-action report helped to determine and fill gaps determined during the exercise.

HIV and STD Testing: HIV laboratory based screening declined 8.0 percent as compared to 2011; the observed incidence rate remained unchanged, however. The laboratory replaced the HIV screening test with a new one which enables earlier detection of an HIV infection. The laboratory also began using a HIV-1 nucleic acid amplified test (NAAT) to resolve discrepancies between the screening and the confirmatory test, the western blot.

STD screening for Chlamydia, gonorrhea, and syphilis increased 6.0 percent compared to 2011. The incidence rates for each are also essentially unchanged.

The laboratory began offering *Trichomonas vaginalis* testing by NAAT in March 2012. The observed incidence rate was 11.2 percent for women attending adult health and STD clinics.

Tuberculosis (TB) and Fungal Infections: The Mycobacteriology Section received 10,275 specimens for isolation and/or identification of *M. tuberculosis* complex and other *Mycobacteria* species.

Notable Activities for 2012

- All TB patients were screened for multiple drug resistance and extremely drug resistance.
- Molecular testing for *M. tuberculosis* complex enhanced

contact investigations and treatment decisions.

- Genotyping information was collated and distributed monthly to the department's TB Control Division to enhance outbreak investigations and patient care.
- The state lab performed TB susceptibility testing for South Carolina, and staff were invited to present data from this collaboration at the national TB meeting.
- The mycology laboratory received 4,178 specimens for fungal identification.
- Dermatophytes were reported with *Trichophyton tonsurans* as the most common and systemic pathogens were also isolated and identified (5 *Cryptococcus neoformans*, 17 *Histoplasma capsulatum*, and 2 *Coccidioides immitis*).
- The mycology laboratory assisted in the national New England Compounding Company (NECC) fungal contamination investigation conducted by CDC and FDA. Although none of the contaminated product was received in Alabama, several citizens received contaminated product in other states and one death was reported from this group. One specimen from this group was processed at the state laboratory.

MOBILE DIVISION

The Mobile Division analyzes shellfish and recreational waters of the Gulf beaches, and performs clinical and environmental testing, such as drinking water and rabies. It underwent a substantial renovation to its 28-year-old building which added much needed specimen processing and analytical space and security video surveillance.

As a result of the installation of an additional analyzer during the past year, the Mobile laboratory increased its capacity to perform *Trichomonas vaginalis* testing, including performing syphilis serology, Chlamydia, and gonorrhea testing.

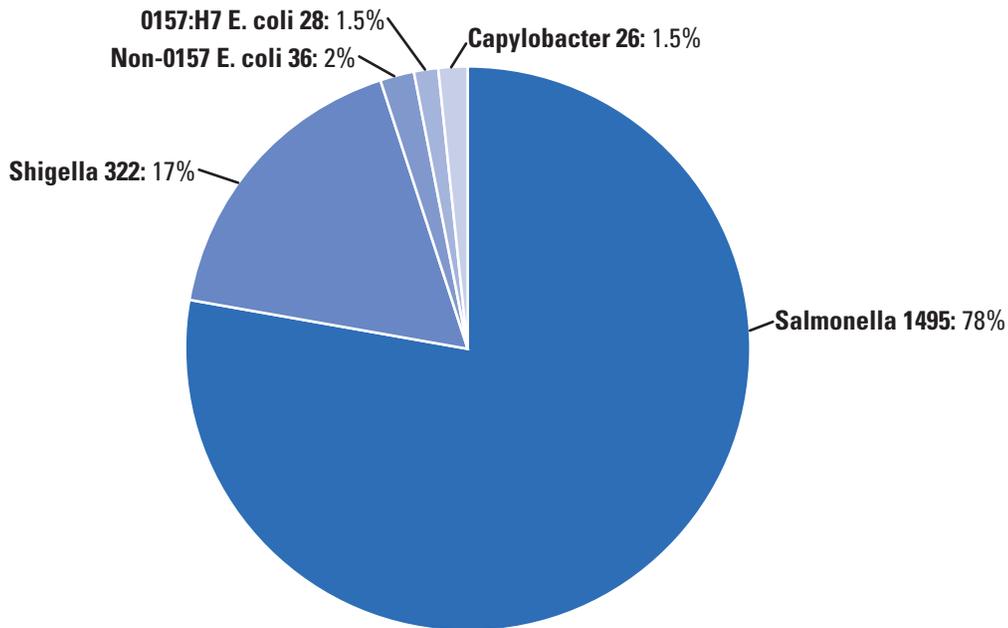
The Mobile laboratory received 2,232 urine culture and sensitivity specimens in this statewide program serving Family Health Services patients where 1,161 were analyzed for potential pathogens and antimicrobial resistance.

Shellfish and BEACH: The Beaches Environmental Assessment and Coastal Health (BEACH) Program, an EPA-funded program, monitors swimming water in Mobile and Baldwin counties. The Mobile Laboratory provided testing for 939 water samples that are reported back to Alabama Department of Environmental Management and published on its Web site at <http://www.adem.state.al.us/programs/coastal/beachMonitoring.cnt>

In response to the BP Deepwater Horizon oil spill, more than 500 seafood specimens (fin fish, crabs, shrimp, and oysters) from Alabama's Gulf of Mexico waters were processed by the Mobile Regional Laboratory, forwarded to the Chemical Terrorism Branch in the Montgomery

Figure 6. Fiscal Year 2012 Isolates Genotyped by Pulsed-Field Gel Electrophoresis (PFGE) for National PulseNet Program

Total Number of Isolates: 1919



Laboratory, and analyzed for the presence of the surfactant, DOSS and 13 polycyclic aromatic hydrocarbons (PAH), indicators of oil spill contamination. This testing has shown Alabama seafood samples to be below the FDA's level of concern for oil spill contaminants.

ENVIRONMENTAL TESTING

The Sanitary Bacteriology/Media Division tests dairy products, public and private water, and fluoride samples and prepares media used by both the county health departments and the BCL. Testing was done on 1,305 dairy samples to include raw producer and tank truck samples, as well as finished dairy products. Testing was performed on 1,055 fluoride samples. The laboratory tested 6,110 public and private water samples in support of the Safe Water Act under contract with the Alabama Department of Environmental Management. The Mobile laboratory analyzed 5,261 drinking water samples. To ensure compliance with state and federal standards, 13 public water utility laboratories (EPA) were inspected as well as 3 milk laboratories (USDA). Media and reagents were prepared in support of the newborn screening, microbiology, milk and water, mycology, TB, and emerging infectious disease programs.

In regard to rabies testing, more domestic positives have been determined this year compared to previous ones. The laboratory is sending more positive specimens to CDC for rabies virus typing in support of the state rabies program. The Mobile laboratory analyzed 330 specimens with 8 positives for fiscal year 2012. The Montgomery rabies

laboratory tested 1,364 specimens with 53 positives.

NEWBORN SCREENING TESTING PROGRAM

State law requires every newborn be tested for the presence of certain metabolic, endocrine, hematological, and other genetic disorders. Alabama has approximately 62,000 live births annually, and each has an initial screening performed at birth and a second screening is recommended at 2 to 6 weeks of age.

The Newborn Screening (NBS) laboratory performs tests that aid in the diagnosis of 29 of the 30 primary disorders recommended by the March of Dimes and American College of Medical Genetics. In addition, screening is performed for 15 secondary disorders, bringing the total to 44 disorders. The laboratory screens approximately 150,000 specimens yearly, which translates to 6 million total tests.

Each year, the Alabama NBS Program identifies approximately 100-120 infants with a metabolic, endocrine, hematological, or other congenital 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 NBS laboratory, follow-up staff, and primary care provider in determining needs, such as additional testing, medication, and diet, and in developing a treatment plan when necessary.

Bureau of Communicable Disease

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

EPIDEMIOLOGY

The Epidemiology Division's mission is to protect the residents of Alabama by monitoring and responding to cases of communicable, zoonotic, and environmentally related human diseases. The division includes the Surveillance, Analysis and Reporting, Zoonotic, Infection Prevention, and Toxicology branches.

The chart below demonstrates the volume of disease reports investigated in 2012 as compared to the number that qualify as cases according to the criteria established by the Council of State and Territorial Epidemiologists and the Centers for Disease Control and Prevention (CDC).

Figure 7. Alabama Notifiable Disease Investigation and Case Counts for 2012 (as of 12/21/2012)

Disease*	Investigations**	Cases
Arboviral	172	62
Botulism	2	0
Brucellosis	7	0
Campylobacteriosis	398	240
Chickenpox (Varicella), Adults > 18 years	71	19
Cholera	1	1
Cryptosporidiosis	113	108
Dengue	13	0
<i>E. coli</i> , Shiga Toxin-producing (Includes O157:H7)	102	64
Ehrlichiosis/Anaplasmosis	39	26
Giardiasis	210	168
<i>Haemophilus influenzae</i> , Invasive	56	53
Hansen's Disease (Leprosy)	1	0
Hemolytic Uremic Syndrome (HUS)	7	7
Hepatitis A	116	18
Hepatitis B	865	78
Hepatitis C	259	23
Hepatitis, Other Viral	3	2

Disease*	Investigations**	Cases
Histoplasmosis	63	18
Legionellosis	35	20
Listeriosis	12	10
Lyme Disease	388	25
Malaria	9	9
Meningococcal Disease	7	5
Psittacosis	1	0
Q Fever	3	0
Salmonellosis	1,194	1,139
Shigellosis	375	324
Spotted Fever Rickettsiosis	630	163
<i>Streptococcus pneumoniae</i> , Invasive Disease (IPD)	114	112
Toxic-shock Syndrome	1	0
Typhoid Fever	1	1
VISA (<i>Staph. aureus</i> , Vancomycin Intermediate Susceptible)	1	0
Vibriosis (Non-cholera)	20	20
Yellow Fever	1	0
Total	5,290	2,715

*Excludes TB, STD, HIV, and IMM diseases

**Additionally, 82 outbreaks were investigated in 2012

INFLUENZA ACTIVITY

The 2011-2012 influenza season (October 2, 2011-May 19, 2012) was mild with 34.5 percent of 397 specimens received at the Bureau of Clinical Laboratories testing positive for influenza. The 2012-2013 influenza season (October 1, 2012-May 25, 2013) has already

seen widespread reporting of influenza-like illness (ILI). Of the 398 specimens received October through December, 63.6 percent were positive for influenza.

Each week, approximately 35 medical providers report to CDC the percentage of patient visits attributable to ILI.

Figure 8. Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Alabama Summary 2012-13 through December and Previous Seasons

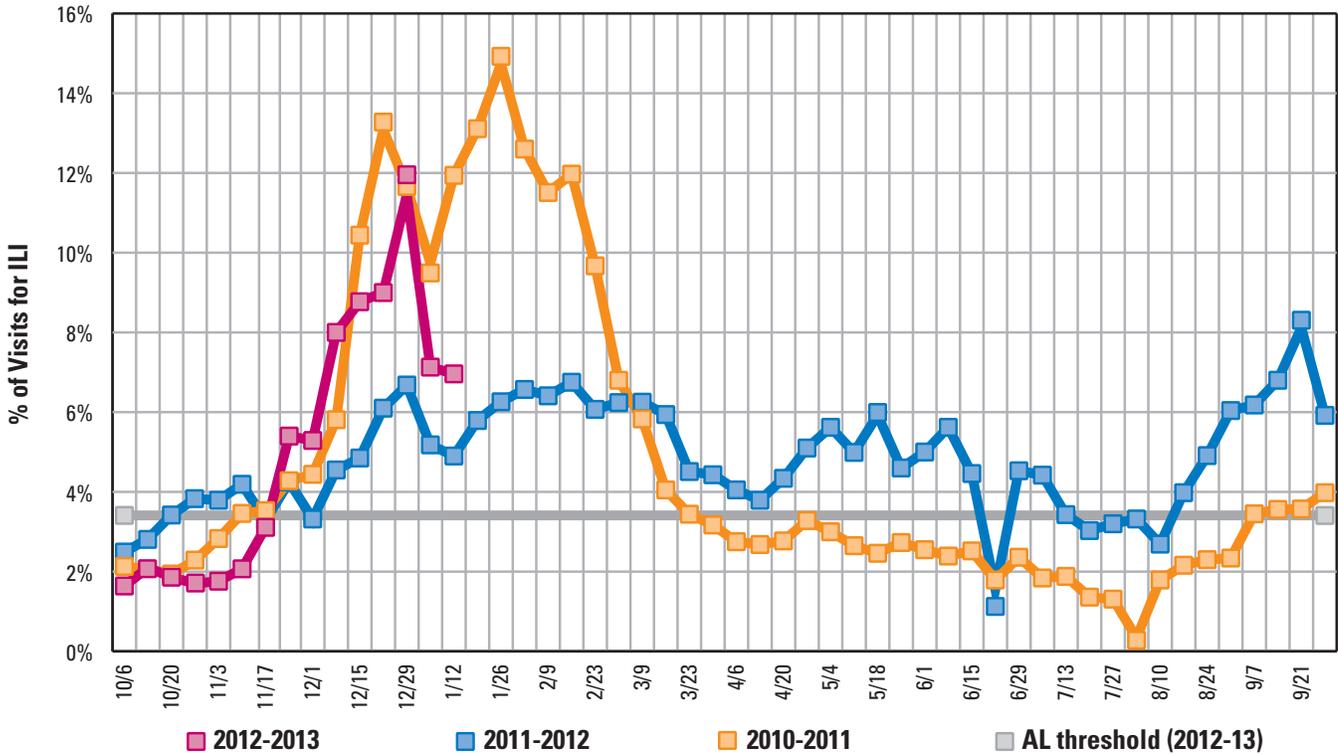
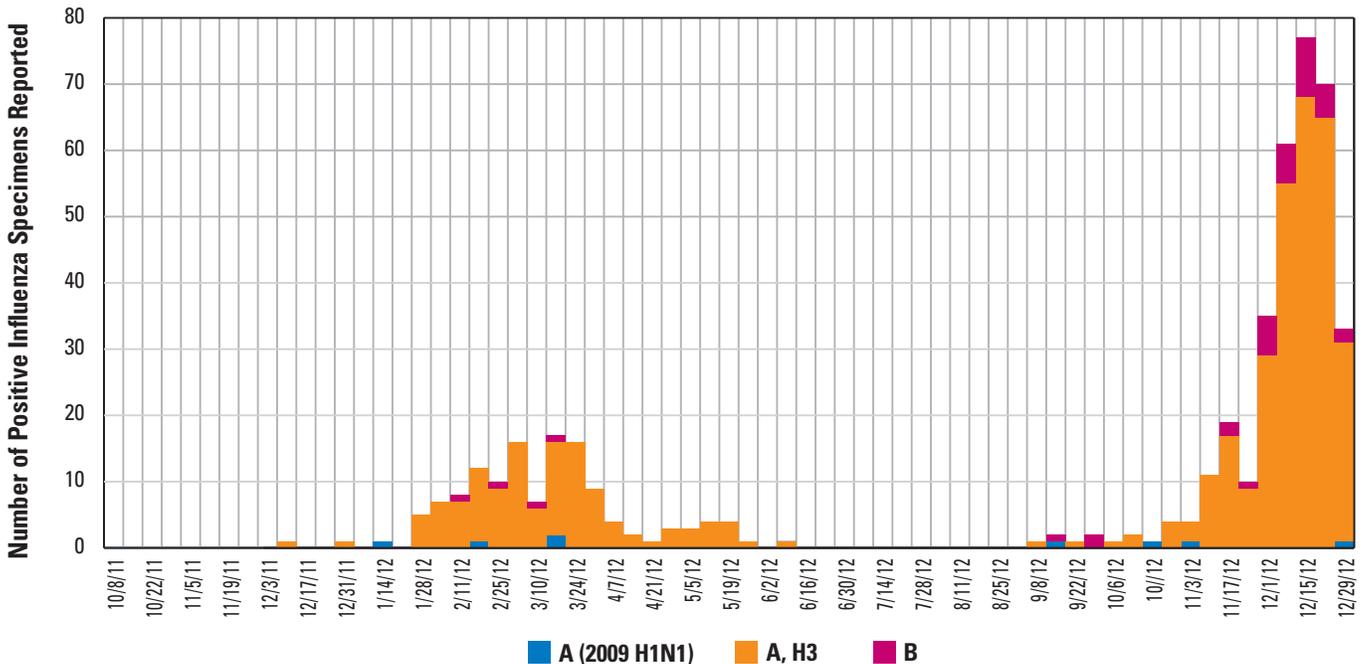


Figure 9. Positive Influenza Specimens by PCR Reported by Week Ending Date, Alabama, October 2011-December 2012



Bureau of Communicable Disease

ARBOVIRAL (MOSQUITO-BORNE) SURVEILLANCE

The 2012 arboviral season was the most active season in the past 10 years. Positive cases in humans and veterinary species were the highest since the emergence of West Nile virus (WNV) in the early 2000's. The Epidemiology Division investigated human cases and also collaborated with the Alabama Department of Agriculture and Industries in investigating and reporting positive cases in horses and birds. Horse positives for WNV and Eastern Equine Encephalitis (EEE) represented the majority of

veterinary species infected. Positives were also noted in sentinel chickens used for surveillance in Mobile and Baldwin counties. Several news releases warning about the risk of arboviral infection and prevention techniques were generated. Theories explaining the increase in viral circulation in 2012 include unseasonable warm weather during the preceding winter, possible changes in the WNV, or perhaps an ecological change in the bird susceptibility; however, no conclusive reasons for the increase are currently available.

Figure 10. Alabama Arboviral Investigation and Case Counts for 2012 (as of 12/21/2012)

Arbovirus	EPI Investigated	Cases
California Serogroup Viral Encephalitis/Meningitis	2	0
St. Louis Encephalitis	5	0
West Nile Encephalitis	44	38
West Nile Fever	121	24
Total	172	62

HEALTHCARE-ASSOCIATED INFECTIONS IN ALABAMA

On November 15, 2012, Alabama released the state's first Healthcare-Associated Infections in Alabama annual public report for 2011. Overall, Alabama hospitals performed better than the national average for surgical site infections (SSIs) for colon and abdominal hysterectomies, and central line-associated blood stream infections (CLABSIs). Alabama performed similar to the national average for catheter-associated urinary tract infections (CAUTIs).

Of the 73 Alabama hospitals reporting colon surgery procedures, 5 had statistically fewer infections compared to the national performance, and none had a statistically higher infection rate compared to the national level.

Of the 65 Alabama hospitals performing abdominal hysterectomies, only 1 facility had statistically

significantly fewer infections compared to the national average and 1 had statistically significantly higher infections compared to the national average.

Seventy-four facilities met the criteria required to report CLABSI data. Ten facilities had statistically significantly fewer infections compared to the national averages, and were considered to have performed better than the national level. One facility had statistically significantly higher infections.

Ninety-two facilities met the criteria required to report CAUTI data. Five facilities had statistically significant fewer infections compared to national infection averages, and were considered to have performed better than the national average. Four facilities performed below the national level with regard to CAUTIs.

Figure 11. Healthcare-Associated Infections Reported to ADPH in 2011

HAI Category	Number of Alabama Hospitals Reporting	Number of Surgical Procedures OR Central Line Days* OR Catheter Days**	Number of Healthcare-Associated Infections	Ratio of Actual to Predicted Infections (SIR)***	Hospital Performance Compared to National Performance
SSI - Colon Surgery	73	5,250	228	0.704	Better
SSI - Abdominal Hysterectomy	65	6,779	75	0.654	Better
CLABSI	74	118,423	145	0.623	Better
CAUTI	92	214,809	359	0.959	Similar

*Central Line Days: The sum of patients per day with a central line in general medical, surgical, and medical/surgical ICUs

**Catheter Days: The sum of patients per day with an indwelling catheter in general medical, surgical, and medical/surgical wards

***SIR: The standardized infection ratio is the ratio of observed infections to predicted infections based on the accumulated risks of the locations (based on national data).

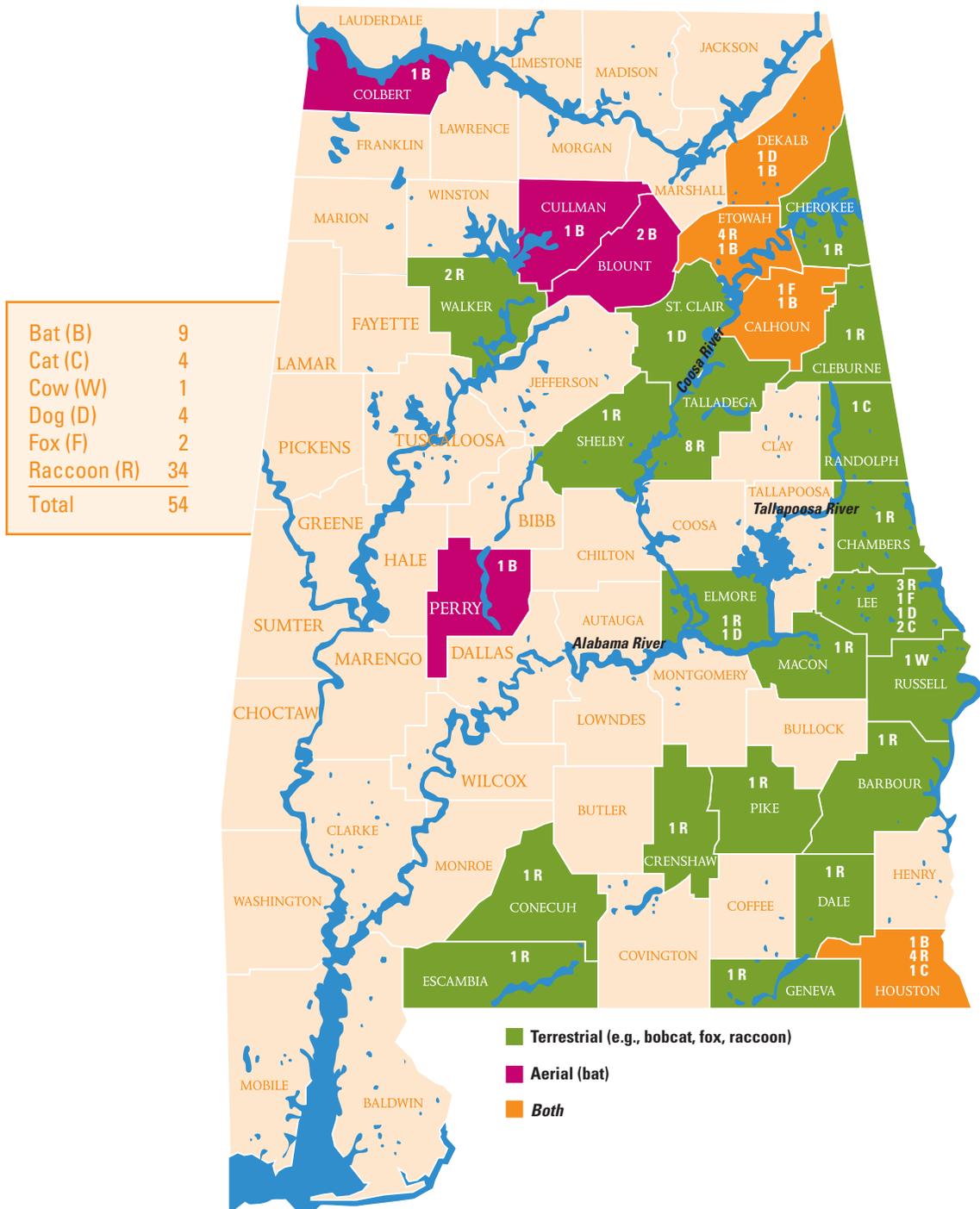
Bureau of Communicable Disease

RABIES

The department investigated nearly 7,000 animal bites last year, and tested approximately 2,000 specimens for rabies. Of those species tested, the total number of positive samples in 2012 decreased significantly from previous years. However, there was a dramatic increase in domestic species; namely the reporting of four positive dogs and four positive cats. Each instance resulted in more human exposures than would occur with the typical rabid wildlife

species. The challenge continues to be having domestic animals vaccinated, as the estimated percentage of domestic animals being vaccinated remains very low. Additionally, translocation of wildlife species from endemic to nonendemic areas continues to create high risks for human and animal exposure. The department worked closely with the U.S. Department of Agriculture and the Alabama Department of Conservation and Natural Resources to monitor wildlife rabies, and report cases of illegal release of wildlife.

Figure 12. Animal Rabies Specimens Testing Positive of 1,933 Specimens Submitted, Alabama 2012



MERCAPTAN OFF-GASSING COMMUNITY HEALTH ASSESSMENT

In July 2012, the department requested assistance from CDC to perform a community health assessment to investigate possible health effects resulting from exposure to tert-butyl mercaptan (TBM) from contaminated ground and surface water in the Eight Mile community of Prichard. TBM is an industrial additive used in natural gas to detect leaks, and has a skunk-like odor. Short-term exposure may cause skin and respiratory irritation, lack of sense of smell, nausea, vomiting, diarrhea, difficulty breathing, headache, drunk-like symptoms, cyanosis, lung congestion, kidney damage, convulsions, and even coma. No information is available on adverse health effects associated with long-term TBM exposure and it is not a known carcinogen.

In the spring of 2008, a lightning strike was reported to have caused a leak of mercaptan (TBM) from a storage tank at the Gulf South Natural Gas Pumping Station, located in Prichard. Pumping station operators cleaned the spill and resumed normal operations. In the fall of 2011, the residents of Eight Mile began to report the presence of a strong odor in the air to the Alabama Department of Environmental Management (ADEM). Residents also reported health symptoms including nausea, dizziness, headaches, general weakness, and respiratory and mucous membrane symptoms, such as eye, nose, and throat irritation. ADEM began a search to determine the source of the odor, and in January 2012, isolated the odor to an unnamed groundwater spring located at a beaver pond in Eight Mile.

Water samples collected at the spring by Mobile Gas Service in January and February 2012 contained butyl-mercaptan. In April 2012, at the request of ADEM, the U.S. Environmental Protection Agency collected ambient air samples from the residential neighborhoods surrounding the pumping station. Sample data indicated sulfur-containing compounds were not emanating from an active gas line. The highest concentrations of three sulfur compounds were identified at the beaver pond spring.

A community health assessment was conducted in September 2012. The results indicated that residents living within one mile of the spring reported experiencing more odors and significantly more disturbances to their physical and mental health, compared to residents living between one and two miles of the spring. Some of the effects were shortness of breath and eye irritations. Residents also noted agitated behavior. Over a third of the residents within one mile sought treatment for symptoms attributed to the odor.

Based on the findings, CDC recommended that health care providers be informed of the potential health

effects of mercaptan exposure, and to recommend approaches to prevent and manage exacerbations of existing chronic diseases (e.g. asthma, hypertension, mental health), potentially due to mercaptan exposures. CDC also recommended preparing public health communication messages that included strategies to minimize exposure and instructing individuals with chronic respiratory and cardiovascular conditions to have their medications readily available.

ALABAMA COLLABORATES ON MULTISTATE FUNGAL MENINGITIS OUTBREAK

On September 21, 2012, CDC was notified by the Tennessee Department of Health of a patient with onset of meningitis following an epidural steroid injection at a Tennessee ambulatory surgery center. It was found that the steroid was from the New England Compounding Center (NECC). The CDC, in collaboration with state and local health departments and the Food and Drug Administration (FDA), began a multistate fungal meningitis outbreak investigation among patients who received suspected contaminated steroid injections produced by NECC. On October 6, 2012, NECC voluntarily recalled all products compounded at and distributed from its facility in Framingham, Massachusetts. Alabama assisted neighboring states with investigations of 39 Alabama residents who were possibly exposed to possibly contaminated products while receiving treatment in other states.

Epidemiology staff called and made home visits to identified Alabama residents. The follow-up included assessment of possible symptoms of meningitis or infection. If residents had symptoms, they were instructed to seek medical care to be properly evaluated. Residents were contacted multiple times to continue to assess for any change in status. This type of meningitis was not contagious and cannot be spread from person to person. Although there have not been any Alabama confirmed infections, this investigation is ongoing.

No Alabama health care facilities received the initially recalled contaminated products. However, 10 health care facilities did receive other NECC sterile injectable products, and 44 facilities received other NECC products. ADPH, in cooperation with the Alabama Hospital Association, contacted all facilities that received the products. All clinics, hospitals, and health care providers were instructed to stop using any NECC product immediately, retain and secure the product, and contact NECC. In addition to news releases and news conferences, a Health Alert was sent to all physicians as notification about the products recalled and what to do with patients who present with symptoms.

Office of Emergency Medical Services

The Office of Emergency Medical Services (OEMS) is responsible for protecting the health, safety, and welfare of the public by assuring that emergency medical services provided by response agencies, training entities, and technicians meet or exceed established standards. The OEMS investigates complaints and may exercise its authority to deny, place on probation, suspend, or revoke the licensure when statutory or regulatory violation is substantiated.

Figure 13. Emergency Medical Services Personnel – Personnel licensed by OEMS by license type.

License Type	Number of Personnel
Advanced EMT	322
Driver	66
Emergency Medical Responder	21
Emergency Medical Technician	6,848
Intermediate	402
Paramedic	4,247
Total	11,906

ALABAMA TRAUMA AND HEALTH SYSTEM

The Alabama Trauma and Health System (ATHS), which is a part of OEMS, is spearheading the development of a new system to better address trauma in the state. A pilot stroke system is currently underway in the Southeast Region that will help save lives and reduce the burden of stroke. The primary goal of the Southeast Regional Pilot Acute Stroke System is to develop a stroke emergency care system that, when fully implemented, will result in 100 percent tPA (tissue plasminogen activator) administration to all eligible patients and a minimum of 10 percent administration to all ischemic stroke patients, as well as decreased stroke mortality and disability in the Southeast Region. Because tPA has to be administered within the first few hours of Acute Ischemic Stroke (AIS) onset, this system will improve chances of survival regardless of proximity to an urban stroke center. The stroke system is voluntary, and all hospitals in the Southeast Region are encouraged to participate. The system currently includes Autauga, Barbour, Bullock, Butler, Coffee, Covington, Crenshaw, Dale, Elmore, Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Pike, and Russell counties.

Figure 14. ATHS Total Patient Volume by Year

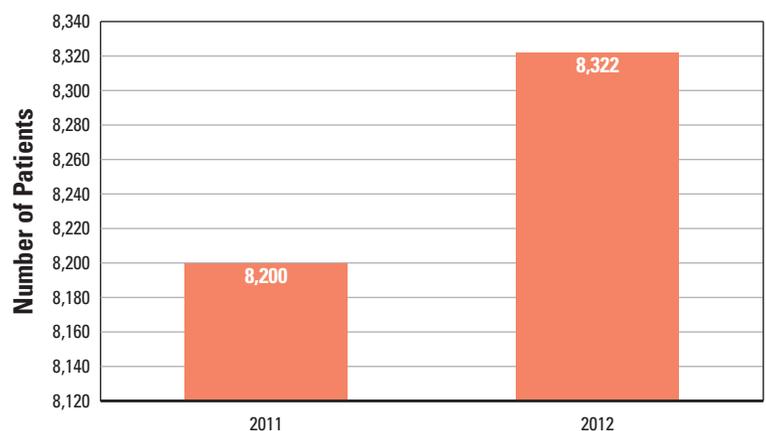
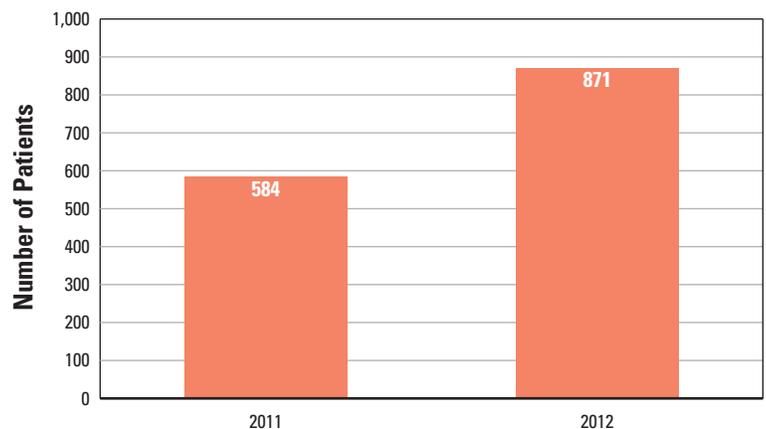


Figure 15. ATHS Patients Transferred from Initial Hospital to Designated Trauma Center



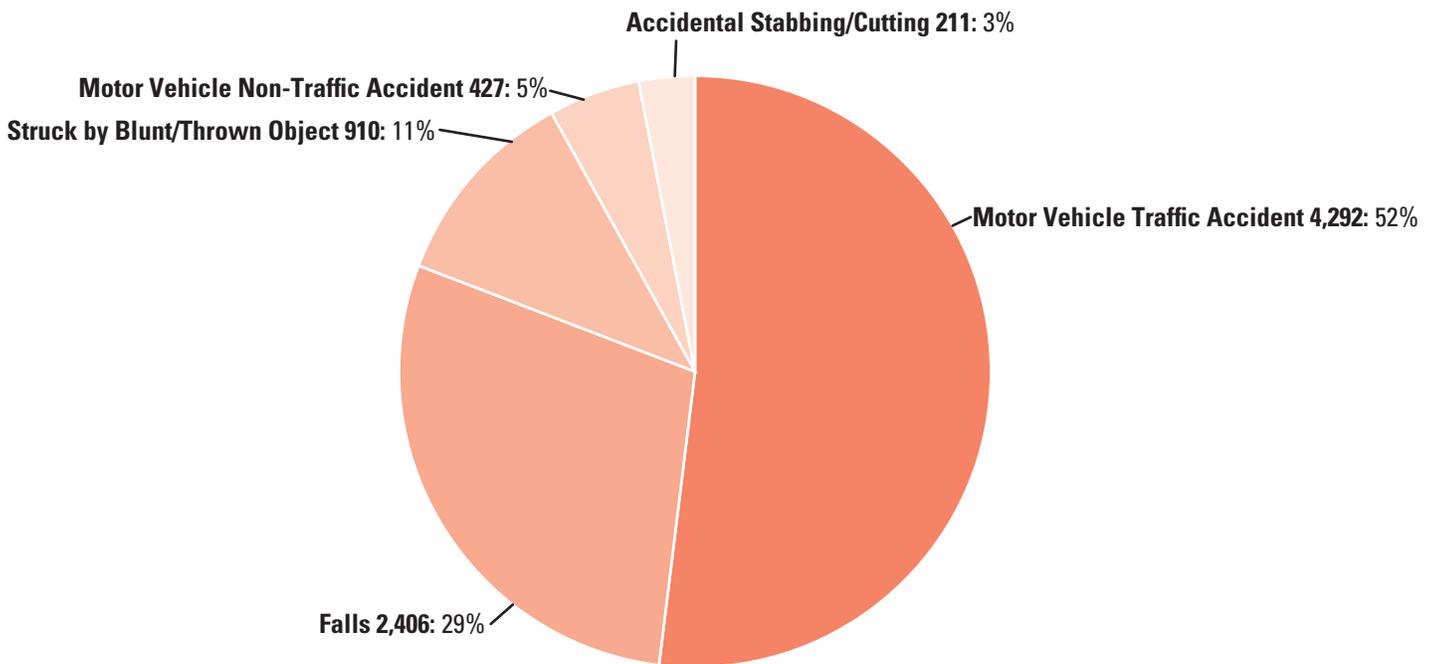
Office of Emergency Medical Services

ALABAMA EMERGENCY MEDICAL SERVICES FOR CHILDREN

The mission of the Alabama Emergency Medical Services for Children (EMSC) Program is to prevent and reduce child, youth, and adolescent disabilities and deaths that are the result of severe illness and injury. Several services are available through the program including education for the prehospital professionals; continual permanent installation

of the EMSC Program into Alabama’s Emergency Medical Services system; and assurance that pediatric equipment, according to the American Academy of Pediatrics/American College of Emergency Physicians (AAP/ACEP) guidelines, is available on prehospital emergency vehicles that transport children.

Figure 16. Five Most Common Causes of Injury in 2012 (Children Age 0 to 18 years old)



EMS TRAINING

OEMS routinely trains EMS personnel on how to effectively deal with various types of injuries. Among the training that EMS personnel receive is developing a primary impression, which is the paramedic’s first impression of the patient when they arrive on the scene. This primary impression is recorded to compare the complaint reported to the dispatch to the final diagnosis.

Figure 17. Five Most Common Primary Impression Criteria

Primary Impression Type	Number
Traumatic Injury	8,348
Respiratory	2,993
Seizure	2,524
Behavioral/Psychiatric Disorder	1,608
Abdominal Pain/Problems	1,485

The Centers for Disease Control and Prevention provided \$8,517,558 to the Alabama Department of Public Health in 2011-2012 in a cooperative agreement to provide 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.

The Assistant Secretary for Preparedness and Response Hospital Preparedness Program provided \$6,408,097 in a cooperative agreement with the department. These funds were designed 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.

The Center for Emergency Preparedness training for health care facilities, emergency medical services, the Alabama Emergency Management Agency, law enforcement, and other response partners continued through the Advanced Regional Response Training Center in Mobile. This training allows response partners from each area to learn and train together.

In 2012, Governor Bentley issued a state of emergency declaration on February 1 for severe storms and flooding, and again on September 21 for damages caused by Hurricane Isaac. The department was on alert and responded accordingly to both of these events by issuing news releases to public health employees and the news media on hurricane safety topics, and delivering cots to a Baldwin County shelter in anticipation of Hurricane Isaac.

The state and local Strategic National Stockpile (SNS) Technical Assistance Review (TAR) is a tool that CDC uses to show the state's evidence of overall readiness to manage, distribute, and dispense SNS material during a public health emergency. The department scored 100 percent on the State 2012 TAR, up from 91 percent in 2011. Also, on the local 2012 TAR, Jefferson County scored 99 percent, up from 94 percent in 2011, while central Alabama scored 95 percent, up from 86 percent in 2011.

The Center for Emergency Preparedness participated in the annual Governor's Ready Alabama Day event held September 6 on the campus of Jacksonville State University. This event allowed the center to plan for and actually deploy the mobile medical station and communications truck and exercise with the local Public Health Area 6 response team. During the event, the Center for Emergency Preparedness rallied with approximately 40 other agencies from north central Alabama, and shared information and ideas related to emergency preparedness and response.

In 2012, the Center for Emergency Preparedness activities included the following:

- Updated the Volunteer Database to ALRespond, a Web-based online registration system used to coordinate health and medical volunteers within Alabama during an emergency. The department has seen a 15 percent increase in volunteer registration as a result of the use of the updated system.
- Purchased numerous supplies and equipment needed to perform patient tracking for medical needs shelters in each of the 11 public health areas. In addition, three trailers containing items needed for medical personnel to assess and track patients were purchased and outfitted and will be available for use at reception centers and triage sites if needed. Departmental staff utilized the patient tracking capabilities during Hurricane Isaac.
- Complemented the department's communications capabilities with two AT&T remote mobility zone units that function as stand-alone satellite cellular networks. These units are fully deployable and can be used when traditional communication networks are unavailable.
- Fulfilled 113 orders and distributed more than 180,000 educational items related to health and preparedness throughout Alabama.
- Transitioned from testing to implementing the use of the Comprehensive Emergency Management Planning tool department wide which consists of 63 different entities and 253 individual planning partners.

Bureau of Environmental Services

The Bureau of Environmental Services ensures the safety of Alabamians by regulating food, milk, lodging, seafood, soil, onsite sewage, solid waste, and indoor air quality/lead. The bureau consists of the following divisions: Food, Milk, and Lodging; and Community Environmental Protection.

ENVIRONMENTAL OPERATIONS BRANCH

The Environmental Operations Branch ensures that the bureau runs proficiently, effectively, and professionally by finding solutions to problems before they affect the state’s environmental program. The branch develops environmental guidelines, policies, and performance standards that measure the efficiency and productivity of the state’s environmental programs.

The branch also serves as a facilitator for the bureau 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 seminars available for professional development.

DIVISION OF FOOD, MILK, AND LODGING

Milk and Food Processing Branch: To help ensure the safety of milk and milk products, sanitation inspections are routinely conducted at dairy farms, milk-processing plants, and with bulk milk haulers. Milk samples are collected and tested for compliance with bacterial and chemical standards from the time it leaves the cow until it is on the grocery store shelf. Out-of-state plants that ship dairy products into Alabama are issued permits and their products are also tested for compliance with bacterial, chemical, and antibiotic contamination. Also, certificates of free sale are issued for dairy products produced in Alabama plants for export and sale in foreign countries. Certified Food and Drug Administration sanitary inspections of Alabama food are performed on processing plants to ensure their products can be utilized in interstate commerce.

Food and Lodging Branch: State law requires any facility selling food to have a permit from the county health department. The Rules for Food Establishment Sanitation require food facilities to be inspected on a routine basis, depending on the type of food being prepared and the amount of food preparation steps involved. In addition to food establishments, county health departments conduct inspections for hotel and camp facilities, tattoo facilities, and jails.

Figure 18. Food and Lodging Branch Inspections

Type of Facility	Number of Inspections
Food Service	
Restaurants	48,675
Temporary Events	3,181
Other Food-Related Inspections	3,025
Lodging	
Hotels and Camps	1,058
Jails and Prisons	237
Body Art	381

Bureau of Environmental Services

Figure 19. Milk and Food Processing Activities

Type of Activity	
Milk Processor Permits Issued	
In-State Processors, Milk Samplers	34
Out-of-State Processors	148
Total Number Issued	182
Inspections	
Dairy Farm	215
Processing Plants	89
Bulk Milk Samplers	16
Total Number of Inspections	320
Samples Collected (Test for Bacterial or Chemical Contamination)	
Raw	768
Pasteurized	618
Total Number of Samples Collected and Tested	1,386
Pasteurization Equipment Tests Conducted	
	74
Water Samples Collected (Farm and Processing Plant)	
	54
Milk Tankers Disposed of Due to Antibiotic Contamination	
	5
Pounds of Milk Disposed	255,073
Gallons of Milk Disposed	29,660
Food Processor Inspection	
	175
Certificate of Free Sale Issued for Export (Alabama Food Products)	
	162

SEAFOOD BRANCH

The Alabama Department of Public Health's Seafood Branch carefully monitors any storm event (tropical or nontropical) that is forecast to impact the coastal regions of Mobile and Baldwin counties. The major impacts to processing plants located in Bayou La Batre, Bon Secour, and Coden would be from wind damage and storm surge. The Seafood Branch has

a list of processing plants (31) that have a history of flooding due to storm surge. The branch's "Hurricane and Other Special Events" worksheet located in its seafood database lists the shop name, contact person, the status of the shop, and water source. From the information gathered on the data sheet, staff can begin inspections and the collection of potable water samples as needed for processing.

Figure 20. Seafood Branch Activities

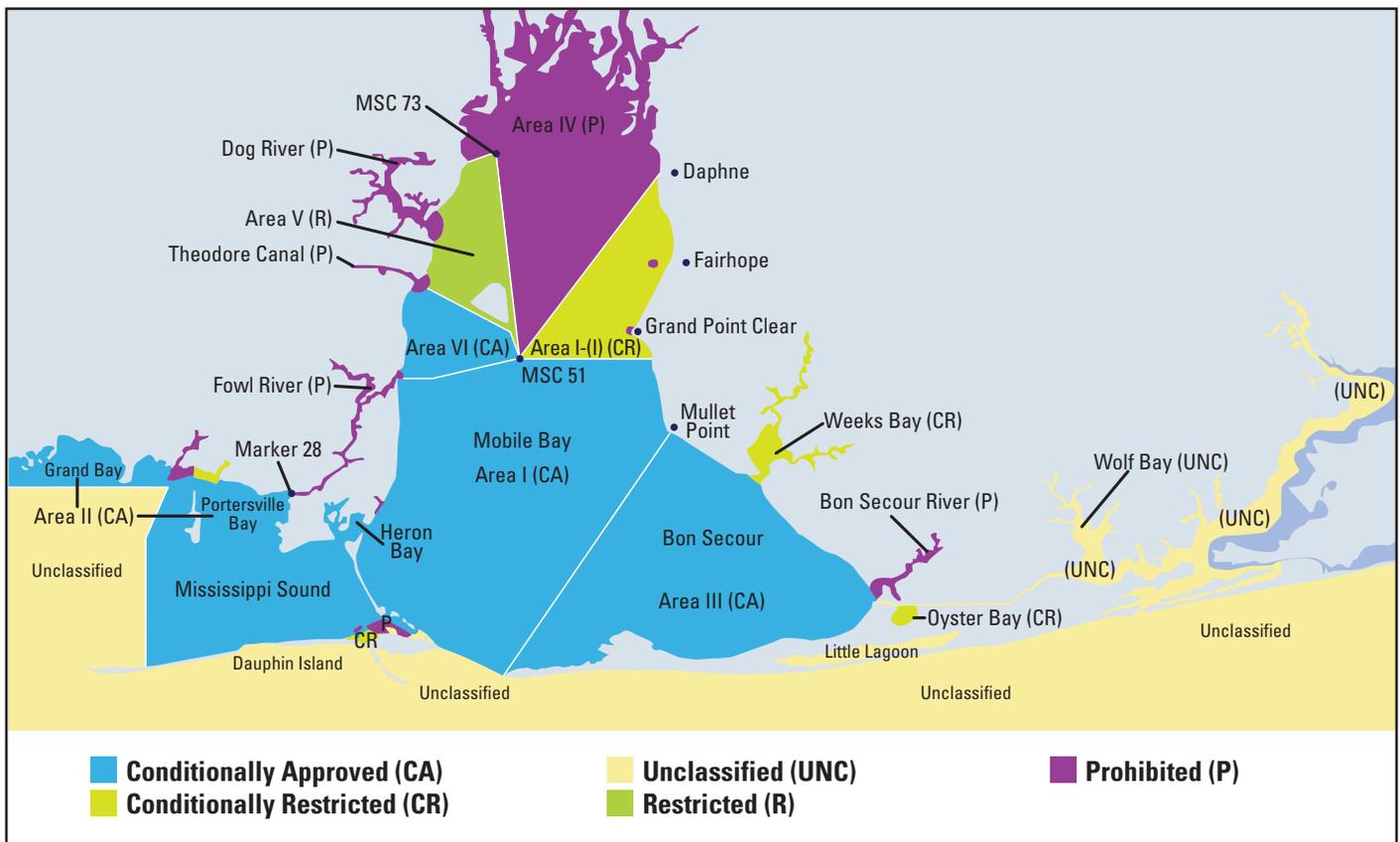
Type of Activity	
Hurricane Isaac Response	13 visits/12 water samples
Inspections – Shellfish, Blue Crab, and Other Seafood Processing Firms	461
Product Samples Collected – Test for Bacterial Contamination or Algal Bloom Contamination	143
Mobile Bay Water Samples (Shellfish Growing Areas)	159
Field Visits	325

Figure 21. Alabama Oyster Area Classification Map

Classifications for the areas typically remain the same for extended periods of time. The *Conditionally Approved* classification is the only status that could change on short notice because of environmental conditions such as heavy rainfall, hurricane landfall, barge wreck, or pollution of the waters. This would be a temporary classification change until the pollution clears. Once clear, the area would then return to its *Conditionally Approved* status.

Area	Classification of Oyster Growing Areas
Area I	Conditionally Approved
Area I-(I)*	Conditionally Restricted
Area II	Conditionally Approved
Area III	Conditionally Approved
Area IV	Prohibited
Area V	Restricted
Area VI	Conditionally Approved

* Area I – (I) Managed as Prohibited.



Source: Alabama Department of Conservation and Natural Resources-Marine Resources Division, Dauphin Island, Alabama

Bureau of Environmental Services

DIVISION OF COMMUNITY ENVIRONMENTAL PROTECTION

Onsite Sewage Branch: The Onsite Sewage Branch's main objective is to coordinate the onsite sewage

program in county health departments and minimize the adverse effects of disposal of sewage and high-strength sewage on human health and the environment.

Figure 22. 2012 Onsite Sewage Activities

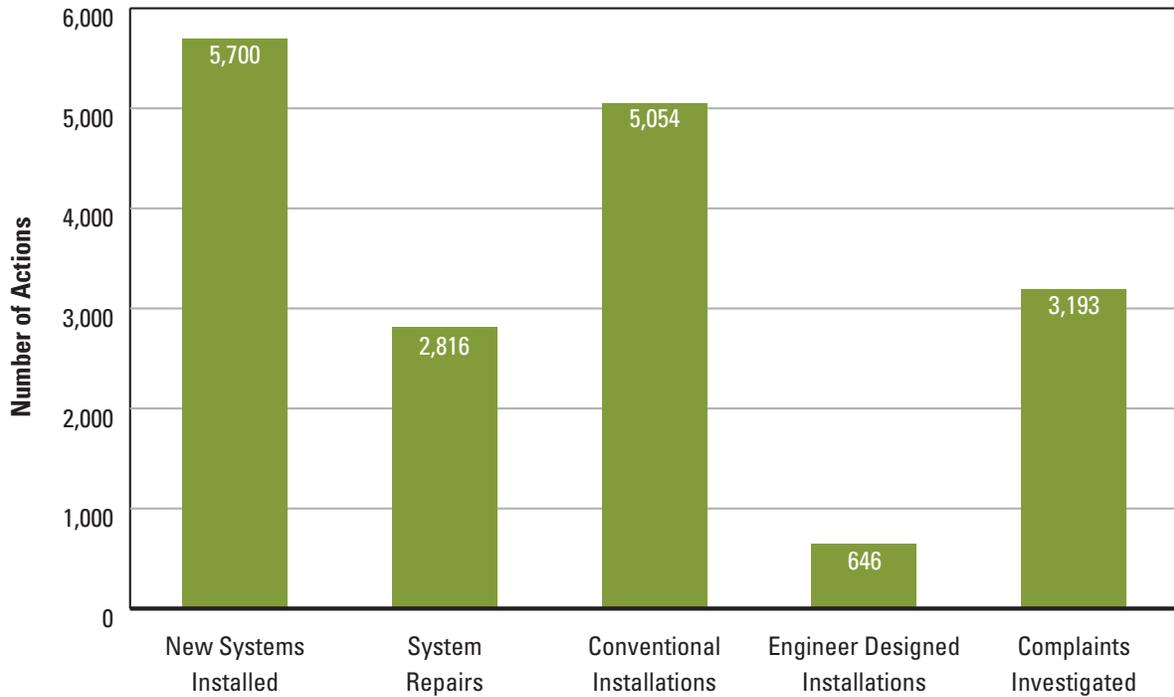


Figure 23. 2012 Onsite Permits and Approvals (Installations)



Bureau of Environmental Services

Solid Waste Branch: The Solid Waste Branch provides technical assistance to county environmentalists in the abatement of public health nuisances created by unauthorized dumps. Assistance from the branch is provided to aid county environmentalists in the issuance of Certificates of Exception to door-to-door garbage collection, the storage of solid waste, the permitting of certain collectors and transporters and their equipment, and the permitting

of solid waste transfer stations. The Solid Waste Branch monitors conditions that can lead to breeding of pests including garbage accumulation, neglected and overgrown vegetation, and stagnant water. Information and education are provided to individuals and communities on the storage and control of solid waste to minimize the threat of a health hazard, nuisance, or harborage for vermin or vectors.

Figure 24. 2012 Solid Waste Activities

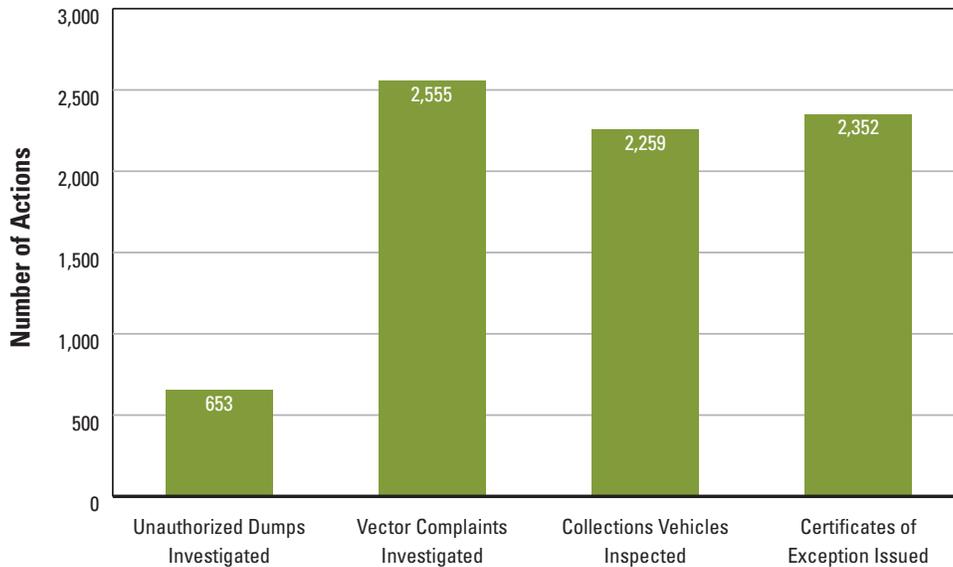
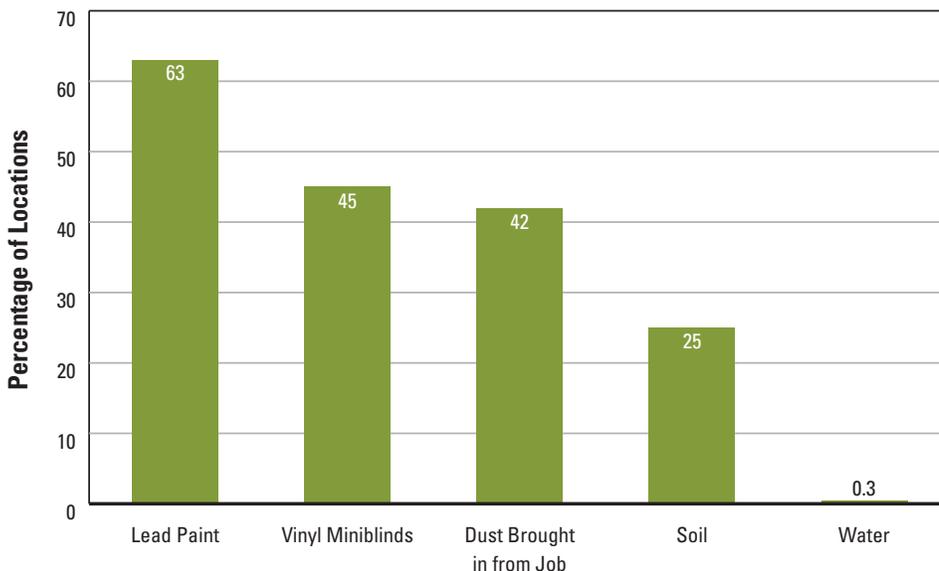


Figure 25. Percentage of Lead Found in the Home Environment

This graph represents the percentage of locations where lead hazards were found in the living environment.



Indoor Air Quality/Lead Branch: In fiscal year 2012, 67 homes with lead poisoned children were surveyed statewide for the sources of lead.

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. The bureau consists of the following divisions: Cancer Prevention and Control; Children's Health; Women, Infants, and Children (WIC); and Women's Health.

CANCER

Alabama Comprehensive Cancer Program: The Alabama Comprehensive Cancer Program facilitates the statewide Alabama Comprehensive Cancer Control Coalition. The coalition is a statewide group of cancer-related organizations and advocates that are responsible for assessing the burden of cancer, determining priorities for cancer prevention and control, and developing and implementing the 2011-2015 statewide comprehensive cancer control plan. The vision is to eliminate the burden of cancer in Alabama.

The new 5-year goals are to expand partnerships; decrease the number of Alabamians affected by tobacco; increase the number of Alabamians receiving the Human Papillomavirus (HPV) vaccination; reduce Alabamians' cancer risk by decreasing their exposure to UV light; strengthen survivorship, hospice, and palliative care; and increase Alabamians' access to clinical trials. Healthy lifestyle choices such as a proper diet, regular exercise, and participation in checkups and screenings are vital. The program and coalition seek community members and organizations who are interested in setting the state's agenda for cancer control.

Alabama Statewide Cancer Registry: The Alabama Statewide Cancer Registry, a population-based cancer registry, is an information system designed for the collection, management, and analysis of cancer data. The purpose of a cancer registry is to disseminate

cancer data 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 the burden of cancer in Alabama.

Alabama Breast and Cervical Cancer Early Detection Program: The Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) provides free breast and cervical cancer screenings to underserved women in Alabama. Breast cancer screening includes clinical breast exams, mammograms, and diagnostic testing if an abnormality is found. Cervical cancer screening includes a pelvic exam, Pap smear, and diagnostic testing if an abnormality is found. If a patient is diagnosed with breast or cervical cancer, she is eligible to receive treatment through the Alabama Medicaid Agency. Early detection of breast and cervical cancer can save lives.

Patient Testimonial: *Lori Hood*

I am writing this in hopes that people will understand how important the Alabama Breast and Cervical Cancer Program really is. It was my lifesaver. I am a single mother of two teenagers, and I worked up until the day of diagnosis. Breast cancer is something that I was always aware of. My great-aunt and my aunt died of this disease. I was doing a routine self-breast exam, and I found a lump in my right breast. I was scared....terrified. I had no way of paying for a mammogram. That's when I turned to the Alabama Breast and Cervical Cancer Early Detection Program. I was diagnosed with stage 2 breast cancer. The program saved my life. I had caught the cancer early. Early detection is the ONLY CURE. I am alive today because of the program and many angels around me. I will watch my daughter graduate from high school this year! I am alive to watch my son play in the high school marching band. I thank God every day. I had 11 chemotherapy treatments and a double mastectomy and I am cancer free as of October 2011. I am very grateful for the program.

Figure 26. Alabama Cancer Incidence Rates By Site and Sex, 2001-2010 Combined**

	Male		Female	
All Sites	600.8	130,501	442.2	120,145
Bladder	32.6	6,711	7.5	2,163
Brain and CNS	11.8	2,588	12.1	3,160
Breast	1.9	415	143.8	38,638
Cervix	*	*	9.6	2,330
Colon and Rectum	64.5	13,873	43.9	12,324
Esophagus	8.9	1,992	1.7	493
Hodgkin Lymphoma	2.8	625	2.2	520
Kidney	20.4	4,539	10.7	2,925
Larynx	9.8	2,223	2.1	573
Leukemia	14.4	3,025	8.9	2,393
Liver and Intrahepatic Bile Duct	7.8	1,738	2.9	803
Lung and Bronchus	106.2	22,965	53.3	14,941
Melanoma of the Skin	41.3	8,890	24.2	6,274
Myeloma	7.3	1,569	4.8	1,361
Non-Hodgkin Lymphoma	20.3	4,361	13.7	3,814
Oral Cavity and Pharynx	20.3	4,591	7.1	1,958
Ovary	*	*	12.5	3,431
Pancreas	13.2	2,810	9.6	2,754
Prostate	156.6	34,692	*	*
Stomach	8.8	1,867	4.6	1,320
Testis	4.5	975	*	*
Thyroid	4.0	888	10.7	2,620
Uterus	*	*	18.0	4,963

* Not Applicable

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

Figure 27. Number of Breast Cancers Diagnosed through ABCCEDP

Since 2001, more than 1,385 breast cancers have been diagnosed as a result of free screening.

ABCCEDP Diagnosed Breast Cancers by Year

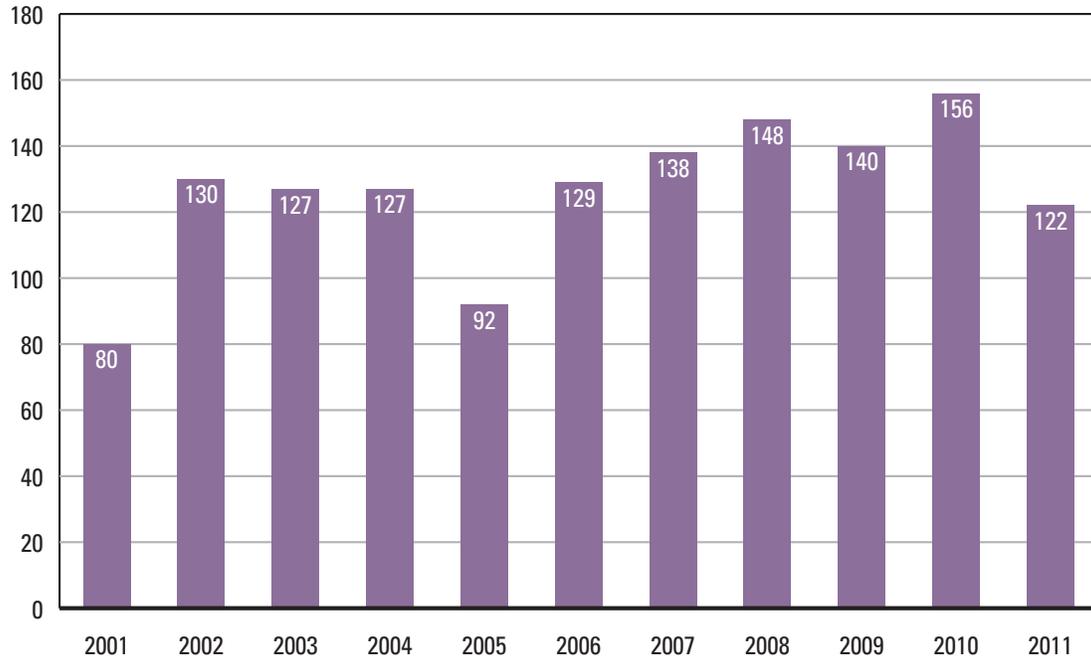
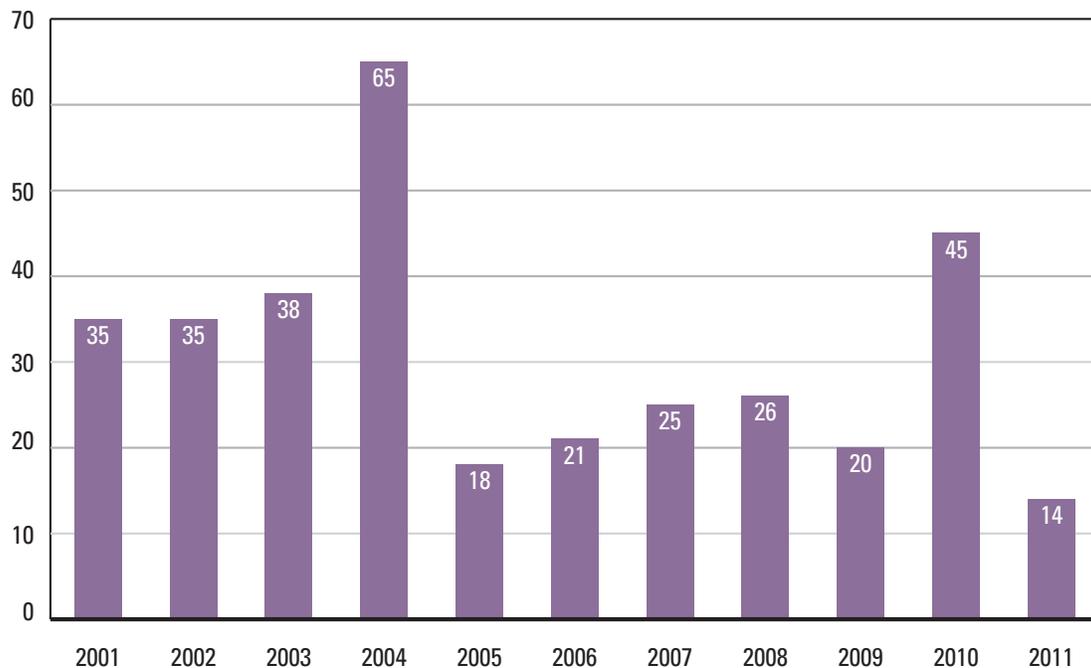


Figure 28. Number Cervical Cancers Diagnosed through ABCCEDP

Since 2001 more than 340 cervical cancers have been diagnosed as a result of free screening.

ABCCEDP Diagnosed Cervical Cancers by Year



Alabama FITWAY Colorectal Cancer Prevention Program: The Alabama FITWAY Colorectal Cancer Prevention Program promotes screening for colorectal cancer (CRC). The program’s goal is to increase CRC screening rates to 80 percent among Alabamians 50 years of age and older by 2014. Colorectal cancer is the second leading cause of cancer deaths and the leading cause among nonsmokers. Nearly all of these deaths are preventable by finding polyps in the colon and removing them. Three different tests for CRC are recommended by the U.S. Preventive Services Task Force (USPSTF): a colonoscopy every 10 years, a sigmoidoscopy every 5 years, or a high sensitivity take home test.

technology. The FIT is underutilized in Alabama. Yet the test has the potential to reach many more individuals in need of CRC screening because it is an inexpensive test, it can be completed at home, and it does not require a patient to take time off from work or arrange for care or transportation. Additionally, FIT does not require any dietary restrictions for completion and has more specificity when compared to guaiac-based testing. The program seeks to increase public awareness for CRC screening; educate providers about the FIT and USPSTF CRC guidelines; support system changes to increase access and reduction of barriers to receiving CRC screening; and improve the use of electronic health records and reminder systems in physician offices.

The fecal immunochemical test (FIT) finds hidden blood in the stool (evidence of possible polyps) using new chemical

Figure 29. Self-reported Knowledge of Fecal Immunochemical Test, Alabama Survey of Physician Screening Practices, 2010

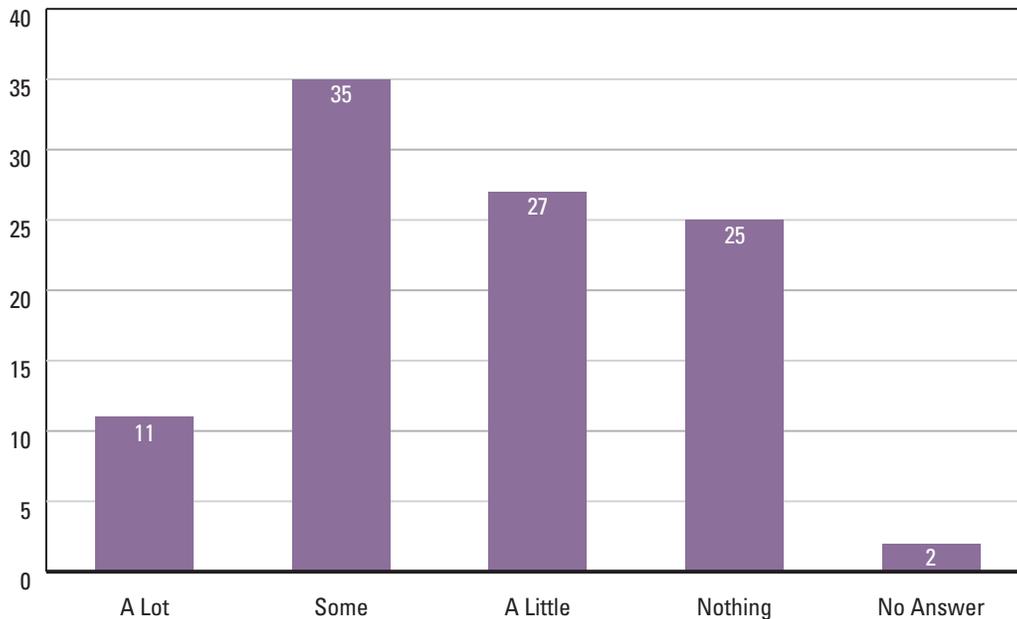


Figure 30. Graphic: Billboard Sock Puppets

During 2012, the FITWAY program conducted a statewide marketing campaign to encourage all Alabamians age 50 and older to get screened for colorectal cancer.



NEWBORN SCREENING PROGRAM

The Alabama Newborn Screening Program (NSP) is a comprehensive and coordinated system that provides education, screening, follow-up, diagnosis, evaluation, and management of disorders typically not apparent at birth. Newborn screening is mandated by Statutory Authority Code of Alabama 1975, Section 22-20-3. The screening allows treatment to be initiated within the first few weeks of life preventing some of the complications associated with genetic and endocrine disorders. Early diagnosis may reduce morbidity, premature death, mental

retardation, and other developmental disabilities. The Alabama newborn screening panel includes 29 of 31 disorders recommended by the U. S. Department of Health and Human Services Secretary's Advisory Committee on Heritable Disorders in Newborns and Children

Figure 31. 2012 Confirmed Newborn Screening Disorders

Carnitine Uptake Defect	1
Congenital Adrenal Hyperplasia	4
Congenital Hypothyroidism	26
Critical Congenital Heart Disease*	4
Cystic Fibrosis	14
Galactosemia	3
Hearing Loss	35
Hyperphenylalaninemia	3
Medium Chain Acyl CoA Dehydrogenase Deficiency	4
Methylmalonic Acidemia	1
Phenylketonuria	2
Sickle Cell Disease	46
Very Long Chain Acyl CoA Dehydrogenase Deficiency	1
3-methylcrotonyl CoA Carboxylase Deficiency	2
2-methylbutyryl CoA Dehydrogenase Deficiency	1

* Began voluntary implementation April 2012

Patient Testimonial: *Jeb and Jennifer Hornsby*

Jeb and Jennifer Hornsby began their newborn screening journey when their daughter, Ella Kate, failed her newborn hearing screen at birth. Ella Kate later failed follow-up screenings performed at her pediatrician's and otolaryngologist's offices. She was subsequently referred to Children's of Alabama in Birmingham and was diagnosed with moderate to severe hearing loss in her right ear and severe hearing loss in her left ear.

According to Mrs. Hornsby, "It was heart wrenching. You never imagine life will pan out this way, but God had a plan." Ella Kate was fitted with hearing aids at about 3 months of age. She started speech therapy, and at 16 months of age, Ella Kate received her first cochlear implant. Approximately one year later, Ella Kate received her second implant.

"The cochlear implants have been such a blessing. Ella Kate is progressing. She's gone from expressing around 20 words at the beginning of August 2012, to about 175 words in October 2012. It has been amazing to see her progress in such a short time. She has not caught up with her peers yet, but we look forward to the day she will!" reports Mrs. Hornsby.

The NSP works in partnership with pediatric sub-specialists throughout the state to ensure all babies identified with abnormal results receive appropriate follow-up. Additionally, seven community-based sickle cell organizations provide counseling and follow-up for children identified with sickle cell disease or trait. The Bureau of Clinical Laboratories is the sole provider in the state for the blood analysis of newborn screening.

Alabama's Listening, the Universal Newborn Hearing Screening Program, ensures that all infants receive a hearing screen prior to hospital discharge and are referred for further testing and intervention if they fail the hearing screen.

During the past year, the department began efforts to implement a policy requiring pulse oximetry screening for critical congenital heart disease (CCHD) on all newborns. This screening targets seven specific anomalies classified as CCHD. Failure to detect such defects in the nursery setting may subsequently lead to critical events such as cardiogenic shock or death. The NSP plans to mandate CCHD screening in early 2013.

The NSP maintains an active advisory board whose members include health care professionals, public health professionals, and a parent advocate. The program also provides the following: funding to hospitals and outpatient providers to purchase appropriate hearing screening equipment, notification to physicians and parents whose children receive failed hearing screen results to ensure timely and appropriate testing and intervention, and education of providers to ensure that infants identified with a hearing loss at birth are diagnosed and in an early intervention program by 6 months of age.

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. During 2012, changes in national recommendations led to a more in-depth analysis of the risk of lead exposure for Alabama's children and a new reference value.

The Centers for Medicare and Medicaid Services announced plans to align its Medicaid lead screening policy with current recommendations from the Centers for Disease Control and Prevention (CDC) in March 2012. The new approach supports targeted screening in states that have adequate data to determine that universal screening is not the most effective and efficient way to identify lead exposure among young children and to ensure that children most at risk are screened. At the request of the Alabama Medicaid Agency, ACLPPP staff researched available community-level data on the risk for lead exposure for Alabama's children and determined that Alabama did not have adequate data to demonstrate that universal screening should be discontinued in favor of a targeted screening approach. In fact, 66 of the 67 Alabama counties (98.5 percent) continue to have social, environmental, and occupational risk factors for lead poisoning. ACLPPP therefore recommended that Alabama continue universal screening for lead poisoning.

In May 2012, CDC announced that it would replace the term "blood lead level of concern" with a reference value based on the 97.5th percentile of the National Health and Nutrition Examination Survey blood lead level distribution in children ages 1 to 5, which is closer to 5 g/dL. This new reference value more accurately reflects evolving national health data on the damage done by any childhood lead exposure. CDC also renewed a call for a focus on primary prevention which emphasizes the prevention of lead exposure, rather than a response to exposure after it has taken place. The department is continuing to finalize its recommendations regarding the implementation of the new reference value and primary prevention focus.

A total of 40,445 children were screened for lead poisoning in calendar year (CY) 2012.

Figure 32. ACLPPP Blood Lead Screening Data
Data comparison from year 2009 to 2012.

CY	Number of Children Screened	Number of Lab Reports with an EBLL*	Percentage of Children with EBLLs with Medicaid Coverage
2009	38,983	840	81.5 percent
2010	40,422	587	87.5 percent
2011	41,810	547	87.3 percent
2012	40,445	534	87.6 percent

* Elevated blood lead level, defined as ≥ 10 $\mu\text{g}/\text{dL}$

Figure 33. ACLPPP Data for Total Number of Children Screened by Age Group

Total Number of Children Screened in CY 2012	Number of Children Screened by Age Group				
	0-11 Months	12-35 Months	36-72 Months	>72 Months	Unknown
40,445	6,230	20,079	11,203	2,933	0

Figure 34. ACLPPP Data for Children with EBLs by Laboratory Result Categories

Characteristics of children with elevated blood lead levels (EBLLs) and the number of environmental investigations conducted.

Number of Children in EBL Category	Number of Children with EBLs by Gender	Number of Children with EBLs by Gender		Unknown	Number of Children with EBLs by Medicaid Status		Number of Environmental Investigations Conducted*
		Males	Females		Medicaid	Non-Medicaid	
10 - 14.9 µg/dL	335	198	132	5	296	39	15
15.0 - 24.9 µg/dL	148	87	57	4	127	21	55
25.0 - 44.9 µg/dL	46	33	13	0	41	5	18
≥ 45.0 µg/dL	5	4	1	0	4	1	1
Total	534	322	203	9	468	66	89

* EBLs reported in this table may be from venous or capillary specimens. Environmental investigations are conducted in homes where the child has an EBL ≥ 15 µg/dL in a venous sample or by physician request. Families may have more than one child with an EBL.

ORAL HEALTH BRANCH

Oral Health Needs Assessment: The Oral Health Branch partnered with public and private dental professionals to conduct a statewide oral health needs assessment. Screeners included pediatric dental residents and faculty from the University of Alabama at Birmingham School of Dentistry (UABSOD), Jefferson County Department of Health dentists, private volunteer dentists, and Oral Health Branch dental staff.

A Basic Screening Survey tool, developed by the Association of State and Territorial Dental Directors, was used to conduct the observation-based survey for kindergarten

and third grade children. The preliminary Alabama sample included 57 public elementary schools. The schools were randomly selected as representative samples from nine Alabama Dental Association dental districts.

Healthy People 2010 Oral Health Indicators used to collect the data included untreated cavities, treated decay, sealants on permanent molars, and urgency of need for dental care. Height and weight data was also collected in order to calculate Body Mass Index (BMI) or age. The data will be included in CDC’s National Oral Health Surveillance System. The Alabama Obesity Task Force will assist in analyzing the BMI data.

Figure 35. Basic Survey Screening Preliminary Results, Alabama, 2011-2012

7,452 students were screened from 57 elementary schools; 44% were kindergarteners and 56% were third graders.

Indicator	Percent of Children Affected	
	Kindergarteners	Third Graders
Untreated Cavities	18.2	20.4
Treated Decay	30.1	47.0
Sealants	2.9	29.2
In Need of Urgent Treatment	4.3	5.0

WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM BENEFITS

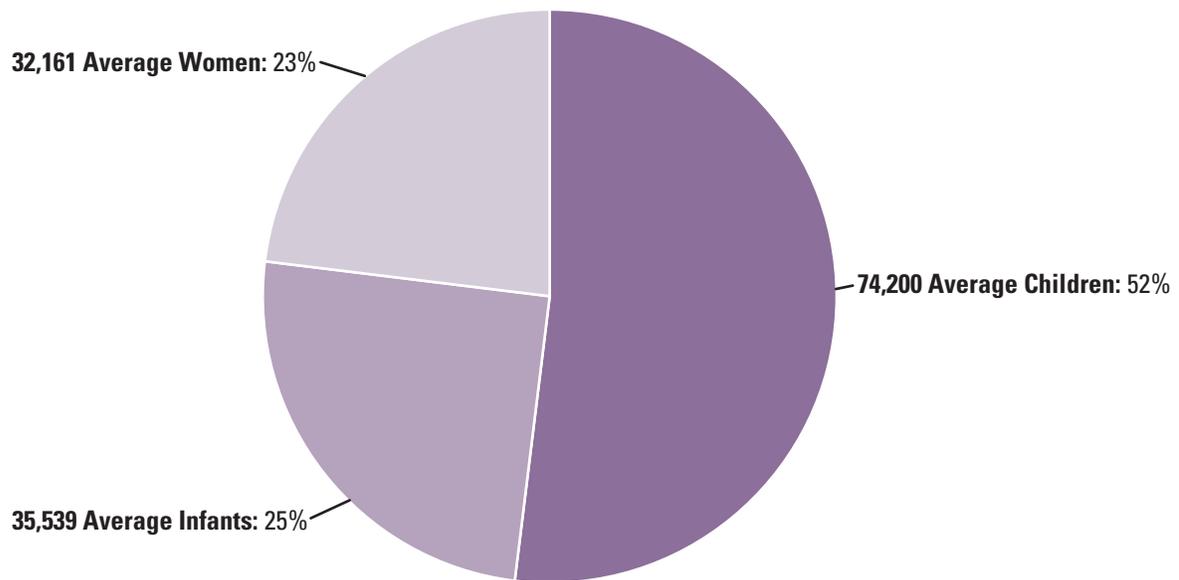
The Special Supplemental Nutrition Program for Women, Infants, and Children serves women who are pregnant, recently had a baby, or are breastfeeding; infants; and children up to the age of 5 years. To qualify to receive WIC benefits, the applicant must meet income guidelines

and have at least one nutrition risk documented. Benefits provided by the WIC Program include quality nutrition education and services, breastfeeding promotion and support, referrals to maternal and child health care services and other assistance agencies, and supplemental foods prescribed as a monthly food package.

Figure 37. 2012 WIC Food Instrument Redemptions
ALABAMA WIC REDEMPTIONS FY 2012

County	2012 WIC Food Instrument Redemptions	County	2012 WIC Food Instrument Redemptions	County	2012 WIC Food Instrument Redemptions
Autauga	\$923,721.72	Dallas	\$1,771,623.36	Marion	\$665,435.38
Baldwin	\$3,419,264.20	Dekalb	\$1,886,549.07	Marshall	\$3,418,718.50
Barbour	\$1,015,121.49	Elmore	\$1,591,109.99	Mobile	\$10,885,298.31
Bibb	\$491,316.99	Escambia	\$1,257,196.52	Monroe	\$685,216.29
Blount	\$968,250.78	Etowah	\$2,507,664.99	Montgomery	\$6,290,849.93
Bullock	\$450,024.59	Fayette	\$375,276.09	Morgan	\$3,007,923.58
Butler	\$814,852.77	Franklin	\$1,056,121.47	Perry	\$467,618.70
Calhoun	\$2,946,896.10	Geneva	\$573,637.76	Pickens	\$572,677.45
Chambers	\$910,300.82	Greene	\$313,862.11	Pike	\$967,033.49
Cherokee	\$596,162.54	Hale	\$489,565.72	Randolph	\$517,228.24
Chilton	\$988,377.46	Henry	\$303,549.15	Russell	\$1,774,789.12
Choctaw	\$340,776.11	Houston	\$2,932,994.32	Shelby	\$2,806,025.42
Clarke	\$863,780.82	Jackson	\$1,097,999.69	St. Clair	\$1,844,893.75
Clay	\$310,261.94	Jefferson	\$13,184,574.83	Sumter	\$449,709.37
Cleburne	\$383,269.88	Lamar	\$278,760.84	Talladega	\$1,979,508.85
Coffee	\$1,120,792.42	Lauderdale	\$1,880,621.75	Tallapoosa	\$1,199,797.89
Colbert	\$1,274,760.20	Lawrence	\$670,884.18	Tuscaloosa	\$3,889,802.15
Conecuh	\$301,238.72	Lee	\$2,179,873.83	Walker	\$1,867,404.25
Coosa	\$62,431.01	Limestone	\$1,473,739.66	Washington	\$245,371.41
Covington	\$917,326.20	Lowndes	\$251,254.06	Wilcox	\$366,348.48
Crenshaw	\$324,276.55	Macon	\$377,422.50	Winston	\$701,509.32
Cullman	\$1,802,689.49	Madison	\$5,403,453.26	State Total	\$109,265,058.94
Dale	\$917,845.65	Marengo	\$660,425.46		

Figure 38. Average 2012 Participation for Women, Infants, and Children



WOMEN'S HEALTH DIVISION

Family Planning Services: In fiscal year 2012, publicly funded family planning clinics enabled more than 100,000 poor and low-income women and men throughout Alabama to achieve their childbearing goals and avoid unintended pregnancies. These services have numerous benefits, including health benefits for women and infants due to better birth spacing, personal benefits for individuals who have a greater chance of realizing their educational and career goals, and economic benefits for both families and society due to personal and public cost savings associated with fewer unplanned children. Nationally, for every \$1 spent on family planning services,

\$4 is saved. Through Alabama's Family Planning Medicaid Waiver alone, more than \$73 million in Medicaid expenditures was saved in 2011 that would have been spent on pregnant women and their infants through the first year of life. Approximately 72 percent of the department's family planning clients are on Medicaid. Family planning services also provide low-income women access to preventive services such as screening for cervical and breast cancers, sexually transmitted infections, and referrals to a variety of health and social services that they might otherwise forgo. These clinics are often the entry point into the health care system for those with low incomes, for the uninsured, and the underinsured.

Figure 39. Family Planning by Age Fiscal Year 2012*

*Statewide patient total is 103,099.

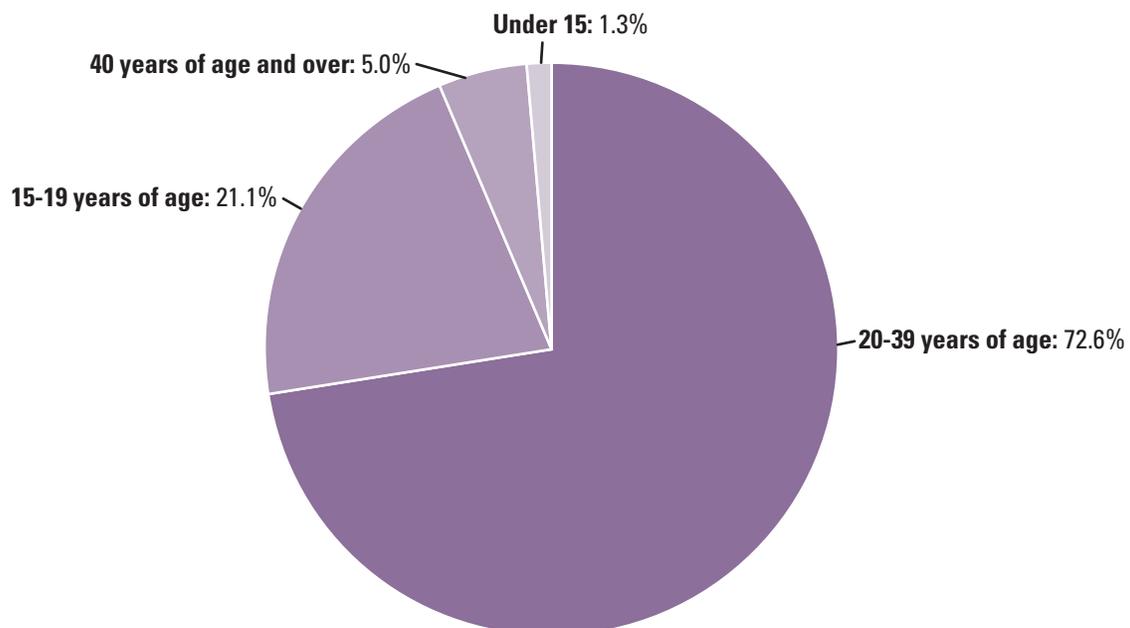


Figure 40. Family Planning by Race Fiscal Year 2012*

*Statewide patient total is 103,099.

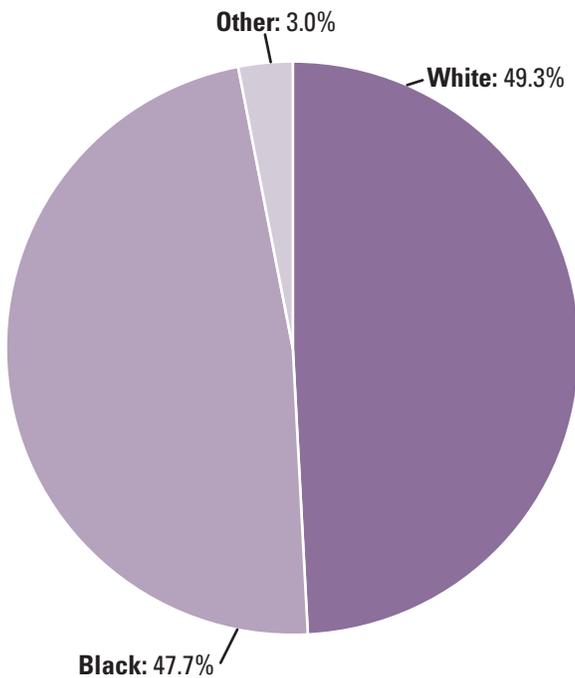
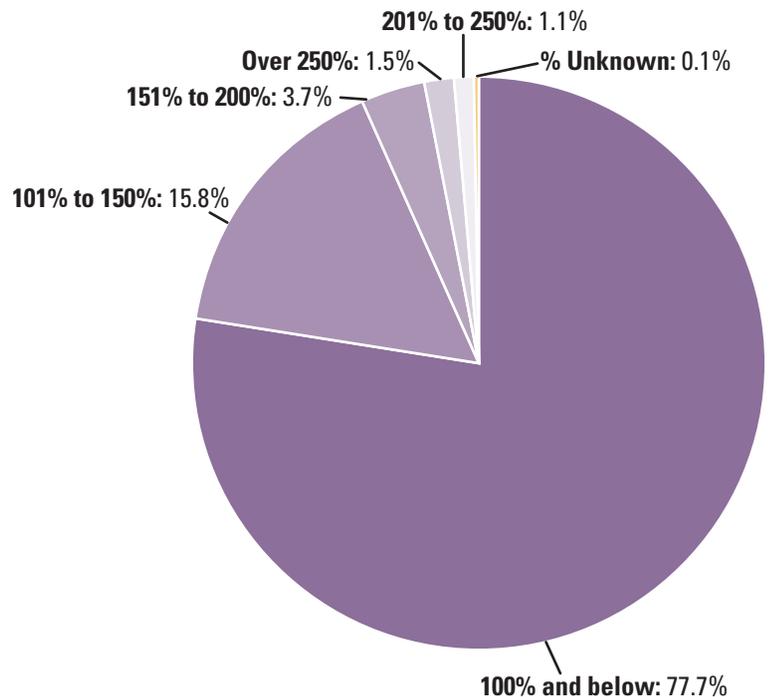


Figure 41. Family Planning by Poverty Level Fiscal Year 2012*

*Statewide patient total is 103,099.



Case Management: Case management/care coordination impacts the lives of Medicaid eligible persons in Alabama on a daily basis. Care coordinators are based in every county and are available to provide services to family planning patients, as well as full Medicaid patients. Care coordination was provided to approximately 33,000 Family Planning Plan First women and 6,300 full Medicaid teens and adults between October 2011 and June 2012. The following is one of many case management success stories:

A local health department care coordinator received a referral on an infant diagnosed with a serious bladder problem whose family needed assistance with making arrangements for surgery, medical supplies, etc. The care coordinator assisted the family in obtaining funds to travel to Seattle, Washington, for the surgery and was able to locate funds for air fare, living expenses while they were in Washington and medical supplies for the patient when he returned home.

Perinatal Program - Fetal Infant Mortality Review (FIMR): The purpose of the State Perinatal Program is to improve maternal and infant health through a system of regionalized care, and provide leadership in establishing program priorities. FIMR was implemented statewide in 2009 as an intervention to address infant mortality by identifying critical community strengths and weaknesses as well as unique health/social issues associated with poor pregnancy outcomes. In 2012, FIMR reviewed selected deaths of infants born to mothers with a previous low birth weight delivery or previous poor birth outcome. The latest FIMR data available is 2010. In total, 200 FIMR cases (38 fetal and 162 infant) were reviewed.

Figure 42. Nine Leading Contributing Factors in Alabama Infant Cases in 2010

Contributing Factor	% of Total Cases (n=162)	% of White (n=81)	% of Black and Other (n=81)
Pre-existing Medical Conditions Such as Asthma, Hypertension, Diabetes, and Mental Health Disorders	77.8	80.2	75.3
Prematurity (<37 weeks)	51.9	45.7	58.0
Low Birthweight (<2,500 g)	50.6	45.7	55.6
Unplanned Pregnancy	50.0	33.3	66.7
Substance Abuse	46.9	51.9	42.0
Preterm Labor	40.1	30.9	49.4
Obesity	37.0	30.9	43.2
Infection	34.6	29.6	39.5
Sudden Infant Death/Safe Sleep	30.2	29.6	30.9

Figure 43. Nine Leading Contributing Factors in Alabama Fetal Cases in 2010

Contributing Factor	Percentage of Total Cases (n=38)	Percentage of White (n=16)	Percentage of Black and Other (n=22)
Pre-existing Medical Conditions Such as Asthma, Hypertension, Diabetes and Mental Health Disorders	81.6	81.3	81.8
Prematurity (<37 weeks)	81.6	62.5	95.5
Low Birthweight (<2,500 g)	78.9	62.5	90.9
Unplanned Pregnancy	55.3	50.0	59.1
Obesity	47.4	18.8	68.2
Substance Abuse	42.1	31.3	50.0
History of Fetal or Infant Loss	39.5	18.8	54.5
Previability	39.5	31.3	45.5
Preterm Labor	36.8	31.3	40.9

Examples of Case Review Team Recommendations

1. Grief Support: Provide grief counseling/support at delivery and/or pediatric care facility, as well as information of services available and referrals to community agencies for grief counseling.
2. Patient/Caregiver/Community Education: Provide education to families and communities before and after on the following topics: the importance of early and consistent prenatal care, “Kick Counts,” the signs and symptoms of decreased fetal movement, and when to call the doctor, the importance of proper nutrition and weight gain during pregnancy, gestational diabetes, the risks of obesity, and Safe Sleep/SIDS prevention.

Examples of Community Action Team Actions

1. Developed a packet and distributed to providers in Baldwin County to inform them of available community services, grief support, and available educational brochures, including where and how to order the brochures.
2. Developed, in partnership with Jackson Hospital in Montgomery, a class to educate pregnant mothers diagnosed with gestational diabetes about diabetes and its effect on the mother, the fetus, and delivery outcomes.

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.

In 2012, Financial Services managed the department's \$725 million budget using 388 internal budgets, interfaced with 9 Executive Budget Office spending plan activities, and 230 internal funds interfaced with 14 Comptroller's funds in the State Treasury. The bureau managed a total of more than 100 federal grants with a value in excess of \$449 million and 571 contracts totaling over \$446 million in fiscal year 2012. Included in the federal grants accounted for were 5,946,075 Women, Infants, and Children (WIC) negotiable instruments issued to 1,707,798 recipients paid with a redeemed food value of \$111 million, including \$26.3 million received from the department's infant formula rebate contract.

The Family Practice Rural Health Board and the Board of Medical Scholarship Awards are 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 the Authority as a public corporation in 1995. Its mission is to build, furnish, and equip public health facilities throughout Alabama.

The authority has completed the Phase I and II building programs which included constructing and renovating 51 facilities, and is continuing to propose and develop solutions for additional public health building and equipment needs.

Work has begun on a Phase III building program that currently includes the following projects with status noted:

- Montgomery Modular Clinic - Complete
- Crenshaw County Health Department - Complete
- Geneva County Health Department - Complete
- Walker County Health Department Renovation - Complete
- Biosafety Level Three Laboratory Repair - Complete
- Calhoun County Health Department Renovation - Complete
- Mobile Branch Lab Renovation - Complete
- Pike County Health Department Renovation – Complete
- Mitchell Young Road Warehouse – Design Phase

During fiscal year 2012, the authority continued development and refinement of the Alabama Public Health Capital Maintenance Trust Program managed by the department. The authority's construction management firm provides technical assistance, advice, and program monitoring. The purpose of the Capital Maintenance Trust Fund is to provide funding for a comprehensive coordinated preventative maintenance improvement and replacement program for public health facilities in Alabama. The program spent \$1.3 million during fiscal year 2012 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.

Figure 44. Public Health Funding History

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

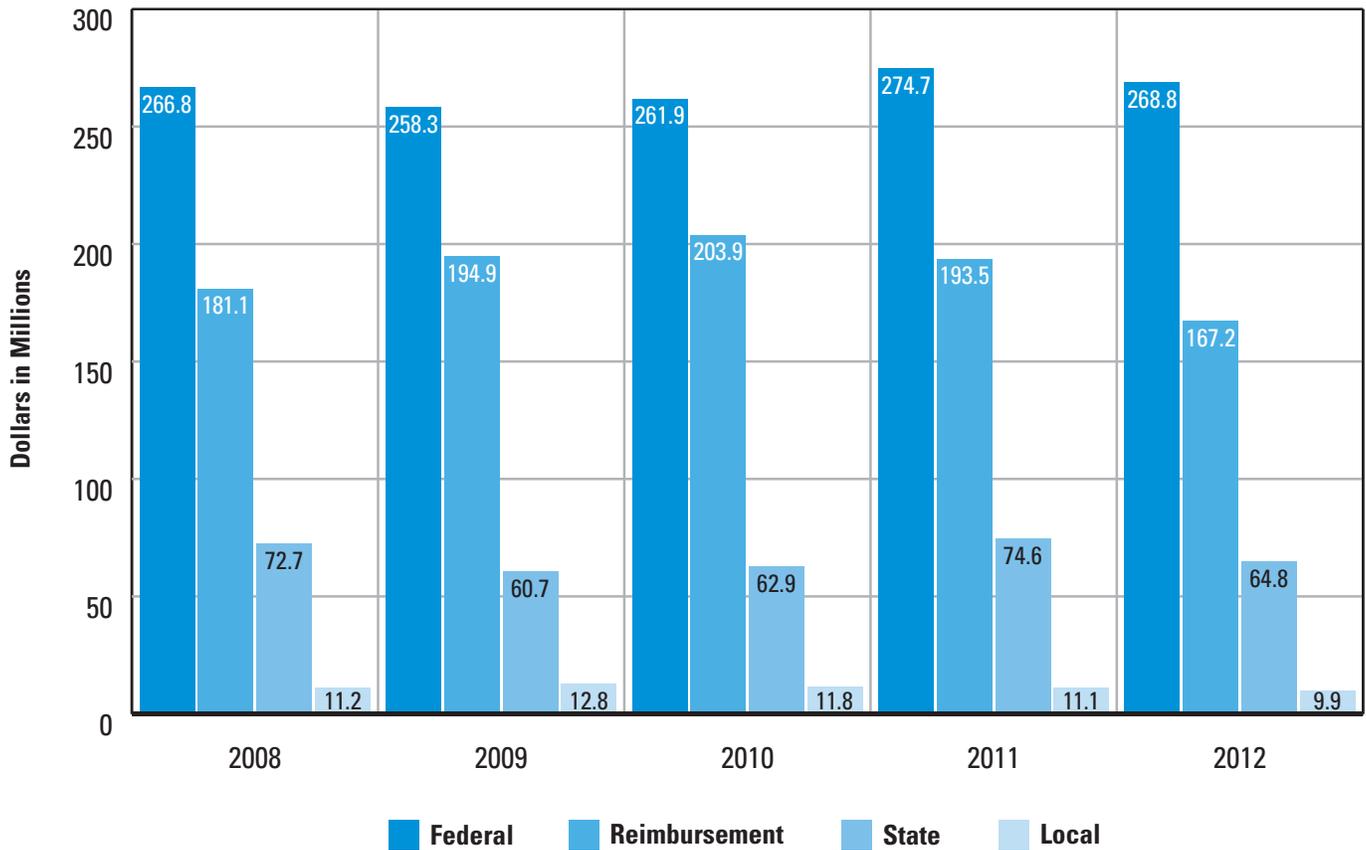
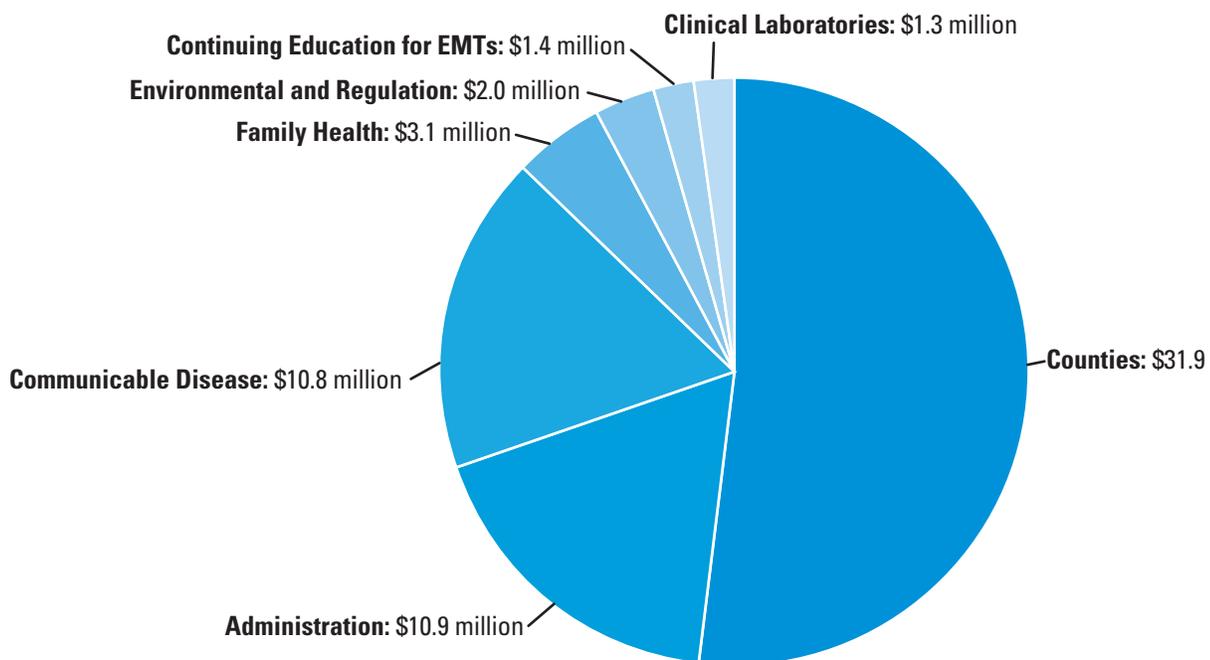


Figure 45. Use of State Funds – FY 2012

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



Bureau of Financial Services

The Public Health Department and the Children's Health Insurance Program (ALL Kids) are funded by two types of state funds - the General Fund (GF) and the Education

Trust Fund (ETF). During 2012, departmental activities were funded in part with \$47.3 million GF funds and \$14 million ETF funds. ALL Kids was funded in part with \$30.4 million ETF funds.

Figure 46. State Appropriations - Public Health

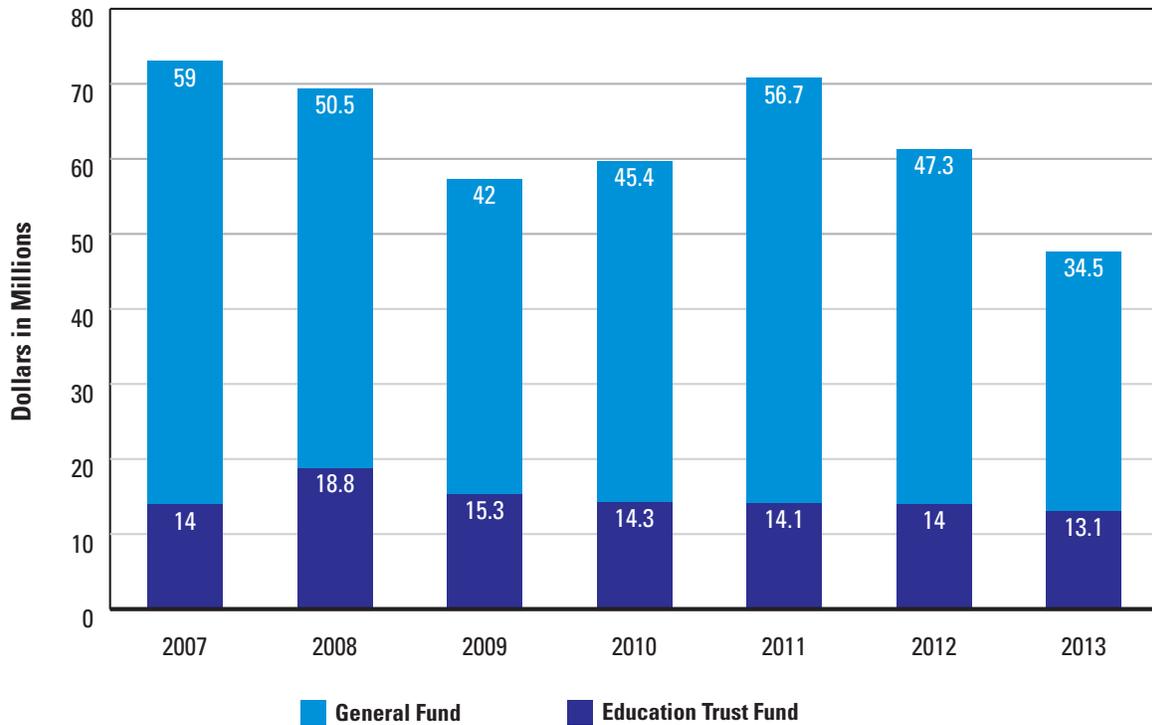
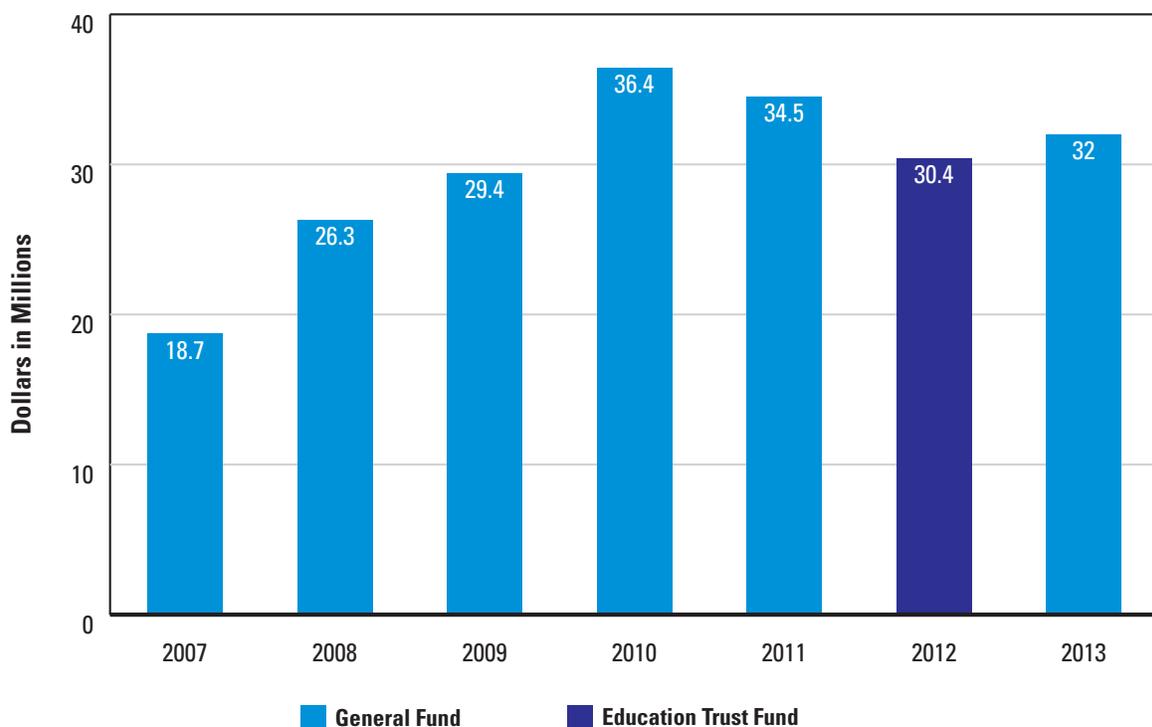


Figure 47. State Appropriations - Children's Health Insurance Program



Office of General Counsel

The Alabama Department of Public Health's Office of General Counsel (OGC) consists of a team of attorneys and legal professionals working to advance the mission and objectives of the department by delivering legal services of the highest quality. The OGC's staff is committed to providing sound judgment, thoughtful analysis, and constructive advice.

Whether representing the department in court, administrative proceedings, or non-adversarial situations, the OGC provides strong and responsible advocacy while promoting the department's mission. The OGC works to ensure that department policies and State Board of Health administrative rules are administered and executed in a legal and efficient manner by the department. The OGC also regularly provides counsel to department chief administrative officers, department bureau directors, and public health area and county health department senior staff.

The OGC, in addition to the General Counsel, is composed of a Deputy General Counsel, four Assistant General Counsels, three paralegals, and one administrative professional.

The OGC represents the department on a wide range of issues including:

Regulation of:

- Healthcare facilities.
- EMS providers and personnel.
- Home health services.
- Restaurants, hotels, food processors, and onsite sewage treatment and disposal.

Representation in:

- Employee disciplinary matters.
- State and federal court proceedings.
- License revocation administrative proceedings.

Assistance in:

- Drafting and revision of administrative rules.
- Management and administration of an Automated Contract Entry System for statewide department agreements.
- Review of legislative bills with possible impact on services, programs or the department as a whole.

The goal of the OGC is not only to offer counsel when a court appearance or administrative proceeding is imminent; but to also strive to advise the department in a manner that will prevent legal issues or challenges from arising in the future.

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. The bureau consists of the following divisions: Chronic Disease, Communications and Health Marketing, Behavioral Health, and Video Communications and Distance Learning.

ALABAMA BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

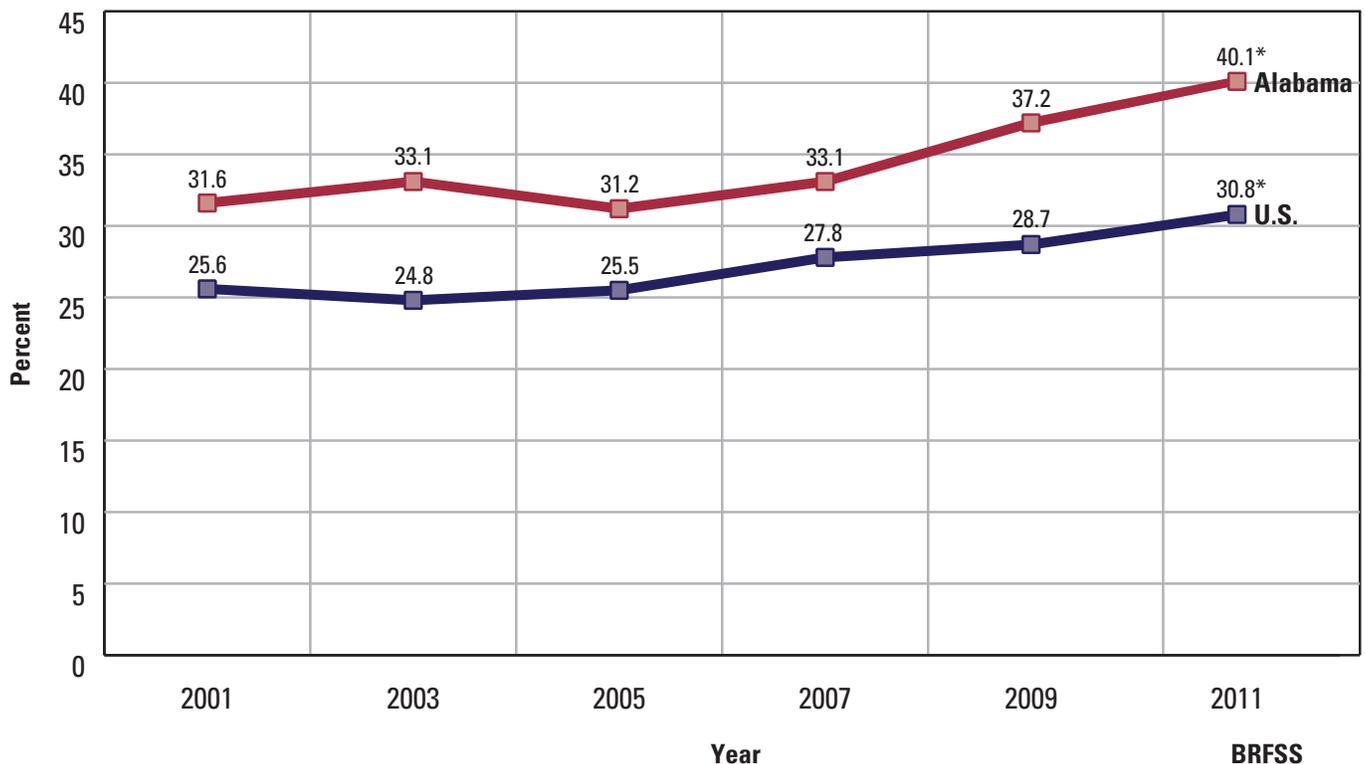
The Alabama Behavioral Risk Factor Surveillance System (BRFSS) is part of a national survey system that monitors health practices, attitudes, and conditions that place adults at risk for chronic disease, injuries, and preventable infectious diseases. Alabama BRFSS is an annual telephone survey that randomly selects adults for inclusion in the

survey. In 2011, for the first time, cell phones were added to the sampling frame. In 2011, 7,689 adults participated in the BRFSS survey and reported on their health practices and daily living habits. Alabama BRFSS also permits trend analysis of conditions. Two conditions that have increased significantly since 2001 are diabetes and hypertension.

Figure 48. Prevalence of Selected Conditions in Alabama and the United States

Condition	Alabama	United States
Asthma	12.1	13.5
Current Smoker	24.3	21.2
Diabetes	11.5	9.8
Hypertension	40.1	30.8
Obesity	32.0	27.8
Physical Inactivity	32.6	26.2

Figure 49. Percentage of Adults Who have Been Told That They Have High Blood Pressure



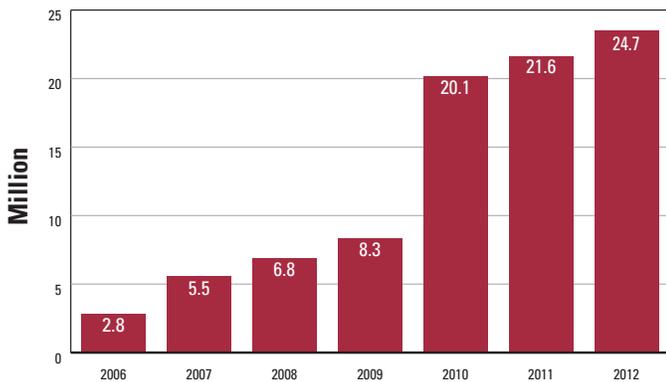
* Due to BRFSS methodology changes, 2011 estimates cannot be compared to estimates of earlier years.

Bureau of Health Promotion and Chronic Disease

COMMUNICATIONS AND HEALTH MARKETING

The number of hits for the departmental website adph.org has grown through the use of targeted marketing and social media. The division began utilizing search engine optimization methods in 2012 to aid people in finding information on various public health concerns online. Both state and local level website content and design are managed and coordinated through the division's Digital Media Branch. This service provides a cost-efficient way to deliver timely, essential communications to the public, media, businesses and organizations, and other government agencies.

Figure 50. Number of Page Views on Web Site by Year



Risk Communication: The Risk Communication Branch helps state and local entities prepare to respond to challenges that occur during terrorist and crisis events through development of communication policies and procedures; staff training, partner agencies, and the public; and creation of emergency health information and promotion materials that support emergency preparedness. In 2012, the branch produced emergency preparedness materials to assist staff to communicate more effectively and provide the public with ways to be more prepared. In addition, staff also conducted *Crisis Communication: Understanding and Communicating with an Evolving Audience*, a two-day conference for working more effectively with at-risk populations, and produced an On Demand Web training series featuring expert staff on crisis communication.

Health Marketing Research, and Analysis: By utilizing Nielsen Consumer Point and Prime Location Web marketing research tools from funds granted by the Directors of Health Promotion and Education's Community Market Analysis Program, the division was able to provide more detailed demographic and data-driven outreach strategies to various public health programs. The division also partnered with the Department of Children's Affairs and the Montgomery Education Foundation to perform a detailed analysis on populations served by pre-kindergarten classrooms in Montgomery County and assist in identifying areas of need to place newly funded classrooms. Other division activities included establishing outreach agreements with Alabama State University and Alabama A&M University.

Figure 51. Number of Targeted Marketing Projects by Media Type

Media Type	Number
Outdoor Advertising Including Billboards, Gas Pump Toppers	34
Video Media, Radio, and Internet Advertising	46
Print Media Advertising Including Brochures, Handouts	759
Posters/Displays	319
Multi-page Documents Including Annual Reports, Booklets	32
News Releases	58

Health Marketing Activities: To reach the appropriate audience, the department uses targeted marketing campaigns for immunizations, various health screenings, healthy lifestyles, and other prevention and educational activities employing a wide range of media. The department utilizes social networking sites including Facebook, Twitter, and YouTube.

Figure 52. Number of Document Imaging Materials by Project Type

Project Type	Number
Black and White Copies	3,678,779
Color Copies	2,046,762
Books Bound	2,153
Information/Education Packages Shrink Wrapped	15,665
Sheets Folded for Letters, Brochures	233,232
Sheets Punched for Book Insertion	1,560,965

Document Imaging Production: A wide range of administrative and educational materials are printed and put in finalized by the department's Document Imaging Center. The projects finalized in the center typically have tight deadlines that require rapid input and review in the most cost-effective manner.

INJURY PREVENTION

The Injury Prevention Division endeavors to reduce death and disability from intentional and unintentional injury through prevention activities that encourage the use of

seat belts, child restraints, and avoidance of drinking and driving. Motor vehicle crashes account for more than half of the unintentional injury deaths in Alabama.

Figure 53. Child Restraints by Vehicle Placement, 2012

The 2012 data show that 25 percent of the 3,169 observations were front seat occupants, indicating that many parents do not understand the dangers of placing infants and small children in the front seat of their vehicle.

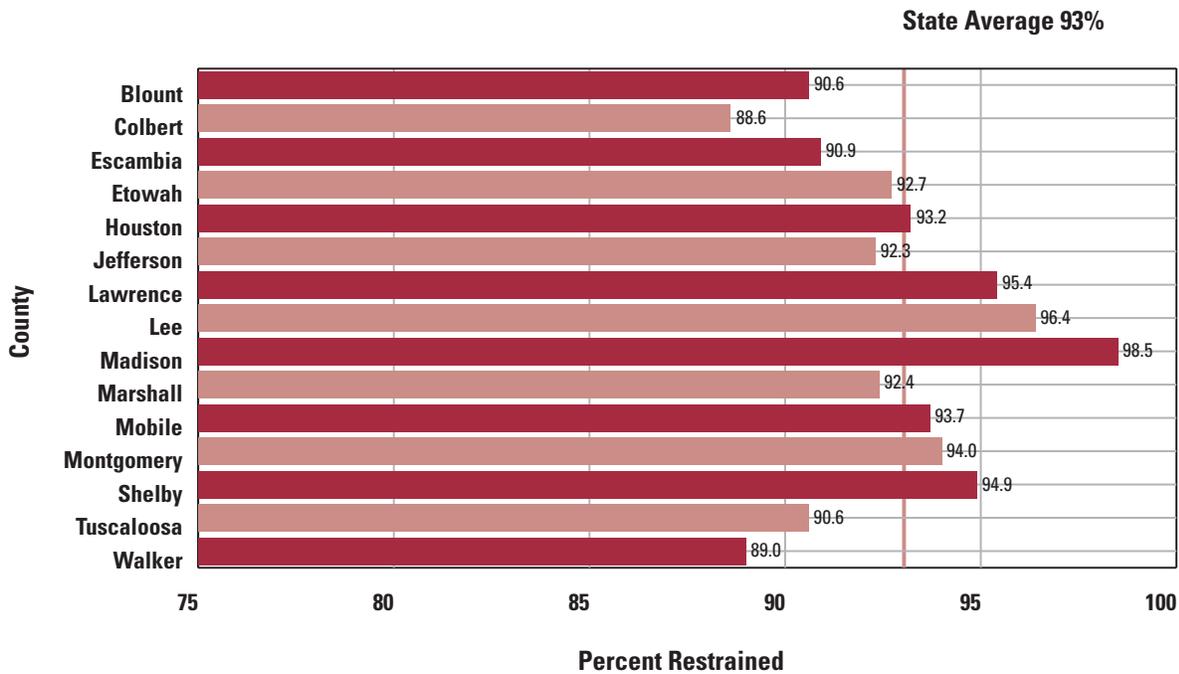
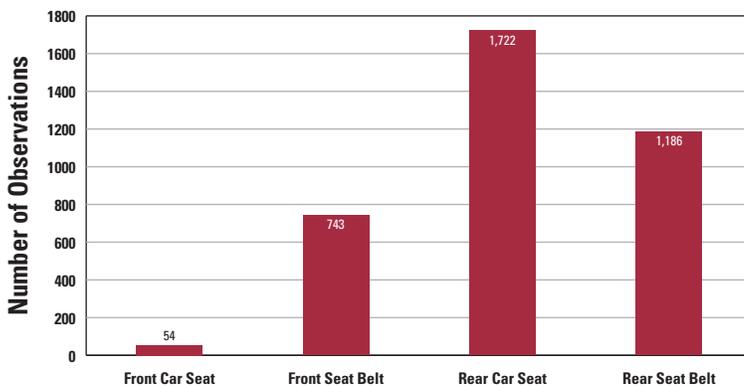


Figure 54. Alabama Child Restraints by County, 2012

Among the counties surveyed, which represent 85 percent of Alabama’s population, the state average for using child restraints is 93 percent. This average has fluctuated within +/- 2 percent for the past five years



TELESTROKE In 2012, the Alabama Heart Disease and Stroke Prevention program received funding from the Delta State Stroke Network to address the lack of access to stroke neurologists and availability of stroke-certified hospitals in rural areas. A “hub and spoke” stroke system of care was implemented in southwest Alabama. In this model, a stroke center establishes transfer relationships with other hospitals lacking similar capabilities for stroke care. Baptist Health Care Foundation in Montgomery now serves as the stroke center hub and Prattville Baptist Medical Center and Andalusia Regional Hospital are spoke hospitals. Technology, including video conferencing and teleradiology, is integral to the system.

Bureau of Health Promotion and Chronic Disease

PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE PROGRAM WELLNESS

Public Education Employees' Health Insurance Program (PEEHIP) Wellness is a joint project of the department and PEEHIP. It is a voluntary program, available during work hours, at no cost to employees. The program screens for

potential health problems, provides medical referrals, and educates participants about preventive guidelines. In 2011, more than 26,000 employees were screened by departmental Wellness Program staff. Notably, 50.8 percent of participants had prehypertension or hypertension, and 63 percent were overweight or obese.

Figure 55. 2011 Screening Results (26,236 screened)

Risk	Percentage
Prehypertension (121-139/81-89 mmHg)	35.2%
High Blood Pressure (\geq 140/90 mmHg)	15.6%
Overweight (Body Mass Index 25-29)	29.0%
Obese (Body Mass Index \geq 35)	34.0%
Glucose (\geq 140-179 mg/dL)	3.8%
Glucose (\geq 180 mg/dL)	1.9%
High Cholesterol (\geq 200 mg/dL)	30.6%

TOBACCO

Tobacco use is the leading cause of preventable death in Alabama. The use of tobacco results in the deaths of approximately 7,896 smokers and costs the state more than \$1.49 billion in direct medical expenses to treat smoking-related diseases each year. Approximately \$238 million of these direct medical expenses were paid by the state's Medicaid program. The department's three tobacco branches work to enforce Food and Drug Administration (FDA) regulations, prevent youth from starting tobacco use, help tobacco users quit, and protect people from exposure to secondhand smoke.

The Community Tobacco Branch funded nine mini-grants in the counties of Coffee, Geneva, and Winston, and the cities of Anniston, Dothan, Huntsville, Montgomery, Sheffield, and Valley. Mini-grantees served more than 37,000 youth and generated 230 media messages during the 2011-2012 grant year. Activities included community events for the Great American Smoke Out, Through with Chew Week, and Kick Butts Day, as well as tobacco prevention awareness presentations in schools. Mini-grantees also worked with youth in their communities to improve tobacco policies in schools. The mini-grant program ended at the conclusion of the 2011-2012 grant year due to a lack of funding.

During the past 12 years, smoking prevalence rates among students in Grades 9 -12 in Alabama have

decreased from 30.2 percent in 2000, to 19.3 percent in 2012. Similarly, smoking prevalence rates among students in Grades 6 - 8 in Alabama decreased from 19.1 percent in 2000 to 7.5 percent in 2012.

The FDA Enforcement Branch conducted 5,328 inspections which revealed a combined violation rate of 5.7 percent. The program contracts with departmental public health areas and Alabama State Police to conduct the inspections. Results of the inspections are available to view on www.fda.gov. The Alabama program is currently cited nationally as a model program.

The Statewide Tobacco Branch managed telephonic and Web-based quitlines which assisted 10,270 tobacco users during 2012. The program reported a 39.7 percent quit rate for surveyed participants, ranking it fourth among the 32 quitlines that offer similar services. The Statewide Tobacco Branch, in partnership with the department's Plan First Program and Medicaid, expanded cessation services to low-income women of childbearing age.

All county health departments, with the exception of Madison County, have adopted tobacco-free campus policies. Five cities passed ordinances to protect citizens from secondhand smoke. Four hospitals and 12 colleges and universities also adopted tobacco-free and smoke-free policies.

Figure 56. Smoking Prevalence Among Alabama Youth by School Level, 2000-2012

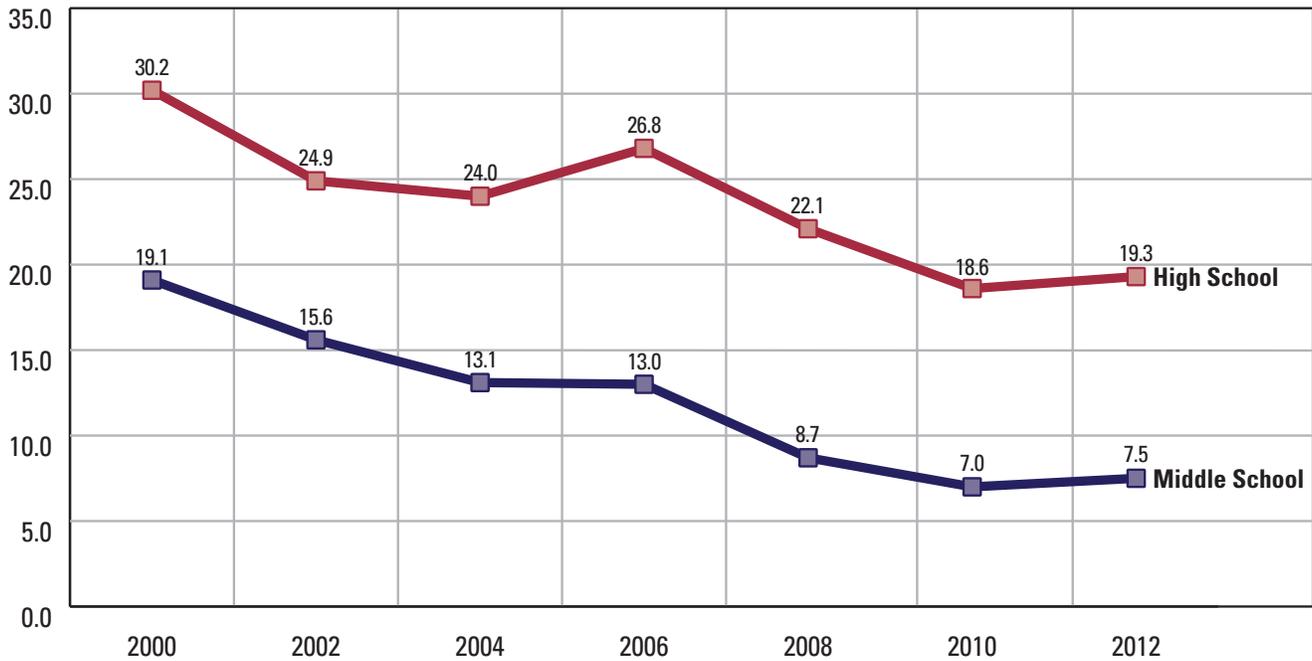


Figure 57. Tobacco Cessation Intakes

Year	Telephone (1-800-QuitNow)	Online (www.alabamaquitnow.com)
2010	4,363	717*
2011	5,643	1,562
2012	5,852	2,112

* Online service began in July 2010.

VIDEO COMMUNICATIONS The department has established a network of 18 video conferencing systems at area public health offices, the state laboratory, and the central office, so that meetings and training can be facilitated efficiently and cost effectively. Video conferencing technology allows participants to talk and see each other, share PowerPoint slides, and utilize other computer resources. This technology significantly reduces travel expenses by allowing staff to conduct meetings, training sessions, and in-service programs from their respective offices.

The Video Communications and Distance Learning Division manages this new technology and has created several online resources to assist in planning for a video conference meeting. The division produces approximately 70 live broadcasts each year for departmental training, education, public information, and emergency response. These programs originate from a state-of-the-art production studio in the RSA Tower in Montgomery, and are broadcast via satellite, Webcast, and audio bridge for public health practitioners throughout Alabama and around the country.

In addition, the division occasionally broadcasts programs from remote locations. In May 2012, the division broadcast eight sessions from the CDC's Weight of the Nation Conference in Washington, D.C. This provided an opportunity for more than 5,500 public health professionals nationwide to join this conference via distance learning.

Bureau of Health Provider Standards

The Bureau of Health Provider Standards is Alabama’s regulatory agency responsible for the licensure, inspection, and certification of health care facilities.

The bureau consists of several units that include, but are not limited to: Long Term Care, Clinical Laboratory Improvement Amendment, Medicare Other, Assisted Living, Nurse Aide Registry, and Provider Services. Each unit serves only the facilities covered in its specialty and performs license inspections, unannounced surveys for complaints and compliance, and certification surveys when

required. The Nurse Aide Registry Unit maintains a listing of Certified Nurse Aides (CNA) in the state of Alabama. There is also an abuse registry for CNAs that have received work-related complaints or sanctions by the attorney general. Provider Services processes applications for initial licensure, certification, change of ownership, annual license renewal, and changes in provider information.

Figure 58. Summary of Licenses and Investigations for 2012

This table is a summary of the facilities licensed and investigated in 2012, and the total number of beds in each. A complete listing of licensed facilities can be located at www.adph.org/healthcarefacilities.

FACILITY TYPE	LICENSED FACILITIES	PROBATIONAL LICENSES	NUMBER OF BEDS/STATIONS	COMPLAINTS INVESTIGATED
Ambulatory Surgical Centers	42	0	N/A	0
Assisted Living Facilities	205	1	6,851	40
Specialty Care Assisted Living Facilities	92	1	2,594	60
End Stage Renal Disease Treatment	137	0	2,315	10
Home Health Agencies	N/A	N/A	0	7
Hospices	184	2	30	21
Hospitals	122	1	18,862	20
Independent Clinical Laboratories	397	0	0	0
Nursing Homes	232	0	27,310	2,010

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. The center consists of the following divisions: Administrative Services, Quality Assurance and Registration, Record Management and Customer Services, Special Services, and Statistical Analysis.

Approximately 150,000 vital records were registered with the Center for Health Statistics in 2012; many electronically. An automated vital records system called ViSION or Vital Statistics Image Oriented Network allows vital records to be issued in all 67 county health departments. Customers can obtain most vital records from the center through county health departments in 30 minutes or less. Customers may also order records over the Internet, by telephone for next day delivery, or by regular mail. All birth records are registered electronically with the Center for Health Statistics, and approximately 50 percent of divorce and death certificates are registered electronically. In addition to registering vital records and issuing certified copies, the center corrects and amends birth and death records and creates new certificates after legal actions.

Statistical Analysis: The center's Statistical Analysis Division conducts studies and provides analyses of natality, pregnancy, general mortality, infant mortality, causes of death, marriage, divorce, and other demographic and health-related data for public health policy and surveillance. Results are distributed through numerous publications, reports, presentations, special tabulations, and the department's Web site to the public, news media, researchers, government or private agencies, and various units within the department. Center staff also administer the Pregnancy Risk Assessment Monitoring System (PRAMS) which surveys new mothers about their experiences during pregnancy and immediately following delivery, providing valuable information about the health of pregnant women.

Figure 59. Certified Vital Records Issued for 2012

The center issued more than 489,000 certified copies of vital records through county health departments, mail, Web orders, and operator-assisted requests.

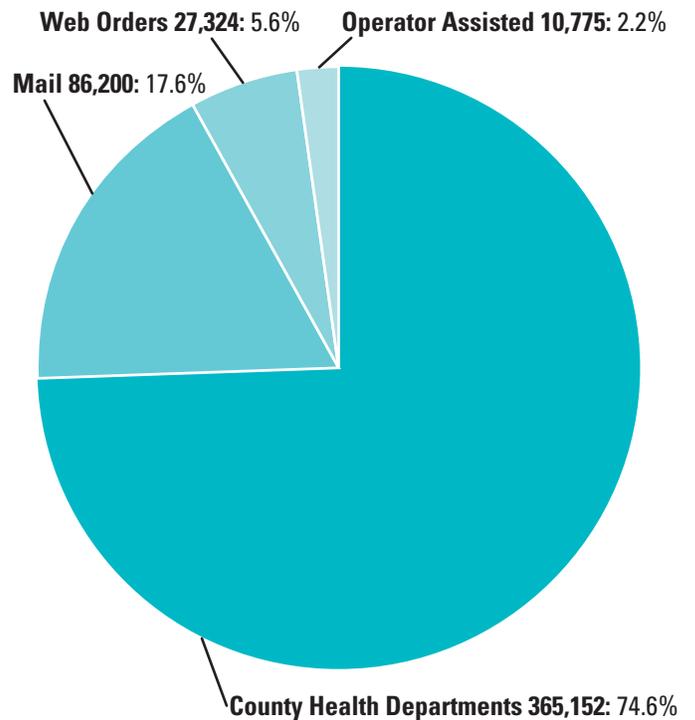


Figure 60. Electronic Death Registration: During 2012, the center, in collaboration with departmental area staff, increased the number of death records registered electronically by training vital records providers statewide. Registering death records electronically allows families to obtain certified copies more quickly.

Electronic Death Records Registered by Month for 2012

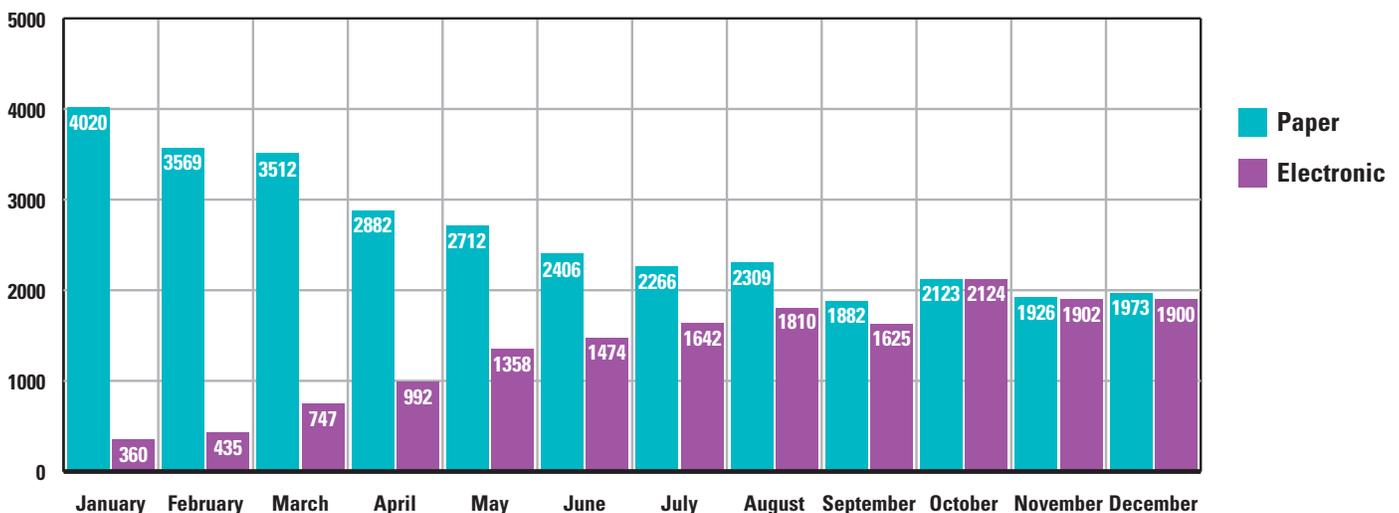
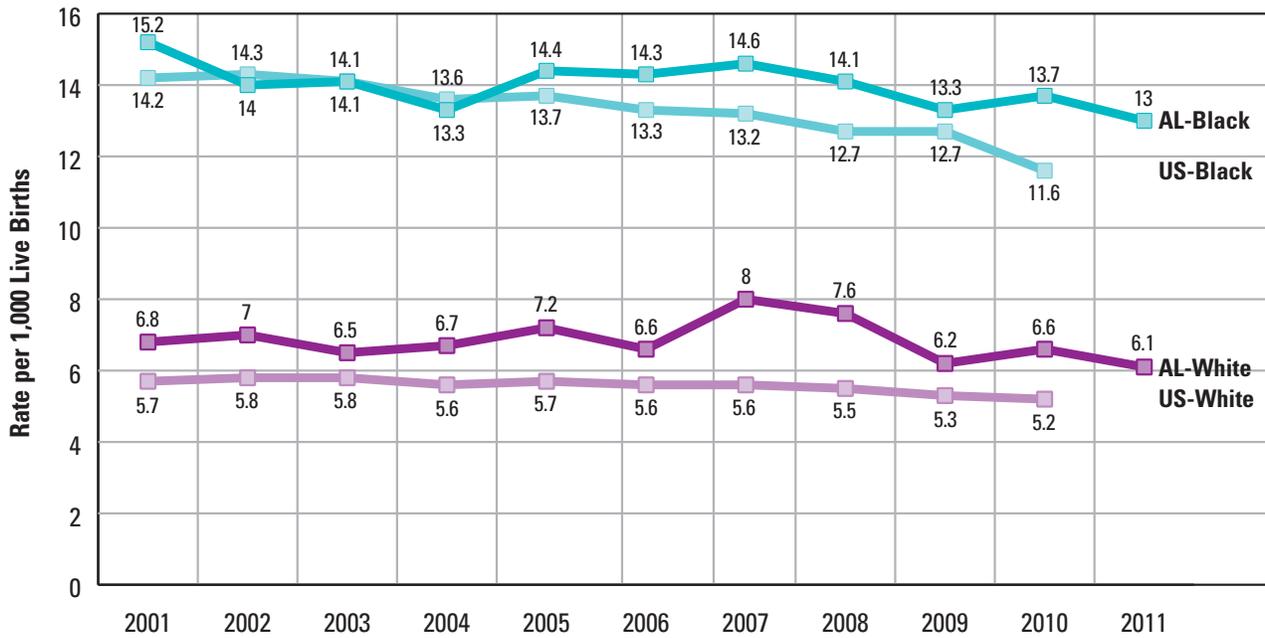


Figure 61. Infant Mortality

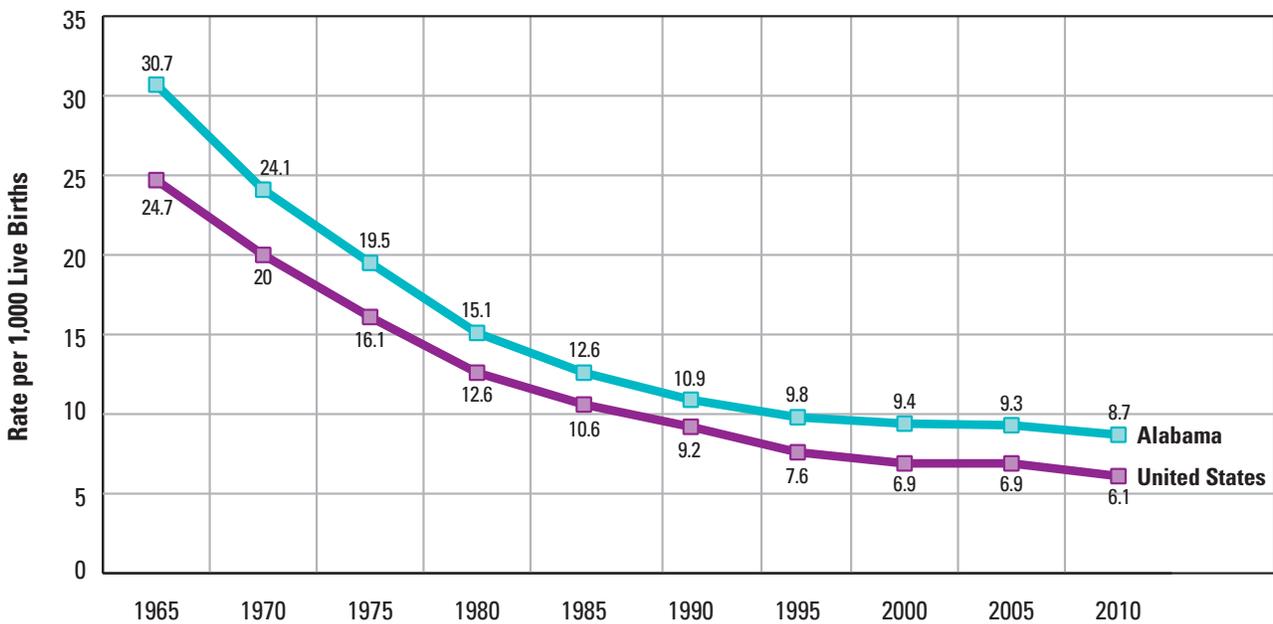
Comparison of Infant Mortality Rates for Alabama and the United States¹ by Race for 2001 through 2011



¹ 2011 US rate is not available. The 2009 and 2010 US rates are provisional.

Figure 62. Comparison of Infant Mortality Rates for Alabama and the United States¹ for 1965 through 2011

The infant mortality rate of 8.1 deaths per 1,000 live births in 2011 was the lowest ever recorded in the state.



¹ 2009 and 2010 US rates are provisional.

Figure 63. Alabama’s Leading Causes of Death for 2011

Cause of Death	Rank	Number	Rate ¹
Diseases of the Heart	1	11,882	247.4
Malignant Neoplasms	2	10,153	211.4
Chronic Lower Respiratory Diseases	3	2,892	60.2
Accidents	4	2,596	54.1
Cerebrovascular Diseases	5	2,538	52.8
Alzheimer’s Disease	6	1,470	30.6
Diabetes Mellitus	7	1,255	26.1
Nephritis, Nephrotic Syndrome, and Nephrosis	8	1,047	21.8
Influenza and Pneumonia	9	939	19.6
Septicemia	10	904	18.8
Suicide	11	640	13.3
Chronic Liver Disease and Cirrhosis	12	549	11.4
Primary Hypertension	13	533	11.1
Homicide	14	379	7.9
Parkinson’s Disease	15	372	7.7
All Other Causes, Residual		10,169	
Total All Causes		48,318	

¹ Rate is per 100,000 population.

Figure 64. Vital Statistics for 2011¹

This includes births, teen births, low-weight births, births to unmarried women, induced terminations, infant deaths, neonatal deaths, postneonatal deaths, deaths, marriages, and divorces.

	Number	Rate/Percent	
Births	59,322	12.4	(PER 1,000 POPULATION)
Births to Teenagers	6,697	20.9	(PER 1,000 FEMALES AGED 10 TO 19 YEARS)
Low Weight Births	5,908	10.0	(PERCENT OF ALL LIVE BIRTHS)
Births to Unmarried Women	24,946	42.1	(PERCENT OF ALL LIVE BIRTHS)
Deaths	48,318	10.1	(PER 1,000 POPULATION)
Marriages	40,523	8.4	(PER 1,000 POPULATION)
Divorces	20,550	4.3	(PER 1,000 POPULATION)
Induced Terminations of Pregnancies	8,522	8.9	(PER 1,000 FEMALES AGED 15 TO 44 YEARS)
Infant Deaths	481	8.1	(PER 1,000 LIVE BIRTHS)
Neonatal Deaths	306	5.2	(PER 1,000 LIVE BIRTHS)
Postneonatal Deaths	175	3.0	(PER 1,000 LIVE BIRTHS)

¹Total estimated state population was 4,802,740.

Bureau of Home and Community Services

The Bureau of Home and Community Services administers home care services statewide. Its mission is to provide compassionate and effective health care services in the home, while meeting the challenges of the changing health care needs of Alabama's citizens. The Bureau of Home and Community Services consists of the following divisions: Billing and Support, Budget and Personnel, Community Services, Compliance, and Home Care Services.

The Bureau of Home and Community Services provides home care services while complying with federal and state regulations and laws; federal, state, and private

payor home care program requirements; and the department's business policies and procedures.

Figure 65. Fiscal Year 2012 Home Health Visits

The bureau provided 260,600 home health visits statewide to patients covered by Medicare, Medicaid, and third party insurance.

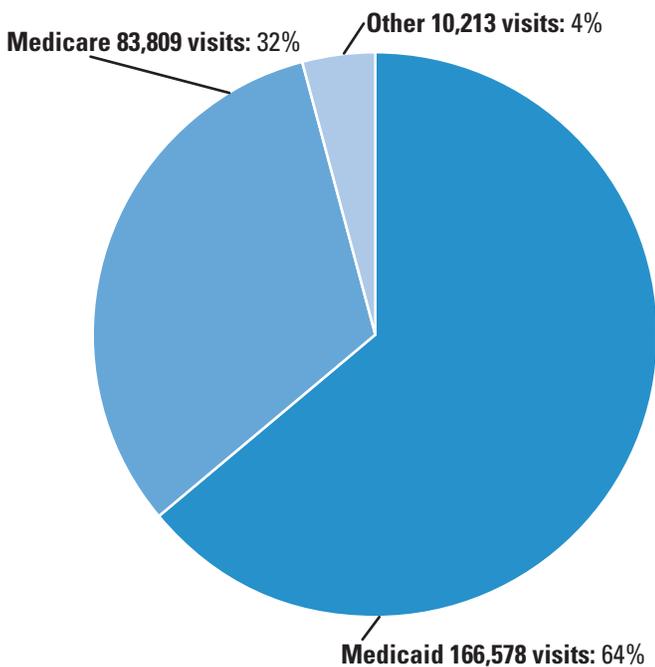


Figure 66. Fiscal Year 2012 Medicaid Home Health Visits

In fiscal year 2012, Alabama Medicaid recipients received 183,236 home health visits. Of these visits, Public Health staff provided 91 percent of the total visits.

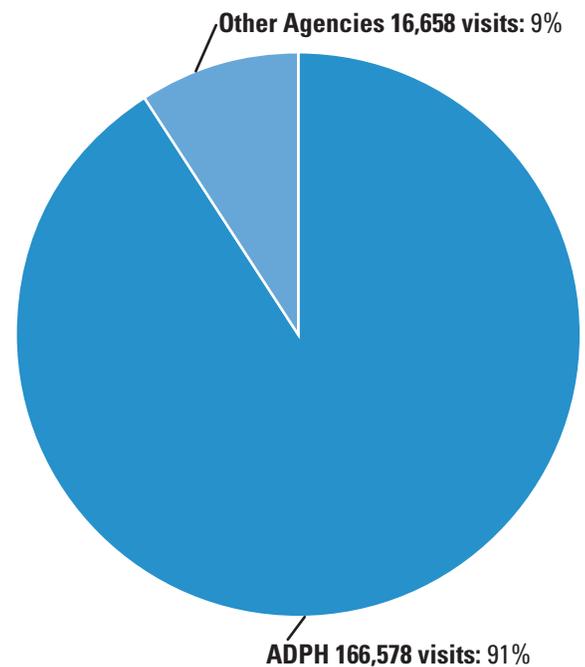


Figure 67. 2012 Home Health Visits by Discipline

Discipline	Funding Provided By			Total Visits
	Medicare	Medicaid	Third Party Insurance	
Skilled Nurse	38,371	46,642	6,261	91,274
Physical Therapy	20,730	104	2,462	23,296
Speech Therapy	32	0	5	37
Occupational Therapy	333	0	43	376
Social Work	818	14	72	904
Home Health Aide	23,525	119,818	1,370	144,713
Total	83,809	166,578	10,213	260,600

Bureau of Home and Community Services

Figure 68. Fiscal Year 2012 Life Care Service Hours

The bureau provided 260,600 home health visits statewide to patients covered by Medicare, Medicaid, and third party insurance.

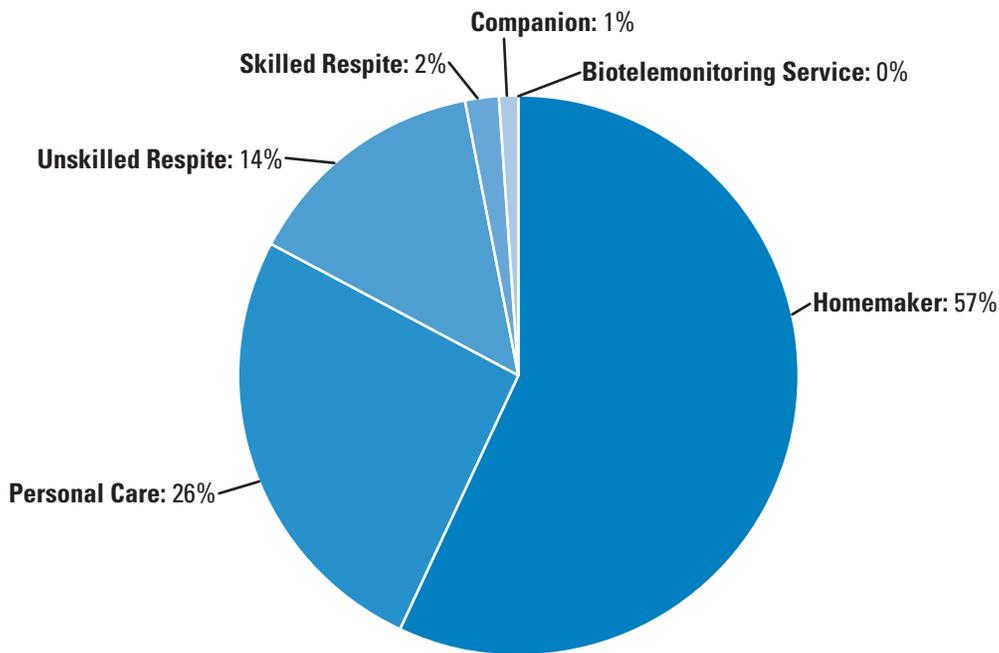


Figure 69. 2012 Home Health Visits by Service Type

Service Type	Funding Source				Total Hours
	Life Care	Biotelemonitoring	HIV/AIDS Waiver	Other	
Homemaker	654,403	0	9,512	16,387	680,302
Personal Care	289,934	0	2,263	10,681	302,878
Unskilled Respite	149,250	0	1,210	17,193	167,653
Skilled Respite	22,211	0	0	0	22,211
Skilled Nursing	0	0	0	13	13
Companion	8,877	0	274	0	9,151
Biotelemonitoring Service	0	2,323	0	0	2,323
Total	1,124,675	2,323	13,259	44,274	1,184,531

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 resource issues; guidance to supervisors and employees in resolving workplace conflicts; and coordinates (through referrals) the Employee Assistance Program. Staff review and recommend requests for serious disciplinary actions, participate in administrative hearings, and respond to grievances and allegations of unfair practices.

Figure 70. 2012 PERSONNEL ACTIONS PROCESSED FOR MERIT EMPLOYEES

New Hires	129
Promotions	91
Dismissals	10
Retirements	97
Transfers Out	20
Other Separations	174
Employee Assistance Program Referrals (Employees and Dependents)	112
Hours of Leave Donations	7,942
Annual Appraisals	3,153
Probationary Appraisals	239

ELIGIBLE EMPLOYEE TRANSITIONS

Employees Eligible to Retire within Three Years 893
 Employees in the Deferred Retirement Option Plan (DROP) 113

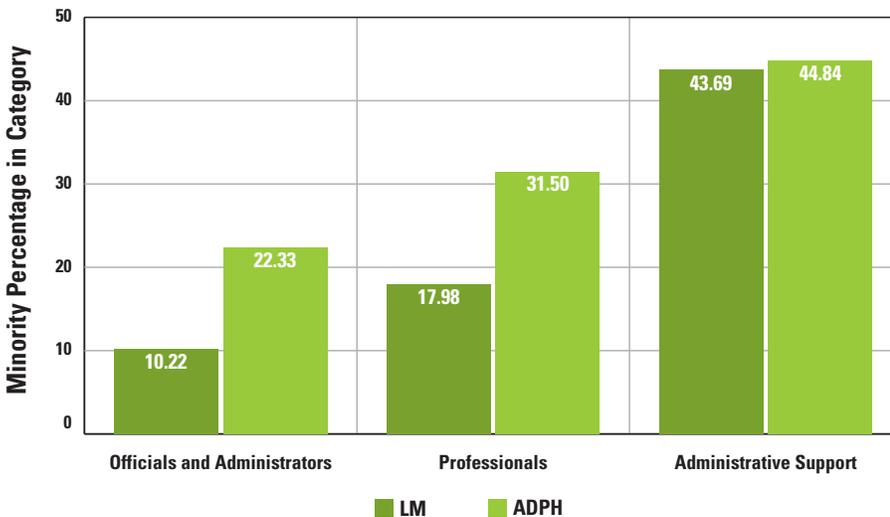
2012 TURNOVER RATES IN AREAS/COUNTIES AND CENTRAL OFFICE

The turnover rate is the rate at which employees leave employment during a particular time period. This rate can provide an indication of employee satisfaction and help identify areas in need of additional recruitment and/or retention efforts.

Figure 71.

	Number of Employees	Turnover Rate by Percentage
Central Office	1,027	8.55
Areas/Counties	2,054	11.39
Statewide	3,081	10.45

Figure 72. ALABAMA LABOR MARKET (LM) vs. ADPH in Three EEO Job Categories



ADPH MINORITY EMPLOYMENT COMPARISON

The department is comprised of 3,081 merit system employees. Minority employees comprise 34 percent of the employees in the department. According to the U.S. Equal Employment Opportunity Commission's *2011 Job Patterns* statistics, the department has a higher percentage of minorities compared to the Alabama Labor Market.

Source: U.S. Equal Employment Opportunity Commission

Bureau of Information Technology

The mission of the Bureau of Information Technology (IT) is to plan, provide, and support the information and logistics needs of the department. The bureau consists of seven divisions, including Project Management, Database Administration, Systems Development and Integration, Business and Information Architecture, Technical Support, Logistics, and Revenue Recovery.

The Bureau of Information Technology 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. The Revenue Recovery Division researches, corrects, and resubmits appropriate billable claims for patient services to insurance payors, as well as administers billing-related requirements for the department.

In support of the Health Information Technology for Economic and Clinical Health (HITECH) Act, IT worked with providers, hospitals, software vendors, and the Centers for Disease Control and Prevention to build Health Level 7 (HL7) messages and transport protocol. These messages will facilitate the sharing of health information with trading partners such as providers and hospitals in the areas of immunizations, electronic lab reporting (ELR), and syndromic surveillance.

Figure 73. Number and Status of Trading Partners for 2012

Trading Partner Status		Immunizations	ELR	Syndromic Surveillance
Registered through Meaningful Use (MU) Application		380	74	113
Trading Partner Agreement		82	16	29
Test		29	5	7
Pilot /Parallel	Real-time	3	0	0
	Batch	0	0	0
Production	Real-time	247	0	0
	Batch	1	1	0
	Hosted	247	0	0

A system for the Wellness Division was developed to support wellness screening for state and education employees. The system is a Web-based electronic

medical record system that replaces a paper-based process and allows nurses to collect wellness information electronically during the screening process.

Figure 74. IT Support Facts for 2012

Support Facts	Quantities
Help Desk Calls	22,546
Personal Computers Supported	2,800
Servers Supported	109
Personal Computers Installed	159
County Support Trips	2,286
IP Phone Devices Support	6,124
Voice Mail Subscribers	3,014
Network Sites Upgraded	38

Figure 75. Logistics Facts for 2012

Items	Number
Equipment Inventory Items	17,890
Equipment Inventory Value	\$37 million
Forms Managed	2,080
Form Packages Sent	10,372
Promotional Items Managed	755
Department Vehicles	52
Emergency Response Mobile Vehicles	80

Bureau of Information Technology

IT continued upgrading the statewide computer network infrastructure to provide more robust services and a more stable network. These upgrades equip the network to handle

the ever-increasing workload generated from IP phones, video conferences, and Web-based software systems.

Figure 76. Network Upgrades by Site for 2011 through 2012

County	City	Schedule Date
Autauga	Prattville	12/12/2011
Montgomery	Montgomery	12/15/2011
Marengo	Linden	2/2/2012
Elmore	Wetumpka	2/2/2012
Macon	Tuskegee	2/6/2012
Perry	Marion	2/22/2012
Pike	Troy	2/22/2012
Barbour	Eufaula	3/6/2012
Mobile	Mobile	4/25/2012
Henry	Abbeville	4/30/2012
Franklin	Russellville	5/14/2012
Barbour	Clayton	5/16/2012
Winston	Double Springs	6/6/2012
Marion	Hamilton	6/7/2012
Geneva	Geneva	6/13/2012
Walker	Jasper	6/25/2012
Jackson	Scottsboro	6/26/2012
Chilton	Clanton	7/10/2012
Morgan	Decatur	7/26/2012
Lowndes	Hayneville	8/7/2012

County	City	Schedule Date
Butler	Greenville	8/8/2012
Pickens	Carrollton	8/13/2012
Randolph	Roanoke	8/14/2012
St. Clair	Pell City	8/16/2012
Lauderdale	Florence	8/22/2012
Hale	Greensboro	8/24/2012
Marshall	Guntersville	8/30/2012
Baldwin	Foley	9/6/2012
Baldwin	Robertsdale	9/12/2012
Bibb	Centreville	9/13/2012
Monroe	Monroeville	9/17/2012
Tallapoosa	Dadeville	9/18/2012
Clarke	Grove Hill	9/19/2012
Washington	Chatom	9/19/2012
Lawrence	Moulton	9/20/2012
Wilcox	Camden	9/21/2012
Lamar	Vernon	9/24/2012
Escambia	Brewton	9/26/2012
Total	38	

Bureau of Professional and Support Services

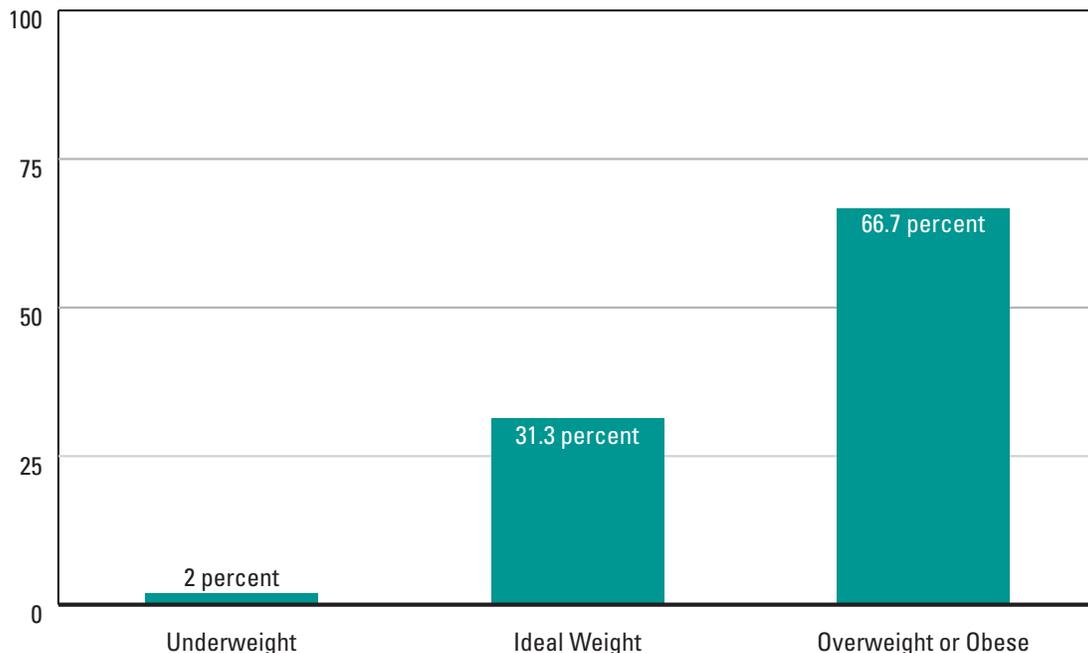
The Bureau of Professional and Support Services supports a variety of important department initiatives and projects. These services include the facilitation and participation in activities to recruit, retain, and train employees within the department, and to develop and implement programs to enhance the health care workforce and health delivery infrastructure in rural and medically underserved areas in the state. The bureau consists of the following programs: Nursing Division, Nutrition and Physical Activity Division, Office of Minority Health, Office of Primary Care and Rural Health, Social Work Division, Pharmacy Division, and Training Unit.

NUTRITION AND PHYSICAL ACTIVITY

The state of Alabama consistently ranks as one of the most obese states in the nation. According to a 2011 report from the Centers for Disease Control and Prevention, 66.7 percent of Alabamians are either overweight or obese. The data

indicates that there has been a rapid increase in obesity rates in those people ages 25 - 44, earning \$25,000 to \$45,000 a year, and have greater than 12 years of education. These findings support the need for a strong worksite wellness approach.

Figure 77. Distribution of Alabama's Adult Population by Weight



* Source: Weight Classification by Body Mass Index, CDC, 2011

Scale Back Alabama is a public awareness campaign for adults hosted by Alabama's hospitals and the Alabama Department of Public Health, with support from Blue Cross and Blue Shield of Alabama. The 2012 contest marks the sixth year of the program that has resulted in total weight loss of more than 908,000 pounds and healthier lifestyles for thousands of individuals. The Alabama Hospital Association and the Alabama Department of Public Health work in partnership to conduct the campaign each year. The Hospital Association manages the logistics of the campaign, while the department creates the educational and training materials. The Scale Back Alabama Committee oversees the program's day-to-day activities.

The 10-week, semi-Internet based campaign begins in January to coincide with the New Year. There is no charge for participating, and teams are eligible to win statewide prizes. Participants compete in teams of four and must go to an official weigh-in site at the beginning and end of the campaign. The program operates through local facilities (businesses, organizations, hospitals, health departments) that serve as volunteer weigh-in sites. Participant and team information is entered into an Internet data system at the weigh-in sites.

Figure 78. Scale Back Alabama Weight Loss

	2007	2008	2009	2010	2011	2012	Cumulative
Counties Participating	46	60	66	64	63	66	NA
Teams	5,000	10,379	10,177	7,500	8,388	7,484	NA
Weight Loss	78,472	207,871	183,135	146,451	143,309	148,963	908,201

The Scale Back Alabama Web site, Facebook page, and weekly e-mails provide health messages, programmatic information, resources links, physical activity opportunities, answers to questions, and success stories. The names of those who complete the contest are placed in a drawing for prizes. The drawing is funded by Blue Cross and Blue Shield of Alabama and telecast by satellite.

OFFICE OF WOMEN'S HEALTH

The Office of Women's Health (OWH) develops and implements initiatives to improve advocacy, education, and wellness for women in Alabama. In 2012, the office joined forces with the department's Bureau of Family Health Services (FHS) to address the reduction of infant mortality. The OWH developed the *Timing is Everything* public awareness campaign that educates Alabama women about the importance of delaying elective deliveries until at least 39 weeks gestation. The OWH and FHS will also participate in a regional partnership initiative, the Collaborative Improvement and Innovation Network (COIN). The initiative was created to facilitate collaborative learning in the U.S. Department of Health and Human Services Public Health Regions IV and VI, and assist the 13 states involved in developing state plans for reducing infant mortality. COIN is

organized into five strategic action teams that will focus on specific areas that include reducing elective, nonmedically indicated deliveries prior to 39 weeks; expanding access to interconception care; expanding smoking cessation among pregnant women and women of childbearing age; promoting safe infant sleep; and improving perinatal regionalization. The office will focus specifically on the reduction of elective, nonmedically indicated deliveries prior to 39 weeks through the *Timing is Everything* campaign.

An additional initiative launched in 2012 by the OWH, is the Women on Wellness (WOW) Speakers Bureau. The bureau was developed by the office's Steering Committee to promote the health of women throughout the state by facilitating and coordinating evidence-based information and education about women's health. WOW speakers are physicians, nurses, dietitians, pharmacists, social workers, community health advocates, and other health care providers from across the state who are both qualified and expert speakers. The WOW Speakers Bureau members volunteer their time to offer presentations on various women's health topics with civic organizations, churches, businesses, and community groups across the state.

MEN'S HEALTH Men's health is one of the most understudied and underfunded areas in public health. Lack of education and emphasis on prioritizing preventive care has led to a decline in the life expectancy of men. According to 2010 Center for Health Statistics data, the leading causes of death for men in Alabama are heart disease, cancer, accidents, chronic lower respiratory disease, cerebrovascular disease, diabetes, nephritis, suicide, influenza and pneumonia, and Alzheimer's disease. The 2012 Men's Health Campaign addressed these causes of male mortality in Alabama by collaborating with divisions throughout the department to implement educational programs that would help male residents in Alabama build a solid foundation towards living healthier lives.

To commence Men's Health Month in Alabama, the department launched a new Men's Health Web page on the ADPH Web site. The page highlights the department's men's health awareness events and provides educational material about the leading causes of death in Alabama men. Proclamations declaring Men's Health Week were signed by city and state officials to show government support of the initiative, while residents in counties throughout the state were able to take advantage of health fairs and health screenings at their local health departments. During the satellite conference and live Webcast *Men's Health: The Road to High Quality Healthcare*, a representative from the U.S Department of Health and Human Services discussed how the Affordable Care Act will impact the health of males in the United States. More than 100 people gathered at the John L. Buskey Health Sciences Center on the campus of Alabama State University to attend a Men's Health Symposium.

Bureau of Professional and Support Services

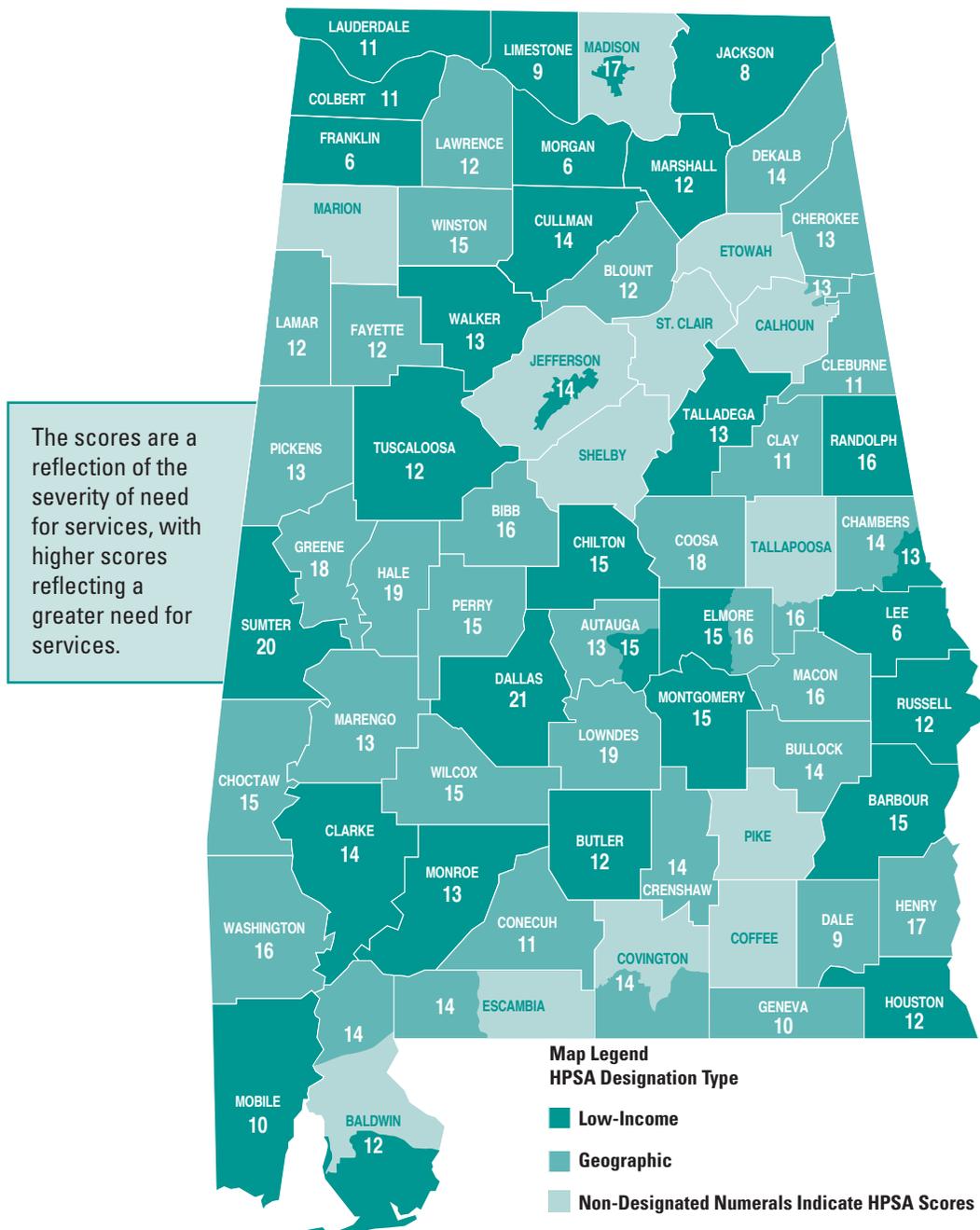
OFFICE OF PRIMARY CARE AND RURAL HEALTH

Primary Care Health Professional Shortage Areas allow for the placement of primary care practitioners

through the National Health Service Corps (NHSC) and Visa Waiver Programs. These designations indicate a significant need for primary care physicians.

Figure 79. Primary Care Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas are a measure of access to health services for primary care, dental, and mental health. The featured map depicts the measure of access to primary care services in Alabama. The scores are an indication of the level of need, ranging from 1 to 25, with the higher scores indicating a higher level of need. Geographic HPSAs indicate that there is a significant need for primary care services to adequately serve the entire population. Low-income HPSAs indicate that there is a significant need for services targeting low-income residents (household incomes at or below 200 percent of the Federal Poverty Level). Areas designated as HPSAs may qualify for up to 29 federal programs including Medicare incentive programs, NHSC, foreign physician programs, and Rural Health Clinic establishment. Each designation is reviewed every three years by the Office of Primary Care and Rural Health. For more information, visit www.adph.org/ruralhealth.



As of 11/14/2012

Source: Office of Primary Care and Rural Health

Office of Program Integrity

The Office of Program Integrity is an independent appraisal arm of the department. The office 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 within the department, presenting reports on deficiencies, and providing recommendations for corrective actions concerning those activities.

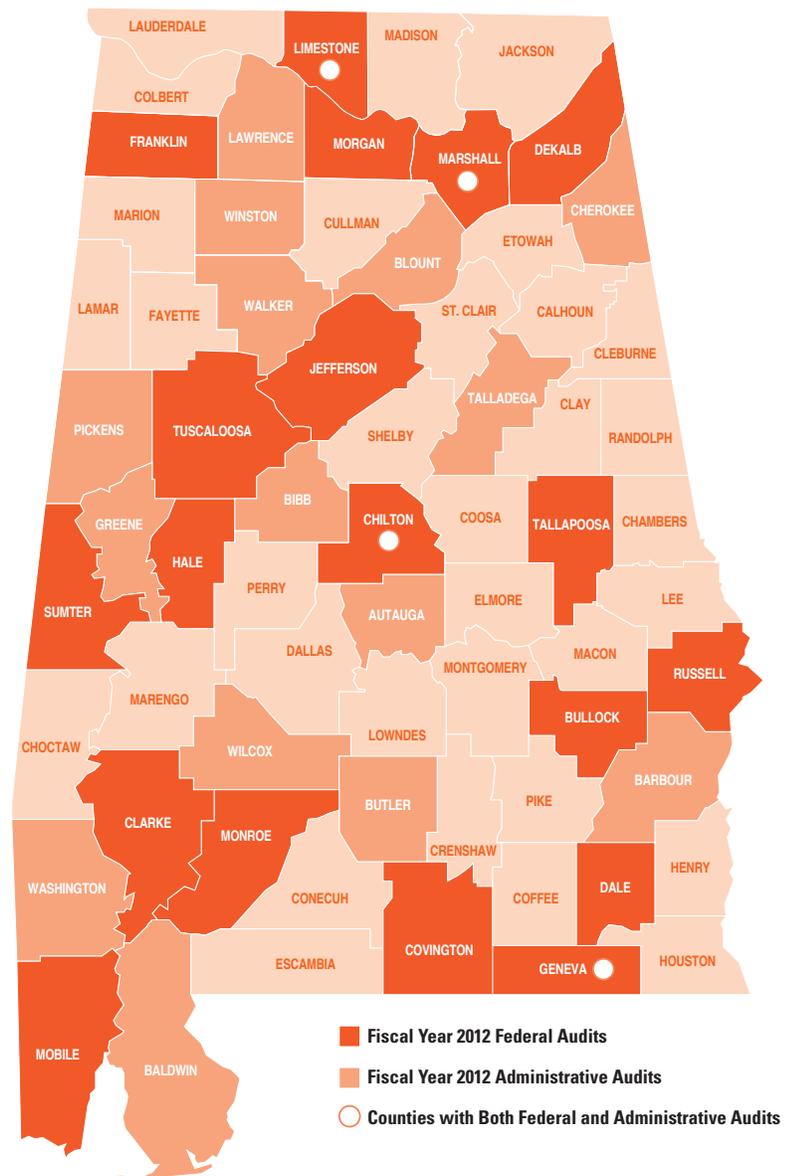
During 2012, the Office of Program Integrity continued its mission of objectively evaluating county health departments

and central office units in the areas of financial and administrative activities, and federal compliance.

Figure 80. Fiscal Year 2012 Accomplishments By Audit Category

Financial/Administrative Audits	Number of Audits
County Health Departments	19
State Level Audits	3
Property Audits	22
Federal Program Audits	Number of Audits
County Health Departments	19
Private WIC Contractors	3
WIC Training Center	1
State Level Audits	1
Special Reviews and Consulting	
SAFE (Security for Alabama Funds Enhancement) Program Compliance Monitoring	
Subrecipient Compliance and Monitoring	
Fee System Manual Revisions	

Figure 81. 2012 Federal and Administrative Audits by County
The Office of Program Integrity performed audits in 34 counties in 2012.



Office of Radiation Control

The Office of Radiation Control has the primary mission of protecting 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; routine monitoring for radioactivity in the environment; responding to incidents involving radioactive material; and formal training and preparedness programs. Radiation Control maintains a supply of radiation detection and analysis equipment used for inspections and training activities, environmental monitoring, and responding to an incident or accident involving radiation or radioactive material.

The goal of the Office of Radiation Control is to maintain radiation doses to members of the public and occupationally exposed workers as low as reasonably achievable (ALARA). For occupational workers and patients receiving radiation doses from X-rays, nuclear medicine procedures, radiation therapy, and other therapies, ALARA is achieved through the license and registration of all sources of radiation in Alabama and through the routine inspection and enforcement programs conducted by this office. Training of personnel, conducting emergency response drills and exercises, emergency response activities, and environmental surveillance also provide assurances that the public is protected from the harmful effects of ionizing radiation. Radiation Control has an experienced staff that is active on a national level in radiation protection policy and rulemaking.

2012 FISCAL YEAR NOTABLE ACHIEVEMENTS

Nuclear Power Plant Exercises: Radiation Control annually participates in off-site exercises required to be conducted around the two nuclear power plants in the state of Alabama. Radiation Control's Emergency Planning Branch participates in planning and training activities and the entire office staff along with environmentalists in the Emergency Planning Zone (EPZ) counties participate in the exercises. In 2012, a two-day ingestion pathway exercise was conducted for the Browns Ferry Nuclear Power Plant. The exercises not only test the capabilities, direction, and control of responders during the emergency phase of a nuclear power plant incident, but also test decision making for the intermediate phase when residents would require relocation from and reentry into evacuated areas affected by an incident at a nuclear power plant. The exercise was evaluated by the Federal Emergency Management Agency. For Radiation Control's participation, the evaluators determined that no areas required corrective actions and there were no recommendations for improvement. The coordination with federal agencies, county agencies, and other state agencies was challenging, but the results proved to be successful.

Disposal of Radioactive Material: Over the years, the Office of Radiation Control has impounded or taken for safe storage many radioactive sources where the rightful owner was either unknown or irresponsible. After exhausting every effort to hold the rightful owner responsible, some of these sources remained in the possession of Radiation Control. In 2012, Radiation Control, through a licensed radioactive waste broker, transferred for disposal 40 items containing or contaminated with radioactive material. The total activity disposed was 185 millicuries and included numerous isotopes.

Computed/Tomography (C/T) Training of Inspectors: During the past few years, there have been several radiation injuries documented in the United States after diagnostic C/T procedures. The number of C/T machines and C/T procedures has increased rapidly over the past several

years. This has prompted Radiation Control to increase the amount of resources spent regulating facilities that have C/T machines. In order to address this, the office has adopted a new inspection checklist developed by the Conference of Radiation Control Program Directors, Inc., that should increase the effectiveness of these inspections. Radiation Control sent three inspectors to C/T Physics Update Seminars for additional training specific to C/T. Keeping the staff's knowledge current with ever advancing technology is the biggest challenge currently facing Radiation Control. The use of updated inspection procedures and checklists along with the increase in knowledge for inspectors should help Radiation Control perform C/T inspections that will provide the citizens of Alabama a higher level of radiation safety during C/T examinations and eliminate the occurrence of any further radiation injuries during these procedures.

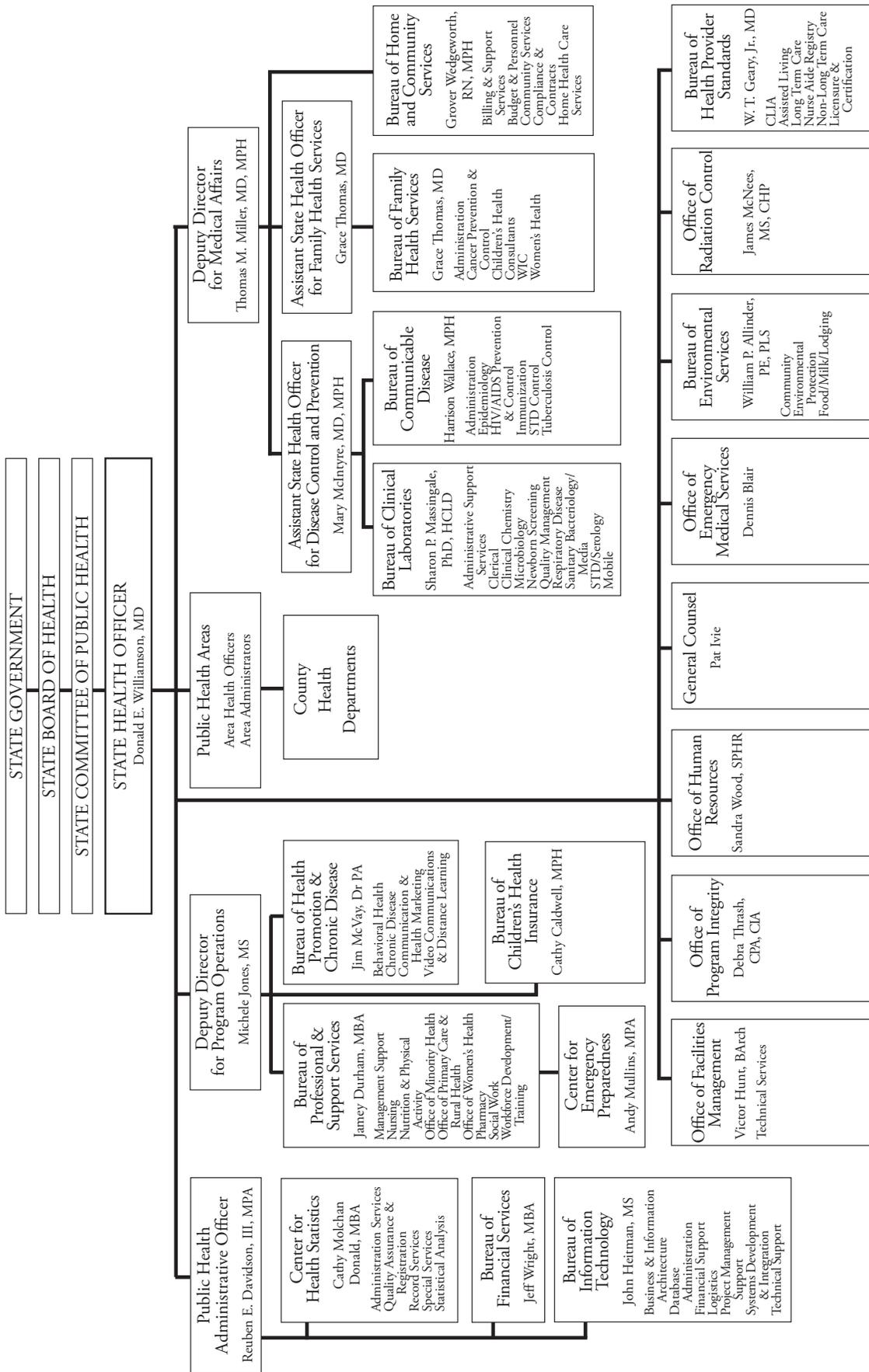
Expanded Radiological Emergency Response Team: Radiation Control continues to equip and train environmentalists and nurses in the 11 public health areas who are assigned to the Expanded Radiological Emergency Response Team. For Fiscal Year 2012, two training sessions were held in Montgomery. One training was a classroom session used to address radiation safety practices and procedures and the other training was a hands-on exercise to familiarize personnel with radiation detection equipment and possible scenarios that they may face. This training and equipment prepare environmentalists and nurses to respond in the event of an incident or accident involving radioactive material.

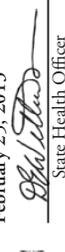
Figure 82. License/Registration and Inspection Program

Type of License or Registration	Number of Facilities	Number of License and Registration Actions	Number of Inspections	Percentage of Facilities Inspected
Medical X-Ray	1,831	718*	557	30%
Dental X-Ray	1,277	*	360	28%
Veterinary X-Ray	477	*	129	27%
Academic/Other X-Ray	14	*	3	21%
Non-Medical X-Ray	254	133	45	18%
Radioactive Material - Industrial	228	93	82	36%
Radioactive Material - Medical	168	151	61	36%
Radioactive Material - Academic/Other	37	37	17	46%
Particle Accelerators	52	40	15	29%
Radioactive Material - General Licenses	223	42	38	17%
Total	4,561	1,214	1,307	29%

* Includes all Registration Actions for Medical, Dental, Veterinary, and Academic

ALABAMA DEPARTMENT OF PUBLIC HEALTH



February 25, 2013

 State Health Officer

County Health Department Services

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

Typical services and information include the following:

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

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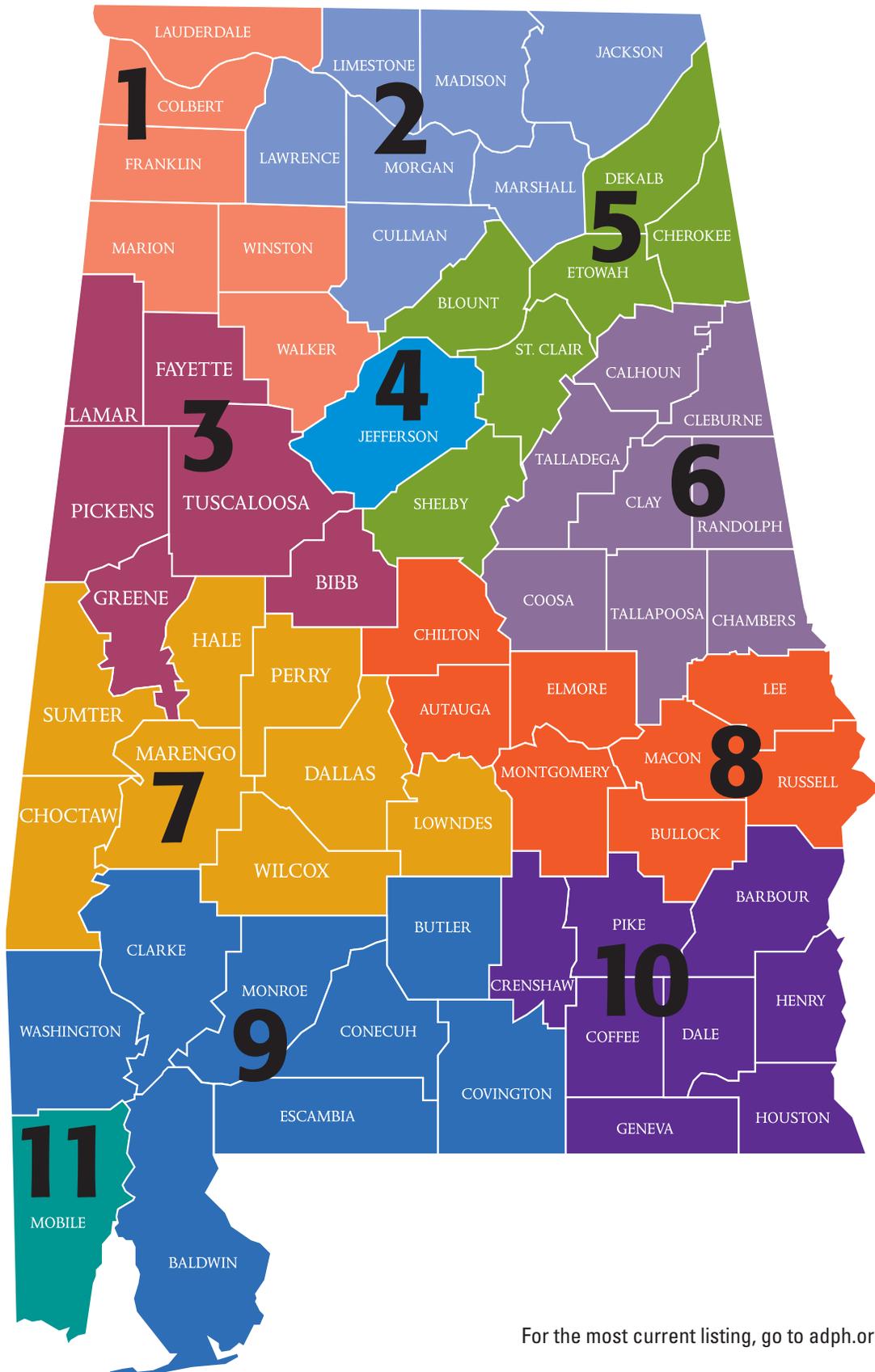
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Public Health Areas Map



For the most current listing, go to adph.org.

The Alabama Department of Public Health Annual Report
is published by the Bureau of Health Promotion and Chronic Disease.

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will be made available upon request.

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ADPH.ORG