



ALABAMA DEPARTMENT  
OF PUBLIC HEALTH

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# **ANNUAL REPORT 2014**



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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:

I am pleased to present to you the 2014 Annual Report of the Alabama Department of Public Health. During the past year, our Department continued working to provide access to valuable health programs and services, educating citizens on how to live healthier, and assisting Alabamians in avoiding preventable diseases and harm.

Trauma is the leading cause of death in people under age 45 in Alabama. An improved system can make tremendous positive changes in mortality, length of hospitalization, and quality of life. The Department has been instrumental in ensuring that this system is available to all Alabamians. With the activation of the 18-county southeast trauma region in August 2014, the entire state is now covered by the trauma system that was implemented in 2007. The system improves the chances of survival, regardless of the patient's proximity to an urban trauma center. The minutes saved have been shown to reduce the death and disability rate in patients for who prompt medical treatment can make a difference.

Vaccines offer the best-known protection against infectious illnesses. Since the start of widespread vaccinations in the United States, cases of once common childhood illnesses such as measles and diphtheria have declined dramatically. The goal of our Immunization Division is to stop the spread of vaccine-preventable diseases by providing vaccine to the citizens of Alabama; educate medical personnel and the public on the importance of vaccinations; investigate vaccine-preventable disease outbreaks; and ensure children in day care, Head Start, and schools are adequately immunized against diseases that are harmful and sometimes deadly. Maintaining high immunization rates protects our state by interrupting the transmission of disease-causing bacteria or viruses. Protecting the majority of the population with safe, effective vaccines also protects those who cannot be immunized for medical reasons.

The 2014 Ebola outbreak is the largest outbreak of this disease in history. Although there were no confirmed cases of patients with Ebola in Alabama, the Department worked with partners, including the Centers for Disease Control and Prevention, to take steps to ensure that if a case occurred in our state, we would be prepared to respond.

One of the factors to successfully battling breast and cervical cancer is early detection. Screening and diagnostic services are provided statewide through contracted physicians, surgeons, and hospitals and our county health departments. If a patient is diagnosed with breast cancer or cervical pre-invasive or invasive cancer, she is eligible to receive treatment through the Alabama Medicaid Agency. Breast cancer screening includes a free clinical breast exam and mammogram. Cervical cancer screening includes a free

pelvic exam, Pap smear, and HPV test. If needed, diagnostic services such as diagnostic mammograms, ultrasounds, surgical consultations, biopsies, and colposcopies are provided. Since 2001, a total of 1,590 breast cancers and more than 1,138 pre-invasive and invasive cervical cancers have been diagnosed as a result of free screening.

Although we have achieved significant accomplishments in health in our state, there are still steps that we should take to ensure that strides continue to be made.

Smoking kills more than 7,500 adults over age 35 in Alabama each year, and costs the state nearly \$5.6 billion in medical care costs and productivity losses. The passage of smoke-free protections for everyone, increasing the prices of tobacco, and fully funding tobacco prevention programs can cause more people to quit smoking and help more children to never start. This prevention becomes increasingly more important as new studies establish links with cigarette smoking and diabetes, colorectal cancer, and liver cancer.

Lowering the infant mortality rate is a critical part of our efforts to improve public health in Alabama. The infant mortality rate of 8.6 deaths per 1,000 live births in Alabama in 2013 is lower than that recorded in 2012. While disparities in pregnancy outcomes by race persist, the 2013 infant mortality rate for black infants was at its lowest level ever, 12.6. Other significant rate improvements in 2013 include the percent of births to teenagers being the lowest ever recorded at 9.3 percent, and a rate of 2.6 percent for births to teenagers less than 18 years of age. These lower rates are the result of the combined efforts of the Department, Alabama hospitals, and the medical community. As partners, we have worked diligently to decrease elective early term deliveries, as well as increase the levels of prenatal care and better family planning.

As always, in the upcoming year, the Department will work diligently to address health concerns in the state and to ensure that all Alabamians receive quality health care services and information, regardless of social circumstances or the ability to pay. I am convinced that by working with our partners in both the public and private sectors, we will be successful.

Sincerely,



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



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## Value Statement

The purpose of the Alabama Department of Public Health is to provide caring, high quality, and professional services for the improvement and protection of the public's health through disease prevention and the assurance of public services to resident and transient populations of the state regardless of social circumstances or the ability to pay.

The Department of Public Health works closely with the community to preserve and protect the public's health and to provide caring, quality services.

## Authority

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

More than 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.

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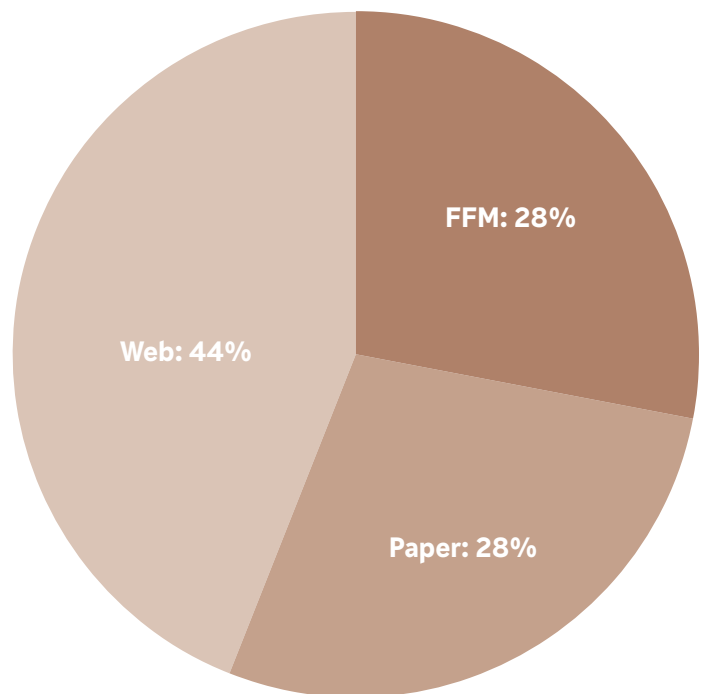
# BUREAU OF CHILDREN'S HEALTH INSURANCE

The Bureau of Children's Health Insurance Program administers the Children's Health Insurance Program (CHIP) known as ALL Kids. The goal of ALL Kids is to provide low-cost, comprehensive health coverage to uninsured children in Alabama.

The Affordable Care Act (ACA) brought several changes in 2014 for ALL Kids. The ACA required changes to income eligibility levels resulting in a group of enrollees transitioning to Medicaid. These children continue to be funded by CHIP. Another change was the development and implementation of a new joint eligibility and enrollment system. The new system allows ALL Kids and Medicaid to process applications more efficiently by sharing one system and enabling both agencies to be in compliance with the ACA. The system interacts with the Federally Facilitated Marketplace (FFM) to accept and refer applicants to the appropriate program meeting the ACA's "no wrong door" requirement. The department's Bureau of Information Technology developed the new system in partnership with ALL Kids and Medicaid. Future system developments will be made by a team outside of the department that will phase in other human service programs offered through the Alabama Medicaid Agency and Department of Human Resources.

The ACA involved new rules for determining program eligibility for ALL Kids and Medicaid. The ALL Kids staff worked closely with the marketplace to ensure that children determined eligible for ALL Kids were properly enrolled. Additionally, a new joint paper application was implemented that can be used for coverage with ALL Kids, Medicaid, or the FFM.

**Figure 1. Applications Received by Month**  
January - September 2014



The program has worked through many challenges this past year to implement requirements of the ACA. Despite those challenges, the program has had a positive impact on the families ALL Kids serves across the state.



# BUREAU OF CLINICAL LABORATORIES

The mission of the Bureau of Clinical Laboratories (BCL) is to lead the state through laboratory science to improve and protect residents' health. The Alabama Public Health Laboratory System collaboratively ensures quality test results for timely diagnosis and treatment of diseases and infections of public health importance for Alabama's citizens. The bureau consists of the Clinical Chemistry, Newborn Screening, Microbiology, Quality Management, Sanitary Bacteriology/Media, STD/Serology, Administrative Support Services, and the Mobile Laboratory Divisions.

## Distribution of Clinical Specimens and Environmental Specimens Received

The BCL, 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, the Environmental Protection Agency (EPA), and Clinical Laboratory Improvement Amendments (CLIA) to ensure quality test results. It offers laboratory testing services through an array of technical specialties and consists of a main laboratory in Montgomery and a specialty testing laboratory in Mobile. Approximately 2 million laboratory tests were performed this year for the more than 800,000 specimens received. The distributions of specimens are depicted in Figures 2 and 3. The number of specimens received, and tests performed, remained relatively the same at both laboratory locations during the past year.

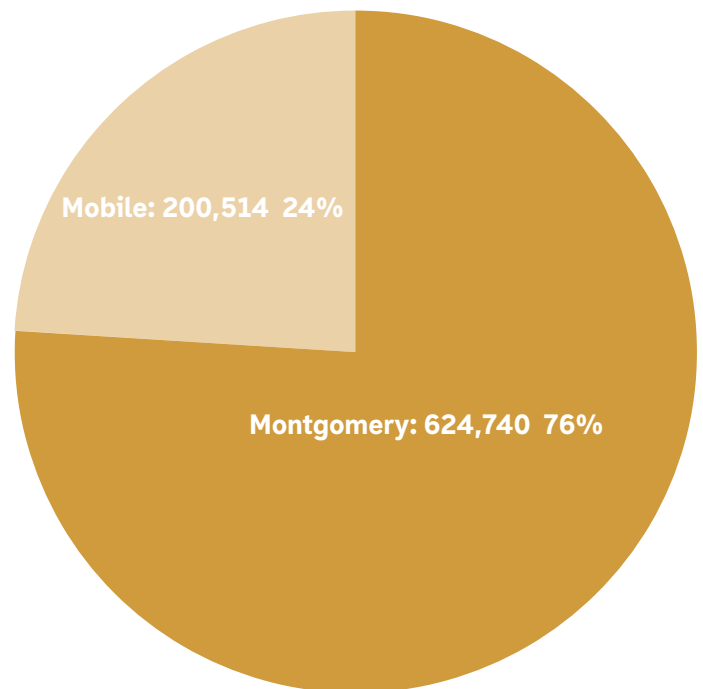
## Improved Information Technology

### *Bureau of Clinical Laboratory Information Management System*

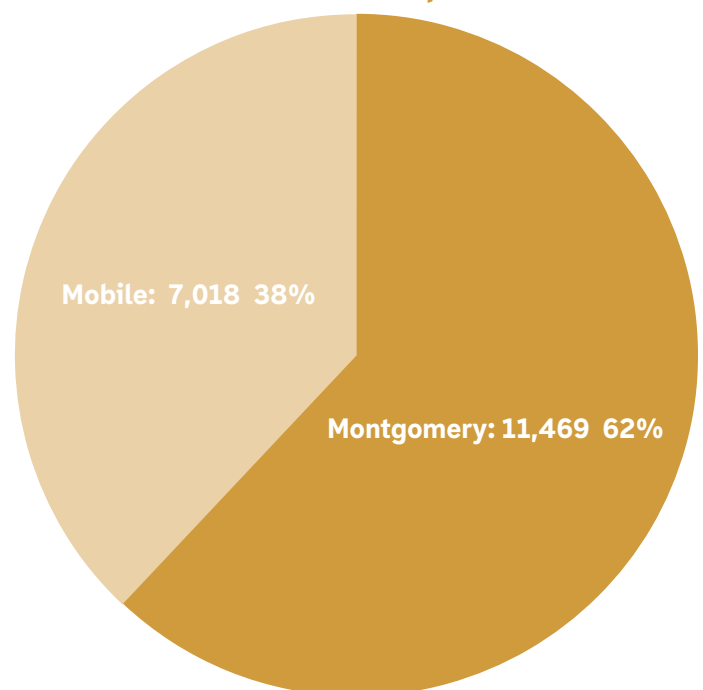
The BCL Chemware Horizon Laboratory Information Management System (LIMS) continues to evolve as new instruments are interfaced. This year, the capacity for electronic reporting of drinking water and recreational beach water to the Alabama Department of Environmental Management was completed in accordance with the EPA cooperative agreement. The rabies testing area is currently being added to LIMS.

As the laboratory is preparing to bill for services, the LIMS system's algorithms were modified to receive data required for laboratory billing. The BCL's Natus Neometrics LIMS system was also adapted for receiving the same type of information. The Chemware Horizon LIMS allows the laboratory to receive, request, and send test reports electronically from county health departments and private submitters which reduces the number of specimens that are manually keyed in, allows near real-time reporting, reduces data-entry errors, decreases turnaround time, and reduces lost report incidents. The Natus Neometrics LIMS does not receive requests for testing but does contain reporting tools that integrate newborn screening results to help facilitate rapid follow-up and intervention.

**Figure 2. 2014 Distribution of Clinical Specimens**



**Figure 3. 2014 Distribution of Environmental Specimens**

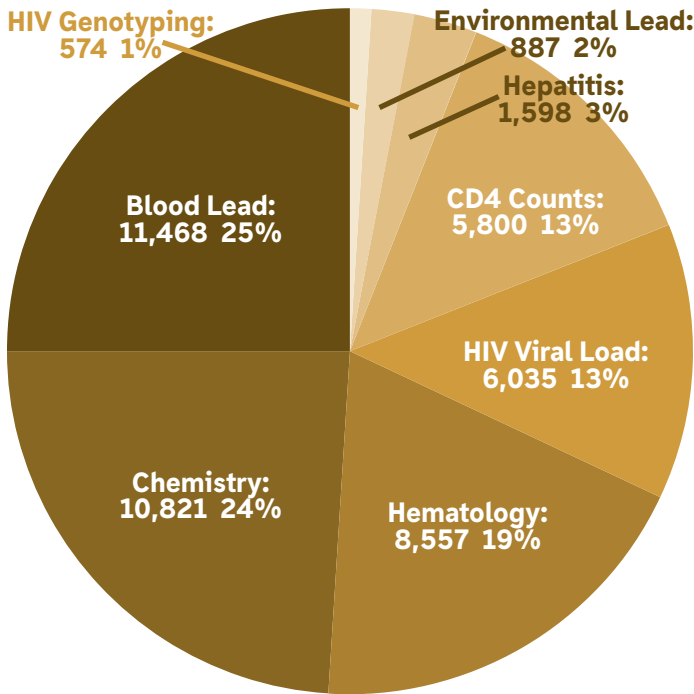


*Clinical Chemistry Specimens Processed and Analyzed*  
The Clinical Services Branch performs routine chemistry profiles, Hepatitis B screenings, complete blood counts (CBC's), CD4/8 T-lymphocyte subset enumeration, and quantitative polymerase chain reaction (PCR) for HIV viral

# BUREAU OF CLINICAL LABORATORIES

loads and HIV genotype testing. Specimens are submitted from county health departments, federally qualified health centers, and community-based HIV treatment programs to support the clinical management of their patients. Lead testing is also conducted in this division in support of the department's childhood lead program. The division processed and analyzed 45,740 specimens during fiscal year 2014 which is a decrease of more than 10,000 from 2013.

**Figure 4. 2014 Clinical Chemistry Specimens**



## Infectious Testing Disease – Microbiology

**Outbreaks:** During the fiscal year, the Parasitology (Intestinal, Blood, and Arthropod parasites) area became fully functioning, with two personnel receiving training at CDC. The laboratory's Reference Bacteriology Section participated in five *Legionella* outbreaks and worked nine foodborne outbreaks.

Many emerging diseases garnered a great deal of attention this past year. The Emerging Infectious Disease (EID) section worked with the Epidemiology Division of the Bureau of Communicable Disease to coordinate with CDC for testing of specimens for Enterovirus-D68, Chikungunya virus, and Ebola virus. The laboratory is certified to perform Ebola testing. This section also tested for malaria, dengue fever, and West Nile virus using molecular testing to rule out some of these emerging diseases.

Influenza testing has been expanded, as Influenza B subtyping has been validated. The BCL now has the capability to distinguish between the Yamagata and Victoria subtypes of Influenza B, as well as all of the circulating strains of Influenza A. Molecular subtyping for

meningococcal disease has been a focus for the laboratory this year. All subtyping for *Haemophilus influenza* and *Neisseria meningitidis* is being performed by Real-Time PCR. This method provides results in a timelier manner than the previous conventional protocols for subtyping.

As participants of PulseNet and CaliciNet, EID tests and uploads fingerprint and sequence data to the national CDC databases daily. Alabama originated cluster investigations for five different *Salmonella* outbreaks, including a *Salmonella senftenberg* outbreak that sickened 32 people. The source of that outbreak was determined to be beans from a fundraising event. Nine positive Norovirus outbreaks were also tested and reported during the 2014 fiscal year.

**Figure 5. Testing Breakdown for Fiscal Year 2014**

	<i>C. botulinum</i>	3
	Total BT Samples	12
	West Nile Virus	4
	16S Sequencing	417
	CaliciNet	10
PCR	Influenza	793
	Norovirus	64
	<i>Bordetella</i>	34
	<i>H influenzae</i>	47
	Malaria	8
	Other Viruses	10
PFGE	<i>Salmonella</i>	1,122
	<i>Shigella</i>	239
	<i>Campylobacter</i>	26
	<i>Listeria</i>	4
	<i>E. coli</i> O157	8
	<i>E. coli</i> non-O157	9
	<i>V. parahaemolyticus</i>	2
	<i>V. cholerae</i>	2

**Preparedness:** The biological and chemical terrorism (BT and CT) laboratories designed and implemented one Homeland Security Exercise and Evaluation Program tabletop exercise and one multi-hazard drill. The CT lab participated in one chemical specific functional exercise. In addition, the entire laboratory took part in a full-scale exercise and functional exercise that tested the laboratory's Continuity of Operations Plan. The state laboratory received



# BUREAU OF CLINICAL LABORATORIES

14 clinical specimens and 1 environmental sample to rule out agents of bioterrorism for fiscal year 2014.

***Tuberculosis (TB) and Fungal Infections:*** The Mycobacteriology Section received 11,022 specimens for isolation and identification of *M. tuberculosis* complex and other *Mycobacteria* species. The technology that the lab has acquired has greatly increased efficiency. The BCL TB Laboratory meets and exceeds every goal set by CDC.

Technology has increased the rapidity with which a TB case is determined. Most recently, the BCL received a smear positive specimen from a college campus and another smear positive specimen from a factory. Both were determined that same day by PCR to be *M. tuberculosis* complex. Since these results were received so quickly, the chance of outbreak was greatly decreased, and TB Control was able to take action to begin appropriate treatment for these patients.

The BCL TB Lab continues to provide genotyping through Michigan Department of Community Health. This genotyping has been especially useful in identifying different strains within the Alabama prison system. The genotyping has shown two distinct strains of TB associated with the prison system; each strain is unique to a particular prison. The genotyping results help to determine where the prisoner contracted the disease and his or her likely contacts.

Specimens submitted to the Mycology Section increased in 2014. In addition to yeasts and fungi, this section detects the presence of Histoplasmosis, Blastomyces, and Coccidioides.

***HIV and STD Testing:*** The total specimens tested in 2014 decreased by 0.9 percent. The incidence rates for Chlamydia, gonorrhea, HIV, and syphilis remained unchanged while the Trichomonas vaginalis incidence rate decreased by 1 percent for women and men attending adult health and STD clinics. The STD testing division received 237,722 specimens and performed 428,671 tests in 2014.

## Mobile Branch Laboratory

***Shellfish/BEACH/Harmful Marine Phytoplankton Branch***

- The marine recreational water testing, BEACH (Beaches Evaluation and Coastal Health) program is an important tool that is used by local communities as they promote Alabama beaches. The laboratory tested 768 coastal Alabama waters with a 7.2 percent positive rate. The program began reporting through the LIMS in March 2014. This effort has been helped by an EPA Informatics grant.
- The Mobile Laboratory continued the harmful algae testing of the required shellfish growing areas and along the Alabama Gulf of Mexico sites. This section provided assistance to the Alabama Department of Environmental Management and the Alabama Department of

Conservation and Natural Resources in their investigations of reported discolored water and fish kills.

- Seafood tissue processing for the Chemistry Division's analyses continued in the third and final year after the Deepwater Horizon oil spill. The Mobile Laboratory prepared 455 samples of finfish, crab, oyster, and shrimp caught in local waters to determine if polycyclic aromatic hydrocarbons or the surfactant used during the oil spill was contaminating the seafood.

## Environmental Branch

- The Drinking Water section tested 4,948 samples for public systems, community systems, and private wells.
- Rabies testing in Alabama yielded 1,547 specimens tested in the central laboratory with 63 positives. The Mobile Division tested 291 specimens with 4 positives. Combined, there were 155 specimens tested with 10 positives more than in fiscal year 2013. Several specimens were virus-typed by CDC including a fox, a dog, and a skunk. All were found to have contracted Eastern Raccoon rabies virus.

## Clinical Branch

- The Mobile Chlamydia Trachomatis-Neisseria Gonorrhoea-Trichomonas Vaginalis section tested 154,749 specimens from county health departments and private providers.
- The Urine Culture and Sensitivity section analyzed 1,800 specimens for potential pathogens. Specimens came from county health departments and private providers.
- The Mobile Syphilis Serology section continued testing sera for syphilis using three methods to fulfill the requirements of the syphilis diagnosis and treatment algorithm.

## 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 1,380 dairy samples to include raw producer and tank truck samples, as well as finished dairy products. Testing was performed on 1,106 fluoride samples. The laboratory tested 6,151 public and private water samples in support of the Safe Water Act under contract with ADEM. To ensure compliance with state and federal standards, 18 public water utility laboratories (EPA) were inspected as well as 7 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.

## 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.

## BUREAU OF CLINICAL LABORATORIES

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 to 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 performed by 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 Care, Immunization, Sexually Transmitted Disease Division (STD), and Tuberculosis Control.

## Epidemiology Division

The Epidemiology Division's (EPI) mission is to protect the residents of Alabama and prevent illness by monitoring and investigating infectious (e.g., Salmonella, influenza, and hepatitis), zoonotic (e.g., rabies, spotted fever rickettsiosis, and West Nile virus), and environmental (e.g., Legionnaires' disease,

**Figure 6. Alabama Notifiable Disease Investigation and Case Counts for 2014 as of December 19, 2014**

Disease	Investigations	Cases
Arboviral Diseases	26	7
Babesiosis	1	1
Botulism, Foodborne	1	0
Botulism, Wound	1	0
Brucellosis	7	0
Campylobacteriosis	417	243
Cholera	2	2
Cryptosporidiosis	137	129
<i>E.coli</i> , Shiga Toxin-producing (STEC)	91	44
Ehrlichiosis/Anaplasmosis	60	19
Giardiasis	201	170
<i>Haemophilus influenzae</i> , Invasive	72	61
Hemolytic Uremic Syndrome Post-Diarrhea	1	1
Hepatitis A, Acute	123	15
Hepatitis B, Acute	897	109
Hepatitis C, Acute	622	33
Hepatitis E, Acute	4	1
Histoplasmosis	66	26
Legionellosis	123	64
Leptospirosis	1	0
Listeriosis	11	9
Lyme	401	60
Malaria	16	14
Q Fever, Acute	5	2
Salmonellosis	1,286	1,126
Shigellosis	589	461
Spotted Fever Rickettsiosis	836	221
<i>Streptococcus pneumoniae</i> , Invasive Disease (IPD)	220	196
Typhoid Fever ( <i>Salmonella typhi</i> )	5	2
Varicella (Chickenpox) > 18 yrs old	394	11
Vibriosis (non-cholera vibrio spp)	22	21

\*Tuberculosis, Immunization, STD, or HIV/AIDS divisions' diseases are not included.

# BUREAU OF COMMUNICABLE DISEASE

chemical, and toxin) diseases, conditions, and exposures.

Figure 6 illustrates the volume of disease reports investigated in 2014 as compared to the number that qualify as cases according to the criteria established by the Council of State and Territorial Epidemiologists (CSTE) and the Centers for Disease Control and Prevention (CDC).

## Outbreak Investigations

An outbreak is defined as two or more similarly ill persons who live in different households and have a common exposure. Notifiable disease reporters must report "outbreaks of any kind" to EPI within 24 hours. During 2014, 108 outbreaks were investigated and several outbreaks created media attention because of the seriousness of the illness and number of people affected. A few outbreaks are highlighted below.

### *Legionellosis Among Employees of a Copper Smelting Plant*

In September 2014, a legionellosis outbreak investigation involving a Wilcox County Copper Smelting Plant was conducted. EPI identified six confirmed cases of *Legionella* among plant employees and the bacteria were isolated from 2 of 11 environmental samples taken during an environmental assessment of the plant. The two samples were from swabs from two cooling towers at the plant. Additional testing of one clinical isolate and the two environmental isolates was performed by CDC. *Legionella pneumophila* subgroup 1 was identified in all three isolates but CDC determined the clinical isolate did not biochemically match the environmental isolates. The epidemiological investigation could not rule out the two cooling towers as sources of infection among identified plant employees confirmed to have legionellosis. Recommendations for the remediation of the identified *Legionella* in the cooling towers and the need to establish a *Legionella* control program at the plant to prevent further outbreaks were made. The department notified the local Occupational Safety and Health Administration (OSHA) office of the investigation and findings.

A fact sheet on legionellosis signs and symptoms was provided to plant employees. The plant is a Chinese factory and the first of its kind in the United States. Because Mandarin is the first language for many of the employees, the legionellosis fact sheet was translated into that language.

### *Salmonellosis Among Patrons at a Mexican Restaurant*

In June 2014, an outbreak of *Salmonella enteritidis* occurred among patrons consuming food purchased between June 4 and 6 from a Franklin County restaurant. Laboratory results identified *S. enteritidis* with matching pulsed-field gel electrophoresis (PFGE) patterns in 30 clinical specimens and one environmental swab of a cooler door handle in the restaurant. At least one secondary case of person-to-person transmission occurred in a family member of a primary case. A complaint inspection of the restaurant conducted

on June 11 identified seven critical violations and resulted in a food establishment score of less than 60 and the closure of the restaurant. The restaurant was required to obtain a score of 85 or above, correct all critical items, and show proof of staff being registered to attend an accredited food safety certification class prior to reopening. Based on the environmental and laboratory findings, the most probable cause of this outbreak is that food became contaminated with *Salmonella* due to improper food handling.

Several recommendations on how to improve food safety and prevent salmonellosis infection were provided by local field surveillance staff and the environmentalist during inspections and case interviews. Recommendations were also provided through news release updates regarding the outbreak to the general public.

### *Chikungunya Cluster Among Haiti Mission Trip Travelers*

In June 2014, EPI was notified of several individuals experiencing flu-like symptoms. Investigation efforts revealed that these individuals were affiliated with churches in Colbert and Lauderdale counties who had gone on a mission trip to Haiti. Five confirmed cases of chikungunya were identified among the mission trip travelers. It was unknown whether the group used insect repellent or netting while in Haiti to prevent transmission. It is also unknown whether other individuals that traveled to Haiti in these groups experienced similar symptoms and infection with chikungunya virus.

Chikungunya virus is a type of arboviral transmitted to people by mosquitoes that have fed on a person infected with the virus. These infected mosquitoes then spread the virus to other humans when they bite. The incubation period can range from 2 to 12 days, but is usually 3 to 7 days. Currently, no vaccine or specific antiviral treatments are available for the virus.

### *Legionellosis Among Patients in an Alabama Hospital*

In May 2014, EPI, in collaboration with Jefferson County Department of Health and CDC, investigated a nosocomial legionellosis outbreak in a leukemia unit at a hospital. *Legionella* is a bacteria that is not passed person to person; rather it is present in the environment and infects susceptible individuals who breathe it in as part of an aerosolized mist. Nosocomial, also known as healthcare-associated infections, occur when individuals acquire an infection in a health care setting. For legionellosis cases, they are classified as definitely nosocomial when the infected individual has not left the health care setting within the 2 to 10 days prior to onset. Nosocomial *Legionella* infections are of particular concern in vulnerable populations with weakened immune systems, such as hospital patients. Ten cases of legionellosis associated with the leukemia unit were identified; nine were inpatients and one was a visitor. Five cases were classified as definitely nosocomial because they did not leave the hospital in the 2 to 10 days prior to onset. Extensive environmental testing was performed.

# BUREAU OF COMMUNICABLE DISEASE

Samples from nine locations on the floor grew *Legionella*, which was a 100 percent match to two patient specimens. The hospital developed and implemented mitigation and remediation efforts to remove the threat of *Legionella* from the water. No new cases were identified after June 2013.

## Enterovirus D68 (EV-D68)

During 2014, the U.S. experienced a nationwide outbreak of enterovirus D68 (EV-D68) associated with severe respiratory illness. From early-September to mid-November 2014, the department evaluated 80 patients as part of this ongoing investigation and sent 50 specimens to CDC, having met CDC testing criteria for EV-D68. Eleven (22 percent) specimens were positive for EV-D68 from seven counties: Franklin, Houston, Jefferson, Madison, Marion, Mobile, and Tuscaloosa. Approximately 24 percent of specimens tested positive for a rhinovirus or enterovirus other than EV-D68, 4 percent tested positive for Coxsackie virus B, and 36 percent tested negative for EV-D68. Three specimens were submitted for testing and associated with neuro-illness; only one was positive for EV-D68. Toward the end of fall 2014, with the increase of other respiratory virus (influenza), EV-D68 infections were declining and testing priority was given to the most serious cases, such as pediatric intensive care unit patients or those associated with fatalities, as well as from states with no confirmed cases.

## Influenza Activity

During the 2013-2014 influenza season (September 29, 2013-May 17, 2014), 28.8 percent of 781 specimens received at the BCL tested positive for influenza. To date, of the 92 specimens received since the start of the 2014-2015 influenza season (September 28, 2014-May 23, 2015), 44.5 percent have been positive for influenza.

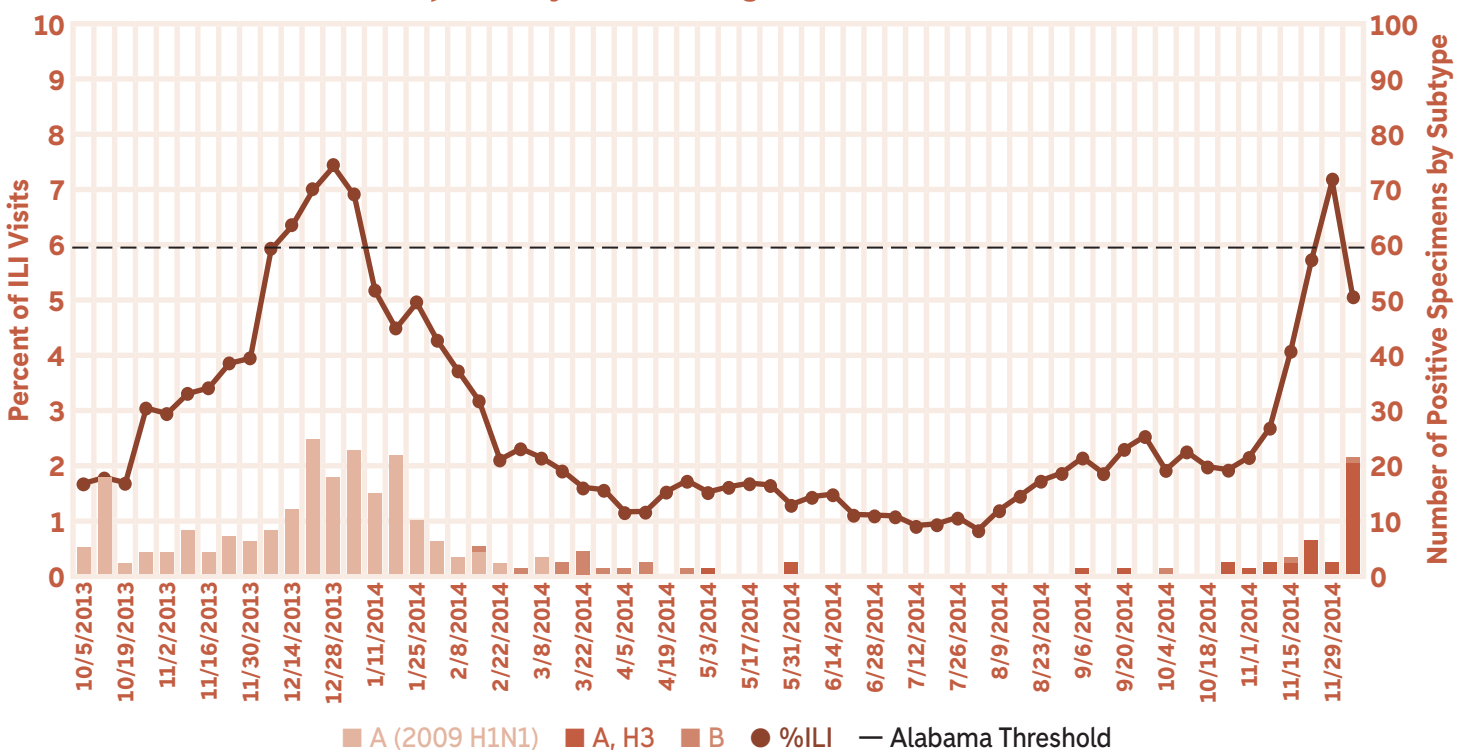
Each week, an average of 24 medical providers report to CDC the percentage of patient visits attributable to influenza-like illness (ILI). Information illustrated in this section, in addition to positive specimens received, is essential to Alabama in maintaining situational awareness for influenza.

## Arboviral (Mosquito-borne) Surveillance

In 2014, 25 confirmed or probable positive human arboviral cases were reported in Alabama. The majority were chikungunya (18) and dengue (3) cases in travelers returning from Haiti. Additionally, one Eastern equine encephalitis (EEE), one St. Louis encephalitis (SLE), and two West Nile fever (WNF) confirmed or probable cases were noted.

Limited surveillance programs such as mosquito testing and the use of sentinel chickens currently exist in Alabama. Mobile County reported three EEE positive and one West Nile virus

**Figure 7. Positive Influenza Specimens Received at the BCL and Percentage of Visits with Influenza-like Illness (ILI) Reported by Week Ending Date, Alabama, October 2013-December 2015**





# BUREAU OF COMMUNICABLE DISEASE

(WNV) positive sentinel chickens. Although horses are not considered to be the most effective sentinels, EPI partners with the Alabama Department of Agriculture and Industries and its veterinary laboratories to identify positive horses that are tested. A total of four horses were reported positive for EEE and one for WNV.

**Figure 8. Investigation and Case Counts for 2014 (As of December 22, 2014)**

Arboviral Disease	Number of EPI Investigations	Number of Cases
Chikungunya Virus	29	18
Dengue Fever	10	3
Eastern Equine Encephalitis	1	1
Japanese Encephalitis	1	0
St. Louis Encephalitis	3	1
West Nile Encephalitis	4	0
West Nile Fever	10	2

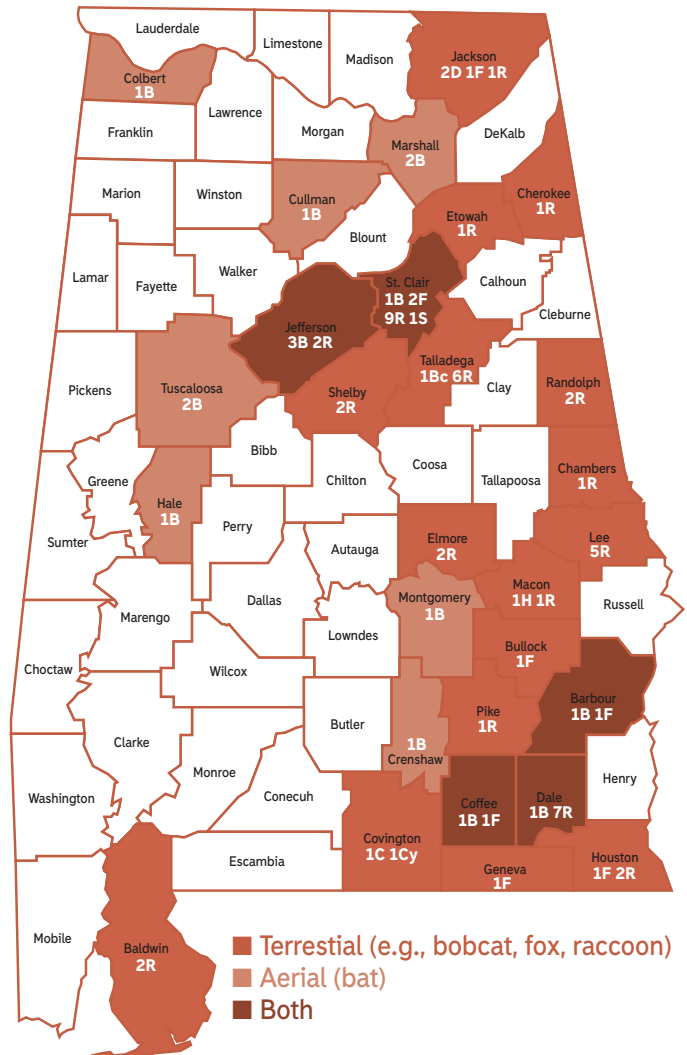
## Rabies

In 2014, the department investigated approximately 6,600 potential rabies exposures, mostly bites and scratches, and tested 1,838 specimens resulting in 76 positives. The total number of positives for 2014 has increased significantly for the first time in four years; the total for 2013 was 39 positives. This could partly be attributed to an increase in the total number of samples tested - 600 more samples than last year; but most likely a result of the slight westward geographical shift of the raccoon rabies variant into densely populated areas. The areas of Jefferson, Shelby, and St. Clair have had increased positives for the past two years. The densest area of positives was located in St. Clair County, which had 13 positive laboratory tested animals. The other area of most concern is Jackson County which had four positives, including two dogs. The department continues to partner with the USDA Wildlife Services to monitor the movement and develop rabies reduction strategies that include testing, population reduction, and vaccination. Department staff tested 16 positive bats this year and continues to stress bat rabies awareness to the public through various media outreach strategies.

## Healthcare-Associated Infections

Health care in Alabama continues to make significant progress towards infection prevention and has been highlighted in CDC's Annual Progress Report of Healthcare-Associated Infections Nationally and Statewide; released March 26, 2014. The report provided state-by-state analysis on four categories of infections reported to CDC's infection database. Alabama was one of only two states in the nation performing better than the national infection ratio in three of

**Figure 9. Animal Rabies Specimens Testing Positive of 1,838 Specimens Submitted 2014 (As of December 30, 2014)**



Bat	16
Bobcat	1
Cat	1
Coyote	1
Dog	2

Fox	8
Horse	1
Raccoon	45
Skunk	1
<b>Total</b>	<b>76</b>

four infection categories (no state performed better than the national baseline in all four infection categories).

The 2013 Annual Healthcare-Associated Infections (HAIs) Report released in late 2014 highlights Alabama's third year that infection measure data has been reported. Overall, Alabama's hospitals performed better than the national average for surgical site infections (colon surgeries and

# BUREAU OF COMMUNICABLE DISEASE

**Figure 10. Hospital - Associated Infections Reported to the Department in 2013**

Number of Alabama Hospitals Reporting	Number of Days* or Procedures**	Number of Healthcare-Associated Infections	Ratio of Actual to Predicted Infections (SIR)***	Overall Hospital Performance Compared to National Performance
<b>CAUTIs</b>				
89	183,259	201	0.635	Better
<b>CLABSIs</b>				
72	120,765	127	0.528	Better
<b>SSIs associated with Colon Surgeries</b>				
72	5,756	187	0.535	Better
<b>SSIs associated with Abdominal Hysterectomies</b>				
60	7,023	71	0.571	Better

\*Central Line Days: The sum of patients per day with a central line in general medical, surgical, and medical/surgical intensive care units.

\*\*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.

abdominal hysterectomies), catheter-associated urinary tract infections (CAUTIs), and central-line blood stream infections.

## HIV/AIDS Division of Prevention and Care

The mission of the HIV/AIDS Division of Prevention and Care is, in collaboration with community partners, to reduce the incidence of HIV infections, to increase life expectancy for those infected, and to improve the quality of life for persons living with or affected by HIV.

At the end of 2012, 11,815 Alabama residents were known to be living with HIV and 4,838 (41 percent) had progressed to AIDS. CDC estimates 18 percent of persons infected with HIV are unaware of their status. Applying this prevalence estimate suggests 14,426 Alabama residents may be infected with HIV. There are persons living with HIV in every county in Alabama. The number continues to increase each year. African Americans continue to be disproportionately affected by HIV in Alabama. Comprising 26 percent of the population, 68 percent of newly diagnosed HIV infections occurred in African Americans during 2012.

In response to the increase in cases, the division continues to create collaborations with providers and people living with HIV. The HIV Prevention and Care Planning Group (HPCG) meets quarterly to discuss the quality and quantity of HIV prevention events and treatment services throughout Alabama. The HPCG members represent communities from across the state. They are able to take the best ideas from the group, create and implement strategies that would work better in their communities to decrease infections rates, and increase access to care.

Successful collaborations for 2014 included prevention education, testing events, patient referral, and linkage to treatment and support services. HPCG members all over the state worked in collaboration with the department, Walgreens Pharmacy, and the Greater Than AIDS Campaign to host a three-day testing event that included education and linkage to care services. The department, Black AIDS Institute, and the Greater Than AIDS Campaign, came together to create and implement the "Alabama Testing Tour 2014." Staff traveled to three cities in the state - Montgomery, Selma, and Birmingham - to offer testing, linkage to care, and prevention information. Many additional education and testing events take place across the state on an ongoing basis. The primary goal for all of the provider collaborations, HIV testing, and educational events is to test as many people as possible so that they will know their HIV status, use this information to manage their health, and live their best life. As of October 2014, the Alabama Drug Assistance Program (ADAP) has enrolled 1,743 clients. This year the division initiated plans to expand the ADAP program to offer insurance assistance.

## Immunization Division

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

The division provides vaccine to the public using state and federal funds. The division manages the Vaccines for

# BUREAU OF COMMUNICABLE DISEASE

Children Program (VFC), which is a federal entitlement program that provides vaccine at no cost to children under 19 years of age who are uninsured, Medicaid-eligible, underinsured, American Indian, or Alaskan Native. As of December 2014, there were 540 public and private providers enrolled in Alabama's VFC program, with over \$60 million worth of vaccines distributed to providers actively vaccinating children and adolescents throughout the state. Immunization staff continues to perform site visits and standards audits for enrolled providers to promote proper vaccine storage and handling, accurate and safe administration of vaccine, and vaccine coverage improvement.

Distribution of seasonal influenza vaccine to the state began in October 2014. A total of 299,000 doses of seasonal influenza vaccine were purchased by the Immunization Division, including 249,000 doses to VFC providers for eligible children. Presentations available included inactivated and live, preservative-free and preservative-containing, as well as pediatric and adolescent/adult formulations.

Alabama's population-based immunization registry, ImmPRINT, continues to grow and reach out to more vaccination providers across the state. ImmPRINT has increased to include over 4.9 million individual patient records with over 44 million doses in their vaccination histories. In 2014, contributors to the data in ImmPRINT continue to include the Alabama Center for Health Statistics, Blue Cross Blue Shield of Alabama, the Alabama Medicaid Agency, 101 county health departments, 88 federally qualified health centers, 61 rural health centers, 862 private physician offices, 77 hospitals, and others including 248 pharmacies and 4 youth centers. In addition to these changes, HL7 data exchange with private providers and Blue Cross began in January 2011 and is ongoing. Providers are strongly encouraged to participate.

The Immunization Division annually conducts a School Entry Survey in conjunction with the Alabama Department of Education and a Day Care/Head Start Survey in cooperation with the Alabama Department of Human Resources. These surveys evaluate the immunization status of all children to ensure they have a current Certificate of Immunization or a valid exemption on file. During the 2013-14 school year,

all public and private schools in the state responded to the School Entry Self-Survey, while 44 percent of day care and Head Start centers in the state responded to the self-survey. To validate the surveys, each year staff audit at least 25 percent of the schools, day care, and Head Start centers in Alabama. As of March 2014, 449 schools and 414 child care centers were visited. By December 2014, another 413 daycares were audited totaling 827 daycares that were validated. Of the records reviewed, 93.4 percent of school students and 85.3 percent of the child care center children were found to have a valid certificate on file.

As part of the Immunization Division's surveillance and outreach to monitor and prevent the spread of vaccine-preventable diseases, staff investigate vaccine-preventable diseases reported by physicians, laboratories, schools, day cares, and the general public. The numbers of pertussis (whooping cough) cases reported as of December 2014 increased from 2013; 278 cases were investigated as confirmed or probable, 204 confirmed and 74 probable cases, compared with 194 cases investigated as of December 2013, with 97 classified as confirmed and 97 classified as probable. Three possible cases of mumps were investigated resulting in one suspected, two probable, and zero confirmed cases in the state. As of December 2014, 93 cases of chickenpox were investigated, 36 cases were confirmed, a slight decrease from the 42 cases in 2013. As of December 2014, the division's Perinatal Hepatitis B program provided case management for 91 infants born to mothers who were reported as positive for hepatitis B, 59 of those were identified prospectively. Immunization staff is in constant contact with hospitals and physicians to emphasize the importance of identifying possible hepatitis B cases to hasten intervention and prevention of further cases.

In 2012, the Immunization Division secured a CDC grant to help vaccinate adults against hepatitis B disease. Additionally, it allows the division to provide vaccinations to high-risk populations, therefore preventing the spread of disease, while increasing collaboration with county health departments statewide. The grant also allows the Immunization Division to further collaborate with the health care providers who are providing care to these individuals. As of September 2014, of the 20,000 doses ordered, 13,941 doses were administered.

# BUREAU OF COMMUNICABLE DISEASE

**Figure 11. Confirmed Vaccine-Preventable Disease Cases in Alabama**

Disease	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Measles	0	0	0	0	0	0	0	0	0	0	0
Mumps	1	5	6	3	4	5	4	2	0	0	0
Rubella	0	0	0	0	0	0	0	0	1*	0	0
Tetanus	0	0	0	1	0	1	0	1	0	0	0
Pertussis	10	78	60	40	20	198	94	68	117	98	204
Polio	0	0	0	0	0	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0	0	0	0	0	0
Varicella			78	452	706	232	114	96	46	42	36

\*Congenital Rubella Syndrome

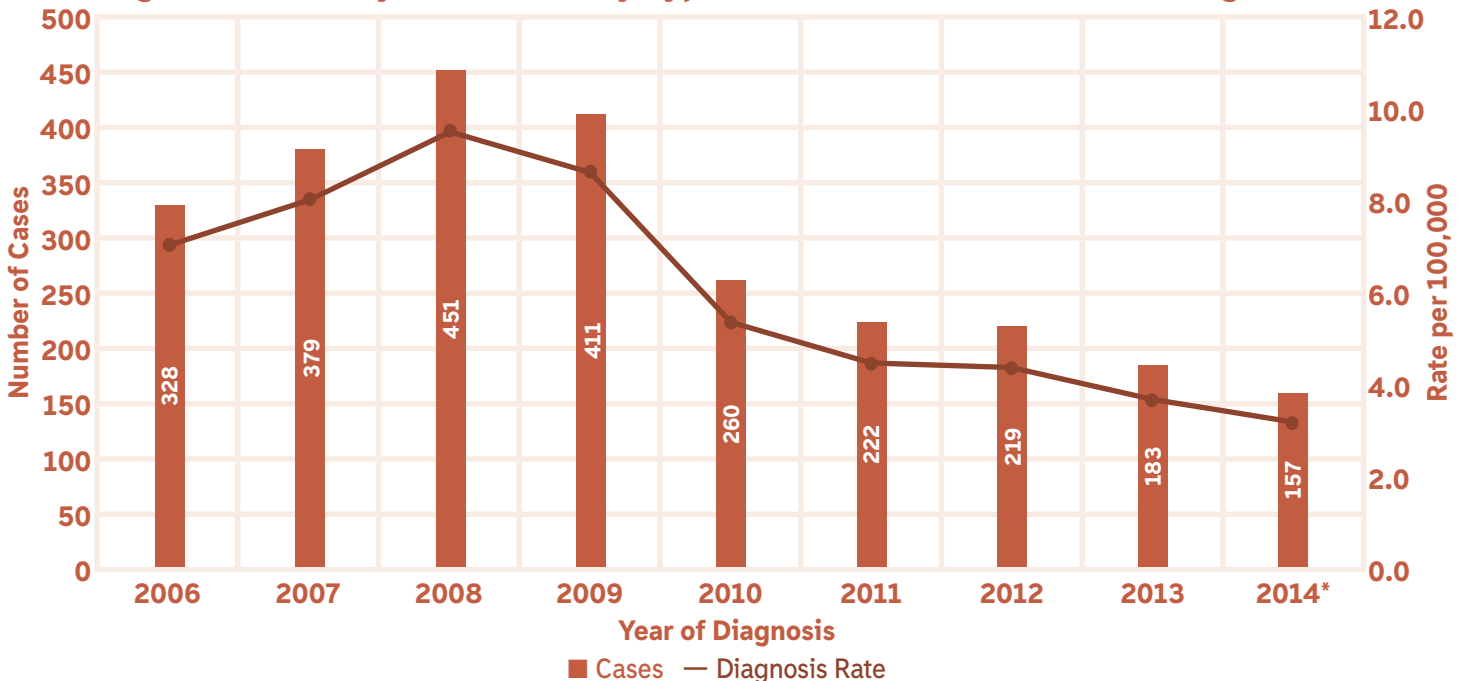
## STD DIVISION

### Primary and Secondary Syphilis

Syphilis is one of the three most commonly reported STDs. It is caused by the bacterium *Treponema pallidum* and is transmitted through contact with an infected genital ulcer. These ulcers also facilitate the sexual transmission

and contraction of HIV. The primary and secondary stages are the most infectious stages of syphilis. Penicillin G is the preferred drug for treating all stages of syphilis. The preparation, dosage, and length of treatment depend on the stage and clinical manifestation of the disease.

**Figure 12. Primary and Secondary Syphilis Cases, Alabama, 2006 through 2014**



- In 2014\*, the primary and secondary (P&S) syphilis case rate in Alabama was 3.3 per 100,000 population.
- CDC recently released the Sexually Transmitted Disease Surveillance Report for 2013. Although the number and rate of P&S infection continue to decline, Alabama ranked 23rd in the Nation in P&S syphilis rate.

# BUREAU OF COMMUNICABLE DISEASE

**Figure 13. Primary and Secondary Syphilis Cases, Alabama 2014\***

	Cases	Percent	Rate per 100,000
Total	157	100%	3.3
<b>Gender</b>			
Female	15	9.6%	0.6
Male	142	90.5%	6.1
<b>Race/Ethnicity</b>			
Black/African American	99	63.1%	7.9
White	43	27.4%	1.3
Hispanic	3	1.9%	-
Multiracial	1	.6%	-
Unknown	11	7.0%	-
<b>Age Group</b>			
10-14	1	0.6%	-
15-19	16	10.2%	-
20-24	46	29.3%	-
25-29	41	26.1%	-
30-34	14	8.9%	-
35-39	14	8.9%	-
40-44	9	5.7%	-
45-49	7	4.5%	-
50+	9	5.7%	-
<b>PHA*</b>			
1	5	3.2%	1.7
2	23	14.8%	2.9
3	6	3.9%	2.2
4	45	29.0%	6.8
5	14	9.0%	2.6
6	9	5.8%	2.6
7	2	1.3%	1.4
8	21	13.6%	3.3
9	6	3.9%	1.7
10	12	7.7%	3.7
11	12	7.7%	2.9

2014\* Incomplete Data. Two cases did not have identified areas.

- In 2014\*, there were 157 P&S syphilis cases diagnosed in Alabama, a 14.2 percent decrease compared to 183 cases diagnosed in 2013.
- Approximately 63.1 percent of the 2014\* P&S syphilis cases with reported race were black, reflecting the significant health disparity that exists in Alabama.
- In 2014\*, 90.5 percent of P&S syphilis cases with reported sex were male. More than 75.2 percent of cases occurred in persons under the age of 35.
- The greatest number of new P&S syphilis cases (45) and the highest case rate (6.8 per 100,000 population) occurred in Public Health Area 4 (Jefferson County).
- A greater focus on follow-up occurs with syphilis cases, including the provision of partner services by disease intervention specialists.

## Tuberculosis (TB) Control

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

In 2014, the Division of TB Control evaluated 234 persons suspected of having tuberculosis, eventually ruling out disease in 101 suspects and confirming active TB disease in 133 patients. This figure represents a 23 percent increase in confirmed cases from the previous year.

The 10-year trend in confirmed cases illustrated in Figure 14 reveals an accelerated decline in cases of tuberculosis, a 38 percent decline from 2004 to 2014, when compared to the previous 10-year period (a decline of 40 percent) from 1994 to 2004.

In addition to the identification, evaluation, and treatment of persons with active tuberculosis, the division seeks to prevent future cases through prompt identification and evaluation of contacts at risk for exposure, and to assure the initiation and completion of preventive therapy for those contacts found to be infected. Preliminary data for 2014 reveals that 4,144 contacts to persons with suspected or confirmed tuberculosis were identified, and that 3,114 (75 percent) of these persons were fully evaluated. Of this number, initial reports indicate that 99 persons were placed on treatment for latent TB infection by division staff.

The division continues to place great emphasis on the identification of persons at high risk for progression to active TB disease. Treating these persons preventively protects the community at large from further spread and is

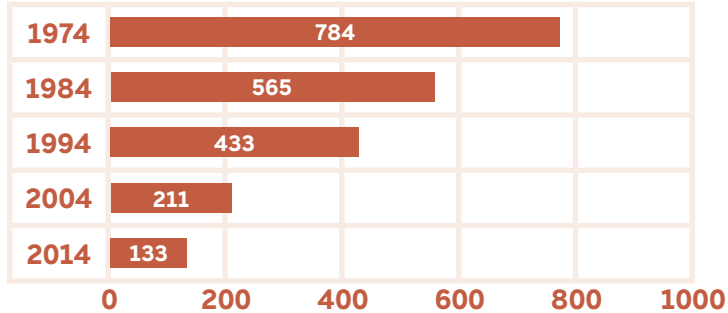


# BUREAU OF COMMUNICABLE DISEASE

very cost-effective. A key aspect of this preventive effort can be found in the department's partnership with staff in the Alabama Department of Corrections. TB Division

staff continue to educate inmates about the importance of preventive therapy. Figure 17 illustrates the steady increase in compliance with therapy following discharge.

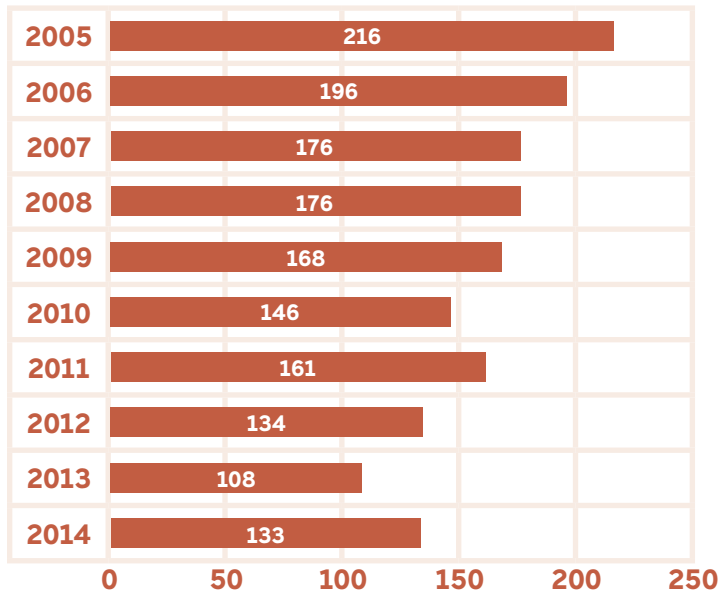
**Figure 14. Historical Trend of Tuberculosis Cases in Alabama**



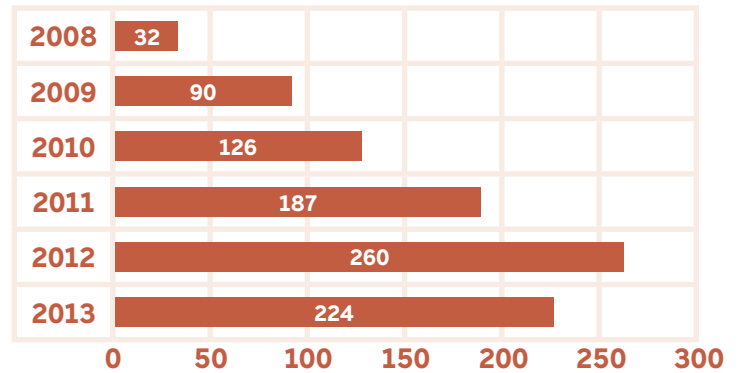
**Figure 15. Demographics for Confirmed TB Cases in Alabama, 2014**

Age	Race / Ethnicity	Gender	Nativity
0-4 = 5 (3.8%)	White = 45 (33.8%)	Male = 93 (69.9%)	U.S. Born = 109
5-14 = 3 (2.3%)	Black = 69 (51.9%)	Female = 40 (30.1%)	Foreign Born = 24
15-24 = 8 (6.0%)	Asian = 10 (7.5%)		
25-44 = 38 (28.6%)	Other = 9 (6.8%)		
45-64 = 47 (35.3%)			
65+ = 32 (24.0%)	Hispanic = 11 (8.3%)		

**Figure 16. Tuberculosis in Alabama, 2005 through 2014**



**Figure 17. Number of Inmates Seeking Continuity of Therapy**



Note: Analysis of the apparent decline in the number of inmates seeking continuity of care reported in 2013 is thought to be a reflection of the fact that there were no new cases of active tuberculosis reported in Alabama's state prison system in 2013. Thus, with no new active cases of TB, there is no transmission of TB and, therefore, fewer individuals were diagnosed with TB infection to seek care and treatment outside of the prison system in 2013.

# 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. OEMS investigates complaints and may exercise its authority to deny, place on probation, suspend, or revoke licensure when statutory or regulatory violation is substantiated.

**Figure 18. Emergency Medical Services Personnel – Personnel Licensed by OEMS by License Type**

Liscense Type	Number of Personnel
Advanced EMT	782
Emergency Medical Responder	69
Emergency Medical Technician	6,450
Intermediate	308
Paramedic	4,491
<b>Total</b>	<b>12,100</b>

## Alabama Trauma and Health System

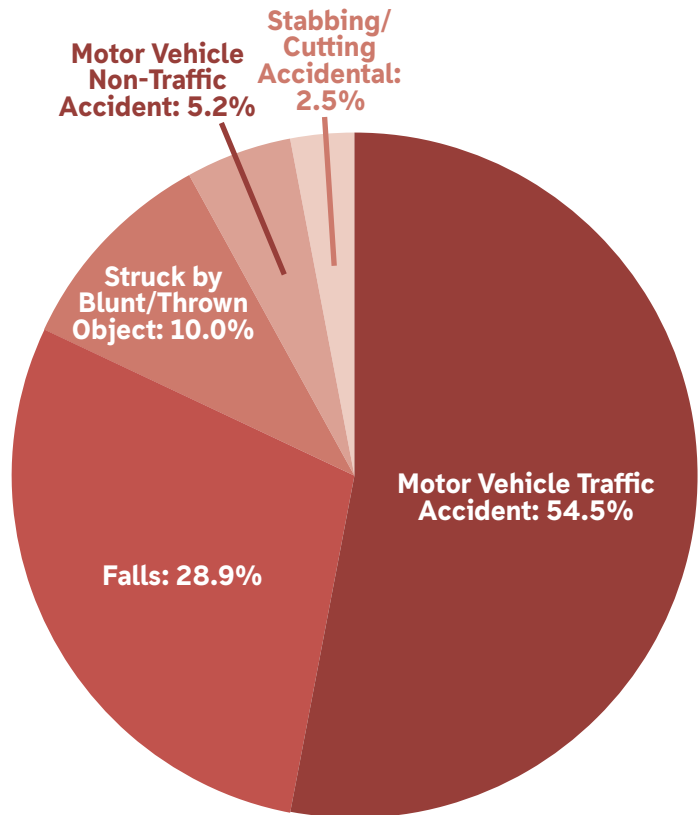
The Alabama Trauma and Health System, which is a part of OEMS, is continuing the success of the Alabama Trauma System by welcoming the participation of the Southeast Region, making the trauma system operational in all six EMS regions. In addition, activation of the pilot Stroke System in the Southeast Region is helping to save lives and reduce the burden of stroke. The primary goal of the Stroke System is to maintain a stroke emergency care system that results 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. Because tPA has to be administered within the first few hours of Acute Ischemic Stroke onset, the system will improve the chances of survival regardless of proximity to an urban stroke center. The stroke system is voluntary and soon all Alabama EMS regions statewide will be encouraged to participate.

## 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 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 guidelines, is available on prehospital emergency vehicles that transport children.

**Figure 19. Five Most Common Causes of Injury in 2014 (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 paramedics 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 20. Five Most Common Primary Impression Criteria**

Primary Impression Type	Count of Events
Traumatic Injury	70,194
Respiratory Distress	37,035
Abdominal Pain/Problems	33,824
Chest Pain/Discomfort	32,891
Altered Level of Consciousness	29,005

# CENTER FOR EMERGENCY PREPAREDNESS

The Center for Emergency Preparedness (CEP) is responsible for coordinating disaster preparedness for the department and serves as the coordinating entity for Emergency Support Function 8, Health and Medical, for the state during emergency responses.

CEP is funded by two federal grants. CDC provided \$9,011,117 to the Alabama Department of Public Health in 2013-2014 in a cooperative agreement to provide overall direction to and management of the department's assessment, planning, and response to acts of terrorism; outbreaks of disease; and other public health threats and emergencies, such as meteorological, geological, chemical, and radiological disasters.

The Assistant Secretary for Preparedness and Response Hospital Preparedness Program provided \$5,422,089 in a cooperative agreement with the department. These funds were designated to enhance health care system capacity and preparedness for naturally occurring disaster or terrorist action resulting in mass casualties.

In 2014, CEP moved its logistics operations into a new Logistics Center which includes a specially designed warehouse and an alternate emergency operations center. This new facility has improved the department's ability to receive, store, and deploy resources in response to a natural or manmade disaster.

CEP staff exercised the alternate emergency operations center to test its capability and capacity to meet the needs of the department should the main offices and emergency operations center be damaged or otherwise unavailable. This exercise revealed that the new facility will meet the needs of the department to manage the health and medical response of the state during a disaster.

CEP conducted a full-scale exercise to demonstrate the department's ability to receive, store, and ship the Strategic National Stockpile should that resource be needed within the state. The facility, staff, and plan were all successfully tested. A few corrective actions were identified and will be addressed during 2015.

# 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.

## Environmental Operations Branch

This branch creates the infrastructure for the bureau by creating solutions to problems before they affect the state's environmental program through the development of environmental guidelines, policies, and performance standards that measure the efficiency and productivity of the state's environmental programs.

## Division of Food, Milk, and Lodging

### *Food and Lodging Branch:*

- 53,515 inspections were conducted at food establishments and 2,698 complaints received from the public concerning food establishments were investigated
- 1,054 hotel inspections were conducted and 292 complaints received from the public concerning hotels were investigated
- 365 body art facility inspections were conducted and 119 complaints received from the public concerning body art facilities were investigated

*Milk and Food Processing Branch:* There were 13,876 tests reviewed and documented on samples collected for the presence of antibiotic drug residue in milk.

There were 1,030 Certificates of Free Sale issued allowing out-of-country sales of Alabama produced food and milk products.

*Seafood Branch:* The branch collected and analyzed 131 water samples in shellfish growing areas of Mobile Bay.

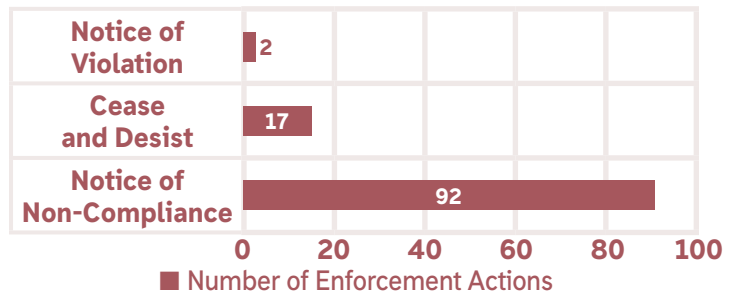
## Division of Community Environmental Protection

The Onsite Sewage Branch issued 11,268 permits to install and repair onsite sewage systems and a total of 8,322 onsite sewage systems were issued an Approval for Use.

The Solid Waste/Vector Program provides information and education 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. For fiscal year 2014, 2,797 solid waste complaints and 2,418 vector control complaints were investigated.

The Indoor Air Quality/Lead Branch surveyed 78 homes of children with elevated blood lead levels for lead hazards. More than 350 lead renovation and abatement contractors were certified; 131 abatement and renovation inspections were completed; and 111 enforcement actions were taken including the issuance of 17 Cease and Desist orders. Ninety-four notices were issued to non-certified companies resulting in approximately 36 percent obtaining required lead certifications.

**Figure 21. Fiscal Year 2014 Lead Certification Enforcement Actions**



# BUREAU OF FAMILY HEALTH SERVICES

The Bureau of Family Health Services protects and promotes the health and safety of women, infants, children, youth, and their families in Alabama through assessment of community health status, development of health policy, and assurance that quality health services are available. The bureau consists of the following divisions: Women, Infants, and Children (WIC); Cancer Prevention and Control; Children's Health; and Women's Health.

## Women, Infants, and Children (WIC)

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 documented nutrition risk. 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.

In 2014, the program successfully implemented the Crossroads State Agency Model Management Information System. Crossroads is a comprehensive WIC record that automated many clinic and state office procedures. The Crossroads system was designed and developed by WIC agencies from Alabama, North Carolina, Virginia, and West Virginia in partnership with the United States Department of Agriculture.

## Oral Health

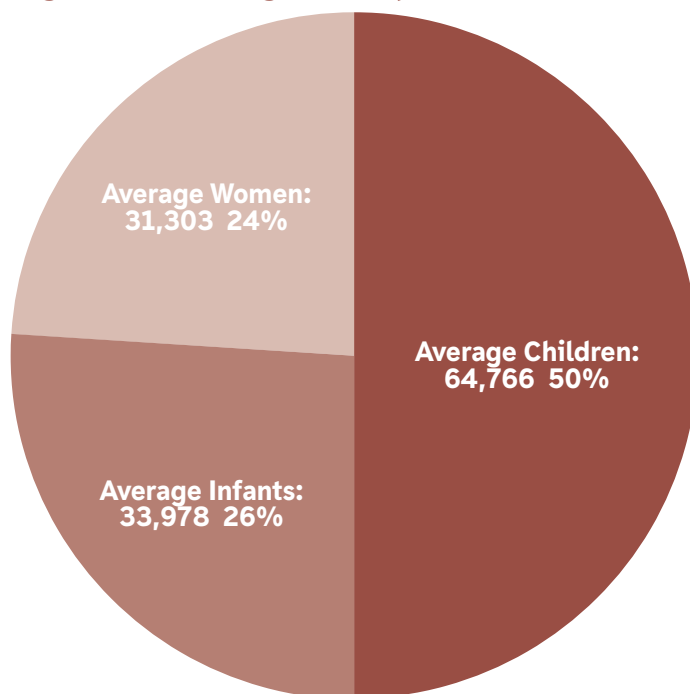
Community water fluoridation is the single, most effective public health measure to prevent tooth decay. CDC named community water fluoridation as one of ten great public health achievements of the twentieth century. Studies conducted throughout the past 65 years have consistently shown that fluoridation of community water supplies is safe and effective in preventing dental decay in both children and adults. Simply by drinking water, children and adults can benefit from fluoridation's cavity protection, whether they are at home, work, or school. Fluoridation saves money; an individual can have a lifetime of fluoridated water for less than the cost of one dental filling. Currently, 78.4 percent of the state has fluoride added to the community water supplies.

The Oral Health Branch promoted the positive benefits of adding fluoride to drinking water supplies during a Surface Water Conference hosted by the Alabama Department of Environmental Management. CDC, in partnership with the Association of State and Territorial Dental Directors, awarded a total of 78 Alabama water systems with Certificates of Appreciation for providing optimal levels of fluoride to Alabama citizens for 12 consecutive months in 2013. These awards were presented by the Oral Health Branch during the conference. The Oral Health Branch also made a pro fluoride presentation at the Alabama Rural Water Association

**Figure 22. WIC Food Instrument Redemptions by Public Health Area**

Area Number	FY 2014 Area WIC Redemptions
Area 1	\$7,018,187.20
Area 2	\$17,420,238.09
Area 3	\$5,785,292.93
Area 4	\$11,810,159.43
Area 5	\$9,793,580.77
Area 6	\$8,023,615.22
Area 7	\$4,078,628.59
Area 8	\$14,136,489.22
Area 9	\$7,936,956.67
Area 10	\$7,428,274.37
Area 11	\$10,277,750.67
<b>Total</b>	<b>\$109,682,748.95</b>

**Figure 23. Average Participation for WIC, 2014**



(ARWA) annual meeting. ARWA is a non-profit organization representing water and wastewater systems serving rural communities and towns and those commercial firms which support these systems.

Figures 24 and 25 list the Quality Award Recipients.



# BUREAU OF FAMILY HEALTH SERVICES

**Figure 24. Surface Water Fluoridation Quality Awards Recipients, 2013**

Albertville Utilities
Anniston Water Works and Sewer Board
Arab Water Works Board
Central Elmore Water Authority
Chattahoochee Valley Water Supply
Colbert County Rural Water System
Cullman Utilities Board
Decatur Utilities
Fayette Water Works Board
Five Star Water
Guin Water and Sewer
Gadsden Water Works
Guntersville Water Works and Sewer Board
Huntsville Utilities
LaFayette Water Works
Mobile Area Water Service System (Stickney)
Mobile Area Water Service System (Meyers)
Montgomery Water Works
Muscle Shoals Water Department
Opelika Water Works Board
Phenix City Utilities
Pine Hill Water Department
Russellville Water and Sewer Board
Russellville Water and Sewer Board-Treatment Plant
Section-Dutton Water System
Sheffield Utilities Department
Shelby County Water Services
Smiths Water and Sewer Authority
Talladega-Shelby Water Treatment Plant
Trussville Utilities
Tuscaloosa Water and Sewer (Ed Love)
Tuscaloosa Water and Sewer (Jerry Plot)
Tuscumbia Water Works
Tuskegee Utilities Board
Warrior Utilities Board

**Figure 25. Ground Water Fluoridation Quality Awards Recipients, 2013**

Atmore Utility Board
Daleville Water and Sewer Board
Daphne Utilities Board (Well #1)
Daphne Utilities Board (Well #2)
Daphne Utilities Board (Well #6)
Enterprise Water Works
Eufaula Water Works (Well #4)
Evergreen Water Works
Grand Bay Water Works
Luverne Water and Sewer Department
Gulf Shores Utilities
Orange Beach Water System
Ozark Utilities Board
Perdido Bay Water System
Saraland Water Service
Selma Water Works and Sewer Board (Main St.)
Selma Water Works and Sewer Board (Woodrow Ave.)
Sylacauga Utilities Board (Park Well)
Sylacauga Utilities Board (Pine Grove)
Troy Utilities Department (Well #4)
Water Works Board of Prattville
Tuscumbia Water Works
Tuskegee Utilities Board
Warrior Utilities Board

*Head Start Initiative (October 2013 – September 2014)*  
The Oral Health Branch assistant director began serving as Alabama's Liaison for the Head Start Dental Home Initiative during 2013. This network of state liaisons is comprised of registered dental hygienists who have appropriate training and resources to provide classroom, parent, and staff education programs; prevention interventions; referrals into dental homes; and the capacity to increase access to dental services for Early Head Start (EHS) and Head Start (HS) programs statewide.

During fiscal year 2013, the branch liaison partnered with the University of Alabama School of Dentistry, Department of Pediatric Dentistry's pediatric dental residents, to visit select EHS and HS centers throughout Alabama. The dental team provided dental screenings, education, fluoride varnish, and dental referrals for children needing dental

# BUREAU OF FAMILY HEALTH SERVICES

care. Approximately 785 EHS and HS children in 22 centers and Migrant Head Start programs received prevention interventions and other oral health initiatives through the partnership with the School of Dentistry.

The liaison continued to work with HS center staff in communities identified as lacking access to dental services, and provided staff training at the State Head Start Conference in Birmingham.

## 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 current 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 ultraviolet 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

**Figure 26. Alabama Cancer Incidence Rates by Site and Sex, 2003-2012 Combined**

	Male		Female	
	Rate	Count	Rate	Count
All Sites	560.7	128,368	389.7	109,598
Bladder	32.8	7,055	7.5	2,214
Brain and Other Nervous System	7.9	1,809	5.7	1,507
Breast	1.1	254	117.1	32,616
Cervix Uteri	-	-	8.5	2,089
Colon and Rectum	57.0	12,865	40.0	11,511
Esophagus	8.6	2,039	1.7	503
Hodgkin Lymphoma	2.7	612	2.1	509
Kidney and Renal Pelvis	20.9	4,918	11.0	3,125
Larynx	9.0	2,171	1.9	542
Leukemia	14.8	3,221	9.1	2,506
Liver and Intrahepatic Bile Duct	8.7	2,074	3.0	872
Lung and Bronchus	101.9	23,196	53.7	15,623
Melanoma of the Skin	25.8	5,776	14.9	3,967
Myeloma	7.5	1,687	5.0	1,440
Non-Hodgkin Lymphoma	20.0	4,468	13.8	3,918
Oral Cavity and Pharynx	19.8	4,708	6.9	1,975
Ovary	-	-	11.9	3,380
Pancreas	13.8	3,104	10.2	2,968
Prostate	150.6	35,633	-	-
Stomach	8.6	1,918	4.6	1,310
Testis	4.5	982	-	-
Thyroid	4.2	981	11.5	2,918
Uterine (Corpus and Uterus, NOS)	-	-	18.2	5,228

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

Rates and counts are for malignant cases only, with the exception of urinary bladder and groups that contain urinary bladder.

# BUREAU OF FAMILY HEALTH SERVICES

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 the cancer registry is to collect accurate and up-to-date information about cancer in Alabama. The cancer data is then disseminated 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) has provided free breast and cervical

cancer screening and diagnostic services for Alabama's underserved women for more than 18 years. The goal of ABCCEDP is to reduce breast and cervical cancer-related morbidity and mortality through screenings in underserved populations in the state of Alabama. Eligible populations for the screenings are women ages 40-64, uninsured or underinsured, and whose income is at or below 200 percent of the federal poverty level.

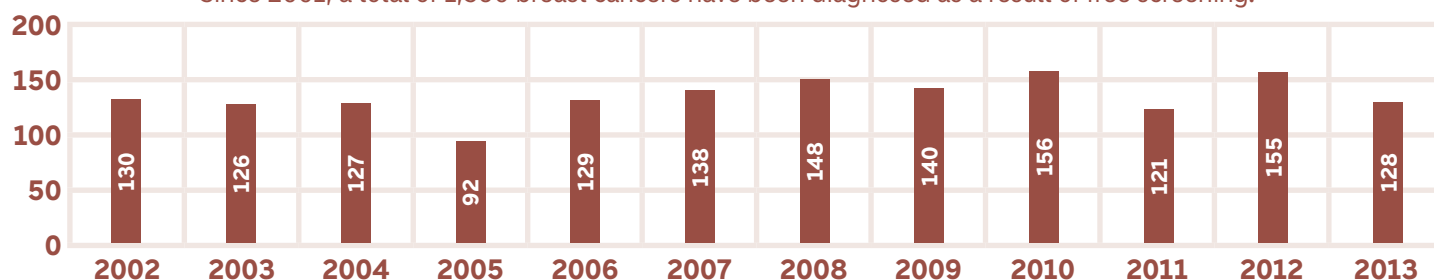
Breast cancer screening includes free clinical breast exams and mammograms. Cervical cancer screening includes a free pelvic exam, Pap smear, and HPV test. If needed, diagnostic services such as diagnostic mammograms, ultrasounds, surgical consultations, biopsies, and colposcopies are provided. Screening and diagnostic services are provided statewide through contracted physicians, surgeons, hospitals, and county health departments. If a patient is diagnosed with breast cancer or cervical pre-invasive or invasive cancer, she is eligible to receive treatment through the Alabama Medicaid Agency. Early detection of breast and cervical cancer can save lives.

## 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 2018. Colorectal cancer is the second leading cause of cancer deaths and the leading cause among nonsmokers.

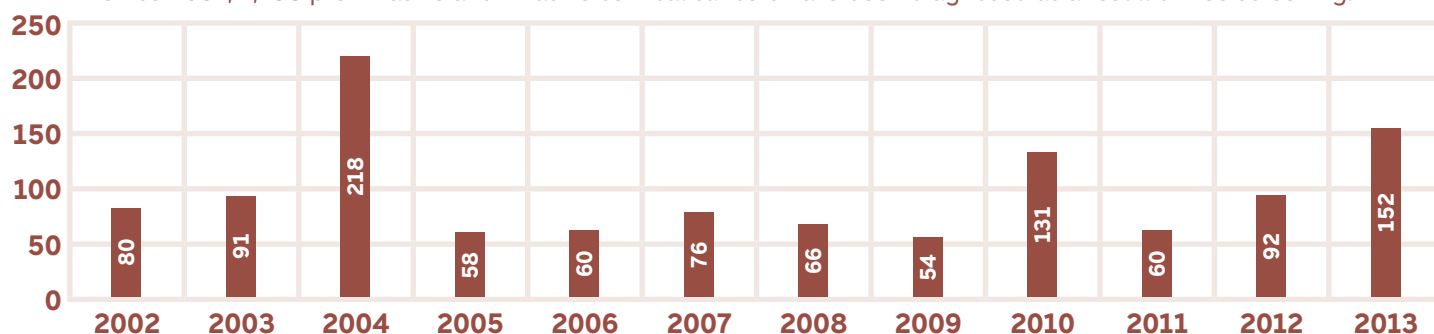
**Figure 27. ABCCEDP Diagnosed Breast Cancers by Year**

Since 2001, a total of 1,590 breast cancers have been diagnosed as a result of free screening.



**Figure 28. ABCCEDP Diagnosed Pre-Invasive and Invasive Cervical Cancers by Year**

Since 2001, 1,138 pre-invasive and invasive cervical cancers have been diagnosed as a result of free screening.



# BUREAU OF FAMILY HEALTH SERVICES

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. The fecal immunochemical test (FIT) finds hidden blood in the stool (evidence of possible polyps or cancer) using new chemical 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; increase CRC screening in worksites; and improve the use of electronic health records and reminder systems in physician offices.

## Alabama Childhood Lead Poisoning Prevention Program

The Alabama Childhood Lead Poisoning Prevention (ACLPPP) Program continues as the collaborative effort of the Bureau of Family Health Services, Bureau of Environmental Services, and the Alabama Medicaid Agency. The program's mission is to help every child in Alabama develop to his or her maximum potential by promoting a lead-free environment and healthy lifestyle. CDC recommends that all children be tested for lead poisoning at 12 and 24 months of age. These blood lead toxicity screenings are important because of the adverse health effects of lead poisoning, which include impaired cognition, developmental delays, and neurological problems.

Case management is provided for all children with a confirmed blood lead level of 10µg/dL or higher. However, to comply with CDC's new reference value of 5µg/dL, Alabama has increased efforts to educate health care

**Figure 29. ACLPPP Blood Lead Screening Data, 2010 - 2014**

CY	Number of Children Screened	Number of Lab Reports with an EBLL*	Percentage of Children with EBLLs with Medicaid Coverage
2010	40,422	587	87.5%
2011	41,810	547	87.3%
2012	40,445	534	87.6%
2013	34,988	407	88.0%
2014	31,948	537	90.4%

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

**Colorectal cancer (CRC) is the second leading cause of cancer death in Alabama. But CRC can be highly treatable and even preventable through screening and removal of polyps.**

**One of the recommended screening tests for CRC, the fecal immunochemical test (FIT), is a take-home test and is ideal for worksite screening.**



**Consider saving lives and lowering health care costs and absenteeism by offering the FIT as part of your annual wellness events. Your local gastroenterologist may wish to be a partner in this effort.**

## Why are worksites ideal for CRC screening with the FIT?

- In Alabama, large employers carry the health cost risk
- 80.2 percent of Alabamians aged 50-75 who are not up-to-date on CRC screening have some form of health care coverage
- Many employees have insurance coverage for diagnostic colonoscopies and treatment
- Employers cover not just employees, but also spouses and retirees
- Worksite screening...
  - Optimizes adherence to annual testing when paired with biometric screening or flu shots
  - Brings screening to the patient
  - Is ideal for people who do not have a primary care physician
  - Reaches men, who are less likely to go to the doctor

**For more information please call 334-206-3336 or visit [ADPH.ORG/fitway](http://ADPH.ORG/fitway)**





# BUREAU OF FAMILY HEALTH SERVICES

**Figure 30. ACLPPP Data for Total Number of Children Screened by Age Group, 2014**

Total Number of Children Screened in CY 2014	Number of Children Screened by Age Group				
	0-11 Months	12-35 Months	36-72 Months	>72 Months	Unknown
31,948	602	19,580	9,686	2,080	0

**Figure 31. ACLPPP Data for Children with EBLs by Laboratory Result Categories, 2014**

		Number of Children with EBLs by Gender			Number of Environmental Investigations Conducted*
		Males	Females	Unknown	
Number of Children in EBL Category					
10 - 14.9 µg/dL	90	47	43	0	15
15.9 - 24.9 µg/dL	34	22	11	1	32
25.9 - 44.9 µg/dL	16	11	5	0	12
> 45.0 µg/dL	2	2	0	0	0
<b>Total</b>	<b>142</b>	<b>82</b>	<b>59</b>	<b>1</b>	<b>59</b>

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

providers regarding the need to screen all children at 12 and 24 months of age, regardless of risk status. Although the department does not have the resources to provide case management to children with blood lead levels ranging from 5-9 µg/dL, it does collaborate with physicians to assure optimal care.

A total of 31,948 children were screened for lead poisoning in calendar year (CY) 2014. Figures 29, 30, and 31 describe ACLPPP screening data. Figure 29 compares the data from CY 2010 through CY 2014. The number of children screened by age group is provided in Figure 30. Figure 31 describes characteristics of the children with elevated blood lead levels (EBLs) and provides the number of environmental investigations conducted.

## Newborn Screening Program

Newborn screening is mandated by the Code of Alabama 1975, Section 22-20-3. The Newborn Screening Program is a comprehensive and coordinated system encompassing education, screening, follow-up, diagnosis, evaluation, and management. The Alabama Bureau of Clinical Laboratories is the sole provider in the state for the blood analysis of newborn screening.

Newborn screening allows treatment to be initiated within the first few weeks of life, thereby preventing some of the complications associated with genetic and endocrine disorders. Early diagnosis may reduce morbidity, premature death, mental retardation, and other developmental disabilities. During the past year, the program's staff actively

**Figure 32. Newborn Screening Disorders, 2014**

Screening Disorder	Infants Identified
Argininosuccinic Acidemia	1
Congenital Adrenal Hyperplasia	4
Congenital Hypothyroidism	30
Carnitine Palmitoyl Transferase – type 2	1
Cystic Fibrosis	18
Critical Congenital Heart Disease	2
Galactosemia	2
Medium-chain Acyl-CoA Dehydrogenase Deficiency	3
Methylmalonic Acidemia mbcgCb1c	1
2-Methylbutyryl-CoA Dehydrogenase Deficiency	1
Phenylketonuria	4
Hyperphenylalaninemia	3
Propionic Acidemia	1
Very long-chain Acyl-CoA Dehydrogenase Deficiency	1
Sickle Cell Disease	49
Hearing Loss	9
<b>Total</b>	<b>130</b>



# BUREAU OF FAMILY HEALTH SERVICES

participated on national newborn screening workgroups to share information with other newborn screening programs and to help identify gaps and barriers, and to develop and support quality improvement initiatives in newborn screening. Also, program education materials have received recognition by the Association of Public Health Laboratories, as well as by other states who have requested the use of the materials.

Alabama's Universal Newborn Hearing Screening Program, Alabama's Listening, ensures that all infants receive a hearing screening prior to hospital discharge, and that they are referred for further testing and intervention if they fail the screening. In 2014, Alabama's hearing program made significant strides in automating the receipt of initial screening results directly from the hearing screener into an electronic database.

The program works in partnership with pediatric subspecialists throughout the state to ensure all babies identified with abnormal results receive appropriate follow-up. The program's subspecialists participate in education webinars to expand knowledge of newborn screening disorders. Additionally, seven community-based sickle cell organizations provide counseling and follow-up for children identified with sickle cell disease or trait.

## Family Planning Program

One of the major goals of the Alabama Family Planning Program (FPP) is to decrease unintended pregnancies. During fiscal year 2014, direct patient services were provided to an estimated 94,147 family planning clients through local health department clinics. Of this total, 78 percent of these individuals have incomes at or below 100 percent of the federal poverty level. Approximately 22 percent of the clients served were teens. The FPP provides education and counseling, medical examinations, laboratory tests, and contraceptive supplies for individuals of reproductive age. It offers opportunities to individuals to plan and space their pregnancies in order to achieve personal goals and self sufficiency. Services are targeted to low-income individuals.

Plan First, a joint venture between the Alabama Medicaid Agency and the department, continued into its fourteenth year and a renewal request has been submitted to take effect after December 31, 2014. This program is an 1115 Medicaid Research and Demonstration Waiver expanding Medicaid eligibility for family planning services for women ages 19-55.

## State Perinatal Program

The purpose of the State Perinatal Program is to identify and recommend strategies that will effectively decrease infant morbidity and mortality, to improve maternal and infant health through a system of regionalized care, and to provide leadership in establishing program priorities.

The program is based on a concept of regionalization of care, a systems approach in which program components in a geographic area are defined and coordinated to ensure that pregnant women and infants have access to appropriate care. The availability of neonatal intensive care centers serves as the framework for the organization of regionalized care. The program's functioning body is the State Perinatal Advisory Committee which represents Regional Perinatal Advisory Committees. The regional committee makes recommendations to the state committee regarding perinatal concerns and strategies to improve the health of mothers and infants. Program activities include the Fetal and Infant Mortality Review Program; the Collaborative Improvement and Innovation Network to Reduce Infant Mortality Initiative; education; outreach; promotion of the Text4Baby campaign; participation on local, state, and national committees to reduce infant mortality; and provision of outreach and education to providers and the public. The program collaborates to provide education and support to strengthen services and systems of care for women, infants, and families in Alabama.

In 2013, 107 infants died before their first birthday from co-sleep, unsafe sleep, suffocation, or strangulation related causes. These deaths accounted for 20 percent of the infant deaths in Alabama in 2013. Many of these deaths were preventable and were related to an unsafe sleeping environment. To prevent more deaths, the American Academy of Pediatrics recommends that infants sleep on their backs, on a firm sleep surface, be breastfed, sleep in the same room but not in the bed with adults, have routine immunizations, use a pacifier at bedtime and nap time, and avoid soft bedding, overheating, and exposure to tobacco smoke, alcohol, and illicit drugs.

**Figure 33. Sleep-Related Deaths by Select Characteristics, 2013**

Select Characteristics	% of Total Cases (n=107)
Maternal education - less than a high school diploma/GED	37.4
Greater than two-year birth interval	43.9
Medicaid as method of payment for delivery	78.5
Maternal age 25-34	43.0
Normal birth weight	74.8
Greater than or equal to 37 weeks' gestation	77.6
Two previous live births	38.3
Urban (maternal residence)	57.9

Produced by Maternal and Child Health Epidemiology Branch

## 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 fiscal year 2014, Financial Services managed the department's \$654 million budget using 301 internal budgets interfaced with nine Executive Budget Office spending plan activities, and 197 internal funds interfaced with 14 State Comptroller's funds in the State Treasury. The bureau managed a total of more than 100 federal grants with a value in excess of \$408.7 million and 467 contracts totaling over \$479 million. Included in the federal grants accounted for were 5,392,270 Women, Infants, and Children (WIC) negotiable instruments issued to 1,575,555 recipients paid with a redeemed food value of \$104.4 million, including \$33.4 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, contract payment processing, and budget management.

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

The authority has completed the Phase I, II, and III building programs which included constructing and renovating 61 facilities, and is continuing to propose and develop solutions for additional public health buildings and equipment needs. As part of the Phase III program, a warehouse on Mitchell Young Road has been completed.

Work continues on a Phase IV building program that currently includes preliminary work to construct the following projects:

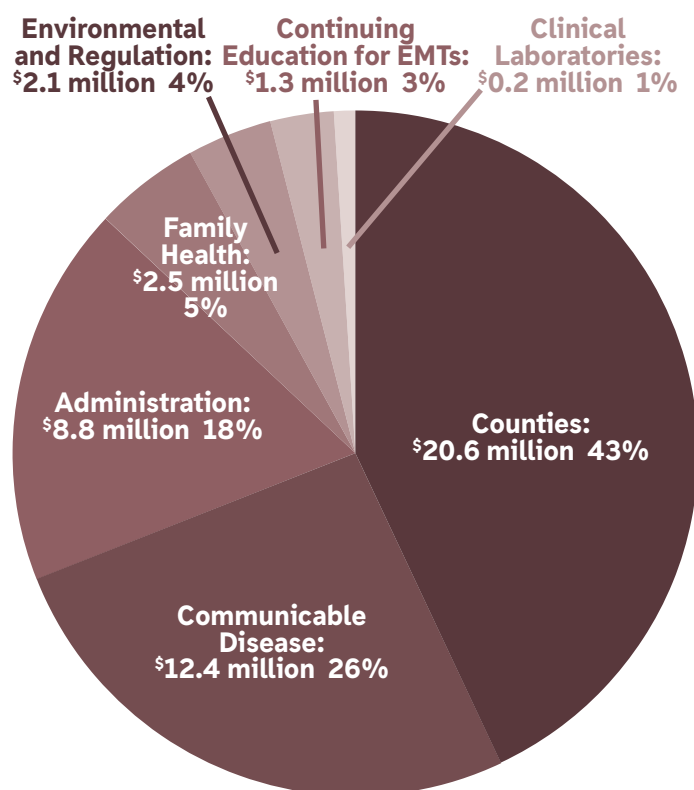
- New state laboratory with adjoining training center and office space
- New health departments in Morgan and Bullock counties

The authority manages the Alabama Public Health Capital Maintenance Trust Program which provides funding for a comprehensive, coordinated preventative maintenance improvement and replacement program for public health facilities in Alabama. The authority's construction management firm provides technical assistance, advice, and program monitoring. The program spent \$1.3 million during fiscal year 2014 to provide the following services:

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

**Figure 34. Use of State Funds - FY 2014**

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



# BUREAU OF FINANCIAL SERVICES

Figure 35. Public Health Funding History

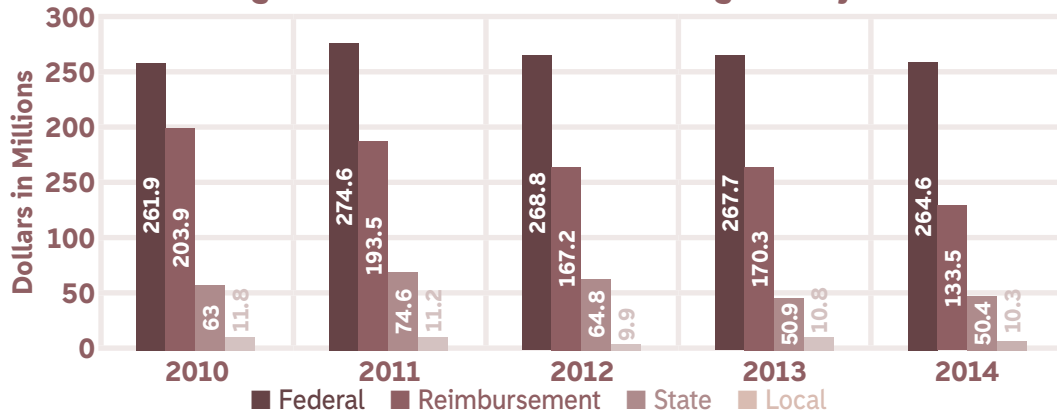


Figure 36. State Appropriations - Public Health

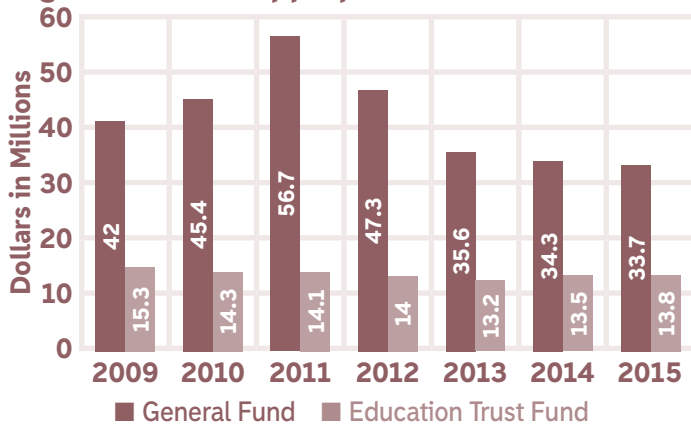
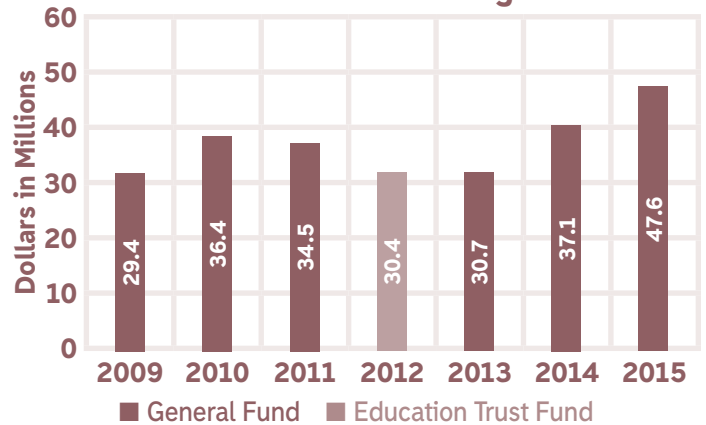


Figure 37. State Appropriations - Children's Health Insurance Program



# 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.

## Alabama Behavioral Risk Factor Surveillance System

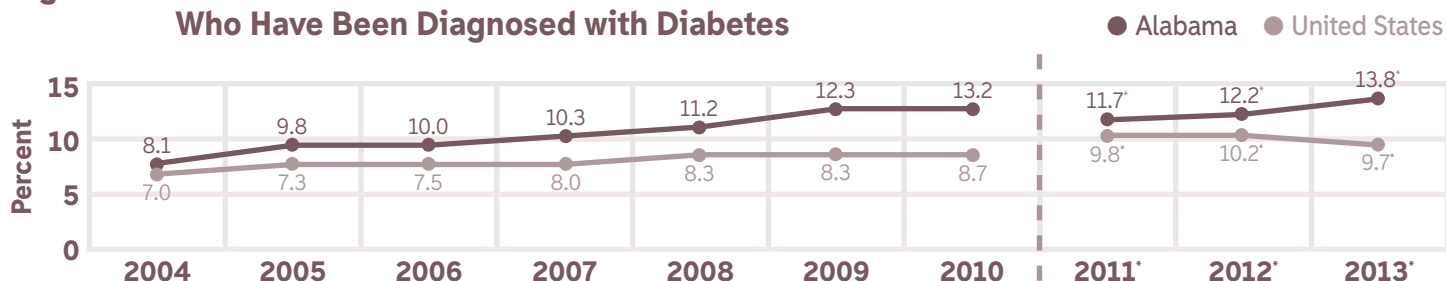
The Alabama Behavioral Risk Factor Surveillance System (BRFSS) is part of a national survey system that monitors health practices, attitudes, and conditions that place adults at risk for chronic disease, injuries, and preventable infectious diseases. Alabama BRFSS is an annual telephone survey that randomly selects adults for inclusion in the survey. In 2013, 6,503 adults participated in the Alabama BRFSS survey and reported on their health practices and daily living habits. Alabama BRFSS also permits trend analysis of conditions. Many chronic conditions and health risk behaviors are more

prevalent among Alabamians when compared to the national average, as may be seen in Figures 38 and 39.

**Figure 38. Prevalence of Selected Conditions in Alabama and the United States**

Condition	Alabama (%)	United States (%)
Asthma	13.6	14.1
Current Smoker	21.5	19.0
Diabetes	13.8	9.7
Hypertension	40.4	31.4
Obesity	32.4	29.4
Physical Inactivity	31.5	25.3

**Figure 39. Percent of Adults in Alabama and the United States Who Have Been Diagnosed with Diabetes**



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

## Division of Communications and Health Marketing

The division achieved several goals in 2014 to facilitate more cost-efficient communications services for the department.

- Established an agency presence on Google Plus, Instagram, and Pinterest that will both broaden audience range and provide additional Internet resources to reach people quickly with education, information, and alerts.
- Added the in-house printing of business cards, letterhead, and envelopes to reduce costs, save additional paperwork and product delivery time, and to provide timelier response in as-needed quantities.
- Implemented new procedures for in-house printing to reduce color copy costs.

The Communications and Health Marketing Division worked with several department programs to provide cost-efficient educational outreach with a variety of targeted marketing venues. Outlets included barber shops throughout the state to reach African American males who are among the highest at risk for colorectal cancer. Posters with information on the importance of eating fruits and vegetables to help prevent colorectal cancer were placed in the shops; the posters included a QR code response that yielded positive results. Other outreach strategies implemented included creating an Oral Health campaign that featured the use of tablets to demonstrate to children and their parents the difference proper dental care can make and working with WIC on a media mix of neighborhood billboards, movie theater advertising,

# FIGHT CANCER

SIX ESSENTIAL SUPERFOODS READY TO GO TOE-TO-TOE WITH CANCER

	<b>BROCCOLI</b> VS	BREAST, LIVER, LUNG, PROSTATE, SKIN, STOMACH & BLADDER CANCERS
	<b>BERRIES</b> VS	COLON, ORAL, ESOPHAGEAL & SKIN CANCERS
	<b>TOMATOES</b> VS	ENDOMETRIAL, LUNG, PROSTATE & STOMACH CANCERS
	<b>WALNUTS</b> VS	BREAST & PROSTATE CANCERS
	<b>GARLIC</b> VS	BREAST, COLON, ESOPHAGEAL & STOMACH CANCERS
	<b>BEANS</b> VS	BREAST & COLON CANCERS

[ADPH.ORG/CANCERCONTROL](http://ADPH.ORG/CANCERCONTROL)



# BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE



**ALABAMA  
PUBLIC  
HEALTH**

and gas pump toppers with tear-off sheets at neighborhood gas stations to educate citizens about nutrition services.

To fulfill a component of the agency's strategic planning, the division developed and implemented a new logo for use on all health marketing and educational outreach materials to 1) make it easier to instantly identify and reference Alabama Public Health as the source of the information, and 2) help build audience recognition of the scope of departmental services through outreach program materials. The health department seal will continue to be used on official documents including letters, licenses, and certificates.

ADPH.ORG – The growth of the departmental website ADPH.ORG can be attributed to effective marketing campaigns, the utilization of social media sites such as Facebook, Twitter, Instagram, and Pinterest, as well as the creation of a new mobile app that allows citizens to quickly access the site through their mobile devices.

## Risk Communication

The goal of the Risk Communication Branch is to ensure that state and local entities are prepared to respond to the challenges that occur during terrorist and crisis events through the development of communication policies and procedures; training of staff, partner agencies, and the public; and creation of emergency health information and promotion materials that support emergency preparedness activities in the state.

In 2014 the branch produced emergency preparedness materials to assist staff in communicating more effectively, and provided the public with steps they can take to become more prepared. The branch also assisted area staff with local communication activities including developing plans, overseeing communication training, and providing information to the media and the public concerning pertinent public health emergencies. Branch staff participated in training programs to educate participants on utilizing social media and breaking the language barrier.

## Tobacco Prevention and Control Branch

Tobacco use continues to be the leading cause of preventable death in Alabama, killing in excess of 8,600 smokers and costing the state more than \$1.88 billion in direct medical expenses to treat smoking-related diseases each year. The bureau's tobacco branches work to enforce



Children who see a dentist in their first year have dental costs that are 40% lower than those who wait until after one year of age.

Drinking fluoridated water is the most efficient way to prevent one of the most common childhood diseases, dental decay.

An estimated 51 million school hours are lost each year due to dental related illness.

Bacteria that causes cavities can be passed to children by simple routine activities like sharing spoons, cups or straws, testing food temperatures and licking pacifiers.



**ADPH.ORG**



**Figure 40. ADPH.ORG Web site Traffic**



**Figure 41. 2014 Statistical Information for Document Imaging**

Black and White Copies	4,240,477
Color Copies	2,288,139
Padding	341,540
Punching and Drilling	1,538,412
Cutting	418,350
Shrink Wrapping	1,113,848
Coiling and Strip Bind	3,739
Folding	454,514

# BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

Food and Drug Administration (FDA) regulations, help tobacco users quit, protect people from exposure to secondhand smoke, and prevent youth and young adults from starting tobacco use.

The FDA Enforcement Branch conducted 4,626 inspections which revealed a combined violation rate of 3.8 percent. The program contracts with public health areas and state police to conduct the inspections. Results of the inspections are available to view on <http://www.fda.gov/TobaccoProducts/>. The Alabama program is cited as a model nationally.

The Tobacco Prevention and Control Branch expanded resources to help tobacco users quit by obtaining Medicaid reimbursement for Quitline services, a \$311,000 grant from CDC to build quitline capacity, and \$87,000 in state funds to support cessation efforts. Cessation treatment for low-income women was also expanded through partnerships with the department's Plan First and Wise Woman programs. The program managed telephonic and Web-based quitlines which assisted 8,997 tobacco users in 2014.

The state tied for second place in the Americans for Nonsmokers' Rights national 2013 Indoor Air Challenge Award in recognition of its efforts to protect residents from exposure to secondhand smoke. Anniston and Gadsden passed city ordinances to protect citizens from secondhand smoke in all workplaces, including restaurants and bars. Six hospitals and five colleges and universities also adopted tobacco-free and smoke-free campus policies. The department expanded its tobacco-free campus policy to include all electronic nicotine delivery systems.

In the area of youth tobacco use prevention, the branch commissioned a youth return on investment report, conducted the 2014 Youth Tobacco Survey, and expanded social media outreach. The report, *The State of Youth Tobacco Prevention and Control Spending in Alabama: Struggles, Consequence, and Solutions*, concluded substantial gains in youth tobacco use prevention being reversed with the loss of youth tobacco control program

funding. The report cites evidence that restoring funding could allow Alabama to recoup this loss. To document the impact of the loss of funding and to monitor youth tobacco use and attitudes toward tobacco-related issues, the branch conducted the Youth Tobacco Survey in 44 high schools and 45 middle schools statewide. The communications specialist also expanded social media efforts to rebuild a youth tobacco control movement at the state and local level through Facebook and Twitter.

## Public Education Employees' Health Insurance Plan Wellness Program

The Public Education Employees' Health Insurance Plan (PEEHIP) Wellness Program 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 2013, more than 22,900 employees were screened by departmental Wellness Program staff. Notably, 33.3 percent of participants had prehypertension or hypertension, and 68.4 percent were overweight or obese.

### Figure 42. 2013 Screening Results

Risk	Percentage
Prehypertension (121-139/81-89 mmHg)	25.2%
High Blood Pressure ( $\geq$ 140/90 mmHg)	8.1%
Overweight (Body Mass Index 25-29)	33.5%
Obese (Body Mass Index $\geq$ 30)	34.9%
High Cholesterol ( $\geq$ 200 mg/dL)	27.3%

## State Employees' Insurance Board Wellness Program

In 2013, an additional 22,479 state employees were screened by Wellness Program staff for the State Employees' Insurance Board (SEIB). For further information about SEIB wellness screening results, go to [www.alseib.org](http://www.alseib.org).



# BUREAU OF HEALTH PROVIDER STANDARDS

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

process of licensure inspection and certification of health care providers.

**Figure 43. Summary of Licenses and Investigations**

	Total Complaints Investigated	Facilities with Probational Licenses
Abortion Centers	1	0
Assisted Living Facilities and Specialty Care Assisted Living Facilities	114	7
Ambulatory Surgical Centers	0	0
End Stage Renal Disease Treatment Centers	12	0
Home Health Agencies	7	NA
Hospitals	55	0
Hospice Agencies	11	0
Nursing Homes	2,157	1

**Figure 44. Licensed Health Care Facilities and Agencies**

Abortion or Reproductive Health Centers	5
Ambulatory Surgical Centers	40
Assisted Living Facilities	213
Assisted Living Facilities (Specialty Care)	90
End Stage Renal Disease Treatment Centers	160
Hospices	177
Hospitals	118
Independent Clinical Laboratories	464
Independent Physiological Laboratories	56
Nursing Homes	231
Rehabilitation Centers	26
Total	1,580

# 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.

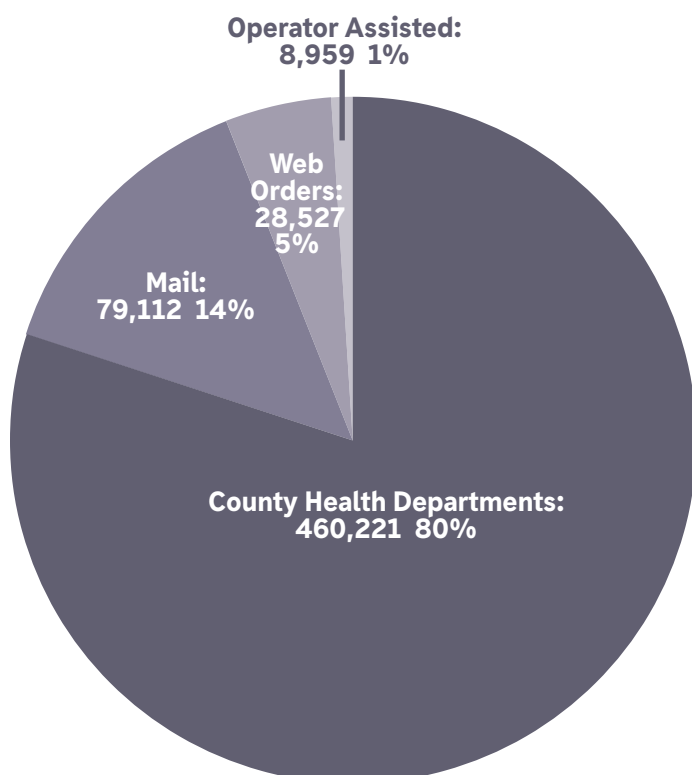
More than 150,000 vital records were registered with the Center for Health Statistics in 2014; primarily electronically. An automated vital records system, called ViSION or Vital Statistics Image Oriented Network, allows vital records to be issued in all 67 county health departments. Customers can obtain vital records at 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 90 percent of divorce and 62 percent of death certificates are now registered electronically. A regulation is now in effect that

requires use of the Electronic Death Registration system for most persons involved in preparing and submitting death certificates. 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

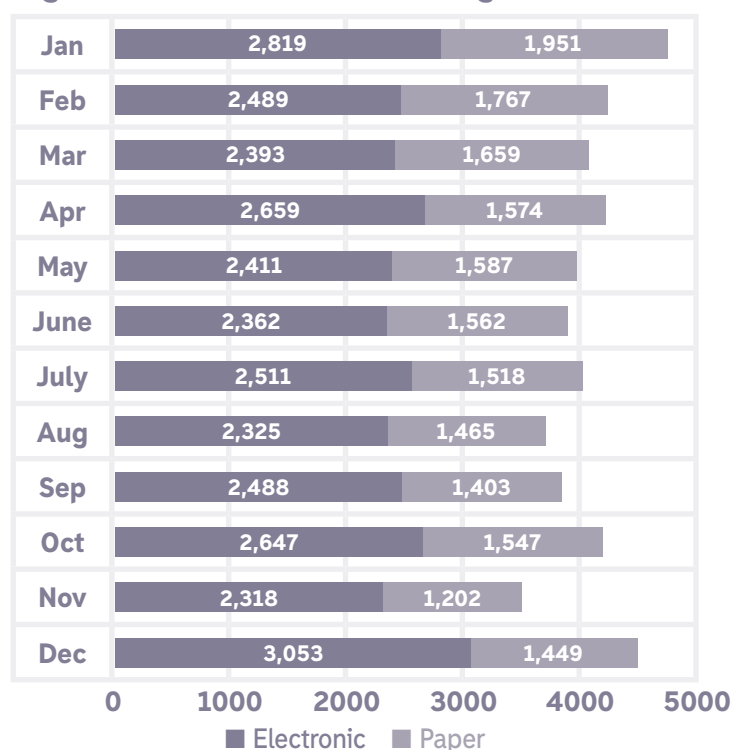
The center's Statistical Analysis Division conducts studies and provides analyses of natality, pregnancy, general mortality, infant mortality, causes of death, marriage, divorce, and other demographic and health-related data for public health policy and surveillance. Results are distributed through numerous 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 which surveys new mothers about their experiences during pregnancy and immediately following delivery, providing valuable information about the health of pregnant women.

**Figure 45. Certified Copies of Vital Records Issued for 2014**



The center issued 576,819 certified copies of vital records through county health departments, mail, Web orders, and operator-assisted requests.

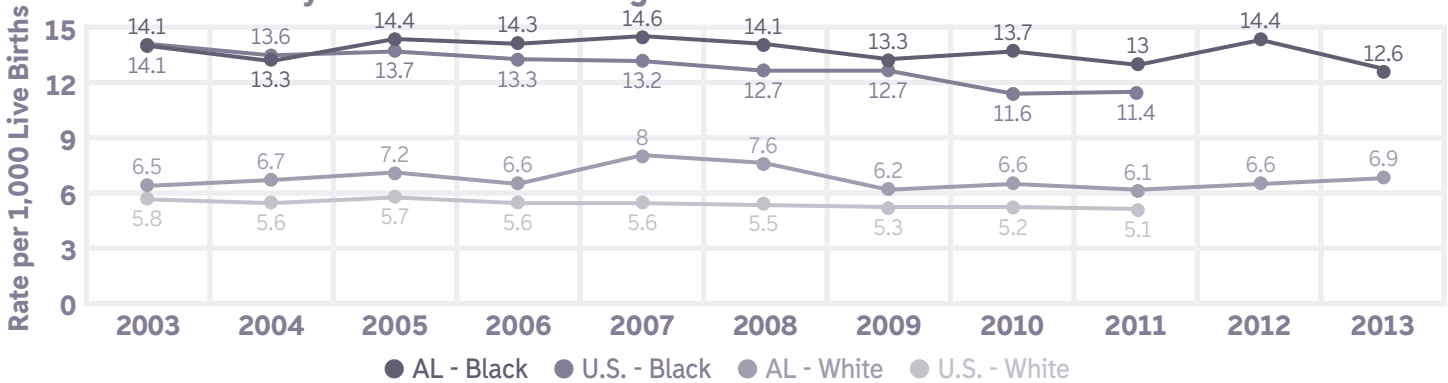
**Figure 46. Electronic Death Registration**



During 2014, 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.

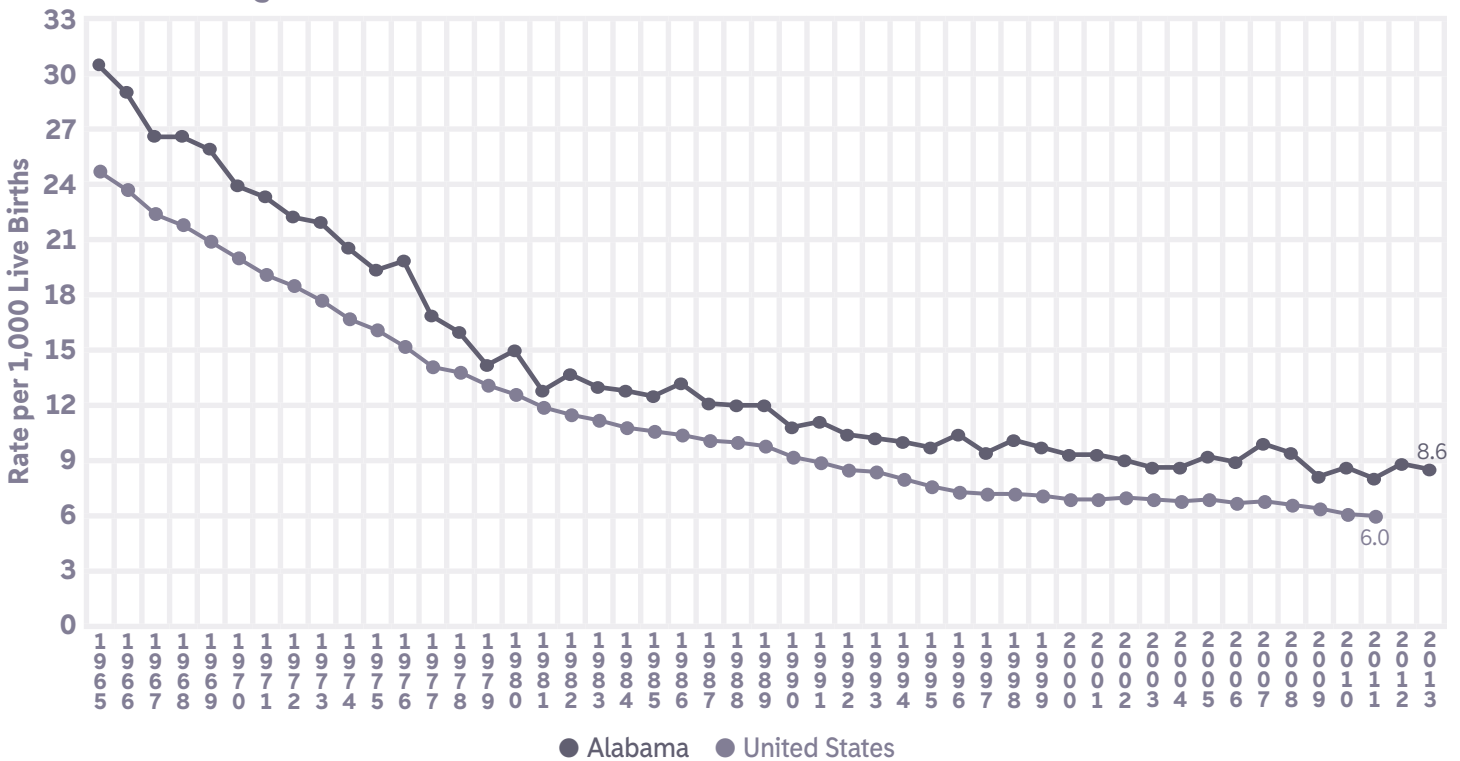
# CENTER FOR HEALTH STATISTICS

**Figure 47. Infant Mortality - Comparison of Infant Mortality Rates for Alabama and the United States<sup>1</sup> by Race for 2003 through 2013.**



<sup>1</sup> 2012 and 2013 U.S. rates are not available. The 2011 U.S. rate is provisional.

**Figure 48. Comparison of Infant Mortality Rates for Alabama and the United States<sup>1</sup> for 1965 through 2013.**



<sup>1</sup> 2012 and 2013 U.S. rates are not available. The 2011 U.S. rate is provisional.

# CENTER FOR HEALTH STATISTICS

**Figure 49. Alabama's Leading Causes of Death for 2013<sup>1</sup>**

Cause of Death	Rank	Number	Rate <sup>1</sup>
Total All Causes		50,140	
Diseases of the Heart	1	12,453	257.6
Malignant Neoplasms	2	10,331	213.7
Chronic Lower Respiratory Diseases	3	3,040	62.9
Cerebrovascular Diseases	4	2,589	53.6
Accidents	5	2,302	47.6
Alzheimer's Disease	6	1,399	28.9
Diabetes Mellitus	7	1,346	27.8
Nephritis, Nephrotic Syndrome, and Nephrosis	8	1,056	21.8
Influenza and Pneumonia	9	1,035	21.4
Septicemia	10	963	19.9
Suicide	11	719	14.9
Primary Hypertension	12	587	12.1
Chronic Liver Disease and Cirrhosis	13	577	11.9
Parkinsons	14	422	8.7
Homicide	15	420	8.7
All Other Causes, Residual		10,901	

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

**Figure 50. Vital Statistics for 2013<sup>1</sup>**

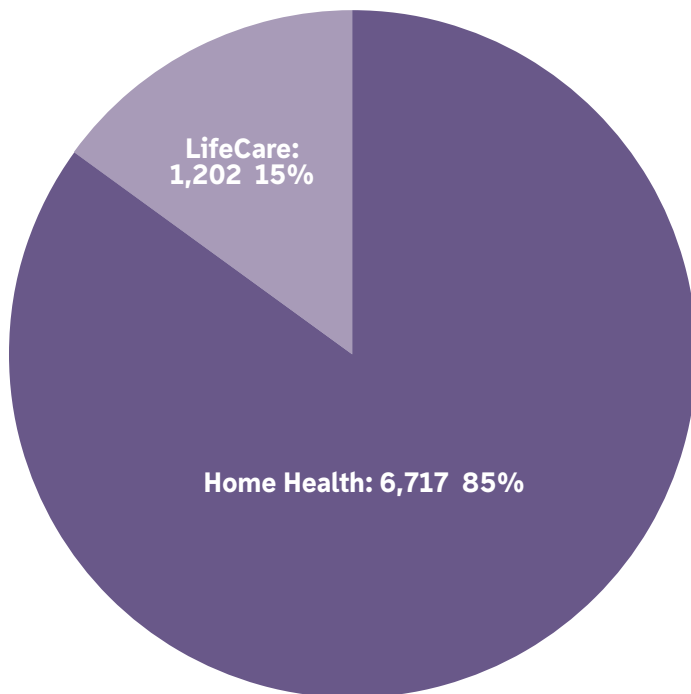
	Number	Rate/Percent	
Births	58,162	12.0	(Per 1,000 Population)
Births to Teenagers	5,420	16.0	(Per 1,000 Females Aged 10 To 19 Years)
Low Weight Births	5,824	10.0	(Percent of All Live Births)
Births to Unmarried Women	24,566	42.2	(Percent of All Live Births)
Deaths	50,140	10.4	(Per 1,000 Population)
Marriages	37,789	7.8	(Per 1,000 Population)
Divorces	17,805	3.7	(Per 1,000 Population)
Induced Terminations of Pregnancies	7,423	7.7	(Per 1,000 Females Aged 15 To 44 Years)
Infant Deaths	500	8.6	(Per 1,000 Live Births)
Neonatal Deaths	322	5.5	(Per 1,000 Live Births)
Postneonatal Deaths	178	3.1	(Per 1,000 Live Births)

<sup>1</sup>Total estimated state population was 4,833,722.

# BUREAU OF HOME AND COMMUNITY SERVICES

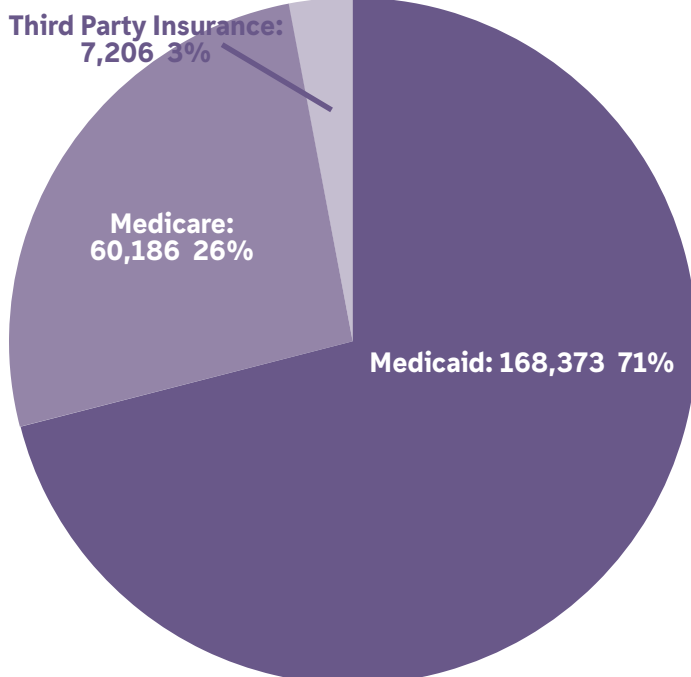
The Bureau of Home and Community Services administers home care services statewide. Its mission is to provide compassionate and effective health care services in the home, while meeting the challenges of the changing health care needs of Alabama citizens. The bureau consists of the following divisions: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

**Figure 51. Unduplicated Number of Patients Served**



**Figure 52. 2014 Home Health Visits**

The Home Care Program provided 235,765 home health visits statewide to patients covered by Medicare, Medicaid, and third party insurance.



## LifeCare Service Hours by Service Type

The department's LifeCare program provided 16,559 biomonitoring hours in 2014. Nursing staff provided in-home medical monitoring for Medicaid patients diagnosed with diabetes, congestive heart failure, and/or hypertension. Patients benefit from improved outcomes, lowered healthcare-related expenses, and improved compliance with the physician's plan of care.

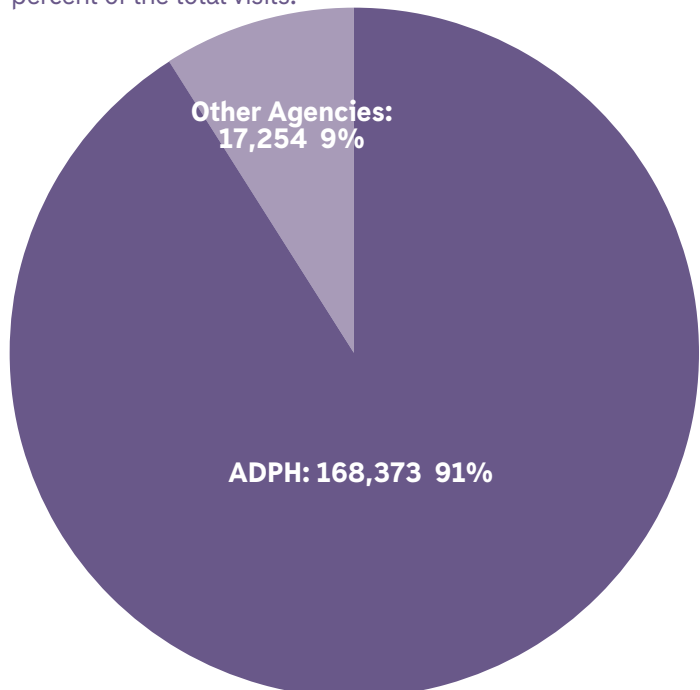
The department's LifeCare program also provided 12,278 hours of service to Veterans Affairs. Staff provided homemaker, personal care, and unskilled respite to qualified Veterans and other individuals approved under private insurance.

**Figure 53. Home Health Visits by Discipline**

	Medicare	Medicaid	Other	Total
Skilled Nurse	28,440	61,547	3,950	93,937
Physical Therapy	13,324	64	1,743	15,131
Speech Therapy	15	0	1	16
Occupational Therapy	89	0	4	93
Social Work	443	6	31	480
Home Health Aide	17,875	106,756	1,477	126,108
<b>Total</b>	<b>60,186</b>	<b>168,373</b>	<b>7,206</b>	<b>235,765</b>

**Figure 54. FY2014 Medicaid Home Health Visits**

In fiscal year 2014, Alabama Medicaid recipients received 185,627 home health visits. Public Health staff provided 91 percent of the total visits.



# OFFICE OF HUMAN RESOURCES

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

In addition, the office coordinates the department's recruitment program, Affirmative Action program, and the State Employee Injury Compensation Trust Fund program. The office provides training on human resources issues; provides guidance to supervisors and employees in resolving workplace conflicts; and coordinates (through referrals) the Employee Assistance Program. Staff review and recommend requests for serious disciplinary actions, participate in administrative hearings, and respond to grievances and allegations of unfair practices.

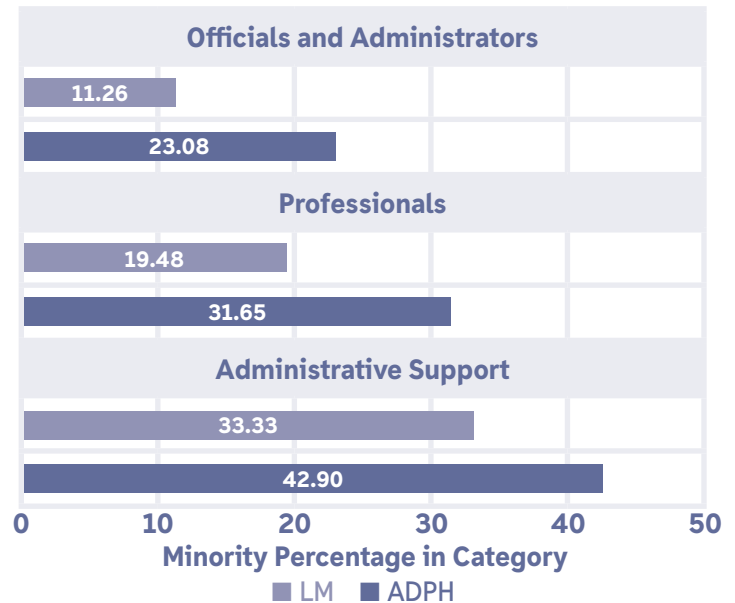
**Figure 55. 2014 Personnel Actions Processed for Merit Employees**

New Hires	225
Promotions	157
Dismissals	7
Retirements	132
Transfers Out	34
Other Separations	117
Employee Assistance Program Referrals (Employees and Dependents)	40
Hours of Leave Donations	2,784
Annual Appraisals	2,603
Probationary Appraisals	326

## *ADPH Minority Employment Comparison*

The department is comprised of 2,952 merit system employees, 34 percent are minority employees. According to the U.S. Equal Employment Opportunity Commission's 2012 Job Patterns statistics, the department has a higher percentage of minorities compared to the Alabama Labor Market. (Source: U.S. Equal Employment Opportunity Commission, [www.eeoc.gov](http://www.eeoc.gov))

**Figure 56. ALABAMA LABOR MARKET (LM) vs. ADPH in Three EEO Job Categories**



**Figure 57. 2014 Turnover Rates in Areas/Counties and Central Office**

	Number of Merit Employees	Turnover Rate (Percentage)
Central Office	1,161	2.84
Areas/Counties	1,791	3.03
Statewide	2,952	2.96



# BUREAU OF INFORMATION TECHNOLOGY

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

IT continued its support of the Health Information Technology for Economic and Clinical Health (HITECH) Act by working with providers, hospitals, software vendors, and CDC to build Health Level 7 messages and transport protocol. These messages will facilitate the sharing of health information with trading partners (providers, hospitals, etc.) in the areas of immunizations, electronic laboratory reporting (ELR), and syndromic surveillance. Figure 58 lists the number and status of the trading partners through 2014.

**Figure 58. Number and Status of Trading Partners, 2014**

Trading Partner Status		Immunization	ELR	Syndromic Surveillance	Cancer
Registered through Meaningful Use Application		830	243	451	94
Trading Partner Agreement		241	81	113	7
Test		22	41	23	1
Pilot/Parallel	Real-Time	3			
	Batch	1	6	4	0
Production	Real-Time	1,282			
	Batch	207	3	49	0
Hosted		1,251	0	0	0

IT implemented the new application and enrollment worker portal for the Children's Health Insurance Program and Medicaid on January 1. The implementation was in accordance with federal guidelines and met all federal timelines. IT continued to support the ADPH County Health Departments (CHD) with the implementation of a new Web e-Day Sheet that provides improved features for recording receipts for services performed in clinics, Center for Health

Statistics, environmental, immunization, and other services. The Web e-Day Sheet has been successful in streamlining processes that the CHD's use for processing receipts and client invoices, reconciling balances, and generating aging reports. The Logistics Division received a perfect property audit report from the state auditor as a result of locating every property item assigned to the department statewide.

**Figure 59. IT Support Facts for 2014**

Help Desk Calls	27,048
Personal Computers Supported	5,353
Servers Supported	469
Personal Computers Installed	4,471
County Support Trips	4,170
IP Phone Devices Supported	5,768
Network Sites Upgraded	2
Smart Phones Supported (Blackberry, Android and iPhone)	400
Windows 7 Upgrades Installed	2,042
Crossroads Scanners Installed	750
Vital Statistics Printers Upgraded	73

**Figure 60. Logistics Facts for 2014**

Equipment Inventory Items	17,406
Equipment Inventory Value	\$36 million
Forms Managed	946
Form Packages Sent	8,374
Promotional Items Managed	510
Department Vehicles	49
Emergency Response Vehicles, Trailers, etc.	87

# 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, Office of Performance Management, Pharmacy Division, Social Work Division, and Training Unit.

## Social Work

The Social Work Division participates in national, state, and local initiatives to enhance the services provided to the people of Alabama. Geared toward attracting a quality work force for the future, the division works with the administrative staff of the department and the South Central Public Health Leadership Institute to create opportunities to introduce public health to current students enrolled in educational institutions.

In June 2014, a full-scale Strategic National Stockpile (SNS) exercise was held in Birmingham at Tarrant Intermediate School. The exercise utilized volunteer actors with various disabilities (including a blind participant and a man who was a quadruple amputee who uses a wheelchair for mobility) to go through the exercise. These individuals were able to identify areas for improvement and educate staff on ways to improve access for people with disabilities. Lakeshore Foundation also filmed the event to help educate people living with disabilities about what to expect during an actual event.

As a result of the lessons learned, staff began planning three exercises to be conducted across the state. The exercises will include training for volunteers regarding functional and access needs for people with disabilities during a disaster. The first of these three training programs was held in November 2014 in Jefferson County.

During the year, staff provided materials for individuals living with functional and access needs such as the departmental publication "Preparing for Special Needs in an Emergency" translated into Braille by the Alabama Institute for the Deaf & Blind (AIDB). These documents were made available to all public health areas of the state and heavily distributed in the counties around AIDB. Copies were also shared with East Alabama Care Network, a Medicaid Patient Care Network that covers the counties in and around the institute and the Helen Keller School for the Blind in Talladega.

In conjunction with the Alabama Suicide Prevention and Resource Coalition, training was held for approximately 45 department staff and members of the community on "Question, Persuade, & Refer: Gatekeeper Training for Suicide Prevention." This program included information

on helping people with mental illnesses such as bi-polar personality disorder and depression.

## Primary Care and Rural Health

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

The Office of Primary Care and Rural Health is working with other bureaus to spearhead the first-ever application of telehealth in county health departments. Maps have been provided of rural and medically underserved areas to help target areas of greatest need, and a primary care provider has been identified to partner with the department in future pilot testing using county health departments as telehealth presentation sites. The department is currently purchasing components to configure mobile telehealth carts for use in this multiple county pilot project with one or more physicians providing specialized care. This innovative project may well represent the dawn of a new health care delivery role for county health departments.

## Pharmacy Division

The Pharmacy Division is responsible for establishing and overseeing implementation of dispensing policies for all county health departments.

The Pharmacy Division consults and coordinates with all public health units, including county health departments and other agencies, on medication-related and pharmacy-related activities. These activities include, but are not limited to, distribution issues, clinical information, drug scheduling, purchasing, and regulatory issues. Medication reviews are also provided to state employees to enhance their knowledge about their medication. Consultation and assistance is provided in the areas of osteoporosis, cardiovascular disease, bioterrorism, diabetes, arthritis, and home health.

During 2014, the division conducted the following:

- Continued to establish dispensing policies for all county health departments and oversaw implementation of these policies.
- Managed the Prescription Drug Monitoring Program (PDMP). The primary role of PDMP is to monitor the dispensing of Schedule II-V controlled substances in Alabama and provide reports to dispensers and prescribers in Alabama.
- Established resources and guidelines for pharmacies and pharmacists during a contagious disease outbreak such as Ebola.

## SNS Just-In-Time Training

SNS is the country's national repository of medicine, vaccines, antidotes, and other critical supplies that may be necessary for use in extreme public health emergencies.

# BUREAU OF PROFESSIONAL AND SUPPORT SERVICES

Each state has its own plan for receiving and dispensing SNS items. Division staff continued to properly assist with the training of public health employees and volunteers in Alabama on how to effectively distribute SNS supplies.

## Office of Women's Health

The Office of Women's Health was created by Alabama Legislature Act 2002-141 to act as an advocate for women's health issues.

The Alabama Office of Women's Health continued collaborative efforts with the Bureau of Family Health Services (FHS). The department's Communications and Marketing Division completed the design of the 39 Weeks: Timing is Everything poster and distribution throughout the state, which began in July 2014. The 39 Weeks: Timing is Everything campaign was designed to increase awareness about elective deliveries and help impact the reduction of the infant mortality rate in Alabama. The regional infant mortality partnership initiative, the Collaborative Improvement and Innovation Network, transitioned into a national initiative. The office and FHS have partnered together to focus on two outreach efforts - neonatal abstinence syndrome (NAS) and midwifery.

While the NAS brochure for health care providers is still in the developmental stages and will be available for distribution in early 2015, an infographic has been created to help define midwifery in Alabama and depict the differences between nurse-midwifery and midwives as



they exist in the state. The midwifery infographic will be distributed as a public awareness campaign to help educate Alabama women.

# 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.

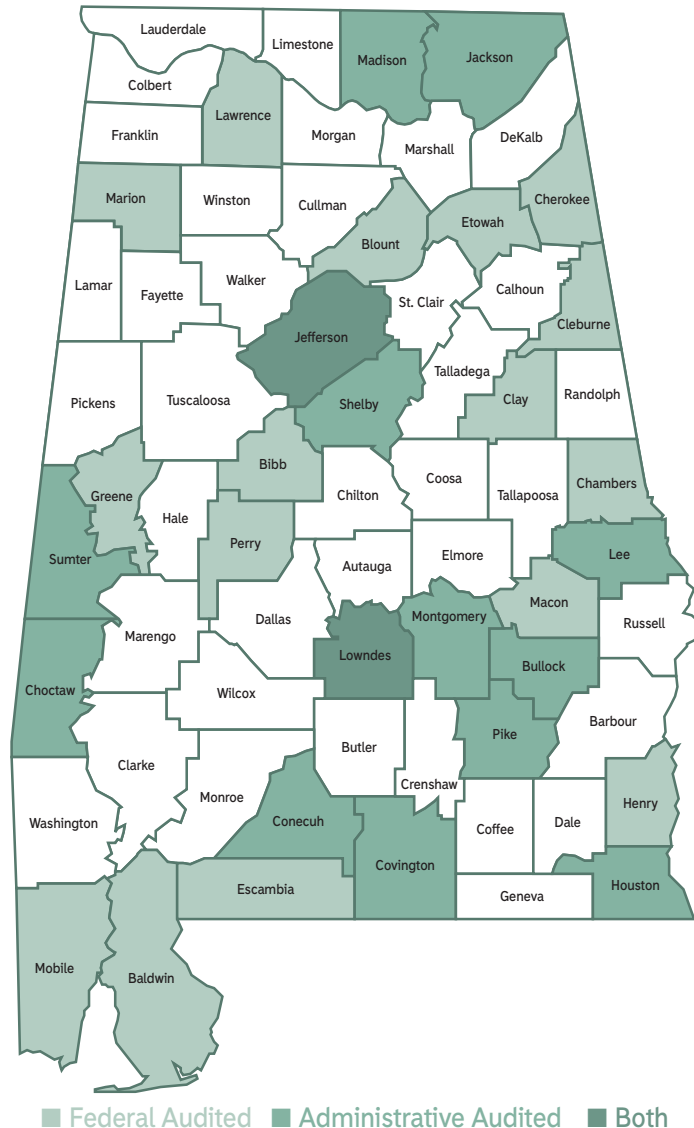
The primary mission of the Office of Program Integrity is to assist directors, managers, and administrators in effectively discharging their duties by reviewing various activities and functions within the department, presenting reports on deficiencies, and providing recommendations for corrective actions concerning those activities.

During 2014, 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 61. Fiscal Year 2014 Accomplishments by Audit Category**

<b>FINANCIAL/ADMINISTRATIVE AUDITS</b>	
County Health Departments	14
State Level Audits	2
Property Audits	14
<b>FEDERAL PROGRAM AUDITS</b>	
County Health Departments	18
Private/Local WIC Agency Audits	3
<b>SPECIAL REVIEWS AND CONSULTING</b>	
SAFE (Security for Alabama Funds Enhancement) Program Compliance Monitoring	
Subrecipient Compliance and Monitoring	

**Figure 62. Federal and Administrative Audits by County**  
The Office of Program Integrity performed audits in 30 counties in 2014.



# OFFICE OF RADIATION CONTROL

The Office of Radiation Control has the primary mission of protecting the public from excessive exposure to ionizing radiation by maintaining radiation doses to members of the public and occupationally exposed workers as low as reasonably achievable. This protection is accomplished by registering, licensing, and inspecting the day-to-day use of radiation in the state of Alabama; performing routine monitoring for radioactivity in the environment; responding to incidents involving radioactive material; and formal training and preparedness programs.

## Notable Achievements for Fiscal Year 2014

**Nuclear Power Plant Exercises:** An offsite response exercise was conducted for the Joseph M. Farley Nuclear Plant. Staff from the Office of Radiation Control fully participated in the exercise by beginning in Montgomery and then transferring control to a forward emergency operating facility near the plant. The exercise was evaluated by the

Federal Emergency Management Agency. For the Office of Radiation Control's participation, the evaluators determined that no areas required corrective actions and there were no recommendations for improvement.

**Medical X-Ray:** The X-Ray Compliance Branch inspected approximately 1,600 registered facilities and neared completion of a project to issue more detailed registration documents to the more than 3,500 regulated facilities that possess and use medical X-ray equipment.

**Emergency Planning:** The Emergency Planning Branch performed radiation safety and emergency response training to over 1,100 individuals. Those trained included individuals from the department, hospitals, emergency medical services, police, fire, and sheriffs' departments, as well as volunteer members of the public.

**Figure 63. Fiscal Year 2014 Service Activities**

Type of License or Registration	Number of Facilities	Number of License and Registration Actions	Number of Inspections
Medical X-Ray	1,781	1,203	1,119
Dental X-Ray	1,285	592	295
Veterinary X-Ray	480	194	163
Academic/Other X-Ray	15	8	5
Non-Medical X-Ray	318	101	39
Radioactive Material – Industrial	234	141	71
Radioactive Material – Medical	153	156	45
Radioactive Material – Academic/Other	36	21	19
Particle Accelerators	53	60	13
Radioactive Material – General Licenses	207	43	21

# 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 and valuable information are provided at county health departments.

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
- Children's Health Insurance Program (CHIP)
- 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
- Nursing Services
- Nutrition Services
- Onsite Sewage Disposal Systems
- Sexually Transmitted Diseases (STDs)
- Social Work Services
- Solid Waste
- Tuberculosis
- Water Supply in Individual Residential Wells



# PUBLIC HEALTH AREAS MAP

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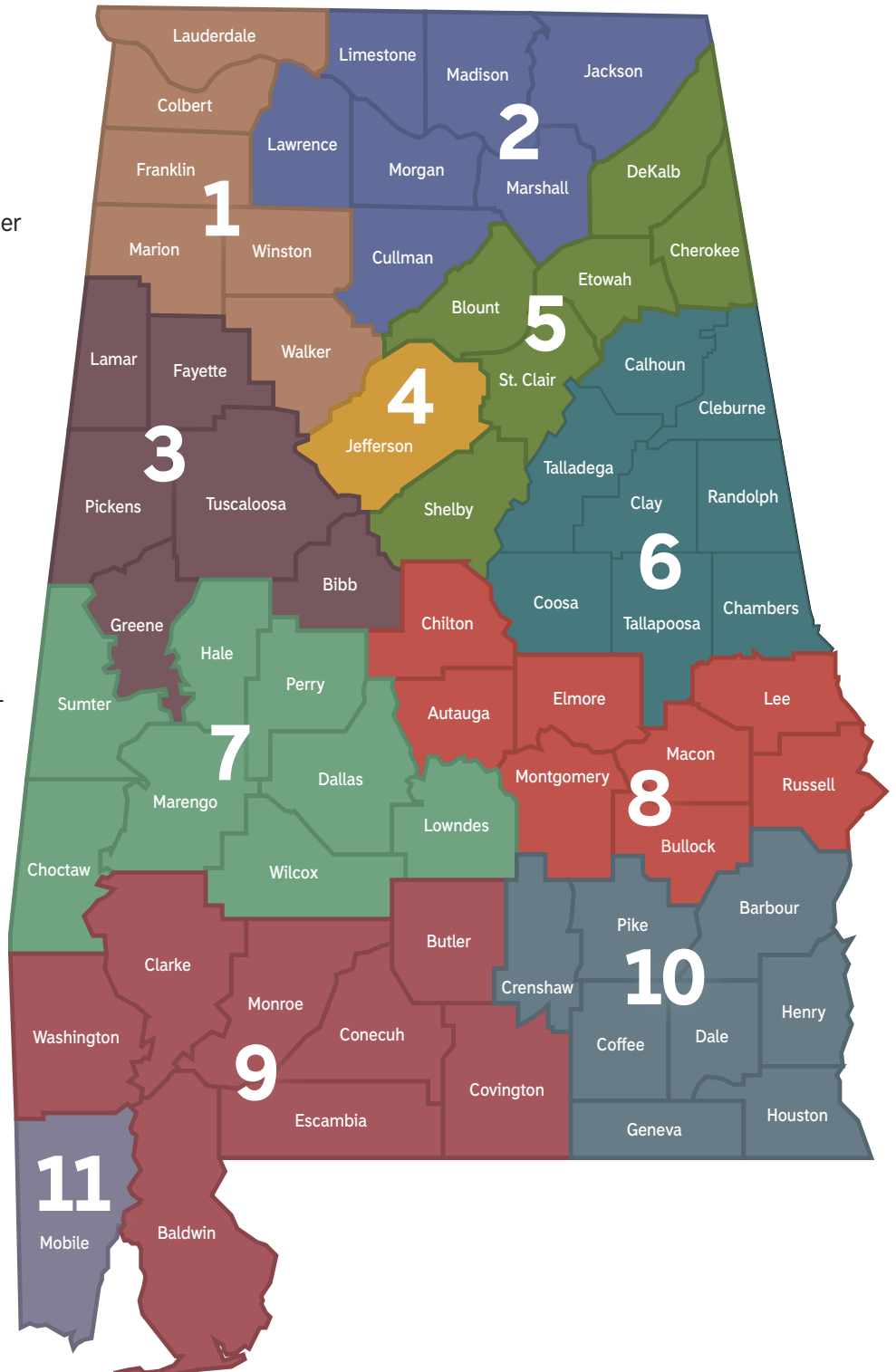
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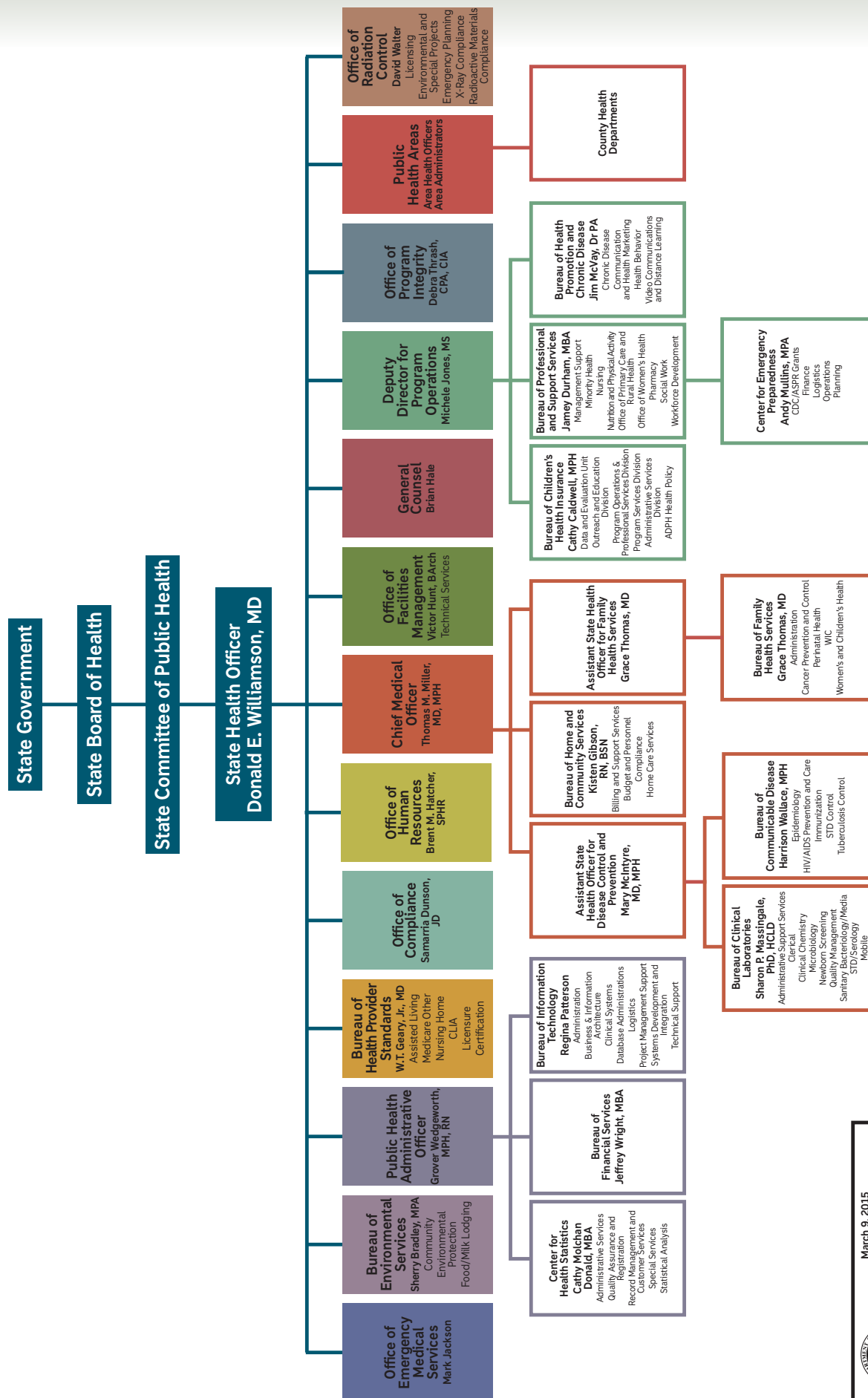
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# ALABAMA DEPARTMENT OF PUBLIC HEALTH

## ADPH ORGANIZATIONAL CHART



## NOTES

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This document may also be obtained through the Alabama Department of Public Health's Web site at [www.adph.org](http://www.adph.org).





