

**ALABAMA DEPARTMENT
OF PUBLIC HEALTH**

State Health Improvement Plan

2024-2029

**ALABAMA
PUBLIC
HEALTH**

REVISED AUGUST 2024

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Scott Harris, M.D., M.P.H.
STATE HEALTH OFFICER

August 15, 2024

Dear Citizens of Alabama:

It is my pleasure to present you with the Alabama State Health Improvement Plan 2024 – 2029. This plan is a comprehensive strategy designed to enhance the health and well-being of all individuals residing in Alabama and is the culmination of extensive collaboration among community leaders, health providers, public health experts, and residents across Alabama. With a focus on collaboration, innovation, and community engagement, the State Health Improvement Plan outlines our collective efforts to address key health challenges and promote a healthier future for our state.

I am proud to embark on this initiative alongside dedicated partners across the state. Together, we will work to implement interventions, prioritize health, and empower individuals and communities to thrive.

We have outlined specific goals and strategies to guide our efforts over the next 5 years. Success will require the continued partnership and commitment of all stakeholders, and I am confident that together, we can make significant strides toward a healthier Alabama.

I invite you to join us on this journey. Together, we can achieve our vision of a state where everyone has the opportunity to live a long, healthy, and fulfilling life.

Sincerely,

Scott Harris, M.D., M.P.H.
State Health Officer

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MISSION

To promote, protect, and improve Alabama's health

VISION



HEALTHY

PEOPLE • COMMUNITIES • ALABAMA

CORE VALUES



EXCELLENCE – We believe in providing the highest quality services to our clients. We believe that all clients should be served with compassion, empathy, fairness, and respect.

INTEGRITY – We believe our employees should be professional, competent, honest, and knowledgeable; maintaining the highest level of integrity, accountability, confidentiality, and concern for our clients. We believe in always striving to maintain the public trust.

INNOVATION – We believe that we should demonstrate the ability to adapt to change and to be flexible in our approach to solving problems and providing services.

COMMUNITY – We believe that we should build and maintain internal and external partnerships to address public health challenges including effectively utilizing resources, solving problems, and building relationships.

What is a State Health Improvement Plan?

The State Health Improvement Plan is a strategic 5-year plan developed based upon data provided by Alabama communities and implemented through a collaborative partnership with stakeholders. The data is obtained by the Alabama Department of Public Health through the administration of the State Health Assessment, which is conducted every 5 years and updated annually.

This data provides the top health indicators for Alabama. The 2020 State Health Assessment resulted in the following indicators, ranked from most critical to least critical based upon participant responses.

1. Mental Health and Substance Abuse
2. Access to Care
3. Pregnancy Outcomes
4. Nutrition and Physical Activity
5. Social Determinants of Health
6. Sexually Transmitted Infections
7. Geriatrics
8. Cardiovascular Diseases
9. Child Abuse and Neglect
10. Environmental Health
11. Violence
12. Cancer
13. Diabetes
14. Tobacco Usage and Vaping

Development Process

These 14 health indicators provided the foundation to begin building the 2024 State Health Improvement Plan. In 2021, as the facilitating agency, the Alabama Department of Public Health began forming a work group to inform the development of the State Health Improvement Plan. The Alabama Department of Public Health's Office of Performance Management established the initial State Health Improvement Plan Steering Committee by surveying staff to identify existing partners and extending an open invitation via the Alabama Department of Public Health's website soliciting stakeholder participation. Additional partners were identified and onboarded when work group meetings commenced.

The Alabama Department of Public Health elected to conduct the steering meetings virtually to accommodate its membership, which is geographically diverse.

How Were Additional Steering Committee Members Identified?

Potential partners were identified by current steering committee members as being key stakeholders in the desired outcome. A key stakeholder could be an organization or individual who is trying to affect change or someone who would be impacted by the change.

How Did the Work Group Decide on Focus Areas?

Using the State Health Assessment data, the State Health Improvement Plan Steering Committee conducted an analysis of the top health indicators, available resources, and participant capacity to determine the State Health Improvement Plan's areas of focus. The first two indicators, Access to Care and Mental Health and Substance Abuse, were identified as well as a blend of several indicators, Health-related Social Needs, culminating in the following priority areas:

1. **Strengthening Networks to Provide Better Access to Care**
2. **Supporting Partnerships to Empower Community Resilience and Mental Wellness**
3. **Improving Quality of Life**

Although social determinants of health were ranked as the fifth indicator, the steering committee recognized the impact social determinants of health have on all indicators and has identified them within each priority area.

Healthy People 2030 defines social determinants of health as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”



Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

The five components of social determinants of health are:

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

The State Health Improvement Plan seeks to eliminate health disparities through the strategies it implements to address the priority areas, so that outcomes align with the Alabama Department of Public Health's belief that health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Each priority incorporates strategies that will lead to policy or systemic changes with an overarching goal of addressing health inequities.

What is Health Equity?, Alabama Department of Public Health, Office of Health Equity and Minority Health. Retrieved 5/13/2024, from <https://www.alabamapublichealth.gov/healthequity/equity.html>

How Will Progress Be Measured?

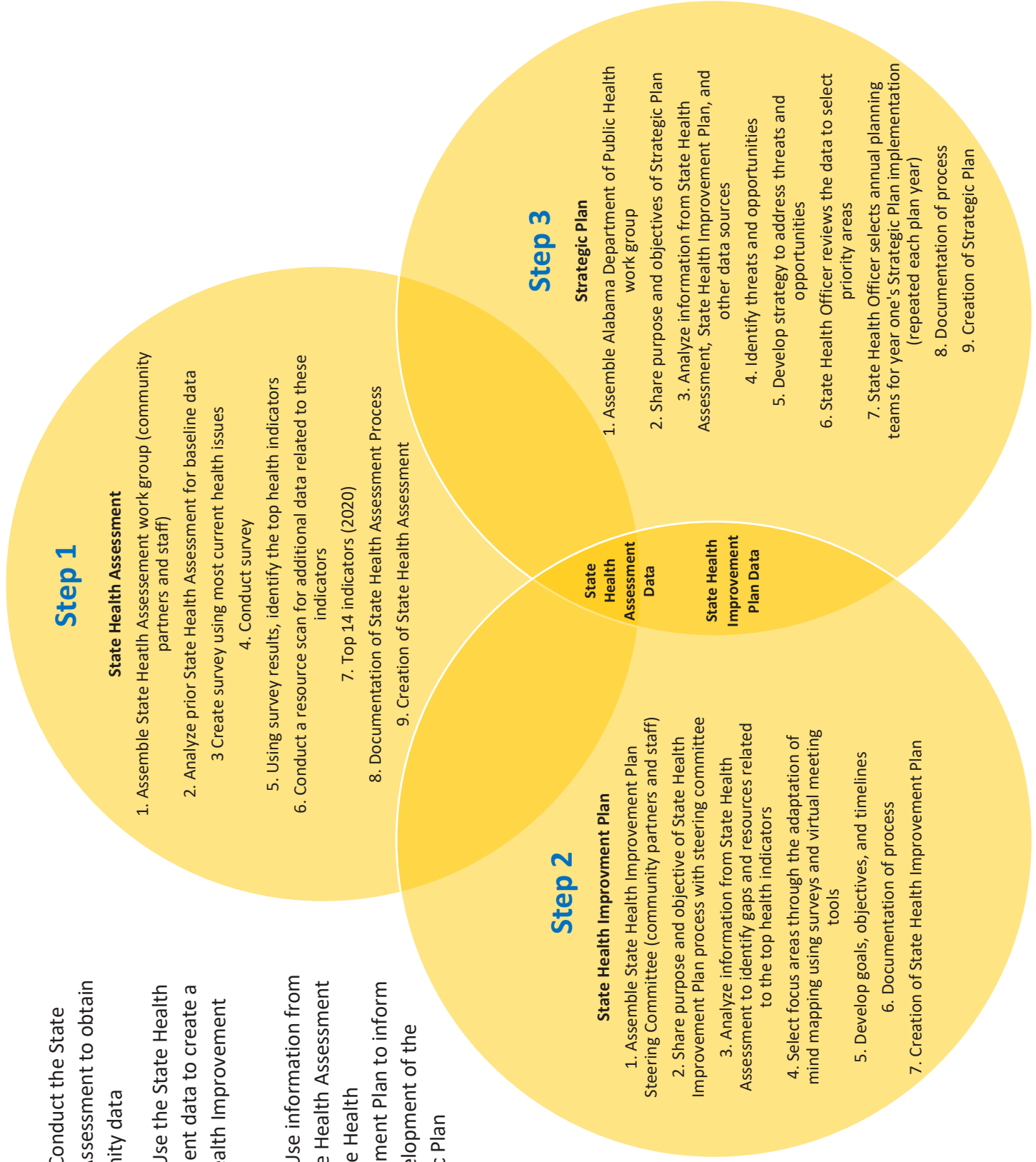
Health indicators will be used to measure progress towards each priority goal. The goal is to positively impact each health indicator by 5 percent over the 5-year State Health Improvement Plan's lifespan.

For more information on the State Health Improvement Plan's development, see Appendix A.

Step 1: Conduct the State Health Assessment to obtain community data

Step 2: Use the State Health Assessment data to create a State Health Improvement Plan

Step 3: Use information from the State Health Assessment and State Health Improvement Plan to inform the development of the Strategic Plan



Priority Area 1:

Strengthening Networks to Provide Better Access to Care

Goals and Strategies

GOAL 1: Reduce transportation barriers to improve healthcare access

Strategy 1.1.A: Survey existing transportation resources

Strategy 1.1.B: Identify entities/individuals to promote transportation services within their communities

Strategy 1.1.C: Establish a network to provide transportation to healthcare services for those who do not have transportation available to them

Strategy 1.1.D: Share information about liability legislation resulting from activities in Alabama's 2015 Community Health Improvement Plan with potential transportation partners

GOAL 2: Empower and mobilize community health workers to improve health outcomes within the community

Strategy 1.2.A: Promote training for community health workers on cultural competency, including how to address language barriers

Strategy 1.2.B: Provide community health workers with guidance to facilitate linking people to services

Strategy 1.2.C: Implement a standardized training program or certification program in Alabama for community health workers

Strategy 1.2.D: Develop a network of community health workers

GOAL 3: Ensure access to comprehensive and high-quality healthcare services for residents in rural areas, improving health outcomes

Strategy 1.3.A: Develop a singular repository for resources

Strategy 1.3.B: Provide media coverage on available programs accompanied by clear instructions on how to access services

Strategy 1.4.C: Increase provider presence throughout the state by creating and expanding linkages between smaller providers and larger providers, such as hospital groups

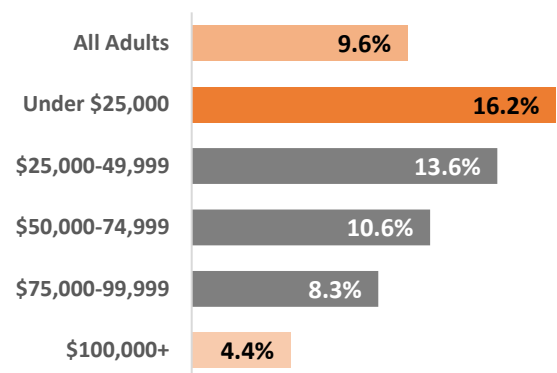
Strategy 1.4.D: Provide educational resources to communities, tailored to meet their needs

Measuring Progress

Indicator 1.1 Percent of Alabamians Lacking Healthcare Insurance Coverage

Present Status: Almost 10 percent of Alabama adults (civilian and noninstitutionalized) lack health insurance coverage.

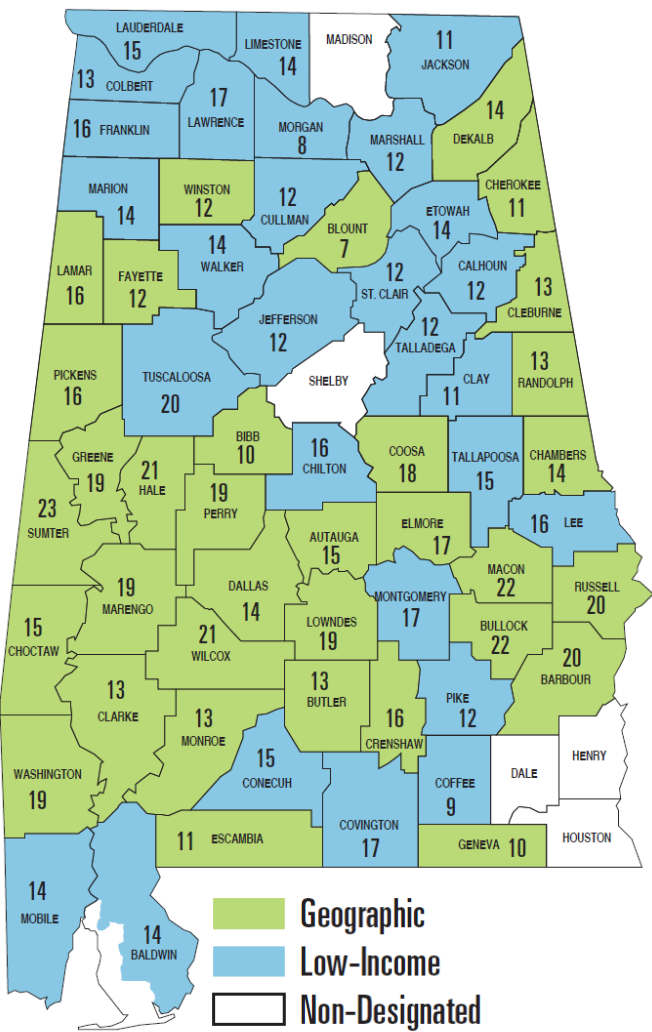
Source: U.S. Census Bureau, American Community Survey
5-Year Estimates Subject Tables, 2022



Percent of Alabamians Lacking Healthcare Insurance

Indicator 1.2 Health Professional Shortage Areas-
Primary Care, Present Status

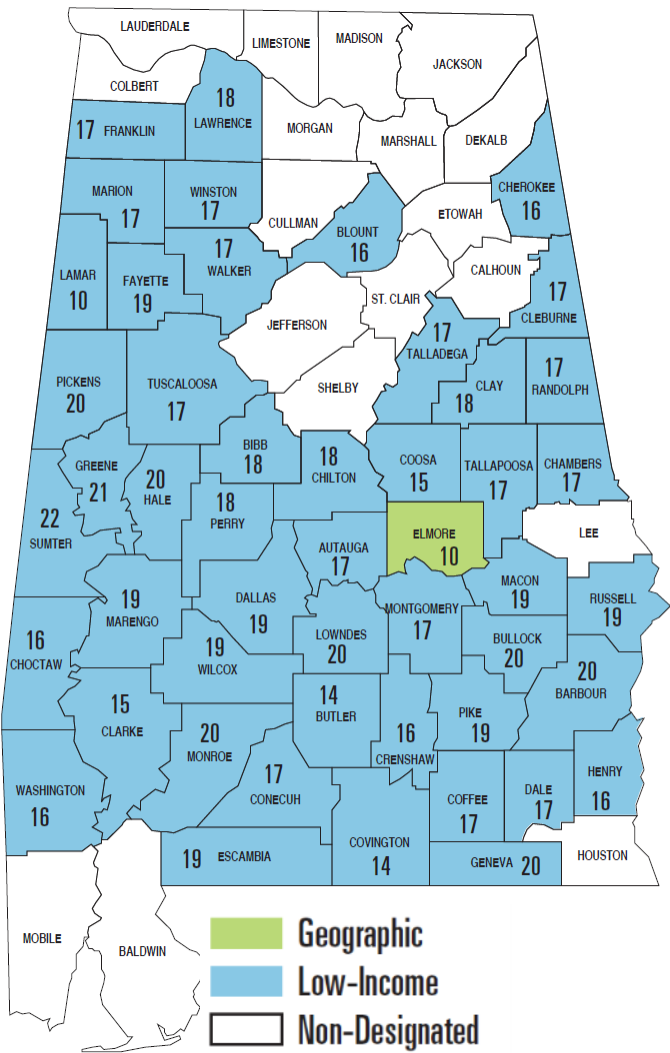
Source: ADPH Office of Primary Care and Rural Health, 2024



Health Professional Shortage Areas - Primary Care

Indicator 1.3 Health Professional Shortage Areas-
Dental, Present Status

Source: ADPH Office of Primary Care and Rural Health, 2024

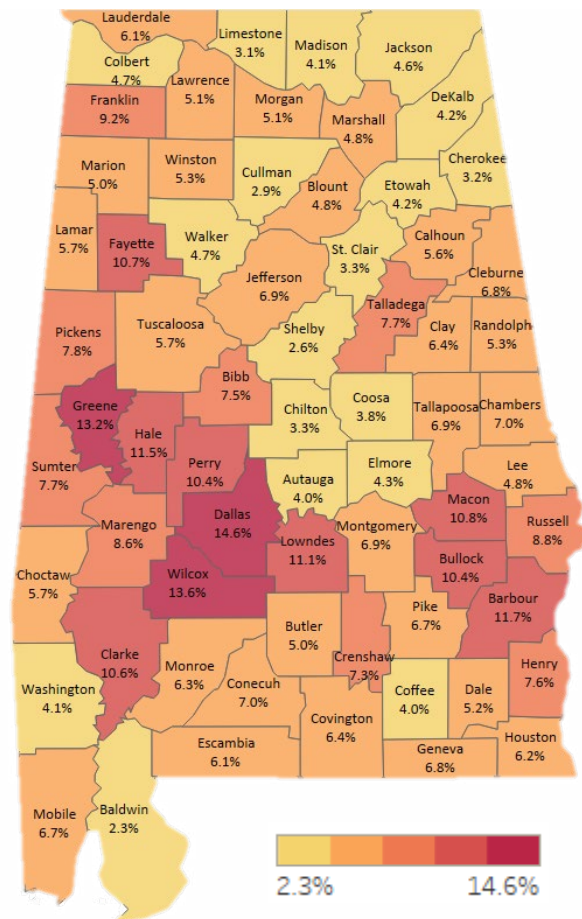


Health Professional Shortage Areas - Dental

Indicator 1.4 Percent of Alabama Households Without a Vehicle

Present Status: Almost 6 percent of all Alabama households do not have a vehicle available.

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates Subject Tables-DP04, 2022



Percent of Alabama Households Without a Vehicle

Support for Progress

Potential Partners:

Federally Qualified Health Center's mobile health clinics, the Alabama Department of Public Health Telehealth Program, prenatal and baby centric businesses, community health workers, community health workers' certification providers, urgent care facilities, and hospitals

Policy Approaches:

- Incentivize transportation providers to serve underserved areas, provide subsidies or incentives for low-income individuals, and support the integration of transportation and healthcare systems.
- Empower and formalize the role of community health workers, including expanding their responsibilities, establishing credentialing or certification programs, and securing appropriate reimbursement mechanisms.
- Invest in healthcare infrastructure development in rural areas, including the establishment or expansion of healthcare facilities, clinics, and telehealth services.
- Incentivize physicians to locate in areas of primary care physician shortage determined by the Alabama Office of Rural Healthcare workforce.

Priority 1 Social Risk Factors:



Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>



Work Group Members:

- Alabama Arise
- Alabama Department of Public Health
- Alabama Medicaid Agency
- American Lung Association
- BirthWell
- Children's of Alabama
- Community Action Association Alabama
- Jefferson County Board of Health
- Kid One Transport
- University of Alabama, School of Public Health

Priority Area 2: Supporting Partnerships to Empower Community Resilience and Mental Wellness

Goals and Strategies

Goal 1: Raise awareness about the importance of resilience and mental wellness through targeted campaigns, community events, and public outreach initiatives

Strategy 2.1.1: Provide educational opportunities to expand mental health awareness and eliminate the stigma associated with diagnosis and treatment

Strategy 2.1.2: Promote mental health education and resource availability in schools and workplaces

Strategy 2.1.3: Provide education to community members and parents to aid in the recognition and treatment of mental health, coping mechanisms, and preventative tools

Goal 2: Establish partnerships with community organizations, support groups, and peer networks to foster community level support

Strategy 2.2.1: Work with partners to develop and expand referral networks

Strategy 2.2.2: Develop mental health initiatives using stakeholder feedback to guide its relevance to the community

Strategy 2.2.3: Provide training and workshops on the availability of diagnostic tools and general insurance protocol

Goal 3: Develop a comprehensive guide to provide services for mental wellness and social needs

Strategy 2.3.1: Conduct a resource scan to identify additional resources

Strategy 2.3.2: Research and determine the best avenue for distribution

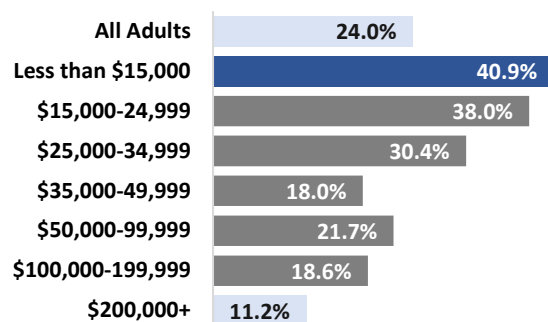
Strategy 2.3.3: Establish partnerships with community groups to promote the guide

Measuring Progress

Indicator 2.1 Depression Reported Among Alabama Adults

Present Status: More than 20 percent of Alabama adults have been told they have a depressive disorder.

Source: Behavioral Risk Factor Surveillance System, 2022

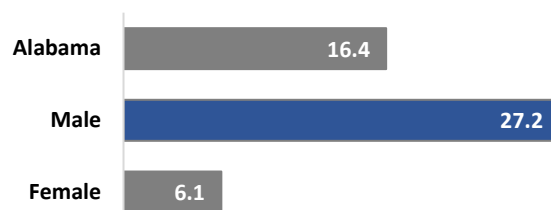


Depression Reported Among Alabama Adults

Indicator 2.2 Suicide Mortality Rates

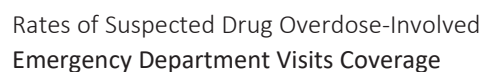
Present Status: Suicide rates are higher for males than females in Alabama.

Source: CDC Wonder, 2018-2022 Underlying Cause of Death by Single-Race Categories, 2022

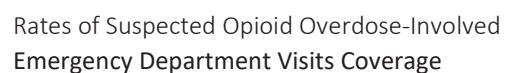


Mortality Rates per 100,000

Source: Alabama Syndromic Surveillance, CDC All Drug Overdose v3
Parsed, 2022

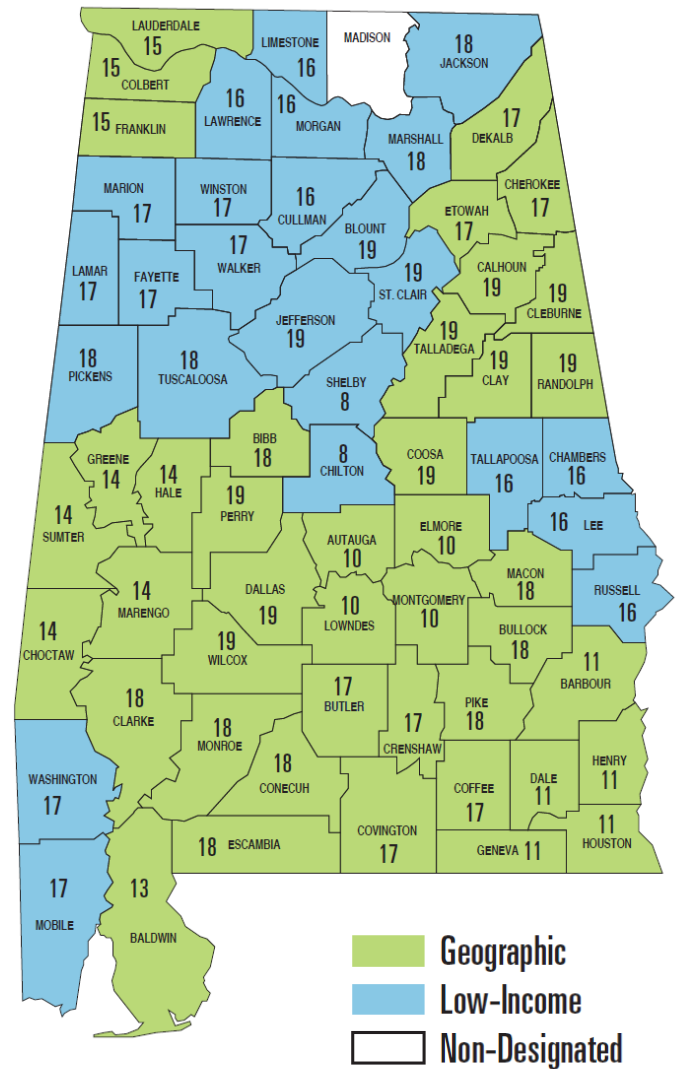


Source: Alabama Syndromic Surveillance, CDC All Opioid Overdose v4, 2022



Indicator 2.4 Health Professional Shortage Areas - Mental Health, Present Status

Source: ADPH Office of Primary Care and Rural Health, 2024



Health Professional Shortage Areas – Mental Health

Support for Progress

Potential Partners:

Eating disorder associations, Connect Alabama app, United Way, youth servicing agencies, Help Me Grow, faith-based support specialists, Nurse-Family Partnership, Alabama Coordinated Health Network, peers, City of Montgomery, community health partners, rehab recovery facilities, First 5 Alabama, Postpartum Support International, and the Alabama Department of Public Health Office of Primary Care and Rural Health

Policy Approaches:

- Develop policy recommendations that address key gaps or barriers identified through strategies.
- Engage policymakers, legislators, and other influential individuals to advocate for the adoption and implementation of supportive policies.
- Join forces with community organizations, support groups, and peer networks to advocate for policy changes that prioritize mental health and resilience.
- Formulate clear and actionable policy recommendations based on identified needs and best practices and ensure that the recommendations address barriers to access, resource availability, and support systems.
- Support incentives for physicians to practice in rural, underserved areas.

Priority 2 Social Risk Factors:



Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>



Work Group Members:

- Alabama Alcoholic Beverage Control Board
- Alabama Arise
- Alabama Department of Mental Health
- Alabama Department of Public Health
- Alabama Medicaid Agency
- American Lung Association
- BirthWell
- Children's of Alabama
- Community Action Association Alabama
- D3 Health & Fitness
- Health OpX
- Jefferson County Board of Health
- Kid One Transport
- University of Alabama, School of Public Health

Priority Area 3: Improving the Quality of Life

Goals and Strategies

Goal 1: Promote programs that directly target health-related social needs through innovative partnerships

Strategy 3.1.1: Develop partnerships with nontraditional entities such as local artists, sports teams, and community organizations to create unique initiatives addressing health-related social needs

Strategy 3.1.2: Utilize the community health worker model to establish connections with local resources, ensuring individuals have access to necessary health and social services

Strategy 3.1.3: Integrate postpartum support groups into community programs to promote overall well-being, provide lactation support services, and address postpartum depression and anxiety

Strategy 3.1.4: Support food prescription programs

Strategy 3.1.5: Support the maintenance of community pools and partner with state parks to provide safe recreational spaces, promote physical activity, and enhance community well-being

Strategy 3.1.6: Increase the number of farmer's markets participating in the Double Up Food Bucks Program to expand access

Goal 2: Foster community-driven initiatives tackling food insecurity

Strategy 3.2.1: Offer classes to Women, Infants, and Children participants, focusing on cooking and making healthy choices

Strategy 3.2.2: Assess available resources and gaps in services, especially in rural communities and collaborate with local stakeholders to develop interventions

Strategy 3.2.3: Establish community gardens in rural areas to enhance access to fresh food

Strategy 3.2.4: Partner with local organizations to improve the nutritional quality of school lunches

Strategy 3.2.5: Collaborate with food banks, shelters, and community organizations to expand awareness of healthy food options, provide resources, and strategize to reduce food insecurity

Strategy 3.2.6: Introduce food market trucks selling fresh produce to underserved areas, complemented by farm-to-table programs to promote healthier eating habits and alleviate food insecurity

Goal 3: Develop, deliver, and support training sessions and public awareness campaigns aimed at educating parents, caregivers, and the general public on the significance of child safety

Strategy 3.3.1: Provide workshops, webinars, and training sessions for parents, caregivers, and community members on child safety practices

Strategy 3.3.2: Collaborate with schools to integrate safety education programs into their curriculum

Strategy 3.3.3: Implement initiatives to improve access to affordable car seats and booster seats for families in need, including subsidy programs, community partnerships, and distribution events

Strategy 3.3.4: Develop and/or deliver training, webinars, and workshops on child safety, covering topics such as car seat installation, heat safety awareness, safe sleep practices, and home safety measures to empower parents, caregivers, and the wider community with essential knowledge and skills

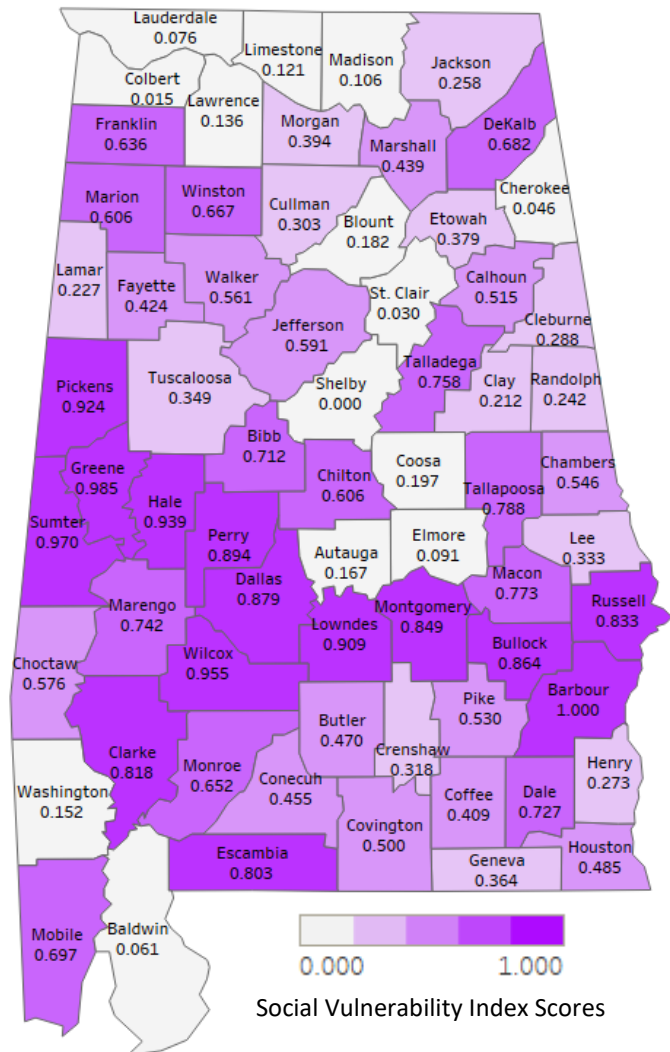
Strategy 3.3.5: Promote virtual reality safety educational opportunities for individuals to raise awareness of how quickly an adverse situation may arise

Strategy 3.3.6: Develop public awareness campaigns and training sessions on child safety issues as they are identified

Measuring Progress

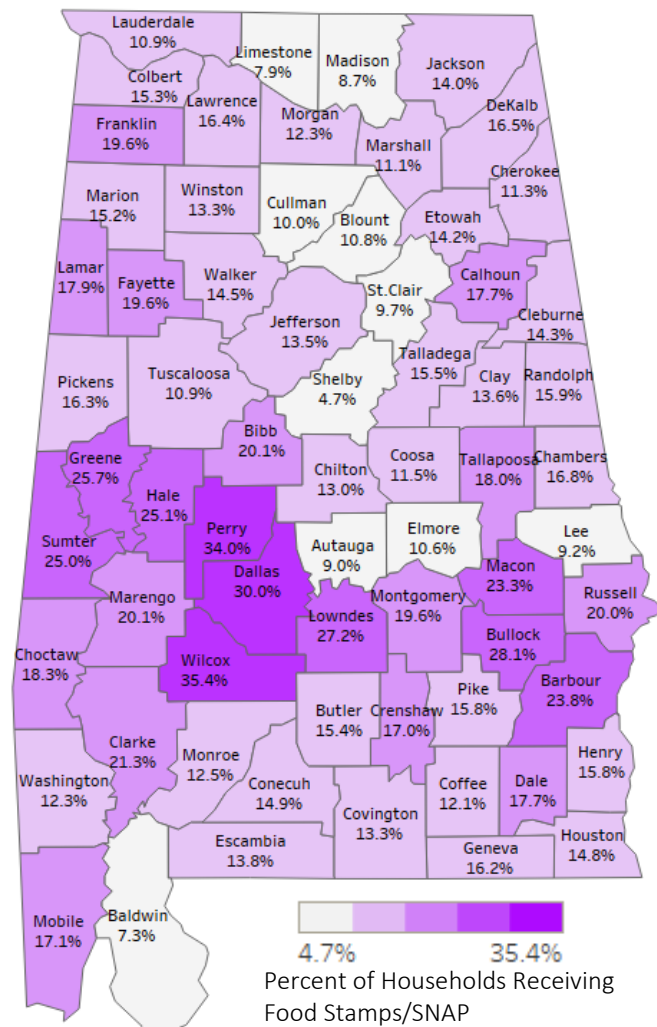
Indicator 3.1 Social Vulnerability Index Scores
Present Status: More counties in the southern part of Alabama have higher social vulnerability.

Source: CDC ATSDR, Social Vulnerability Index- Rpl-Themes, 2020



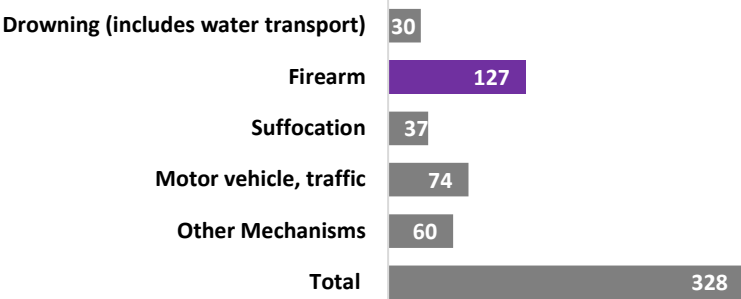
Indicator 3.2 Percent of Households Receiving Food Stamps/SNAP
Present Status: More than 13 percent of Alabama households are receiving Food Stamps/ SNAP.

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates Subject Tables, 2022



Indicator 3.3 Number of Child Fatalities by Injury Mechanism
Present Status: Firearms are the mechanisms for most child fatalities.

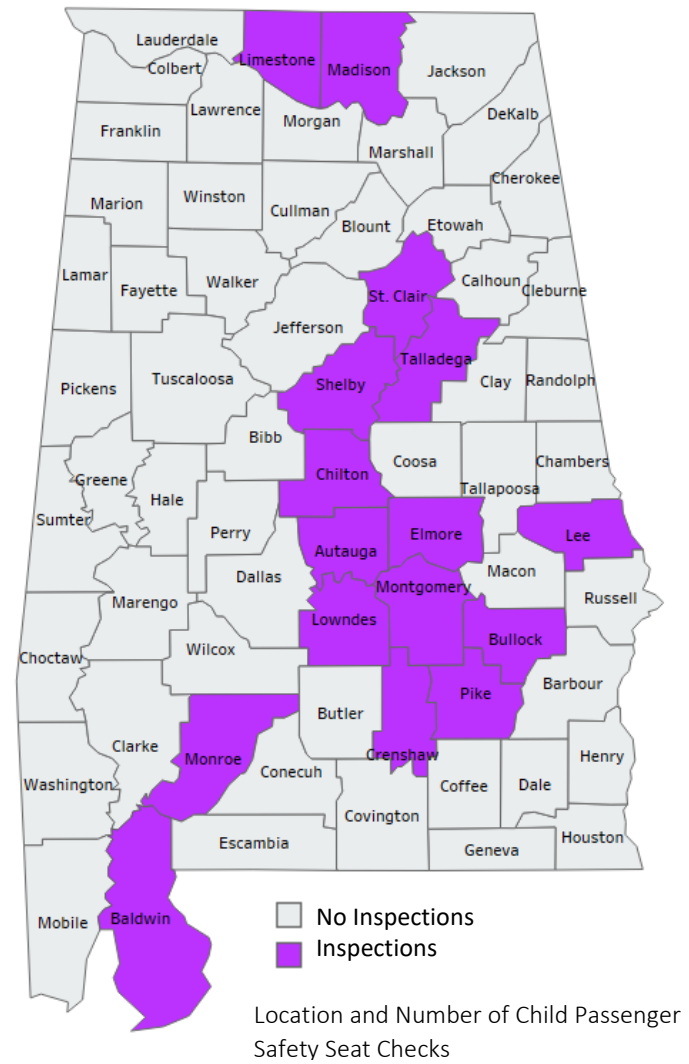
Source: CDC National Center for Injury Prevention and Control, WISQARS Fatal and Nonfatal Injury Reports, Age 0-19, 2022



Number of Child Fatalities by Injury Mechanism

Indicator 3.4 Location and Number of Child Passenger Safety Seat Checks
Baseline Data: In 2022, Alabama conducted 100 safety seat checks in 16 counties.

Source: National Digital Car Seat Check Form, Alabama, 2022



Support for Progress

Potential Partners:

Food market trucks, local food banks, shelters, community organizations, community health workers, Farm to Table programs, Jones Valley Urban Farm, social service organizations, schools, employers, law enforcement officers, firefighters, local artists, sports teams, safety festival organizers, doulas, Chocolate Milk Mommies, state parks, Gift of Life, Alabama Cooperative Extension, East Lake Methodist Church, the Alabama Department of Public Health Nutrition and Physical Activity Program, the Alabama Department of Public Health Women, Infants and Children Program

Policy Approaches:

- Promote integration of health and social services so that resources are centrally located
- Implement policies expanding availability of existing resources, such as Double Up Food Bucks and food prescription programs
- Support continued development and expansion of centralized database to collect and monitor data on child passenger safety, so information may be used to identify gaps in service, inform decisions, and develop interventions
- Support policies that strengthen child safety laws by educating policy makers on their importance and providing data identifying the gaps

Priority 3 Social Risk Factors:



Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>



Work Group Members:

- Alabama Department of Agriculture & Industries
- Alabama Department of Economic and Community Affairs
- Alabama Department of Mental Health
- Alabama Department of Public Health
- Alabama Department of Rehabilitation
- Alabama Department of Senior Services
- BirthWell
- Children's of Alabama
- Connection Health
- Huntsville Hospital
- March of Dimes
- University of Alabama
- USA Health Children's & Women's Hospital

State Health Improvement Plan's Implementation

Alabama's State Health Improvement Plan is designed to be a living document, so that it can evolve as data shows the needs of the community have changed. If updated State Health Assessments show a significant change in priority areas, existing work groups will collectively analyze the data and determine how new information should be incorporated into the current plan.

Contributors

The State Health Improvement Plan is comprised of three types of contributors:

1. Internal Development Committee is responsible for:
 - a. Conducting the State Health Assessment and analyzing the data, which is used to inform the development of the State Health Improvement Plan
 - b. Identifying steering committee members
 - c. Facilitating the development of the State Health Improvement Plan
 - d. Overseeing the implementation of the State Health Improvement Plan
2. Steering Committee is responsible for:
 - a. Using the health indicators from the State Health Assessment to determine the State Health Improvement Plan's priority areas
 - b. Conducting a resource scan within the group to identify available resources and gaps in resources
 - c. Identifying strategies to address the priority areas
 - d. Serving on a work group
 - e. Recruiting stakeholders to serve on a work group
3. Work Groups are responsible for:
 - a. Identifying a work group lead
 - b. Evaluating strategies identified by the Steering Committee to determine which ones will be implemented
 - c. Introducing new strategies
 - d. Establishing goals, actions, and measures for success
 - e. Implementing the State Health Improvement Plan

The Internal Development and Steering Committees will remain stable throughout the State Health Improvement Plan's tenure. Work group membership, however, is anticipated to change to reflect strategies the work group has identified for the given year. Interested stakeholders may reach out to the Alabama Department of Public Health's Office of Performance Management at any time during the plan to request to join a work group.

Each priority area will be represented by a work group. Members may serve on more than one work group and work groups may work together on overlapping initiatives.

During the first year, work group membership will continue to be defined to ensure all key stakeholders are represented in the plan. Each work group will conduct a resource scan to prioritize identified strategies, considering available resources and potential impact. Work groups will establish metrics for gauging their internal success.

For each strategy implemented, individuals and/or agencies within each work group will assume responsibility for specific actions. Progress for each action will be reported internally through a mechanism, such as an action item list, to facilitate the plan's continued progress. Incorporating this mechanism into each group will allow members to share successes and challenges, and to provide and receive support as needed.

Work groups will evaluate strategies annually. Each work group will report its progress to the Alabama Department of Public Health, who will maintain a record of the plan's progress in its performance management system. A reporting schedule will be determined once the plan has commenced.

Although work group members will be responsible for their respective priority areas, all contributors are responsible for the plan's implementation.

To update the plan, the steering committee will use a modified mind map, or similar tool, to identify new priorities and strategies.

How did the work group identify the goals within each priority area?

Prior to each meeting, the State Health Improvement Plan Coordinator sent a survey developed by the State Health Improvement Plan Steering Committee to work group participants. The State Health Improvement Plan Steering Committee used survey results to identify a prompt for a modified mind map.

The survey questions for each priority area were:

Priority 1: Strengthening Networks to Provide Better Access to Care
What are three ways the work group can address access to care?

Priority 2: Supporting Partnerships to Empower Community Resilience and Mental Wellness
Please list below the ways that we, as a group, can address Mental Health and Substance Abuse concerns.

Priority 3: Improving Quality of Life
Please list below the ways that we, as a group, can address Health-Related Social Needs.

An Alabama Department of Public Health evaluator analyzed and sorted the responses. The top three categories were used as the starting point for each modified mind map for each meeting. If two categories ranked similarly, both were included in the meeting to allow participants another opportunity to identify the three most important strategies for the priority. At the beginning of each meeting, participants were asked to identify which strategy was the most important in each category. Categories and rankings* are:

Priority 1: Strengthening Networks to Provide Better Access to Care (January 12, 2024)

a. Transportation	55%
b. Rural Health Outreach	22%
c. Training Community Health Workers	13%
d. Pregnancy Outcomes	10%

Priority 2: Supporting Partnerships to Empower Community Resilience and Mental Wellness (February 12, 2024)

a. Educate Public	56%
b. Partner Organizations	22%
c. Comprehensive Resources	22%

Priority 3: Improving Quality of Life (March 11, 2024)

a. Food Insecurity	50%
b. Child Safety	19%
c. Non-traditional Partnerships	31%

**Rankings are shown as a percentage of participant responses received*

Partners

Steering Committee

Alabama Alcoholic Beverage Control Board
Alabama Arise
Alabama Department of Agriculture & Industries
Alabama Department of Economic and Community Affairs
Alabama Department of Public Health
ALL Kids
Behavioral Health Division
Calhoun County
Child Passenger Safety
Children's Health Insurance Program
Disease Intervention
Epidemiology
Maternal and Child Health
Perinatal Program
Field Operations
Information Technology
Information Technology
Nutrition and Physical Activity
Office of Informatics and Data Analytics
Southeastern District
Southwestern District
Tuberculosis
Alabama Department of Mental Health
Alabama Department of Mental Health
Alabama Department of Mental Health
Alabama Department of Mental Health
Alabama Department of Mental Health
Alabama Department of Rehabilitation Services
Alabama Department of Senior Services
Alabama Partnership for Children
Alzheimer's Association
American Lung Association
BirthWell
Children's of Alabama, Integrative Care
Children's of Alabama, Government Affairs
Children's of Alabama, Preventive Medicine
Children's of Alabama, Preventive Medicine
Children's of Alabama, Health Education and Safety Center
Connection Health
D3 Health & Fitness
Health OpX

Dean Argo
Jennifer Harris
Beth Pratt
Lynne Wilman

Angela Sampson
Betsy Cagle
Connie Hendon
Bentasia Parker
Makiko Hori
Dana Jones
Justine Goetzman
Alice Irby
Csierra Payne
Patricia Martin
Courtney Myers
Saranee Dutta
Lita Chatham
Annalyse Bergman
Susan Wiggins
Cathy Beatty
Julie Nightengale
Beverly Johnson
Brandon Folks
Brenae Waters
Chris Sellers
Gayla Caddell
Carlene Robinson
Traci Dunklin
Christine LeVert
James King
Ashley Lyerly
Dalila Abrams
Beth Rocker
Brian Massey
Andrea Cherrington
Carrie Howell
Marie Crew
Felecia Barrow
Angela Seay
Wesley Ma

Huntsville Hospital
Jefferson County Board of Health
Kid One Transport
March of Dimes
University of Alabama, School of Public Health
University of Alabama, School of Public Health
USA Children’s & Women’s Hospital

Ellen Harris
Yvette Burt
Matt Holdbrooks
Honour McDaniel Hill
Sarah McCarthy
Haasan Hawthorne
Courtney Thomson

Internal Development Committee

Alabama Department of Public Health,
Office of Performance Management

Denise Bertaut

Alabama Department of Public Health,
Epidemiology and Evaluation

Sondra Reese

Alabama Department of Public Health,
Epidemiology and Evaluation

Kortnei Scott

Alabama Department of Rehabilitation Services
(Planning Committee)

Carlene Robinson



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