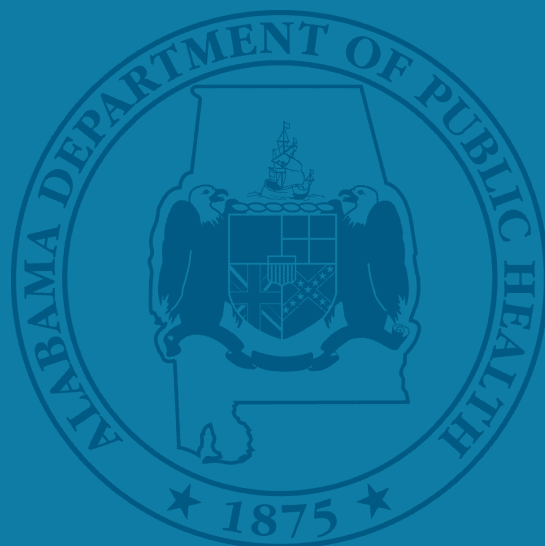


# Alabama Department of Public Health

Annual Report 2003



**On the inside:** Mission, Value Statement and Authority of ADPH | State Committee of Public Health **1** | Letter to the Governor **2** | Organization of ADPH **3** | Bureau of Communicable Disease **4** | Bureau of Health Promotion and Chronic Disease **11** | Bureau of Clinical Laboratories **19** | Bureau of Family Health Services **22** | Bureau of Home and Community Service **30** | Bureau of Health Provider Standards **32** | Office of Radiation Control **34** | Bureau of Environmental Services **35** | Office of Professional and Support Services **38** | Office of Children's Health Insurance **42** | Primary Care and Rural Health Development **43** | Bureau of Information Services **45** | Bureau of Financial Services **49** | Office of Personnel and Staff Development **51** | Office of Program Integrity **53** | ADPH Address Roster **54** | Public Health Areas **58**

# Alabama Department of Public Health

## Mission

To serve the people of Alabama by assuring conditions in which they can be healthy.

## 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 health 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 an advisory board to the state in all medical matters, matters of sanitation and public health. The Medical Association, which meets annually, is the State Board of Health. The State Committee of Public Health meets monthly between the annual meetings 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 125 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 the rules which govern a healthful existence; and to determine a way for enforcing health laws for the welfare of all people.



Photograph by Mark L. Wright

## State Committee of Public Health

George C. Smith, MD .....Chair, Lineville  
 Marsha D. Raulerson, MD .....Vice Chair, Brewton  
 Donald E. Williamson, MD .....Secretary, Montgomery

Kenneth W. Aldridge, MD.....Tuscaloosa  
 Jorge A. Alsip, MD.....Daphne  
 James G. Chambers, III, MD .....Huntsville  
 Craig H. Christopher, MD.....Birmingham  
 Steven P. Furr, MD .....Jackson  
 Allan R. Goldstein, MD.....Birmingham  
 A. Ray Hudson, MD.....Jasper  
 J. Allen Meadows, MD .....Montgomery  
 Arthur F. Toole, III, MD.....Anniston  
 Pamela D. Varner, MD.....Birmingham

*Council on Animal and Environmental Health*  
 Glen Malone, DVM.....Montgomery

*Council on Dental Health*  
 Larry Browder, DMD .....Montgomery

*Council on Health Costs, Administration and Organization*  
 Jennie Rhinehart.....Tallassee

*Council on Prevention of Disease and Medical Care*  
 Ashley C. Cousins, PE .....Montgomery

### Pictured Above:

**Front Row Seated L to R:**  
 Marsha D. Raulerson, MD  
 George C. Smith, MD  
 Donald E. Williamson, MD

**Middle Row Standing L to R:**  
 Ashley C. Cousins, PE  
 Jorge A. Alsip, MD  
 Jennie Rhinehart  
 Glen Malone, DVM  
 A. Ray Hudson, MD  
 Steven P. Furr, MD  
 Pamela D. Varner, MD

**Back Row Standing L to R:**  
 Kenneth W. Aldridge, MD  
 Larry Browder, DMD  
 Allan R. Goldstein, MD  
 Arthur F. Toole, III, MD  
 J. Allen Meadows, MD  
 James G. Chambers, III, MD  
 Craig H. Christopher, MD

# Letter to the Governor

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

Dear Governor Riley:

I am pleased to present to you the 2003 Annual Report of the Alabama Department of Public Health. During the past year, the Department has continued to fulfill its mission of serving the people of Alabama by ensuring conditions in which they can be healthy despite the difficult financial situation of the state.

The state's current financial crisis has resulted in substantial changes in the services provided by the Alabama Department of Public Health. During the past year, the Department has been forced to eliminate over 100 positions, eliminate the Hypertension Program which was serving almost 15,000 low-income citizens of the state, and reduce the number of sites in which families can receive WIC food instruments. In addition, the Department has been forced to reduce the frequency of restaurant and hotel inspections.

ALL Kids, a program which provides low-cost health insurance to children of low-income working parents, entered its fifth year with 58,696 children enrolled. Through the partnership between ALL Kids, Medicaid, and the Alabama Child Caring Foundation, the number of uninsured children has been reduced to below the national average. Unfortunately, the current financial crisis has resulted in a freeze in program enrollment and the placing of applicants on a waiting list. This will reverse some of the progress previously made in reducing the number of uninsured children in Alabama.

Many significant events occurred during the past year in Alabama. Late in the year, Alabama along with much of the nation, was faced with an unexpected demand for influenza vaccine. In response to this demand, the State Health Department administered more than 200,000 doses of influenza vaccine.

This represents the greatest number of influenza doses ever provided by the Health Department to the citizens of the state. The increased demand represents real progress in helping to reduce the incidence of influenza associated death and disability in Alabama.

Last year Alabama reported its lowest rate of infant mortality ever. This progress was due in part to a number of programs provided by the Alabama Department of Public Health. These programs include activities such as *Plan first* which helps low-income women plan their pregnancies and reduce the frequency of unintended pregnancies. In addition, the WIC program provides nutrition education and food to low-income mothers and children helping to ensure healthier pregnancies and healthier newborns. Due to teen pregnancy prevention programs, teen births decreased from 8,993 in 2001 to 8,589 in 2002. This represents the lowest number of teen births ever recorded in the state.

The Department's Center for Emergency Preparedness continued its efforts in helping the state develop a more coordinated response to potential terrorist events. Personal protective equipment was made available to 77 hospitals, decontamination equipment to 24 hospitals, and negative pressure isolation equipment was provided to 17 hospitals for inpatient use and to 22 hospitals for emergency room use. Biological disaster tabletop exercises were also conducted across the state to help prepare responders for crisis events.

Since its inception in October 1996, the Breast and Cervical Cancer Early Detection Program has provided services to over 30,000 women. More than 480 breast cancers and 30 invasive cervical cancers have been diagnosed. In addition, 116 cervical lesions have

been detected in the precancerous stage. Beginning in October 2001, women diagnosed with breast or cervical cancer through the screening program have been eligible for Alabama Medicaid benefits. To date, more than 416 women have been referred and approved for Medicaid coverage.

Despite the financial challenges which the state faced during the last fiscal year and the challenges we will face in the coming year, the Department remains committed to ensuring the best health outcomes possible for our fellow citizens. We look forward to continuing to work with our partners in both the public and the private sector to achieve this goal. We appreciate the support provided by your administration and by the Legislature during these difficult financial times.

Sincerely,

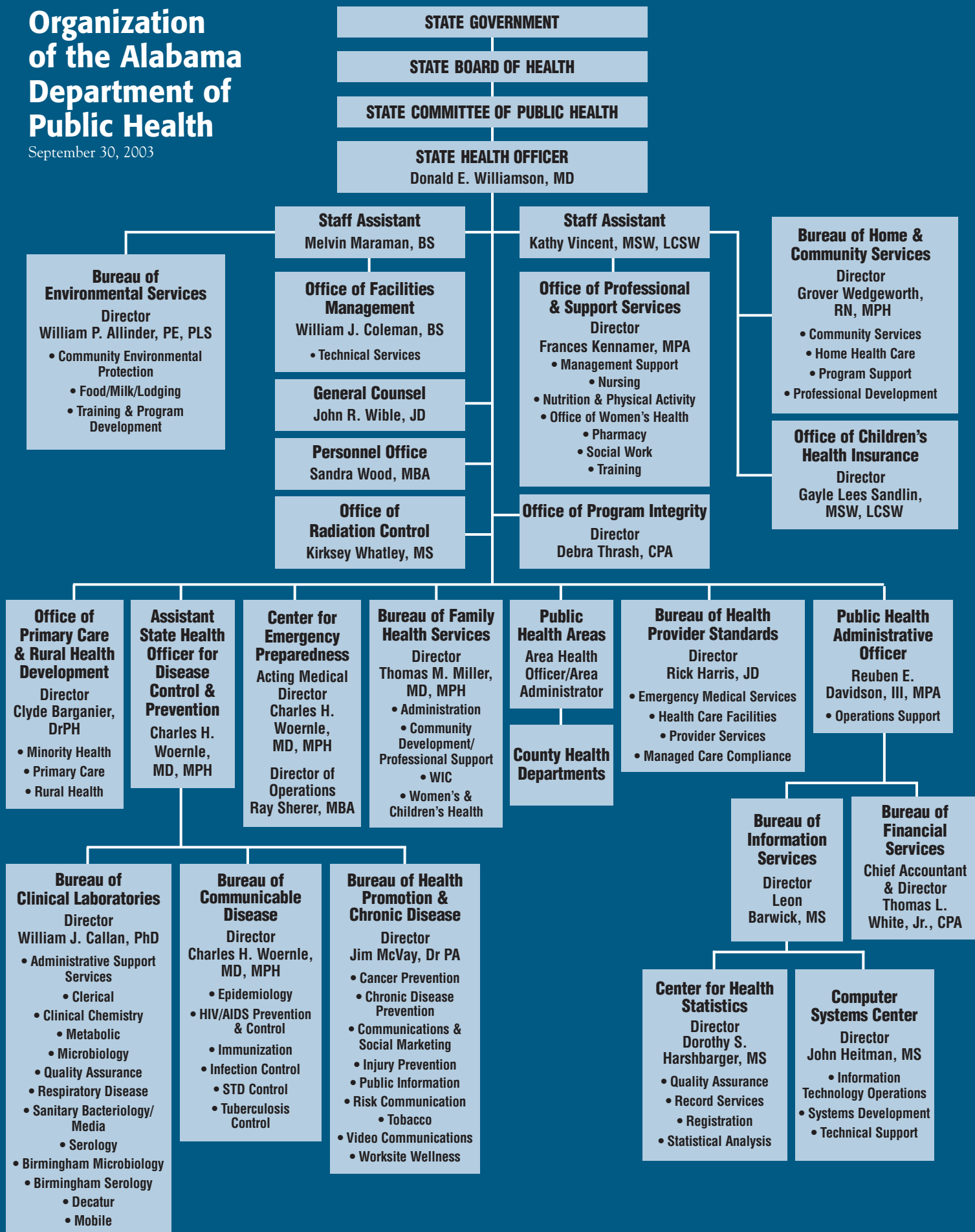


Donald E. Williamson, M.D.  
State Health Officer



# Organization of the Alabama Department of Public Health

September 30, 2003





# Bureau of Communicable Disease

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

## Epidemiology

The Division of Epidemiology is comprised of three branches: Communicable Disease Surveillance, Zoonotic Disease and Environmental Toxicology.

## Communicable Disease

The Communicable Disease Surveillance Branch is responsible for tracking the occurrence of reportable diseases and conditions and investigating disease outbreaks and trends. Infections generally associated with foodborne transmission continued to account for the vast majority of disease reported to the division in 2003, including 802 cases of salmonellosis, 337 cases of shigellosis, 178 cases of campylobacteriosis, 217 cases of giardiasis and 24 cases of hepatitis A.

Shigellosis case reports declined significantly with 59 percent fewer cases in 2003. The 21 cases of invasive meningococcal disease reported in

2003 continued a seven-year downward trend. In addition, the 36 reported human cases of West Nile virus infection in 2003 represented a 26 percent decline compared to the 49 cases reported in 2002.

In April 2003, the State Committee of Public Health modified Rule 420-4-1 Notifiable Diseases to include cases of nuclear, biological or chemical terrorist agents as Group A diseases and in November required reporting of Severe Acute Respiratory Syndrome as a Group A disease.

## Zoonotic Disease

The Zoonoses program is charged with monitoring, controlling and preventing diseases transmitted from animals to humans. The number of cumulative cases of animal rabies in 2003 was 66. Raccoons accounted for 32 of the positive cases, and the other major species, bats, accounted for 24 positive cases.

**Cases of Notifiable Diseases, by Year, 1996-2003**

NOTIFIABLE DISEASES	1996	1997	1998	1999	2000	2001	2002	2003
Campylobacteriosis	264	244	186	182	163	175	228	178
Cryptosporidiosis	*	*	*	16	12	18	43	55
<i>E. coli</i> O157:H7	15	15	23	28	11	15	20	17
Ehrlichiosis (Human Monocytic)	*	*	*	2	2	0	2	1
Giardiasis	299	364	289	341	224	228	206	217
<i>H. influenzae</i> invasive disease	13	19	12	18	14	26	17	26
Hepatitis A	217	91	87	52	58	79	39	24
Hepatitis B	78	88	73	80	65	84	102	95
Histoplasmosis	19	14	28	24	10	1	9	16
Legionellosis	5	3	9	6	3	13	8	20
Listeriosis	12	8	8	9	4	8	4	14
Lyme Disease	9	12	27	16	6	10	11	8
Malaria	8	10	6	7	15	6	7	7
Measles	0	0	1	0	0	0	12	0
Meningococcal invasive disease	95	87	51	39	34	33	23	21
Mumps	6	9	9	12	3	0	3	4
Pertussis	26	35	28	19	21	38	41	19
Rocky Mountain Spotted Fever	15	8	13	17	10	19	16	22
Rubella	2	0	0	2	4	0	0	0
Salmonellosis	507	481	696	602	664	718	861	802
Shigellosis	144	283	453	110	106	199	839	337
<i>Vibrio vulnificus</i> infection	4	4	4	4	4	6	4	5

The Zoonoses program cooperated in a national effort to contain the northwest migration across Alabama of the raccoon rabies variant by the distribution of approximately 400,000 doses of an oral rabies vaccine in portions of five counties in northeast Alabama in November of this year. Further baiting with this vaccine is expected to occur in the same area in 2004.

This was the fourth year the Zoonoses Branch collaborated with the Centers for Disease Control and Prevention and 17 cooperators across Alabama in a West Nile virus surveillance project. The effort was extremely successful and allowed for early public alerts. West Nile virus activity was detected in 66 of the state's 67 counties, and 257 of 984 dead birds tested were positive for the virus. In addition, 66 horses and 88 of the 1,478 mosquito pools were found to have West Nile virus, which is indicative of the high level of virus circulating among mosquitoes and birds across Alabama.

### Public Health Assessments Program

The Public Health Assessments program evaluates hazardous waste

sites in Alabama to identify actual or potential public health hazards, determine the extent of risk and populations at risk and to communicate the hazards to the public and other agencies. This includes recommended ways for individuals to avoid or minimize the risk. Hazardous waste sites are usually industrial facilities, landfills or other locations where hazardous substances, or contaminants, have been accidentally or intentionally released into the environment.

In 2003, the program responded to concerns at 20 sites in 14 counties. Completed activities include five health evaluation documents, nine community involvement activities and seven environmental health education activities. Respondents to an evaluation of the revised fish consumption advisories strongly endorsed the new material. Program personnel continued their participation in the Alabama Comprehensive Cancer Control Coalition and the Calhoun County Protocol for Assessing Community Excellence in Environmental Health. Personnel furnished presentations on building community capacity at a national conference, on risk communication at a state training program and

on contaminants in fish on television and radio programs.

### Hazardous Substances Emergency Events Surveillance (HSEES) System

The Hazardous Substances Emergency Events Surveillance program compiles data on the acute health effects experienced by responders, employees and the general public during accidental and intentional emergency releases of hazardous substances. In the nine-year period between January 1993 and December 2002\*, 1,786 events involving 1,919 different substances were found to meet the criteria for inclusion in the surveillance system. Of these events 220 resulted in injury to a total of 605 individuals. There was injury in 32 percent of the events where chlorine was present, 15 percent where ammonia was present and 13 percent where acids were present. Evacuations were called for in 190 of these events, with a total of over 24,500 people evacuated.

\* Data are developed by ADPH and forwarded to ATSDR for inclusion in a national database that has been verified and validated only through 2002.

## Number of substances released in all events and events with victims, by substance category, 1993-2002

SUBSTANCE CATEGORY	EVENT		EVENTS WITH VICTIMS		PERCENT OF THIS SUBSTANCE EVENTS WITH VICTIMS
	NUMBER	PERCENT	NUMBER	PERCENT	
Acids	223	11.6	29	13.18	13
Ammonia	134	6.98	20	9.09	14.93
Bases	126	6.57	10	4.55	7.94
Chlorine	74	3.86	24	10.91	32.43
Hetero-Organics*	7	0.36	0	0	0
Hydrocarbons*	4	0.21	1	0.45	25
Mixture of Categories	48	2.5	7	3.18	14.58
Other	449	23.4	47	21.36	10.47
Other Inorganics	322	14.8	46	20.91	14.29
Oxy-organics*	10	0.52	1	0.45	10
Paint and Dyes	58	3.02	6	2.73	10.34
PCBs	35	1.82	0	0	0
Pesticides	120	6.25	10	4.55	8.33
Polymers*	4	0.21	0	0	0
Volatile Organics	305	15.9	19	8.64	6.23
Total	1,919	98.0	220	100.0	11.46

\* Substance category added 2002.

## Center for Emergency Preparedness

The Centers for Disease Control and Prevention provided \$14,900,443 in a cooperative agreement with the Alabama Department of Public Health in 2002-2003. These funds were to be used in part by the Center for Emergency Preparedness in providing overall direction to and management of the department's assessment, planning and response to acts of bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies, such as meteorological, geological, chemical, radiological and industrial disasters.

### Activities of the center for 2003 included:

- Coordinating with hospitals across the state to determine the level of cooperation during Phase One of the Smallpox Vaccination Program and submission of weekly reports to show progress;
- Assisting smallpox staff in identifying and organizing smallpox supplies that were shipped to the 11 public health areas for use in vaccination clinics;
- Submitting weekly reports to the Centers for Disease Control and Prevention to reflect the cumulative number of smallpox vaccinations given and the number of hospitals participating;
- Completing a draft epidemiologic response and epidemiologic training plan; completion of a draft state emergency response plan that will be activated during any public health emergency;
- Coordinating with area emergency preparedness staff in their efforts to complete their emergency response plans and all other preparedness efforts related to bioterrorism and other public health emergencies;
- Responding to 70 emergency calls.

Training activities of the center in 2003 included collaboration with

various universities and vendors to develop and present bioterrorism 101 workshops; provide personal protective equipment and decontamination training and HEPA filtration equipment training; conduct community tabletop exercises across the state in counties with hospitals; provide hospital emergency incident command system training for hospitals across the state; and provide an introduction to epidemiology to emergency preparedness staff.

The Health Resources and Services Administration's Hospital Bioterrorism Preparedness Program provided \$1.9 million in a cooperative agreement with the Alabama Department of Public Health in 2002-2003. These funds were designated to enhance the hospital capacity and preparedness to respond to large numbers of patients presenting to the hospital following a naturally occurring disaster or terrorist action resulting in mass casualties. The cooperative agreement had four priority planning areas: Medications and Vaccines; Communications; Personal Protection (Quarantine, Decontamination); and Biological Disaster Drills. As required, each of these priority areas was addressed within the statewide hospital system during the cooperative agreement year.

To these ends, the Center for Emergency Preparedness conducted a hospital preparedness assessment and has addressed the identified needs by the following: establishing a cache of pharmaceuticals that is readily available for dispensing to Alabama citizens prior to the arrival of national assets; providing a system of redundant communication to each acute care hospital in the state; providing personal protective equipment to 77 hospitals, decontamination equipment to 24 hospitals, and negative-pressure isolation equipment to 17 hospitals for inpatient use and 22 hospitals for emergency room use; and conducting biological disaster tabletop exercises across the state.

The Federal Emergency Management Agency provided

\$272,194 in a cooperative agreement with the Alabama Department of Public Health in 2003. These funds were designated to be used by the Chemical Stockpile Emergency Preparedness Program (CSEPP) in preparation of an event occurring during the destruction of chemical weapons stored at the Anniston Army Depot.

Activities of the program in 2003 included: participation in the planning and development of the annual CSEPP graded exercise; participation in an exercise with the Alabama Emergency Management Agency; and sponsorship of 21 training classes for hospital personnel and emergency medical technicians.

## HIV/AIDS Prevention and Control

The mission of the Division of HIV/AIDS Prevention and Control is to reduce the spread of HIV infection among the citizens in Alabama, while increasing survival time and quality of life for those citizens who are currently living with HIV or AIDS. During 2003, the division staff continued their work on many ongoing projects as well as beginning new approaches towards HIV prevention efforts. The combined efforts will help to decrease the HIV infection rates in Alabama by creating an awareness of HIV status for more people. The AIDS Awareness Campaign continued to roll across Alabama's highways on 18-wheeler trucks stimulating calls to the Alabama AIDS Hotline.

The HIV/AIDS Surveillance Branch has been collaborating with other state health department divisions to investigate HIV/AIDS cases that have been reported without risk factor. This collaboration will ultimately provide more accurate data for HIV/AIDS prevention programs to target specific populations at risk for HIV infection. The staff is also in the process of completing the HIV Enhanced Perinatal Study for 1999-2001. This study is funded by the Centers for Disease Control and Prevention, and is



designed to investigate potential and actual perinatal HIV transmission.

In 2004, the HIV/AIDS Surveillance Branch will continue implementation of the HIV Incidence Study, using the serological testing algorithms for recent HIV seroconversion. The HIV incidence study will allow the surveillance staff to determine HIV infections within the past 140 days, as well as provide current assessment of recent exposure. The Surveillance Branch is continuing to utilize the health department's Web site by providing detailed statistical data to community service providers for purposes that include grant writing, proposals, prevention programs, direct care initiatives and more.

The Alabama Drug Assistance Program continues to provide HIV medications to low income, uninsured Alabama residents living with HIV/AIDS. Limited funding to provide drug assistance service to persons living with HIV in Alabama remains a major challenge. A \$1 million decrease in state funding resulted in 100 fewer patients being served through the program. Persons receiving HIV medications currently through the Alabama Drug Assistance Program will not be removed. However, any new applications received will be placed on a waiting list that currently totals 207 people. Projections will be completed periodically to reevaluate the number of clients that can be served with the existing funds, and adjustments will be made based on expenditures. During 2003, four new HIV medications were added to Alabama's Drug Assistance Program formulary which now provides 31 medications from which medical providers can choose.

The HIV/AIDS Direct Care Branch made a commitment in 2002 to work on improving communication between Ryan White HIV/AIDS care providers, HIV/AIDS consumers and the HIV/AIDS Division staff. The division is focusing on activities to help increase participation of HIV/AIDS consumers in the direct

care service planning process. To continue this commitment in 2003, six Ryan White Care Consortia conducted consumer needs assessment surveys in each consortium service area. This survey was developed through a joint effort of the statewide consortia membership represented by HIV/AIDS consumers, medical providers and AIDS service organizations, United Way of Central Alabama and the Alabama Department of Public Health. The purpose of the survey was to gather data focused on consumer access to HIV/AIDS services, the quality of services being provided, and consumer service needs.

The department set a target of 404 surveys to be administered to consumers in the six consortia service areas statewide. Four hundred seven surveys were completed through individual interviews conducted by consumers, case managers and other health care professionals at local medical clinics and AIDS service organizations. Along with consumer surveys, HIV/AIDS service provider surveys were completed to obtain an inventory of HIV/AIDS services currently being offered by medical clinics and service organizations in each consortium service area. Both surveys and subsequent reports will be used to help each consortium identify and prioritize consumer service needs to develop a 2004 service plan.

In keeping with the mandate by the Health and Resources Services Administrations, each state must develop a quality management/quality assurance program in which the ultimate goal is to improve HIV/AIDS consumer health. The mandate requires that this goal be met through the establishment and monitoring of standards for clinical services and the supportive services that link clients with primary medical care in each state. At a minimum Ryan White service providers must be able to demonstrate that Ryan White Title II funded primary medical care and support services are consistent with Public Health

Service Treatment Guidelines for all HIV/AIDS patients. Alabama moved a step forward in meeting the mandate in 2003 by being able to hire a nurse who will be responsible for developing and implementing a quality management and quality assurance program. Site visits to Ryan White HIV/AIDS health care providers and AIDS service organizations are being completed statewide to survey quality management programs currently in place. A better understanding of evaluation tools being used by service providers statewide to collect data used to evaluate HIV/AIDS services will help in the development of a standard quality management/quality assurance evaluation tool for the Ryan White Title II Health Care Providers and AIDS service organizations in Alabama.

During 2003, the Alabama HIV Prevention Community Planning faced new challenges as the structural change takes place from 11 multi-regional community planning groups to one statewide community planning group by September 2004 as advised by the Centers for Disease Control and Prevention. During the coming year, the current groups will be restructured to serve as an information source for the statewide Alabama HIV Prevention Council and in addition will function as a subcommittee for each of the Ryan White C.A.R.E. Consortia representing seven geographic regions of the state.

Each HIV Prevention Network Group will continue to coordinate prevention activities within specified regions, with emphasis on community participation, identifying priority HIV prevention needs and increasing HIV testing. The Alabama HIV Prevention Council will consist of 27 members representing all the regions of the state. The direction of the HIV prevention program will reflect Centers for Disease Control and Prevention's *Advancing HIV Prevention: New Strategies for a Changing Epidemic*, with more emphasis on HIV testing and referring persons who are infected to

prevention and care services.

In 2003, a prevention project evaluator worked closely with division-funded projects by providing technical assistance and monitoring of the funded activities. Implementing and monitoring HIV prevention planning directives is essential to the success of the HIV Prevention Planning Branch in planning and program activities.

The year 2003 came to a close with the distribution of a Request For Proposals to community partners interested in providing additional HIV counseling and testing initiatives in accordance with CDC's new guidelines. The division will award six to eight grants of up to \$60,000 annually, renewed each year for three years. December 1 marked the sixteenth commemoration of World AIDS Day with the theme "AIDS Does Not Discriminate, People Do." Staff participation and support of World AIDS Day activities were initiated across the state.

## Immunization Division

# ImmPRINT



Immunization Provider Registry  
with Internet Technology  
1-800-469-4599

Alabama Department of Public Health

It is the goal of the Immunization Division to prevent the spread of diseases that are vaccine-preventable by providing vaccine to the citizens of Alabama; educating medical personnel and the public on the importance of vaccinations; and ensuring that children who are in daycare, Head Start, and school are adequately immunized against diseases that are harmful and sometimes deadly.

During 2003, the Vaccines For Children (VFC) Program, distributed \$16,193,034 in vaccine to 543 clinics,

both public and private, that provide vaccine to children in Alabama. This represents a 4 percent increase in vaccine distribution from the previous year. During 2003, the annual VFC Provider Satisfaction Survey was completed and the Alabama program was rated as "very good to excellent" in the areas of education, service, distribution time, vaccine choice, and program administration by 83 percent of the physicians who responded.

The Immunization Division continues to build the Alabama immunization registry, known as the "Immunization Provider Registry with Internet Technology (ImmPRINT)." ImmPRINT is used by all county health departments, 30 federally-funded health centers, and three private providers who are participating in a pilot program. ImmPRINT staff continues to work with Blue Cross and Blue Shield of Alabama and the Alabama Medicaid Agency to record vaccines administered from billed claims.

Each year, the Immunization Division conducts a School Entry Self-Survey in cooperation with the Alabama Board of Education. The purpose of this survey is to ensure that all children enrolled have an up-to-date Certificate of Immunization or a valid exemption on file. During the 2002-2003 school year, all public and private schools in the state responded to the survey. In 2003, Immunization staff visited 434 schools (25 percent of the schools in Alabama) to validate the School Entry Self Survey and to educate school officials about vaccine requirements. During 2003, 96 percent of students were found to have a valid certificate.

The Immunization Division also conducts a Child Care Center Self Survey each year in cooperation with the Alabama Department of Human Resources. The purpose of this survey is to ensure that all children enrolled have an up-to-date Certificate of Immunization or valid exemption on file. In 2002-2003, 60 percent of the

daycare and Head Start centers in the state responded to the self survey. During 2003, 521 (25 percent) of the child care centers, including those who did not respond to the self survey, were visited by Immunization staff to validate the Child Care Self Survey or to conduct an on-site survey and to provide education for daycare providers about vaccine requirements. During 2003, 90 percent of the children enrolled in Head Start or daycare had a valid certificate.

The Immunization Division distributed a record amount of influenza vaccine, 208,000 doses, to county health departments and VFC providers in the state during the latter part of 2003. This represents a 43 percent increase over the amount purchased in 2002. An early and widespread influenza season in the United States precipitated an increased demand for vaccine and this supply was quickly exhausted. Several hospitals and physicians in Alabama donated excess vaccine to county health departments to administer and the Immunization Division is currently expecting a limited supply of vaccine from the Centers for Disease Control and Prevention after the first of the year. Each year, 5 to 10 percent of the influenza vaccine purchased is not used. This is the first year that all vaccine was used and additional supplies were sought.

Diseases preventable by vaccination were held at a minimum this year with only 18 cases of pertussis, four cases of mumps, one case of tetanus, three cases of hepatitis B in children younger than 18 years of age, and one case of *Haemophilus influenzae* type b in a child less than five years of age.

## Infection Control

The mission of the Infection Control Section of the Bureau of Communicable Diseases is to provide infection control and infectious disease training and consultation and to develop infection control related policies and procedures. These services are structured to meet the needs of the

Alabama Department of Public Health, the medical community and the general public.

During 2003, educational training programs were provided via satellite teleconferences and on-site to a total of 5,318 participants. These individuals included health care providers from the Alabama Department of Public Health, hospitals, extended care facilities, physician and dental offices as well as other sectors (day care providers, teachers, nursing students, cosmetologists, body artists and various industries).

The Alabama Department of Public Health Refugee Health Screening Program ensures newly arriving refugees into Alabama are properly provided health screenings. This program is coordinated by Infection Control staff to ensure that communicable and infectious diseases are not introduced into and transmitted within the state. In 2003, 40 refugees from Afghanistan, Cambodia, Cuba, Egypt, Ethiopia, Honduras, Iran, Liberia, Vietnam, Zaire and Zambia settled in Alabama. The counties in which they made their new homes were DeKalb, Etowah, Jefferson, Madison, Mobile, Monroe and Montgomery.

Alabama's Infected Health Care Worker Management Act of 1995 mandates that health care workers who are chronically infected with hepatitis B virus or the human immunodeficiency virus report themselves to the state health officer. The purpose of the law is to prevent transmission of these bloodborne viruses from infected health care workers who perform invasive procedures to their patients. Infection Control personnel provided consultation, initiated investigations, and conducted appropriate follow-up of these reported individuals. In December 2002, the Bureau of Communicable Diseases finalized the new *Guidelines for Prevention and Control of Antibiotic-Resistant Organisms*. During the first quarter of 2003, these guidelines were disseminat-

ed to all health care facilities/settings and health care providers in Alabama. The information provided in the guidelines updated and expanded previously published information regarding methicillin-resistant *Staphylococcus aureus*, vancomycin-resistant enterococcus and other antibiotic-resistant organisms. The guidelines can be accessed via the department's Internet Web site, [www.adph.org](http://www.adph.org).

### **Sexually Transmitted Diseases**

During calendar year 2003, the Sexually Transmitted Disease Control Division documented a decrease in the total number of early syphilis cases reported as compared with 2002. Alabama reported a total of 362 cases of early syphilis in 2002, and 277 cases in 2003. This represents a decrease of 23.5 percent in early cases. Statewide, primary cases decreased from 30 cases in 2002 to 25 cases in 2003, which is a 16.7 percent reduction. Reported cases of secondary syphilis have decreased from 119 in 2002 to 95 in 2003, or by 20.2 percent.

In 2002 there were syphilis outbreaks in two of the state's largest counties: Montgomery and Jefferson. In Montgomery County, the number of early cases has shown a reduction of 48.7 percent from 2002 to 2003. In 2002 a total of 197 early cases were reported and 101 cases were reported in 2003. There was a decrease in primary syphilis cases from 20 in 2002 to six in 2003. Secondary syphilis decreased from 76 in 2002 to 36 in 2003. Early latent cases decreased from 43 in 2002 to 29 in 2003.

Jefferson County's (Birmingham) STD Program reported 36 early syphilis cases in 2002 and 45 cases in 2003, a 25 percent increase. There were three primary cases reported in 2002 and five cases in 2003, an increase of 66.7 percent. There were six secondary syphilis cases reported in 2002 and 17 reported in 2003, a 183.3 percent increase. There was, however, a 14.8 percent decrease in early latent cases, going from 27 in 2002 to 23 in

2003. Because primary and secondary syphilis are the most infectious stages of the disease, Jefferson County is still being monitored as a potential outbreak situation area.

Two other counties in Alabama, Madison and Mobile, are under further scrutiny by the division. Although Mobile has shown a decrease in the number of early cases reported, 46 cases in 2002 and 39 cases in 2003 (a 15.2 percent decrease), the number of reported primary and secondary cases has risen. In 2002 there were two primary cases of syphilis cases reported, but there were eight primary cases reported in 2003, a 300 percent increase. In 2002, there was only one case of secondary syphilis reported; there were two cases of secondary syphilis reported in 2003. There was a 32.6 percent decrease in early latent cases, 43 in 2002 and 29 in 2003 reported.

Madison County has reported a dramatic increase in total early syphilis. In 2002 there were five cases of total early syphilis reported. There were 32 total early cases reported in 2003, a 540 percent increase. There were no primary cases reported in 2002 and 10 primary cases reported in 2003. In 2002, there were two cases of secondary syphilis reported and eight cases reported in 2003, a 300 percent increase. There was an increase of early latent syphilis by one case in Madison County, from 18 cases in 2002 to 19 cases in 2003.

Eight congenital syphilis cases were reported in 2002, and all were presumptive cases. In 2003 there were three presumptive cases reported.

There was a decrease in the number of cases reported for both chlamydia and gonorrhea between 2002 and 2003. There was a decrease in positive chlamydia cases from 15,640 in 2002 to 14,105 in 2003. Among women of childbearing age, ages 15 - 44, there was a reported decrease from 13,450 in 2002 to 12,389 in 2003. There was a decrease in reported positives for gonorrhea from 10,121 in 2002 to

9,205 in 2003. Among women of childbearing age, there was a reported decrease from 4,760 in 2002 to 4,348 in 2003.

### Tuberculosis Control

The ultimate goal of the Division of Tuberculosis 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 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.

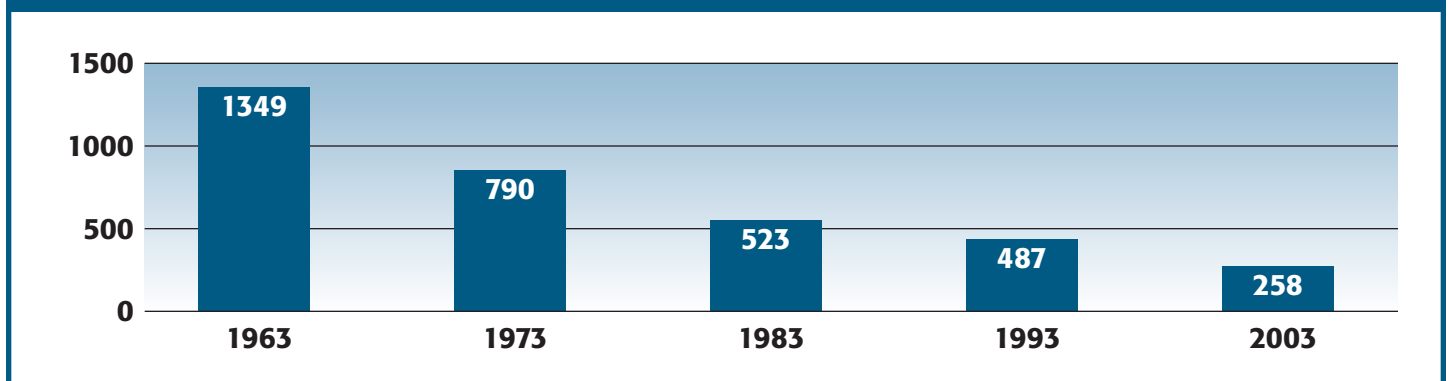
However, in 2003 the Division of Tuberculosis Control verified and reported 258 cases of active TB disease. This figure represents an increase of 25 cases (10.7 percent) from 2002, and is the first increase recorded since 1996. The division closely monitors the incidence of disease, and notes that 7 of the 11 public health areas in Alabama reported increases in active TB disease this year. Preliminary reports reveal that the African American community continues to bear a disproportionate burden of this disease.

Epidemiologic investigations conducted by the division reveal that the diagnosis of TB may be overlooked or delayed in settings serving this community - factors that contribute to

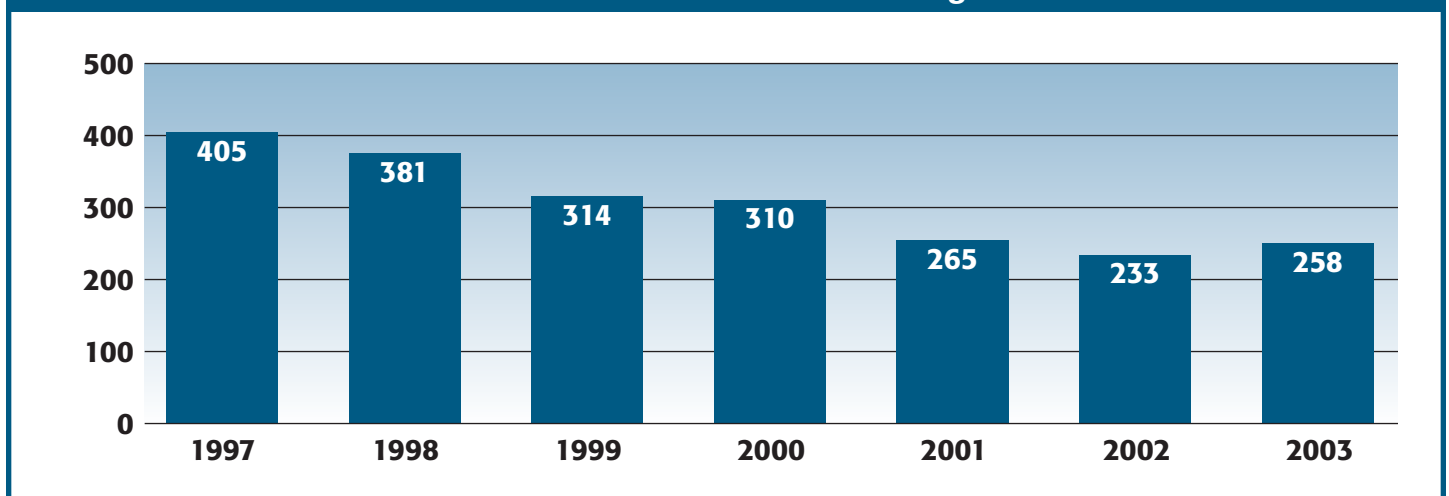
additional transmission and the development of secondary cases. Often, an otherwise healthy patient is treated empirically for "bronchitis" or "pneumonia" and TB is not suspected until one or more attempts to treat the patient have failed.

The medical community is encouraged to "Think TB" when patients present with persistent cough, or chest pain accompanied by weight loss. Placement of a tuberculin skin test, as well as collection of sputum to rule out TB, should be considered for patients with these symptoms. Hospitals and private providers should refer patients with such symptoms to TB control staff through their local health department.

**Historical Trend of Tuberculosis Cases in Alabama**



**Tuberculosis in Alabama – 1997 through 2003**





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

## Chronic Disease Prevention

The goal of this division is to promote healthful lifestyles and behaviors; to educate Alabamians about the benefits of a healthy lifestyle; to provide information on disease prevention related to osteoporosis, cardiovascular disease, asthma, arthritis, diabetes, and other risk reduction programs, to disseminate health-related information to Alabamians; and to conduct a statewide screening program for underserved women.

## Diabetes Prevention

In 2003, following the guidance of the Centers for Disease Control and Prevention and the results of the Diabetes Primary Prevention Project, the Alabama Diabetes Program added "Prevention" to its name and charge. The project demonstrates that individuals at risk for diabetes can delay and even prevent the onset of Type 2 diabetes.

Results from the Behavioral Risk Factor Surveillance System place Alabama among the highest states in the nation for the prevalence of diabetes. Almost 1 in 10 adults in the state have been diagnosed with the disease, an increase of 71 percent since 1990. Estimates show that 439,000 Alabamians have been diagnosed with diabetes and that 200,000 more have it, but do not know that they have it. Diabetes directly contributes to the incidence of heart disease and strokes, among the leading causes of death in the state, and is the leading cause of kidney failure, non-trauma related limb amputations and adult-onset blindness.

The Diabetes Branch collaborates with many other agencies and organizations to prevent diabetes and to help people with diabetes live longer, healthier lives by reducing complications linked to the disease. The program follows national objectives to increase the percentage of persons with diabetes who receive the recommended influenza and pneumococcal vaccines, foot exams, eye exams and A1C tests. Good nutrition, physical activity, weight and blood pressure control and

smoking cessation are promoted as key factors in preventing and managing diabetes. Program staff and partners also work to reduce health care disparities.

## 2003 Activities

- Participated in the launch of a national diabetes awareness campaign, "Small Steps, Big Rewards," to promote the prevention or delay of Type 2 diabetes by achieving modest goals in exercise and weight loss for individuals at risk for diabetes;
- Produced a satellite television conference, "Addressing Diabetes Issues at Work and at School," which drew more than 1,200 participants representing 27 states;
- Co-sponsored an educational conference for health care providers with the American Diabetes Association Chapter in Birmingham and an education and training workshop for school health nurses and county extension agents with the Alabama Cooperative Extension System;
- Supported numerous sites in Alabama with applications for funding from the Appalachian Diabetes Translation Project, and a collaboration in Franklin County was approved;
- Provided educational and training sessions, technical assistance and printed materials about diabetes and related issues for health care professionals, community organizations, students, school nurses and the general public;
- Distributed more than 8,000 copies of a report, "Diabetes in Alabama," to physicians and other health care providers, teachers, state agencies, local health departments, civic and community organizations, advocacy groups and the general public. The document was also placed on the department's Web site, increasing the number of visitors to the diabetes Web page by 79 percent.



## Hypertension Program

The state Hypertension Program began as a pilot program in Chambers County in 1977. The program was designed to serve patients who were not under the care of a private physician, had an income of less than 150 percent of the national poverty level, no third-party reimbursement for medication and a blood pressure reading of 140/90, or more.

In the 1980's the program was provided substantial funding, and the number of participants grew to more than 22,000. As the funding level eroded in the early 1990's the caseload stabilized at approximately 15,000. As the costs of hypertension medication doubled in fiscal year 2001, and tripled in 2002, the department continued to serve approximately 15,000 individuals.

By fiscal year 2002, the cost of generic medication had risen to more than \$1 million, and the local health departments were experiencing difficulty in funding the staff time for patient care.

Several cost-cutting measures, such as out-sourcing medication dispensing to private pharmacists, and transferring approximately 33 percent of the caseload to federally qualified health clinics were employed to relieve the burden on the local health departments. However, in the transfer of patients outside the local health departments, the total number of patients served dropped to approximately 12,000 by fiscal year 2003.

As the department began budgeting for fiscal year 2004, it was noted that the program was seeing only 12,000 of the approximate 250,000 citizens who qualified for the program. The cost of medication was exceeding \$1 million annually, and the state was facing a serious budget crisis. On December 31, 2003, the state Hypertension Program was terminated.

## Tobacco Prevention and Control

The Tobacco Prevention and Control Division provides technical assistance and limited funding to the

Coalition for a Tobacco Free Alabama and 13 local coalitions across the state through the support of central office staff and 11 Area Tobacco Control Programs with funding from the state and the Centers for Disease Control and Prevention. The mission of the division is to implement the Alabama Tobacco Use Prevention and Control State Plan, thereby eliminating exposure to secondhand smoke, preventing youth from starting to use tobacco and assisting those who use tobacco to stop. The division also houses the Youth Tobacco Prevention Program that provides minigrants to 17 communities statewide.

### 2003 Accomplishments

- The 2003 City Ordinance survey consists of ordinances pertaining to tobacco use and exposure from all cities in Alabama with a population of 2,000 or more. Of the 157 cities, 95 had a tobacco-related ordinance. The ordinances were then evaluated using a rating scale developed by the American Cancer Society. Eighty-two communities have ordinances that provide minimal protection from secondhand smoke. Twelve communities have ordinances that provide greater protection, while only one community provided maximum protection from secondhand smoke. Several cities have strengthened their ordinances regarding secondhand smoke in 2003 including Auburn, Bay Minette, Dothan and Prattville.
- The Legislature passed the Alabama Clean Indoor Air Act which provides some protection from secondhand smoke while allowing local communities to enact stronger ordinances.
- The program collected each school system's policies regarding tobacco and analyzed them using a model policy. The results of the survey and analysis will be available on the Web site in the upcoming year.

- The area programs conducted 13 public forums to educate decision makers and the community on the benefits of increasing the tobacco excise tax and implementing stronger policies to protect citizens from secondhand smoke.
- The division developed and implemented two new databases to evaluate the impact of the programs' earned media efforts. The databases categorize newspaper articles and broadcast news segments on tobacco into three areas: prevention, cessation or secondhand smoke. The databases also capture the readership of the newspaper and the Nielsen ratings of the broadcast news segment to allow the program to determine how many people were reached with the information. The division also invested in Medstat, a collection of databases that enables the program to target interventions to specific geographic areas and populations without having to go to the expense of collecting local data.
- The area programs taught 635 Head Start staff to implement the "ABC's of Secondhand Smoke," a curriculum for parents and students enrolled in the Head Start program. Data on exposure to secondhand smoke in the home was also gathered.
- The Youth Tobacco Prevention Program funded 17 communities statewide to conduct prevention and empowerment programs, reaching more than 19,550 students. In addition, 14,398 students in 51 schools were taught the Life Skills Training curricula.
- A Program Logic Model was developed to graphically depict the goals of the program and to show how those goals will be achieved through various activities.
- Opinion polls were conducted in nine metropolitan areas and Jefferson County to gauge adults' tobacco use, beliefs about tobacco and opinions on various tobacco

policies including secondhand smoke exposure and tobacco excise taxes. The reports from the surveys will be distributed to decision makers and the community.

### Cancer Prevention

The Cancer Prevention Division is responsible for implementing the Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) and the Alabama Cancer Prevention and Control Program. ABCCEDP provides breast and cervical screening services at no cost to women primarily between the ages of 40 and 64, who are at or below 200 percent of the federal poverty level, and are uninsured or underinsured. Services include a Pap test, pelvic exam, clinical breast exam, screening mammogram and diagnostic services if indicated.

The statewide screening program is available in all 67 counties and has provided services to over 30,000 women since its inception in October 1996. Since then, over 480 breast cancers and 30 invasive cervical cancers have been diagnosed, and 116 precancerous cervical lesions detected.

Approximately 51 percent of patients served are Caucasians, 45 percent are African American, and 4 percent are Hispanic and other minorities. The Hispanic/Latino culture is the fastest growing ethnic population in Alabama. During 2003, 638 Hispanics were screened in the program.

As of October 2001, women diagnosed with breast or cervical cancer through the ABCCEDP may be eligible for Alabama Medicaid benefits. To become eligible for treatment coverage, women must have no other credible insurance coverage, be a U.S. citizen and documented resident, and reside in Alabama. To date, approximately 421 applications have been referred to Medicaid and more than 416 have been approved.

The Alabama Cancer Prevention and Control Program provides the infrastructure for facilitating implementation of the Alabama

Comprehensive Cancer Control Plan. This comprehensive approach to coordinating cancer prevention and control initiatives involves partnerships between the Alabama Department of Public Health and other health care providers, research and academic institutions, and community-based private and volunteer organizations. The goal of the plan is to effect change in behavioral risk practices, increase usage of early detection and follow-up examinations, provide access to state-of-the-art treatment services and promote a toxic-free environment.

The Alabama Comprehensive Cancer Control Coalition is responsible for developing, updating, implementing and evaluating the plan. The coalition uses surveillance data and scientific research to develop educational messages for priority populations and health care providers, link cancer prevention and control activities with communities, and improve the accessibility, availability and quality of cancer treatment services and programs in Alabama. Currently, special projects focus on colorectal, ovarian and prostate cancers.

### Cancer Registry

The purpose of a population-based cancer registry is to provide cancer data and cancer risk factor information to public health and medical professionals, volunteer agencies, community groups and others who are interested in cancer prevention and control. Cancer is the second leading cause of death for Alabamians and approximately one out of every three people will be diagnosed with cancer at some point in their lifetime. In Alabama, on average, 53 people have been diagnosed with cancer every day since January 1, 1996; and 26 people have died every day as a result of cancer.

Effective prevention measures exist to substantially reduce the number of new cancer cases each year and to prevent many 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 and tackle the cancer burden.

During 2003, the Alabama Statewide Cancer Registry produced *Alabama's Cancer Facts and Figures* to illustrate a variety of factors that affect prevention, detection, and quality of life by providing not only data, but also an interpretation of how these factors affect one another.

The registry also participated in an American Cancer Society study evaluating cancer survivors' quality of life. This study examines the behavioral and psychosocial, treatment and support factors that influence the quality of life and survival of cancer survivors in the United States.

In addition to the partnership with the American Cancer Society, the registry continues to work on a national cancer outcomes research project in collaboration with the University of Alabama at Birmingham, and funded by the National Cancer Institute. The purpose of this study, CanCORS, is to prospectively study cancer care processes and patient-centered outcomes in a population-based sample of newly diagnosed lung and colorectal cancer patients.

As part of this project, the Alabama Statewide Cancer Registry is analyzing demographic and treatment associations in patients diagnosed with lung cancer without tissue confirmation. This review will evaluate potential disparities in patients diagnosed without tissue confirmation based on race and/or location within the state of Alabama, and in cancer care treatment.

As an indicator of the high quality of data collected and available, the registry was awarded the Silver Certification by the North American Association of Central Cancer Registries, and was included in the association's annual publication, *Cancer in North America*, and the Centers for Disease Control and Prevention's publication, *United States Cancer Statistics, 2000 Incidence*.

## Alabama Cancer Incidence Rates, by Site and Sex, 1996-2001\*

	MALE		FEMALE	
	RATE	COUNT	RATE	COUNT
All sites	515	58,611	383.9	57,204
Bladder	28.8	3,125	6.7	1,041
Brain & CNS	7.3	871	5.2	757
Breast (Female)			134.8	19,650
Cervix			9.6	1,346
Colon and Rectum	62.7	6,975	44.1	6,800
Esophagus	8.1	938	1.9	288
Hodgkin Lymphoma	2.5	318	1.9	268
Kidney	14.4	1,671	7.3	1,101
Larynx	10.1	1,184	2	287
Leukemia	11.3	1,285	7	1,052
Liver	4.9	553	1.9	285
Lung and Bronchus	109.9	12,527	46	7,027
Melanoma of the skin	21.3	2,454	13.1	1,879
Myeloma	6.3	703	3.8	590
Non-Hodgkin Lymphoma	18.2	2,093	12.8	1,944
Oral Cavity and Pharynx	18.3	2,128	6.4	974
Ovary			12.9	1,932
Pancreas	12	1,321	8.7	1,368
Prostate	126	14,500		
Stomach	9.3	1,018	4.8	754
Testis	3.8	492		
Thyroid	2.6	310	6.9	956
Uterus			17.3	2,584

\*Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard.

### Cardiovascular Health

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

Alabama ranks sixth in the nation in death rates due to heart disease. Major health risk factors such as overweight, sedentary lifestyle, high blood pressure and high cholesterol levels contribute markedly to the development of heart disease. Community level efforts to make modest changes in one or more of these risk factors can have a large public health impact in

reducing the incidence of heart disease.

Alabama ranks seventh in the nation in deaths due to stroke. A major risk factor for stroke is uncontrolled hypertension. Treating and controlling high blood pressure is essential in preventing stroke and other chronic conditions. Recognizing the signs and symptoms of stroke and getting immediate medical treatment is also critical to improved medical outcomes from an acute event. Prompt medical treatment for stroke can increase survival rates and reduce the long-term disability.

The mission of the Cardiovascular Health Branch is to improve the

cardiovascular health of all Alabamians through promotion of heart healthy policies and activities that help make positive changes in local communities. In 2003, the branch worked with community leaders and community health advisors to facilitate local projects to address risk factors related to heart disease and stroke. These projects supported efforts to raise awareness and facilitate change in high risk communities regarding high blood pressure, high cholesterol, heart disease, nutrition, physical activity and recognition of signs and symptoms of heart attack and stroke.

As the number of people living with cardiovascular disease continues to rise and the state's population continues to age, the health burden of cardiovascular disease will greatly impact the health status of the state. Through support for heart-healthy communities and targeted efforts at reduction of major risk factors that lead to cardiovascular disease, significant strides can be made in reducing the burden of heart disease and stroke in Alabama.

### Arthritis Prevention

Arthritis is not a single disease that affects individuals in the same manner, but it includes more than 100 diseases and conditions. The 2001 Behavioral Risk Factor Surveillance System indicates that 41 percent of Alabamians have some form of arthritis. Persons aged 65 and older are the fastest growing segment of Alabama's population and the impact of arthritis is expected to increase dramatically by the year 2020, as the "baby boomers" age.

In Alabama, the arthritis problem is magnified by a high level of obesity and lack of leisure time physical activity. Also, there is a shortage of facilities and properly trained professionals in arthritis treatment, care, education and rehabilitation programs.

To address these issues, the Alabama Arthritis Prevention and Treatment Coalition was established with individuals or groups dedicated to

decreasing the burden of arthritis. Five annual meetings have taken place.

The coalition has implemented a comprehensive state of arthritis control plan. This plan focuses on the following: promoting self-management programs offered by the Alabama Chapter of the Arthritis Foundation; communicating through the news media the benefits of physical activity, weight management, and avoidance of occupational or sports-related injuries; utilizing current technologies such as the Web site, video, and satellite conferences; enhancing the understanding of the frequency, distribution and potential risk factors for arthritis in the state of Alabama; improving access to rheumatology care in certain geographic locations; and integrating evaluation measures into activities.

Work groups have completed to date: a community resource care case-based training module with continuing education units attached, access to a rheumatologist in three rural locations, an educational video on evidence-based self-management programs such as Arthritis Self-Help Course (ASHC), PACE (People With Arthritis Can Exercise), and the Arthritis Foundation Aquatics program for distribution to 40,000 seniors at 350 nutrition sites, ASHC and PACE flyers for marketing these programs, and an overall evaluation plan.

The ASHC that was established in a rural, low income, low literate, and medically under-served area in East Wilcox County has been expanded to cover 16 counties in West Alabama. In addition, PACE instructors and classes have been established in these counties to provide avenues for people to maintain and increase joint flexibility, expand range of motion, and improve muscle strength.

A health communications campaign with the theme "Physical Activity: the Arthritis Pain Reliever" is being initiated in different areas of Alabama annually. Emphasis will be placed on the importance of physical activity, benefits of physical activity,

and appropriate physical activity. The campaign targets males and females age 45 to 64 that are African American or Caucasian with arthritis, high school or less education, and income less than \$35,000.

### **Injury Prevention**

The Injury Prevention Division endeavors to reduce death and disability from intentional and unintentional injuries through data collection and the coordination and implementation of health promotion and education programs. Current funded programs include injury surveillance, fire safety, motor vehicle safety, and violence against women.

Trauma surveillance is an important tool that is fundamental in assessing the true impact that traumatic injuries have on public health. Trauma injury surveillance in Alabama is accomplished through the Alabama Trauma Registry which is operated by the Injury Prevention Division. The registry is a centralized database for the collection, storage and analysis of statewide trauma data, and it currently contains over 50,000 records. Head and spinal cord cases must be reported to the Alabama Trauma Registry by all acute care hospitals according to Alabama Law 98-611, enacted on May 6, 1998.

After case identification and data acquisition, moderate to severe head injury and spinal cord injury cases are referred to the Alabama Department of Rehabilitation Services for follow-up. This subset of Alabama Trauma Registry data is called the Alabama Head and Spinal Cord Registry. To date, 99 percent of all Alabama acute care hospitals have submitted data to the registry. The data collected can be utilized to monitor trends in the incidence of traumatic injuries, to determine the need for the development and implementation of educational awareness programs, and to monitor the effectiveness of interventions aimed at reducing these injuries. Beginning in 2004, trauma-related

information and data acquisition will be communicated through a newly developed registry Web site.

The Alabama State Capacity Building Injury Surveillance Program, funded by the Centers for Disease Control and Prevention, seeks to reduce unintentional and intentional injuries by establishing a focal point for injury collaboration and surveillance within the Injury Prevention Division. An injury advisory council has been formed to collaborate with organizations across the state. The council has offered expertise with the development of a statewide injury prevention plan which addresses motor vehicle crashes, bicycle-related injuries, falls in the elderly, residential fires, youth violence, sexual assault, and domestic violence. This plan will assist in developing and supporting public policy and decision-making efforts for injury prevention.

The division is also committed to reducing violence against women, specifically sexual assault and domestic violence. Through the Rape Prevention and Education Program, the Alabama Coalition Against Rape receives funding and support for its 15 member rape crisis centers. The centers provide a 24-hour rape hotline, and provide educational information to schools, organizations and communities regarding rape prevention. Through the Violence Against Women Program, a partnership with leaders throughout Alabama resulted in the establishment of a statewide plan to address violence against women. The comprehensive plan addresses every aspect of our society from health care providers to law enforcement to the judicial system to victims themselves. Efforts to prioritize and implement portions of the plan are underway.

Alabama has ranked among the top 10 nationally for fire-related deaths and injuries for several years. The best proven protection against fire-related deaths is a working smoke alarm. Through the Alabama Smoke Alarm Initiative, the division is able to



provide and install smoke alarms in communities with high fire fatality rates. The community-based project involves local fire departments and community volunteers and is designed to ensure that areas in Alabama with high rates have access to home smoke alarms and receive information regarding fire prevention, smoke alarm installation and maintenance, and home evacuation plans. Smoke alarms have been provided in 14 communities in Bibb, Bullock, Macon and Wilcox counties. The program is currently underway in four communities in Barbour, Greene and Pike counties.

The use of seat belts and child restraints has been shown to reduce fatalities. In 2003, 77 percent of Alabamians buckled up their seatbelts and 87 percent put their children in car seats. These are dramatic increases from years past. Through the Occupant Restraint Program, the department will continue to increase awareness and provide education to Alabamians regarding the importance of appropriate occupant restraints. In addition to conducting observational surveys to determine Alabama's usage rates, educational activities include a statewide poster contest for elementary school children and a traffic safety essay contest for junior high students.

The division also serves on the Alabama Suicide Task Force, a collaboration with several state agencies with the goal of publishing a state plan to address suicide and obtain funding for prevention activities. Additional efforts include the promotion of bicycle and playground safety and the establishment of funding to address youth violence.

## Communications and Social Marketing

During 2003 the Social Marketing Branch initiated use of a software package utilized to cut ineffective health communications and services expenditures. The package, which is called Medstat, enables administrators to combine data on lifestyle

segmentation; geo-demographics; information access and media preferences; health status and health behavior; health services utilization; and traditional incidence, prevalence and mortality. Medstat is used by a wide variety of businesses and organizations such as Walmart, General Motors, the Centers for Disease Control and Prevention, National Institutes of Health and the National Cancer Institute to achieve a greater degree of cost-effectiveness. Alabama is the first state public health agency to license the software. The Social Marketing Branch made a roundtable presentation with the CDC on the role of social marketing and risk communications at the National Health Behavior and Promotion Conference, focusing on the importance of employing the multiple health-related variables of various audiences to inform emergency planning, programming and evaluation.

The addition of Medstat has helped the Social Marketing Branch expand its commitment to health department offices and partnering organizations to:

- define and target audiences for communications messages;
- set baselines for programming and comprehensive evaluation;
- understand and reach special populations;
- determine the most cost-effective methods of communications for campaigns;
- develop innovative mechanisms for reaching communities and populations on their terms; and
- provide information and training to promote evidenced-based communications.

Social Marketing provided information and training to several department programs, including Arthritis Prevention, Cancer Prevention, Cancer Registry, Center for Emergency Preparedness, Center for Health Statistics, Children's Health Insurance

Program, Immunization, Plan *first*, Risk Surveillance, Tobacco Prevention and Control and WIC.

Media activities included placing over 15,000 television spots and 8,600 radio spots to provide departmental program education. Other information delivery mechanisms included the Internet, newspaper, telephone book and a variety of community resources. Approximately 11,500 items, including educational presentations, posters, brochures, fact sheets, flyers, displays, cards, forms, manuals, reports, letterhead and ID badges were designed and produced through the Communications and Social Marketing Division. The office requested over 12 million pages of administrative and educational materials to be reproduced at state and commercial printers. Over 10 million black-and-white pages and 700,000 color pages were printed in-house by the Document Imaging Branch.

Communications and Social Marketing combined its Internet, graphics and social marketing resources to work with programs and offices throughout the state to develop, customize, implement and evaluate online survey; registry; directory; and other interactive administrative, communications and educational tools provided through [adph.org](http://adph.org), the department's Web site. Thirteen new sections were added to the site to make a total of 84 different directories. Approximately 150,000 page views a month were recorded during 2004.

## Public Information

The goal of the Public Information Division is to improve public health by providing information through the mass media and through departmental publications.

The division provides health information to the news media and agency staff about departmental objectives and activities. In 2003 the division prepared and distributed more than 85 news releases; assisted with news media campaigns for several



programs; assisted with radio public service announcements; edited the monthly publication, *Alabama's Health*; distributed newspaper clippings and video monitoring reports; and coordinated regular appearances on a television talk show.

The division sent notices and news releases to the news media electronically and through facsimiles based on the media outlet's expressed preference. The Health Alert Network was instrumental in expediting the distribution of faxed news releases. News releases are published on the department's Internet Web site and are sent to all agency employees by e-mail upon release. *Alabama's Health*, the official agency publication, is also made available on the department's Web site and is printed in-house to reduce costs.

In order to communicate agency objectives and plans to the public and to special target audiences, division staff also composed and edited a variety of publications and worked on numerous projects and promotions. These included reports, fliers, address/telephone rosters, news conferences, scripts, proclamations, public service announcements and fact sheets. Initiatives included assistance with a public information program concerning prevention of the north-westward spread of raccoon rabies.

### **Risk Communication**

The Risk Communication Division works to ensure that state and local entities are prepared to respond to the communication and coordination challenges in times of public health emergencies including terrorist events. In 2002 the Risk Communication staff worked diligently in the state to address smallpox issues and concerns by developing videos and information packets for hospitals, law enforcement agencies and Alabama citizens. Staff also designed a Web site that provided continuous updated information, links and question and answer segments.

In addition to providing information to diverse audiences, Risk Communication staff also assisted in the smallpox vaccination and training process.

### **Risk Surveillance**

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

In 2002, 3,087 Alabama adults participated in the Alabama Behavioral Risk Factor Survey and reported the following concerning their health practices and daily living habits:

- 24.3 percent classified themselves as current smokers.
- 8.5 percent reported being told by a doctor that they have diabetes.
- 27.2 percent reported no leisure time physical activity or exercise.
- 62.7 percent are overweight or obese based on body mass index.

The Risk Surveillance Unit responds to numerous data requests from within the department, from outside agencies and news media. Also, the data serve as an effective tool in

planning for future public health activities and evaluation.

### **Worksite Wellness**

The main purpose of the Worksite Wellness Division is to plan, develop, implement and evaluate worksite wellness programs on a fee-for-service basis. The division works closely with county health departments to be able to provide services statewide. Two of the largest self-funded health care plans contract with the division to comprehensively provide wellness services for most state employees, public education employees and many city and local government employees. Dependents and retirees under each health plan are also eligible to receive outlined services. The division also provides wellness services for private industry.

The Worksite Wellness Division begins its third year of operations for HealthWise, a wellness program funded by the Public Education Employees' Health Insurance Plan for its enrolled participants. HealthWise is a voluntary program available during work hours at no cost to covered employees, dependents or retirees. A goal of HealthWise is to screen for potential health problems, make referrals to the medical community and provide education about preventive practices and recommended guidelines.

The HealthWise program provided over 27,000 individuals with a health screening which consisted of a blood pressure check, a pulse reading, osteoporosis screening and an assessment of blood sugar, total cholesterol and high-density lipoprotein levels. A colorectal cancer screening test was also provided to individuals deemed at "high-risk." The WeightWatchers-At-Work program was provided to over 4,000 individuals before budget cuts forced the program to be stopped.

HealthWatch, a wellness program for state employees and city and local governments, began its 11th year of operations. This program is funded by the State Employees' Insurance Board for its enrolled participants. About

10,000 HealthWatch participants received a health screening, 25,000 participated in the blood pressure control program and over 16,000 participants received an influenza vaccination. The wellness program also provided 665 participants with a WeightWatchers-At-Work program offered at worksites statewide before budget cuts ended the program.

During fiscal year 2003, the Worksite Wellness Division was also involved in the following large projects: 1) working with the State Employees' Injury Trust Fund to provide hepatitis B vaccinations to high-risk state employees and 2) providing bone density screenings and osteoporosis education to the general public in a variety of community settings.

Finally, the division coordinated with the Governor's Council on Physical Fitness to host its annual Health and Fitness Day Walk in May, where an estimated 1,000 employees participated in the one-mile walk around the state capitol and participated in other fun fitness activities.

### **Video Communications**

The Governor's Commission on Efficiency, Consolidation and Funding recognized the department's successful use of satellite conferencing as a cost-effective method in providing training and education. It has been more than 10 years since the Video Communications Division produced the first satellite conference for department employees, and the Alabama Department of Public Health continues to lead the state and the nation in the utilization of this technology to educate the public health workforce.

The Alabama Department of Public Health is the only state public health agency in the country to have both the equipment and staff to produce live satellite conferences for continuing education, inservice training and news conferences for the media. The department infrastructure includes a Ku-band satellite uplink vehicle, purchased in 1995, which is specifically

designed for interactive delivery of educational programs via satellite and the office and production suite which includes an editing room, a master control room and a studio. In addition, the department now has 65 county health department facilities that have installed satellite downlink antennas that provide convenient and efficient access for employees to participate in satellite conference training and educational programs.

The Video Communications Division initiated national satellite conference activities and the subsequent development of the Public Health Training Network by working in collaboration with the Centers for Disease Control and Prevention in 1992. Today the network is the nationally recognized provider of public health training and education programs with the Alabama Department of Public Health, producing more programs than any other state or federal agency. In 2002 the Alabama Department of Public Health produced over 30 continuing education satellite conferences for the network and the national public health workforce.

The department also provides video production and satellite conferencing services to other Alabama agencies and national organizations. The Video Communications Division was awarded a contract by the American Public Health Association to uplink portions of the annual meeting in Chicago in 1999, Boston in November 2002 and San Francisco last November. Plans are now being made for the division to travel to Washington, D.C., to provide live satellite conferences for the upcoming Alabama Public Health Association meeting in November 2004. In addition to APHA, the division produced programs for the Alabama Board of Nursing, the Association of State and Territorial Directors of Health Promotion and Public Health Education, and the Centers for Disease Control and Prevention. The division also began a monthly series for the

South Central Center for Public Health Preparedness that is funded and co-sponsored jointly by the Schools of Public Health at Tulane University and the University of Alabama at Birmingham.

The division continues to maximize the growth of Internet technology for marketing programs, processing electronic registration for program participants and as a vehicle to disseminate conference packet/handout materials. The division has maintained a personalized Web presence since 1998 and is working to incorporate enhancements to provide robust functionality as a learning management system. Participant enrollment in courses can be electronically monitored as well as all administrative functions such as reporting and marketing. The site also has on-demand viewing/webcasts of select satellite conferences. The Video Communications Divisions' Web site is located at [www.adph.org/alphtn](http://www.adph.org/alphtn).

The Video Communications Division also produces other projects such as video educational programs, news conferences, television and radio public service announcements. The division uplinks department news conferences live as well as produces special video packages for the Alabama media. A new high speed CD/DVD duplicator and printer, along with the videotape dubbing equipment, provides efficient and prompt turn-around in providing thousands of educational programs to be distributed in Alabama and nationally each year.

# Bureau of Clinical Laboratories

*The goal of the Bureau of Clinical Laboratories is to provide testing for diseases of public health significance; offer diagnostic capabilities unavailable to the private sector; provide private laboratories with reference services; administer regulations; provide educational services; institute new testing procedures; and provide data to agencies.*

The Bureau of Clinical Laboratories experienced many changes during fiscal year 2003. The Central Laboratory in Montgomery underwent an extensive renovation project which included upgrading the electrical, mechanical, security and HVAC systems throughout the facility. A modular unit was added to the existing facility for the bioterrorism program within the state. A laboratory information system is being installed to provide a connection between laboratory facilities and county health departments within the state to greatly improve the exchange of information between these entities and program managers in the department.

## Clinical Chemistry

The Clinical Chemistry Division provides a variety of testing through the Clinical Services Branch and Lead Branch. Clinical Services receives specimens for routine chemistry analysis, hematology, CD4 counts and HIV viral loads. These specimens are submitted from county health departments, federally funded primary health care centers, and community based HIV programs. The Clinical Services Branch experienced a decrease of 30 percent and 18 percent in specimens received for chemistry and hematology testing respectively, while testing for CD4 counts and viral loads increased by 41 percent and 16 percent respectively.

The Lead Branch of this division receives both clinical blood lead specimens and environmental lead samples for analysis. During the past year there was a slight decrease in both areas of testing. However, the Clinical Blood Lead Section confirmed three clinical blood lead specimens at the critical level of 45 µg/dl.

Environmental lead testing included samples of soil, wipes, paint, water and other miscellaneous samples. A total of 2,837 environmental samples were analyzed with 19.3 percent testing positive. Categories of samples included 2,136 wipes with a 21 percent positivity rate, 259 soils with a 17 percent positivity rate, 377 waters with a 5 percent positivity rate, 60 paints with a 73

percent positivity rate, and five miscellaneous samples with a 20 percent positivity rate. Seventy-five percent of all environmental samples received were wipes.

Through the American Industrial Hygiene Association accreditation of the Clinical Chemistry Division's Environmental Lead Program, the Bureau of Clinical Laboratories remains one of four labs in the state accredited for environmental lead testing for paints, soils and wipes.

## Metabolic Division

The Metabolic Division provides newborn screening testing for five disorders: hypothyroidism, phenylketonuria, congenital adrenal hyperplasia, galactosemia and sickle cell anemia (including other abnormal hemoglobinopathies). During fiscal year 2003, the division tested approximately 63,000 newborns within the first 48 hours of life as well as conducted a second test at 2-6 weeks of life. Twenty-six infants were identified as positive for sickle cell anemia, 20 were positive for hypothyroidism, four were potential positives for galactosemia, two were positive for phenylketonuria, and no positives were detected for congenital adrenal hyperplasia. The adult hemoglobin testing section tested 11,635 specimens.

## Microbiology Division

The Microbiology Division received a total of \$984,097 of continued funding for the bioterrorism program, which is in its fifth year. The Epidemiology Capacity Grant award for this fourth funding cycle for the laboratory was \$128,000, including supplemental support for the National Antimicrobial Resistance Monitoring System and West Nile virus testing.

Although the division continues to receive specimens periodically for rule-out of *Bacillus anthracis*, bioterrorism related investigations have decreased dramatically from fiscal year 2002. During this fiscal period there were 10 incidents investigated and 12 environmental samples received for testing. Nine samples were tested for anthrax

and three were sent to the Centers for Disease Control and Prevention for ricin toxin testing. All samples tested negative for anthrax and ricin toxins. The bioterrorism staff successfully participated in the Centers for Disease Control and Prevention's BT Proficiency Testing Program for *Francisella tularensis* as well as successful participation in the Laboratory Preparedness Proficiency testing conducted by the College of American Pathologists. Additionally, the division's laboratory upgrade to a Biosafety Level 3+ is awaiting inspection.

The Reference Bacteriology Section had a slight decrease in the total number of specimens submitted with a corresponding decrease in the number of *Bacillus species* submitted for speciation. The latter probably reflects positively on the bioterrorism training done for the hospitals participating in the Laboratory Response Network. The number of positive *Bordetella pertussis* specimens submitted remained unchanged from the past fiscal year with six positive samples during the current year. *Escherichia coli* 0157:H7 remained unchanged from the last fiscal year as well with 18 positive samples. There was one *Vibrio cholerae* non 01, and two other *Vibrio species*. There was one *Brucella melitensis*. The Reference Bacteriology Section started testing raw and finished meat products for *Salmonella species* and *Listeria species* for the Alabama Department of Agriculture and Industries.

Parasitology had four malaria specimens (3 *Plasmodium falciparum* and 1 *Plasmodium vivax*) and two *Cryptosporidium*.

The Enteric Section had a 26 percent decline in the total number of specimens received, but 90 percent of those received were positive; unlike the previous year in which 63 percent of the total specimens were positive. This change was due to the decline (87 percent) in the number of clinical specimens received. There were three cases of *Salmonella typhi*. The number of *Salmonella species* increased 6 percent. In spite of outbreaks of *Shigella* in two counties, there was an increase of less

than 1 percent in *Shigella* over the previous year.

The Gonorrhea program had a 10 percent increase of gonostats received this fiscal period. However, the total number of positive tests decreased by 7 percent. Culture specimens declined by 38 percent from the previous year.

The Rabies Section saw a slight rise in the total number of specimens tested in fiscal year 2003. Positive cases also rose slightly during this time, with two being domestic animals. The first positive opossum in several years was tested. No humans were bitten by any of the positive specimens.

The Emerging Infectious Disease Section began screening clinical specimens for shiga-toxin production as well as confirmed non-motile *Escherichia coli* 0157 positive cultures. Additionally, the West Nile virus testing load doubled as the IgG ELISA assay was added to the human testing algorithm. In addition, the division began testing birds for West Nile virus using the VecTest TM. A total of 320 human specimens were received, with all (serum and cerebrospinal fluid) tested by the IgM capture antibody assay and 163 (serum only) by the IgG ELISA, resulting in 43 IgM and 23 IgG positives. One of the West Nile virus positives tested in January was among the first index cases demonstrating the spread of the virus through blood transfusion. These data, along with acknowledgements to the pertinent Alabama Department of Public Health's laboratorian and epidemiologist, were included in the September issue of the *New England Journal of Medicine*. The section received 183 birds with 52 testing positive for West Nile virus. The testing staff was proven successful for the 2003 Centers for Disease Control and Prevention WNV proficiency testing IgM capture antibody assay.

### Quality Assurance Division

The Quality Assurance Division is now in its 14th year. This division has many diverse responsibilities, which include enrolling in and monitoring external proficiency testing for the

three state laboratories, monitoring quality assurance functions for the three state laboratories, coordinating training activities for lab employees and maintaining a professional affiliation with the National Laboratory Training Network. In addition to responsibilities within the state laboratory, the Quality Assurance Division has also been assigned duties outside the laboratory. This division maintains the federal laboratory certification for all county health departments with the exception of Jefferson and Mobile counties, and offers laboratory technical consultation to county health departments as well as area and central office staff.

As a facet of the Quality Assurance Division's responsibility of providing laboratory technical consultation and training to county health department personnel, employees of the Quality Assurance Division made a satellite presentation regarding laboratory testing in county health departments.

Finally, the division offers laboratory training to department personnel and private sector personnel. The Quality Assurance Division also co-sponsors workshops with the National Laboratory Training Network. A workshop regarding rapid HIV testing was co-sponsored with the National Laboratory Training Network in 2003. This workshop was geared toward community organizations offering rapid HIV screening.

### Respiratory Disease Division

The Respiratory Disease Division received 13,885 specimens to identify for mycobacteria and actinomycetes. The Mycobacteriology Section performed 1,443 DNA probes, 1,570 high performance liquid chromatographies, and 571 drug susceptibilities for the identification of *M. tuberculosis* and other non-tuberculous mycobacteria. The Mycology Section received 4,629 specimens for fungal identification and identified 1,328 dermatophytes, 372 yeasts and 898 other fungi, including 20 *Histoplasma capsulatum* and three *Blastomyces dermatitidis*.



The division continues participation in the Tuberculosis Cooperative Agreement Grant and CDC Tuberculosis Multi-Drug Resistant Susceptibility Study. With the ending of the National Genotyping and Surveillance Network Grant last year, the division has been holding isolates of Alabama's tuberculosis cases for DNA fingerprinting. A regional laboratory is to be established for the fingerprinting of isolates in the future.

The Mycology Section is also continuing participation in the study of significant systemic mycosis conducted by the Medical Mycological Society of the Americas through the Department of Microbiology and Immunology at the University of California in San Francisco.

### **Sanitary Bacteriology/ Media Division**

The water laboratory participated in a grant study with the Alabama Department of Environmental Management to study surface well water. The grant was designed to specifically test for coliphage in the surface wells. Twenty-three samples were submitted from wells located in north Alabama. Of the 23 samples submitted, eight samples were found to contain some form of coliphage.

### **Serology Division**

The Rh/ABO Section tested 6,097 specimens. Antibodies were detected in 164 specimens and of these 14 were found to be significant in possibly causing hemolytic disease of the newborn. The Measles Section tested 5,228 specimens for Rubella IgG with one specimen tested for Rubella IgM. Rubeola IgG testing was performed on 123 specimens with IgM testing performed on 14.

Syphilis screening using the VDRL procedure was performed on 44,132 specimens with 1,661 found to be positive. Also, the confirmatory test for syphilis, TP-PA, was performed on 1,666 specimens.

The Virology Section performed 31,756 HIV-1 exams with 771 Western Blot tests for verification. Chlamydia

examinations for the year totaled 33,088. Hepatitis exams were performed on 6,329 specimens.

Fungal serology performed 31 exams on specimens in search of possible histoplasma, blastomyces and aspergillus fungi.

### **Birmingham Microbiology Division**

The Sanitary Bacteriology Section provided proficiency test specimens for seven industry dairy laboratories and one state laboratory. The laboratory evaluation officer inspected three industry dairy laboratories and five public water utility laboratories for compliance with state and federal regulations.

The Microbiology Section continued its participation in the CDC Gonococcal Isolation Surveillance Program, providing 300 isolates of *N. Gonorrhoeae* for surveillance of drug resistant patterns.

### **Birmingham Serology Division**

There was a slight decrease in the number of specimens tested in fiscal year 2003 as compared to fiscal year 2002. The percentage of positive specimens was also comparable. The only test showing an increase in specimens tested was chlamydia.

For the first time in many years, Influenza B was the dominant strain of influenza virus isolated. It was typed as Influenza/B/Hong Kong. This was consistent with isolations found throughout the country. Only one strain of Influenza/A was found. It was typed as Influenza A/H1N1/New Caledonia. This type was the most common isolate during fiscal year 2001.

### **Decatur Division**

This division showed a slight increase in the total number of specimens tested over the previous year.

### **Mobile Division**

The Mobile Division, partnering with Alabama Department of Environmental Management and Baldwin County Health Department, expanded bacterial monitoring of

Alabama swimming areas along the Gulf of Mexico and Mobile Bay. Several swimming advisories were issued or lifted as a result of this testing. This is a federally mandated program which was funded with a \$65,000 Environmental Protection Agency grant. It is anticipated that funding will continue at near this level for at least two more years. The Beach monitoring has been a high profile program which has received a lot of attention in the news media, resulting in many contacts with citizens from across the state.

The Mobile Division also partnered with the Alabama Department of Natural Resources, Alabama Department of Environmental Management and the Dauphin Island Sea Lab Consortium in a continuation of the harmful algal bloom monitoring program. This is another federally mandated program which was expanded to include samples for offshore surveillance. This was made possible by supplement to the original grant funding through the Gulf of Mexico Program. Harmful algal blooms received attention from the news media and the general public. Questions about red tide from as far away as Chicago were fielded by the staff. Together with grant partners the Mobile Division was able to respond to complaints about discolored water, bad odors, or fish kills in Mobile Bay and along the beaches.

A limited amount of enterococcus and fecal coliform testing on environmental water samples was performed. This was done primarily in support of the counties in the area that were applying for grants which would enable them to extend sanitary sewer lines.

Facility upgrades included the installation of wiring for the Laboratory Information System. An emergency generator was relocated from the Central Laboratory in Montgomery to the Mobile Laboratory. These improvements enhanced the laboratory's ability to serve the area.

Clinical specimen volume remained relatively steady during the past fiscal year. A slight increase in positive rabies specimens was noted.



# 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.*

## Professional Support Division

The Professional Support Branch provides consultation, program and policy development, training and technical assistance primarily in the areas of clinical practice.

### Plan *first* Care Coordination

Plan *first* care coordinators are located in all local health departments to see Plan *first* patients who present for family planning services. The clinical nursing staff, clerical staff and care coordinators work as a team to ensure that all patients receive the comprehensive services offered by health departments. A risk assessment tool was developed at the implementation of the program to assist care coordinators in determining the individual risk for an unintended pregnancy. All Plan *first* patients are referred to the care coordinator for this assessment. Patients who are determined to be at high risk for an unintended pregnancy are offered care coordinator services. All care coordination services, including the risk assessment offered all patients, are provided by licensed social workers and nurses with a Bachelor of Science degree in nursing who have been trained in family planning.

During fiscal year 2003, 31,945 Plan *first* women received risk assessments; 79 percent of them were assessed as high risk for an unintended pregnancy. The percentage of high-risk patients climbed after the risk assessment was revised to include women with a history of pregnancy complications or delivery of a low-birth weight infant or an infant with severe health problems.

A two-day Plan *first* Care Coordination training continued to be offered on a quarterly basis at the central office. Forty-two licensed social workers and nurses with a Bachelor of Science degree in nursing were trained. A comprehensive training manual was developed and provided to all trainees. Topics covered included the psychosocial model of care coordination, bio-

psychosocial care coordination, PT+3, birth control methods, STDs/HIV and programmatic topics such as documentation and protocol.

### Teen Care Coordination

The department signed a contract with the Department of Human Resources in May 2001 funding public health social workers and nurses to provide care coordination services to teens 18 years old and younger who present at the county health departments for family planning. This service complements the care coordination services available through the 1115 Family Planning Waiver for women 19 through 44 years of age. The goal of the program is to decrease the number of births and abortions among teens. Due to budgetary cutbacks, Human Resources stated that the Teen Family Planning Care Coordination program would not be funded in fiscal year 2003.

Public health care coordinators provided services to approximately 19,000 teens who presented at local health departments for family planning services. Approximately 47 full-time employees served as teen care coordinators during this period in all 67 county health departments. In some counties, staff split time between the Teen Care Coordination program and other case management/care coordination programs.

Each county health department created programs tailored to its particular community. The teen care coordinators were most successful in implementing abstinence-based classes in public schools in Alabama. An abstinence-based curriculum, *Choosing the Best*, was approved by Alabama Medicaid as part of its Adolescent Education Program and was widely accepted by public school administrators. Teen care coordinators also provided support groups for teens at local health departments and provided classes at churches, community centers and other community sites during fiscal year 2003.

A two-day training for the Teen Family Planning Care Coordination Program was provided by the central office on a quarterly basis during the year. Fifty-three licensed social workers and nurses with a Bachelor of Science degree were trained. A comprehensive training manual was developed and provided to all trainees. Training topics included the psychosocial model of care coordination, legal issues related to teen care coordination, stages of adolescent development, psychosocial assessment of teens, working with adolescents in groups, sexually transmitted diseases, human immunodeficiency virus, birth control methods, as well as programmatic topics such as documentation and protocol. The Operational Protocol Manual was developed by the bureau social work consultant and approved by the Department of Human Resources in 2001. The manual has been revised as the program matures and continues to be used by the staff.

### **Medically At-Risk Case Management**

The Medically At-Risk Program was approved by the Alabama Medicaid Agency to provide targeted case management services to Patient First patients under Title XIX effective January 1999. The Operational Protocol Manual was developed during the implementation of the program and is regularly updated to keep all information current. This program continues to grow in the counties. There were 37 full-time public health licensed social workers and nurses with a Bachelor of Science degree providing case management services to patients during the fiscal year. All case management services require a referral from the patient's primary medical provider or a dentist in order to be reimbursed by Alabama Medicaid. Approximately 9,600 Patient First patients were referred for case management during fiscal year 2003. Training was conducted on a quarterly basis during the fiscal year, with 32 case managers receiving a three-day training at the central office. A comprehensive training manual was

developed and is provided to all trainees. Training topics include the psychosocial model of case management, legal issues facing case managers, principles of targeted case management, elevated lead, sickle cell disease, HIV/AIDS, childhood immunizations, dental services and issues, and programmatic topics such as documentation and protocol.

### **Maternity Care Coordination**

Maternity Care Coordination, provided by licensed public health social workers and nurses through sub-contracts with primary contractors, has continued to decrease across the state. This decrease has been linked to several factors, including the low reimbursement rate offered by primary contractors for care coordination. Medicaid has given the primary contractors the responsibility of training care coordination staff. Public health trained seven maternity care coordinators who worked in maternity programs in local health departments during fiscal year 2003. The majority of the care coordinators were trained by other subcontractors. Topics covered during training include medical issues that impact women during pregnancy, dental hygiene for infants, smoking cessation, legal issues, health insurance for children, psychosocial model of case management as well as programmatic issues, such as documentation and protocol.

### **Targeted Case Management**

Targeted case management continued to be provided by licensed public health social workers and nurses with a Bachelor of Science degree for specific diagnosis (HIV, sickle cell disease, elevated lead in children and newborn screening diagnosis). With the appointment of a new coordinator in the Lead Program, the referrals for case management of children with elevated lead levels have grown steadily during fiscal year 2003 with approximately 170 children being referred for elevated lead case management. This is the

result of the Lead Program contacting primary medical providers and encouraging the testing of children for elevated lead. This increase in children being identified as having elevated lead levels has resulted in the increase in referrals for case management services.

Case managers work closely with department environmentalists in the provision of services to children and families affected by elevated lead. Due to lack of staffing, the health department is no longer able to provide case management services for the University of Alabama at Birmingham's sickle cell clinics in various locations across the state. Twenty-eight case managers were trained during quarterly two-day trainings held in the fiscal year. A comprehensive training manual has been developed and is provided to each trainee. Experts in the field present sickle cell, elevated lead and HIV/AIDS education during each training. Other topics covered include the psychosocial model of case management, legal issues, principles of targeted case management as well as programmatic issues, such as documentation and protocol.

There were 162 case managers/care coordinators trained during fiscal year 2003.

An electronic case management/care coordination system has been developed by the department and is used by all case management/care coordination staff who provided direct services to patients. This system is available for viewing by supervisory staff at the area and central office. This tool has proven to increase efficiency and accountability at all levels.

### **Women's and Children's Health Women's Health Branch**

The Women's Health Branch provides administrative and systems development support and technical assistance to counties and areas on women's health clinical programs and special projects. Programs and projects in 2003 included Family Planning, the

State Perinatal Program, the Alabama Smoking Cessation Reduction in Pregnancy Trial, the Alabama Tobacco Free Families Program, the Alabama Unwed Pregnancy Prevention Program and the Uncompensated Maternity Care Project.

*The overall goals of the branch are:*

- 1. Reduce the incidence of pregnancy related mortality and morbidity by ensuring statewide access to quality women's health care services, and**
- 2. Reduce the incidence of unintended pregnancy.**

### **Maternity**

With the health department no longer being a major provider of maternity services for Medicaid and uninsured women, concern was raised regarding the lack of a safety net for these women. Because of this concern, the Uncompensated Maternity Care Project was initiated in 2001 to better understand and better serve the needs of those among Alabama's maternity population without private insurance or Medicaid. The goals of the project were to determine the number and demographics of this vulnerable population; study the level of health care services available to them; and as needed, assist in developing appropriate and accessible systems of care. Annual data show that over 1,500 women without insurance give birth. These women access care later and less frequently, and have poorer birth outcomes than their counterparts with insurance. The project encouraged development, through community-based coalitions, of local health care networks. In addition, the bureau redirected Maternal and Child Health Block Grant funds to prenatal care programs in these new systems and funded 20 counties with high numbers of self-pay births in fiscal year 2003. Because of a decrease in state funding support for the Alabama Department of Public Health activities, Maternal and Child Health funding had to be directed to support other perinatal

activities and this project was discontinued.

### **Family Planning**

Direct patient services were provided to approximately 96,000 family planning clients in fiscal year 2003. *Plan first*, a joint venture between the Alabama Medicaid Agency and the department, continued in its third year of implementation. This program is a 1115 (A) Medicaid Research and Demonstration Waiver expanding Medicaid eligibility for family planning services to women age 19-44 at or below 133 percent of the federal poverty level. *Plan first* services include psychosocial assessment to determine one's risk for an unplanned pregnancy. Care coordination services are offered by a social worker or a nurse to those who are identified at high risk for an unplanned pregnancy. As of September 2003, more than 110,000 women statewide were enrolled in *Plan first*. Also, the department's toll-free hotline received more than 8,700 calls regarding *Plan first*. Birth rates have begun to decline from 117.5 births per 1,000 in the poverty population during the first year to 103 per 1,000 during the second year, since implementation of *Plan first*.

The department continued its collaboration with Huntsville Hospital, Children's and Women's Hospital in Mobile and the Mobile High Risk Infant Follow-up and Tracking Clinic to address the need for family planning services for a targeted high-risk population. Linkages to service are provided for mothers of infants admitted to the Neonatal Intensive Care Units or who receive services from the follow-up clinics. These women are at high risk for repeat poor outcomes of pregnancy. The department contracted with these hospitals and clinics to provide family counseling and referral to *Plan first* providers and care coordinators. The intent of the project is not only to prevent unintended pregnancies in this population, but also to have a positive effect on infant mortality.

The *Plan first* program through the department continued providing psychosocial assessments to those enrolled to determine one's risk potential for unintended pregnancy. Those identified by the assessment as "high risk" are offered care coordination counseling and education from a trained nurse or social worker. The care coordination service and accompanying literature are specifically designed to meet the literacy needs of the eligible women. To facilitate care coordination service, the central office continues to provide training on a quarterly basis for those workers new to the program. These care coordinators risk assessed 31,933 women and determined that 35 percent were at high risk for an unintended pregnancy.

The Family Planning Teen Care Coordination Program continues in its effort to reduce teen pregnancy. This program is funded through a partnership with the Alabama Department of Human Resources and provides care coordination for all family planning teens age 18 and under. Services consist of individual counseling, case plan development and follow-up, preventive health education classes and peer support groups. More than 16,000 teens were served in 2003.

### **Alabama Smoking Cessation Reduction in Pregnancy Trial (SCRIPT) and the Alabama Tobacco Free Families (ATOFF) Program**

SCRIPT was a five-year collaborative project between the University of Alabama at Birmingham and the Alabama Department of Public Health that lasted from 1997 to 2001. Based on 10 years of previous studies involving approximately 2,000 public health patients, the SCRIPT methods were found to be effective in increasing smoking cessation or reduction rates among pregnant Medicaid smokers. The Bureau of Family Health Services, in collaboration with the University of Alabama at Birmingham, developed a dissemination plan to train all public health maternity care services staff to

deliver the SCRIPT methods as part of routine care. In late 2001, public health area nursing and social work directors selected professional staff as trainers.

Free basic tobacco intervention skills training for SCRIPT took place in Montgomery in May 2002 with nine public health areas represented. Participants successfully completing the course are certified as Basic Tobacco Intervention Skills instructors and qualified to train public health staff who provide maternity care coordination services to deliver the SCRIPT model in their own county health department clinics. Instructor certification and staff training are presently underway. As of September 30, 2003, nine area staff were certified as instructors and five were trained instructors and are waiting certification. A total of 85 county health department staff have been certified in Basic Tobacco Intervention Skills and are qualified to deliver SCRIPT. The training is sponsored by the Alabama Tobacco Free Families Program.

The ATOFF Program is a four-year community-based program that started in 2000 and will continue until June 30, 2004. The program uses a campaign of media and policy change and a professional practice education component. The aim of the program is to reduce the smoking prevalence rate of pregnant females whose maternity care is supported by Medicaid, and all females of childbearing age (14-44) in the eight SCRIPT counties (Calhoun, Covington, Cullman, Houston, Jefferson, Lee, St. Clair and Walker). The program also focuses on male partners and families of these women with the purpose of creating a social environment supportive of a tobacco-free family home. Training for private providers began in early 2002. As of September 30, 2003, over 1,700 health care and other interested professionals have received a four-hour tobacco intervention skills course or a 1-2 hour overview of the U.S. Public Health Services/DHHS clinical practice

guideline: *Treating Tobacco Use and Dependence*. The media campaigns recently won two gold awards and one silver award in the 2003 competition for the nation's best consumer health information materials.

The National Information Awards program is the most comprehensive of its kind and is organized by the Health Information Resource Center, a clearinghouse for consumer health information and materials to assist professionals in identifying the best resources available for their health program needs. The advertisement campaigns, which focus attention on the risks and costs inherent in tobacco use, especially among women of childbearing age, were recognized among 1,100 entries. The campaigns had previously won a prestigious Cannes Lion International Advertising Festival Award for the "Best Use of Mixed-Media" category, a national Telly award and first place in the American Marketing Association-Alabama Chapter Award for "Best Marketing Campaign of 2002." As a result of the media campaigns, the ATOFF Quitline has received over 7,100 calls and requests for smoking cessation materials. The Alabama Tobacco Free Families Program is funded by the National Cancer Institute, National Institutes of Health.

### **State Perinatal Program**

The purpose of the State Perinatal Program is to improve maternal and infant health through a system of regionalized care. The State Perinatal Advisory Council provides leadership in establishing program priorities. Five regions, based on regional perinatal referral hospitals, compose the regional perinatal health care system of the state. Regional Perinatal Advisory Councils provide representation from each county to advise and inform about regional perinatal issues.

In 2003, a perinatal nurse from each region and the perinatal program director managed the councils' activities. Regional needs assessments were completed and strategies were devel-

oped to address the identified gaps and barriers specific to each region. The regional perinatal nurses initiated activities to strengthen the perinatal health care system in each region, including: planning and conducting quarterly meetings for perinatal nurse managers in each region to improve networking among the delivery hospitals; creating breastfeeding task groups to foster collaboration among perinatal nurses, lactation consultants and nutritionists; and forming regional consortiums to provide perinatal outreach education opportunities. Additionally, fetal and infant mortality review projects were planned for each region.

Funding was provided for each region to continue follow-up clinics for high-risk infants, as well as continuation of community-based projects that focused on perinatal needs specific to each region. Eleven such projects were funded.

### **Alabama Unwed Pregnancy Prevention**

The Alabama Unwed Pregnancy Prevention Program was established and funded through a partnership with the Alabama departments of Public Health and Human Resources. The purpose of the program is to reduce the incidence of unwed pregnancies by providing funding to local agencies and organizations to develop multi-component pregnancy prevention strategies and interventions. These strategies/interventions encompass education and activities that will delay initiation of sexual intercourse among teens, increase contraceptive use among sexually active men and women of childbearing age, and educate males regarding their roles and responsibility, thereby reducing the rate of pregnancy and childbearing. The program has funded projects in 22 counties, implemented a media campaign that includes paid service announcements, a 1-800 hotline, brochures and publications and a Web site, [www.adph.org/auppp](http://www.adph.org/auppp).



## **Child Health Branch**

The Child Health Branch programs include the Newborn Screening Program, the Universal Newborn Hearing Screening Program, the Alabama Childhood Lead Prevention Project, Healthy Child Care Alabama, Child Death Review and the Alabama Abstinence Education Program. These programs are involved daily with protecting and promoting the health and safety of infants, children and adolescents within the state.

### **Alabama Newborn Screening Program**

The Alabama Newborn Screening Program is a five-part preventive health care system designed to identify and treat selected heritable disorders that otherwise would become catastrophic health problems. In September 2003, the Newborn Screening Advisory Committee decided to embark upon Tandem Mass Spectrometry, a new and improved testing method that would not only increase the battery-testing panel, but also improve the health outcomes status of the children in Alabama.

The program objectives are: 1) providing early and appropriate testing for diseases of public health significance, 2) providing private laboratories with reference services, 3) administering regulations, 4) providing education and support services, and 5) providing data to agencies. Currently, 52,898 newborns in 2003 were screened. Primary medical consultants at the University of Alabama at Birmingham and the University of South Alabama, primary medical providers, the county health departments, and seven contracted sickle cell community-based sickle cell organizations provided follow-up services for the program's goals and objectives.

### **Universal Newborn Hearing Screening**

The first year of the *Alabama's Listening!* Newborn Hearing Screening Program was very successful. Several

children were identified with hearing loss and fitted with hearing aids. Without universal newborn hearing screening the average age of identification is approximately two years of age.

All 59 birthing hospitals in Alabama have Universal Newborn Hearing Screening Programs in place. More than 95 percent of the babies born in Alabama receive a hearing screening before hospital discharge. The babies that are missed are generally due to equipment failure at the time of the hospital stay. The *Alabama's Listening!* Newborn Hearing Screening Program purchased two pieces of hearing screening equipment to be used for loaner purposes by birthing hospitals. The goal is to keep hospital programs running while their equipment is being repaired, therefore keeping the number of infants who miss the hearing screening as low as possible. Approximately 5 percent of infants being screened will fail the initial screening. The newborn hearing screening coordinator works closely with hospital staff and pediatricians to ensure these babies receive a second screening as soon as possible.

*Alabama's Listening!* Universal Newborn Hearing Screening Program guidelines recommend a repeat screening by one month of age, diagnosis of hearing loss by three months and enrollment in appropriate intervention by six months. These guidelines are necessary to ensure the infant's communication skills will develop as age appropriately as possible.

### **Alabama Childhood Lead Poisoning Prevention Project**

During the eleventh year the Alabama Childhood Lead Poisoning Prevention Project, funded through the Centers for Disease Control and Prevention, collected reports of 23,349 blood lead screenings through which 230 lead cases were referred for medical or environmental case management and 79 homes of lead-poisoned children were inspected during the year. Follow-up inspections were completed on all homes where children's

blood levels did not improve in a six-month period.

### **Healthy Child Care Alabama**

Healthy Child Care Alabama is a collaborative effort between the Alabama departments of Public Health and Human Resources. Seven registered nurse consultants serve 40 counties by providing developmental, health and safety classes, coordinating community services for special needs children, identifying community resources to promote child health and safety and encouraging routine visits for children to their health care providers.

The nurse consultants also work with community agencies and organizations to reduce injuries and illnesses and promote quality child care. The nurse consultants can perform health and safety assessments of child care facilities and if a problem is identified, assist the child care provider in correcting the concern.

During fiscal year 2003, the nurse consultants documented 1,359 health safety trainings and educational sessions for providers, 1,705 new provider contracts and visits, and an additional 3,034 provider contracts/consults for a total of 4,739 provider contracts. The nurse consultants also provided health and safety programs for 10,349 children in the child care setting.

### **Alabama Abstinence-Only Education Program**

The goal of the Alabama Abstinence-Only Education Program, a federally funded grant program which began in 1998, is to reduce the occurrence of sexual activity among adolescents 17 years of age and younger in Alabama. The program continued funding for nine community-based projects in 2003. The nine projects provided abstinence-only education in the school setting to approximately 35,000 participants 17 years of age and younger in 32 of Alabama's 67 counties. Project activities were conducted in educational facilities, a public

health care facility and city/county/state social service organizations. The projects used the funds to provide abstinence-only-until-marriage education; direct services; and educational, recreational and peer/adult mentor programs. A statewide media campaign consisted of news releases, radio/television public service announcements, billboards, project enhancements/incentives and a Web site. Over the duration of the grant period from fiscal year 1998 to fiscal year 2004, program evaluators are conducting a comprehensive, intensive, longitudinal evaluation of each of the community-based projects and the abstinence program as a whole.

### **Alabama Community-Based Abstinence-Only Education Program**

Federal funding to expand and enhance current community-based abstinence-only education implementation for adolescents 12-18 years of age for fiscal years 2002-2004 was received in July 2001. The goal of the program is to reduce the proportion of adolescents who have engaged in premarital sexual activity, but not limited to sexual intercourse; reduce the incidence of out-of-wedlock pregnancies; and reduce the incidence of sexually transmitted disease among adolescents. Eleven community-based projects conducted Adult/Peer Mentor Leadership Training in 12 select locations throughout the state for adult role models (community leaders/parents, faith-based individuals, teachers/counselors/educators, health care professionals) who have contact with adolescents 12-18 years of age; and provided abstinence-only education for adult role models in 48 of Alabama's 67 counties. A statewide media campaign consisted of project enhancements/incentives and a Web site. Over the three-year duration of the grant period, a pre-test and post-test will be administered to all program participants to capture the data required to report progress toward achieving the goal/objectives.

### **Child Death Review**

The Alabama Child Death Review System is making a difference in the lives of Alabama's children. Data, as published in the first-ever annual report, showed that in 1998 and 1999 there were approximately 500 infant/child deaths per year that met the criteria for case review. New data show that since 1999 the number of infant and child deaths that have met the review criteria has steadily decreased each year to a low of 349 in 2002. While the system cannot take credit for all of this decrease, it has been publicly recognized as a significant contributor to these improved numbers.

The Alabama Child Death Review System's second annual report, containing final review data for 2000, was published in February 2003. It was distributed to the governor and the state legislature as well as to over 300 other citizens and agencies in Alabama and around the country. The next annual report, containing final 2001 data, is being developed and is on schedule for a February 2004 publication.

In addition to hosting the regular quarterly meetings of the State Child Death Review Team, ACDRS also formed and hosted meetings of the new Child Death Investigation task force, charged with the duty of developing new/improved training curricula death scene investigators. The Task Force developed both an addendum to the curriculum taught to new recruits at the state's police academies and a specific in-service course for experienced investigators. Both of these have been well implemented, well received and are currently being taught.

Many new members are serving on the state and local child death review teams statewide. Accordingly, a training conference is planned during 2004 to make sure everyone involved understands their purpose, mission, procedures and operations.

Finally, the operational efficiency of the Alabama Child Death Review

System continued to improve in 2003. The Web site, [www.adph.org/cdr](http://www.adph.org/cdr), has much more useful content, including downloadable and printable versions of the annual report, publications (such as the new "Safety for Sleeping Babies" brochures in English and Spanish and the "Back to Sleep" reminder posters) and the Investigative Assessment Tool developed by the Child Death Investigation Task Force. More local child death review teams are utilizing the online data submission forms and total case completion is up to a high of greater than 83 percent of all cases assigned, compared to 60 percent in the first year of operation. Improved data collection and case completion are expected in the coming year.

### **Clinical Services**

The department saw a decrease in the number of child health patients who were provided services during the 2003 fiscal year. A total of 31,698 patients were provided services by county health department staff. These patients made a total of 69,530 visits to local clinics. Mobile County data are unavailable at this time and are not included.

### **Quality Assurance Branch**

The Quality Assurance Branch audited 10 county health department sites and one private WIC contract agency during fiscal year 2003. The purpose of the audits was to meet federal mandates for evaluation and to measure specific components of clinical care against practice guidelines. In October 2003, the quality assurance responsibilities were moved to the WIC and Family Planning programs due to the financial restraints of the departments.

## Alabama Children's Dental Health, 2003

	STATEWIDE ESTIMATES IN PERCENT		ESCAMBIA COUNTY ESTIMATES IN PERCENT		
	K-5	3RD GRADE	ELEM.	MIDDLE	H.S.
Ever had decay	48	61	58	47	50
With decay now	29	29	35	21	24
Urgent care needed	11	11	8	4	9
Sealants	*	22	9	11	8

\*Sealants are not placed on children until after the first permanent molar appears at age 6.

### Oral Health Branch

In the spring of 2003, staff from the Oral Health Branch and University of Alabama School of Dentistry screened approximately 2,000 kindergartners and third-graders as part of a statewide oral health survey and found that dental disease rates varied significantly by location. During the fall, students and faculty joined Oral Health Branch staff to survey approximately 4,500 school children (K-12) in Escambia County. Statewide, Alabama's prevalence of untreated decay (29 percent) was similar to that of the U.S., as was the prevalence of sealants (22 percent) in third grade students. Among low-income populations in Alabama and the U.S., untreated decay soared between 40 to 50 percent and dental sealant prevalence declined drastically to less than 5 percent. The Healthy People 2010 national goal is for 50 percent of third grade children to have at least one dental sealant on a permanent molar.

The branch continued to assist qualifying public water systems to initiate fluoridation or upgrade current fluoridation programs through a state water fluoridation grant from the Centers for Disease Control and Prevention. Five new systems received assistance during 2003: Brilliant, Douglas, East Brewton, Flomaton and Springville. An additional eight water systems received grants to upgrade old equipment. These were Bay Minette, Brewton, Centreville, Clay County, Dothan, Fayette, Gulf Shores and Jacksonville water systems. The three-

year CDC fluoridation grant ended in June 2003 and enabled an additional 70,041 residents to receive fluoridated water through the five new systems, while the upgraded systems continued to serve 162,487 persons. With these additions, Alabama now has 134 fluoridating water systems and 14 naturally fluoridated systems. Through the water fluoridation program, fluoride benefits are provided to approximately 82 percent of the total state population being served by public water systems.

During 2003, the branch applied for and received funding for a new Health Resources and Services Administration "State Oral Health Collaborative Systems Grant." The one-year, \$50,000 grant will be used to develop a model in Escambia County that will provide a broad range of oral health activity including oral health risk assessment/education training, prenatal assessment/patient education, preschool assessment/education training, dental screenings for all K-12 students county-wide, and dental sealants/restorative care for qualifying underserved children. The administration also hopes to fund an additional \$50,000 grant, which has been approved, through the same initiative that will enable the project team to develop a statewide patient referral system and an oral health summit for state Head Start staff.

Alabama WIC nutritionists continued to promote good dental health practices through their nutrition education counseling as thousands of toothbrushes, toothpaste, spools of

dental floss, educational materials (videos, flipcharts, posters, tip cards) and puppets with large teeth were shipped to all WIC clinics throughout the state. Providers in these WIC clinics educated the parents and caregivers of infants and toddlers about early childhood caries (rampant tooth decay in young children) and ways to prevent the devastating condition. Outstanding efforts and enthusiasm by Alabama WIC providers led to national recognition for the "Something to Smile About..." project. It was one of only five projects chosen as a study of "best practices" of WIC innovative programs throughout the country. The U.S. Department of Agriculture chose the Alabama oral health project because it incorporated new approaches to promote healthier lifestyles for WIC infants and children.

Four county health department dental programs and two school-based dental clinics received additional maternal and child health funding during 2003 to replace equipment, upgrade existing equipment or to purchase new equipment for dental clinics currently under construction. Most of the dental clinics had operated with extremely old equipment for many years. The one-time grants allowed the dental programs to expand the size of their dental clinics, to offer more services, and to become more efficient and effective in serving children within their communities.

## Dental Services/Preventive Program Activity

- 41,880 Patient encounters occurred in Coffee, Jefferson, Mobile, Tuscaloosa county health department dental clinics.
- 27,516 Dental sealants were provided through these four county health department dental clinics.
- 1,428 Patient encounters occurred in Auburn and Opelika City School dental clinics.
- 153 Dental sealants were placed through these two school-based programs.
- 12,000 K-6 grade students participated in the school-based fluoride mouthrinse program.
- 12,000 K-6 students received free oral hygiene kits and dental health education in school-based programs.
- 6,900 Total children received dental screenings statewide.
- 6,900 Toothbrushes and toothpaste were distributed through the dental screening program.

## WIC

WIC provides nutrition education, breastfeeding education and supplemental nutritious foods to pregnant, breastfeeding and postpartum women, infants and children up to age 5. Program participants must be of low or moderate income and have a nutritional risk. WIC coordinates with and refers to other health and social programs and serves as an adjunct to good health care during critical periods of growth and development.

### 2003 Activities

- Served 120,377 participants on an average monthly basis.
- Served 28,565 pregnant, breastfeeding or postpartum women; 33,247 infants; and 58,565 children on a monthly basis.
- Served approximately 72.5 percent of those in need.
- Provided approximately 695,000 visits for certification, recertification, nutrition education and food instrument pickup.
- Provided 3.97 million food instruments that were used at any of the 886 WIC-approved grocery stores, statewide. This resulted in over \$7.5 million spent in Alabama stores.
- Monitored 591 grocery stores, trained representatives of 896 stores, conducted 75 compliance investigations, sent 75 sanction/warning letters to grocery stores, and 12 sanction letters to participants. Over \$96,353 was collected from grocery stores for store errors in food instrument processing.
- Provided annual training for approximately 400 employees.
- Provided 54,895 Farmers Market Nutrition Program checks to purchase Alabama grown fruits and vegetables in six counties directly from 424 authorized farmers at approved farmers markets.

## Administration

### Epidemiology and Data Management

The Epidemiology and Data Management Branch has two main purposes.

The first is to conduct population-based studies pertaining to the health of mothers and children in Alabama. The second is to translate these and other studies into information necessary for allocating resources and for reshaping programs to better promote the health of women and children. The branch's activities during 2003, often conducted in collaboration with other agency staff, including the following:

- Preparation of the Maternal and Child Health Services Block Grant annual report and application.
- Completion of the first phase of an electronic data linkage project, in order to better estimate the proportion of newborns who are screened for certain metabolic or hematologic conditions such as sickle cell disease.
- Initiation of a second electronic data linkage project, in order to better describe certain indicators of prenatal care and pregnancy outcome for pregnant women enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children.
- Production of two procedure manuals: one on convening maternal and child health community discussion groups and another on linking live birth records and newborn screening billing records.



# Bureau of Home and Community Services

*In 2003, the Bureau of Home and Community Services continued to administer the statewide Home Care Program in partnership with county, area and state level staff to fulfill its mission - to ensure the delivery of compassionate and effective health care services in the home and community while striving to be consistently responsive and innovative in meeting the changing health care needs of Alabama citizens.*

This mission supports the mission statement of the Alabama Department of Public Health – to serve the people in Alabama by assuring conditions in which they can be healthy. In the fulfillment of its mission, the Bureau of Home and Community Services works with a cooperative effort on all levels and phases of program operation while at the same time ensuring compliance with federal and state regulations and laws; federal, state and private payor home care program requirements; and the department's business policies and procedures.

Changes mandated by the Balanced Budget Act of 1997 continued to have a tremendous impact on all facets of the Home Care Program. The major impact was the implementation of the Prospective Payment System which instituted a per episode payment rate versus a per visit payment rate. Many home care agencies throughout the country have not survived these changes. The Bureau of Home and Community Services has not only survived, but has also been able to maintain its agency values: integrity, competence, compassion, innovation, excellence, effectiveness and commitment. The Bureau of Home and Community Services operates within the framework of four divisions: the Division of Billing and Support, the Division of Home Care Service, the Division of Community Services and the Division of Quality Assurance/Performance Improvement and Accreditation.

## **Home Health Program**

The Bureau of Home and Community Services is a Medicare-certified home health agency with 30 sub-units. Quality and compassionate home health care is provided to patients with Medicare, Medicaid, private insurance and no payment source. Services available through home health include skilled nursing, home health aide services, medical social services, physical therapy, occupational therapy and speech therapy. All disciplines work together as a team to meet

the patient's health needs and provide quality care. Approximately 411,972 home health visits were made in 2003 in efforts to assist many Alabama citizens in reaching their optimal health goals.

## **Life Care Program**

The Bureau of Home and Community Services through the Life Care Program is a statewide direct service provider of home care services. Life care services are provided under specialized federal and state funded programs for the disabled, poor and elderly, as well as contracts with other payor sources. Life care services can also be purchased by individuals through an Options program. Life care patients are not required to be homebound, and physicians are involved in the patient's care as needed or as required by specific program guidelines.

Services offered by the Life Care Program include the following: homemaker services, personal care services, skilled respite services, unskilled respite services, companion services, adult day health services and nursing visits.

## **Community Services**

The Division of Community Services within the Bureau of Home and Community Services functions as an administering agency for the Elderly and Disabled Medicaid Waiver. This program is designed to offer an alternative to nursing home care for the elderly and/or disabled Medicaid recipient. Through professional case management services, the client's needs are assessed and an individualized plan of care is initiated. The plan of care will specify the services that are needed by clients to remain at home so long as their health and safety are ensured. The client chooses a direct service provider to provide specified services. In fiscal year 2003, Elderly/Disabled Waiver case managers provided 90,580 hours of case management and recruitment, and provided a total of more than 1,079,201 hours of Elderly/Disabled Waiver/Lifecare service.

## **Billing and Support**

Billing and reimbursement activities are pivotal operations within the Bureau of Home and Community Services. Although a centralized billing system is utilized, billing and reimbursement activities still require input from all levels of Home Care Program staff statewide. These activities include: the collection of billing data at the point of service delivery by visiting staff, billing data reviews by supervisory staff, data entry by support staff, billing data processing, submitting claims and posting reimbursements by the Division of Billing and Support for Medicare, Medicaid and privately insured patients. Fiscal year 2001 saw the transition in Medicare billing from a per visit reimbursement system to a per episode reimbursement system based on a 60-day episode of care.

The analysis and evaluation of Home Care Program patient census, service delivery and billing data are essential aspects of program support. Information is summarized and provided to administrative and managerial staff to assist them with setting goals and making decisions that promote quality of care and efficiency operations in the provision of services to Alabama citizens. Information is also provided to the fiscal intermediary for cost reporting and auditing purposes in compliance with federal Medicare program laws.

## **Quality Assurance and Performance Improvement Program**

The year 2003 marked the end of the fourth year of operations for the Quality Assurance and Performance Improvement Program. The goal of the program is to provide an organized, systematic and continuous approach for quality care that will result in improved patient outcomes, customer satisfaction, communication between service providers and customers, clinical performance, documentation, employee job satisfaction, management

performance and agency performance reviews. This goal enables all staff to expeditiously identify and resolve issues that may impact upon the quality of patient care. Service satisfaction surveys and quality improvement audits are the principal evaluation tools used to assess the service delivery processes. Government reports that are obtained from Outcome Assessment Information System (OASIS) data continue to be utilized in the Quality Assurance and Performance Improvement Program. Indicators of areas for improvement are addressed through education and corrective planning.

## **Education**

The Bureau of Home and Community Services continues to be committed to the philosophy of an education plan for all employees. An education plan includes orientation, continuing education and inservice training manuals that have been developed over the past six years for all disciplines and most job positions. The bureau plans and produces 12 hours of mandated continuing education for home health aides and the home attendants each year. Orientation and training are conducted at the local level by the area continuous quality improvement/education coordinator under the direction of and using manuals developed by the Bureau of Home and Community Services. This process supports the philosophy that quality patient care is promoted by training home care staff to perform job tasks and to understand the operation of the work environment.

## **Home Care Compliance Program**

Since 1999, the Home Care Compliance Program has continued to promote the prevention, detection and resolution of instances of conduct that do not conform to federal and state regulations, rules and laws, the department's ethical business practices, the Home Care Program policies, and private payor's requirements governing

the home care industry. Under the direction of the compliance officer, complaints are responded to by conducting audits and investigations where noncompliance is suspected. The compliance officer works with the Office of the General Counsel in resolving compliance issues including applying internal disciplinary actions and reporting to licensure boards for further actions.

# Health Provider Standards

*The mission of the Bureau of Health Provider Standards is to ensure that services of licensed and certified health care facilities are provided in a manner consistent with standards which ensure access to and quality of health care.*

## Health Care Facilities

The Division of Health Care Facilities ensures that services of health care providers are consistent with standards of quality health care. Standards to ensure that nursing homes are in compliance with Medicare and Medicaid requirements for 2003 continued to be enforced.

The federal government has implemented mandatory assessment tools in certified long term care facilities and home health agencies. Mandates require the comprehensive collection of health care data in a national repository. During the calendar year 2003, the state of Alabama processed more than 478,936 records from nursing homes and home health agencies. Inspection processes and Medicare reimbursement are based on this data.

The division investigated 338 abuse/neglect and general complaints. The Long Term Care Unit surveyed 215 facilities and conducted 185 follow-up visits and three initial surveys for certification purposes.

The Clinical Laboratory Improvement Amendment, or CLIA, is administered by the Laboratory Unit. This unit is responsible for monitoring 3,221 CLIA federally certified laboratories, 290 state licensed independent clinical and 55 state licensed physiological laboratories in 2003. There were a total 348 surveys conducted that included 282 CLIA recertifications, 27 follow-up visits, and 39 initial and biennial licensure surveys.

The Medicare Other Unit, responsible for certification and licensure of home health agencies, hospices, hospitals, dialysis facilities, ambulatory surgical centers, rural health clinics, various types of rehabilitation facilities, portable X-ray units, abortion centers, and sleep disorder centers, conducted 92 certification surveys, and 22 initial licensure surveys.

The Nurse Aide Registry Program tracks 224 approved training programs. The registry has a total of 72,570 nurse aides. There are 30 nurse aides that are

on specific time limited sanctions and 838 that have been placed on the abuse register permanently.

The assisted living facilities industry continues to grow. As of December 2003, there were 249 regular licensed facilities totaling 7,483 beds and 91 specialty care facilities totaling 2,446 beds.

## Provider Services

This division processes initial licensure and certification applications; maintains and distributes the Provider Services Directory; and publishes, maintains and distributes licensure rules. The division also processes bed and station requests, change of ownership applications and provides consultation to health care providers and the general public concerning health care licensure requirements and certification standards and procedures.

In 2003, the division issued 1,297 annual renewal license certificates, 127 change of ownership license certificates, 111 initial license certificates, and 934 license status or facility information changes. There were also 1,563 facilities and providers certified to participate in the Medicare and Medicaid programs. During 2003 the division processed 80 initial certifications, 115 change of ownership certifications and 305 certification changes.

## Managed Care Compliance

The Division of Managed Care Compliance jointly regulates health maintenance organizations (HMOs) with the Alabama Department of Insurance, certifies organizations performing utilization review activities for Alabama citizens, and monitors selected activities of organizations offering supplemental Medicare coverage.

### Service Activities

- For the year ending September 30, 2003, there were 82,044 enrollees in the four licensed HMOs in Alabama. The division performed a total of four HMO surveys and received and investigated a total of 52 enrollee and provider complaints.
- The division received and reviewed 379 requests for material modifications (changes to previously approved HMO operations, processes or documents) for the time period of January through September of 2002.
- The division reviewed and trended a total of 32 quarterly and annual reports from the HMOs and Medicare Select organizations for the time period of January through September of 2003.
- A total of seven organizations, including two HMOs, offered supplemental Medicare coverage. A total of 172,292 covered individuals was reported for the end of the fiscal year.
- Three HMOs contracted with the federal Centers for Medicare and Medicaid Services to provide health care services for Medicare beneficiaries. Enrollment at the end of the fiscal year was reported at 44,097.
- Through a combination of recognition of the American Accreditation HealthCare Commission's (URAC) accreditation and Alabama requirements, the division certified 15 new organizations to perform utilization review activities in Alabama. Another 127 organizations were recertified. At the close of the fiscal year, 164 agents were recognized as certified, with 140 holding URAC accreditation.

### Emergency Medical Services

During 2003, the Emergency Medical Services Division continued implementation of new patient care reporting software use in the prehospital setting. The software replaced the scannable forms which were used for gathering of information on the treatment of prehospital patients throughout Alabama. Approximately 40 percent of all licensed services are online with the new system. This new system will save considerable time and money associated with Alabama's current patient care reporting system. Data will be sent directly to the Emergency Medical Services Division via a secure Internet connection.

Also during 2003, Alabama's Patient Treatment Protocols and new prehospital drugs and invasive procedures were added to the treatment regimen now available to Alabama's credentialed emergency medical technicians. In order to support the implementation of these new drugs and procedures, appropriate training modules were developed and the state's emergency medical technician credentialing process was modified. Education sessions for the training of instructors were conducted in numerous locations across the state by regional EMS agencies and the EMS Division staff to make emergency medical services training personnel aware of changes in protocols, drugs and procedures.

Permitted ambulances inspected	336
Licensed transport services inspected	107
Advanced Life Support services permitted	313
Individual EMT licenses processed and issued	6,025
EMT licensure exams administered	1,836
EMT training institutions accredited	21
EMT training programs approved	87
Individual continuing education records reviewed and approved	3,314
EMS continuing education courses reviewed and approved	485



# Office of Radiation Control

*The Office of Radiation Control ensures the protection of the public from excessive exposure to ionizing radiation through a variety of activities, including registration and inspection of equipment that produces ionizing radiation including particle accelerators, of users of radioactive material, environmental monitoring, maintaining continuous radiological emergency response capability, and public and professional education activities.*

## October 2002-September 2003 Service Activities

- Collected 1,732 environmental samples for analysis.
- Conducted four nuclear power plant emergency response exercises.
- Conducted three medical radiological emergency response exercises at hospitals.
- Inspected 155 medical facilities for compliance with the 1992 Mammography Quality Standards Act.
- Inspected 178 radioactive material licensees/particle accelerator registrants.
- Inspected 2,431 X-ray tubes located in 1,065 medical facilities.
- Issued two particle accelerator registrations.
- Issued 23 new licenses for the possession of radioactive material.
- Issued 361 amendments to radioactive material licenses/particle accelerator registrations.
- Maintained the state of Alabama Radon Program to encourage testing of houses for radon and building radon-resistant homes.
- Reviewed and evaluated 195 X-ray shielding plans.
- Tested and certified 42 individuals in industrial radiography.
- Trained 221 radiation emergency response personnel and equipment monitors.
- Trained 729 radiation emergency response workers.

# Bureau of Environmental Services

## **Training and Environmental Programs**

This unit serves as a facilitator for the Bureau of Environmental Services by providing structured training through workshops, seminars and conferences for bureau and county personnel. Each year the Training Unit coordinates the mandated Basic Environmentalist Training Course which is designed to educate newly hired public health environmentalists with the interpretation of the rules and regulations. The Training Unit assisted with the Annual On-site Sewage Treatment and Disposal Conference. This conference (with more than 300 individuals attending from throughout the U.S.) was organized more than 13 years ago to educate industry, business and governmental professionals about on-site treatment and disposal concepts and practices.

## **Food, Milk and Lodging**

The safety of food sold at retail in Alabama, and of food, other than red meat and poultry, processed in Alabama, is the responsibility of the environmental staff of the county health departments and of the Division of Food, Milk and Lodging at the central office. This division promulgates rules and regulations affecting safety and sanitation of food, sanitation of lodging facilities in the state and also issues guidelines for the inspection of prisons and jails. The division administers and enforces sanitation rules for milk and seafood. Rules for establishments such as restaurants, grocery stores, convenience stores, food manufacturing plants, tattoo facilities, hotels and camps are enforced by the county health departments' environmentalists. The division consists of three branches: Food and Lodging, Milk and Seafood.

### **Food and Lodging Branch**

State law requires any facility selling food to have a permit from the county health department. The Rules for Food Establishment Sanitation

require food facilities to be inspected on a routine basis, depending on the type of food being prepared and the amount of food preparation steps involved. The number of routine inspections required is being revised from four times a year to three times a year, due to personnel shortages. Hotel and camp inspections are being revised from twice a year to once a year. Tattoo facilities are inspected twice a year and jails four times per year.

### **Food Safety**

In 2003, county health departments conducted 54,984 inspections at food establishments; in addition, 2,831 inspections were made at temporary food establishments such as food booths, fairs and festivals and 3,955 inspections were made at other locations. County health departments investigated 3,126 complaints from the public concerning food or food establishments and issued 8,743 legal notices.

### **Tattoo (Body Art) Facilities**

"Body art" includes tattooing, body piercing and branding. In 2003, county health departments continued the regulatory activities for this relatively new program, established in 2001. Under the requirements for licensing the body art facilities and issuing permits to the operators, there were 96 licensed facilities in Alabama and more than 200 permitted operators. The county health departments conducted 120 inspections at body art facilities and investigated 47 complaints.

### **Lodging**

In 2002, county health departments conducted 1,201 inspections of hotels and camps, and issued 168 legal notices.

### **Milk Branch**

Milk is a basic food for both the general public and schoolchildren in Alabama. Milk products such as ice cream and cheese are also important dietary components for Alabamians.

To help ensure the safety of milk and milk products, sanitation inspections are routinely conducted at dairy farms, milk processing plants, bulk milk haulers and bulk milk tankers. Milk is routinely sampled and tested for compliance with bacterial and chemical standards from the time it leaves the cow until it is on the grocery store shelf. When out-of-state plants ship dairy products into Alabama, they are issued permits and their products are also tested for compliance with bacterial and chemical standards.

In 2003, the Milk Branch conducted 73 pasteurization equipment tests, 409 dairy farm inspections, 107 milk, frozen dessert and cheese plant inspections, and 140 bulk milk hauler and tanker inspections.

The branch collected 1,756 raw (before pasteurization) milk samples, 2,130 pasteurized milk samples and 139 milk samples to test for the presence of aflatoxin. This toxin is produced by a carcinogenic mold that is sometimes found on grain and can be transmitted through the bloodstream into the milk by cows consuming aflatoxin contaminated feed.

A total of 24 milk tankers containing 703,921 pounds of milk (or 81,851 gallons) were disposed of due to antibiotic contamination.

### Seafood

With high nutritional value, seafood is increasingly featured as a component of a healthy diet. The seafood industry of Alabama plays a vital role in the state and coastal economies of Alabama. The Seafood Branch ensures that seafood processing establishments meet food safety standards and that shellfish are harvested from clean waters.

The Seafood Program is administered by state health officials. The five main functions of the program are:

1. Classification and sampling of Alabama shellfish growing waters;
2. Shellfish processing plant permitting, inspection and sampling;
3. Blue crab processing plant permitting, inspection and sampling;
4. Shrimp, fish and specialty products processing plant permitting, inspection and sampling.
5. Routine monitoring for the bacterium *Vibrio vulnificus* and for dinoflagellate organisms in shellfish growing waters.

During 2003, 112 processing plants (shellfish, blue crab and other seafood) were issued permits, 480 inspections were conducted, and 535 field visits to plants were made.

There were 143 bay shellfish growing area water samples and eight bay oyster samples collected for bacterial analysis. There were 74 water samples collected from processing establishments, also for bacterial analysis.

Mobile Bay was ordered closed to oyster harvesting seven times for a total of 77 days due to possible fecal contamination from excessive water flow from the Mobile River system.

### 2003 Special Activities -

The Seafood Branch hosted the U.S. Food and Drug Administration's "Basic Shellfish Plant Sanitation" course in Mobile. Ten shellfish specialists representing nine other states attended along with one specialist from the Food and Drug Administration and other attendees from the department.

The Seafood Branch provided department representation on several committees, including the Interstate Shellfish Sanitation Conference, the Technical Interagency Committee, the EPA's Gulf of Mexico Public Health Program, the Gulf of Mexico Harmful Algal Bloom Program and the Mobile Bay National Estuary Program.

Routine monitoring included growing water samples for *Vibrio vulnificus*, with eight samples collected, and for harmful algal blooms (toxic dinoflagellates) with 56 samples collected. Levels of *Vibrio vulnificus* were highest in summer months due to increases in temperature and salinity. No harmful algal blooms were detected.

## Community Environmental Protection

### Soil and On-site Sewage Branch

#### 2003 Activities:

- Permits issued to install on-site sewage systems.....19,131
- Systems installed .....17,900
- Special projects such as plans review for large systems handled.....52
- Complaints handled .....126
- 1,271 People were trained at various environmental training events during the year. This consisted in training for people in the department and people involved in on-site systems design and installation outside of the department.
- 30 Product permits were issued to manufacturers of advanced treatment and disposal products which set the conditions under which on-site wastewater products can be used in the state.
- 15 Large on-site systems are now permitted by the department under performance permits. These permits require sampling and maintenance of large systems to better protect public health and ground water. These permits are very similar to NPDES permits issued for wastewater discharges by the Alabama Department of Environmental Management.

New rules were adopted under the Management Entity Law which allow the department to establish a mechanism by which financial capability standards can be set for those that wish

to run on-site wastewater systems. The bill also addresses enforcement for these systems by allowing the department to use administrative procedure to enforce the rules for management entities. This is the same procedure that ADEM uses to enforce its permits. It allows for enforcement without a court system process, unless the enforcement action is appealed to that level. Once the department has strong management entities for whom it can issue performance permits, many of the problems that stand in the way of on-site wastewater becoming the predominant method of sewage treatment for domestic wastewater will be solved.

**Indoor Air Quality/Lead Branch**

This branch provides information on issues related to indoor air quality, lead-based paint and other lead hazards. Regarding the lead hazard program, the primary focus of the branch is to enforce the regulations promulgated under the Alabama Lead Reduction Act of 1997. These rules require the training and certification of individuals and firms engaged in lead identification and risk assessment, and remediation activities in pre-1978 housing and child-occupied facilities performed according to established safe work practice standards. Branch personnel also provide support for the “Alabama Childhood Lead Poisoning Prevention Project.” The program identifies children with elevated blood lead levels through screening by local health departments and private physicians, provides environmental surveys to identify sources of lead hazards and recommends methods to eradicate the hazard. This program ensures that proper medical treatment or case management is undertaken by responsible authorities and prevents lead poisoning in homes containing lead hazards.

The Indoor Air Quality/Lead Branch has suspended on-site investigations of indoor air quality problems because of insufficient funds. However, the Indoor Air Quality/Lead Branch remains as the Environmental Protection Agency’s designated state

indoor air contact providing advisory service for those who request it and provides indoor air quality and asbestos information and printed materials upon request.

**Lead Contractor Certification**  
**Program activities include:**

- Certification of firms to conduct lead based-paint activities.....60
- Inspection of lead abatement project sites .....41
- Visits to housing authorities for compliance assistance .....35

**Childhood Lead Poison Prevention**  
**Program activities:**

- Lead outreach (inspections and awareness) workshops .....30
- Inspection of homes with confirmed cases of children with high blood lead .....122
- Environmental lead sampling of dust, soil, water and paint chips (approximately) .....2,426

**Solid Waste Branch**

The Solid Waste Branch provides technical assistance to county environmentalists who work in the solid waste, septage management and vector control programs. Local activities include the investigation of vector control complaints and unauthorized dumps, the permitting/inspection of transfer stations, processing facilities, garbage collection vehicles, and the permitting and inspection of septage/grease land application sites. Many counties also enforce local mandatory garbage collection programs and review applications for certificates of exception for such programs.

- Unauthorized dumps inspected .....3,027
- Transfer/processing facilities inspected.....116
- Septage management facility inspections .....55
- Collection vehicles inspected .....989
- Certificates of exception reviewed/issued .....2,455
- Vector complaints investigated.....558



# Office of Professional and Support Services

*The Office of Professional and Support Services supports a variety of important department initiatives and projects.*

## **Management Support Unit**

The Management Support Unit supported the department through management of the Records Disposition Authority, the fee manual, grant resource development and grant review, and the Policy Clearinghouse. Staff also participated in training and implementation of the department Health Insurance Portability and Accountability Act privacy policy. Staff of the Management Support Unit worked closely with the Training Unit to coordinate training activities.

## **Training Unit**

The department training coordinator position was filled during 2003. Work continued with interdepartmental and intradepartmental groups to provide quality education for all employees. Workshops were organized and managed through Auburn University at Montgomery, Alabama State University, Emory University, the University of Alabama at Birmingham, the State Personnel Department and the Alabama TechnaCenter, as well as private companies. Thirty-five live workshops were produced and presented and 26 distance-based/satellite learning conferences were organized. Distance learning opportunities were provided through satellite each month and continuing education credits awarded to appropriate professionals. In addition to workshops and satellite learning opportunities, the workforce was introduced to online learning opportunities through the South Central Public Health Training Center. The Alabama Department of Public Health training calendar continued to be published as an efficient marketing tool for keeping staff aware of training opportunities.

## **Pharmacy Unit**

The Public Health Pharmacy director participates on the department's bioterrorism task force and coordinates development of Alabama's procedures for ordering and processing the Strategic National Stockpile, a

special stockpile of drugs and supplies which would be shipped by the federal government to the state if indicated following any terrorism event. Over 800 pharmacists across the state have volunteered to help during a crisis and approximately 700 of them received training in 2003. The Centers for Disease Control and Prevention completed two site visits in 2003 and has given Alabama's SNS program approval. The Pharmacy Unit works closely with the Center for Emergency Preparedness and the Alabama Emergency Management Agency.

The Pharmacy Unit continues to coordinate state agencies accessing the Minnesota Multi-State Contracting Alliance, a voluntary group purchasing organization operated by the State of Minnesota serving government-based health care facilities. This alliance allows the State of Alabama to purchase medications and clinic supplies at substantially reduced prices.

Consultation and assistance continue in the areas of osteoporosis, cardiovascular disease, bioterrorism, diabetes, arthritis and home health. Assistance is also provided in the rescheduling of drugs and the Controlled Substances List.

The unit continues to consult and coordinate with all public health units, including county health departments and other agencies on medication-related and pharmacy-related activities. These activities include distribution issues, clinical information, drug scheduling, purchasing and legal issues.

In addition the unit provides internship experiences to pharmacy students, hosting several students each year from Auburn University and Samford University.

## **Nursing Unit**

In 2003, the Nursing Unit continued to work with state, area and local health departments to assure the provision of high quality nursing services to Alabama citizens. The unit performs as a liaison to the Alabama Board of Nursing to ensure compliance with

nursing licensure requirements and works in collaboration with the department's Clinic Protocol Committee to maintain program and professional nursing standards through periodic updates and clarification of nursing protocols. The unit provides representatives to work with other departmental programs and committees to maintain professional standards of nursing care. The unit is available to offer guidance and support for public health nursing as the role of public health evolves and changes to meet the needs of the public. The unit works with other government agencies, professional organizations and academic institutions to provide information and resources for the promotion of public health in Alabama.

The Cardiopulmonary Resuscitation Program, known as the Alabama Department of Public Health Community Training Center, continues to provide a valuable source for certification for CPR and first aid as needed by health care professionals, day care providers and the community. During 2003, 107 certified instructors provided CPR and first aid training for 2,171 persons.

The unit serves as a provider of continuing education, with approval through the Alabama Board of Nursing and the Alabama State Nurses' Association, for public health nurses by reviewing and approving workshops, teleconferences and other programs for continuing education credit. In 2003, 60 continuing education activities were approved through this unit. Memoranda of Understanding have been created and tracked through this unit with 23 schools of nursing in Alabama and surrounding states to allow nursing students to obtain clinical experience in the county health department programs when resources permit.

The unit has served as a resource for the nursing component in the development of departmental bioterrorism plans such as the smallpox initiative plan and Strategic National Pharmaceutical Stockpile plan.

## **Social Work Unit**

The Social Work Unit continues to work to promote and support sound professional practice. The unit is actively involved in collaborating with program consultants, area social work directors, managers and county staff in providing case management/care coordination services to citizens of all ages. The department's Public Health Social Worker Case Management services include Plan *first* and Teen Family Planning, Medically at Risk, Children with Special Health Care Needs, Elderly and Disabled Waiver Services, Home Health Medical Social Services, Breast and Cervical Cancer and Maternity Case Management, as well as some HIV/AIDS case management.

The Care Coordination Electronic Computer System continues to capture all public health social work program documentation and reimbursement requests. This system provides an opportunity for increased accuracy and complies with Health Insurance Portability and Accountability Act standards, thus providing efficiency for public health social work staff across the state.

The unit's Web page provides an opportunity for the general public to gain a better understanding of public health social work services and to enhance efforts to recruit new staff. Prospective employees are also able to obtain an application for employment online and to e-mail area social work directors regarding employment opportunities. The site continues to offer visitors an opportunity to review the goals and methods, the program service options and the ability to contact central office staff regarding questions. The Social Work Unit continues to maintain contact with accredited schools of social work throughout the state to increase the availability of future work force options.

Responsible for assuring that a system of professional public health social work practice is available across the state, the unit works in conjunction with other supervisory staff and the

Alabama Board of Social Work Examiners to ensure that professional standards of practice are maintained. In-service training (including an ethics presentation) for professional development was consistently offered with contact hours provided to assist staff in maintaining licensure and upgrading professional practice skills.

The unit also actively participates in national, state and local organizations, such as the Association of State and Territorial Public Health Social Workers, and the Suicide Prevention Advocacy Network. The unit, working in conjunction with representatives from multiple agencies/organizations from across the state, has continued to lead the Task Force's growing broad based development of the Alabama Suicide Prevention Task Force. A Suicide Prevention Web site was added to the home pages of the Alabama Department of Public Health and the Alabama Department of Mental Health/Mental Retardation.

The development of public health social work initiatives and collaboration building enhances state and local public health social work standards as well as affecting the nation's public health. This effort is expanded as the unit is actively involved in the planning and development of the state's Emergency Preparedness Plan. This initiative is focused on building a system able to respond to the psychosocial needs of Alabama's citizens. The unit has also been active in the development of an Internship-Focused Work Force Development Initiative. Geared toward attracting a quality work force for the future, the unit is working with the South Central Public Health Training Center to introduce public health in educational institutions which provide job placement experiences for the department's Work Force Development Initiative.



**N&PA**  
**THE NUTRITION  
AND PHYSICAL  
ACTIVITY UNIT**  
Alabama Department of  
Public Health

## **Nutrition and Physical Activity Unit**

The Nutrition and Physical Activity Unit works to facilitate positive changes that promote healthy lifestyle, policy and environmental initiatives, and educational strategies used to increase the number of Alabamians who maintain a healthy weight and eat a balanced diet. Teamwork with other department units, other agencies, private corporations and coalitions is promoted to better utilize available funds and prevent duplication of efforts.

During fiscal year 2003, planning, coordinating and implementing environmental nutrition and physical activity interventions for the Alabama Cardiovascular Health Program continued. Staff supported community health advisors in three counties with education resources needed to implement community-level nutrition and physical activity initiatives. In Butler County, advisors participated in heart-healthy cooking classes and helped develop a cookbook for community interventions.

Knowledge-based implementation skills were taught to community groups through cooking demonstrations and classes. Participants were taught healthier ways to prepare foods, ways to increase physical activity, and tips on food safety. Increased knowledge was evidenced by improved scores on a questionnaire.

During fiscal year 2003, the Food Stamps Nutrition Education Plan was utilized to work with schools meeting a specified income criterion, with local and state media outlets and with community nutrition-related programs. Activities for school children were offered in the classroom and during after school programs. A fruit and vegetable bingo game, posters, brochures,

stickers and child-oriented recipes are examples of tools used with children. Working with farmers markets specializing in benefits for senior citizens, the Alabama Coalition Against Hunger, and various coalitions and community projects provided avenues to promote healthy eating and physical activity. In efforts to encourage the consumption of fruits and vegetables, staff assisted in the opening of a new farmers market in Montgomery.

Promoting physical activity for all ages continues as a high priority. This year the unit received the Alabama Governor's Physical Fitness 2003 Spirit Award from the Governor's Commission on Physical Fitness for the work completed in promoting nutrition and physical activity.

In collaboration with the Osteoporosis Task Force, educational materials donated from a state dairy were mailed to 159 schools in Alabama. Multiple osteoporosis screenings were provided; the Osteoporosis State Plan was coordinated and implemented; and educational presentations on osteoporosis prevention were provided to students, adults, health professionals and senior citizens. Osteoporosis education aimed at younger students utilized the "Milk Mustache" pictures.

The unit assumed leadership for the state in the Action for Healthy Kids (AFHK) nationwide initiative. AFHK is dedicated to improving the health and educational performance of children through better nutrition and physical activity in schools. This effort represents a response to the nation's epidemic of overweight, sedentary and undernourished children and adolescents. The AFHK Alabama Team partnered with health, education and industry representatives and developed a guide for healthy vending machine beverages and snacks. This guide was endorsed by the Alabama PTA and sent to every public school principal in Alabama. Numerous schools report using the guide. Three Alabama schools were awarded mini-grants to

study the impact of healthy vending choices on revenue generated from vending machines.

Formation of the coalition Healthy Weight for Youth in Jefferson County increased the capacity to conduct community obesity interventions. For this obesity intervention, a large metropolitan area was chosen to (1) reach a large population, (2) make efficient use of scarce resources, and (3) develop a model obesity intervention that could be replicated in other areas. Partners represent academia, the medical community, schools, cooperative extension systems, county health departments, food stamps and human resources.

The Food and Fitness employee wellness program continues to promote sound guidance to employees on strategies for achieving and maintaining a healthy weight and lifestyle, such as walking competitions that include a dietary change. Employees walked miles that equaled walking to San Francisco, and made dietary changes to increase water, milk, fish, and fruit and vegetable intake. Members were awarded certificates from the Governor for the miles walked. Walkers were in 25, 50, 75, 100, 250, 400 and 1,000-mile categories.



OFFICE OF  
**WOMEN'S HEALTH**  
ALABAMA DEPARTMENT  
OF PUBLIC HEALTH

### **Office of Women's Health**

The Office of Women's Health was created to be an advocate for women's health issues. The mission of the office is to promote the health of women throughout the state of Alabama by

- facilitating and coordinating information and education about women's health
- creating partnerships and strategic alliances with key stakeholders, and
- advocating for equitable public policy on issues that affect women's health.

During this past year the advisory committee for the office and Alabama Department of Public Health staff accomplished several basic organizational goals, which included developing a strategic plan and launching a well-received informative Web site.

The office continues to serve as the department's point of contact for the U.S. Department of Health and Human Services, Region IV, Office on Women's Health, and successfully collaborated with both the U.S. Office and the Regional Office to secure funds for two educational outreach projects. Federal funds were awarded to co-sponsor the domestic violence conference hosted by the Alabama Coalition Against Domestic Violence in Birmingham, September 4-6, 2003; and a second award was granted to conduct a six-part series educational outreach project on lupus erythematosus for women of color in Marshall County. The lupus award will support Marshall County outreach activities through fiscal year 2004.

Additional activities included monthly distribution of women's health educational materials, such as Sudden Infant Death Syndrome information, through presentations, mail

outs and participation in health fairs. In July, community leaders participated in computer training sponsored by the office on the newly developed Health and Human Services, Office on Women's Health's Women and Minority Health Database. Preliminary work has been done to develop a women's health information clearinghouse that will be available to health professionals and the community. These activities will be continued as the Office of Women's Health continues to participate in new and ongoing initiatives to promote women's health in the state of Alabama.



# Office of Children's Health Insurance

*The Office of Children's Health*

*Insurance was designed to decrease*

*the number of children in the state*

*who are without health insurance.*

# ALL Kids

At the end of fiscal year 2003, a total of 78,554 children had been enrolled in Alabama's Children's Health Insurance Program. This is an increase of 19 percent from 66,027 for fiscal year 2002.

The ALL Kids program continued to strengthen its administrative procedures during the last fiscal year by revising policy manuals and clarifying enrollment procedures and record retention policies to ensure compliance with the Health Insurance Portability and Accountability Act.

CHIP implemented two special grants during 2003. The first grant, Supporting Families After Welfare Reform, funded by the Robert Wood Johnson Foundation through the Southern Institute on Children and Families, enabled the department and the Alabama Medicaid Agency to

streamline moving applications between the two agencies. The second grant, a state planning grant funded by the U.S. Health Resources and Services Administration, was used to complete a 7,200 household survey of Alabamians. The survey was to determine the rates of insured and uninsured in the state. Workgroups met extensively to study options that might be available to the state to address the uninsured. The department hopes to analyze those options with an extension of the grant for fiscal year 2004.

Due to insufficient state funds, beginning in September 2003, ALL Kids established a waiting list for all new applicants whose applications were received on or after September 1, 2003, and who appeared to be eligible for the program.



# Primary Care and Rural Health Development

*The Office of Primary Care and Rural Health Development facilitates and participates in activities to improve accessibility of primary care and promotes the health status and attainment of stable health care services for rural residents with special concern for minority and other medically underserved populations.*

## Primary Care

The Primary Care section received a \$200,000 grant for the State Loan Repayment Program from the National Health Service Corps. This program provides grants ranging from \$20,000 to \$70,000 to offset educational loans for primary care physicians and general or pediatric dentists who will commit to practicing in critical health care shortage areas of the state.

Participating local health care organizations hire the professionals and provide 50 percent of the award with the remaining 50 percent coming from the federal grant allocation.

The section collected and analyzed data to designate as Health Professional Shortage Areas those communities satisfying federal criteria. Assessments are performed in designating a shortage of primary care physicians, dentists and mental health workers. This designation qualifies the community for several grants and programs to increase health care access. Sixty-two of Alabama's 67 counties are now designated as primary care physician shortage areas with information on 10 of these counties being updated during the year. Elimination of these designations would require an additional 242 physicians strategically placed in Alabama communities for an estimated 2 million underserved residents. All 67 counties are designated as dental health shortage areas for the low-income population. Essentially, the entire state has been considered deficient in mental health care workers through designation of 22 Mental Health Catchment Areas. Data collected last year resulted in the update of all 22 Mental Health Catchment Areas by the Federal Division of Shortage Designation.

Applications for assistance from the National Health Service Corps to recruit health professionals to Alabama communities resulted in 196 approvals this year. Efforts to recruit and fill these approved slots are underway through joint activities with the Primary Care Section and recruiting communities.

Historically, only 15 percent of approved slots have been filled, primarily because of limited financial assistance available from the corps. However, significant funding increases for this federal program have resulted in placement of 17 physicians, 14 mid-levels and nine dentists this year. This is about 20 percent of the 196 available slots.

A demonstration program developed through Primary Care and funded by the Southern Rural Access Project provides a model for aggressively recruiting health professionals to live and work in Alabama's rural communities. The program was administered through the state's area health education centers and employs a regional recruiter who receives technical support from the Primary Care Section. Activities included organizing a community's civic leaders and its health institution leaders in collaborative activities to both recruit and retain health workers in the community.

## Rural Health

The J-1 Physician Waiver Program continued to be the principal source of primary care and mental health physicians for many Alabama communities and was expanded at the request of Alabama medical providers to accommodate up to 10 sub-specialists per year. This expansion resulted in the processing of waivers for 25 physicians, including all 10 sub-specialists, bringing the total number of J-1 physicians in the state to 93 during 2003. The expansion into sub-specialty waivers intensified program activities, resulting in a doubling in one-on-one consultations with health care providers, community leaders, employers, and immigration officials to over 2,000 a year and conducting over 10,000 transactions on Alabama's rural health Web site. The resulting J-1 physician practices provided essential health care access to over 180,000 Alabamians and provided substantial economic benefits to their respective communities by generating an estimated \$1 million in

annual revenue and providing employment for approximately 450 supporting personnel.

Initiatives were continued to bring high-level tertiary and specialty care to rural communities through the use of state-of-the-art health and telecommunication technologies.

Strong rapport was established with the Office of Emerging Health Technologies at the University of South Alabama, resulting in the mutual pursuit of several demonstration projects. One ongoing demonstration project involves the feasibility of monitoring home-bound elderly patients using varying combinations of remote surveillance and communications equipment. Another demonstration is targeted at maintaining the proficiency of physicians in remote rural locations by connecting them to continuing education and grand rounds programs at the state's medical schools. In addition, interest was established with a Community Mental Health Center to demonstrate the advantages of performing mental health consultations at remote sites via tele-video technology. All of these initiatives resulted from concerted efforts to stay on the cutting edge of new tele-health technology through participation in trade shows and professional organizations and through constant networking with organizations and individuals through one-on-one personal contacts and Internet ListServe contacts.

Two federal grant applications were submitted and approved during the year to strengthen small, rural hospitals and improve health care in their communities. A continuation application was submitted for the Medicare Rural Hospital Flexibility Program in collaboration with the Alabama Hospital Association and awarded \$480,000. This grant program focuses on the smaller, rural hospitals. Grant funds can be used to explore the feasibility of converting to a federally designated Critical Access Hospital, conducting community needs assessments, developing health care networks,

integrating Emergency Medicaid Services in communities and improving the quality of care being delivered. Eighteen hospitals were approved for funding this year by the Alabama Rural Hospital Flex Grant Committee which evaluates and approves funding proposals from prospective hospital grantees.

The other federal grant application submitted was for the recently enacted Small Hospital Improvement Program. Federal grant funds are made available through this program for all rural hospitals in a state having less than 50 beds operational. The application process was conducted in a joint educational process with the Alabama Hospital Association and identified 27 eligible hospitals in the state. The application resulted in an award to the state of \$262,656. Eligible hospitals may use these grant funds to update financial operations for Prospective Payment Systems, plan and implement HIPPA requirements, reduce medical errors and improve quality of care.

Grant opportunities and health related community data are continuously being requested from staff. A grant notification process has been operational through mail and fax. In conjunction with the Alabama Rural Health Association, a ListServe is now under development and provides notices on grant opportunities of interest to community-based organizations in rural communities. More extensive support is being planned for those applicants interested in applying for funding through the federal Rural Health Outreach Program. This will include a statewide conference call hosted by Rural Health to offer technical assistance for applicants and identify potential collaborators for outreach grant applications. During the year 160 organizations and individuals received routine communications of notices for 233 grant opportunities.

### **Minority Health**

The mission of the Minority Health Section is to improve the

health status of minority populations in Alabama by improving access to quality health care services, by promoting minority presence and participation in health planning and policy information, and by enhancing and promoting public awareness of racial and ethnic health disparities. Eliminating health disparities is a public health issue involving state agencies, medical providers, academic institutions, faith organizations, community organizations and business industries.

During 2003, the Minority Health Section of the Office of Primary Care and Rural Health partnered with several community-based organizations, coalitions among communities of color, and academic institutions to successfully obtain grant awards for seven proposals to implement community based strategies to address disparities in cancer, cardiovascular disease, reproductive health, unwed/teenage pregnancy, syphilis and language interpretation for limited-English proficiency residents. Five regional summits addressing unwed/teenage pregnancy were held strategically throughout the state. In collaboration with the University of Alabama at Birmingham's Minority Health and Research Center a statewide forum was held in November 2003, bringing together the various funded entities to identify potential geographical gaps in the elimination of health disparities, and to share resources and information.

In collaboration with the Alabama Department of Public Health Center for Health Statistics, the Minority Health Section disseminated thousands of copies of the department's publication of a document titled *Alabama Chart Book of Regional Disparities in Mortality*. This publication, which examines differences in age-adjusted death rates among blacks and whites and men and women in four regions of the state, is intended to increase the awareness of regional disparities in mortality.

# Bureau of Information Services

*The Bureau of Information Services provides vital record functions and statistical analysis of health data through the Center for Health Statistics. It also includes the Computer Systems Center, which houses data operations, systems and programming, technical support and the support desk.*

## Center for Health Statistics

The Center for Health Statistics operates the vital records system and collects and tabulates health-related statistical data for the state of Alabama. The center files, stores and issues certified copies of vital records including birth, death, marriage and divorce certificates for events that occur in Alabama. An automated vital records system called ViSION or Vital Statistics Image Oriented Network allows vital records to be issued through all 67 county health departments. Customers can obtain most vital records from the Center for Health Statistics through their county health department in 30 minutes or less. Records may also be obtained through the mail in about 10 to 14 days.

The Statistical Analysis Division in the center conducts studies and provides analysis of health data for public health policy and surveillance. Staff prepare various statistical analyses of natality, pregnancy, general mortality, infant mortality, causes of death, marriage, divorce and other demographic and health-related data for the state and its geographic subdivisions. This information is distributed through numerous publications, reports, presentations, special tabulations, the department's Web site and by telephone to the public, news media, researchers, government or private agencies and various units within the department.

### 2003 Service Activities

- Issued more than 427,000 certified copies of vital records with more than 279,000 of these records requested through local health departments.
- Coded, keyed and scanned more than 173,000 new vital records into the vital records database.
- Prepared 2,750 new birth certificates after adoption and more than 4,000 after paternity determination; filed over 350 delayed birth certificates; amended more than 5,000 birth certificates and over 1,350 death certificates.

- Processed more than 500 requests for copies of information from sealed files due to a change in the law which allows adult adoptees to obtain copies of their original birth certificates.
- Filed more than 9,600 paternity affidavit forms which fathers signed to acknowledge their legal responsibilities when they were not married to the mother of the child.
- Received more than 99 percent of birth certificate data through electronic transmission using the Electronic Birth Certificate software installed in 67 hospitals throughout the state.
- Made more than 300 visits to county health departments and vital record providers such as funeral directors, hospital and nursing home staff, county coroners, medical examiners, physicians and probate judges.
- Implemented the electronic "Death Tracking System" in 68 percent of county health departments. The system allows county registrars to electronically track the status of death certificates until they become a permanent part of the Center for Health Statistics files.
- Keyed electronic index records for 205,000 old death records and 85,000 marriage records.
- Received more than 81,000 phone calls through the automated telephone system from customers requesting information about obtaining Alabama birth, death, marriage and divorce certificates. The system provides recorded information 24 hours a day.
- Conducted studies and analyzed vital events data for geographic areas throughout the state.
- Produced four volumes of statewide data, tables, figures and graphs on pregnancy, birth, infant mortality, causes of death, marriage and divorce trends.
- Provided health-related vital statistics information and expertise to the public; the news media; government-



tal, educational, and private agencies; and other offices in the health department.

- Surveyed new mothers for the Pregnancy Risk Assessment Monitoring System (PRAMS), a grant from the Centers for Disease Control and Prevention to study factors related to pregnancy and infant health in Alabama.
- Presented professional papers at the Maternal and Child Health Epidemiology Annual Meeting and the Association of Maternal and Child Health Programs.
- Produced the special reports "Homicide Trends in Alabama, 1980 to 2001," "Fact Sheet on Breastfeeding in Alabama," and

"Planning Ahead with Folic Acid." Produced the monograph *Alabama Chartbook of Regional Disparities in Mortality* in cooperation with the Minority Health Section of the department's Office of Primary Care and Rural Health Development.

- Presented data at the Alabama Cooperative Extension Systems' Diabetes Workshop, the State Perinatal Advisory Council, the Alabama PRAMS Steering Committee, the Alabama Breastfeeding Coalition and the Alabama Comprehensive Cancer Control Coalition.
- Maintained a Center for Health Statistics Web site to provide Internet access to statistical reports,

tables, maps and graphs, and to provide information for obtaining vital records in Alabama. Vital records forms and instructions are available to be downloaded.

- Responded to more than 750 requests for statistical information and analytical assistance.
- Provided Alabama vital events data to the National Center for Health Statistics for inclusion in national statistics.
- Provided computerized birth certificate data to the Social Security Administration to initiate Social Security numbers for 57,275 newborns.

### Vital Statistics Records 2002

ESTIMATED POPULATION	4,526,059	RATE/PERCENT	
Births	58,867	13.0	(Per 1,000 population)
Births to Teenagers	8,589	26.9	(Per 1,000 females aged 10-19 years)
Low Weight Births	5,844	9.9	(Percent of all live births)
Births to Unmarried Women	20,503	34.8	(Percent of all live births)
Deaths	46,017	10.2	(Per 1,000 population)
Marriages	44,158	9.8	(Per 1,000 population)
Divorces	24,059	5.3	(Per 1,000 population)
Induced Terminations of Pregnancies	10,648	11.0	(Per 1,000 females aged 15-44 years)
Infant Deaths	538	9.1	(Per 1,000 live births)
Neonatal Deaths	345	5.9	(Per 1,000 live births)
Post Neonatal Deaths	193	3.3	(Per 1,000 live births)

### Alabama's Leading Causes of Death • 2002 and 2001<sup>1</sup>

CAUSE OF DEATH	2002			CAUSE OF DEATH	2001		
	RANK	NUMBER	RATE <sup>1</sup>		RANK	NUMBER	RATE <sup>1</sup>
Total All Causes		46,017		Total All Causes		45,196	
Diseases of the Heart	1	13,183	291.3	Diseases of the Heart	1	13,117	293.7
Malignant Neoplasms	2	9,685	214.0	Malignant Neoplasms	2	9,783	218.1
Cerebrovascular Diseases	3	3,203	70.8	Cerebrovascular Diseases	3	2,983	66.5
Chronic Lower Respiratory Diseases	4	2,328	51.4	Chronic Lower Respiratory Diseases	4	2,196	48.9
Accidents	5	2,212	48.9	Accidents	5	2,187	48.7
Diabetes Mellitus	6	1,485	32.8	Diabetes Mellitus	6	1,339	29.8
Influenza and Pneumonia	7	1,217	26.9	Influenza and Pneumonia	8	1,095	24.5
Alzheimer's Disease	8	1,189	26.3	Alzheimer's Disease	7	1,100	24.4
Nephritis, Nephrotic Syndrome & Nephrosis	9	1,031	22.8	Nephritis, Nephrotic Syndrome & Nephrosis	9	978	21.8
Septicemia	10	763	16.9	Septicemia	10	770	17.2
All Other Causes, Residual		9,721		All Other Causes, Residual		9,648	

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

## Computer Systems Center

To comply with the federal Health Insurance Portability and Accountability Act, the Computer Systems Center completed a major overhaul of the existing Medicaid bounce and billing programs. The Finance Support Division analyzed these programs, modified and placed them in production during 2003, resulting in a smooth transition to the new standards for transactions, code sets and identifiers. All vendor supported systems were also overhauled and, as a result, the department continued to receive the revenue necessary to support continuous operations.

The Computer Systems Center purchased and began installation of a new Laboratory Information System. The new system electronically interfaces with lab test instruments, stores test result data and communicates test requests and results with PHALCON (Public Health of Alabama Clinic Operations Network). It also interfaces to billing, disease control systems, private hospitals, physicians and the Centers for Disease Control and Prevention. The Laboratory Information System is a vital link in the defense of public health under the bioterrorism program. The system was prepared for installation in all public health laboratories during 2003 and it will become operational in 2004.

During 2003, the Computer Systems Center prepared for and installed the new CDC-provided National Electronic Disease Surveillance System. This system is a data repository and analysis tool for the department's disease control and surveillance staff. The base National Electronic Disease Surveillance System was installed in December and is scheduled for customization and numerous interfaces during the next three years. It is planned to be operational at limited locations by June 2004.

The center significantly upgraded the AS/400 system which supports Vital Records. The system's hardware

was completely replaced with new state-of-the-art technology. Significant improvements were also made to other hardware supporting the Center for Health Statistics county issuance program. Certificate requests, which were previously faxed to the Center for Health Statistics, are scanned and sent to the central office through the department's wide area network (WAN). Certificate issuance is sent through the WAN to a local printer at the county health department. Most certificates are issued within five minutes of receiving the request at the central office, further improving service to the citizens of Alabama.

To further increase service to citizens of Alabama, the Computer Systems Center implemented the new Death Certificate Tracking System to assist the county registrars with their duties. This new system allows the central office and the counties to have real time information on the status of a death certificate which helps the counties give better service to the public. To better serve the department's many computer users, the center hired an employee to train users and purchased a portable classroom consisting of laptops and a wireless network. The new SmartSuite Training instructor developed several courses and has begun offering the classes throughout the department on Lotus Word Pro, Lotus 1-2-3, Lotus Approach and Lotus Notes. The results have been overwhelmingly positive, as the department is now better able to use these productivity tools.

One of the new technologies now being deployed in the department is Voice Over Internet Protocol. This technology allows the department to use its existing data network to serve both data and voice telephone system needs. The center purchased the new system in 2003 and began installation in a few offices. The new system will quickly pay for itself in reduced telephone charges and will give department users several new features in their phone system.

The Computer Systems Center, the Children's Health Insurance Program (CHIP) office and a contractor worked together on developing an interface system to transmit and receive insurance applications from Medicaid. This new system allows clients to fill out an application for insurance and send it to either CHIP or Medicaid. The receiving agency will accept the application, enter it into its system, and if the client is not eligible, the system can send the application to the other agency. This new system is saving dual data entry, reducing the paperwork for the client and improving services to the people of Alabama.

The center added new features to the clinic system PHALCON to improve productivity of the staff and improve services to patients. The new features include the integration of PHALCON's shot history with the Immunization System (ImmPRINT), providing the user the ability to look up and review the immunization history for any client statewide, regardless of the clinic to which they come for services. Other new features include the ability to display the growth chart percentile for WIC and Child Health patients in lieu of printing growth charts; the ability to capture data specific to nutrition education classes to replace a manual process; and enhancement of the maternity care module to provide flexibility for differences in county programs.

The center also worked with the Bureau of Home and Community Services on a major project to replace the existing Home Health and Community Based Waiver automated systems. The new system, provided by McKesson, was installed in two public health areas and will continue installation in 2004.

CSC SUPPORT SYSTEMS	
CATEGORY	QUANTITIES
Help Desk Calls	11,756
Personal Computers Supported	3,000
Personal Computers Installed	1,020
County Support Trips	1,092

### Portfolio of Current Information Systems

NAME	PURPOSE	PROGRAM SUPPORTED	DATE INSTALLED
PHALCON (Public Health of Alabama County Operations Network)	Clinic System	WIC, Family Health, Disease Control	1999
Lotus Notes	E-mail, Calendaring	All	1996
Online Care Coordination System	Capture Data for Case Management Patients	Case Management	2002
McKesson Horizon Home Care System	In Home Patient Care System	Home Health and Community-Based Waiver	2003-2004
Community-Based Waiver System	Elderly and Disabled Care Support System	Community-Based Waiver	1994
IRIS (now ImmPRINT)	Internet Based Immunization Registry System	Immunization	1996
ARTEMIS	Hepatitis B Case Management System	Immunization	2000
HRS (Human Resource System)	Maintain Personnel Information	Personnel	1990
Vital Records Information System	Collect, Maintain and Issue Vital Records	Health Statistics	1994
AFNS (Advantage Financial System)	Maintain Financial Information	Finance	1988
Cost Accounting	Reimbursement Justification	Finance	1990
Billing	Medicaid Billing for ADPH Services	Family Health, Case Management	1988
CHIP (Children's Health Insurance Program)	Enrollment System for the ALL KIDS Children's Health Insurance Program	Children's Health Insurance Program	2000
Death Tracking System	Track Death Certificates	Health Statistics	2001
Reports Databases	Distribute Electronic Reports	All	2000
Health Provider Standards Imaging Project	Digitally Store and Retrieve Surveys	Health Provider Standards	2001
Environmental System	Manage County Environmental Activities	Environmental	2002

# Bureau of Financial Services

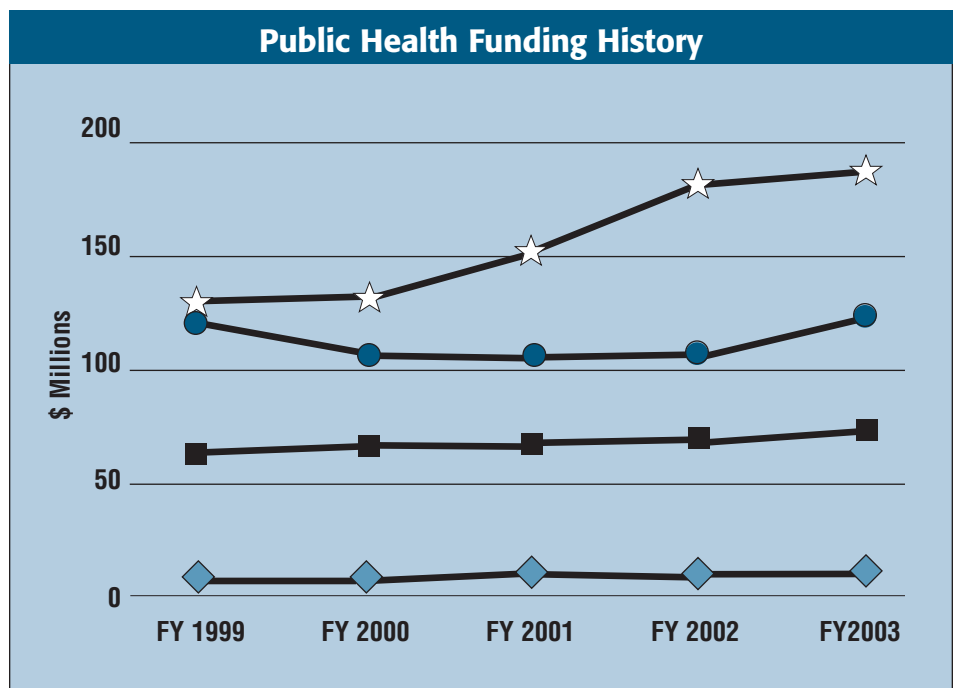
The Bureau of Financial Services provides accounting, accounts receivable, payroll, accounts payable, purchasing, budgeting, production planning and administrative support to accomplish its goals in financial accounting, reporting and management.

In addition, financial management services were provided for the Alabama Public Health Care Authority's \$47 million building program. The State Committee of Public Health authorized the department to establish the authority in 1995 which enabled the selling of bonds in 1996 for construction or renovation of inadequate facilities.

From 1997 through 2002, land was acquired by counties identified with

the greatest need. Groundbreaking ceremonies were held and facilities were designed for construction. Thirty facilities were constructed/renovated and occupied in Bibb, Blount, Bullock, Calhoun, Chambers, Chilton, Choctaw, Clay, Cleburne, Cullman, Dallas, DeKalb, Elmore, Franklin, Jackson, Lamar, Lawrence, Macon, Marengo, Marion, Morgan, Monroe, Montgomery, Perry, Russell, St. Clair, Shelby, Sumter, Talladega and Tallapoosa counties.

Economic financial management and cooperation by local governments and the department have enabled the majority of counties identified to renovate inadequate facilities or construct new ones.

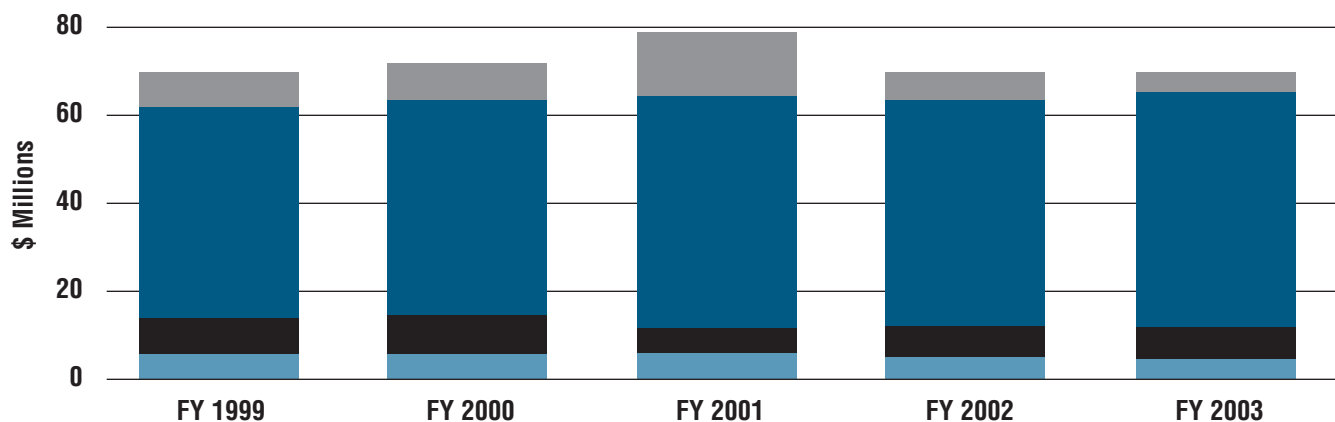


	1999	2000	2001	2002	2003
■ STATE	62.7	64.2	63.5	65.1	67.9
☆ FEDERAL	137.4	139.9	151.4	176.9	188.0
◆ LOCAL	7.8	6.7	8.6	8.1	8.0
● REIMB	126.8	109.5	107.1	108.9	126.1

Excludes Children's Health Insurance Program & Children First Fund.  
State funds include General Fund, Education Trust Fund, Cigarette Tax and ALERT Fund.



## Public Health Funding, General Fund and Education Trust Fund

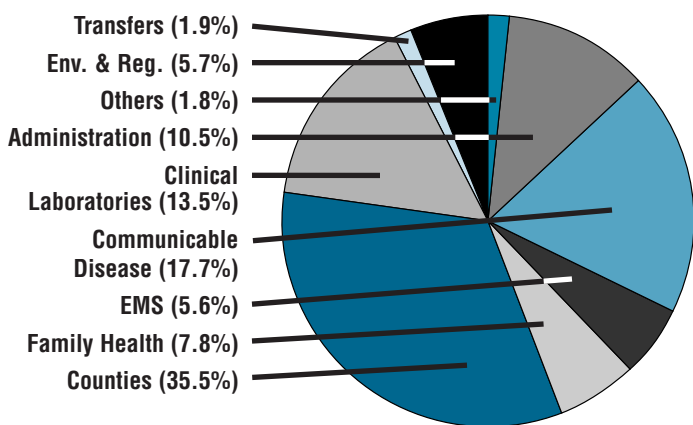


	1999	2000	2001	2002	2003
ETF - EMS	4.8	4.6	4.3	4.1	3.8
ETF - Health	12.1	12.6	10.2	10.1	9.9
GF - Health	44.4	45.5	48.7	50.8	54.2
GF - CHIP	8.5	9.0	16.2	6.6	5.0

FY 99 Children's Health Insurance Program includes \$3.5 carry forward from FY 98.

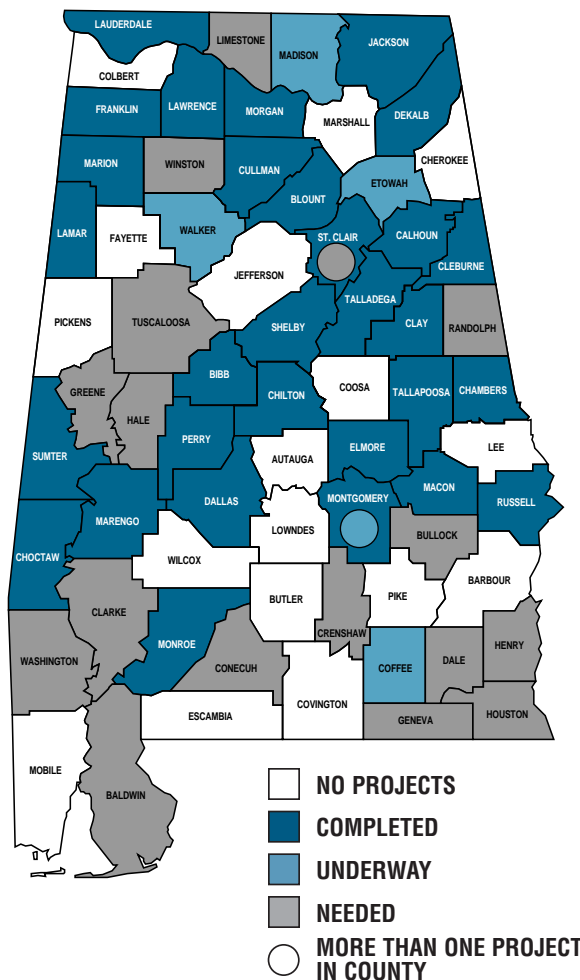
## Use of State Funds – FY 2003

GENERAL FUND AND ETF ONLY – \$67.9 MILLION



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

## APHCA Projects



# Office of Personnel and Staff Development

The Office of Personnel and Staff Development processes requests for personnel actions such as new hires, promotions, transfers, dismissals, leave reports, performance appraisals and disciplinary actions. The office's Employee Relations Section provides guidance to employees and supervisors in resolving workplace conflicts and coordinates (through referrals) the Employee Assistance Program. In addition, the office coordinates the department's Mediation Program, Recruitment Program, Affirmative Action Program and the State Employee Injury Compensation Trust Fund Program to ensure injured workers are appropriately submitted on the payroll report.

## 2003 Service Activities

- Revised the department's Personnel Procedures Manual
- Revised the department's Personnel Policy Manual
- Revised the home health nurse classification series to include establishing a new classification and increased the pay ranges
- Restructured the physical therapist classification series
- Conducted interview and selection training for 45 supervisors
- Conducted positive discipline training for 20-25 supervisors
- Piloted a new system designed to decentralize reporting and keying leave

### PERSONNEL ACTIONS PROCESSED

Merit New Hires	512
Promotions	157
Dismissals	8
Retirements	50
Transfers (out)	40
Separations	542
Employee Assistance Program Referrals	25
Hours of Sick Leave Donations	4,053.45
Annual Appraisals	2,727
Probationary Appraisals	492

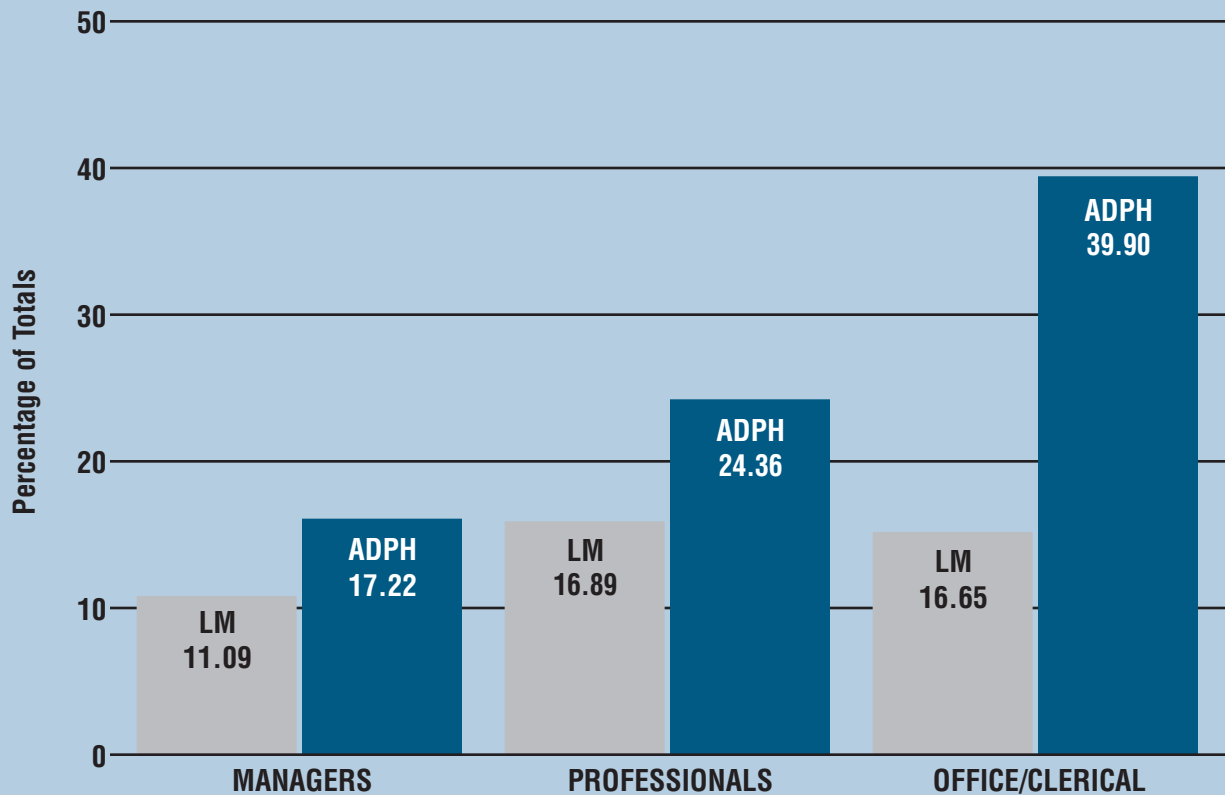
## Alabama Department of Public Health Employees 2002 vs. 2003

CATEGORY	AS OF DEC. 2002	AS OF DEC. 2003
Officials/Administrators	866	848
Professionals	920	866
Technicians	70	67
Protective Service Workers	3	2
Paraprofessionals	261	235
Administrative Support/Clerical	864	832
Skilled Craft	6	3
Service Maintenance	46	36
<b>OVERALL TOTALS</b>	<b>3,036</b>	<b>2,889 *</b>

\* Excluding 444 contract employees and 814 Form-8 employees.

### ADPH 2003 Minority Employment Comparison

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



# Office of Program Integrity

The Office of Program Integrity serves the state health officer to provide assurances regarding the integrity of the department's financial systems, compliance with federal audit requirements, and compliance with applicable state laws and regulations.

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

During 2003, the Office of Program Integrity continued its mission of objective evaluations of county health departments and central office units in the areas of financial and administrative activities. Contract agencies providing services on behalf of the department were evaluated to ensure compliance with program or contract requirements.

In addition to routine audit services, Program Integrity staff responded to requests to evaluate existing internal controls and participated in several special projects as needs were identified or requests for audits were received.

## Activities Conducted in 2003 Compared to 2002

	2003	2002
Financial/Administrative Audits	20	25
Property Audits		
Area Offices	8	0
County Health Departments	27	0
State Level Sites	6	0
Private Agencies	6	0
Federal Program Audits		
County Health Departments	24	28
External WIC Sites	3	0
WIC Training Center Site	1	0
EMS Agency Audits		
State Level	0	0
Regional Agencies	2	4
State Level Projects	6	5



# ADPH Address Roster of County Health Departments, Health Officers and Administrators

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 1</b>				
Karen M. Landers, M.D., AHO	Box 929, Tuscumbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
Roger Norris, Area Adm.	Box 929, Tuscumbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
<b>COLBERT-</b>				
Karen M. Landers, M.D., AHO	Box 929, Tuscumbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
NW AL REGIONAL H H OFFICE	Box 929, Tuscumbia 35674-0929	256-383-1234	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
<b>FRANKLIN-</b>				
Karen M. Landers, M.D., AHO	Box 100, Russellville 35653-0100	256-332-2700	332-1563	801 Highway 48, Russellville 35653
<b>LAUDERDALE-</b>				
Karen M. Landers, M.D., AHO	Box 3569, Florence 35630	256-764-7453	764-4185	4112 Chisholm Rd., Florence 35630
<b>MARION-</b>				
Roger Norris, Area Adm.	Box 158, Hamilton 35570-0158	205-921-3118	921-7954	2448 Military St. South, Hamilton 35570
HOME HEALTH OFFICE	Box 158, Hamilton 35570-0158	205-921-2859	921-7282	2448 Military St. South, Hamilton 35570
<b>WALKER-</b>				
Roger Norris, Area Admin.	Box 3207, Jasper 35502-3207	205-221-9775	221-8810	705 20th Avenue East, Jasper 35502-3207
<b>WINSTON-</b>				
Roger Norris, Area Adm.	Box 1029, Double Springs 35553-1029	205-489-2101	489-2634	24714 Hwy. 195, South, Double Springs 35553
HOME HEALTH OFFICE	Box 1047, Haleyville 35565-1047	205-486-3159	486-3673	2324 14th Ave., Haleyville 35565
<b>PUBLIC HEALTH AREA 2</b>				
Ron Grantland, Area Adm.	Box 1628, Decatur 35602-1628	256-340-2113	353-4432	201 Gordon Drive, S.E., Decatur 35601
<b>CULLMAN-</b>				
Tony Williams, M.D., LHO	Box 1678, Cullman 35056-1678	256-734-1030	737-9646	601 Logan Ave., S.W., Cullman 35055
Ron Grantland, Area Adm.	Box 1678, Cullman 35056-1678	256-734-1030	737-9646	601 Logan Ave., S.W., Cullman 35055
HOME HEALTH OFFICE	Box 1086, Cullman 35056	256-734-0258	734-1840	601 Logan Ave., S.W., Cullman 35055
ENVIRONMENTAL OFFICE	Box 1678, Cullman 35056-1678	256-734-0243	737-9646	601 Logan Ave., S.W., Cullman 35055
<b>JACKSON-</b>				
Ron Grantland, Area Adm.	Box 398, Scottsboro 35768-0398	256-259-4161	259-1330	204 Liberty Ln., Scottsboro 35769-4133
HOME HEALTH OFFICE	Box 398, Scottsboro 35768-0398	256-259-3694	574-4803	204 Liberty Ln., Scottsboro 35769-4133
ENVIRONMENTAL OFFICE	Box 398, Scottsboro 35768-0398	256-259-5882	259-5886	204 Liberty Ln., Scottsboro 35769-4133
<b>LAWRENCE-</b>				
Tony Williams, M.D., LHO	Box 308, Moulton 35650-0308	256-974-1141	974-5587	13299 Alabama Hwy. 157, Moulton 35650
Ron Grantland, Area Adm.	Box 308, Moulton 35650-0308	256-974-1141	974-5587	13299 Alabama Hwy. 157, Moulton 35650
HOME HEALTH OFFICE	Box 308, Moulton 35650-0308	256-974-7076	974-7073	13299 Alabama Hwy. 157, Moulton 35650
ENVIRONMENTAL OFFICE	Box 308, Moulton 35650-0308	256-974-8849	974-7073	13299 Alabama Hwy. 157, Moulton 35650
<b>LIMESTONE-</b>				
Ron Grantland, Area Adm.	Box 889, Athens 35612	256-232-3200	232-6632	310 West Elm St., Athens 35611
HOME HEALTH OFFICE	Box 69, Athens 35612	256-230-0434	230-9289	110 Thomas St., Athens 35611
<b>MADISON-</b>				
Lawrence L. Robey, M.D., LHO	Box 467, Huntsville 35804-0467	256-539-3711	536-2084	304 Eustis Ave., S.E., Huntsville 35801-3118
ENVIRONMENTAL OFFICE	Box 467, Huntsville 35804-0467	256-539-3711	535-6545	311 Green St., Huntsville 35801
<b>MARSHALL-</b>				
Ron Grantland, Area Adm.	Drawer 339, Guntersville 35976	256-582-3174	582-3548	4200-B, Hwy. 79, S., Guntersville 35976
HOME HEALTH OFFICE	Drawer 978, Guntersville 35976	256-582-8425	582-0829	4200-A, Hwy. 79, S., Guntersville 35976
ENVIRONMENTAL OFFICE	Drawer 339, Guntersville 35976	256-582-4926	582-3548	4200-B, Hwy. 79, S., Guntersville 35976
WIC CLINIC	Drawer 339, Guntersville 35976	256-582-7381	582-3548	4200-B, Hwy. 79, S., Guntersville 35976
<b>MORGAN-</b>				
Ron Grantland, Area Adm.	Box 1628, Decatur 35602-1628	256-353-7021	353-7901	510 Cherry St. N.E., Decatur 35602
HOME HEALTH OFFICE	Box 2105, Decatur 35602-2105	256-306-2400	353-6410	201 Gordon Dr., S.E., Ste. 107, Decatur 35601
ENVIRONMENTAL OFFICE	Box 1866, Decatur 35602-1866	256-340-2105	353-7901	510 Cherry St. N.E., Decatur 35602
<b>PUBLIC HEALTH AREA 3</b>				
Albert T. White, Jr., M.D., AHO	Box 70190, Tuscaloosa 35407	205-345-4131	759-4039	1200 37th St. East, Tuscaloosa 35405
Roger Norris, Acting Area Adm.	Box 70190, Tuscaloosa 35407	205-554-4501	556-2701	1200 37th St. East, Tuscaloosa 35405
<b>BIBB-</b>				
Roger Norris, Acting Area Adm.	Box 126, Centreville 35042-1207	205-926-9702	926-6536	281 Alexander Ave., Centreville 35042
HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	1200 37th St. East, Tuscaloosa 35405
<b>FAYETTE-</b>				
Roger Norris, Acting Area Adm.	Box 351, Fayette 35555-0351	205-932-5260	932-3532	211 First St., N.W., Fayette 35555-2550
HOME HEALTH OFFICE	Box 548, Vernon 35592	205-695-6916	695-9100	300 Springfield Rd., Vernon 36692
<b>GREENE-</b>				
Roger Norris, Acting Area Adm.	Box 269, Eutaw 35462-0269	205-372-9361	372-9283	412 Morrow Ave., Eutaw 35462-1109
HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	1200 37th St. East, Tuscaloosa 35405
<b>LAMAR-</b>				
Roger Norris, Acting Area Adm.	Box 548, Vernon 35592-0548	205-695-9195	695-9214	300 Springfield Rd., Vernon 36692
HOME HEALTH OFFICE	Box 548, Vernon 35592-0548	205-695-6916	695-9100	300 Springfield Rd., Vernon 36692
<b>PICKENS-</b>				
Roger Norris, Acting Area Adm.	Box 192, Carrollton 35447-9599	205-367-8157	367-8374	Hospital Drive, Carrollton 35447-9599
HOME HEALTH OFFICE	Box 548, Vernon 35592	205-695-6916	695-9100	300 Springfield Rd., Vernon 36692
<b>TUSCALOOSA-</b>				
Roger Norris, Acting Area Adm.	Box 2789, Tuscaloosa 35403	205-345-4131	759-4039	1101 Jackson Ave., Tuscaloosa 35401
HOME HEALTH OFFICE	Box 70190, Tuscaloosa 35407	205-554-4520	507-4718	1200 37th St. East, Tuscaloosa 35405
ENVIRONMENTAL OFFICE	Box 70190, Tuscaloosa 35407	205-554-4540	556-2701	1200 37th St. East, Tuscaloosa 35405

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 4</b>				
Michael E. Fleenor, M.D., AHO	Box 2648, Birmingham 35202-2648	205-933-9110	930-0243	1400 Sixth Ave. S., Birmingham 35233-1502
Michael E. Fleenor, M.D., LHO	Box 2648, Birmingham 35202-2648	205-930-1500	930-0243	1400 Sixth Ave. S., Birmingham 35233-1502
Gwen Veras, Area Adm.	Box 2648, Birmingham 35202-2648	205-930-1510	930-1576	1400 Sixth Ave. S., Birmingham 35233-1502
BESSEMER HEALTH CENTER	2201 Arlington Ave., Bessemer 35020-4299	205-424-6001	497-9369	2201 Arlington Ave., Bessemer 35020-4299
CENTRAL HEALTH CENTER	1400 Sixth Ave., S., Birmingham 35233-1598	205-933-9110	930-1350	1400 Sixth Ave. S., Birmingham 35233-1502
CHRIS MCNAIR HEALTH CENTER	1308 Tuscaloosa Ave. S.W., Birmingham 35211	205-715-6121	715-6173	1308 Tuscaloosa Ave. S.W., Birmingham 35211
EASTERN HEALTH CENTER	5720 First Ave., S., Birmingham 35212-2599	205-591-5180	592-2406	5720 First Ave., S., Birmingham 35212-2599
MORRIS HEALTH CENTER	Box 272, Morris 35116-0272	205-647-0572	647-0109	586 Morris Majestic Rd., Morris 35116-1246
NORTHERN HEALTH CENTER	2817-30th Ave., N., Birmingham 35207-4599	205-323-4548	521-6851	2817-30th Ave., North, Birmingham 35207-4599
WESTERN HEALTH CENTER	1700 Ave. E, Ensley, Birmingham 35218	(205) 788-3321	241-5275	1700 Ave. E, Ensley, Birmingham 35218
<b>PUBLIC HEALTH AREA 5</b>				
Mary Gomillion, Area Adm.	Box 267, Centre 35960	256-927-7000	927-7068	833 Cedar Bluff Rd., Centre 35960
<b>BLOUNT-</b>				
Mary Gomillion, Area Adm.	Box 208, Oneonta 35121-0004	205-274-2120	274-2210	1001 Lincoln Ave., Oneonta 35121
HOME HEALTH OFFICE	Box 8306, Gadsden 35902	256-547-5012	543-0067	109 S. 8th Street, Gadsden 35902
LIFE CARE OFFICE	Box 208, Oneonta 35121-0004	205-274-9086 or 1-888-469-8806	625-4490	1001 Lincoln Ave., Oneonta 35121
ENVIRONMENTAL OFFICE	Box 208, Oneonta 35121-0004	205-274-2120	274-2575	1001 Lincoln Ave., Oneonta 35121
<b>CHEROKEE-</b>				
Mary Gomillion, Area Adm.	Box 176, Centre 35960-0176	256-927-3132	927-2809	833 Cedar Bluff Road, Centre 35960
HOME HEALTH OFFICE	Box 680347, Ft. Payne 35968	256-845-8680 or 1-800-732-9206	845-0331	2401 Calvin Dr., S.W., Ft. Payne 35967
LIFE CARE OFFICE	Box 680347, Ft. Payne 35968	256-845-8685 or 1-800-600-0923	845-0790	2401 Calvin Dr., S.W., Ft. Payne 35967
<b>DEKALB-</b>				
Mary Gomillion, Area Adm.	Box 680347, Ft. Payne 35968	256-845-1931	845-2967	2401 Calvin Dr., S.W., Ft. Payne 35967
HOME HEALTH OFFICE	Box 680347, Ft. Payne 35968	256-845-8680 or 1-800-732-9206	845-0331	2401 Calvin Dr., S.W., Ft. Payne 35967
LIFE CARE OFFICE	Box 680347, Ft. Payne 35968	256-845-8685 or 1-800-600-0923	845-0790	2401 Calvin Dr., S.W., Ft. Payne 35967
ENVIRONMENTAL OFFICE	Box 680347, Ft. Payne 35968	256-845-7031	845-2817	2401 Calvin Dr., S.W., Ft. Payne 35967
<b>ETOWAH-</b>				
Mary Gomillion, Area Adm.	Box 555, Gadsden 35902-0555	256-547-6311	549-1579	109 South 8th St., Gadsden 35901-2454
HOME HEALTH OFFICE	Box 8306, Gadsden 35902	256-547-5012	543-0067	109 South 8th St., Gadsden 35901-2454
LIFE CARE OFFICE	Box 208., Oneonta 35121-0004	205-274-9086 or 1-888-469-8806	625-4490	1001 Lincoln Ave., Oneonta 35121
<b>ST. CLAIR-</b>				
Mary Gomillion, Area Adm.	Box 627, Pell City 35125	205-338-3357	338-4863	1175 23rd St. N., Pell City 35125
HOME HEALTH OFFICE	Box 8306, Gadsden 35902	256-547-5012	543-0067	109 South 8th St., Gadsden 35901-2454
LIFE CARE OFFICE	Box 208., Oneonta 35121-0004	205-274-9086 or 1-888-469-8806	625-4490	1001 Lincoln Ave., Oneonta 35121
Satellite Clinic (Wednesday only)	P.O. Box 249, Ashville 35953	205-594-7944	594-7588	411 N. Gadsden Hwy., Ashville 35953
<b>SHELBY-</b>				
Mary Gomillion, Area Adm.	Box 846, Pelham 35124	205-664-2470	664-4148	2000 County Services Dr., Pelham 35124
ENVIRONMENTAL OFFICE	Box 846, Pelham 35124	205-620-1650	664-3411	2000 County Services Dr., Pelham 35124
<b>PUBLIC HEALTH AREA 6</b>				
Teresa C. Stacks, Area Adm.	Box 4699, Anniston 36204-4699	256-236-3274	237-7974	3400 McClellan Blvd., Anniston 36201
<b>CALHOUN-</b>				
Donald Bain, Asst. Area Adm	Box 4699, Anniston 36204-4699	256-237-7523	238-0851	3400 McClellan Blvd., Anniston 36201
ENVIRONMENTAL OFFICE	Box 4699, Anniston 36204-4699	256-237-4324	238-0851	3400 McClellan Blvd., Anniston 36201
<b>CHAMBERS-</b>				
Donald Bain, Asst. Area Adm.	5 North Medical Park Dr., Valley 36854	334-756-0758	756-0765	5 North Medical Park Dr., Valley 36854
<b>CLAY-</b>				
Teresa C. Stacks, Area Adm.	86892 Hwy. 9, Lineville 36266	256-396-6421	396-9172	86892 Hwy. 9, Lineville 36266
HOME HEALTH OFFICE	86892 Hwy. 9, Lineville 36266	256-396-9307	396-9236	86892 Hwy. 9, Lineville 36266
<b>CLEBURNE-</b>				
Donald Bain, Asst. Area Adm.	Box 36, Heflin 36264-0036	256-463-2296	463-2772	Brockford Road, Heflin 36264-1605
<b>COOSA-</b>				
Teresa C. Stacks., Area Adm.	Box 219, Rockford 35136-0235	256-377-4364	377-4354	Main Street, Rockford 35136
<b>RANDOLPH-</b>				
Donald Bain, Asst. Area Adm.	468 Price St., Roanoke 36274	334-863-8981	863-8975	468 Price St., Roanoke 36274
HOME HEALTH OFFICE	32 Medical Dr., Suite 3, Roanoke 36274	334-863-8983	863-4871	32 Medical Dr., Suite 3., Roanoke 36274
WEDOWEE SATELITE (Open Tues. P.M. & Wed.)	468 Price St., Roanoke 36274	256-357-4764		Randolph County Court House, Wedowee 36278
<b>TALLADEGA-</b>				
Teresa C. Stacks, Area Adm.	223 Haynes St., Talladega 35160	256-362-2593	362-0529	223 Haynes St., Talladega 35160
HOME HEALTH OFFICE	311 North Elm Ave., Sylacauga 35150	256-249-4893	208-0886	311 North Elm Ave., Sylacauga 35150
SYLACAUGA CLINIC	311 North Elm Ave., Sylacauga 35150	256-249-3807	245-0169	311 North Elm Ave., Sylacauga 35150
<b>TALLAPOOSA-</b>				
Teresa C. Stacks, Area Adm.	2078 Sportplex Blvd., Alexander City 35010	256-329-0531	329-1798	2078 Sportplex Blvd., Alexander City 35010
DADEVILLE CLINIC	Box 125, Dadeville 36853-0125	256-825-9203	825-6546	220 LaFayette St., Dadeville 36853

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 7</b>				
Ruth Underwood, Acting Area Adm.	Box 480280, Linden 36748-0280	334-295-1000	295-0006	303 Industrial Drive, Linden 36748-0280
<b>CHOCTAW-</b>				
Ashvin Parikh, Asst. Area Adm.	1001 S. Mulberry Ave., Butler 36904	205-459-4026	459-4027	1001 South Mulberry Ave., Butler 36904
LIFE CARE OFFICE	1001 S. Mulberry Ave., Butler 36904	205-459-4013	459-4016	1001 South Mulberry Ave., Butler 36904
ENVIRONMENTAL OFFICE	1001 S. Mulberry Ave., Butler 36904	205-459-4026	459-4027	1001 South Mulberry Ave., Butler 36904
<b>DALLAS-</b>				
Ashvin Parikh, Asst. Area Adm.	100 Sam O. Moseley Dr., Selma 36701	334-874-2550	875-7960	100 Sam O. Moseley Dr., Selma 36701
HOME HEALTH OFFICE	100 Sam O. Moseley Dr., Selma 36701	334-872-2323	872-0279	100 Sam O. Moseley Dr., Selma 36701
ENVIRONMENTAL OFFICE	100 Sam O. Moseley Dr., Selma 36701	334-872-5887	872-4948	100 Sam O. Moseley Dr., Selma 36701
<b>HALE-</b>				
Ashvin Parikh, Asst. Area Adm.	Box 87, Greensboro 36744-0087	334-624-3018	624-4721	1102 N. Centerville St., Greensboro 36744-0087
ENVIRONMENTAL OFFICE	Box 87, Greensboro 36744-0087	334-624-3018	624-4721	1102 N. Centerville St., Greensboro 36744-0087
<b>LOWNDES-</b>				
Ziba M. Anderson, Asst. Area Adm.	Box 35, Hayneville 36040-0035	334-548-2564	548-2566	507 Montgomery Hwy., Hayneville 36040
ENVIRONMENTAL OFFICE	Box 35, Hayneville 36040-0035	334-548-2564	548-2566	507 Montgomery Hwy., Hayneville 36040
<b>MARENGO-</b>				
Ashvin Parikh, Asst. Area Adm.	Box 480877, Linden 36748-0877	334-295-4205	295-0124	303 Industrial Drive, Linden 36748-0877
HOME HEALTH OFFICE	Box 480877, Linden 36748-0877	334-295-0000	295-0617	303 Industrial Drive, Linden 36748-0877
ENVIRONMENTAL OFFICE	Box 480877, Linden 36748-0877	334-295-1000	295-0006	303 Industrial Drive, Linden 36748-0877
<b>PERRY-</b>				
Ashvin Parikh, Asst. Area Adm.	Box 119, Marion 36756-0119	334-683-6153	683-4509	Rt. 2 Box 4-C, Hwy. 45 South, Marion 36756
ENVIRONMENTAL OFFICE	Box 119, Marion 36756-0119	334-683-6153	683-4509	Rt. 2 Box 4-C, Hwy. 45 South, Marion 36756
UNIONTOWN SATELLITE (Open T., W.)	Box 119, Marion 36756-0119	334-628-6226	628-3018	200 North St., Uniontown 36786
<b>SUMTER-</b>				
Ashvin Parikh, Asst. Area Adm.	P. O. Drawer 340, Livingston 35470	205-652-7972	652-4331	1121 N. Washington St., Livingston 35470
ENVIRONMENTAL OFFICE	P. O. Drawer 340, Livingston 35470-0340	205-652-7972	652-4331	1121 N. Washington St., Livingston 35470
<b>WILCOX-</b>				
Ziba Anderson, Asst. Area Adm.	Box 547, Camden 36726-0547	334-682-4515	682-4796	107 Union St., Camden 36726-0547
ENVIRONMENTAL OFFICE	Box 547, Camden 36726-0547	334-682-4515	682-4796	107 Union St., Camden 36726-0547
<b>PUBLIC HEALTH AREA 8</b>				
Bobby H. Bryan, Area Adm.	6501 U.S. Hwy 231 N., Wetumpka 36092	334-567-1165	514-5832	6501 U.S. Hwy 231 N., Wetumpka 36092
<b>AUTAUGA-</b>				
Bobby H. Bryan, Area Adm.	219 N. Court, Prattville 36067	334-361-3743	361-3718	219 N. Court St., Prattville 36067
HOME HEALTH OFFICE	219 N. Court, Prattville 36067	334-361-3753	361-3806	219 N. Court St., Prattville 36067
<b>BULLOCK-</b>				
Ron Wheeler, Asst. Area Adm.	P.O. Drawer 430, Union Springs 36089	334-738-3030	738-3008	103 Conecuh Ave., W., Union Springs 36089-1317
<b>CHILTON-</b>				
James R. Martin, Asst Area Adm.	301 Health Ctr. Dr., Clanton 36405	205-755-1287	755-2027	301 Health Ctr. Dr., Clanton 36405
LIFE CARE OFFICE	301 Health Ctr. Dr., Clanton 36405	205-755-8407	755-8432	301 Health Ctr. Dr., Clanton 36405
<b>ELMORE-</b>				
Bobby H. Bryan, Area Adm.	6501 U.S. Hwy 231, Wetumpka 36092	334-567-1171	567-1186	6501 U.S. Hwy 231, Wetumpka 36092
<b>LEE-</b>				
Bobby H. Bryan, Area Adm.	1801 Corporate Dr., Opelika 36801	334-745-5765	745-9830	1801 Corporate Dr., Opelika 36801
LIFE CARE OFFICE	1801 Corporate Dr., Opelika 36801	334-745-5293	745-9825	1801 Corporate Dr., Opelika 36801
<b>MACON-</b>				
James R. Martin, Asst. Area Adm.	812 Hospital Rd., Tuskegee 36083	334-727-1800	727-7100	812 Hospital Rd., Tuskegee 36083
LIFE CARE OFFICE	812 Hospital Rd., Tuskegee 36083	334-727-1888	727-1874	812 Hospital Rd., Tuskegee 36083
<b>MONTGOMERY-</b>				
James R. Martin, Asst Area Adm.	3060 Mobile Hwy., Montgomery 36108	334-293-6400	293-6410	3060 Mobile Hwy., Montgomery 36108
HOME HEALTH OFFICE	3060 Mobile Hwy., Montgomery 36108	334-293-6525	293-6402	3060 Mobile Hwy., Montgomery 36108
ENVIRONMENTAL OFFICE	3060 Mobile Hwy., Montgomery 36108	334-293-6452		3060 Mobile Hwy., Montgomery 36108
LIFE CARE OFFICE	3060 Mobile Hwy., Montgomery 36108	334-293-6528	293-6402	3060 Mobile Hwy., Montgomery 36108
<b>RUSSELL-</b>				
James R. Martin, Asst. Area Adm.	Box 548., Phenix City 36868	334-297-0251	291-5478	1850 Crawford Rd., Phenix City 36867
HOME HEALTH OFFICE	1850 Crawford Rd., Phenix City 36867	334-298-5581	291-0498	1850 Crawford Rd., Phenix City 36867

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 9</b>				
Ruth Underwood, Area Adm.	Box 1227, Robertsdale 36567	251-947-6206	947-6262	22070 Highway 59, Robertsdale 36567
<b>BALDWIN-</b>				
Ruth Underwood Area Adm.	Box 369, Robertsdale 36567-0369	251-947-7015	947-5703	23280 Gilbert Dr., Robertsdale 36567
ENVIRONMENTAL OFFICE	Box 369, Robertsdale 36567-0369	251-947-3618	947-3557	23280 Gilbert Dr., Robertsdale 36567
BAY MINETTE BRANCH	Box 160, Bay Minette 36507	251-937-0217	937-0391	257 Hand Ave., Bay Minette 36507-0547
<b>BUTLER-</b>				
Ziba M. Anderson, Asst. Area Adm.	Box 339, Greenville 36037	334-382-3154	382-3530	350 Airport Rd., Greenville 36037
GEORGIANA SATELLITE (Open Tues. & Fri.)	Box 339, Greenville 36037	334-376-0776		Jones Street, Georgiana 36033
<b>CLARKE-</b>				
Ruth Underwood, Area Adm.	Box 477, Grove Hill 36451	251-275-3772	275-4253	140 Clark Street, Grove Hill 36451
ENVIRONMENTAL OFFICE	Box 477, Grove Hill 36451	251-275-4177	275-8066	120 Court Street, Grove Hill 36451
<b>CONECUH-</b>				
Ruth Underwood, Area Adm.	Box 110, Evergreen 36401	251-578-1952	578-5566	526 Belleville St., Evergreen 36401
HOME HEALTH OFFICE	811 Liberty Hill Dr., Evergreen 36401	251-578-5265	578-5679	811 Liberty Hill Dr., Evergreen 36401
ENVIRONMENTAL OFFICE	811 Liberty Hill Dr., Evergreen 36401	251-578-9729	578-5679	811 Liberty Hill Dr., Evergreen 36401
<b>COVINGTON-</b>				
Ziba M. Anderson, Asst. Area Adm.	Box 186, Andalusia 36420-0186	334-222-1175	222-1560	Alabama Hwy. 55, Andalusia 36420
OPP SATELLITE (Open Tues. Only)	Box 186, Andalusia 36420-0186	334-493-9459		108 N. Main Street, Opp 36467
LIFE CARE OFFICE	Box 186, Andalusia 36420-0186	334-222-5970	222-1560	Alabama Hwy. 55, Andalusia 3642
ENVIRONMENTAL OFFICE	Box 186, Andalusia 36420-0186	334-222-1585	222-1560	Alabama Hwy. 55, Andalusia 3642
<b>ESCAMBIA-</b>				
Ruth Underwood, Area Adm.	1115 Azalea Place, Brewton 36426	251-867-5765	867-5179	1115 Azalea Place, Brewton 36426
ENVIRONMENTAL OFFICE	1115 Azalea Place, Brewton 36426	251-867-5765	867-5179	1115 Azalea Place, Brewton 36426
ATMORE BRANCH	8600 Hwy. 31 N., Suite 17, Atmore 36502	251-368-9188	368-9189	8600 Hwy. 31 N, Suite 17, Atmore 36502
<b>MONROE-</b>				
Ruth Underwood, Area Adm.	416 Agricultural Dr., Monroeville 36460	251-575-3109	575-7935	416 Agricultural Drive, Monroeville 36460
HOME HEALTH OFFICE	416 Agricultural Dr., Monroeville 36460	251-575-2980	575-2144	416 Agricultural Drive, Monroeville 36460
ENVIRONMENTAL OFFICE	416 Agricultural Dr., Monroeville 36460	251-575-7034	575-7935	416 Agricultural Drive, Monroeville 36460
<b>WASHINGTON-</b>				
Ruth Underwood, Area Adm.	Box 690, Chatom 36518	251-847-2245	847-3480	2024 Granada Ave., Chatom 36518
HOME HEALTH OFFICE	Box 690, Chatom 36518	251-847-2257	847-3299	2024 Granada Ave., Chatom 36518
ENVIRONMENTAL OFFICE	Box 690, Chatom 36518	251-847-2245	847-3480	2024 Granada Ave., Chatom 36518
<b>PUBLIC HEALTH AREA 10</b>				
Russell Killingsworth, Area Adm.	P. O. Box 1055, Slocomb 36375-1055	334-886-2390	886-2842	465 S. Kelly, Slocomb 36375
<b>BARBOUR-</b>				
Ron Wheeler, Asst. Area Adm.	Box 238, Eufaula 36027-0238	334-687-4808	687-6470	634 School Street, Eufaula 36027
HOME HEALTH OFFICE	Box 217, Clayton 36016-0217	334-775-9044	775-9129	25 North Midway Street, Clayton 36016
CLAYTON BRANCH	Box 217, Clayton 36016-0217	334-775-8324	775-3432	41 North Midway Street, Clayton 36016
<b>COFFEE-</b>				
Russell Killingsworth, Area Adm.	2841 Neal Metcalf Rd., Enterprise 36330	334-347-9574	347-7104	2841 Neal Metcalf Rd., Enterprise 36330
HOME HEALTH OFFICE	2841 Neal Metcalf Rd., Enterprise 36330	334-347-9576	347-3124	
<b>CRENSHAW-</b>				
Ron Wheeler, Asst. Area Adm.	Box 326, Luverne 36049-0326	334-335-2471	335-3795	100 East 4th Street, Luverne 36049
<b>DALE-</b>				
Russell Killingsworth, Area Adm.	Box 1207, Ozark 36361-1207	334-774-5146	774-2333	200 Katherine Ave., Ozark 36360
<b>GENEVA-</b>				
Russell Killingsworth, Area Adm.	606 S. Academy St., Geneva 36340-2527	334-684-2257	684-3970	606 S. Academy St., Geneva 36340-2527
<b>HENRY-</b>				
Russell Killingsworth, Area Adm.	Box 86, Abbeville 36310-0086	334-585-2660	585-3036	505 Kirkland St., Abbeville 36310-2736
HEADLAND BRANCH	Box 175, Headland 36345-0175	334-693-2220	693-3010	2 Cable Street, Headland 36345-2136
<b>HOUSTON-</b>				
Peggy Blakeney, Asst. Area Adm.	Drawer 2087, Dothan 36302-2087	334-678-2800	678-2817	1781 E. Cottonwood Rd., Dothan 36301-5309
HOME HEALTH OFFICE	Drawer 2087, Dothan 36302-2087	334-678-2805	678-2808	1781 E. Cottonwood Rd., Dothan 36301-5309
ENVIRONMENTAL OFFICE	Drawer 2087, Dothan 36302-2087	334-678-2815	678-2816	1781 E. Cottonwood Rd., Dothan 36301-5309
<b>PIKE-</b>				
Ron Wheeler, Asst. Area Adm.	900 So. Franklin Dr., Troy 36081-3850	334-566-2860	566-8534	900 So. Franklin Dr., Troy 36081-3850
HOME HEALTH OFFICE	900 So. Franklin Dr., Troy 36081-3850	334-566-8002	670-0719	900 So. Franklin Dr., Troy 36081-3850
<b>PUBLIC HEALTH AREA 11</b>				
Bernard H. Eichold II, M.D., AHO	Box 2867, Mobile 36652-2867	251-690-8827	432-7443	251 N. Bayou St., Mobile 36603-1699
HOME HEALTH SERVICES	Box 2867, Mobile 36652-2867	251-690-8130	690-8907	248 Cox St., Mobile 36604
INSPECTION SERVICES	Box 2867, Mobile 36652-2867	251-634-9801	634-9806	1110 Schillinger Rd.N., Suite 200, Mobile 36608
SOCIAL SERVICES	Box 2867, Mobile 36652-2867	251-690-8981	694-5004	251 N. Bayou St., Mobile 36603
WOMEN'S CLINIC	248 Cox St., Mobile 36604	251-690-8935	690-8945	248 Cox St., Mobile 36604
IMMUNIZATION OFFICE	Box 2867, Mobile 36652-2867	251-690-8883	690-8899	251 N. Bayou St., Mobile 36603
CALCEDEAVER CLINIC	Box 2867, Mobile 36652-2867	251-829-9884	829-9507	1080AA Red Fox Rd., Calcedeaever 36560
CITRONELLE CLINIC	Box 2867, Mobile 36652-2867	251-866-9126	866-9121	19250 Mobile St., Citronelle 36522
EIGHT MILE CLINIC	Box 2867, Mobile 36652-2867	251-456-1399	456-0079	4547 St. Stephens Rd., Eight Mile 36663
TEEN CENTER	Box 2867, Mobile 36652-2867	251-694-3954	694-5037	248 Cox St., Mobile 36604
SCHOOL BASED CLINIC	Box 2867, Mobile 36652-2867	251-456-2276	456-2205	800 Whitely St., Plateau 36610

AHO--AREA HEALTH OFFICER, LHO--LOCAL HEALTH OFFICER

NOTE: THE PRIMARY "MAILING ADDRESS" FOR COUNTY HEALTH DEPARTMENTS WITH MULTIPLE SITES IS THE FIRST LINE LISTED UNDER THE COUNTY NAME IN BOLD PRINT. ALL OTHER SITES SUCH AS HOME HEALTH, ETC., SHOULD BE SENT TO EACH SPECIFIC ADDRESS AS SHOWN ABOVE. "STREET ADDRESSES" ARE USED ONLY FOR PONY EXPRESS, FEDERAL EXPRESS, AND UPS DELIVERIES!

Please notify the Bureau of Health Promotion & Chronic Disease of changes or errors,  
The RSA Tower, Suite 900, 201 Monroe Street, Montgomery, AL 36104, Telephone 334-206-5300.



# Public Health Areas

*Alabama is divided into public health areas to facilitate coordination, supervision and development of public health services. Area offices are responsible for developing local management programs of public health services and programs particularly suited to the needs of each area.*

## **PHA 1**

Karen Landers, M.D.,  
*Area Health Officer*  
Roger Norris,  
*Area Administrator*  
Box 929  
Tuscumbia, AL 35674-0929  
(256) 383-1231

## **PHA 2**

Ron Grantland,  
*Area Administrator*  
Box 1628,  
Decatur, AL 35602-1628  
(256) 340-2113

## **PHA 3**

Albert T. White, Jr., M.D.,  
*Area Health Officer*  
Roger Norris,  
*Acting Area Administrator*  
Box 70190  
Tuscaloosa, AL 35407  
(205) 554-4501

## **PHA 4**

Michael Fleenor, M.D.,  
*Area Health Officer*  
Gwen Veras,  
*Area Administrator*  
Box 2648  
Birmingham, AL 35202-2648  
(205) 930-1500

## **PHA 5**

Mary Gomillion,  
*Area Administrator*  
Box 267  
Centre, AL 35960  
(256) 927-7000

## **PHA 6**

Teresa Childers Stacks,  
*Area Administrator*  
Box 4699  
Anniston, AL 36204-4699  
(256) 236-3274

## **PHA 7**

Ruth Underwood,  
*Acting Area Administrator*  
Box 480280  
Linden, AL 36748-0280  
(334) 295-1000

## **PHA 8**

Bobby H. Bryan,  
*Area Administrator*  
6501 US Hwy. 231 North,  
Wetumpka, AL 36092  
(334) 567-1165

## **PHA 9**

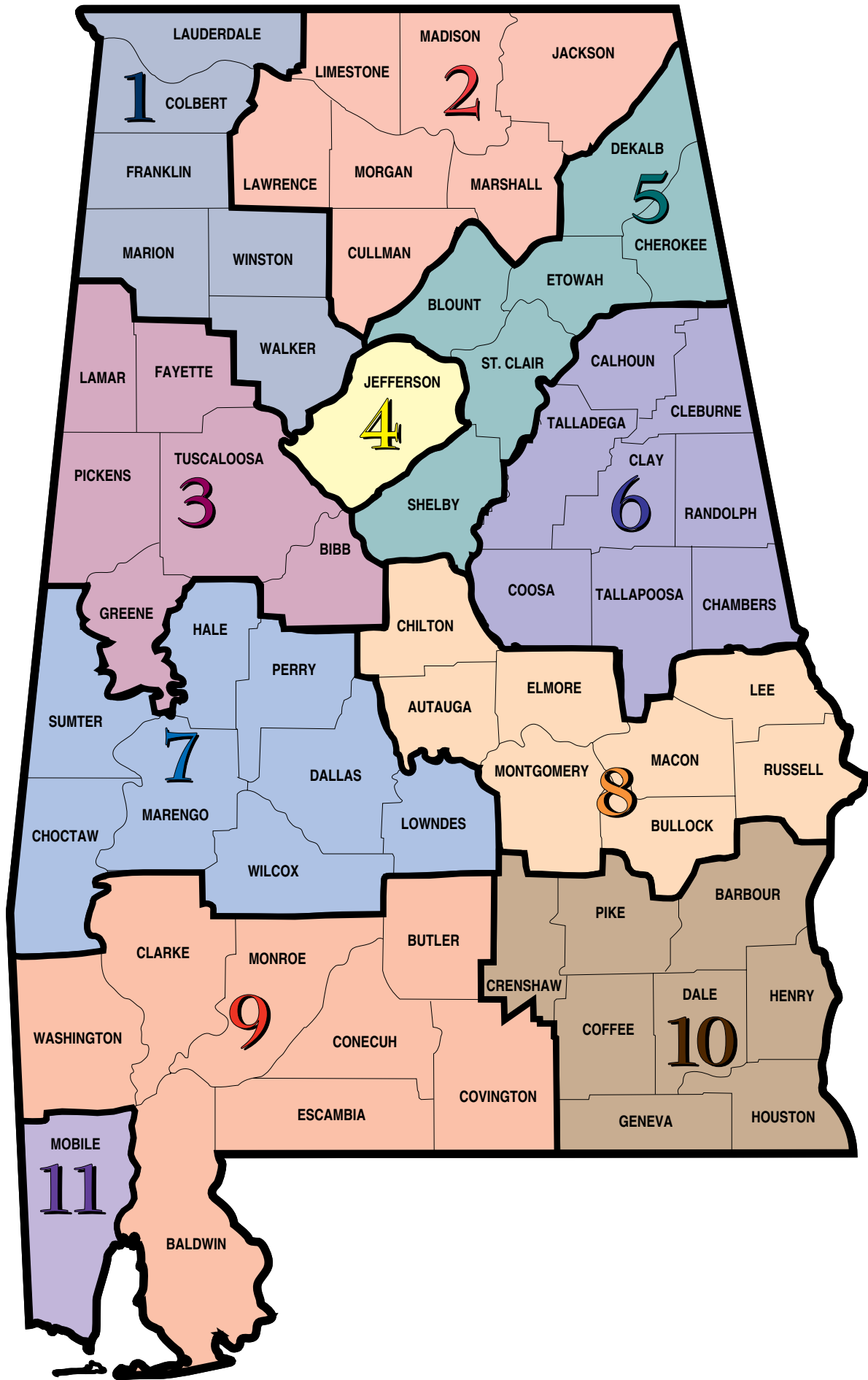
Ruth Underwood,  
*Area Administrator*  
Box 1227  
Robertsdale, AL 36567  
(334) 947-6206

## **PHA 10**

Russell Killingsworth,  
*Area Administrator*  
P.O. Box 1055  
Slocomb, AL 36375-1055  
(334) 886-2390

## **PHA 11**

Bernard H. Eichold, II, M.D.,  
*Area Health Officer*  
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Photograph by Mark L. Wright

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**State of  
Alabama  
Department of  
Public Health**

**The RSA Tower  
201 Monroe Street  
Montgomery, Alabama  
36104**

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