

The Alabama Department of Public Health  
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Director, Bureau of Health Promotion  
and Chronic Disease .....James J. McVay, Dr.PA  
Director, Communications and  
Social Marketing Division.....Sally Palmer  
Director, Public Information Division.....Arrol Sheehan, MA  
Editor.....Takenya Stokes, JD  
Photography.....Paul Robertson  
Mark L. Wright  
Production Assistants .....Toni Prater  
Rená Reese  
Keith Wright

For additional copies of this report contact:  
Takenya Stokes or Toni Prater  
Alabama Department of Public Health,  
Bureau of Health Promotion and Chronic Disease  
The RSA Tower, Suite 900, 201 Monroe Street,  
P.O. Box 303017  
Montgomery, Alabama 36130-3017, (334) 206-5300.

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State of  
Alabama  
Department of  
Public Health

The RSA Tower  
201 Monroe Street  
Montgomery, Alabama  
36104

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Alabama Department of Public Health  
*Annual Report 2004*



ADPH



ADPH

## 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

### Chair

George C. Smith, MD.....Lineville

### Vice Chair

Steven P. Furr, MD .....Jackson

### Secretary

Donald E. Williamson, MD.....Montgomery

Kenneth W. Aldridge, MD.....Tuscaloosa

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Edward C. Facundus, MD .....Huntsville

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Pamela D. Varner, MD.....Birmingham

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Jim W. Benefield, DVM .....Montgomery

### Council on Dental Health

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### Council on Health Costs, Administration and Organization

Ronnie E. Opolka, RPh.....Guntersville

### Council on Prevention of Disease and Medical Care

Ashley C. Cousins, PE.....Montgomery

### ON THE COVER

Left to right:

Dallas County Health Department – Selma

Macon County Health Department – Tuskegee

Monroe County Health Department – Monroeville



George C. Smith, MD  
Chair, Lineville



Steven P. Furr, MD  
Vice Chair, Jackson



Donald E. Williamson, MD  
Secretary, Montgomery



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Birmingham



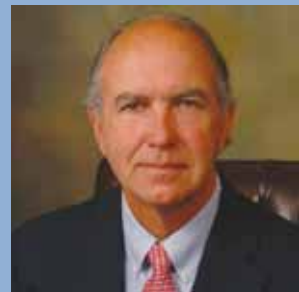
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Montgomery



A. Ray Hudson, MD  
Jasper



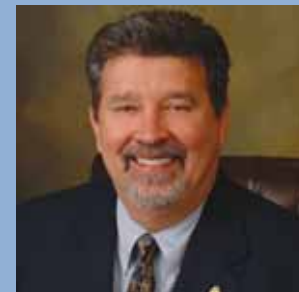
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Ronnie E. Opolka, RPh  
Guntersville



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

## 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

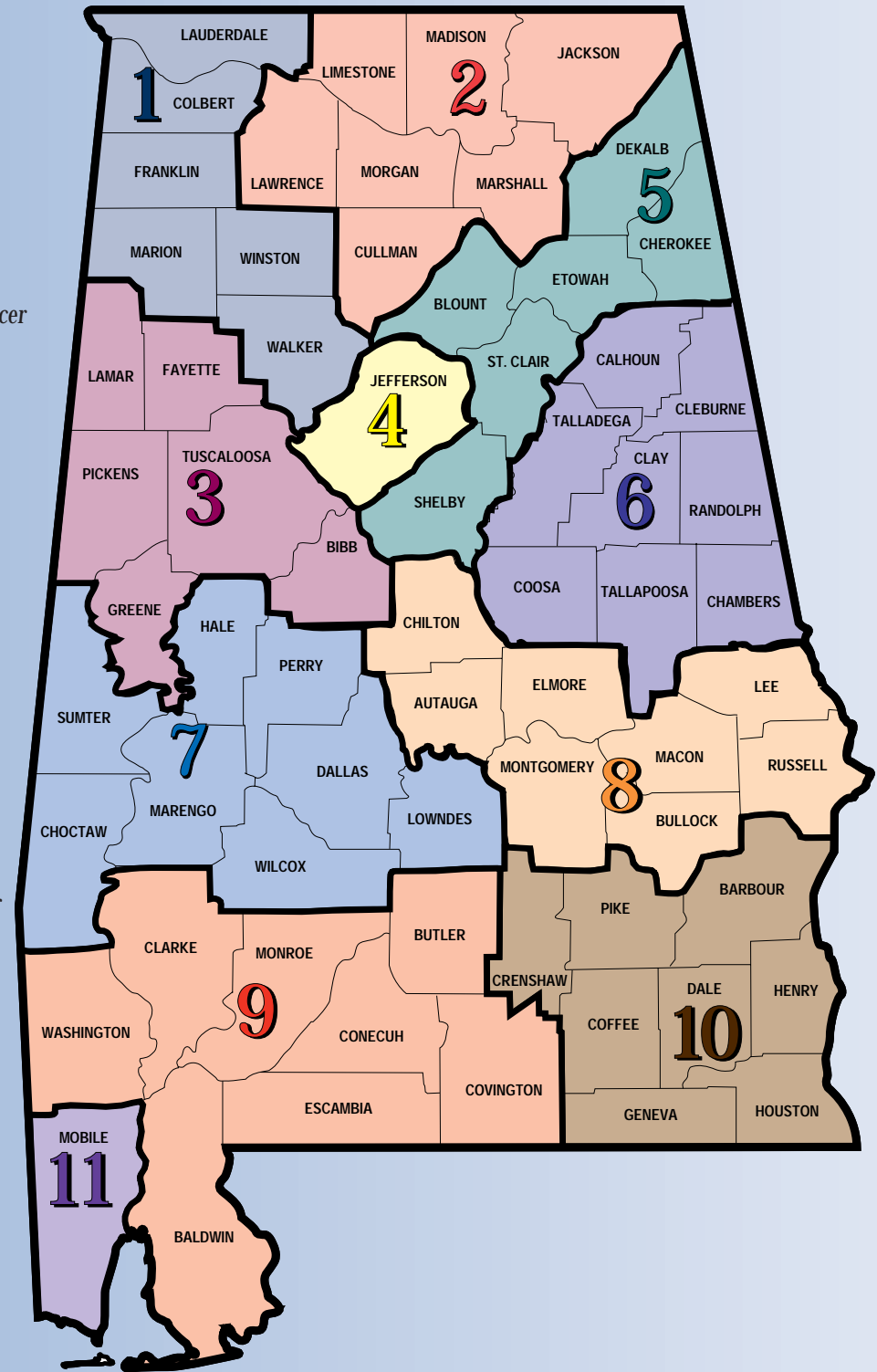
Ruth Underwood, Area Administrator  
Box 1227, Robertsedale, AL 36567  
(251) 947-6206

### 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  
Box 2867, Mobile, AL 36652-2867  
(251) 690-8101



Photographs by Paul Roberston Photography



# Letter to the Governor

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



Donald E. Williamson, M.D.

Dear Governor Riley:

I am pleased to present the 2004 Annual Report of the Alabama Department of Public Health. I am very proud of the dedication and commitment demonstrated by our employees over the past year in protecting the health of Alabama citizens. The year 2004 presented unique challenges for public health. The response to Hurricane Ivan required the involvement of employees from across the state in activities ranging from protecting food supplies to staffing shelters. Likewise, the severe shortage of influenza vaccine forced the Department to assume new responsibilities for assuring vaccination of Alabama's citizens. In addition to providing vaccine to over 150,000 Alabamians through clinics held by the Department of Public Health, we were also responsible for assuring the allocation of private-sector vaccine to individuals at highest risk. These extraordinary events as well as the daily efforts by Health Department employees described in this report contributed to making Alabama a healthier state for our citizens.

In 2004, Alabama recorded its lowest infant mortality rate ever at 8.7 deaths per 1,000 live births. It also witnessed the lowest percentage of births to teens in our history at 13.9 percent. This continued decline in teenage births helped to contribute to the overall decrease in infant mortality since the teenage mortality rate is 50 percent higher than that of adult mothers. While we made substantial progress in infant mortality, challenges remain. There remains a substantial racial disparity in infant mortality with a rate for African Americans being 2.2 times as great as for whites.

During 2004, a record number of Alabamians used their seat belts. At 80 percent, this represents the highest rate of seat belt use ever recorded in Alabama and keeps Alabama at the national level in seat belt use. While not only did Alabama make progress in protecting the passengers in automobiles, we likewise made progress in protecting the youngest and most vulnerable citizens of our state. In 2004, Alabama joined a growing number of states in expanding the number of conditions for which newborns are screened. Alabama has increased the number of conditions for which screening occurs from 6 to 14. This will allow the identification of more children with rare disorders for whom early intervention may prevent disability or death.

Alabama continues to face substantial problems brought on by lifestyle choices. Alabama ranks first in the nation in the percentage of our population that is overweight and/or obese. Likewise, we rank

in the top five states in the percentage of our population with adult onset diabetes. This combination of obesity and diabetes will contribute to a growing problem with heart disease and stroke over the coming decades. In order to identify strategies which will reverse the growing problem of obesity and its secondary consequences, the Department plans to create a task force to provide recommendations about interventions at both the personal and governmental level. While the problems of obesity represent an ongoing challenge for the state, 2004 did see improvement in the prevalence of smoking among high school students. Over the past four years, the prevalence of smoking among high school students has decreased from 30.2 percent to 24 percent. This decline in teenage smoking will likely result in fewer adult smokers in the years to come.

While the Department continues to address problems of emergency preparedness and lifestyle choices, we also remain committed to our mission of controlling communicable diseases. The incidence of pertussis and syphilis increased in 2004 but there was a decline in chlamydia and gonorrhea. The number of reported tuberculosis cases in 2004 reached the lowest level in Alabama's history. Unfortunately, HIV/AIDS remains a major public health problem in our state. Over 800 individuals each year in Alabama are identified as being HIV infected. In addition to the ongoing problem with new HIV infections, the state continues to face a significant problem providing care for individuals already diagnosed with HIV and AIDS. Alabama, through the AIDS Drug Assistance Program, provides medication to over 1,100 individuals but has hundreds of individuals on a waiting list for participation in the program. The ability to maintain this program in the coming years is likely to represent a significant challenge to the Department and state.

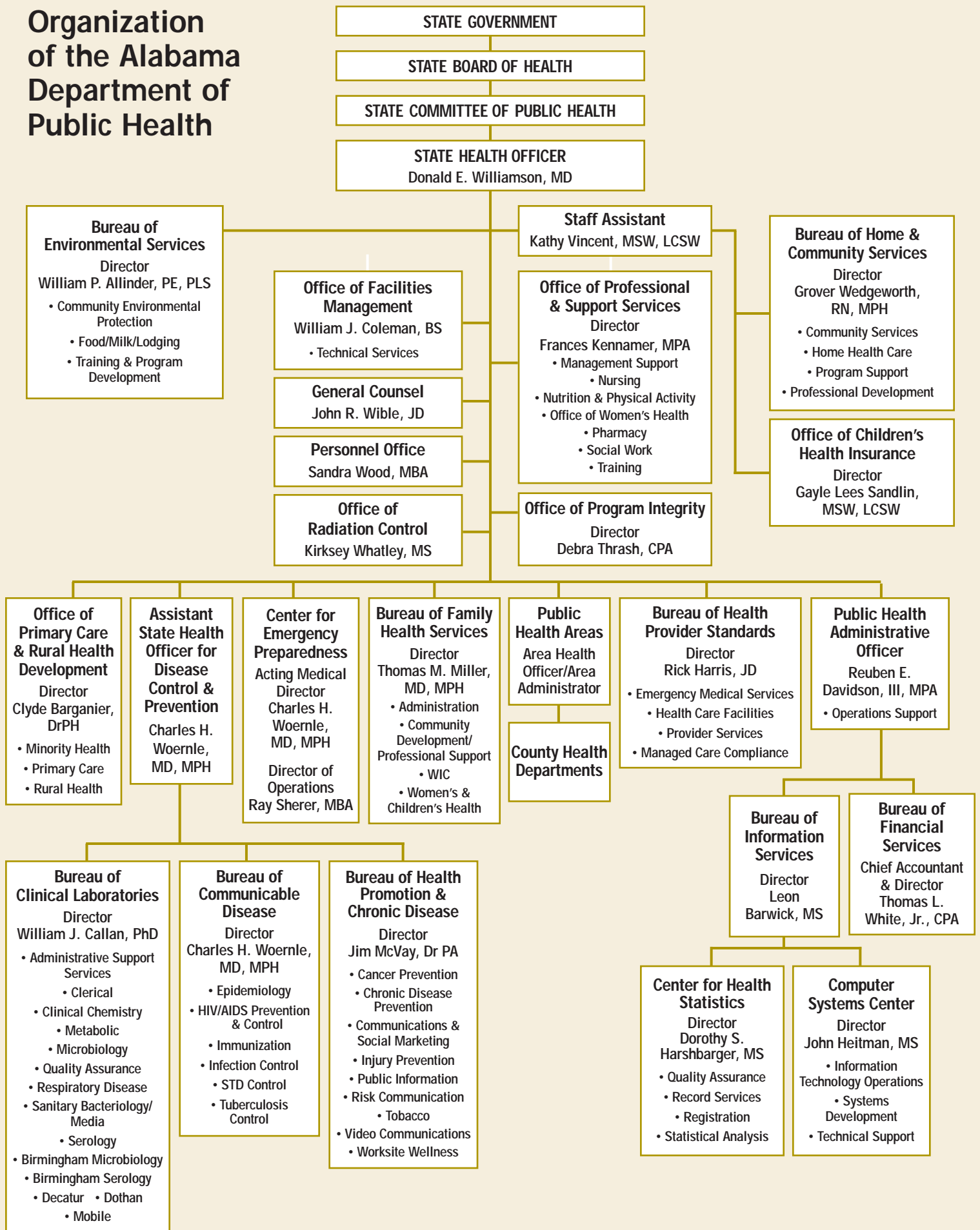
The Department remains committed to the services and programs that will prevent death and disability for our citizens. In the coming year, we look forward to working with our public and private partners to continue to improve the health status of Alabamians.

Sincerely,

A handwritten signature in dark ink, appearing to read "D. Williamson". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

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

# Organization of the Alabama Department of Public Health



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# 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 2004, including 764 cases of salmonellosis, 187 cases of campylobacteriosis, and 32 cases of *E. coli* O157:H7. The number of *E. coli* O157:H7 cases reported in 2004 represents an 88 percent increase from 2003 and a historic high since being monitored.

There were significant declines in several diseases during 2004. The 16 reported cases of West Nile virus infection in

2004 represented a 58 percent decline compared to the 38 cases reported in 2003. This decline was seen throughout the eastern United States as the majority of West Nile virus infections shifted westward. Cryptosporidiosis case reports declined significantly, with 56 percent fewer cases in 2004. The 17 cases of invasive meningococcal disease reported in 2004 continued an eight-year downward trend, while the 10 cases of hepatitis A reported this year continued a three-year downward trend, mimicking a national pattern of decline. Not all diseases demonstrated declines, as Rocky Mountain spotted fever case reports increased to more than double their number in 2003.

In 2004, the State Committee of Public Health modified Rule 420-4-1 Notifiable Diseases to require reporting of chickenpox (Varicella Zoster Virus or VZV) as a Group B disease. There were 54 cases of chickenpox reported in Alabama during 2004.

Cases of Notifiable Diseases by Year, 1995-2004

Notifiable Diseases	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Campylobacteriosis	329	268	235	187	182	173	172	227	186	187
Chickenpox (Varicella Zoster Virus)	*	*	*	*	*	*	*	*	*	54
Cryptosporidiosis	*	4	2	0	20	13	26	43	57	25
<i>E. coli</i> O157:H7	15	15	14	23	28	10	15	21	17	32
Ehrlichiosis (Human Monocytic)	*	*	*	*	1	2	0	2	2	3
Giardiasis	257	314	355	289	340	235	224	202	218	194
<i>H. influenzae</i> invasive disease	6	12	15	12	18	15	26	17	27	14
Hepatitis A	83	219	84	87	52	61	77	35	24	10
Hepatitis B	111	72	77	83	80	80	79	106	93	72
Histoplasmosis	9	18	10	28	24	8	3	8	17	12
Legionellosis	7	6	3	9	6	5	12	9	22	13
Listeriosis	7	12	8	8	9	4	8	4	13	5
Lyme Disease	12	8	11	27	16	6	10	11	8	6
Malaria	11	8	10	6	7	17	6	6	9	12
Measles	0	0	0	1	0	0	0	12	0	0
Meningococcal invasive disease	52	96	81	51	39	36	33	23	19	17
Mumps	3	6	9	9	12	3	1	4	3	4
Pertussis	35	27	32	28	19	19	40	41	16	44
Rocky Mountain Spotted Fever	2	16	8	13	17	12	20	17	23	49
Rubella	*	2	0	0	2	0	0	0	0	0
Salmonellosis	572	511	458	696	606	668	722	856	788	764
Severe Acute Respiratory Syndrome (SARS)	*	*	*	*	*	*	*	*	0	0
Shigellosis	493	146	268	453	110	110	208	843	320	320
<i>Vibrio vulnificus</i> infection	6	7	5	4	2	5	5	4	5	5
West Nile virus	*	*	*	*	*	*	2	49	38	16
Yersiniosis	*	1	0	4	10	9	15	12	17	21

\* Disease not reportable or monitored during this year

## 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 2004 was 66. Raccoons accounted for 35 of the positive cases, and the other major species, bats, accounted for 24 positive cases. Dogs had two positive cases which testify to the effectiveness of the department's statewide vaccination program.

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 2004. Further baiting with this vaccine was conducted north of the Alabama River barrier in Autauga, Chilton, Dallas, Elmore and Lowndes counties.

This was the fifth 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 17 of the state's 67 counties and 61 of 1,124 dead birds tested were positive for the virus. In addition, five horses were found to be positive for West Nile virus. Of the 1,444 mosquito pools tested, 27 were found to be positive for West Nile virus. These figures indicate a high level of West Nile virus circulating among mosquitoes and birds across Alabama.

## Public Health Assessments

The Public Health Assessments program evaluates hazardous waste sites in Alabama to identify actual or potential 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 2004, the program responded to concerns at 22 sites in 17 counties. Completed activities include eight health evaluation documents, 12 community involvement activities and six environmental health education activities. Alabama Department of Public Health produced and distributed statewide fish consumption advisories. 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.

The department has also become involved in the initial aspects of environmental epidemiology investigations where members of the group work from a patient base working backward to discover the causes for symptomology. This is

the opposite mechanism that is normally employed, that being from a known situation to identification of individuals/populations that might have become exposed.

## Infection Control

The Infection Control Section of the bureau has as its mission: 1) to provide infection control and infectious disease training and consultation and 2) 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 2004, educational training programs were provided via satellite teleconferences and onsite to a total of 6,253 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 and Head Start providers, teachers, nursing students, cosmetologists, penal systems, and various industries). The teleconference training programs were transmitted nationally to participants in 37 states.

Alabama's Infected Health Care Worker Management Act of 1995 mandates that health care workers who are chronically infected with hepatitis B 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.

The Alabama Department of Public Health Refugee Health Screening Program ensures newly arriving refugees into Alabama are provided appropriate health screenings and health education training. This program is coordinated by Infection Control staff to ensure that communicable and infectious diseases are not introduced into, and transmitted within, the state. One hundred sixteen refugees were screened by this program in 2004. The 116 refugees arrived from the following countries:

<u>Africa:</u>		<u>Other Countries:</u>	
Burundi.....3	Kenya.....3	Bosnia....1	Iran.....3
Cameroon.....4	Liberia.....12	Burma....3	Philippines...7
Egypt.....2	Somalia...15	China....5	Spain.....1
Ethiopia.....2	Sudan .....1	Cuba ....35	Ukraine.....3
Ivory Coast...6		India.....2	Vietnam.....8

The Infection Control Section continues to provide disease education and training programs for body artists within the state. This infectious disease/infection control educational training is mandated by law for body artists to maintain a license to perform body art procedures such as tattooing or piercing in the state of Alabama.



## 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 people living in Alabama and to raise HIV awareness through testing and ongoing educational programs and forums. The division staff has continued to improve implementation of these service goals increasingly by working directly with colleagues, state and private service organizations, people living with HIV, community leaders and other interested citizens.

Through the Prevention program the division continued to educate with the goal of preventing new infections. Through the Direct Care program, services were coordinated to improve the quality of life for persons living with HIV and AIDS. Both programs were able to offer HIV testing to create awareness of current HIV status at no cost to clients. The division's work with the prison system offers prevention services to staff and inmates who will one day return to their communities. Through the Surveillance program the division was able to create awareness of the growth of the epidemic in Alabama and thereby target services to populations infected and affected. Surveillance data provide the base that supports all HIV/AIDS public and private funding initiatives.

In 2004, the Centers for Disease Control and Prevention began a national HIV prevention initiative for the current five-year funding cycle. The division began the year by sponsoring a meeting to introduce the "Advancing HIV Prevention: New Strategies for a Changing Epidemic," initiative to representatives from AIDS service organizations, community-based organizations, and HIV and STD program staff. The new direction for prevention is aimed at reducing barriers to early diagnosis of HIV infection, increasing access to quality medical care/treatment, and ongoing prevention services for those diagnosed with HIV.

Another major transition for the division was the restructuring of the HIV Prevention Community Planning Group (CPG) process. The 11 groups have now become one centralized group with statewide selection of participants through a formal application process. Members will represent grass root concerns reflected in the Alabama HIV Prevention Comprehensive Plan. Most importantly, the division strongly values the community participation process and field staff continues to host bimonthly regional HIV Prevention Network meetings with community partners to implement prevention programs and events. The Enhanced Referral Tracking System was piloted this year in public health areas 3 and 10. HIV positive clients not in care are identified in collaboration with the STD Program and linked by an HIV program coordinator to an AIDS service organization. The referral tracking system will be fully implemented in 2005. Finally, the Alabama Capacity Building Assistance (CBA) team conducted focus groups and surveys to help the division determine the skills and educational needs of those engaged in HIV prevention work. The results from these sources will enable the division to access national CBA partners offering

specialized assistance to retool prevention efforts in tandem with the CDC vision.

The goal of the Direct Care Branch is to ensure that quality care is provided to HIV/AIDS residents in Alabama by monitoring the quality of HIV clinical and supportive services provided by Ryan White Title II funded service providers.

In fiscal year 2004 site visits were completed by the Direct Care Quality Management (Direct Care QM) nurse to review each Ryan White Title II funded provider's written service evaluation plan. For those providers who did not have a written service evaluation plan in place, technical assistance was provided as needed and follow-up site visits were completed to assure that all service providers have a written evaluation plan in place. The Direct Care QM nurse and the Ryan White Title II lead agency representatives also met to develop a team approach to programmatic evaluation and the fiscal monitoring process.

The United Way of Central Alabama and the United Way of South Alabama serve as lead agents/fiscal managers for the seven consortia located statewide in Alabama, and work closely with the HIV/AIDS Division to perform Ryan White provider contract monitoring activities. All Ryan White Title II funded service providers were required to submit monthly service and expenditure reports documenting services provided and monthly billing for the services.

In addition to the monthly service and expenditure reports, site visits were scheduled six months into the contract period for fiscal year 2004 to review a sample of patient records for documentation of case management services, mental health services and ambulatory care services. The HIV/AIDS Division QM nurse followed up as needed with unscheduled site visits to evaluate programmatic deficiencies as they were identified by the lead agency representatives. Communication between the lead agencies' representatives and the Direct Care QM nurse will be the key to the success of the team approach to quality management.

The Alabama Drug Assistance Program (ADAP) continues to provide HIV medication to low income, uninsured Alabama residents living with HIV/AIDS. Currently, Alabama's ADAP is approximately 95 percent federally funded. However, beginning in April 2005, state matching funds will be required for Alabama's ADAP to continue to receive the same level of federal funding. Even though limited funding continued to be a challenge, Alabama's drug assistance program was able to provide HIV medications to 1,232 of the 14,090 people living with HIV/AIDS in Alabama as of Nov. 29, 2004, at a cost of approximately \$10,500 per year per patient. The ADAP formulary totaled 36 medications with no limitations placed on the number of antiretroviral medications available per patient.

In an effort to conserve funding, an enrollment cap of 1,232 patients was imposed resulting in a continually growing waiting list. As of Dec. 10, 2004, the list numbered 426 patients. In 2004 President Bush announced the availability



of an additional \$20 million for drug assistance programs in the 10 states currently experiencing waiting lists. Currently, 240 of the 426 patients on Alabama's ADAP waiting list are receiving HIV medications as a result of an ongoing process funded through September 2005. The Health and Resource Services Administration has not determined if funding through the President's initiative will be available to state ADAPs with waiting lists beyond September of 2005.

In October 2003, the Alabama Correctional Health Coalition was established to encourage an ongoing interactive information dialogue on issues surrounding HIV in jail settings, including HIV testing, treatment and follow-up care for newly and previously diagnosed detainees. In fiscal year 2004 the Alabama Correctional Health Coalition received a small grant to provide continuing education for the community. The group is also working with community volunteers to staff educational programs at both Limestone Correctional Facility for the male HIV prison population and at Julia Tutwiler Correctional Facility for the female HIV prison population in Alabama.

The HIV/AIDS Surveillance Branch had a very productive year in 2004. New collaborative efforts were established with the Alabama Department of Mental Health and Mental Retardation and the Alabama Medicaid Agency. These new linkages as well as established linkages with other state departments were instrumental in the completion of Alabama's comprehensive HIV/AIDS Epidemiologic Profile. In 2004, the HIV/AIDS Surveillance Branch finalized the HIV Incidence Protocol. The HIV Incidence Project will enable the state to determine the incidence rate (new infection) of HIV infection within a 180-day window period using the Serologic Testing Algorithm for Recent HIV Seroconversion. The information obtained from this project will assist in focusing the state's limited HIV prevention funds to areas and populations at greater risk for contracting HIV.

In 2004, the Surveillance staff completed the Intrastate De-duplication Elimination Project which was mandated by the Centers for Disease Control and Prevention. The purpose of this project is to 1) identify duplicate HIV/AIDS case reports across the HIV/AIDS Surveillance System; 2) identify the disease category of duplicated HIV/AIDS cases; 3) identify the correct state of assignment for duplicate cases; and 4) resolve duplicate case reports by ensuring the correct state of diagnosis is assigned. This project will also provide a better measure of the number of HIV infections that exist in the United States and the United States territories.

The staff continued to work on the fundamental principle of HIV/AIDS surveillance, which is to ensure all HIV/AIDS cases are reported to the Alabama Department of Public Health. A new initiative requires all major facilities and providers to submit a current list of all clients that received services in their facility over a six-month period. This initiative serves to 1) ensure that all HIV/AIDS cases are being reported to ADPH; 2) allow the HIV/AIDS Surveillance staff to identify potential problems in reporting

HIV/AIDS cases; and 3) identify facilities where people who are reported without a risk have been recently seen. The last objective allows the HIV/AIDS Surveillance staff the opportunity to conduct a medical record review of these cases in an effort to resolve risk factors.

In 2004, the staff began to cross-reference all HIV/AIDS cases with STD-MIS in an effort to ascertain additional risk information. In 2005, the Surveillance Branch will collaborate with the Division of STD Prevention to arrange cases of persons reporting without a risk into a presumed heterosexual category.

In conclusion the HIV/AIDS Surveillance Branch undertook the effort to resolve the status (alive or deceased) of HIV-infected persons by collaborating with the Alabama Center for Health Statistics. This undertaking will undoubtedly take until the end of 2005. However, it will provide the state with an accurate assessment of the number of persons living with HIV infection in Alabama.

The Division of HIV/AIDS Prevention and Control closed the year by supporting the annual commemoration of World AIDS Day (Dec. 1) activities across the state. This year's theme was "Women, Girls, HIV and AIDS."

## **Immunization**

It is the goal of the Immunization Division to stop 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.

The division provides vaccine using state and federal funds. It participates in the Vaccines for Children Program (VFC), a federal entitlement program that provides vaccine at no cost to children 0-18 years of age who are on Medicaid, are uninsured, are underinsured, or are American Indian or Alaskan native. During 2004, the division distributed \$16,425,122 to 565 clinics, both public and private, that provide vaccine to children in Alabama. This represents a 1 percent increase in vaccine distribution from the previous year. Sixty-five new providers were enrolled in the VFC program during 2004.

Alabama's population-based immunization registry known as Immunization Provider Registry with Internet Technology (ImmPRINT) continues to grow. As of December 2004, ImmPRINT contained 1,890,582 individual patient records representing 12,832,160 doses of vaccine given. Currently, ImmPRINT receives immunization information from the Alabama Center for Health Statistics, 97 county health department locations, 30 federally qualified health centers, Blue Cross and Blue Shield of Alabama, the Alabama Medicaid Agency, the State Bureau of Clinical Laboratories, and 20 private physician offices. The Immunization Division has begun recruitment and enrollment of private healthcare providers in Alabama.

# ImmPRINT



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

**Alabama Department of Public Health**

The Immunization Division annually conducts a School Entry Self-Survey in conjunction with the Alabama Department of Education. This survey evaluates the immunization status of all children to ensure they have an up-to-date Certificate of Immunization or a valid exemption on file. During the 2003-2004 school year, all public and private schools in the state responded to the School Entry Self-Survey. In 2004, 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 2004, 93 percent of students were found to have a valid certificate.

The Immunization Division also conducts a Day Care/Head Start Survey annually 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 2003-2004, 63 percent of the day care and Head Start centers in the state responded to the self-survey. During 2004, 521 (25 percent) of the child care centers, including those that did not respond to the self-survey, were visited by Immunization staff to validate the Child Care Self-Survey or to conduct an onsite survey and to provide education for daycare providers about vaccine requirements. During 2004, 90 percent of the children enrolled in Head Start or day care had a valid certificate.

Immunization staff conduct surveillance and investigation of diseases preventable by vaccination. The incidence of pertussis (whooping cough) increased in 2004 with 50 cases reported and two additional cases under investigation. This represents the largest number of pertussis cases in Alabama since 1993 when 65 cases were reported. The increase in cases is attributed to increased awareness of pertussis due to an educational campaign conducted by the division as well as an increase in testing using newer methods to diagnose pertussis. In March, varicella (chickenpox) became a reportable disease in Alabama. One hundred one cases of chickenpox were reported. Four cases of mumps were reported. There were no cases of tetanus, diphtheria, polio, measles, or rubella reported in Alabama residents. The division only reports Haemophilus influenzae type b (HIB) for children less than 6 years of age as this is the only group for which vaccine is provided. This year there were no cases of HIB in this age group. Hepatitis B disease is reported in children 18 years of age and younger. During 2004, only one case of acute hepatitis B was diagnosed in this age group.

This year's influenza season was a challenge as one of the two manufacturers for the United States was unable to distribute its vaccine due to problems at its plant in England. After the Centers for Disease Control and Prevention restricted administration of influenza vaccine to high-risk individuals, the department conducted an unprecedented massive two-day survey in which staff telephoned approximately 7,000 health care providers to determine how much vaccine was available in the state. The survey revealed that private providers had ordered 1.24 million doses of vaccine for the 1 million people in high-risk groups, but only 293,000 doses were available. The CDC allotted an additional 128,000 doses of influenza vaccine to private providers in Alabama, with the department coordinating the ordering process with providers. Those who were allowed to order vaccine included nursing homes, long-term care facilities, home health agencies, hospitals, private health care providers, and pharmacies.

The Immunization Division has distributed over 190,000 doses of influenza vaccine to county health departments. This vaccine is being administered in mass vaccination clinics as well as through appointment systems. The total number of vaccine doses administered is not available as this program is ongoing and will continue until all vaccine is administered or until the end of influenza season in March 2005.

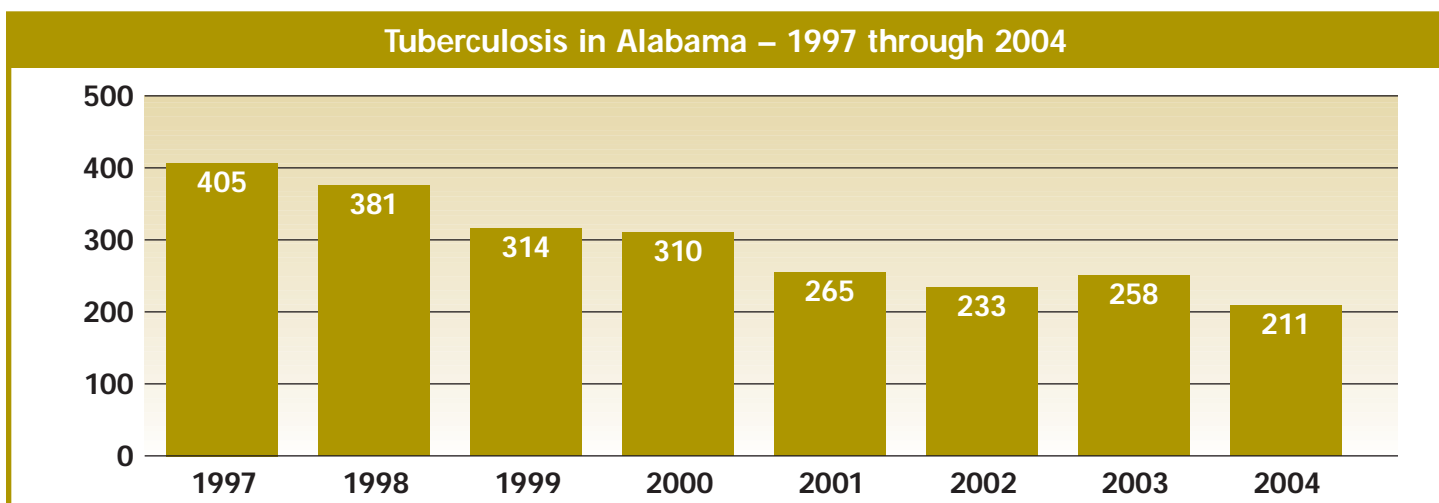
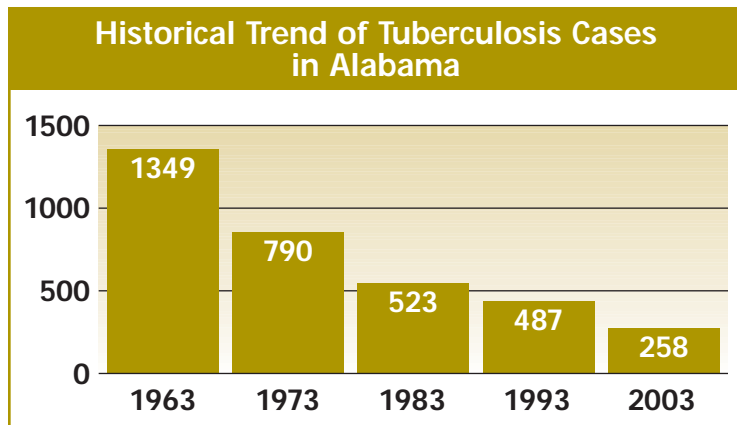
## Tuberculosis Control

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 services. The division provides these services to all persons in Alabama - regardless of the ability to pay.

In 2004 the Division of Tuberculosis Control verified and reported 211 cases of active TB disease. This figure represents a decrease of 47 cases (18 percent) from 2003, and may mark a return to successive annual reductions in TB disease. However, persistently high rates of TB in the African American community, and increases in the number of foreign-born cases (up 11.4 percent from the year 2000) impede the achievement of annual reductions.

As the division enters a new five-year project period (2005 – 2009), programmatic benchmarks and goals for

the reduction of morbidity in these specific risk groups have been established. The division will continue to measure program performance in each area of the state, with incremental progress being the objective during succeeding years.



## Sexually Transmitted Diseases

During calendar year 2004, the Sexually Transmitted Disease Control Division documented an increase in the total number of early syphilis cases reported as compared with 2003. Statewide, primary cases increased from 24 cases in 2003 to 43 cases in 2004. Secondary syphilis increased from 90 cases in 2003 to 120 cases in 2004. Early latent syphilis increased from 138 cases in 2003 to 229 in 2004. This represents about a 56 percent increase in total early syphilis cases. This increase was due, largely, to three counties: Etowah, Jefferson and Madison.

Etowah County experienced a dramatic increase in total early syphilis. There was only one primary syphilis case in 2003 compared to nine primary cases in 2004. There were only seven secondary syphilis cases in 2003 compared to 16 secondary cases in 2004. Early latent syphilis cases increased from 11 cases in 2003 to 17 cases in 2004. This represents a 121 percent increase in total early syphilis.

Jefferson County's (Birmingham) STD Program reported 45 early syphilis cases in 2003 and 65 early syphilis cases in 2004. There was an increase in primary syphilis cases reported from 2003 to 2004 (five cases in 2003 and nine cases in 2004). There were 17 secondary syphilis cases reported in 2003 as compared with 22 secondary syphilis cases in 2004. There was also an increase in early latent syphilis from 2003 to 2004 (23 cases in 2003 and 34 cases in 2004). This represents a 44 percent increase in early syphilis in Jefferson County.

Madison County reported another increase in total early syphilis cases for calendar year 2004. Primary syphilis cases increased from 10 cases in 2003 to 16 primary cases in 2004. There were eight secondary syphilis cases in 2003 versus 21 secondary cases in 2004. Early latent cases jumped from 13 cases in 2003 to 43 cases in 2004. This represents a 158 percent increase of early syphilis in Madison County.

In Montgomery County, one of the state's largest



counties, the number of early cases of syphilis has remained about the same (97 cases in 2003 and 98 cases in 2004). There was no change in the number of primary cases reported in 2003 and 2004, with five cases reported in both years. Secondary syphilis cases decreased from 36 cases in 2003 to 33 cases in 2004.

Mobile County has shown a 40 percent decline in early syphilis cases reported. There was a slight increase of one primary syphilis case in calendar year 2004 over calendar year 2003. There was a decline from eight secondary syphilis cases in 2003 to three secondary syphilis cases in 2004. The number of early latent syphilis cases remained the same from 2003 to 2004, with a reported two cases.

The number of presumptive congenital syphilis cases rose from seven cases in calendar year 2003 to 11 cases in calendar year 2004.

There was a continued decline in the number of reported cases for both chlamydia and gonorrhea as compared with calendar year 2003. There were 14,196 chlamydia cases reported in 2003 versus 12,697 cases in 2004. Among women of childbearing age (age 15-44), there was a decrease from 13,565 cases in 2003 to 12,184 cases in 2004. There was also a decrease in reported positive gonorrhea cases, from 9,302 cases in 2003 to 7,902 cases in 2004. Among women of childbearing age, there was a decrease from 8,675 cases in 2003 to 7,312 cases in 2004.

### Center for Emergency Preparedness

The Centers for Disease Control and Prevention provided \$17,245,950 in a cooperative agreement with the Alabama Department of Public Health in 2003-2004. 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 2004 included:

- Coordinated with county level ADPH clinics, emergency preparedness teams and ADPH epidemiological/immunization staff to offer mass vaccination clinics statewide;
- Responded to September 2004 Hurricane Ivan landfall;
- Completed a draft epidemiologic response and epidemiologic training plan;
- Coordinated 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; and
- Responded to 200 calls received by the staff duty officer.

Training activities of the center in 2004 included collaboration with various universities and vendors to develop and present an array of workshops, tabletops and other training exercises. The following is a list of training made possible with funding through the center, as well as training events in which the center has participated.

- 16 community tabletop exercises
- 6 emergency medical services workshops
- 11 area forensic epidemiology workshops
- 75 Health Emergency Incident Command Systems II training sessions
- Public Health Emergency Incident Command System (two training sessions for central office staff)
- Psychosocial Effects of Terrorism (three workshops across Alabama)
- Participated with the Alabama Emergency Management Agency in seven regional tabletop exercises
- Provided SouthernLinc telephone/communications training for 101 Alabama hospitals
- Participated in Strategic National Stockpile exercises
- Participated in SNS Training Education Demonstration
- Produced satellite conference on Behavioral Health Response to Disasters

The Health Resources and Services Administration's Hospital Bioterrorism Preparedness Program provided \$7.7 million in a cooperative agreement with the Alabama Department of Public Health in 2003-2004. These funds were designated to be used 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. Building upon groundwork laid in the previous grant cycle, the HRSA Hospital Bioterrorism Preparedness Program expanded its scope to other health care providers, toward building cooperative arrangements with community partners, and enhancing hospital communication and training capabilities.

- An assessment was conducted with hospitals to determine their ability to receive educational training through satellite link. Through arrangements with the Alabama Hospital Association, hospital satellite equipment was purchased for installation at selected hospital sites to enable the reception of bioterrorism and emergency preparedness training programs.
- As in previous years, a hospital mass casualty assessment was developed and launched. Results of the assessment will enable the center to provide additional training and equipment specific to incident command, the development of response protocols and cooperative agreements with local response partners.

- An assessment of the state's network of community health centers was conducted to gauge the willingness of community health centers to be partners in local and regional emergency responses. As a result, 92 health centers will be provided with redundant communication and isolation equipment and training in an initial grant phase.
- An assessment tool and mechanism was developed to gauge the willingness of mental health providers to respond to local and regional bioterrorism and emergency events. The results of the assessment will be used to identify mental health providers willing to be trained in crisis response and management.
- In cooperation with public health professionals, a system for the recruitment, training and credentialing of volunteer health care professionals was implemented. Professions recruited to date include pharmacists, registered nurses, social workers and mental health professionals.

The Federal Emergency Management Agency provided \$771,150 in a cooperative agreement with the Alabama Department of Public Health in 2004. These funds were designated to be used by the Chemical Stockpile Emergency Preparedness Program in preparation for an event occurring during the destruction of chemical weapons stored at the Anniston Army Depot.

**Activities of the program in 2004 included:**

- Upgraded decontamination systems were ordered for the medical community along with personal protective equipment.
- The hospitals were provided with equipment upgrades for their agent detection equipment.
- Pediatric antidote in auto injectors was provided to all CSEPP hospitals and EMS units.

# 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 and distance learning.

## Chronic Disease Prevention

The goal of the 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 information to Alabamians; and to conduct a statewide screening program for underserved women.

## 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 2003 Behavioral Risk Factor Surveillance System indicates that 34 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 and groups dedicated to decreasing the burden of arthritis. Six annual meetings have taken place.

The coalition has implemented a comprehensive state of arthritis control plan. This plan focuses on the following: promoting evidence-based 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.

Workgroups have completed: a community resource care case-based training module with continuing education units attached, access to a rheumatologist in four rural locations, extended the reach of evidence-based self-management programs such as Arthritis Self-Help Course (ASHC), PACE

(People With Arthritis Can Exercise), and the Arthritis Foundation Aquatics program in the state, collaborated with Alabama State University Physical Education Department and the Alabama Department of Senior Services to train 70 PACE instructors, and developed 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 expanded to cover 16 counties in West Alabama as well as statewide. In addition, PACE instructors and classes have been established statewide to provide avenues for people to maintain and increase joint flexibility, expand range of motion, and improve muscle strength. In one year, over 800 persons with arthritis have participated in these programs and over 100 leaders have been trained, including six train-the-trainers.

A health communications campaign titled "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, who have a high school or less education, and an income less than \$35,000. This year the campaign took place in five identified areas with 9,136 brochures picked up, 20 newspaper advertisements displayed, and 1,525 radio spots aired.

## Diabetes

The Diabetes Prevention and Control Program is primarily funded by the Division of Diabetes Translation, Centers for Disease Control and Prevention. The Diabetes Branch collaborates with several 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.

Results from the Behavioral Risk Factor Surveillance System place Alabama among the highest states in the nation for the prevalence of diabetes. Estimates show that



439,000 Alabamians have been diagnosed with diabetes, but that 200,000 more have it and do not know 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 risk of diabetes is also closely linked to overweight and obesity, both highly prevalent in the state.

During 2004, in order to obtain data for estimates regarding the risk prevalence diabetes, pedometers and information regarding the benefits of increased physical activity were provided to individuals completing a risk assessment for diabetes through area health offices. Out of 554 assessments returned, 60 percent (333) of the respondents indicated a high risk for the disease. Among African Americans, 67 percent showed risk.

**Other accomplishments by the branch in 2004 included the following:**

- Co-sponsored a community forum with the Office of Women's Health in Macon County for the U. S. Department of Health and Human Services. Approximately 150 community participants attended the program;
- Produced a satellite television conference, "Diabetes and Cardiovascular Risk: Affecting Change in Communities to Increase Physical Activity," which drew more than 1,200 participants representing 27 states;
- Co-sponsored an educational conference for health care providers with the Alabama Association of Diabetes Educators, "Innovations in Diabetes Self-Care 2004," attended by 125 providers in Birmingham.
- Partnered with the Alabama Cooperative Extension System to co-sponsor a two-day education and training workshop, "Revising the Diabetes and Obesity Trends in Alabama Through the Promotion of Lifestyle Changes," for more than 100 county extension agents and health care providers.
- Piloted a program designed to promote healthy eating and increased physical activity in two senior centers.

**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 (ACPCP). Since 1996 ABCCEDP has provided no cost breast and cervical screening services to 40,000 Alabama women 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, and referral.

Statewide screening has detected over 500 breast cancers and 40 invasive cervical cancers which probably would have gone undiagnosed. There have also been 116 precancerous cervical lesions detected. Approximately 51 percent of patients served are Caucasians, 44 percent are African American, and 5 percent are Hispanic and other minorities. The Hispanic/Latino culture is the fastest growing ethnic population in Alabama. During 2004, more than 1,100 Hispanic women were screened through the program.

As of October 2001, women diagnosed with breast or cervical cancer through the ABCCEDP may be eligible for Alabama Medicaid benefits. To be eligible for treatment coverage, women must have no other credible insurance coverage, be a U.S. citizen or documented resident, and reside in Alabama. To date, approximately 500 applications have been referred to Medicaid and more than 425 have been approved.

The second program, Alabama Cancer Prevention and Control Program (ACPCP), provides the infrastructure for facilitating implementation of the Alabama Comprehensive Cancer Control Plan. This comprehensive approach to coordinating cancer 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, promote access to state-of-the-art treatment services, help ensure cancer survivors have access to supportive care, and promote a toxic-free environment.

The Alabama Comprehensive Cancer Control Coalition (ACCCC) is currently in the process of writing the second five-year statewide plan. The goal is to begin introducing the plan during the summer of 2005 so that implementation begins in January of 2006. 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.

ACPCP is entering the fourth year of five-year awards from CDC for special projects on colorectal, ovarian and prostate cancers.

**Cancer Registry**

The Alabama Statewide Cancer Registry (ASCR), a population-based cancer registry, is an information system designed for the collection, management and analysis of cancer data. The purpose of a cancer registry is to disseminate cancer data 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. Based on estimates for 2004, 66 Alabamians have been diagnosed with cancer every day; and 27 Alabamians 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 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. Accordingly, the Alabama Statewide Cancer Registry plays a significant role in disseminating data through partnerships with stakeholders. Over the past year, the registry has undertaken a number of projects to aid in efforts to ameliorate the burden of cancer in Alabama.

In cooperation with the American Cancer Society, 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 not only providing data, but also an interpretation of how these factors affect one another. This annual report serves as a vital resource for those working on cancer control in Alabama.

The ASCR is also active in Alabama Comprehensive Cancer Control Coalition projects and committees. The coalition which consists of the Alabama Department of Public Health, community members, and academic and research institutions, works toward an integrated and coordinated approach to reduce the incidence, morbidity and mortality of cancer. Prevention, early detection, treatment, rehabilitation, and palliation are the central focus in implementing the Alabama Comprehensive Cancer Control Plan. The registry's key function within the coalition includes the dissemination, utilization and sharing of cancer data.

In addition to its alliances with the Alabama Comprehensive Cancer Control Coalition and American Cancer Society, the registry continues to work on a national cancer outcomes research project 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.

In addition to the CanCORS project, the registry is involved in two colon cancer studies with researchers at the University of Alabama at Birmingham and Ohio State University. Both studies are examining the behavioral and psychosocial treatment and support factors that influence the quality of life and survival of cancer survivors in the United States. Furthermore, one of these studies focuses specifically on the effect of race/ethnicity and socioeconomics as determinants of differences in incidence, treatment and disease outcome between blacks and whites diagnosed with colorectal cancer.

Finally, in collaboration with the National Cancer Institute (NCI), the Alabama Statewide Cancer Registry and other departmental cancer programs began the process of developing detailed profiles of Alabama communities at high risk for cancer. In recent years, NCI has produced similar profiles which have been successfully applied to target market

cancer prevention messages nationally through the NCI Cancer Information Service (CIS). A key component of the project is to analyze geo-coded demographic, health status, health services utilization and lifestyle data, which will provide insight into the social and behavioral aspects of prevention and treatment. Furthermore, this analysis will facilitate targeted outreach to communities based on lifestyle variables such as media preferences, consumer behavior, and the manner in which they choose to access information. Alabama will be the first state in the United States to use NCI's methodology and resources, along with state tumor registry data, to target communications and outreach to at risk populations. These efforts will improve the overall efficacy and cost-effectiveness of cancer prevention messages targeting underserved communities within Alabama.

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, 1996-2002\*\***

	MALE		FEMALE	
	RATE	COUNT	RATE	COUNT
All sites	522.8	69,616	391.9	68,251
Bladder	29.2	3,715	6.8	1,237
Brain & CNS	7.6	1,067	5.5	923
Breast (Female)	2.5	325	135.8	23,158
Cervix	*	*	11.0	1,800
Colon and Rectum	63.4	8,258	44.3	7,986
Esophagus	8.1	1,098	1.8	333
Hodgkin Lymphoma	2.6	384	1.9	316
Kidney	14.9	2,034	7.5	1,323
Larynx	10.0	1,378	1.9	332
Leukemia	11.7	1,548	7.3	1,271
Liver	6.0	789	2.4	428
Lung and Bronchus	110.1	14,692	47.3	7,451
Melanoma of the Skin	21.6	2,914	13.6	2,284
Myeloma	6.3	834	4.0	721
Non-Hodgkin Lymphoma	18.7	2,511	12.9	2,297
Oral Cavity and Pharynx	18.3	2,509	6.4	1,139
Ovary	*	*	13.9	2,431
Pancreas	11.8	1,528	8.8	1,612
Prostate	128.6	17,299	*	*
Stomach	9.4	1,208	4.9	891
Testis	3.9	585	*	*
Thyroid	2.8	390	7.2	1,165
Uterus	*	*	17.0	2,971

\*Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard.  
\*\*Not applicable

## 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 fifth 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 ninth 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 2004, 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.

## Tobacco Prevention and Control

The Tobacco Prevention and Control Division provides technical assistance and limited funding to the state's tobacco control coalition, Tobacco-Free Alabama, and 17 local tobacco control coalitions statewide. Support is provided through the division at the state level, and also through local tobacco control programs located within each of the state's 11 public health areas. Funding for these state-and local-level programs is provided by the state of Alabama and the Centers for Disease Control and Prevention. The division's mission is to improve the health of all Alabamians by working to prevent youth initiation of tobacco use, promote quitting among youth and adults and eliminate exposure to secondhand smoke. Through implementation of the Alabama Tobacco

Use Prevention and Control State Plan, the division has made progress in reducing the burden of tobacco use in the state.

### 2004 Accomplishments

- The program implemented a policy tracking system to track progress of municipal, school system and worksite tobacco policies and local tobacco excise tax rates. Copies of model policies and current tobacco policies, as well as policy ratings, are included in the system which is available online at [www.adph.org](http://www.adph.org). Policies are updated annually.
- The program was awarded funds from the Centers for Disease Control and Prevention to establish a toll-free tobacco cessation quitline for Alabama citizens. The telephone-based service will provide callers with individualized counseling, educational materials and referral to local programs.
- The division conducted the Alabama Youth Tobacco Survey in middle schools and high schools statewide. According to results from the 2004 survey, although state youth smoking rates continue to exceed national rates, smoking prevalence among 9th-12th graders has decreased 6.2 percent over the past four years, from 30.2 percent in 2000 to 24 percent in 2004.
- The Youth Tobacco Prevention Program funded 13 communities statewide to conduct prevention and empowerment programs, reaching more than 8,953 students.
- The division, in collaboration with the department's Oral Health Program, conducted a survey of Alabama dentists to assess the practices of Alabama's dental professionals with regard to treatment of tobacco use and oral cancer detection. Approximately 39 percent of survey respondents indicated they would like training for their staff to implement the U.S. Public Health Service Clinical Practice Guidelines for treating tobacco use. Local tobacco control coordinators are providing the requested training free of charge to the dentists using the "5 A's" model.
- The division conducted a worksite tobacco policy assessment project. A worksite smoking policy evaluation tool was developed to determine the relative strength of companies' smoking policies in Alabama. More than 100 policies from the largest companies in the state were evaluated to determine the level of protection from environmental tobacco smoke currently being provided to employees and to assist companies in strengthening their tobacco control policies.
- The area programs conducted 11 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. Athens and Montgomery passed strengthened clean indoor air ordinances which will go into effect January 2005.



## 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 2004 the division prepared and distributed more than 70 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 also edited the department's annual report which details the past year's activities and expenditures.

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.

## Communications and Social Marketing

The Social Marketing Branch began a collaboration with the National Cancer Institute on a geo-coding project of Alabama Cancer Registry data to 1) provide detailed profiles of Alabama communities most at risk for cancer, and 2) improve the overall cost-effectiveness of cancer prevention messages to those communities through a pilot program being conducted with the NCI in 2004-06.

Seven years of Alabama's tumor registry data (1996-2002) were selected for geo-coding and analysis to discern trends in incidence and mortality. The geo-coding project grew out of work that both ADPH and NCI were doing on cancer prevention with Medstat health risk, behavior, utilization, and media data. Geo-coding provides the ability to quickly investigate cancer clusters and add maps to any reporting function. Medstat links geo-coded information with PRIZM clusters (the name of the lifestyle segmentation data set). PRIZM clusters are the basis of NCI's cancer profiling methodology employed in the Consumer Health Profile (CHP) project. The data from Alabama's Statewide Cancer Registry will be analyzed using CHP profiling, making Alabama the first state in the U.S. to conduct such a project with NCI.

### This project:

- profiles those at risk for various types of cancer by tumor site (breast, lung, prostate, etc.) based on health behavior and lifestyle information;
- uses geo-demographic, health status, and utilization data to understand the demographic, access, and behavioral components of prevention and treatment; and
- uses lifestyle segmentation data to design targeted outreach to communities based on lifestyle variables such as media preferences, consumer behavior, and the manner in which they choose to access information.

Communications and Social Marketing worked with several other programs to target messages on a large variety of subjects, including ALL Kids, obesity, arthritis, cardiovascular, colorectal cancer, Plan *first*, suicide prevention, and emergency preparedness. Media activities included placing over 7,000 television spots and 12,000 radio spots targeting public health education and information to a full range of demographics. Other information delivery outlets included the Internet, newspapers and other periodicals, online and print telephone directories, and community resources. Over 11,000 items, including educational presentations, posters, brochures, fact sheets, flyers, displays, cards, forms, manuals, reports, letterhead and ID badges were designed, produced and delivered through the Communications and Social Marketing Division. The office requested over 25 million pages of administrative and educational materials to be reproduced at state and commercial printers. Nearly 11 million black-and-white pages and 800,000 color pages were printed in-house by the Document Imaging Branch.

Internet communications activities included working with Emergency Preparedness and the Computer Systems Center to develop online survey tools used by the Center for Emergency Preparedness to assess hospital and mental health facility capacity throughout Alabama. The survey tools that were built are designed to allow varying degrees of access to creating, reviewing, analyzing, and further utilizing survey materials.

Another Internet project collaboration involved building the Learning Management Content System (LCMS) with Professional Services, Computer Systems Center, Emergency Preparedness, and Video Communications. This system provides an Internet training center that includes tools that allow for building, giving and taking courses online as well as transcript, forms, and volunteer and other emergency resource management.

## Risk Communication

Risk communication is defined as "the process by which people become informed about hazards, are influenced towards behavioral change and can participate in decision-making about risk issues."\* The Risk Communication Branch works to ensure that state and local entities are prepared to

respond to the challenges that occur during terrorist and crisis events and develop effective communication materials and programs for the public.

During 2004 the Risk Communication Branch organized training programs to equip department personnel and state partners with essential risk communication tools. A Crisis and Emergency Risk Communication training led by a crisis communication specialist from the Centers for Disease Control and Prevention was held in June covering such topics as working with the media, messages and audiences, spokesperson qualities and crisis communication plans. Additional intensive training was held in July on risk communication tools featuring a renowned risk communicator. The two-day training included mock ambush on-camera interviews, techniques in message mapping and in-depth discussion of risk communication principles.

The Risk Communication Branch also participated in emergency preparedness tabletop exercises and Strategic National Stockpile exercises, providing communication plans and strategies. Throughout the year, staff worked with other department branches and statewide partners to address the communication needs of the special populations community.

The Risk Communication Web site, designed in 2003, continues to be maintained by branch staff. The Web site provides continuous updated information, links, satellite trainings and question-and-answer sections.

\* Rohrmann, Bernd, (2000) *A Socio-Psychological Model for Analyzing Risk Communication Processes*. New Zealand: Massey University.

## **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, in part, through use of the Alabama Trauma Registry (ATR) which is managed by the Injury Prevention Division. The ATR program represents a centralized database for the collection, storage and analysis of statewide trauma data. The database housed nearly 70,000 records at the beginning of year 2005. In May 1998, the Alabama Legislature passed Law 98-611, the Alabama Head and Spinal Cord Injury Registry Act, which requires all acute care hospitals in Alabama to report head and spinal cord injuries to the Alabama Department of Public Health.

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 Injury 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. Trauma-related information and data acquisition is accomplished by secure data file uploads and online data entry via an ATR/AHSCIR 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 was 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 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.

The division is also focused on reducing residential fire fatalities and injuries. For the past decade, the state of Alabama has ranked among the top 10 nationally for fire deaths. 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 is implemented through partnerships with fire departments and community volunteers at the local level as well as the Injury Prevention Division and the State Fire Marshal's Office at the state level. The initiative 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 planning. To date, over 5,000 smoke alarms have been installed in 15 communities in Barbour, Bibb, Bullock, Greene, Macon, Perry, Pike, Wilcox, and Sumter counties.

The use of seat belts and child restraints has been shown to reduce fatalities. In 2004, 80 percent of Alabamians buckled up their seatbelts and 83 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. The task force published a state plan to address suicide and seeks to obtain funding for prevention activities. Additional efforts include the promotion of bicycle and playground safety and the establishment of funding to address youth violence.

### **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 2003, 3,339 Alabama adults participated in the Alabama Behavioral Risk Factor Survey and reported the following concerning their health practices and daily living habits:

- 25.4 percent classified themselves as current smokers.
- 8.9 percent reported being told by a doctor that they have diabetes.
- 33 percent reported being told their blood pressure is high.
- 63.2 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 Worksite Wellness Division's main purpose is to plan, develop, implement and evaluate worksite wellness programs on a fee-for-service basis. The division's state-level staff work in coordination with the county health departments to provide statewide service. The division contracts with two of the largest self-funded health care plans to provide various

wellness services for most state employees, public education employees, and many city and local government employees. Services are also provided to the dependents and retirees of these health plans. The division also provides wellness services for private industry and community groups.

HealthWise, a wellness program funded by the Public Education Employees' Health Insurance Plan, began its fourth year of operations. The program provides health screenings, osteoporosis screenings and influenza immunizations.

The HealthWise Health Screening consists 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 is also provided to "at-risk" participants. Over 26,000 eligible participants were screened in 2004, 9,000 had their bone density measured, and 26,740 received an influenza vaccination.

HealthWatch, a wellness program for state employees and city and local governments, began its 12th year of operations. This program is funded by the State Employees' Insurance Board for its enrolled participants. The program provides health screenings, quarterly blood pressure checks and influenza immunizations.

The HealthWatch Health Screening consist of a blood pressure check, a pulse reading and an assessment of blood sugar and total cholesterol levels. Over 11,400 eligible participants were screened in fiscal year 2004, another 24,500 participated in the blood pressure control program and 17,500 received an influenza immunization.

Both the HealthWatch and the HealthWise programs screen for potential health problems, make referrals to the medical community and provide education about preventive practices and recommended health guidelines. Both are voluntary programs offered free of charge to eligible participants at their worksite during the work day.

### **Video Communications and Distance Learning**

New distance learning methods and an expansion of satellite downlinks were major activities of the Video Communications and Distance Learning Division in 2004. Webcast technology now provides opportunities for participation in department programs through the Internet. News conferences held in the division's studio are transmitted to Alabama media by satellite and simultaneous webcast allowing print and radio journalists access to the news conferences via computer technology.

The department's grant from the Health Resources and Services Administration provided funding to the Alabama Hospital Association to further expand the satellite downlink infrastructure in the state by providing 52 systems to acute care hospitals around Alabama. Employees at these facilities will now be able to participate in important preparedness training and educational programs. Plans are underway to continue this initiative by working with the association next year to enable all Alabama acute care facilities to have a satellite downlink system for training and education.



Finally, through a cooperative agreement with the University of South Alabama, the department now has a video conferencing system at the RSA Tower that allows state office personnel to participate in important training and meetings that require two-way audio and two-way video.

In 2003, 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 and the department continues to excel as a state and national leader in distance learning. It has been 12 years since the Video Communications and Distance Learning 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 department 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 edit room, a master control room and a studio. In addition, the department has 65 county health department facilities that have satellite downlink antennas, which provide convenient and efficient access for employees to participate in satellite conference training and educational programs.

The Video Communications and Distance Learning 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 2004, the Alabama Department of Public Health produced over 40 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 and Distance Learning Division has produced satellite conferences in conjunction with the annual meetings of such national organizations as the American Public Health Association, 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 produces 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 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. This site also has on-demand webcasts of select satellite conferences, educational programs and news conferences. Visit the Video Communications and Distance Learning Division's Web site at [www.adph.org/alphtn](http://www.adph.org/alphtn).

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



# Bureau of Clinical Laboratories

**T**he 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.

## Clinical Chemistry

During fiscal year 2004, the Bureau of Clinical Laboratories (BCL) expanded the Clinical Chemistry Division to include the Chemical Terrorism (CT) Lab, along with the Clinical Services and Lead branches. The addition of a modular building adjacent to the BCL provides the site for the new CT Lab. As part of a national network of Public Health Laboratories, the CT Lab will focus on emergency preparedness and analyze clinical samples for cyanide, heavy metals, and chemical adducts. Coordination with the Centers for Disease Control and Prevention will provide assistance with technology and training.

The Clinical Services Branch continues to provide routine chemistry, hematology, CD4 lymphocyte subset enumeration, and quantitative HIV Polymerase Chain Reaction testing.

Specimens were received from county health departments, federally funded primary health care centers, and community-based HIV treatment programs. This branch experienced no appreciable differences in specimen volume as compared to the previous year.

In fiscal year 2004, the Blood Lead Section of the Lead Branch identified two children with lead levels exceeding the critical limit of 45 ug/dl. Screening numbers continue in the 20,000 per year range. Also during 2004, the Lead Branch worked closely with the Alabama Childhood Lead Poisoning Elimination Work Group. As part of a national goal, this multidisciplinary group of health professionals developed Alabama's plan for Lead Elimination 2010.

The Environmental Section of the Lead Branch analyzed 2,836 samples (wipes, soils, paint, and water) with a yield of 475 (16.7 percent) positive samples. The majority of these positives were from dust wipes. A total of 1,929 wipes were tested, with 373 (19 percent) wipes testing positive. Environmental samples were submitted from approximately 196 locations.

## Metabolic

The Metabolic Division expanded testing for many genetic disorders that can be detected in the newborn. Previously, newborn screening involved testing for the following disorders: hypothyroidism, congenital adrenal hyperplasia, galactosemia, phenylketonuria, and sickle cell anemia (including other abnormal hemoglobinopathies). In 2004, expanded screening was implemented for biotinidase deficiency, amino acid disorders, fatty acid disorders, and

organic acid disorders. During the past fiscal year, the division screened approximately 58,000 newborns within the first 48 hours of life as well as conducted a second test on these infants at 2-6 weeks of life. Forty infants were identified as positive for sickle cell anemia, 16 were positive for hypothyroidism, two were positive for congenital adrenal hyperplasia, four were positive for phenylketonuria, one was positive for biotinidase deficiency, and one was positive for MCADD.

## Microbiology

The Microbiology Division hired three new employees as a result of the Bioterrorism Cooperative Agreement. The division received \$985,977 for the bioterrorism (BT) program during this period, which includes significant funding for pandemic flu preparedness. Additionally, the laboratory portion for the Epidemiology Capacity Grant award was \$185,921, including supplemental support for the National Antimicrobial Resistance Monitoring System (NARMS) and West Nile virus testing.

The Bioterrorism Section received a total of nine environmental specimens this fiscal year to test powders of unknown origin. The section was able to purchase an Infrared Illuminating Microscope which will assist in identifying the powders submitted. The Bioterrorism team successfully participated in two of the College of American Pathologist's (CAP) Laboratory Preparedness Survey Proficiency Testing Programs and the Centers for Disease Control and Prevention BT Proficiency Testing Programs. The CDC's program included analytes for *Brucella species*, SARS (ELISA only), *Clostridium botulinum* toxin (for DIG ELISA and Mouse Bioassay) and Ricin toxin. Also, the bioterrorism laboratory staff conducted three laboratory preparedness wet workshops for the private sector and produced one newsletter publication this fiscal year.

The Enteric Section had a 5 percent increase in the number of *Salmonella species* isolated and a 7 percent decrease in *Shigella species* from the previous year; although there was a Shigella outbreak in a daycare facility in the Jefferson County area. There were 35 various enteric organisms submitted to the NARMS program at the CDC for surveillance during this fiscal period.

The Gonorrhea section saw a 12 percent increase in the number of specimens submitted for testing due to redirection of specimens as a result of closing two of the regional laboratories.

The Parasitology Section had two cases of malaria caused by *Plasmodium vivax* and one patient with *Cryptosporidium* species.

The Rabies Section in the Central Laboratory tested a record number of specimens with receipt of 1,156 this fiscal year resulting in a 75 percent increase. This increase is mainly due to the number of counties served by the laboratory when the Dothan Regional Laboratory closed. As expected, the number of positive animals increased also (by 63 percent) with 58 percent of the positives being raccoons. Additionally, the Bureau of Clinical Laboratories participated in the CDC's Oral Rabies Vaccination Program for strain typing and Auburn University's Bat Speciation Program.

The Reference Bacteriology Section had an increase in the number of specimens submitted for testing. Most of the increase was due to a collaborative study with the CDC on community acquired methicillin resistant *Staphylococcus aureus* (MRSA). The number of confirmed *Escherichia coli* 0157 has remained steady at 21. Many of these specimens were submitted from the Huntsville area. There were four *Vibrio cholerae* non 01 isolates submitted, with one isolate producing toxin that is now being studied by the CDC. The number of specimens submitted for *Bordetella pertussis* testing has decreased by 25 percent and the numbers of positive specimens have decreased by 50 percent from the previous year. There were two foodborne investigations during the year, one of which was not tested due to lack of clinical evidence of foodborne illness. Cross-cutting activities with the Department of Agriculture resulted in receipt of 267 specimens of raw meat and carcass swabs being submitted for Salmonella testing, with a few also being tested for *Listeria monocytogenes*. No *Listeria* was isolated and only two samples tested positive for Salmonella.

The West Nile virus (WNV) Section reported a 55 percent reduction in its testing load with a total of 176 (320 last year) human specimens received. All specimens (serum and cerebrospinal fluid) were tested by the IgM capture antibody assay and 128 (serum only) were tested by the IgG ELISA, resulting in 20 IgM and 18 IgG positives. There was a 56 percent decrease in the number of birds received for West Nile virus testing this year (104 this year and 183 last year). However, 43 tested positive for the virus. The WNV staff proved successful for the 2004 CDC West Nile virus proficiency testing for IgM and IgG capture antibody assay.

### Quality Assurance

The Quality Assurance Division has now become the Quality Management Division because of the additional responsibilities of safety management and other management functions. The division director has also taken on the responsibility of director of the Alabama County Health Department Laboratory System. This division continues to monitor CLIA compliance of both the Clinical Laboratory and the county health departments. Competency evaluations and training are offered to county health department personnel as well as on-site reviews and consultation.

### Respiratory Disease

The Respiratory Disease Division received 13,583 specimens to identify for mycobacteria and actinomycetes.

The Mycobacteriology Section performed 971 DNA probes and 1,725 high performance liquid chromatographies for the identification of *M. tuberculosis* and other non-tuberculous mycobacteria. Drug susceptibilities were performed on 503 samples. The Mycology Section received 4,498 specimens for fungal identification and identified 1,369 dermatophytes, 297 yeasts and 884 other fungi, including 25 *Histoplasma capsulatum* and four *Blastomyces dermatitidis*.

The division continues to participate in the Tuberculosis Cooperative Agreement Grant and CDC Tuberculosis Multi-Drug Resistant Susceptibility Study. Isolates from all new cases of *M. tuberculosis* are being sent to the regional DNA Fingerprint laboratory in Michigan for genotyping.

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.

### Serology

The RH/ABO section screened 5,976 patients. Antibody screening identified 154 antibodies with 17 being possible causes of hemolytic disease. The measles section performed 4,752 Rubella IgG analyses. There was a reduction in the number of Rubella IgM, Measles IgG and Measles IgM tests performed.

The Syphilis section had a significant increase in the number of tests performed since becoming responsible for a larger portion of the state. There were 76,963 VDRLs performed with 1,981 positive, TPPAs were performed on all the positive screening tests.

The HIV section performed 131,742 EIA screening tests for HIV. Western Blots were performed on 964 specimens that were positive by the screening tests and 897 of these were Western Blot positive.

New this year for Serology was maternal hemoglobin screening. Hemoglobin electrophoresis was performed on 487 specimens with 87 being positive for sickle cell.

### Sanitary Bacteriology/Media

The Sanitary Bacteriology/Media Division located in the Montgomery Lab tests dairy products, public and private water samples as well as prepares the media used by both the county health departments and within the lab system. In 2004 there was a slight increase in the number of public water systems submitting samples to the Montgomery Water section. This was probably brought on by the Montgomery Lab absorbing the samples from municipalities that prior to 2004 submitted samples to the Dothan laboratory. The milk section had a slight decrease in the number of dairy products submitted for testing. The reduction in samples appears to have occurred in the soft serve samples. The media section prepared 2,662 liters of media for shipment to the division labs to be used in county health department programs. Additional media were also prepared to be used in the lab system.



## Mobile Division

The restructuring of the Bureau of Clinical Laboratories resulted in analyses and service area changes. The Mobile Lab now performs the hepatitis B analysis for the entire state. The service area for drinking water, rabies, syphilis serology, and gonorrhea has increased from 8 to 24 counties, resulting in dramatically increased numbers of samples tested.

The Environmental Branch performed analyses on recreational waters under the Beaches Environmental Assessment and Coastal Health Act, shellfish growing waters, oyster meats and surface environmental waters. The lab provided analytical support in several sewage spill investigations in Mobile and Baldwin counties. The Phytoplankton Monitoring section identified diatoms and dinoflagellates implicated in several fish kills and cyanobacteria mats that triggered public concerns about pollution. The lab has partnered with the Dauphin Island Sea Lab in a Mobile Bay National Estuary Program mini grant to microscopically “ground-truth” phytoplankton populations as compared to fluorescent detection methods.

In September 2004, Hurricane Ivan closed the Mobile laboratory for two days with a power outage. As soon as power was restored the laboratory began testing drinking water supplies for municipalities and individuals.

## Birmingham Microbiology Division

The Sanitary Bacteriology Section in conjunction with the Laboratory Evaluation Officer (LEO) provided dairy proficiency test specimens to seven industry dairy laboratories and one state laboratory. The section evaluated the product Petrifilm™ (3M Microbiology Products), for enumeration of bacteria in dairy products. The officer inspected three industry dairy laboratories and five public utility water laboratories for compliance with state and federal regulations. Dairy product testing increased slightly this year, 1,912 specimens; requests for potable water and fluoride testing remained stable.

The Microbiology Section experienced an increase in specimen numbers attributable to the consolidation of testing laboratories and changes to the maternity program in Jefferson County. Gonostat™ (*N. gonorrhoeae*) testing increased 13 percent; requests for urine culture, enumeration and identification of bacteria, anti microbial susceptibilities; increased 20 percent relative to fiscal year 2003. The section continued its participation in the CDC Gonococcal Isolation Surveillance Program, supplying 300 isolates for study.

## Birmingham Serology Division

Due to budget restraints of this past fiscal year, the Birmingham Serology Division experienced changes in accordance with those needed to make adjustments in budget and staffing level. The changes made were as follows: the 20 counties now served are those in the northern and central area of the state; the test for Human Immunodeficiency Virus was moved to the Montgomery laboratory; statewide testing for chlamydia antigen was added; the Venereal Disease Research Laboratory (VDRL) test for syphilis serology is now performed only for Jefferson County clinics; the fluorescent antibody test for rabies continues for the 20 counties listed in the area; influenza isolation continues to be offered statewide to physicians, county health departments, clinics and hospitals.

The five analysts in the Birmingham Division Laboratory performed over 134,000 tests. Of this number, approximately 50,000 VDRL tests and 1,126 confirmations were performed for Jefferson county clinics. Less than 2 percent of these were positive. Approximately 1,000 animals were tested using the rabies fluorescent antibody test method. Only 1 percent of these were positive. Eighty-three thousand chlamydia tests were performed statewide. This number included many community based organizations and juvenile detention clinics. Two hundred seventeen specimens were submitted for influenza isolation and identification. There were 74 positives. Seventy were positive for Influenza/A/H3N2. Some of the isolates were sent to the Centers for Disease Control and Prevention for further identification. Influenza/A/Fujian/2002 (H3N2), a new strain that was prevalent through out the country, was found among these isolates. Also found were one parainfluenza and two adenovirus.

# Bureau of Environmental Services

The Bureau of Environmental Services ensures the safety of Alabamians by regulating food, milk, lodging, seafood, soil and onsite sewage, indoor air quality/lead and solid waste.

## Training and Environmental Programs

This unit serves as a facilitator for the Bureau of Environmental Services by providing structured training through workshops, seminars and conferences for bureau and county personnel. 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.

In counties with limited environmental staff, standardized training courses are provided for the food industries to improve their knowledge in food safety and good sanitation practices. Overall this unit helps promote public relations through public speaking and/or personal contact with public officials, civic organizations, schools and universities, industry representatives, and the general public to improve their relationship with local environmentalists.

## Food/Milk/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

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 for food service establishments is three times per year; for hotel and camp inspections once per year; for tattoo facilities, twice per year; and for jails, once a year.

## Food Safety

In 2004, county health departments conducted 70,507 inspections at these establishments. In addition, 3,130

inspections were made at temporary food establishments such as food booths at fairs and festivals, and 6,579 inspections were made at other locations. County health departments investigated 3,629 complaints from the public concerning food or food establishments and issued 8,709 legal notices.

## Tattoo (Body Art) Facilities

"Body art" includes tattooing, body piercing and branding. In 2004, 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 126 licensed facilities in Alabama (up from 96 in 2003). The county health departments conducted 182 inspections at body art facilities and investigated 34 complaints.

## Lodging

In 2004, county health departments conducted 1,148 inspections of hotels and camps, and issued 160 legal notices.

## Milk

Milk is a basic food for both the general public and school children 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 2004, the Milk Branch conducted 58 pasteurization equipment tests, 332 dairy farm inspections, 58 milk, frozen dessert and cheese plant inspections, and 69 bulk milk hauler and tanker inspections.

The branch collected 1,594 raw (before pasteurization) milk samples, 1,633 pasteurized milk samples and 59 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.

Eleven milk tankers containing 493,206 pounds of milk (or 57,349 gallons) were discarded 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 that shellfish are harvested from clean waters.

The Seafood Branch and Seafood Quality Assurance of the Alabama Department of Public Health administers five major programs:

1. Permitting, inspecting and sampling of shellfish processing facilities;
2. Permitting, inspecting and sampling of blue crab processing facilities;
3. Permitting, inspecting and sampling of shrimp, fish and specialty product processing facilities;
4. Classifying and sampling of shellfish growing waters and shellfish;
5. Monitoring for *Vibrio vulnificus* and dinoflagellates in shellfish growing waters.

The Seafood Branch and Seafood Quality Assurance staff consists of one manager, four investigators, and one administrative support assistant. In fiscal year 2004, 128 permits were issued to seafood processors. These processors are located in Alabama's two coastal counties of Mobile and Baldwin. The processors are very diverse, as shown by the list below:

• Oyster Shucker Packer.....	40	• Specialty Market.....	15
• Oyster Repacker.....	5	• Specialty Product.....	12
• Oyster Reshipper.....	2	• Fish Processor.....	10
• Blue Crab Processor.....	21	• Seafood Distributor.....	6
• Shrimp Processor.....	17		

There were 480 inspections and 535 field visits conducted at these seafood processing facilities. Inspections were conducted to ensure compliance with State Health Department Rules and Regulations. Field visits were conducted to provide on-the-site training in good manufacturing practices, record keeping, and compliance with inspection schedules. In addition, 74 seafood processing water samples were collected to ensure bacteriological compliance.

During fiscal year 2004, there were 143 shellfish growing water samples and eight shellfish meat samples collected to ensure bacteriological compliance. Mobile Bay was ordered closed to shellfish harvesting seven times for a total of 77 working days due to possible fecal contamination from excessive fresh water flow via the Mobile River System.

During routine monitoring there were eight shellfish growing water samples and eight shellfish meat samples collected to determine levels of *Vibrio vulnificus*. Levels of *Vibrio vulnificus* were highest in summer months due to increases in temperature and salinity. There were 56 shellfish growing water samples collected to determine the presence of harmful algal blooms (toxic dinoflagellates). No harmful algal blooms were detected.

During fiscal year 2004, Seafood Branch staff provided department representation to the programs listed below:

- Interstate Shellfish Sanitation Conference
- Mobile Bay National Estuary Program
- Technical Interagency Committee
- Gulf of Mexico Public Health Program
- Gulf of Mexico Harmful Algal Bloom Program

During fiscal year 2004 the Seafood Branch and the Food and Drug Administration jointly conducted a study of the shellfish growing waters of Dauphin Island Bay. The purpose of the study was to reevaluate the Dauphin Island Waste Treatment Plant buffer zone. Seafood Branch, FDA Mobile, FDA Washington, and the Alabama Department of Environmental Management participated in the reevaluation. The report will be forthcoming in early fiscal year 2005.

In September 2004 Hurricane Ivan slammed into Alabama. Before the hurricane, seafood processors ceased harvesting and receiving new product, and began shipping out fresh and frozen product. Plants were boarded up and people evacuated.

After the hurricane, field visits were conducted to all seafood processors to determine damage, to collect processing water samples for bacteriological analysis, and to offer help and support. Processing permits, due to expire in September, were extended until October, to allow time for necessary repairs.

## Soil and Onsite Sewage

- 22,638 Permits issued to install onsite sewage systems
- 21,258 Systems installed
- 95 Special projects such as plans review for large systems handled
- 83 Complaints handled
- 25 Variances processed
- 1,612 people were trained at various environmental training events during the year. This included training for departmental staff and those persons outside of the department involved in onsite systems design and installation.
- 33 product permits to date have been issued to manufacturers of advanced treatment and disposal products. These permits set the conditions under which onsite wastewater products can be used in the state.
- 18 large onsite 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 National Pollutant Discharge Elimination System permits issued for wastewater discharges by Alabama Department of Environmental Management.
- Four Certificates of Financial Viability have been issued to Onsite Management Entities. These certificates provide the Health Department with a mechanism to ensure proper maintenance and operation for large onsite systems owned by an Onsite Management Entity.



The Onsite Sewage Disposal rules were modified to include a chapter outlining the requirements for Onsite Management Entities. This chapter addresses financial viability, operation, maintenance and enforcement issues for decentralized onsite cluster systems. The rules were also amended to include a requirement for the installation of effluent filters for new onsite sewage disposal systems. Effluent filters improve long-term performance of conventional onsite systems by requiring owners to pump septic tanks on a routine schedule.

**Indoor Air Quality/Lead**

This branch provides information on issues related to indoor air quality, lead-based paint and other lead hazards. The primary focus of the Lead Hazard Program 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. Remediation activities in pre-1978 housing and child-occupied facilities are performed according to established safe work practice standards. Branch personnel also provide support for the “Alabama Childhood Lead Poisoning Prevention Project,” a program to identify children with elevated blood lead levels through screening by local health departments and private physicians. They also provide environmental surveys to identify sources of lead hazards and recommend methods to eradicate the hazard. This program ensures that proper medical treatment or case management is undertaken by responsible authority, as well as prevents lead poisoning in homes containing lead hazards.

The Indoor Air Quality/Lead Branch has suspended onsite investigations of indoor air quality problems because of insufficient funds. However, the 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 providing indoor air quality and asbestos information and printed materials upon request.

**Solid Waste**

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.....	1,678
• Transfer/processing facilities inspected.....	57
• Septage management facility inspections.....	33
• Collection vehicles inspected.....	687
• Certificates of exception reviewed/issued.....	3,428
• Vector complaints investigated.....	3,290

<b><u>Lead Contractor Certification Program activities include:</u></b>	
• Certification of firms to conduct lead-based paint activities.....	72
• Inspection of lead abatement project sites.....	84
• Visits to housing authorities for compliance assistance.....	76
• Numbers of state lead regulations violations noted.....	92
<b><u>Childhood Lead Poison Prevention Program activities:</u></b>	
• Lead outreach (Inspections and Awareness) workshops.....	30
• Inspection of homes with cases of children with high blood lead.....	1
• Environmental lead sampling of dust, soil, water and paint chips (approximately).....	1,318

# Office of Professional and Support Services

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

## Management Support

The Management Support Unit supported the department through management of the Records Disposition Authority, grant resource development, review of grants and requests for proposal and the policy clearinghouse. Staff coordinated all Health Insurance Portability and Accountability Act activities and worked closely with the Training Unit to coordinate training activities.

## Training

Training coordination continued with interdepartmental and intradepartmental groups to provide quality education for all employees. Trainings were organized and managed through Auburn University at Montgomery, Tulane University, Emory University, the University of Alabama at Birmingham, the State Personnel Department and the Alabama TechnaCenter. Thirty-two live workshops, 40 supervisory training sessions, 67 TechnaCenter courses and 22 distance-based/satellite learning conferences were coordinated through the Training Unit.

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 participated in self-paced, online courses through the South Central Public Health Training Center and the South Central Center for Public Health Preparedness. The Alabama Department of Public Health training calendar was published as an efficient marketing tool for keeping staff aware of training opportunities.

During the year, the Training Unit took the lead in coordinating the development of a Learning Content Management System. The system will automate the training process and improve the department's workforce development program. The goal of the system is to offer a more efficient method of providing emergency preparedness information; allow unlimited access to training opportunities; and help better engage the emergency preparedness volunteer workforce. The department is required to implement a learning management system as part of its Preparedness Grant from the Centers for Disease Control and Prevention, and using the existing automated system developed by the department's Alabama Public Health Training Network, the department decided to create a robust system that would include all types of training.

## Pharmacy

The Public Health Pharmacy Unit participates on the department's preparedness task force and coordinates development of Alabama's procedures for ordering and processing the Strategic National Stockpile (SNS), a special stockpile of drugs and supplies which would be shipped by the federal government to the state if indicated following any terrorism event. At the end of fiscal year 2004, over 1,500 pharmacists, nurses and social workers had trained to deploy the SNS. 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. Alabama was the first state to completely deploy the Chempack, a stockpile of nerve agent antidotes.

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. In addition the Pharmacy Unit coordinates accessing 340 B pricing for covered entities in the Alabama Department of Public Health.

Work has begun on establishing a Prescription Drug Monitoring Database which will monitor Schedule II, III, IV, and V drugs in Alabama.

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. 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 provide internship experiences to pharmacy students, hosting two to three students each year from Auburn University and Samford University.

## Nursing

In 2004, 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 serves 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 unit also began tracking accidents and incidents in the department exclusive of home care and proposed measures/policy changes to address prevalent issues.

The Cardiopulmonary Resuscitation Program, known as the Alabama Department of Public Health Community Training Center, continued 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 2004, 107 instructors provided over 300 CPR and first aid training classes to 4,000 persons statewide.

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. During 2004, this unit approved 75 CEU programs including the provision of programs to meet certified registered nurse practitioner pharmacology requirements. The Nursing Unit worked to align the collaborative practice agreements for them. The unit also coordinated the development of a pediatric assessment course for nurse providers.

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 preparedness plans such as smallpox initiative, hospital preparedness, Strategic National Stockpile, and a volunteer network to respond to public health emergencies and to serve as backup staff for acute care facilities. During 2004, this unit received contact information in the nursing emergency response database for 504 nurse volunteers; 314 are non - ADPH nurse volunteers. Over half of the 314 are available for hospital clinical support. Three hundred thirty-three (66 percent) of the nurses in the database indicated they would respond anywhere in

the state to a disaster. Approximately 433 nurse volunteers have been trained on emergency response for the Strategic National Stockpile. During September 2004, the Nursing Unit played a vital role in the coordination of Hurricane Ivan relief efforts.

## Social Work

The Social Work Unit works 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 Case Management/Care Coordination services include Plan *first*, Patient 1st Care Coordination, which provides services for EPSDT (Early and Periodic Screening Diagnosis and Treatment) Children and Adults, Children with Special Health Care Needs, Elderly and Disabled Waiver Services, Home Health Medical Social Services, Breast and Cervical Cancer, Maternity Case Management, and some HIV/AIDS Case Management.

The Alabama Care Coordination Records Network (ACORN) formerly known as the Care Coordination Electronic Computer System captures all public health social work program documentation costs and activity. It complies with Health Insurance Portability and Accountability Act standards, thus providing efficiency.

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 offers visitors an opportunity to review the goals and methods of public health social work, the program service options, and the ability to contact central office staff regarding questions. The Social Work Unit maintains contact with accredited schools of social work throughout the state to increase the availability of the future work force. Responsible for assuring that a system of public health social work practice is available across the state, the unit works with other supervisory staff and the Alabama Board of Social Work Examiners to ensure that professional standards of practice are maintained. In-service training for professional development is offered with contact hours provided to assist staff in maintaining licensure and upgrading professional practice skills.

The Social Work Unit 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. Working with representatives from multiple agencies/organizations from across the state, the unit leads 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.



Alabama now has a Suicide Prevention Plan that was published with statewide public relations support to continue the task force's goal of providing prevention education.

The development of public health social work initiatives and collaborative efforts strengthens state and local public health social work standards. These efforts are expanded as the unit is actively involved in the planning and the development of the state's Emergency Preparedness Plan. Social workers and Mental Health staff have received Emergency Preparedness Strategic National Stockpile training with 275 volunteering to assist with any emergencies that occur. This initiative is focused on building a system able to respond to the psychosocial needs of Alabama's citizens, with the support of the Alabama Department of Mental Health and Mental Retardation and other agencies and organizations. The unit has been active in the continued implementation of an Internship-Focused Work Force Development Initiative. Geared toward attracting a quality work force for the future, the unit is working with the department's administrative staff and the South Central Public Health Leadership Institute to create opportunities for public health to be introduced in educational institutions that provide job placement experiences.



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

### **Nutrition and Physical Activity**

Activities undertaken by the Nutrition and Physical Activity Unit were based on the social-ecological model of behavior change, a model where multiple levels of influence address health problems. Activities promoting healthier diets and physical activity were planned targeting the following spheres of influence: individual, interpersonal, institutional, community, and public policy. The model naturally led to interaction and integration of factors within and across levels, maximizing resources. Below are examples of how staff implemented this model to promote positive changes in nutrition and physical activity.

During fiscal year 2004, health classes were provided for individuals and family members in various community settings. Six classes were taught to adults at the Crossroads Lifestyle and Wellness Center to emphasize good nutrition. Adult nutrition classes were taught at housing communities in Montgomery and Bullock counties. A series of health lessons were presented to children in a variety of settings. Activities promoting fruit and vegetable consumption,

physical activity, milk consumption, and eating a healthy breakfast were done in pre-school classes, an after school YMCA program and a summer program for children of incarcerated parents. Educational materials were sent home with the children to share with their families.

A cookbook with heart healthy recipes using Southern style foods was developed in partnership with the Cardiovascular Program and the UAB Center for Health Promotion. The cookbook has been widely distributed through health fairs, community gardens, and local level health programs.

Unit staff encouraged good nutrition and increased physical activity through institutional changes by working with the Action for Healthy Kids of Alabama. Thirteen mini-grants were awarded to schools throughout the state to implement projects on healthy school vending, school stores, parties, and fundraising. In addition, 21 rural, low-income schools were provided basic equipment kits to enhance their physical education programs. Community changes were emphasized with the work through a cardiovascular health grant that provided funds to assist in developing walking paths in rural communities.

Cooking videos using popular Alabama grown fruits and vegetables were created with direction from the department's Video Communications Division. Heart healthy recipes were demonstrated. Recipe cards were developed to accompany the videos. The videos and recipe cards currently are available in waiting rooms of Food Stamp Offices and WIC clinics throughout the state.

The Food and Fitness employee wellness program promotes healthy lifestyle strategies to employees for achieving and maintaining a healthy weight and increased physical activity. Walking competitions that include a dietary change provided the miles that equaled walking from California through northwestern states to Oklahoma. To increase awareness of issues concerning hunger and food insecurity in our state, information was distributed to newspapers and was also featured in the Alabama Coalition Against Hunger newsletter. A radio interview on this topic was also completed.



The unit took the lead in working with the University of Alabama at Birmingham in developing the Alabama Obesity Task Force. The purpose of the task force is to bring partners together in developing and implementing a comprehensive state plan which will reduce obesity in Alabama among all segments of the population. At the initial meeting in May 2004 over 70 representatives from public health, academia, cooperative extension, food stamps, human resources, industries and businesses, and community groups worked together to select the issues of concern to be addressed. The Alabama Obesity Task Force members agreed to address weight concerns through emphasizing a healthy relationship with food, a healthy body weight, and a physically active lifestyle.

The work of six committees - General Nutrition, Physical Activity, Data, Youth and Family, Community, and Health Care - will continue throughout the upcoming year. Promoting physical activity for all ages remains as a high priority. An employee of the unit received the Alabama Governor's Physical Fitness 2004 Award from the Governor's Commission on Physical Fitness for the work completed in promoting nutrition and physical activity.

A conference for health providers was cosponsored by the unit and the Healthy Alabama Fitness Coalition. The theme of the meeting was "Caught in the Middle." The speakers discussed the distinctive and different functions health care providers have in addressing obesity.

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

The Office of Women's Health serves as an advocate for women's health issues and the department's point of contact

for the U.S. Department of Health and Human Services, Region IV, Office on Women's Health.

During 2004, federal funds were sought and awarded to - co-sponsor two educational outreach projects. The first project, a woman's health retreat and symposium, was conducted during National Women's Health Week, May 7-9, 2004; and the second project, "The Heart Truth for Women Campaign," began in November with community meetings in three Black Belt counties that are listed among the top 25 Alabama counties for cardiovascular disease death rates. Community health advisors were convened in each county to review

*Heart Truth for Women* educational materials and radio public services announcements for use in their individual communities. The health advisors then conducted educational sessions for women utilizing *Heart Truth for Women* material. Staff from the department's Office of Women's Health and Cardiovascular Health program participated in the educational sessions. The campaign culminated with heart health public service announcements from the *Heart Truth for Women*, which aired in all three counties the first two weeks of December 2004.

Additional activities included monthly distribution of women's health educational materials, through presentations, frequent mailings and participation in health fairs. Preliminary work to develop a women's health information clearinghouse continues as the resources of data and information affecting women's health are accumulated. This clearinghouse will be available to health professionals and the community. The Office of Women's Health plans to work with the Nutrition and Physical Activity Unit to launch an initiative to address the growing concern of obesity in Alabama women.



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

# Office of Children's Health Insurance

**T**he Office of Children's Health Insurance was designed to decrease the number of children in the state who are without health insurance.

During fiscal year 2004, a total of 79,407 children were enrolled in Alabama's Children's Health Insurance Program (CHIP). This is an increase of 1 percent from 78,554 children for fiscal year 2003.

Because of fiscal constraints, CHIP instituted two very effective cost saving measures during the year: increased cost-sharing and periodic waiting lists for enrollment. The cost-sharing involved both modest increases in co-payments and in premiums. With these increases, the program was careful to maintain benefits (including preserving the no co-pay status for preventive health benefits) and to maintain cost-sharing at levels which are affordable to families. Due to the effectiveness of these measures, the program was able to totally eliminate the waiting list during the third quarter of the fiscal year.

During fiscal year 2004, the ALL Kids PLUS portion of the program, which specifically addresses children with special health care needs, was broadened to include extra services provided by community mental health centers. This addition supplemented the ALL Kids mental health basic benefit package by providing for additional services for children who need them.

The program used three special grants during the year to complement the work of the CHIP staff. The completion of the Supporting Families after Welfare Reform grant, funded by the Robert Wood Johnson Foundation through the Southern Institute on Children and Families, enabled the establishment of an online application system for ALL Kids and Medicaid. The second grant, a State Planning Grant funded by the Health Resources and Services Administration, was used to publish and disseminate two publications on the uninsured in Alabama and to perform economic modeling on several potential health insurance plans. The third grant, Covering Alabama Kids and Families, funded by the Robert Wood Johnson Foundation, provided assistance to CHIP and Medicaid in the areas of program simplification, outreach and enrollment.

# ALL Kids





# Bureau of Family Health Services

**T**he 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**

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

## **Teen Family Planning Care Coordination**

Due to unforeseen financial shortfalls, a program to provide care coordination services to teens who present at county health departments for family planning services was terminated in September 2004. Public health care coordinators, licensed social workers and nurses, provided services to 9,336 teens during fiscal year 2004.

## **Medically-at-Risk Case Management/Patient 1st Care Coordination**

On March 1, 2004, the Alabama Medicaid Agency discontinued Patient 1st, a managed care program for Medicaid patients, as well as the Medically-at-Risk case management program that was an integral part of Patient 1st. Public Health was able to continue to provide care coordination services to Medicaid children up to the age of 21 years under EPSDT guidelines. However, care coordination services for adults covered under Medicaid were discontinued. Beginning Dec. 1, 2004, Medicaid started re-implementing the Patient 1st program under new guidelines. This is a gradual implementation with the last counties coming under Patient 1st during February 2005. As the new Patient 1st program is implemented, care coordination will again be available for Patient 1st Medicaid patients, 21 years and older. There are presently 120 licensed social workers and nurses working either full or part time as care coordinators in the new Patient 1st program. Certification training is provided on a quarterly basis at the central office for all care coordinators who are new to the Plan 1st program. The central office provided certification training to 45 Medically-at-Risk and 166 EPSDT care coordinators during fiscal year 2004. All counties in the state are presently offering care coordination to children under EPSDT guidelines and this service will be extended to eligible adults in the Patient 1st program in all counties between Dec. 1, 2004, and Feb. 1, 2005. The Bureau of Family Health Services has written a new Patient 1st Protocol Manual that has been distributed to all care coordinators and supervisors in the state. All care coordinators have

computers and all services provided to patients are documented on the electronic case management/care coordination system, ACORN. The Protocol Manual is also accessible to all workers.

## **Plan first Care Coordination**

Family planning care coordination has been provided since the implementation of the 1115 Family Planning Waiver Oct. 1, 2000, to women eligible for family planning services under the waiver. There are presently 109 licensed social workers and nurses working either full or part time in the Plan first program. Certification training is provided on a quarterly basis at the central office for all care coordinators who are new to the Plan first program. Sixteen care coordinators received certification training at the central office during fiscal year 2004. The Bureau of Family Health Services has written a Patient 1st Protocol Manual that has been distributed to all care coordinators and supervisors in the state. All care coordinators have computers and all services provided to patients are documented on the electronic case management/care coordination system, ACORN. Workers can also access the Protocol Manual. The 1115 Family Planning Waiver is being renewed during fiscal year 2004 and the care coordination process is being revised based on five years of experience and will be submitted to Medicaid for approval.

## **Maternity Care Coordination**

Maternity care coordination was provided in fiscal year 2004 by licensed public health social workers and nurses through subcontracts with Medicaid's primary contractors in 24 counties, down from 28 counties in fiscal year 2003. The program continued to decrease due to the low reimbursement rate offered by the primary contractors for care coordination, the trend for doctors' staff to provide care coordination, and the opportunity for public health social workers and baccalaureate degree nurses to work in the Plan first and Patient 1st care coordination programs. Training continues to be offered on a quarterly basis when there are new maternity care coordinators. Four care coordinators were trained at the central office during fiscal year 2004. Primary contractors who have the responsibility for the maternity program also offer training to care coordinators.

## **Targeted Case Management**

Care coordination provided during fiscal year 2004 under Targeted Case Management continued to decrease. The majority of patients seen were HIV/AIDS patients. Some children with elevated lead and sickle cell were followed under targeted case management; however, the majority were seen either under the old Medically-at-Risk program or the new EPSDT care coordination program. Public health social workers staff one UAB Sickle Cell Clinic. The decline in the department's involvement with the regional sickle cell clinics was due to lack of staff during previous years. The central office provided targeted case management certification training to 58 licensed social workers and nurses during fiscal year 2004.

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

### **Women's Health**

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 2004 included Family Planning, Maternity, the State Perinatal Program, the Alabama Smoking Cessation Reduction in Pregnancy Program, the Alabama Tobacco Free Families Program and the Alabama Unwed Pregnancy Prevention Program.

#### **The overall goals of the branch are as follows:**

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.

### **Family Planning**

The mission of the Alabama Family Planning Program is to assure the provision of family planning services to meet the needs of the state, particularly the uninsured and underinsured and to protect and promote the health and safety of women, youth and their families through community status assessment, policy development and assurance that quality health services are available. This mission is consistent with Title X Family Planning 2004 priorities which are to assure continued high quality clinical family planning and related preventive health services; assure access to a broad range of high quality clinical family planning and related preventive health services; to encourage family participation in the decision of minors to seek family planning services including activities that promote positive family relationships; to improve the health of individuals and communities through partnerships with other public and private providers; and to promote individual and community health by emphasizing these services for hard-to-reach populations.

Direct patient services were provided to 95,805 family planning clients in fiscal year 2004. Approximately 90 percent of these clients were at or below 150 percent of the federal poverty level. Plan *first*, a joint venture between the Alabama Medicaid Agency and the department, continued in its fourth year of implementation. This program is an 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 a 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 November 2004, more than 124,000 women statewide were enrolled in Plan *first*. Also, the department's toll-free hot line received more than 7,000 calls regarding Plan *first*.

The department continued its collaboration with Huntsville Hospital 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 Unit. These women are at high risk for repeat poor outcomes of pregnancy. The department contracted with this hospital to provide family planning 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 an 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 32,260 women and determined that 44 percent were at high risk for an unintended pregnancy.

The Family Planning Teen Care Coordination Program ended in September 2004 due to a lack of funding from the Alabama Department of Human Resources for continuation. This program provided care coordination for all family planning teens age 18 and under.

### **Maternity**

With the health department no longer being a major provider of Medicaid maternity services in Alabama, the number of health department clinics providing these services has continued to decrease. In 2004, 10 county health departments provided prenatal care services and 24 counties provided case management services. In addition, the

Uncompensated Maternity Care Project, initiated in 2001 with Maternal and Child Health Block Grant funds to support prenatal care for uninsured pregnant women, was eliminated in 2004. Funding for this project was redirected to support State Perinatal Program activities due to a lack of other state funding support.

### ***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 2004, a perinatal nurse from each region and the perinatal program director managed the councils' activities. Regional needs assessments were completed and strategies were developed 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; providing folic acid education to healthcare providers; and forming regional consortiums to meet the perinatal continuing education needs in each region. A smoking cessation intervention training program for delivering physicians and their office staff was implemented in the region with the highest rate of smoking during pregnancy. The project was a pilot and similar training will be implemented statewide in 2005. Additionally, infant mortality reviews were conducted in each region to gather knowledge regarding factors surrounding the deaths of very low birth weight infants in each region.

### ***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 were 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. A total of 119 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. It has been extended an additional year, until June 30, 2005. The program uses a campaign of media and policy change and a professional practice education component 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. The Alabama Tobacco Free Families Program is funded by the National Cancer Institute, National Institutes of Health.

### ***Alabama Unwed Pregnancy Prevention***

The Alabama Unwed Pregnancy Prevention Program (AUPPP) was established and funded through a partnership with the Alabama Department of Public Health and the Department of Human Resources in January 2000. The purpose of the program was to reduce the incidence of unwed pregnancies by providing funding to local agencies and organizations to develop multi-component pregnancy prevention strategies and interventions. The strategies/interventions encompassed education and activities that would 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 funded projects in 22 counties, implemented a media campaign that included paid service announcements, a 1-800 hotline, brochures and publications, and a Web site. The AUPPP was discontinued in May 2004 due to funding reductions from the Department of Human Resources.

### **Child Health**

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 expanded screening for a panel of additional metabolic disorders in mid-November using tandem mass spectrometry (MS/MS). This technology allows screening for amino acid, organic acidemia and fatty acid oxidation disorders in a single process. The process uses the dried blood spot specimen routinely collected for newborn screening. Most importantly, tandem mass spectrometry assists in detecting rare metabolic diseases presymptomatically in infants. Early diagnosis allows for early intervention. Many of these infants would become profoundly disabled or suffer an early death if not diagnosed in the newborn period.

In the future, tests for additional disorders will be phased in. The program will continue to screen for phenylketonuria (PKU), congenital hypothyroidism, certain hemoglobinopathies (including sickle cell disease), galactosemia, congenital adrenal hyperplasia and biotinidase deficiency. The Alabama Department of Public Health's Bureau of Clinical Laboratories conducts all screening tests for the approximately 60,000 infants born yearly in the state.

### ***Alabama's Listening Universal Newborn Hearing Screening Program***

All 59 birthing hospitals in Alabama continue to have Universal Newborn Hearing Screening programs in place. More 95 percent of infants born in Alabama are screened for hearing loss before hospital discharge. Loaner equipment is available to birthing hospitals when needed in order to limit the number of infants who are not screened for hearing loss before discharge. Approximately 5 percent of infants being screened will fail the initial screening. The goal of this program is to ensure those infants receive appropriate follow-up and intervention services.

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

During fiscal year 2004, the Alabama Childhood Lead Poisoning Prevention Program, funded through the Centers for Disease Control and Prevention, collected reports of 14,595 blood lead screenings through which 189 lead cases were referred for medical case management. As a result, 66 houses were investigated for environmental lead hazards. Follow-up inspections were conducted on homes for which a child's blood lead level did not improve in a six-month period.

Members were recruited from shareholders across the state interested in how lead poisoning affects children to form a Childhood Lead Poisoning Elimination Workgroup. The Workgroup has a goal of developing an elimination plan to reduce the incidence of childhood lead poisoning to less than 1 percent by 2010.

### ***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 provider in correcting the concern.

During fiscal year 2004, the nurse consultants documented 1,947 health safety trainings and educational sessions for providers, 1,976 new provider contacts and visits, and an additional 3,034 provider contacts/consults for a total of 5,668 provider contacts. The nurse consultants also provided health and safety programs for 12,860 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 2004. The nine projects provided abstinence-only education in the school setting to approximately 35,000 participants 17 years of age and younger in 34 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 1998-2005, 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 on July 6, 2001. The goal of the program is to reduce the proportion of adolescents who have engaged in premarital sexual activity, including but not limited to sexual intercourse; reduce the incidence of out-of-wedlock pregnancies; and reduce the incidence of sexually transmitted disease among adolescents. Six community-based projects provided abstinence-only education for adult role models (community leaders/parents, faith-based individuals, teachers/ counselors/

educators, health care professionals), as well as adolescents 12-18 years of age in 48 of Alabama's 67 counties. A state-wide 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 were 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 (ACDRS) is making a difference in the lives of Alabama's children. ACDRS 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 criteria for case review. New data shows that since 1999 the number of infant and child deaths that have met review criteria has steadily decreased each year to a new low of fewer than 300 in 2003. While ACDRS system cannot take credit for all of this decrease, it repeatedly has been publicly recognized as a significant contributor to these improved numbers.

The Alabama Child Death Review System's third annual report, containing final review data for 2001, was published in April of 2004. It was distributed to the Governor and the State Legislature as well as to other citizens and agencies in Alabama and around the country. The next annual report, containing final 2002 data, is being developed and is on schedule for publication in early 2005.

In addition to hosting the regular quarterly meetings of the State Child Death Review Team (SCDRT), staff also visited many of the local Child Death Review teams and coordinators throughout the state in an effort to improve communication and team performance to the best possible levels. Additionally, the new infant/child death scene investigation training curricula, developed in 2002 by the ACDRS-formed Child Death Investigation Task Force (CDITF), continued to be taught to new recruits at the state's police academies and to experienced investigators through in-service courses. The curricula have been very well received.

Many new members are serving on the State Child Death Review Team and on Local Child Death Review Teams statewide, and membership is changing almost constantly. In an effort to make sure everyone involved understands the purpose, mission, procedures, and operations of the program, ACDRS held its first-ever statewide training conference in Mobile during August 2004. Offerings included both national and local speakers, program-specific training and a participatory panel discussion.

The operational efficiency of ACDRS continued to improve in 2004. The ACDRS Web site ([www.adph.org/cdr](http://www.adph.org/cdr)) has much more useful content, including downloadable and printable versions of the annual reports, ACDRS Publications, the CDITF-developed Investigative Assessment Tool, and links to CDR-related resources nationwide. More local teams are utilizing the online data submission forms, the

case completion rate remains greater than 80 percent, and data collection and case completion is expected to improve even further in the coming year. Finally, ACDRS continues to work toward common goals with strategic partners, such as the Children First Trust Fund, Voices for Alabama's Children, the Alabama Suicide Prevention Task Force, the Alabama Injury Prevention Council, and other such organizations.

### **Clinical Services**

The department saw a slight increase in the number of child health patients who were provided services during the 2004 fiscal year. A total of 39,831 patients were provided services by county health department staff. These patients made a total of 88,157 visits to local clinics.

### **Women, Infants and Children (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.

### **2004 Activities**

- Served 120,310 participants on an average monthly basis.
- Served 28,794 pregnant, breastfeeding or postpartum women; 33,555 infants; and 57,961 children on a monthly basis.
- Served approximately 71.9 percent of those in need.
- Provided approximately 665,868 visits for certification, recertification, nutrition education, and food instrument pickup.
- Provided 3,654,658 food instruments that were used at any of the 887 WIC-approved grocery stores, statewide. This resulted in over \$80 million spent in Alabama stores.
- Monitored 478 grocery stores, trained representatives of 954 stores, conducted 48 compliance investigations, sent 105 sanction/warning letters to grocery stores, and 28 sanction letters to participants. Over \$158,489 was collected from grocery stores for store errors in food instrument processing.
- Initiated a two-year Nutrition Education Plan emphasizing increasing physical activity and improving eating habits for WIC families in an effort to combat Alabama's continued problem of childhood obesity.
- Provided 135,565 (27,113 booklets) Farmers Market Nutrition Program checks to purchase Alabama grown fruits and vegetables in 11 counties directly from 414 authorized farmers at approved farmers markets.

## Oral Health

Oral health data collection continued to be a major focus of the Oral Health Branch during fiscal year 2004. Oral cancer data and awareness, the PRAMS dental component, a Rural Health Survey of Alabama dentists and dental workforce issues were all addressed during this time period. Data reported through PRAMS indicated that only 32.6 percent of Alabama women went to a dentist or dental clinic during pregnancy in 2000-2001, and Medicaid mothers were almost twice as likely to not see a dentist for a problem during pregnancy. Of those responding, the Rural Health Survey found that Alabama is 45th among 50 states with rural dentists (22/100,000 rural population), the average age of dentists working in Alabama is 48 years, and of those working, 88 percent are male, 96 percent are white, and 92 percent are general practitioners. Other interesting data from this survey indicated that 53 percent of those responding plan to retire in 15 years or less and that 44 percent are Medicaid providers. These reports helped to develop new strategies to collect additional data that will address Alabama's dental problems. Additional workforce data will be collected through the Alabama Board of Dental Examiners, and oral cancer awareness campaigns will continue through newsletter articles, news releases, and fact sheet distribution that outline occurrence and risk factors for oral cancer. An additional data collection project began development that will collect county-specific data for dental Medicaid and SCHIP.

Another highlight of fiscal year 2004 was the implementation of the HRSA-funded "State Oral Health Collaborative Systems Grant." These funds were used to develop a model in Escambia County that included a broad range of oral health activity. Some of the objectives reached during this time period included conducting dental screenings for K-12 grade students in Escambia County and Brewton City Schools, providing dental sealants for qualifying underserved children, and conducting a two-day forum on the oral health of Alabama Head Start children. Staff from the Oral Health Branch and faculty and dental students from the University of Alabama School of Dentistry screened approximately 4,400 children in K-12 grades for dental caries. Of those screened, approximately 22 percent were found to have dental caries and 8 percent had urgent dental needs. Half of the high school seniors screened were caries free. Approximately 333 second graders qualified to receive dental sealants through the grant. From these, approximately 192 children participated and 479 sealants were provided through the preventive program.

Fluoridation data collected during the past year indicated that water systems throughout the state are experiencing problems maintaining optimal fluoridation levels. From an 11-month reporting period of fluoridating water systems throughout the state (approximately 1,300 samples), results indicated approximately 47 percent of samples were optimally fluoridated, 17 percent were underfluoridated and 9 percent were over-fluoridated. To address this problem, the branch

applied for an additional HRSA grant to replace the program fluoridation coordinator that was lost during fiscal year 2004. The three-year grant will enable the dental program to work cooperatively with the Alabama Department of Environmental Management to closely monitor and provide technical assistance to water systems that are experiencing problems with program compliance.

The Oral Health Branch distributed approximately 80,000 toothbrushes and toothpaste to children receiving oral health screenings, WIC nutritionists, child care nurses, county health department case managers and school-based dental clinics. Additionally, thousands of pamphlets, coloring books and other educational material were provided to educate and promote good oral health.

### Dental Services/Preventive Program Activity

45,317	Patient encounters occurred in Coffee, Jefferson, Mobile and Tuscaloosa county health departments' dental clinics.
32,298	Dental sealants were provided through these four county health departments' dental clinics.
1,566	Patient encounters occurred in Auburn and Opelika City School dental clinics.
239	Dental sealants were placed through these two school-based programs.
8,000	Approximate total number of dental screenings statewide by Oral Health Branch staff.

### 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, included the following:

- Preparation of the Maternal and Child Health Services Block Grant annual report and application.
- Completion 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.
- Continuation 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.
- Coordination of the in-progress fiscal year 2004-05 Maternal and Child Health Needs Assessment.



# Office of 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 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 eight 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 122 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 27 physicians, 17 mid-levels, 10 dentists, five mental health workers and four pharmacists. This fills about 50 percent of the 122 available slots. Approximately seven dentists were placed through the SEARCH rotations.

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.

All the primary care physician residency programs were visited or contacted in conjunction with the Physicians Alabama Opportunity Fair held in Point Clear.

## 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 15 sub-specialists per year. This expansion resulted in the processing of waivers for 27 physicians, including all 15 sub-specialists, bringing the total number of J-1 physicians in the state to 97 during 2004. The expansion of sub-specialty waivers increased program activities, resulting in the doubling of one-on-one consultations with health care providers, community leaders, employers, and immigration officials to over 2,000 a year, and the conducting of over 10,000 transactions on Alabama's rural health Web site. The resulting J-1 physician practices provided essential health care access to over 190,000 Alabamians and provided substantial economic benefits to their respective communities by generating an estimated \$6 million in annual revenue and providing employment for approximately 485 supporting personnel. These J-1 program activities and benefits are expected to significantly increase in 2005 due to newly passed federal legislation which broadened the program to accommodate more sub-specialist waiver applications.

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

toward the mutual pursuit of several demonstration projects. One ongoing demonstration project involved monitoring home-bound elderly patients using varying combinations of remote surveillance and communications equipment. Another demonstration was 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 consults at remote sites via tele-video technology. All of these initiatives resulted from concerted efforts to remain 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 ListServ 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 Medical 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 \$261,360. 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 ListServ 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 to 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 Minority Health Section of the Office of Primary Care and Rural Health collaborated with other state agencies, policy makers, local elected officials, and academic institutions to improve the health status of minority populations in Alabama by promoting minority presence, and participation in health policy and planning, and promoting public awareness of racial and ethnic health disparities. Efforts to involve the community stakeholders in eliminating health disparities brought together Alabama's culturally diverse ethnic populations with policy makers, researchers, and faith leaders in two statewide health summits in 2004, focusing on healthy lifestyle choices, and behaviors at the individual and community level. In partnership with the Tuskegee University National Center for Bioethics and Research in Health Care, the Minority Health Office participated in several town hall meetings held in the Black Belt counties to solicit grass roots involvement in addressing HIV/AIDS in the rural population of Alabama.

During 2004, the Minority Health Section partnered with local and regional coalitions, tribal councils and faith organizations to implement community based strategies to address racial and ethnic health disparities, and to improve access to health services for those who are limited-English proficient. The Minority Health Section participated in the development of several bilingual and culturally specific health education training videos for the department's bureaus and program divisions. Joining the staff of the Center for Health Statistics, the Minority Health Section participated in several health education seminars to discuss the regional disparities in mortality as identified in the publication, Alabama Chartbook of Regional Disparities in Mortality. The Minority Health Section's link to the department's Web site was enhanced to include the most current racial and ethnic health data, and the quarterly publication of the Minority Health Calendar of Events.

# Bureau of Home and Community Services

**I**n 2004, 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 subunits. 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 366,907 home health visits were made in 2004 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 operating agency for the Elderly and Disabled Medicaid Waiver. This program is designed to offer an alternative to nursing home care for the elderly 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 waiver and nonwaiver 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 2004, Elderly and Disabled Waiver case managers provided 109,555 hours of case management and recruitment, and 652,452 home delivered meals. A total of more than 1,066,118 hours of Life Care services were provided to Elderly and Disabled Waiver clients.

## Billing and Support

The Division of Billing and Support assumed the responsibility for planning, directing and implementing a new data management system which included the introduction of a software application, the installation of new equipment, training, reference files maintenance and support for the Home Care Program statewide. “Horizon Homecare” is the



new single-data based management system that enhanced the centralized billing processes performed by division staff by providing: the electronic collection of billing data at the point of service delivery by the visiting staff across the state through the use of laptops and telephony; the electronic review of billing data by Home Care Program supervisory staff; and by user-friendly data entry and correction processes performed by program support staff. As a result, the Division of Billing and Support expanded its claims submission, reimbursement posting and support services for Home Health Medicare, Medicaid and private insurance beneficiaries to include Elderly and Disabled Waiver County Health Departments provided and Private Provider direct services, and Life Care Program services.

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

The year 2004 marked the end of the fifth 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. Patient and physician satisfaction surveys and quality improvement audits were the principal evaluation tools used to assess the service delivery processes. Government reports that were 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 were 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.

# Bureau of 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 2004 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 2004, 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 334 abuse/neglect and general complaints. The Long Term Care Unit surveyed 208 facilities, conducted 189 follow-up visits and two initial surveys for certification purposes.

The Clinical Laboratory Improvement Amendment, or CLIA, is administered by the Laboratory Unit. This unit is responsible for monitoring 3,274 CLIA federally certified laboratories, 289 state licensed independent clinical and 64 state licensed physiological laboratories in 2004. There were a total of 327 surveys conducted that included 274 CLIA recertifications, 30 follow-up visits, and 23 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 236 approved training programs. The registry has a total of 76,625 nurse aides. There are 30 nurse aides that are on specific time limited sanctions and 896 that have been placed on the abuse register permanently.

The assisted living facilities industry continues to grow. As of December 2004, 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 application; 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 2004, the division issued 1,392 annual renewal license certificates, 87 change of ownership license certificates, 92 initial license certificates, and 633 license status or facility information changes. There were also 1,649 providers certified to participate in the Medicare and Medicaid programs. During 2004, the division processed 125 initial certifications, 37 change of ownership certifications and 328 certification changes.

## Emergency Medical Services

During 2004, the Emergency Medical Services Division continued implementation of the Electronic Patient Care Reporting System software to collect pre-hospital EMS data. This system saves considerable time and money compared to the multi-part paper copies that were manually scanned into the EMS database. A statewide Quality Improvement Committee was formed and implemented a program to identify trends and direct training to ensure that high quality EMS services are consistently provided. The real time data made available from this new electronic system has been an invaluable asset to the Committee. The Emergency Medical Services Quality Improvement Committee is the first step in a long-term plan to have a data driven EMS System in Alabama.

The following workload figures provide an overview of the general functions of the EMS Division:

• Permitted ambulances inspected.....	559
• Licensed transport services inspected.....	148
• Advanced Life Support services permitted .....	459
• Individual EMT.....	6,089
• EMT licensure exams administered.....	1,787
• EMT training institutions accredited.....	21
• Individuals continuing education and records reviewed and approved.....	885
• EMS continuing education courses reviewed and approved.....	267

# Office of Radiation Control

**T**he 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 2003-September 2004 Service Activities

- Inspected 1,223 medical X-ray tubes.
- Inspected 857 dental X-ray tubes.
- Inspected 551 medical X-ray facilities.
- Inspected 223 dental X-ray facilities.
- Inspected 58 veterinarian X-ray facilities.
- Issued 21 radioactive material licenses.
- Issued 468 radioactive material license amendments.
- Inspected 148 radioactive material licenses.
- Inspected nine particle accelerators.
- Reviewed and evaluated 195 X-ray shielding plans.
- Conducted four exercises of the State Radiological Emergency Response Plan.
- Conducted four Homeland Security exercises.



# 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 7 to 10 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.

## 2004 Service Activities

- Issued more than 445,000 certified copies of vital records with more than 293,000 of these records requested through local health departments.
- Coded, keyed and scanned more than 172,000 new vital records into the vital records database.
- Prepared 2,060 new birth certificates after adoption and more than 4,000 after paternity determination; filed over 350 delayed birth certificates; amended 5,000 birth certificates and over 1,500 death certificates.
- Processed more than 450 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 10,000 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.
- Provided training on the proper completion of birth and death certificates to vital records providers across the state.
- Completed the implementation of the electronic "Death Tracking System" in all 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 indexes for 29,000 old death records and 70,000 marriage records.
- Received more than 80,000 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 publications of statewide data, tables, figures and graphs on pregnancy, birth, infant mortality, causes of death, marriage and divorce trends.
- Provided health-related vital statistics information and expertise to the public; the news media; governmental, educational, and private agencies; and other offices in the health department.
- Surveyed new mothers for the Pregnancy Risk Assessment Monitoring System (PRAMS), a grant from the Centers for Disease Control and Prevention to study factors related to pregnancy and infant health in Alabama.
- Presented a poster on breastfeeding at the PRAMS national annual meeting in Atlanta.
- Presented data at the Alabama Cooperative Extension Systems' Diabetes Workshop, the State Perinatal Advisory Council, the Alabama PRAMS Steering Committee, and the joint meeting of the Alabama Public Health and the Rural Health Associations.
- 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 56,947 newborns.

## Vital Statistics Records 2003

ESTIMATED POPULATION	4,500,752	RATE/PERCENT	
Births	59,356	13.2	(Per 1,000 population)
Births to Teenagers	8,248	26.5	(Per 1,000 females aged 10-19 years)
Low Weight Births	5,932	10.0	(Percent of all live births)
Births to Unmarried Women	20,788	35.0	(Percent of all live births)
Deaths	46,598	10.4	(Per 1,000 population)
Marriages	43,139	9.6	(Per 1,000 population)
Divorces	23,205	5.2	(Per 1,000 population)
Induced Terminations of Pregnancies	10,130	10.6	(Per 1,000 females aged 15-44 years)
Infant Deaths	519	8.7	(Per 1,000 live births)
Neonatal Deaths	312	5.3	(Per 1,000 live births)
Post Neonatal Deaths	207	3.5	(Per 1,000 live births)

## Alabama's Leading Causes of Death – 2003 and 2002<sup>1</sup>

CAUSE OF DEATH	2003			2002		
	RANK	NUMBER	RATE <sup>1</sup>	RANK	NUMBER	RATE <sup>1</sup>
Total All Causes		46,598			46,017	
Diseases of the Heart	1	13,149	292.2	1	13,183	291.3
Malignant Neoplasms	2	9,790	217.5	2	9,685	214.0
Cerebrovascular Diseases	3	3,020	67.1	3	3,203	70.8
Chronic Lower Respiratory Diseases	4	2,426	53.9	4	2,328	51.4
Accidents	5	2,183	48.5	5	2,212	48.9
Diabetes Mellitus	6	1,411	31.4	6	1,485	32.8
Alzheimer's Disease	7	1,266	28.1	8	1,189	26.3
Influenza and Pneumonia	8	1,153	25.6	7	1,217	26.9
Nephritis, Nephrotic Syndrome & Nephrosis	9	1,063	23.6	9	1,031	22.8
Septicemia	10	857	19.0	10	763	16.9
All Other Causes, Residual		10,280			9,721	

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

### Computer Systems Center

The mission of Computer Systems Center is to plan, provide and support the information needs of the department. The Computer Systems Center develops and supports many information technology systems to supply information to department and public users through an integrated information processing and telecommunication structure. Some of the significant achievements of the past year are detailed as follows.

The center continued installation of the Laboratory Information System (LIS) purchased from Sysware Healthcare, Inc. The new system electronically interfaces with lab test instruments and stores test result data, communicates test requests and results with PHALCON (Public Health of Alabama County Operations Network), and interfaces to billing, disease control systems, private hospitals, physicians, and CDC. The system is a vital link in the defense of public health under the bioterrorism program. Mid-project schedule adjustments were made with the closing of two of the five state laboratories. The system is fully operational in all three public health laboratories. The pilot test of the interface with PHALCON was completed, demonstrating

the ability for users of PHALCON to order lab tests and receive results seamlessly. All county clinics will be brought online in the coming months.

During 2004, the center installed, configured and customized the new CDC provided National Electronic Disease Surveillance System in a test and production environment. This system is a data repository and analysis tool for the department's disease control and surveillance staff. The new system became fully operational in Mobile County and is now being used extensively. CSC will continue to install the system for use in all counties statewide and employ the system to interface with laboratory systems.

Working with the Immunization Division, CSC developed and implemented a web application to register private providers and allow them to look up their patient's immunization history and print immunization records for their patients.

The center began development of a new web based program to allow hospitals to electronically file birth certificates. This new system will replace and improve an older system and will improve service to the public served by the Center for Health Statistics.

The department continues to deploy Voice Over Internet Protocol telephone systems. This new technology allows the department to use its existing data network to serve both data and voice (telephone system) needs. CSC installed the new phone system in the RSA Tower and two other sites. The system is paying for itself in reduced telephone charges and is providing department users with several new features such as integrated voice and e-mail.

Several new initiatives to enhance the Alabama Department of Public Health's network were completed this past year. Wireless Access Points were installed throughout the RSA Tower and are now being installed in county health departments. CSC increased the network capacity for video streaming to allow more users to use distance learning technology. More security features were installed to comply with the Health Insurance Portability and Accountability Act.

CSC, the Child Health Insurance Program and a contractor developed a Web application to allow those seeking Medicaid or low cost insurance with a way to apply via the Internet. The new system determines trial eligibility and routes the application to the correct agency. The new system eliminates paper flow, data entry and improves 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 modifying the system to capture Family Planning Title X and other federal data collection requirements. Additionally, the financial institution handling WIC vouchers changed which required several major enhancements to PHALCON.

CSC and the Bureau of Home and Community Services continued to work together on a major project to replace the existing Home Health and Community-Based Waiver automated systems. The new system, provided by McKesson, has been installed in over 90 percent of the counties and will be completed in 2005.

The Finance Support Division analyzed and developed new billing programs for Tandem Mass Spectrometry, Laboratory and Child Health Case Management. Additionally, the division developed a new Wellness billing database program to track services and produce invoices to the State Employees Insurance Board for payment.

#### **CSC SUPPORT SERVICES**

<u>Category</u>	<u>Quantities</u>
• Help Desk Calls.....	16,356
• Personal Computers Supported.....	3,645
• Personal Computers Installed.....	700
• County Support Trips.....	210

#### **Logistics**

The Logistics Division of the Bureau of Information Services is comprised of four major sections: Forms, Mail Center, Property and Fleet Management. The Logistics Division is responsible for the department's fixed asset management and disposal; forms storage and distribution of mail and office supplies; AD (Americans with Disabilities) shuttle service and vehicle management.

#### **Property Section**

The Property Inventory Team is responsible for the inventory and management of over 13,000 items of equipment valued at \$28,025,000. This equipment is located in 167 locations throughout the state. During 2004, the department acquired 1,474 new equipment items valued at \$3,124,000 and disposed of 2,826 items valued at \$4,657,000. The State Auditor's Office performed an equipment inventory audit in 2004. The department was able to account for all equipment items and was recognized by the State Auditor for having a "perfect audit."

#### **Forms**

The primary responsibility of the Forms Section is to receive, store, distribute and ship material for the department. It stores and distributes over 1,000 different types of English and Spanish language forms, and provides warehouse storage for all bureaus in the department. In 2004, the Forms Section shipped over 6,500 packages of forms and birth control pills to health department clinics/offices and private providers statewide. The section is acquiring a new inventory management system which will be used to place orders, monitor commodity consumption and track distribution of shipped items.

#### **Mail Center**

The Mail Center receives and distributes mail for the central office and county health departments. In 2004, it shipped 1,196 packages; managed the courier contract which delivers mail throughout the state and delivers lab specimens to the department's laboratories, and provided shuttle service to assist employees with mobility impairments to and from the RSA Tower parking deck and the RSA Tower.

#### **Fleet Management Section**

The Fleet Management Section is responsible for managing the department's fleet of 59 vehicles valued at \$1,262,000.



PORTFOLIO OF CURRENT INFORMATION SYSTEMS TABLE

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
ImmPrint	Internet Based Immunization Registry System	Immunization	1996
ARTEMIS	Hepatitis B Case Management System	Immunization	2000
HRS (Human Resource System)	Maintain Financial Information	Finance	1990
Vital Records Information System	Collect, Maintain and Issue Vital Records	Health Statistics	1994
AFNS (Advantage Financial System)	Maintain Financial Information	Finance	1990
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
Laboratory Information System	Collect and Report Laboratory Test Data	Laboratory, Disease Control, Clinics, Emergency Preparedness	2004
NEDSS (National Electronic Disease Surveillance System)	Collect and Analyze Disease Data	Disease Control	2004

# Bureau of Financial Services

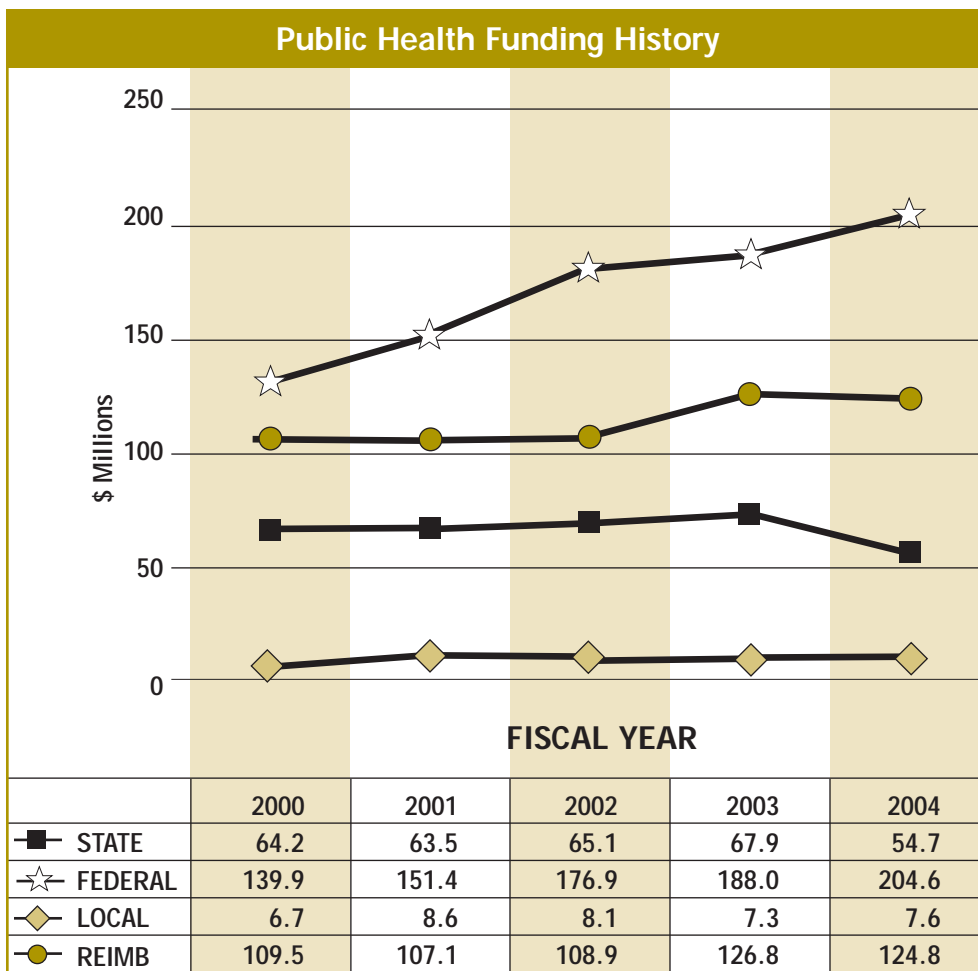
The Bureau of Financial Services provides accounting, accounts receivable, payroll, accounts payable, purchasing, budgeting, production planning and administrative support to accomplish its goals in financial accounting, reporting and management.

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,

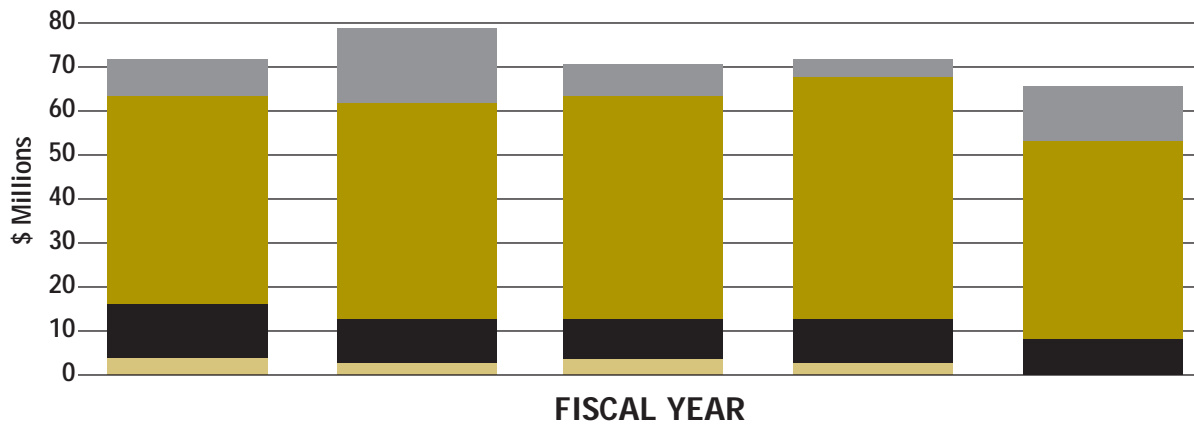
Chilton, Choctaw, Clay, Cleburne, Cullman, Dallas, DeKalb, Elmore, Franklin, Jackson, Lamar, Lawrence, Macon, Marengo, Marion, Morgan, Monroe, Montgomery, Perry, Russell, St. Clair, Shelby, Sumter, Talladega and Tallapoosa counties.

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.



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

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

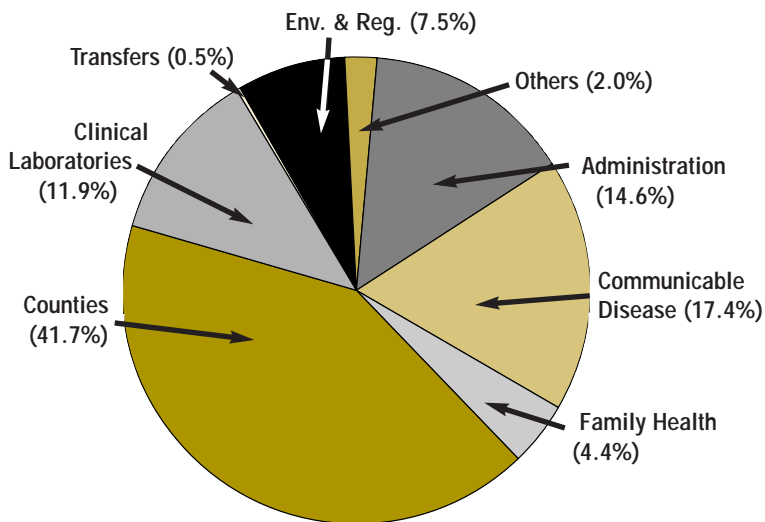


FISCAL YEAR

	2000	2001	2002	2003	2004
ETF - EMS	4.6	4.3	4.1	3.8	0
ETF - Health	12.6	10.2	10.1	9.9	8.8
GF - Health	45.5	48.7	50.8	54.2	45.9
GF - CHIP	9.0	16.2	6.6	5.0	11.5

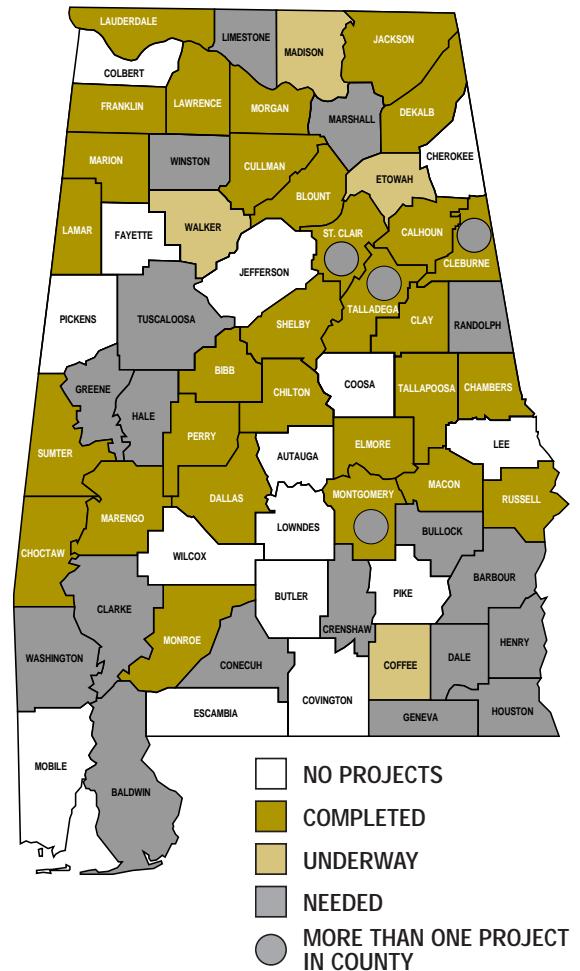
## Use of State Funds – FY 2004

GENERAL FUND AND ETF ONLY – \$54.7 MILLION



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

## APHCA Projects





# Office of Program Integrity

**T**he 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 2004, 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 2004 Compared to 2003		
	2004	2003
Financial/Administrative Audits	18	20
Property Audits		
Area Offices	0	8
County Health Departments	18	27
State Level Sites	2	6
Private Agencies	0	6
Federal Program Audits		
County Health Departments	21	24
External WIC Sites	0	3
WIC Training Center Site	0	1
State Level Projects	4	6

# 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 (EAP). In addition, the office coordinates the department's Mediation Program; Recruitment Program; Affirmative Action Program; and the State Employee Injury Compensation Trust Fund (SEICTF) Program, to ensure that the names of injured workers are appropriately submitted on the SEICTF payroll report.

## 2004 Service Activities

- Fully implemented a new leave system designed to decentralize reporting and keying of leave
- Trained 124 leave clerks and clerical directors on use of the new leave system
- Contracted with Department of Finance to refer employees to State Employee Assistance Program Coordinator
- Conducted interview and selection training for 35 supervisors
- Conducted positive discipline training for 22 supervisors
- Coordinated State Employee Injury Compensation Trust Fund training for supervisors
- Revised several personnel policies
- Revised the employee orientation checklist
- Established appointment above the minimum Staff Nurse and Home Care Services Nurse
- Established new classification of Trauma Communications Operator
- Processed 50 requests for religious accommodation

## Personnel Actions Processed

Merit New Hires	559
Promotions	169
Dismissals	3
Retirements	109
Transfers (out)	44
Total all Separations	534
Employee Assistance Program Referrals	10
Hours of Sick Leave Donations	3,781.30
Annual Appraisals	2,737
Probationary Appraisals	265

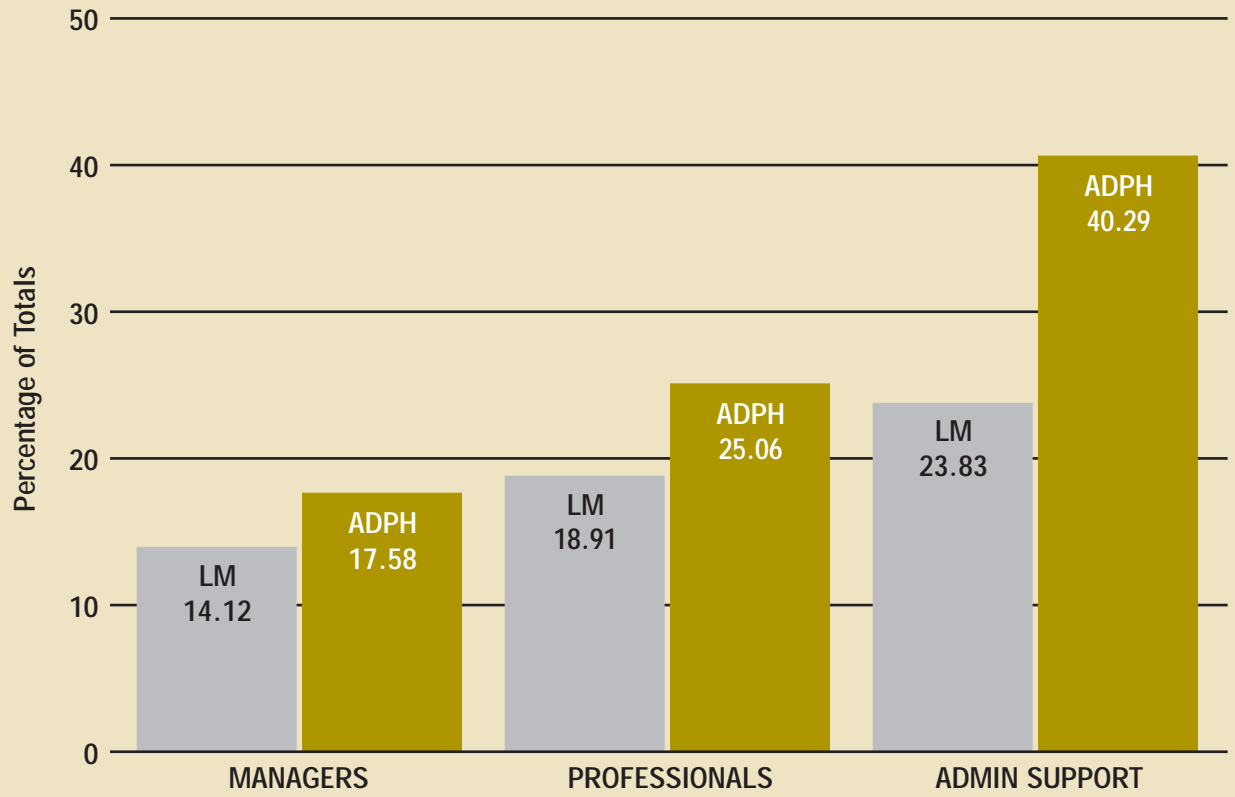
## Alabama Department of Public Health Employees 2003 vs. 2004

CATEGORY	AS OF DEC. 2003	AS OF DEC. 2004
Officials/Administrators	848	825
Professionals	866	862
Technicians	67	75
Protective Service Workers	2	4
Paraprofessionals	235	228
Administrative Support/Clerical	832	814
Skilled Craft	3	3
Service Maintenance	36	34
<b>OVERALL TOTALS*</b>	<b>2,889</b>	<b>2,845</b>

\* Excluding Form 8 and contract employees  
 – Form 8 employees at end of 2004  
 – 485 contract employees at end of 2004

## ADPH 2004 Minority Employment Comparison

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





# County Health Department Services

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

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

# 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, Tusculmbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
Roger Norris, Area Adm.	Box 929, Tusculmbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
<b>COLBERT-</b>				
Karen M. Landers, M.D., AHO	Box 929, Tusculmbia 35674-0929	256-383-1231	383-8843	1000 Jackson Hwy., Sheffield 35660-5761
NW AL REGIONAL H H OFFICE	Box 929, Tusculmbia 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	737-9236	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
WIC CLINIC	Box 1625, Decatur 35602	256-560-0611	355-0345	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 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>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 340, Fayette 35555	205-932-5260	932-3532	211 First St., N.W., Fayette 35555
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	845-0331	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 1-800-600-0923	845-0331	2401 Calvin Dr., S.W., Ft. Payne 35967
ENVIRONMENTAL OFFICE	Box 680347, Ft. Payne 35968	256-845-7031	845-2817	2401 Calvin Dr., S.W., Ft. Payne 35967
<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
HOME CARE STAFF	233 Haynes St., Talladega 35160	256-362-2593	362-0529	2123 Haynes, St., Talladega 35160
<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	459-3184	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 35046
LIFE CARE OFFICE	301 Health Ctr. Dr., Clanton 36405	205-755-8407	755-8432	301 Health Ctr. Dr., Clanton 35046
<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. ENVIRONMENTAL OFFICE BAY MINETTE BRANCH	Box 369, Robertsdale 36567-0369 Box 369, Robertsdale 36567-0369 Box 160, Bay Minette 36507	251-947-1910 251-947-3618 251-937-0217	947-5703 947-3557 937-0391	23280 Gilbert Dr., Robertsdale 36567 23280 Gilbert Dr., Robertsdale 36567 257 Hand Ave., Bay Minette 36507-0547
<b>BUTLER-</b> Ziba M. Anderson, Asst. Area Adm. GEORGIANA SATELLITE (Open Tues only)	Box 339, Greenville 36037 Box 339, Greenville 36037	334-382-3154 334-376-0776	382-3530	350 Airport Rd., Greenville 36037 Jones Street, Georgiana 36033
<b>CLARKE-</b> Ruth Underwood, Area Adm. ENVIRONMENTAL OFFICE	Box 477, Grove Hill 36451 Box 477, Grove Hill 36451	251-275-3772 251-275-4177	275-4253 275-8066	140 Clark Street, Grove Hill 36451 120 Court Street, Grove Hill 36451
<b>CONECUH-</b> Ruth Underwood, Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	Box 110, Evergreen 36401 Box 110., Evergreen 36401 Box 110, Evergreen 36401	251-578-1952 251-578-5265 251-578-9729	578-5566 578-5679 578-5566	526 Belleville St., Evergreen 36401 811 Liberty Hill Dr., Evergreen 36401 526 Belleville St., Evergreen 36401
<b>COVINGTON-</b> Ziba M. Anderson, Asst. Area Adm. OPP SATELLITE (Open Tues. Only) LIFE CARE OFFICE ENVIRONMENTAL OFFICE	Box 186, Andalusia 36420-0186 Box 186, Andalusia 36420-0186 Box 186, Andalusia 36420-0186 Box 186, Andalusia 36420-0186	334-222-1175 334-493-9459 334-222-5970 334-222-1585	222-1560  222-1560 222-1560	Alabama Hwy. 55, Andalusia 36420 108 N. Main Street, Opp 36467 Alabama Hwy. 55, Andalusia 3642 Alabama Hwy. 55, Andalusia 3642
<b>ESCAMBIA-</b> Ruth Underwood, Area Adm. ENVIRONMENTAL OFFICE ATMORE BRANCH	1115 Azalea Place, Brewton 36426 1115 Azalea Place, Brewton 36426 8600 Hwy. 31 N., Suite 17, Atmore 36502	251-867-5765 251-867-5765 251-368-9188	867-5179 867-5179 368-9189	1115 Azalea Place, Brewton 36426 1115 Azalea Place, Brewton 36426 8600 Hwy. 31 N, Suite 17, Atmore 36502
<b>MONROE-</b> Ruth Underwood, Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	416 Agricultural Dr., Monroeville 36460 416 Agricultural Dr., Monroeville 36460 416 Agricultural Dr., Monroeville 36460	251-575-3109 251-575-2980 251-575-7034	575-7935 575-2144 575-7935	416 Agricultural Drive, Monroeville 36460 416 Agricultural Drive, Monroeville 36460 416 Agricultural Drive, Monroeville 36460
<b>WASHINGTON-</b> Ruth Underwood, Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	Box 690, Chatom 36518 Box 690, Chatom 36518 Box 690, Chatom 36518	251-847-2245 251-847-2257 251-847-2245	847-3480 847-3299 847-3480	2024 Granade Ave., Chatom 36518 2024 Granade Ave., Chatom 36518 2024 Granade 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. HOME HEALTH OFFICE CLAYTON BRANCH	Box 238, Eufaula 36027-0238 Box 217, Clayton 36016-0217 Box 217, Clayton 36016-0217	334-687-4808 334-775-9044 334-775-8324	687-6470 775-9129 775-3432	634 School Street, Eufaula 36027 25 North Midway Street, Clayton 36016 41 North Midway Street, Clayton 36016
<b>COFFEE-</b> Russell Killingsworth, Area Adm. HOME HEALTH OFFICE	2841 Neal Metcalf Rd., Enterprise 36330 2841 Neal Metcalf Rd., Enterprise 36330	334-347-9574 334-347-9576	347-7104 347-3124	2841 Neal Metcalf Rd., Enterprise 36330
<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. HEADLAND BRANCH	Box 86, Abbeville 36310-0086 Box 175, Headland 36345-0175	334-585-2660 334-693-2220	585-3036 693-3010	505 Kirkland St., Abbeville 36310-2736 2 Cable Street, Headland 36345-2136
<b>HOUSTON-</b> Peggy Blakeney, Asst. Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	Drawer 2087, Dothan 36302-2087 Drawer 2087, Dothan 36302-2087 Drawer 2087, Dothan 36302-2087	334-678-2800 334-678-2805 334-678-2815	678-2817 678-2808 678-2816	1781 E. Cottonwood Rd., Dothan 36301-5309 1781 E. Cottonwood Rd., Dothan 36301-5309 1781 E. Cottonwood Rd., Dothan 36301-5309
<b>PIKE-</b> Ron Wheeler, Asst. Area Adm. HOME HEALTH OFFICE	900 So. Franklin Dr., Troy 36081-3850 900 So. Franklin Dr., Troy 36081-3850	334-566-2860 334-566-8002	566-8534 670-0719	900 So. Franklin Dr., Troy 36081-3850 900 So. Franklin Dr., Troy 36081-3850
<b>PUBLIC HEALTH AREA 11</b> Bernard H. Eichold II, M.D., AHO HOME HEALTH SERVICES ENVIRONMENTAL SERVICES SOCIAL SERVICES WOMEN'S CENTER IMMUNIZATION OFFICE CALCEDEAVER CLINIC CITRONELLE CLINIC EIGHT MILE CLINIC TEEN CENTER SCHOOL BASED CLINIC NEWBURN CLINIC	Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 248 Cox St., Mobile 36604 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 248 Cox St., Mobile 36604	251-690-8827 251-690-8130 251-544-2114 251-690-8981 251-690-8935 251-690-8883 251-829-9884 251-866-9126 251-456-1399 251-694-3954 251-456-2276 251-405-4525	432-7443 690-8907 432-7443 694-5004 690-8945 690-8899 829-9507 866-9121 456-0079 694-5037 456-2205 405-4521	251 N. Bayou St., Mobile 36603-1699 248 Cox St., Mobile 36604 251 N. Bayou St., Mobile 36604 251 N. Bayou St., Mobile 36604 248 Cox St., Mobile 36604 251 N. Bayou St., Mobile 36604 1080AA Red Fox Rd., Calcedeaever 36560 19250 Mobile St., Citronelle 36522 4547 St. Stephens Rd., Eight Mile 36663 248 Cox St., Mobile 36604 800 Whitley St., Plateau 36610 248 Cox St., Mobile 36604
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.				