



# 2016

THE ALABAMA DEPARTMENT  
OF PUBLIC HEALTH  
COMMUNITY AND POPULATION  
HEALTH RESOURCE GUIDE



**ALABAMA  
PUBLIC  
HEALTH**



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At the Alabama Department of Public Health (ADPH), we strive to promote, protect, and improve the health of all Alabamians. Our staff regularly focuses on the healthier lifestyles of Alabama's populations.

The Alabama Department of Public Health Community and Population Health Resource Guide includes programs that focus on wellness and prevention. Topics included in this guide address evidence-based practices and cost effective approaches.

We hope you will reach out to our staff and program coordinators to assist you in your efforts to build a healthier community.

**Together we can improve the health of individuals, families, communities, and populations in Alabama.**

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**FOR MORE INFORMATION:**

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## ADPH Case Management

ADPH Case Management Program offers case management services to Alabama Medicaid recipients by licensed social workers. Psychosocial assessments are completed with patient involvement. ADPH case managers monitor patients and their goals on a regular basis. Our case managers can complete home visits, make contacts by phone with the patient, and also mail reminders to the patient for their appointment(s). We provide support to the patient to help ensure better compliance and a full understanding of the medical diagnosis by supporting physician orders and educating on the diagnosis and/or patient needs.

### How our program can help your community or practice:

ADPH Case Management Program helps physicians and their medical staff (at no cost) manage the increasing cost of healthcare, and also promote better care for Medicaid recipients. We want your patients to have better compliance of attendance and follow through with physician orders. We look at the patient's social, emotional, and medical needs to get the whole picture of health, and report back to you to keep you informed.

### Measurable impacts:

- Patients are more compliant because healthcare goals are set together, as a team.
- Patient progress is monitored regularly, providing reinforcement for behavioral changes.
- Cases are not closed until goals are met. The physician is updated on the patient progress by the social worker.

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### **Plan First**

Alabama's Plan First Program is a family planning program for women ages 19 to 55 and vasectomy services for men 21 years of age and older.

With Plan First, mothers and babies have a better chance of being healthy. Parents can better provide for their family, both financially and emotionally. Children get more time and attention.

### **Plan First provides:**

- A yearly family planning exam.
- Care support from a social worker or nurse.
- Some types of birth control such as, birth control pills and Depo-Provera shots.
- Tubal ligation (tube tying) for women 21 years or older.
- Lab work, such as testing for pregnancy and STIs.
- Help in planning when to have a baby.

### **How our program(s) can help your community or practice:**

By using care support from a social worker or nurse from your local county health department, we are able to:

- Ensure your patient's treatment adherence.
  - Coordinate in-home and community-based services.
  - Assess both psychological and social aspects of a client's behavior and intervene.
- All of this is provided for Medicaid eligible patients at no cost to you.

### **Measurable impacts:**

- Patient will have fewer missed appointments with a higher compliance rate.
- More planned pregnancies/fewer unplanned pregnancies overall for Alabama.

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## Division of Social Work

The Social Work Division participates in national, state, and local initiatives to enhance the services provided to the people of Alabama. Our social workers are uniquely trained to focus on the well-being of the community as a whole as well as the well-being of individuals in the community. Our social workers are accustomed to working across multiple healthcare systems to improve the health outcomes of Alabama citizens.

Public Health Social Workers are licensed and highly trained professionals who focus on identifying children, families, elderly, and physically and/or intellectually disabled adults who have needs. Social workers provide intervention services to help clients discover ways of meeting their needs and preventing future problems.

### How our program can help your community or practice:

Prevention is central to public health social work practice:

- Preventing disease and adverse conditions (physical, emotional, behavioral) from ever occurring by promoting healthy behaviors, prevention activities, and protective measures.
- Promoting early diagnosis and treatment to minimize the effects of illness.
- Working to rehabilitate or restore clients to improved functioning after the onset of disease or condition.
- Assisting in removing barriers to care (e.g., arranging transportation, coordinating appointments and sending reminders, assisting with weatherization and/or improving housing situations, etc.).
- Services may be paid for by Medicaid/Medicare (in some situations), or through contracting with other entities.

### Measurable impacts:

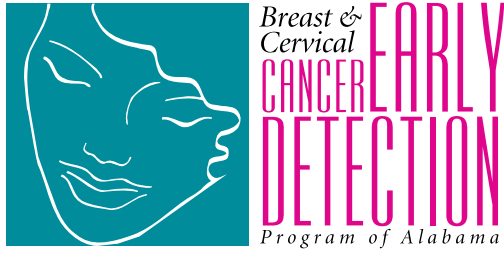
- Patients will have fewer missed appointments with higher compliance rates.
- Patients will have an improved standard of living.
- Patients will have a better understanding of their illness and the need for proper treatment.

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Alabama Department of Public Health

**Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP)**

### ABCCEDP

ABCCEDP is a free breast and cervical cancer screening program for women ages 40 to 64.

With ABCCEDP, women who have a low income and no insurance can receive a free pap smear, mammogram, diagnostic testing, and, if necessary, treatment through Medicaid.

### ABCCEDP provides:

- A yearly mammogram.
- A yearly pelvic exam and pap smear.
- Diagnostic tests such as ultrasound, colposcopy, or biopsy if needed.
- Free treatment through Medicaid for women diagnosed with cancer.

### How our program(s) can help your community or practice:

By participating in ABCCEDP as a contracted provider, you will be able to enroll your patients under 200 percent of the poverty level and with no insurance, in the program to receive free screening services or receive a referral of ABCCEDP women who need diagnostic services. All services are reimbursed at the Medicare rate.

Primary care providers can also refer eligible women to the county health department to be enrolled in the program.

### Measurable impacts:

- Increase in screening rates for underserved women and women with disparities.
- Early detection of breast and cervical cancer.
- Fewer late-stage breast and cervical cancers.

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## Cardiovascular Health Program

The program's mission is to provide leadership to prevent death and disability from heart disease and stroke.

The program's goal is to eliminate disparities in health and healthcare, and work with its many partners to fully implement a plan focusing on policy and system changes in the worksite, healthcare, and community settings.

### The Cardiovascular Health Program:

- Identifies quality improvement initiatives.
- Provides mini grants for quality improvement initiatives.
- Promotes the blood pressure statewide standardized protocol.
- Facilitates awareness of programs to self-monitor blood pressure in healthcare organizations and medical clinics.

### How our program can help your community or practice:

Identify quality improvement initiatives and team-based care on hypertension and diabetes among major health systems in Alabama by encouraging use of blood pressure protocols, hypertension control package for clinicians, and American Medical Association provider toolkit for diabetes prevention. All of this is provided for your office at no cost to you

### Measurable impacts:

- Increased blood pressure control.
- More self-monitoring of blood pressure.

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### Alabama Diabetes Program

The Alabama Diabetes Program (ADP) is a health promotion program for the improvement of quality care for people with, or at risk for, diabetes.

ADP promotes awareness of risk factors for prediabetes and strategies for individuals to reduce their risk factors. ADP promotes use of self-management programs within the healthcare setting designed to help patients with diabetes learn to better manage their condition.

### How our program can help your community or practice:

We can provide assistance in transforming your practice toward prevention, addressing population health through technical assistance with prevention and self-management programs, small grants to develop programs, education and training on the latest prevention programs, and information on the latest federal guidelines.

- We can provide training on Stanford University's Diabetes Self-Management Program (DSMP) for a fee. (6 week program)
- We can provide financial assistance in setting up an accredited or recognized DSME program. Accredited or Recognized DSME is a reimbursable service through Medicare.
- We can provide assistance in marketing your DSME program in your community.

### Measurable impacts:

- Decrease in patients A1C.
- Reduce diabetes-related complications.
- Minimize healthcare costs.

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## Tobacco Prevention and Control Program Secondhand Smoke (SHS)

The Tobacco Prevention and Control Program (TPCP) works with local coalitions, community agencies, and state and national partners to establish and implement policies that eliminate exposure to SHS.

More than 750 Alabamians die each year from exposure to SHS. By adopting smoke-free policies, you can not only improve the health of those who live, work, and play in your community, you can improve your community's economic outlook. TPCP can provide you with evidence-based activity plans to make your smoke-free campaign a success.

### How our program can help your community or practice:

Smoke-free policies create social norm change wherein nonsmoking environments are the norm and all workers are protected from the harms of SHS. TPCP provides:

- Resources and local level data on tobacco use to raise awareness in your community.
- Technical assistance to grow community support for smoke-free policies.
- Assistance with implementation of smoke-free policies.

Toolkits for smoke-free policy can be found below:

1. The Americans for NonSmokers Rights, leaders in the field of SHS protections since 1976, offers an on-line toolkit and technical assistance.
2. The U.S. Department of Housing and Urban Development (HUD) has issued a statement encouraging all multi-unit public housing to be smoke-free. The HUD Action Guide can be found on-line.
3. The Smoke-free College toolkit can be found on-line at [tobaccofreecampus.org](http://tobaccofreecampus.org)

### Measurable impacts:

Smokefree policies decrease:

- Worker absenteeism, health insurance costs, and property and liability insurance costs.
- Respiratory and cardiac emergency room presentations due to SHS exposure.
- Cleaning and maintenance costs.
- Risk of legal liability and worker's compensation claims.

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### The Alabama Youth Tobacco Prevention Program

The Alabama Youth Tobacco Prevention Program (ALYTP) is a youth prevention program that works to protect Alabama's children from exposure to tobacco products, the tobacco industry's deceptive marketing practices, and harmful secondhand smoke through youth advocacy.

#### ALYTP provides:

- Education to youth and community leaders on tobacco products and Electronic Nicotine Delivery Systems (ENDS).
- Resources to grow community support for policies that protect youth from the tobacco industry's deceptive marketing tactics and harmful secondhand smoke.
- Resources to ensure tobacco retailer compliance.

### How our program can help your community or practice:

Every year, 5,200 children in Alabama become new daily smokers while 108,000 will ultimately die prematurely from smoking. Nearly 10 percent of high school students in Alabama are current ENDS users, a trend that has more than tripled nationwide. Youth are an influential group in promoting policies that protect your community from tobacco exposure. We can provide the resources needed to ensure that youth in your community are heard.

#### Measurable impacts:

- Decrease in youth tobacco users.
- Increase in support for policies that protect youth from tobacco products and secondhand smoke.
- Increase in local retailer compliance.

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**1.800.QUITNOW**  
**QUITNOWALABAMA.COM**  
 1-800-784-8669

### 1.800.Quitnow – Tobacco Quitline

The Alabama Tobacco Quitline is a free telephone and on-line coaching service for any Alabamian who is ready to quit tobacco.

### What services are available?

All Quitline services are FREE to Alabama residents including:

- Telephone and online coaching.
- \*Eight-week supply of nicotine replacement therapy patches, if enrolled in coaching and medically eligible (\*while supplies last).
- E-mail, text messaging, and mobile apps.
- Printed support materials.
- Electronic and fax referral program for healthcare providers.

### How our program can help your community or practice:

Healthcare providers are encouraged to refer patients directly to the Quitline by faxing a referral form found at [www.quitnowalabama.com](http://www.quitnowalabama.com). The Alabama Tobacco Quitline will contact the referred patient within 24 hours of receiving a referral to enroll the patient into the Quitline coaching program. Additionally, the Quitline will provide feedback letters to the referring provider up to five times throughout the program.

### For Medicaid patients:

Medicaid pays for all seven approved cessation medications\*\* for its patients if the following documentation is submitted: both the Medicaid Pharmacy Smoking Cessation Prior Authorization Request Form and Quitline Referral Form should be faxed to Health Information Design, 1-800-748-0116, and the Quitline Referral Form should be faxed to the Quitline at 1-800-261-6259. Plan First recipients do not require prior approval for smoking cessation products. The Smoking Cessation Prior Authorization Request Form should not be submitted for those recipients.

\*\*Approved cessation medications include nicotine patches, gum, lozenges, inhalers, nasal spray, varenicline, and Bupropion SR, according to Treating Tobacco Use and Dependence, U.S. Clinical Practice Guidelines, 2008.

### Measurable impacts:

- Increased cessation attempts among tobacco users.
- Decreased tobacco use among adults and youth.

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## Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality

CoIIN is a national initiative engaging federal, state, and local leaders to reduce infant mortality and improve birth outcomes. We collaborate with public and private agencies, professionals, and communities to implement CoIIN Learning Networks to address factors that contribute to infant mortality. Alabama has a state team for each of the "Learning Networks."

### ADPH CoIIN Learning Networks:

- **Early Elective Deliveries** – decreasing non-medically indicated early elective deliveries prior to 39 weeks gestation.
- **Perinatal Regionalization** – ensuring that mothers and infants deliver at the appropriate level of care facility to meet medical needs.
- **Interconception Care** – ensuring that mothers are healthy before and between pregnancies.
- **Safe Sleep** – ensuring that infants are placed to sleep in safe environments to reduce the risk of Sudden Infant Death Syndrome, Sudden Unexplained Infant Death, and accidental suffocation/strangulation.
- **Smoking Cessation** – decreasing smoking in women of childbearing age.

### How our program can help your community or practice:

By collaborating with our CoIIN Learning Networks, we will provide the following:

- Educational opportunities for providers and staff regarding perinatal health.
- Educational materials for patients.
- Linkage with other partners and agencies for collaborative opportunities.

### Measurable impacts:

- Healthier mothers, infants, and families.
- Improved birth outcomes.
- Over time, a reduction in fetal and infant mortality.

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## Fetal and Infant Mortality Review (FIMR) Program

FIMR is a community-based, action-oriented program designed to identify contributing factors of fetal and infant deaths in Alabama.

### The FIMR Program:

- Reviews the individual records of fetal and infant deaths to identify the significant health, social, economic, cultural safety, and education system factors that are associated with these deaths.
- Invites mothers and families to participate in a voluntary interview to discuss the pregnancy and the fetal or infant death.
- Provides mothers and families referrals to appropriate resources.
- Case Review Teams (CRT) are comprised of key members of the community, who meet to review information from individual fetal and infant deaths and make recommendations for action plans.
- Community Action Teams create action plans from CRT recommendations to address identified contributing factors related to fetal and infant deaths in the community.
- Provides an evidence-based opportunity to improve Maternal and Child Health programs and partnerships.

### How our program can help your community or practice:

- Assisting with the identification of gaps in current services.
- Assisting in creating local solutions to factors that contribute to fetal and infant mortality within the community.
- Improving coordination of services through interagency networking and communication.
- Providing families a voice in the process of service and resource improvement.

### Measurable impacts:

- Bereaved families will have access to grief support and referral to appropriate services.
- Improved linkage of services available in the community.
- Improved birth outcomes.
- Over time, a reduction in fetal and infant mortality.

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### State Perinatal Program

The State Perinatal Program was established to identify and recommend strategies that will effectively decrease infant morbidity and mortality. The program encourages cooperative relationships among healthcare providers and institutions to ensure medically effective and cost efficient perinatal care and to raise awareness regarding infant morbidity and mortality.

### The State Perinatal Program:

- Operates under the direction of the State Board of Health and is based on a concept of regionalization of care.
- Collaborates with the State Perinatal Advisory Committee to address perinatal issues statewide.
- Is comprised of five regions with a Perinatal Coordinator and a Regional Perinatal Advisory Committee in each of the regions.
- Perinatal Coordinators serve as liaisons between communities, providers, and state agencies, and conducts outreach education on perinatal health related issues statewide.

### How our program can help your community or practice:

- Provide outreach education to providers and staff about perinatal health.
- Provide educational materials and referral resources for patients regarding perinatal health.
- Improve coordination of services through interagency networking and communication.

### Measurable impacts:

- Increased educational opportunities for providers and staff about perinatal health.
- Improved linkage of services available in the community.
- Reduction in costs due to interagency networking and communication.
- Improved birth outcomes.
- Over time, a reduction in fetal and infant mortality.

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### **Alabama Healthy Vending Machine Program Alabama Healthy Checkout Program**

The Alabama Healthy Vending Machine Program (AHVMP) was developed to increase access to healthy foods and beverages and reduce or eliminate the availability of calorie dense, nutrient poor food in worksites, public service venues, health systems, and community organizations with vending machines.

The Alabama Healthy Checkout Program (AHCP) identifies and prompts the purchase of healthier options in grocery stores, convenience stores, corner stores, and other venues selling food and beverages to encourage better selections in areas with limited access to healthier options.

#### **How our program can help your community or practice:**

- Creates a culture of wellness in the workplace and the community.
- Satisfies recommended strategies of the Centers for Disease Control and Prevention to improve eating habits and prevent and/or reduce obesity.
- Provides staff and the community with a sense of investment in their health and well-being.
- Meets an increased demand for healthier items.
- Decreases barriers to eating healthier food and beverages.
- Aligns with school requirements for healthy snacks creating consistent messages for families.

#### **Measurable impacts:**

AHVMP and AHCP are making healthier food and beverages available to thousands of Alabama citizens in a variety of settings around the state such as hospitals, manufacturing plants, local health departments, convenience stores, and financial institutions.

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### Scale Back Alabama

Scale Back Alabama (SBA) is a free, statewide weight-loss program for adults 18 years of age or older.

The primary goal of the program is to create public awareness of the health issues caused by obesity and to empower Alabamians who are overweight and/or obese to implement healthier lifestyles.

### Scale Back Alabama provides:

- Accountability and support.
- Community oriented efforts through local coordinators.
- Evidence based approaches to safe and gradual weight loss.
- Health and wellness guidance from resident experts.
- Wellness resources to help with living a healthy lifestyle.

### How our program can help your community or practice:

SBA is just one approach to educate the community about healthy behaviors while encouraging healthier lifestyles. Adopting healthier lifestyles could help with preventing or managing chronic diseases such as diabetes, hypertension, strokes, and some forms of cancer.

SBA started as a worksite wellness program, but has expanded into the community through schools and other community organizations. The program has found that if adults are forming healthy habits, their children are positively impacted as well. Health tips are incorporated for children, along with the ones provided for adults. The goal is for good health to be a family experience.

As part of a worksite wellness program, SBA can help with reducing healthcare cost, improving work productivity and morale, and reducing absenteeism.

### Measurable impacts:

- Since 2007, SBA has reached an average of 31,000 participants annually.
- Participants have lost more than one million pounds and established thousands of healthy lifestyle habits.

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

## Wellness Resources

The Nutrition and Physical Activity Division serves as the lead authority for ADPH regarding nutrition, physical activity, and wellness.

Professional staff consisting of registered dietitians, nutritionists, and health specialists can provide assistance with wellness initiatives that make healthy behaviors the convenient and easy choice.

## How our program can help your community or practice:

Our resources create a culture of wellness in the workplace and the community, supporting healthy lifestyle choices.

Wellness program resources:

- **iChoices** – our employee wellness program can be used as an example for companies looking to implement a program.
- **Healthy Campus Toolkit** – recommendations on best health practices for a work environment that improves the health and well-being of employees.
- **State Obesity Task Force Wellness Program Guide** – a guide to provide Alabama businesses and/or community organizations information on how to implement wellness programs and policies.
- **Healthy Meeting Guidelines** – a wellness guide for hosting or sponsoring healthy events which provides options to consider when planning a meeting, conference, or other function.
- **Get Moving Alabama** – a public awareness campaign to encourage Alabamians to increase their physical activity facilitated by the State Obesity Task Force.

## Measurable impacts:

- Improved self management and coping skills of participants.
- Increased productivity and reduced absenteeism in employees.
- Increased morale and job satisfaction.

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### **Women, Infants, and Children (WIC)**

WIC is a special supplemental nutrition program. Alabama's WIC Program helps low income pregnant women, new mothers, infants, and children under age 5 stay healthy and eat right during times of important growth.

#### **WIC provides:**

- Nutritious food packages including fruits and vegetables, whole grains, low-fat dairy, and iron-rich foods tailored to families specific needs.
- Personalized nutrition education visits that monitor growth as well as address dietary needs, meal planning, and feeding concerns.
- Breastfeeding education and support provided by nutrition professionals and trained peer counselors.
- Referrals that connect families to the health and community services and other resources that improve each participant's overall well being.

#### **How our program can help your community or practice:**

- When your goals for a patient include prenatal nutrition/healthy pregnancy, breastfeeding support, successful infant feeding, adequate iron in the diet, a child's healthy growth, help for picky eaters, or a healthy diet sufficient in key nutrients, WIC can help. WIC offices are located at your local county health department.
- Growth and Hemoglobin monitoring are completed routinely and can be completed frequently for high risk follow up.
- Tailored nutrition education can be provided based on healthcare provider request/referral.

#### **Measurable impacts:**

- Increase of key nutrients in diet improves healthy growth and development.
- Better birth outcomes, with fewer preterm and low-weight babies.
- Increase breastfeeding rates and success.
- For every \$1 spent on WIC for a pregnant woman, up to \$4.21 is saved in medical costs.

#### **Contact:**

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## The ADPH Telemedicine Program

Telehealth is the use of digital technologies to connect multiple users in separate locations to provide virtual health, medical, and education services.

Access to care is one of our top priorities. That is why we've developed top of the line technology to provide rural Alabamians with the opportunity to receive specialized, quality healthcare while limiting barriers like transportation and patient education.

We are looking to partner with providers and community organizations to provide telehealth for rural and underserved patients.

### The technology:

A telemedicine cart is a portable, lightweight stand that features two monitors, a full PC, keyboard, and wheels for easy movement. This cart can be outfitted with various peripheral exam tools such as a bluetooth stethoscope, handheld exam camera, and ultrasound probe. Carts house the technology to perform full medical exams, along with an array of specialized care procedures all while the physician and patient are on separate sides of the state. Carts are quickly being deployed to county health departments to ease the burden of transportation and other access barriers for patients.

### How our program can help your community or practice:

- By implementing telemedicine technology into your practice, you have the opportunity to reach patients across the state that previously would have no access to your care.
- Telemedicine provides patients with access to specialists two to three hours away.
- The technology is available at county health departments and is simple to use.
- A partnership with us means access to a broad IT network along with guidance from experienced telemedicine and healthcare professionals.
- We provide maintenance of all telehealth equipment and technical support.

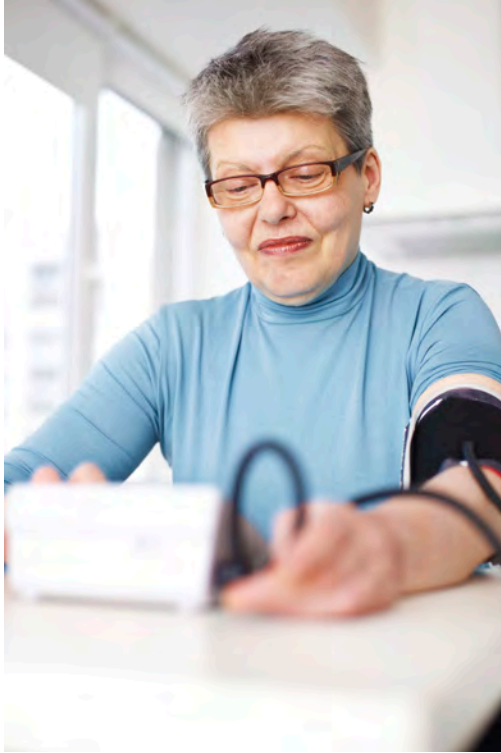
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### BIO-Monitoring

The BIO-Monitoring program offers patient's support for self management of chronic disease. This non-emergent, in-home monitoring program is available to Patient 1st patients who have one or more of these diagnoses: congestive heart failure, diabetes, or hypertension.

In partnership with the University of South Alabama Center for Strategic Health Innovation (USA CSHI), ADPH nurses make assessment home visits to deliver monitoring equipment, to teach patients to check for critical values of weight, blood sugar, blood pressure, and instruct the patient how to report these values, via telephone, through USA CSHI's Realtime Medical Electronic Data Exchange System (RMEDE™). The RMEDE™ system will notify the nurse of any value outside the parameters set by the primary medical provider (PMP). The PMP is notified and ADPH nurse provides on-going support and education to the patient. Monthly data is reviewed by ADPH nurse and shared with PMP. The patients are contacted at least monthly to provide on-going teaching and support. ADPH nurse also performs an annual assessment in the home prior to renewal of the provider's orders.

### How our program can potentially help your community or practice:

- Increases patient's compliance to the provider's plan of care.
- Empowers patients to participate in daily monitoring of vital parameters related to the chronic disease.
- Education and support for patient to improve self management.
- Increases patient satisfaction.
- Improved patient outcomes.

### Potential measurable impacts:

- Reduced number of hospital emergency room visits.
- Reduced length of stay in acute care.
- Reduced need for provider visits.
- Reduced cost for chronic disease care.

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# TRAINING RESOURCES

## BREASTFEEDING:

### Multiple Topics Available

Target Audience:

### Providers and RCO Clinic Staff

\*CEU Opportunities Available

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## CARDIOVASCULAR:

### Health Systems Approach to Managing Hypertension Control

Target Audience: **Quality Improvement Staff and Clinic Managers**

CME Opportunities Available

Contact: Debra Hodges, PhD  
Director of Evaluation for Chronic Disease  
(334) 206-5314  
debra.hodges@adph.state.al.us

## DIABETES:

### Health Systems Approach to Managing Diabetes

Target Audience: **Quality Improvement Staff and Clinic Managers**

CME Opportunities Available

Contact: Brandi Pouncey, M.S.  
(334) 206-5893  
brandi.pouncey@adph.state.al.us

## NUTRITION AND PHYSICAL ACTIVITY:

### Multiple topics available on Obesity Prevention, Healthy Lifestyles for Families, and Staff Wellness.

Target Audience: **Participants and Staff**

\*CEU Opportunities Available

Contact: Molly Killman M.S., R.D., L.D.  
(334) 206-5646  
molly.killman@adph.state.al.us

## SOCIAL WORK:

### Multiple Topics Available

\*CEU Opportunities Available

Contact: Renae Carpenter, L.C.S.W., P.I.P.  
(334) 206-3383  
renae.carpenter@adph.state.al.us

## ADPH TRAINING CENTER:

The Video Communications and Distance Learning Division provides training and public information to health professionals across the nation. The Alabama Public Health Training Networks (ALPHTN) was formally established in 1992 in collaboration with the Centers for Disease Control and Prevention and is a nationally recognized provider of public health training and education programs. Committed to maintaining a standard of excellence by incorporating the latest video, satellite, webcast and conferencing technologies, thus making it one of the premier distance learning facilities in the country.

## ALPHTN INCLUDES:

- A customized electronic registration system that enables individual viewers to maintain an official transcript of completed courses and to conveniently pursue educational credits.
- Two-way video and two-way audio distance learning conference system.
- Production capabilities including video educational programs and television and radio public service announcements.

Contact:  
Michael Smith, M.Ed.  
(334) 206-5631  
michael.smith@adph.state.al.us

### \*CEUs Available for Nursing, Social Work, and Nutrition.



# COMMUNITY NEEDS ASSESSMENT AND DATA RESOURCES

## ALABAMA COMMUNITY HEALTH ASSESSMENT:

The Alabama Department of Public Health conducted a statewide survey of individuals and organizations to identify their leading healthcare concerns. A list of 58 healthcare concerns were presented and participants were asked to rank their top 10 healthcare concerns. Six thousand individual surveys and over 500 Alabama organizational surveys were analyzed. Each of the 11 Public Health Areas (PHAs) also conducted their own public forums, surveys, etc., to identify their ten leading health concerns. Data covering the following health concerns are included in this report:

*Access to Care, Mental Health and Substance Abuse, Poor Pregnancy Outcomes, Nutrition and Physical Activity, Cardiovascular Disease, Sexually Transmitted Infections, Cancer, Child Abuse and Neglect, Diabetes, Geriatrics, Injury and Violence Prevention, Oral Health, and Cigarette Smoking.*

[http://www.adph.org/accreditation/assets/CHA2015\\_Final\\_RevAugust\\_R.pdf](http://www.adph.org/accreditation/assets/CHA2015_Final_RevAugust_R.pdf)

## COUNTY HEALTH INDICATOR REPORTS:

Visit [www.adph.org/ruralhealth](http://www.adph.org/ruralhealth) and click on reports and publications.

Information on county level data is available on this website. Each report includes information on 90 different rural health status indicators, comparing the county to Alabama and the nation.

## PROGRAM SPECIFIC DATA SOURCES:

- **Breast and Cervical Cancer**  
Kumari Seetala, M.S.  
(334) 206-7034  
kumara.seetala@adph.state.al.us
- **Cardiovascular**  
Debra Hodges, Ph.D.  
(334) 206-5314  
debra.hodges@adph.state.al.us
- **Diabetes**  
Hetty Owusu, M.P.H.  
(334) 206-3028  
hetty.owasu@adph.state.al.us
- **Maternal and Child Health**  
Tammy Yeldell, M.P.H.  
(334) 206-5553  
tammy.yeldell@adph.state.al.us
- **Nutrition and Physical Activity**  
Molly Killman, M.S., R.D., L.D.  
(334) 206-5646  
molly.killman@adph.state.al.us
- **Tobacco**  
Julie Nightengale, M.P.H.  
(334) 206-6432  
julie.nightengale@adph.state.al.us
- **WIC Nutrition Program**  
Amanda Martin, M.S.P.H.  
(334) 206-5673  
amanda.martin@adph.state.al.us

## QUESTIONS ON OTHER DATA SOURCES:

Carolyn Bern M.P.A.,  
Director, Office of Community Affairs  
(334) 206-5436  
carolyn.bern@adph.state.al.us





# 2016

THE ALABAMA DEPARTMENT  
OF PUBLIC HEALTH  
COMMUNITY AND POPULATION  
HEALTH RESOURCE GUIDE

