



Alabama Department of Public Health

Annual Report 2015

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A Letter from the State Health Officer

The Honorable Robert Bentley
Governor of Alabama
State Capitol
Montgomery, Alabama 36130

Dear Governor Bentley:

It is my privilege to present the Alabama Department of Public Health's Annual Report for 2015. Public Health has a diverse portfolio of programs and activities, each designed to protect and improve the health of Alabama's citizens. During the past year, Department staff continued working to provide access to valuable health programs and services, educating citizens on healthier living, and assisting Alabamians in avoiding preventable diseases and harm. I am pleased to share some of the highlights of our accomplishments in this regard.

The importance of public health in preventing communicable diseases statewide cannot be overemphasized. The Marion, Perry County tuberculosis (TB) outbreak that began in 2014 and continued throughout 2015 resulted in 27 cases of active TB disease and 3 deaths. The case rate in that county was more than 100 times the state rate. It is important to note that in 2015, statewide there were 119 cases of TB reported in 35 counties. We take every case of TB very seriously in order to prevent large outbreaks like we experienced in Perry County.

Alabama's infant mortality rate has remained stable for the past few years, with rates of 8.7, 8.6, and 8.9 in 2014, 2013, and 2012 respectively. In order to improve the morbidity and mortality of Alabama's infants, strategies must be enhanced to address modifiable risk factors that contribute to poor birth outcomes. For reasons not fully understood, perennial disparities in infant mortality between black and white infants continue. The 2014 infant mortality rate for black infants was more than twice that of white infants - 13.9 per 1,000 for blacks and 6.0 for whites. The disparity exists for both Alabama and the United States. The Department's perinatal programs work with local, state, and national groups to identify and implement strategies to reduce infant mortality and decrease this disparity, such as promoting adequate prenatal care, reducing tobacco usage during pregnancy, decreasing early elective deliveries, and encouraging safe sleep for infants.

Alabama's uninsured rate for children continues to decline. Of our nearly 1.1 million children, approximately 41,000 (3.8 percent) are uninsured. This rate is well below the national average of 6 percent and is the twelfth best in the country. As of September 2015, there was a record enrollment of 101,803 to include 62,457 ALL Kids enrollees and 39,346 Medicaid enrollees funded by ALL Kids.

The Department's new telemedicine initiative provides access to care for citizens in rural Alabama where there are widespread shortages of health care providers. County health department staff can support a broad array of telemedicine services such as HIV/AIDS care, mental health counseling, and maternity services. The Department's goal is to have telemedicine clinics available at all county sites as an efficient and cost effective means to complement and expand provider capacity to meet health care needs. This is especially important for those who are low-income and living in medically underserved areas of our state.

Alabama must be prepared to deal with threats, both anticipated and unanticipated. The Department's Center for Emergency Preparedness is responsible for coordinating disaster preparedness and serves as the coordinating entity for health and medical issues for the state during emergency responses. Through this program, the Department routinely trains and equips departmental staff and health care partners with the necessary skills and tools to respond effectively to diverse events.

Through the Alabama Trauma System, our state is the only one with the capability to constantly monitor the status of every trauma hospital and route a trauma patient to the right hospital every time. The system is now operational in all six emergency medical service regions, and continues to positively impact the citizens of Alabama by facilitating timely and appropriate routing. Prior to the inception of the trauma system in 2008, the average hospital length of stay was 5.72 days compared to the current length of stay of 5.15 days. In addition, the Stroke System has been active in the Southeast region of the state for three years and is improving the chances of survival regardless of a citizen's proximity to an urban stroke center. As of the end of 2015, 4,988 stroke patients have been treated in the system, helping to reduce the burden of stroke morbidity and mortality in the state.

Alabama is one of many states dealing with obesity among its citizens. The Department provides programs that encourage healthy lifestyle changes that lead to weight loss. In 2015, Scale Back Alabama, a statewide weight-loss program based on partnerships with the private sector, entered its tenth year and engaged more than 28,000 people. The total weight loss since the program's inception is more than one million pounds.

The year 2015 was one of facing fiscal realities and determining what public health services are essential to the wellbeing of both the people and the economy of this state. The Department remains committed to finding the most cost-effective ways to deliver preventive public health education and services. New technologies for communication and innovative business models for healthcare service delivery provide an exciting opportunity to improve efficiency and reduce costs. In addition, educating citizens on how to take responsibility for prevention of disease and injury is a major means of reducing personal and business related health costs in our state.

In closing, we look forward to working with you and other stakeholders as we strive to improve and protect the health of our citizens.

Sincerely,



Thomas M. Miller, M.D.
State Health Officer



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Value Statement

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

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

Authority

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

More than 140 years ago, medical leaders in Alabama advocated constitutional authority to oversee matters of public health. The purpose of the authority was to preserve and prolong life; to plan an educational program for all people on rules which govern a healthful existence; and to determine a way for enforcing health laws for the welfare of all people.

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Bureau of Children's Health Insurance

The Bureau of Children's Health Insurance administers the Children's Health Insurance Program (CHIP). CHIP provides comprehensive health coverage to eligible children through a separate program known as ALL Kids. Effective January 2014, provisions of the Affordable Care Act also mandated that CHIP fund Medicaid coverage for Medicaid-eligible children age 6-19, so long as they have no other health insurance coverage. CHIP is administered according to federal requirements and is funded jointly by the state and the federal government.

The ALL Kids program contracts with Blue Cross and Blue Shield of Alabama (BCBSAL) to administer benefits. ALL Kids has worked in collaboration with BCBSAL and the Alabama Department of Mental Health to implement telemedicine services at qualifying community mental health centers throughout the state. This project was initiated in April 2015 and allows patients to obtain telepsychiatry services in lieu of face-to-face visits when appropriate.

Throughout the fiscal year, CHIP enrollment grew steadily. In September 2015, there was a record combined enrollment of 101,803 to include 62,457 ALL Kids enrollees and 39,346 Medicaid enrollees who are funded by ALL Kids.

The uninsured rate for children in Alabama continues to decline. Of the nearly 1.1 million children in Alabama, approximately 41,000 (3.8 percent) are uninsured. This rate is well below the national average of 6 percent. The coverage rate for children in Alabama is the twelfth best in the country.

Figure 1. Enrollment - End of Fiscal Year 2015

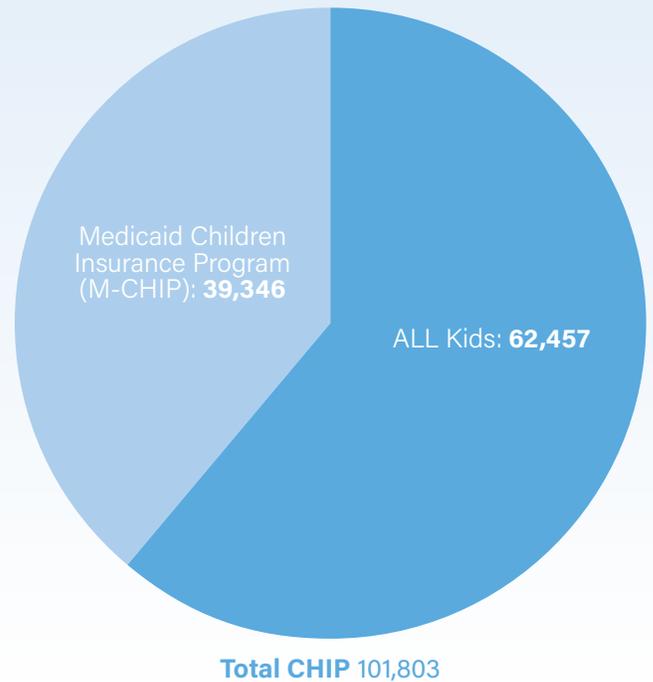
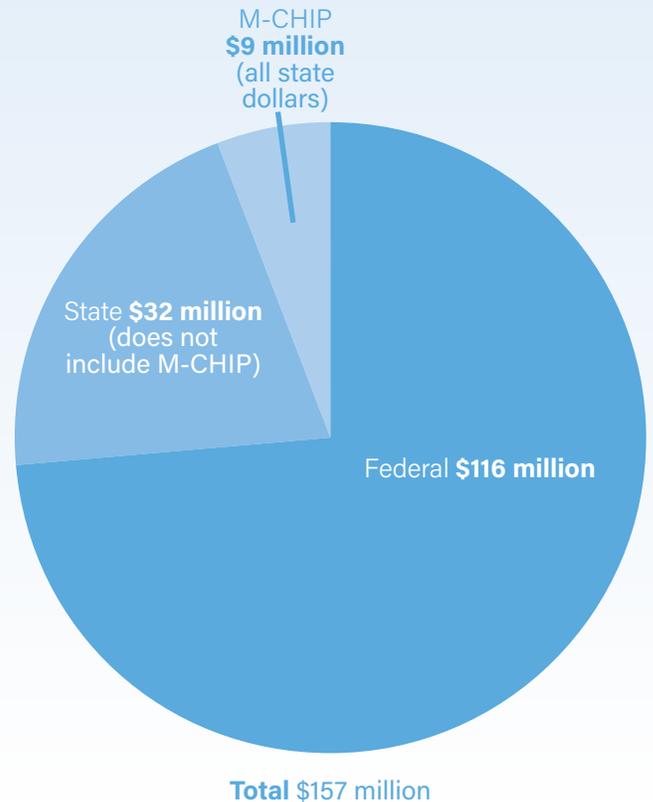


Figure 2. Expenditures for Fiscal Year 2015



Bureau of Clinical Laboratories

The mission of the Bureau of Clinical Laboratories (BCL) is to improve and protect Alabama residents' health through laboratory science. The BCL consists of the Clinical Chemistry, Newborn Screening, Microbiology, Quality Management, Sanitary Bacteriology/Media, STD/Serology, Administrative Support Services, and the Mobile Laboratory Divisions.

Laboratory Quality

Laboratorians work diligently to ensure that the best science supports public health. This includes identifying and matching a disease organism to a source, determining an allele as a metabolic error, or monitoring for the presence of harmful algae in the gulf.

The BCL is funded through Medicaid receipts and federal grants and credentialed through various programs at the Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration (FDA), the Environmental Protection Agency (EPA), and Clinical Laboratory Improvement Amendments (CLIA) to ensure quality test results. A major accomplishment during the past year was the award of a five-year, \$1.5 million FDA grant to enable the laboratory to become International Organization for Standardization (ISO 17025) accredited. This comprehensive standard demonstrates that a laboratory values quality and has taken the necessary steps to ensure that calibration or testing results are accurate and reliable. In addition, the Mobile and Montgomery laboratories were audited for CLIA compliance in 2015 and both retained certification.

Distribution of Clinical Specimens and Environmental Specimens Received

The BCL offers laboratory testing services through an array of technical specialties and consists of a main laboratory in Montgomery and a specialty testing laboratory in Mobile. A total of 1,879,702 laboratory tests were performed this past year for the 782,140 specimens received. The distributions of specimens are depicted in the accompanying figures. The number of specimens received and tests performed decreased by 9 percent and 2 percent, respectively during the past year.

Laboratory Information Management System

The BCL Chemware Horizon Laboratory Information Management System (LIMS) continues to evolve as new instruments are interfaced. The number of results reported electronically to partners, including departmental programs, the CDC, and the Alabama Department of Environmental Management (ADEM) continues to increase. Rabies testing results sent to program managers and environmentalists, which include creating alerts for cases which might require immediate action, have also become automated to improve reporting time.

The laboratory continues to prepare for the implementation of a revenue cycle management system while trying to encourage testing providers to provide all necessary diagnosis codes, national provider identifiers, and insurance information required for the billing of laboratory services. The BCL Natus Neometrics LIMS will be adapted for manual entry of the same type of information. The ChemWare Horizon LIMS allows the laboratory to receive, request, and send test reports electronically from county health departments and private submitters reducing the number

Figure 3. Distribution of Clinical Specimens, Fiscal Year 2015

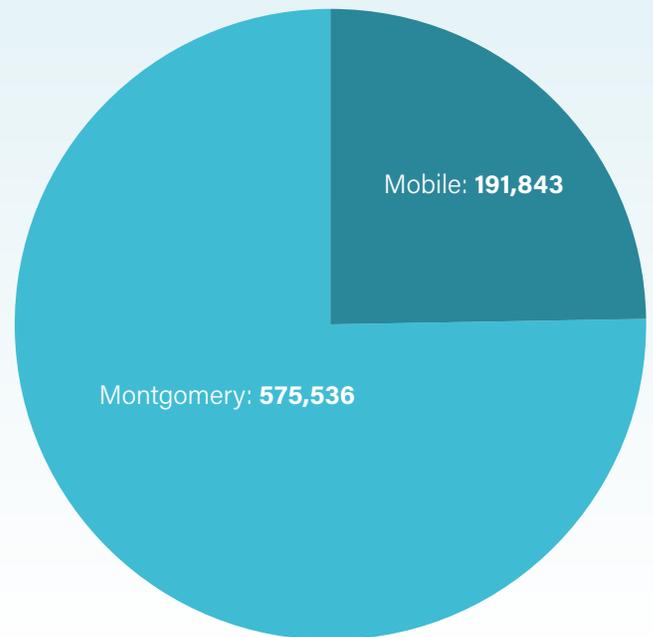
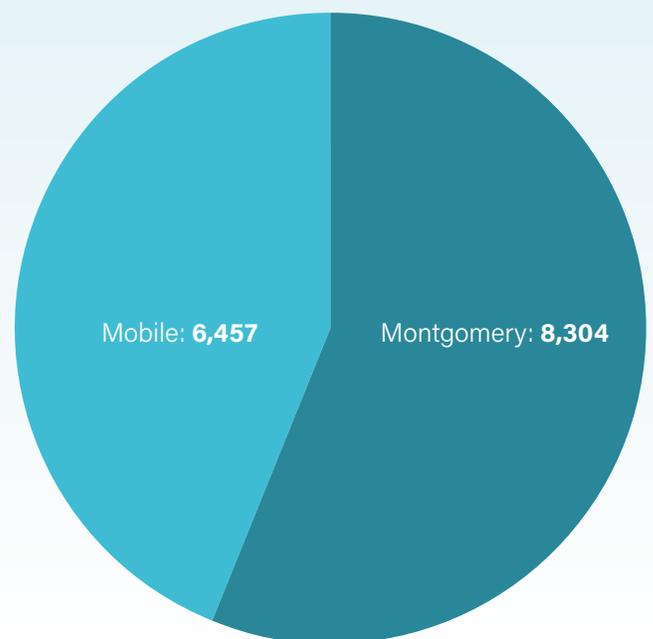


Figure 4. Distribution of Environmental Specimens, Fiscal Year 2015



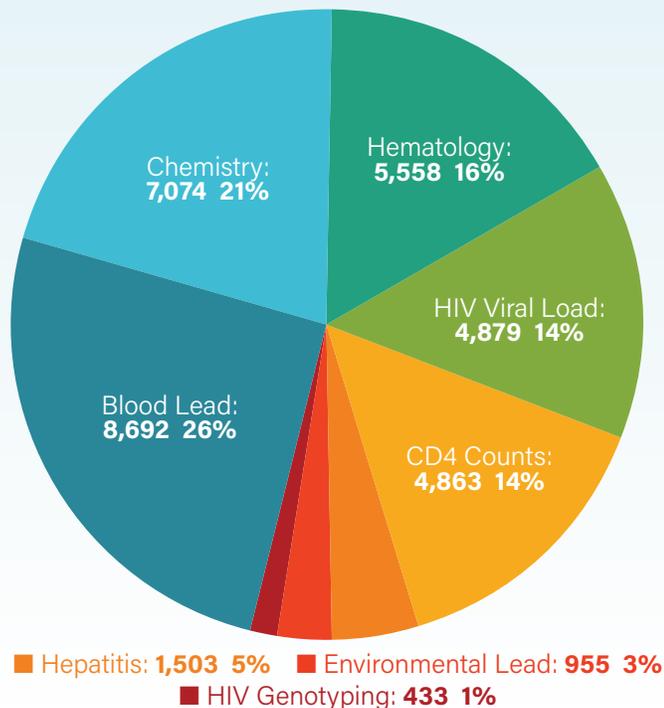
of specimens that are manually keyed in, allowing near real-time reporting, reducing data-entry errors, decreasing turn-around time, and reducing lost report incidents. The Natus Neometrics LIMS does not receive electronic requests for testing, but does contain reporting tools that integrate newborn screening results to help facilitate billing, rapid follow-up, and intervention.

Bureau of Clinical Laboratories

Clinical Chemistry Specimens Processed and Analyzed

The Clinical Services Branch performs routine chemistry profiles, hepatitis B screenings, complete blood counts, CD4/8 T-lymphocyte subset enumeration, and quantitative polymerase chain reaction (PCR) for HIV viral loads and HIV genotype testing. Specimens are submitted from county health departments, federally qualified health centers, and community-based HIV treatment programs to support the clinical management of their patients. Lead testing is also conducted in this division in support of the department's childhood lead program. The division processed and analyzed 33,957 specimens during fiscal year 2015.

Figure 5. Clinical Chemistry Specimens Processed and Analyzed, Fiscal Year 2015



Infectious Disease Testing – Microbiology

Outbreaks: Testing in this laboratory supported one *Legionella* outbreak and nine foodborne outbreaks. This division identified *Staphylococcus* toxin in four environmental samples. These isolates matched PFGE patterns from six patient specimens involved in a foodborne illness outbreak at two locally owned day care centers. One outbreak was identified by PFGE patterns of *Salmonella enteritidis* from isolates sent from health care providers that were associated with a restaurant where all individuals ate. In addition, the laboratory tested 78 ice cream samples from August to December, and all samples were negative for *Listeria*. The laboratory also worked a *Cryptosporidium* outbreak where *Cryptosporidium* was identified in five patient specimens.

As participants of PulseNet, the Emerging Infectious Disease (EID) section used PFGE analysis to initiate an Alabama cluster investigation for *Shigella flexneri* in Jefferson and Mobile counties. Sample analyses

contributing to over 100 national outbreaks were posted to PulseNet. PFGE was also used to assist with other local outbreaks including *Staphylococcus aureus* that sickened more than 80 children at a day care. Staff earned PulseNet certifications for *Listeria*, *Shigella flexneri*, *Salmonella*, and *Vibrio cholera*.

Figure 6. PulseNet, Fiscal Year 2015

<i>Salmonella</i>	951
<i>Shigella</i>	482
<i>Campylobacter</i>	25
<i>Shigella flexneri</i>	15
<i>E. coli non-O157:H7</i>	9
<i>Listeria</i>	3
<i>Vibrio cholerae</i>	3
<i>Vibrio parahaemolyticus</i>	1

Of the 146 norovirus specimens tested, 22 outbreaks were identified and reported, 12 of which were identified by sequencing and submissions to CaliciNet. EID worked with the Infectious Diseases and Outbreaks Division of the Bureau of Communicable Disease to coordinate with CDC to test 52 clinical specimens involved in a *Chlamydia psittaci* outbreak at the Birmingham Zoo. EID also confirmed 8 malaria cases, serotyped 68 *Haemophilus influenza*, and serogrouped 5 *Neisseria meningitidis*. More than 500 specimens were sequenced for bacterial identification, 426 specimens tested for *Influenza* virus, and 17 tested for *Bordetella* species. Three specimens were tested for dengue fever and one motel for West Nile virus. EID testing has been expanded to include respiratory and gastrointestinal panels that will decrease the

Figure 7. Emerging Infectious Diseases, Fiscal Year 2015

<i>C. botulinum</i>	8
Total Bioterrorism	32
West Nile Virus	1
16S Sequencing	524
CaliciNet	27
Influenza	426
Norovirus	146
Dengue Fever	3
<i>Bordetella</i>	17
<i>H. influenzae</i>	68
<i>N. meningitidis</i>	8
Malaria	8
Ebola	1
MERS-CoV	10

Bureau of Clinical Laboratories

turn-around time for identifying diseases associated with outbreaks. The ability to detect chikungunya virus was also added.

Preparedness: The biological and chemical terrorism (BT and CT) laboratories improved their capabilities by becoming certified Food Emergency Response Network (FERN) laboratories. The BT laboratory participated in one biological specific functional exercise in collaboration with Alabama's National Guard 46th Civil Support Team. The BT laboratory also responded to a suspect Ebola case and a potential Middle Eastern Respiratory Syndrome-Coronavirus (MERS-CoV) patient. The section received 26 clinical specimens and eight environmental samples to rule out agents of bioterrorism. Of these, five were suspicious for botulinum toxin, and one was positive for botulinum toxin B. One *Brucella suis* and one *Brucella melitensis* was also identified.

Tuberculosis (TB) and Fungal Infections: The Mycobacteriology Section received 11,022 specimens for isolation and identification of *M. tuberculosis* complex and other *Mycobacteria* species. Technology has increased the rapidity for determining TB cases. In fiscal year 2015, the BCL received a smear positive specimen from a factory, and it was determined that same day by PCR to be *M. tuberculosis* complex. Since results are received so quickly, the chance of outbreak is greatly decreased, and the Division of TB Control is able to immediately respond and begin appropriate treatment for patients.

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

Specimens in the Mycology Section continue to increase because many private providers no longer offer this service. Mycology is beginning to utilize new techniques to have a more rapid turn-around time for the specimens received. This will lead to improved patient care for the citizens of Alabama.

HIV and STD Testing: The total number of specimens tested in fiscal year 2015 decreased by 24 percent. The incidence rates for chlamydia, gonorrhea, trichomonas, HIV, and syphilis remained unchanged for women and men attending adult health and STD clinics. The STD Testing Division received 180,397 specimens and performed 324,972 tests in 2015. The HIV/AIDS Prevention and Care Division adopted the CDC approved algorithm. The HIV-1 Western Blot was replaced with the HIV-1/HIV-2 Multispot Rapid test for the confirmation and differentiation for the HIV screening test.

Mobile Division Laboratory

Shellfish/BEACH/ Harmful Marine Phytoplankton Branch: The BCL Mobile Division was evaluated by FDA and found in compliance with approved National Shellfish Sanitation Program's (NSSP) analytical

methods and practices. This laboratory continued the harmful algae testing of the required shellfish growing areas and along the Alabama Gulf of Mexico sites. They examined 356 samples with positivity rate of 0 percent using the metrics of >5000 cells per liter of *Karenia brevis* or shellfish growing area closures due to harmful algal bloom. This division provided assistance to ADEM and the Alabama Department of Conservation and Natural Resources (ADCNR) in their investigations of reported discolored water and fish kills. During last year's red tide where shellfish harvesting areas were closed as a precautionary measure, eight samples were examined; however, the positivity rate was 0 percent using the metrics of >5000 cells per liter of *Karenia brevis* or shellfish growing area closures due to harmful algal blooms. Investigations include a phytoplankton component to determine if a biotoxin event has occurred. Large populations of nontoxic phytoplankton can discolor water and reduce dissolved oxygen causing distressed fish or fish kills.

Mobile Division Clinical Branch: The Mobile CT-GC-TV section tested about 148,665 specimens from county health departments and private providers. The Urine Culture and Sensitivity section analyzed 1,740 specimens for potential pathogens. Specimens came from county health departments and private providers. The Mobile Syphilis Serology section continued testing sera for syphilis in accordance with a CDC diagnosis and treatment algorithm.

Mobile Division Environmental Branch: The Drinking Water Section tested 4,761 samples for public systems, community systems, and private wells. The section also underwent an EPA certification audit and retained certified status. One analyst completed requirements to become a Microbiology Laboratory Certification Officer for Drinking Water Labs.

Environmental Testing

Sanitary Bacteriology/Media Division: The Sanitary Bacteriology/Media Division tests dairy products, public and private water, fluoride samples, and prepares media used by county health departments and for both locations of the BCL. Testing was done on 1,380 dairy samples to include raw producer and tank truck samples, as well as finished dairy products. Testing was performed on 1,106 fluoride samples. The laboratory tested 6,151 public and private water samples in support of the Safe Water Act under contract with ADEM. To ensure compliance with state and federal standards, 18 public water utility laboratories (EPA) were inspected as well as seven milk laboratories (USDA). Media and reagents were prepared in support of the newborn screening, microbiology, milk and water, mycology, TB, and emerging infectious disease programs.

Rabies: Rabies testing in Alabama yielded 1,560 specimens tested in the Montgomery lab, with 81 positives, and 279 tested in the Mobile Division with 8 positives. There was a significant increase from 2014 with 137 more specimens in fiscal year 2015 tested for rabies and 22 more positives. The positives were comprised of several domestic animals including a horse, a cat, and four dogs. Recently there has been a rise in positives in an area in the city of Montgomery. These include a flying squirrel, a raccoon, and an eastern red bat. These specimens have been sent to CDC for further characterization.

Bureau of Clinical Laboratories

Newborn Screening Testing Program

State law requires every newborn be tested for the presence of certain metabolic, endocrine, hematological, and other genetic disorders. Alabama has approximately 62,000 live births annually. An initial screening is performed at birth and a second screening is recommended at 2 to 6 weeks of age.

The Newborn Screening (NBS) laboratory performs tests that aid in the diagnosis of 30 primary disorders recommended by the March of Dimes and American College of Medical Genetics. In addition, screening is performed for 15 secondary disorders, bringing the total to 45 disorders. The laboratory screens approximately 150,000

specimens yearly, which translates to 6 million total tests. At present, additional disorders are being considered and piloted by the NBS lab.

Each year, the Alabama NBS Program identifies approximately 100 to 120 infants with a metabolic, endocrine, hematological, or other congenital disorder that may not be apparent at birth. All newborns identified with a disorder have access to a diagnostic evaluation through medical specialists throughout the state. These consultants work closely with the NBS laboratory, follow-up staff, and primary care provider in determining needs, such as additional testing, medication, and diet, and in developing a treatment plan when necessary.

Bureau of Communicable Disease

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

Infectious Diseases & Outbreaks Division

The Infectious Diseases and Outbreaks Division's (IDO) mission is to protect the residents of Alabama and prevent illness by monitoring and investigating infectious (e.g., Salmonella, influenza, and hepatitis), zoonotic (e.g., rabies, spotted fever rickettsiosis, and West Nile virus), and environmental (e.g., Legionnaires' disease, chemical, and toxin) diseases, conditions, and exposures.

Figure 8 illustrates a portion of the disease reports investigated in 2015 as compared to the number that qualify as cases according to the criteria established by the Council of State and Territorial Epidemiologists (CSTE) and the Centers for Disease Control and Prevention (CDC).

Outbreak Investigations

An outbreak is defined as two or more similarly ill persons who live in different households and have a common exposure. Notifiable Disease reporters must report "outbreaks of any kind" to IDO within 24 hours. During 2015, 224 outbreaks were investigated. Several investigations are highlighted below.

Foodborne Outbreak at a Day Care: On June 23, 2015, IDO received calls from a concerned parent and an infection preventionist at a

Montgomery County hospital reporting vomiting and diarrhea in at least 18 children attending two day care centers in Montgomery County; a few also reported extreme tiredness. The hospital isolated bacteria, *Staphylococcus aureus*, from six clinical specimens and the Bureau of Clinical Laboratories (BCL) found *S. aureus* enterotoxin positive in four of the food samples. BCL reported that all ten specimens were 100 percent matches by pulsed-field gel electrophoresis (PFGE), a highly discriminative molecular typing technique. Based on the investigation, the food was likely cross contaminated during preparation and storage that allowed for bacterial growth and toxin production. The number of exposed children remains uncertain, but 86 children sought medical attention, 30 of whom were hospitalized at three hospitals, supporting the conclusion that the illness was likely caused by ingestion of a contaminated food.

Cryptosporidium Outbreak in Collaboration with Florida: On August 3, 2015, the department received a report from the Florida Department of Health (FDH) of 17 ill Alabama residents who attended a basketball tournament in Pensacola, Florida, July 17-18. All individuals stayed at the same hotel and most of the ill used the hotel's indoor swimming pool. Cryptosporidium was found to be responsible for illness in at least two people. FDH inspected the hotel's pool and pool water filter, but no violations or organisms were identified. FDH gave water treatment recommendations to the hotel as provided by CDC and the hotel completed water treatment procedures on August 11. FDH took over the investigation August 10.

Psittacosis Outbreak in a Zoo Aviary: In August 2015, central office staff worked with the Jefferson County Department of Health, medical

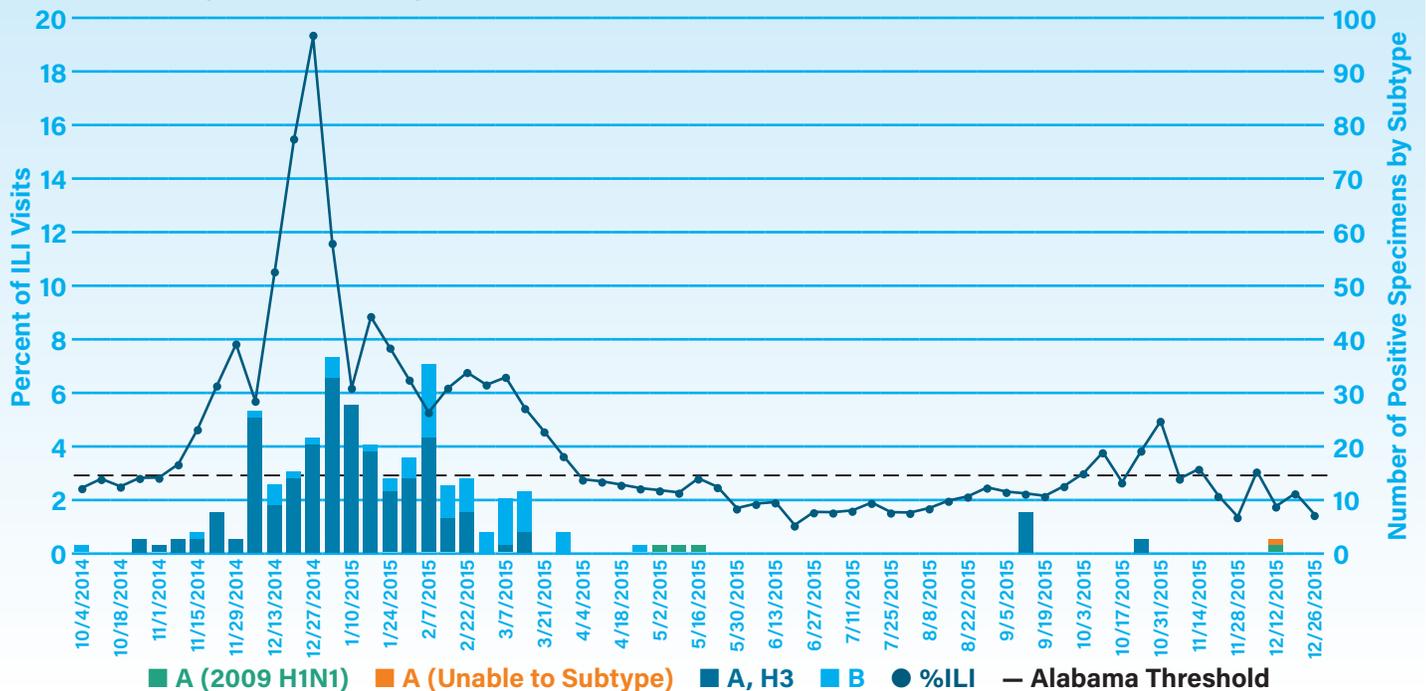
Figure 8. Select Alabama Notifiable Disease Investigation and Case Counts, 2015

Diseases (Counts are preliminary as of 12/31/2015)	Cases	Investigations
Campylobacteriosis	534	540
Cryptosporidiosis	252	254
<i>E. coli</i> , shiga toxin-producing	37	113
Giardiasis	182	198
<i>Haemophilus influenzae</i> , invasive	75	80
Hepatitis A	23	129
Hepatitis B, acute	101	268
Hepatitis C, acute	68	201
Legionellosis	93	122
Lyme disease	28	493
Salmonellosis	1,066	1,229
Shigellosis	618	749
Spotted Fever Rickettsiosis	280	1,014
<i>Streptococcus pneumoniae</i> , invasive	274	281
Vibriosis (non-cholera)	17	19
Totals	3,648	5,690

Note: Tuberculosis, Immunization, Sexually Transmitted Diseases, or HIV/AIDS Prevention and Care Division's diseases are not included.

Bureau of Communicable Disease

Figure 9. Positive Influenza Specimens Received at the BCL and Percentage of Visits with Influenza-like Illness (ILI) Reported by Week Ending Date, AL, October 4, 2014 - December 26, 2015



providers in Alabama and surrounding states, and the Birmingham Zoo in response to a large-scale psittacosis outbreak identified at the zoo's aviary. Approximately 70 birds tested positive for psittacosis following clinical presentation of a respiratory infection. The department identified and tested 15 individuals that were symptomatic following exposure to the birds. In addition, all of the aviary workers were tested. None of the symptomatic persons or asymptomatic workers tested positive for psittacosis. The department released a health alert using the CDC EpiX system, and issued a news release to identify potential visitors to the aviary during the outbreak.

Ebola Virus Disease (EVD) Response

In 2015, the department continued to monitor 172 individuals returning from Liberia, Guinea, or Sierra Leone for EVD. All of the returning travelers from these areas, called "persons being monitored (PBM)", successfully completed the 21-day period of monitoring. IDO coordinated testing and health care for any PBM who developed symptoms and no PBM tested positive for EVD.

Influenza Activity

During the 2014-2015 influenza season (September 28, 2014 to May 23, 2015) 57.2 percent of 432 specimens received at the BCL tested positive for influenza. Of the 92 specimens received October to December 2015, 14.2 percent were positive for influenza.

Each week, on average, 22 medical providers reported to CDC the percentage of patient visits attributable to influenza-like illness (ILI). This information, illustrated in Figure 9, in addition to positive specimens received, was essential to Alabama maintaining situational awareness for influenza.

Arboviral (Mosquito-borne) Surveillance

In 2015, the department investigated 34 reports of suspected human arboviral illness, and 14 confirmed or probable positive cases were identified in Alabama. The majority were West Nile encephalitis (5) and West Nile fever (5) cases. Additionally, no Eastern equine encephalitis (EEE), St. Louis encephalitis (SLE), or Japanese encephalitis fever were noted.

Limited surveillance programs such as mosquito testing and the use of sentinel chickens currently exist in Alabama. Mobile County reported three West Nile virus (WNV) positive sentinel chickens. Although horses are not considered to be the most effective sentinels, IDO

Figure 10. Counts of Human Arboviral Cases in Alabama (January 2015-December 2015)

Arboviral Disease	Investigations	Confirmed or Probable Cases
Chikungunya Virus	2	1
Dengue Fever	13	3
Eastern Equine Encephalitis	0	0
Japanese Encephalitis	0	0
St. Louis Encephalitis	0	0
West Nile Encephalitis	7	5
West Nile Fever	12	5

Bureau of Communicable Disease

The 2014 Annual Healthcare Associated Infections Report released in late 2015 highlights Alabama's fourth year that infection measure data has been reported. Overall, Alabama's hospitals performed better than the national average for surgical site infections (colon surgeries and abdominal hysterectomies), catheter-associated urinary tract infections (CAUTIs), and central-line associated blood stream infections (CLABSIs).

HIV/AIDS Prevention and Care Division

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

At the end of 2014, 12,761 persons were known to be living with HIV infection in Alabama. An estimated 1 in 6 people living with HIV in Alabama are unaware of their infection and, thus, are not receiving regular medical care to manage the disease. Taking the prevalence estimate into consideration, an additional 2,243 Alabama residents may be infected and unaware of their positive HIV status.

In response to the growth in cases, the division continues to create collaborations with providers and people living with HIV. Improving access to medical care is an ongoing priority. The HIV Prevention and Care Planning Group (HPCG) meets quarterly to discuss the quality of HIV prevention events and treatment services in Alabama. The HPCG members represent communities from across the state. These valued members create, replicate, and implement strategies engaging their communities to decrease infection rates and increase access to care.

Highlights from 2015 include the launch of the *Start Talking Alabama* campaign targeting young men of color. The goal of the campaign was to increase HIV screening tests, provide prevention information and linkage and support services for those who may be infected. According to 2014 surveillance data, African Americans continue to be disproportionately affected by HIV in Alabama. Although African Americans comprise only 27 percent of the population, 70.6 percent of newly diagnosed HIV infections occurred in African Americans during 2014. African American males were 6.8 times as likely to be diagnosed with HIV as white males while the rate of HIV in African American females was 11.4 times that of white females. The HIV/AIDS Division, in collaboration with AIDS Alabama, Birmingham AIDS Outreach, and Aletheia House, were successful in securing grant funding for four years through the CDC to provide prevention and treatment services to young, African American, gay men in the city of Birmingham.

Currently, the HIV/AIDS Division is providing medications for 1,036 individuals through the AIDS Drug Assistance Program, and 1,006 people on the Insurance Assistance Program. The division also partners with the State Health Department and Medical AIDS Outreach to expand telemedicine services to five county health departments. Telemedicine expansion has improved access to medical services for clients that cannot afford expensive and extended travel to doctors and medical care several counties away. All of the listed initiatives support the goals of the National HIV/AIDS Strategy 2010. The division director accepted the 2015 Southern Shero award on December 8 in Atlanta along with five other women from southern states for leading

the effort in the HIV/AIDS fight. The award program was hosted by the Fulton County Health Department in conjunction with the National HIV Prevention and Care Conference sponsored by the CDC.

Immunization Division

The Immunization Division's (IMM) goal is to reduce vaccine-preventable diseases and increase immunization rates. IMM has five branches: Data Quality and Surveillance (DQS), Registry (ImmPRINT), Vaccines for Children (VFC) and Assessment, Feedback, Incentive, and Exchange (AFIX), and Administration.

The DQS Branch conducts the annual School Survey in conjunction with the Alabama Department of Education. This survey evaluates the immunization status of all children to ensure they have a current Certificate of Immunization (COI) or a valid exemption on file. In the 2014-2015 School Entry Survey, medical and religious exemptions combined were less than 1 percent for all students in public and private schools. The number of students with expired or no COI increased to 5 percent.

In addition, the DQS Branch oversees vaccine-preventable disease surveillance activities throughout the state. Immunization field staff investigate vaccine-preventable disease reports submitted by notifiable disease reporters and laboratories.

The Registry Branch enhanced the state's immunization registry, ImmPRINT, through the following:

- Launched Vaccine Forecaster, providing clinical decision enhancement to existing immunization history, evaluation, and forecasts. This enhancement allows ImmPRINT to provide more specific and accurate recommendations based on previous immunization history.
- Updated to become compatible with all Internet browsers.
- Functionalized to display the last ten patients viewed.
- Imported a VFC Inventory from McKesson, directly into site vaccine inventory.
- Enhanced to print multiple COIs at the same time.
- Added HL7 Reports function for site electronic medical record

Figure 13. Cases Classified As Vaccine-Preventable Disease Cases in Alabama

Disease	2010	2011	2012	2013	2014	2015
Measles	0	0	0	0	0	0
Mumps	4	2	0	0	0	1
Rubella	0	0	1*	0	0	0
Tetanus	0	1	0	0	0	1
Pertussis	94	68	117	98	204	170
Polio	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0
Varicella	114	96	46	42	36	174

*Congenital Rubella Syndrome

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transaction(s) allowing quality assurance monitoring.

- Provided a dedicated server for Production Pilot Testing, improving data quality prior to release into production.

The VFC Branch provides vaccine to the public using state and federally funded programs. VFC is a federal entitlement program that provides vaccine at no cost to children under 19 years of age who are uninsured, Medicaid-eligible, under-insured, American Indian, or Alaskan Native. As of December 2015, 544 enrolled public and private providers received approximately \$60 million worth of vaccines. Immunization field staff performed VFC site visits and AFIX audits for 25 percent of enrolled providers to promote proper vaccine storage and handling, accurate and safe administration of vaccine, and vaccine coverage improvement.

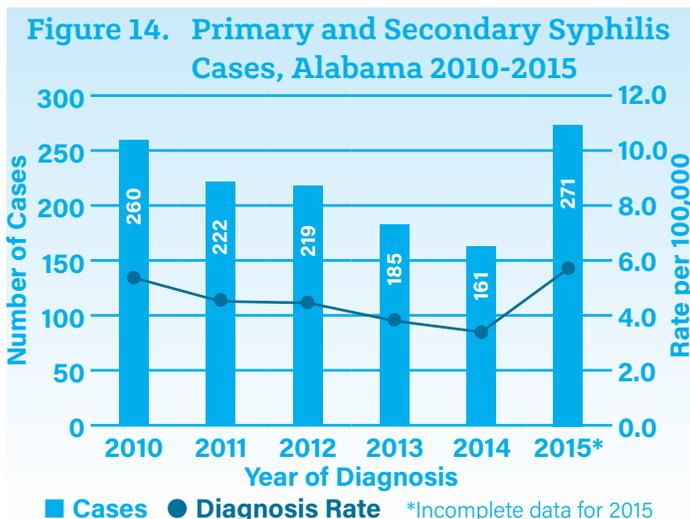
The Administration Branch manages multiple state and federal budgets with more than 50 staff members statewide. Administration coordinates vaccine billing for county health departments and manages contracts and grants. This branch produces and facilitates educational and promotional activities to increase awareness of immunization and disease through statewide marketing campaigns.

STD Division

Primary and Secondary Syphilis

Syphilis is one of the three most commonly reported STDs. It is caused by the bacterium *Treponema pallidum* and is transmitted through contact with an infected genital ulcer. These ulcers also facilitate the sexual transmission and contraction of HIV. The primary and secondary stages are the most infectious stages of syphilis. Penicillin G is the preferred drug for treating all stages of syphilis. The preparation, dosage, and length of treatment depend on the stage and clinical manifestation of the disease.

- For the first time in seven years, Alabama has experienced an increase in Primary and Secondary (P&S) syphilis cases. In 2015, the P&S syphilis case rate in Alabama increased from 3.3 cases per 100,000 population to 5.7 cases per 100,000 population. This represents a 68.3 percent increase in P&S cases from the previous year.
- The Sexually Transmitted Disease Surveillance Report for 2014 published by the Centers for Disease Control and Prevention (CDC)



ranked Alabama thirty-fourth in the nation for its P&S syphilis rate.

- In 2015*, there were 271 P&S syphilis cases diagnosed in Alabama, a 68.3 percent increase compared to 161 cases diagnosed in 2014.
- Approximately 75.3 percent of the 2015* P&S syphilis cases with reported race were black, reflecting the significant health disparity that exists in Alabama.
- In 2015*, 86.7 percent of P&S syphilis cases with reported sex were male.
- More than 81.1 percent of cases occurred in persons under the age of 35.
- The greatest number of new P&S syphilis cases (68) and the highest case rate (10.3 per 100,000 population) occurred in Public Health Area (PHA) 4 (Jefferson County).

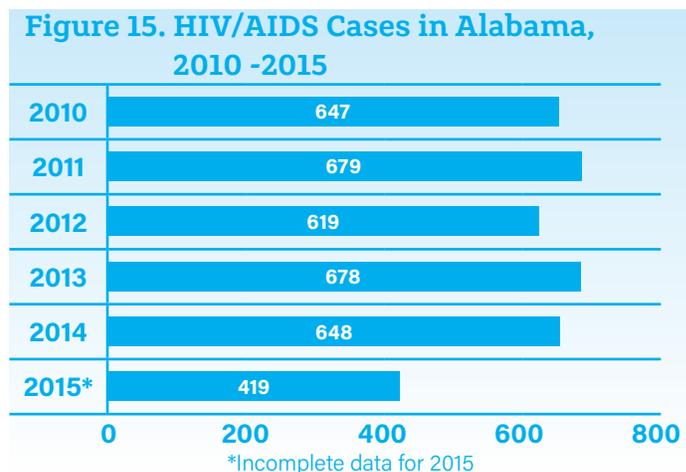
HIV/AIDS

The following indicators represent preliminary information on HIV/AIDS cases reported for 2015 (complete reporting will be finalized first quarter of 2016).

- A total of 419 newly diagnosed HIV/AIDS cases were reported among Alabama residents in 2015. This does not account for those unaware of their status.
- In 2015, blacks accounted for 72 percent of the newly diagnosed HIV/AIDS cases followed by white (20 percent), Multi-race (4 percent), and Hispanic (3 percent).
- Of the HIV/AIDS cases diagnosed in 2015, females accounted for 24 percent of all newly diagnosed cases.
- Blacks, specifically males ages 13-34, continue to be disproportionately affected by HIV/AIDS in Alabama; nearly 53 percent of newly diagnosed HIV/AIDS cases occurred in black males in 2015.
- Over 51 percent of the newly diagnosed HIV/AIDS cases identified men having sex with men (MSM) or bisexuality as the most common mode of exposure; heterosexual contact was the second most common mode of transmission at nearly 31 percent.
- At the end of 2015, approximately 11,597 Alabama residents were known to be living with HIV.

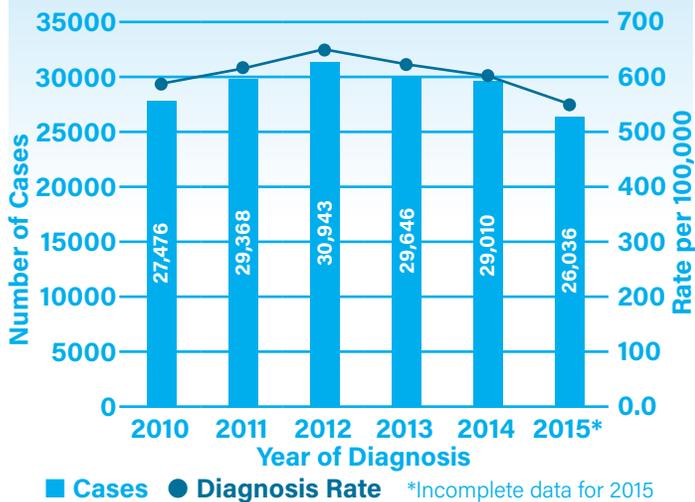
Chlamydia

Caused by the bacterium *Chlamydia trachomatis*, chlamydia is the most commonly reported STD in the United States. Though chlamydial infections are often asymptomatic, symptoms can range from urethritis or vaginitis to severe pelvic inflammatory disease (PID) in women.



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Figure 16. Chlamydia Cases in Alabama, 2010-2015



PID can cause infertility, ectopic pregnancy, and chronic pelvic pain. Pregnant women with chlamydia can pass the infection to their infants during delivery potentially causing health issues such as ophthalmia neonatorum or pneumonia. As with other inflammatory STDs, chlamydial infection can facilitate the transmission of HIV infection. CDC recommends annual screening for chlamydia of all sexually active women younger than 26 years old.

- In 2015*, the chlamydia case rate in Alabama was 544.7 per 100,000 population.
- The Sexually Transmitted Disease Surveillance Report for 2014 published by the CDC ranked Alabama's chlamydia case rate fourth in the nation.
- There were 26,036 cases of chlamydia diagnosed in Alabama in 2015. Although race/ethnicity is less than 70 percent complete, blacks represent the majority of new chlamydia diagnoses in 2015, (49.8 percent). This is a significant racial disparity, considering that blacks make up only 26.2 percent of Alabama's population.
- The majority of cases were in persons aged 15-24 years.
- PHA 4 (Jefferson County), PHA 8 (Montgomery County), PHA 3 (Madison County), and PHA 11 (Mobile County) had the greatest number of new chlamydia cases.

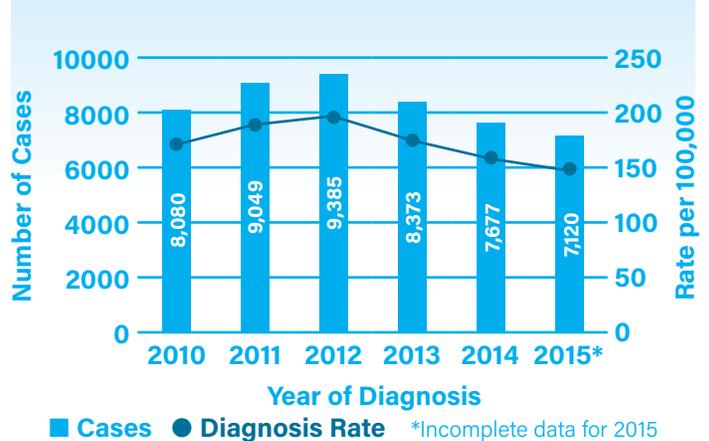
*Incomplete data for 2015

Gonorrhea

Gonorrhea is caused by the bacterium *Neisseria gonorrhoeae*. If left untreated, gonorrhea can affect fertility in males and females, increase the risk of HIV infection and transmission, and cause other serious health problems. Gonorrhea is a common cause of epididymitis in men and PID in women, and both of these conditions can lead to infertility. Pregnant women with a gonorrhea infection may infect their infants during delivery which can potentially cause blindness, joint infection, or a blood infection in babies.

- In 2015*, the gonorrhea case rate in Alabama was 149.0 per 100,000 population.
- The CDC Sexually Transmitted Disease Surveillance Report for 2014

Figure 17. Gonorrhea Cases in Alabama, 2010-2015



- ranked Alabama sixth in the nation in rate of gonorrhea infections.
- The 2015 female gonorrhea rate of 145.4 per 100,000 population compared to males at 150.6 per 100,000 population.
- Blacks represent the majority of new gonorrhea cases in 2015, (61.9 percent). This is a significant racial disparity, considering that blacks make up only 26.2 percent of Alabama's population.
- The majority of gonorrhea cases were in persons age 15-29.
- PHA 4 (Jefferson County), PHA 8 (Montgomery County), and PHA 2 (Madison County) had the greatest number of new gonorrhea diagnoses.

*Special Note: In 2015, three infants were presumptively diagnosed as congenital syphilis cases.

Tuberculosis (TB) Control Division

The ultimate goal of the TB Control Division is to eliminate tuberculosis in Alabama. Until that goal is reached, the division strives to reduce the annual burden of disease, limit transmission, and prevent future cases through the provision of diagnostic, treatment, and case management activities. The TB Control Division provides these services to all persons in Alabama, regardless of the ability to pay. This commitment to the citizens of Alabama has contributed to the historic decline in morbidity (Figure 18).

During 2015, division staff evaluated 232 persons suspected of having TB, eventually ruling out disease in 113 suspects and confirming active TB disease in 119 patients. Figure 19 represents a 10.5 percent decrease in confirmed cases from the previous year.

The 10-year trend in confirmed cases illustrated in Figure 19 reveals an accelerated decline in cases of TB, a 39 percent decline from 2006 to 2015 when compared to the previous 10-year period which was a decline of 49 percent from 1996 to 2005.

In addition to the identification, evaluation, and treatment of persons with active TB, the division seeks to prevent future cases through prompt identification and evaluation of contacts at risk for exposure, and to assure the initiation and completion of preventive therapy for those contacts found to be infected. Preliminary data for 2015 reveals

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that 3,553 contacts to persons with suspected or confirmed TB were identified, and that 3,124 (88 percent) of these persons were fully evaluated. Of this number, initial reports indicate that 102 persons were placed on treatment for TB infection by division staff, and 48 persons (47 percent) have been reported as completing preventive therapy.

The division continues to place great emphasis on the identification of persons at high risk for progression to active TB disease. Treating these persons preventively protects the community at large from further spread and is extremely cost-effective. A key aspect of this preventive effort can be found in the partnership between division staff and staff from the Alabama Department of Corrections. Department staff continue to educate inmates about the importance of preventive therapy.

Note: The division is implementing a pilot project for 2016 titled "Return to Therapy" for this vulnerable population utilizing a relatively new three-month preventive therapy course called 3HP. The goal of the project is to use incentives and enablers to focus on former inmates and others who did not complete preventive therapy or opt to participate in the continuity of care using a more traditional 4- or 6-month therapy. The aim is to be able to offer a once weekly combination dose for 12 weeks that will reverse this trend.

Figure 18. Tuberculosis in Alabama, 2006-2015

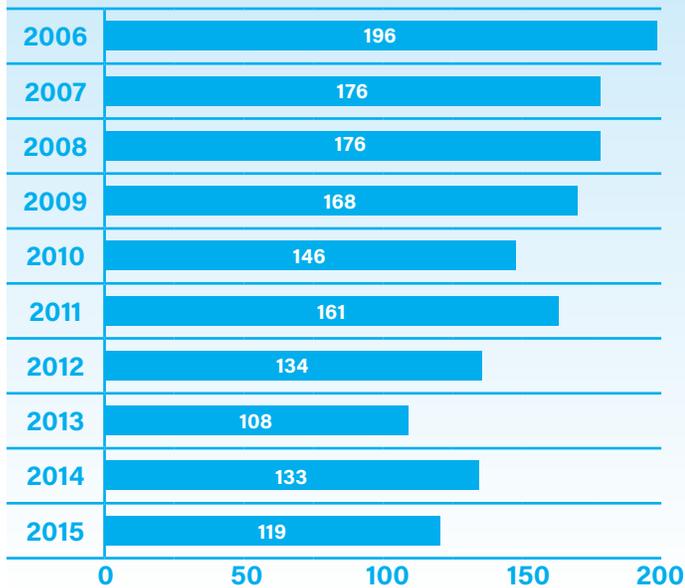


Figure 19. Historical Trend of Tuberculosis Cases in Alabama

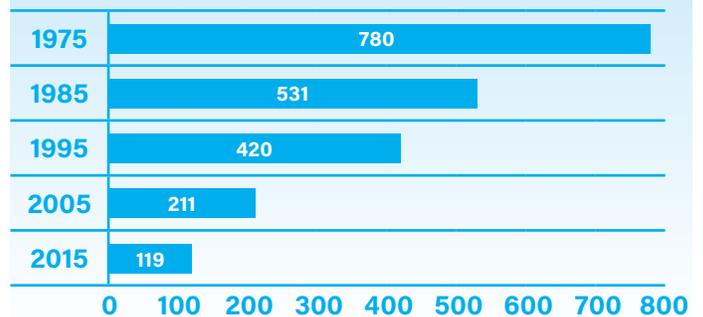


Figure 20. Demographics for Confirmed TB Cases in Alabama, 2015

Age	
0 - 4	= 1 (0.8%)
5 - 14	= 2 (1.7%)
15 - 24	= 8 (6.7%)
25 - 44	= 32 (26.9%)
45 - 64	= 46 (38.7%)
65+	= 30 (25.2%)
Race/Ethnicity	
White	= 47 (39.5%)
Black	= 63 (52.9%)
Asian	= 6 (5.1%)
Other	= 3 (2.5%)
* Hispanic = 21	
Gender	
Male	= 85 (71.4%)
Female	= 34 (28.6%)
Nativity	
U.S. Born	= 90
Foreign Born	= 29

* Hispanic ethnicity is not counted or tallied as part of race demographics. People of Hispanic ethnicity may be of any race.

Office of Emergency Medical Services

The Office of Emergency Medical Services (OEMS) is responsible for protecting the health, safety, and welfare of the public by assuring that emergency medical services provided by response agencies, training entities, and technicians meet or exceed established standards. The OEMS investigates complaints and may exercise its authority to deny, place on probation, suspend, or revoke licensure when statutory or regulatory violation is substantiated.

Figure 21. Emergency Medical Services Personnel – Personnel Licensed by OEMS by License Type

License Type	Number of Personnel
Advanced EMT	908
Emergency Medical Responder	78
Emergency Medical Technician	6,340
Intermediate	352
Paramedic	4,697
Total	12,375

Alabama Trauma and Health Systems

The Alabama Trauma System is now operational in all six EMS regions, and continues to positively impact the citizens of Alabama by facilitating timely trauma center arrivals to the appropriate hospitals. Prior to the inception of the trauma system in 2008, the average hospital length of stay was 5.72 days compared to the current length of stay of 5.15 days. This is approximately a 10 percent reduction in the length for hospitalization for trauma patients that have been reported. The reduced length of time that a person is hospitalized leads to reduced health care costs per patient and improved patient outcomes.

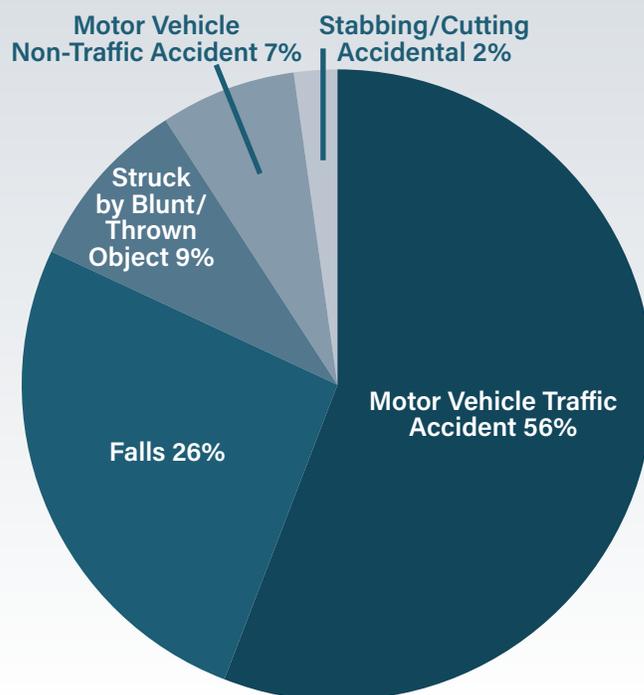
The activation of the stroke system in the Southeast Region is helping to save lives and reduce the burden of stroke. The primary goal of the Stroke System is to maintain a stroke emergency care system that results in 100 percent tPA (tissue plasminogen activator) administration to all eligible patients and a minimum of 10 percent administration to all ischemic stroke patients, as well as decreased stroke mortality and disability. Because tPA has to be administered within the first few hours of Acute Ischemic Stroke (AIS) onset, the system will improve the chances of survival regardless of proximity to an urban stroke center. The Stroke System has been active in the Southeast Region for three years and to date has achieved an average 18 percent administration of tPA to ischemic stroke patients, and treated a total of 4,988 stroke patients. The Birmingham Regional Emergency Medical Services System has accomplished an average 19 percent administration of tPA to ischemic stroke patients and treated 4,883 patients for the past three years (2013 to 2015). All Alabama EMS regions are encouraged to participate in the system.

Alabama Emergency Medical Services for Children

The mission of the Alabama Emergency Medical Services for Children (EMSC) Program is to prevent and reduce child, youth, and adolescent disabilities and deaths that are the result of severe

illness and injury. Several services are available through the program including education for prehospital professionals; continual permanent integration of the EMSC program into Alabama's Emergency Medical Services system; and assurance that pediatric equipment, according to the American Academy of Pediatrics/American College of Emergency Physicians guidelines, is available on prehospital emergency vehicles that transport children.

Figure 22. Five Most Common Causes of Injury in 2015 (Children Age 0 to 18 Years Old)



EMS Training

OEMS routinely trains EMS personnel on how to effectively deal with various types of injuries. Among the training that EMS personnel receive is developing a primary impression, which is the paramedics' first impression of the patient when they arrive on the scene. This primary impression is recorded to compare the complaint reported to the dispatch with the final diagnosis.

Figure 23. Five Most Common Primary Impression Criteria

Primary Impression Type	Count of Events
Traumatic injury	81,470
Respiratory distress	44,260
Abdominal pain / problems	40,204
Chest pain / discomfort	37,771
Altered level of consciousness	32,128

Center for Emergency Preparedness

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

The center is funded by two federal grants. The Centers for Disease Control and Prevention (CDC) provided \$8,858,714 to the Alabama Department of Public Health during fiscal year 2014-2015 in a cooperative agreement to provide overall direction to and management of the department's assessment, planning, and response to acts of terrorism; outbreaks of disease; and other public health threats and emergencies, such as meteorological, geological, chemical, and radiological disasters.

The Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program provided \$3,237,341 in a cooperative agreement with the department. These funds were designated to enhance health care system capacity and preparedness for naturally occurring disasters or terrorist actions resulting in mass casualties.

CEP activated the ADPH Emergency Operations Center (EOC) in response to the worldwide threat from the Ebola Virus. Although Alabama did not have any cases of Ebola, hundreds of hours in staff time were devoted to planning, responding to suspect cases, and managing supplemental grants from the CDC and ASPR.

CEP also activated the EOC in March 2015, in support of the Jubilee Celebration of the Selma-to-Montgomery March. The center coordinated the health and medical response for the state. This included providing surge medical supplies, staff, and planning for the possibility of a mass casualty event related to the celebration.

The CEP State Mortuary Operations Response Team conducted a Mass Fatality Decontamination exercise. This exercise included training in fatality management, information sharing, and volunteer management. Participating agencies included the U.S. Department of Health and Human Services – Office of Emergency Management, Cullman and Tuscaloosa County Emergency Management Agencies, the Alabama Department of Forensic Sciences, and the Tuscaloosa and Demopolis Fire Departments.

In order to address the needs of the vulnerable and at risk population in Alabama, the center conducted several training programs and conferences throughout the year. Approximately, 846 people registered

to attend the following conferences: A Glance at PTSD following Disasters and other Crisis Events, Are We Ready: Assisting People with Functional/Access Needs During Disasters, CEP Disease Control Cross Training, Medical Reserve Corps/Family Assistance Center Mini Conference, Nurse Appreciation/CEP Training, and Social Work Celebration/CEP Training.

CEP hosted Personal Protective Measures for Biological Exposure Train the Trainer Classes for state agencies to assist them in training their staff on personal protective equipment. A total of 34 people were trained from the following agencies: Alabama Law Enforcement Agency, Alabama Emergency Management Agency, Alabama Department of Public Health, Regional EMS Providers, the Veterans Administration, Jefferson County Department of Health, Mobile County Health Department, and hospitals with an interest in becoming Ebola Assessment Centers. To ensure employee safety, 92 department staff members were trained on how to properly perform N95 mask fit testing.

The Homeland Security Exercise and Evaluation Program (HSEEP) provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. CEP has an HSEEP trainer certified by the Alabama Emergency Management Agency.

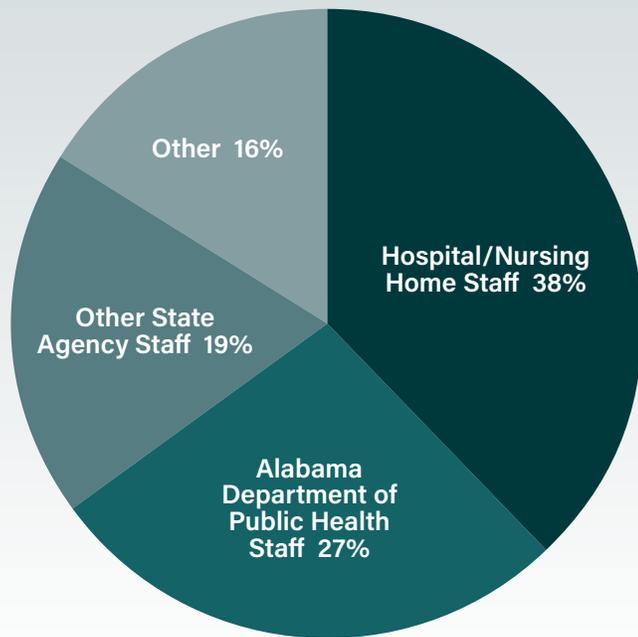
CEP plays an important role in healthcare system preparedness. Seven tabletop exercises were conducted during 2015. Healthcare coalition members participated in these exercises to discuss response activities and the roles and responsibilities of each coalition member.

Utilizing a partnership with the University of South Alabama Center for Disaster Healthcare Preparedness has continued to provide an opportunity for training healthcare coalition members and other response partners through the Advanced Regional Response Training Center (ARRTC). There are four programs offered through ARRTC: Basic, Roadshow, Simulation, and the Healthcare Emergency Preparedness Professional Certificate course.

The Alabama Incident Management System (AIMS) is a type of data capturing software that gathers real-time information about hospital and other healthcare facility resources and activities and is the situational awareness tool for healthcare coalitions. A total of 126 staff members from hospitals around the state completed AIMS training in 2015.

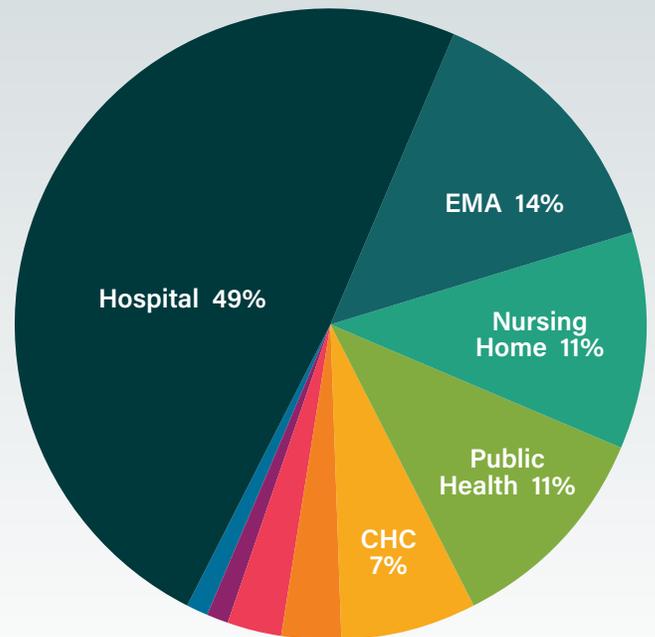
Center for Emergency Preparedness

Figure 24. Healthcare Coalition Table Top Exercise Participation



Percentages based on a total of 257 individuals.

Figure 25. Advanced Regional Response Training Participation



Percentages based on a total of 1,384 individuals.

Bureau of Environmental Services

The Bureau of Environmental Services ensures the wellness and safety of Alabamians by regulating food service establishments, milk production, lodging facilities, body art facilities, seafood production, onsite sewage disposal, solid waste disposal, vector control, indoor air quality, and home lead inspections.

Each year the bureau facilitates the Basic Environmentalist Training Course. This course is offered biannually and must be successfully completed by newly hired employees prior to receiving permanent employment status with the state. The course provides new employees with interpretation of Alabama's Food/Onsite Rules and Regulations as well as provides participants with the skills necessary to perform their job duties.

In February 2015, the bureau hosted its fourth Environmental Health Symposium in Auburn. The symposium provided training for more than 250 participants in aspects of environmental health including professional development, food protection, vector control, and onsite sewage disposal. The symposium benefits included the following:

- Information about environmental-related topics
- Exposure to nationally recognized speakers on current health issues
- Opportunities to share their expertise and network

Environmental Operations Unit

This unit creates the infrastructure for the bureau by ensuring that the bureau runs proficiently, effectively, and professionally. The unit develops environmental guidelines, policies, and performance standards that measure the efficiency and productivity of the state's environmental programs, as well as manage and resolve personnel issues that affect the integrity of the bureau. In addition, the unit provides structured training through workshops, seminars, and conferences for bureau and county personnel. Local environmentalists are kept abreast of new and innovative technology, and provided seminars on professional development.

Division of Food, Milk, and Lodging

Food and Lodging Branch:

- 55,719 inspections were conducted at food establishments, and 2,116 complaints received from the public concerning food establishments were investigated.
- 1,085 hotel inspections were conducted and 271 complaints received from the public concerning hotels were investigated.
- 202 body art facility inspections were conducted and 36 complaints received from the public concerning body art facilities were investigated.

Milk and Food Processing Branch

- 13,980 tests were reviewed and documented on samples collected for the presence of antibiotic drug residue in milk.

- 1,171 Certificates of Free Sale were issued allowing out-of-country sales of Alabama produced food and milk products.

Seafood Branch:

- The branch collected and analyzed 239 water samples in shellfish growing areas of Mobile Bay.

Division of Community and Environmental Protection (CEP)

The Onsite Sewage Branch issued 11,900 permits to install and repair onsite sewage systems and a total of 8,316 onsite sewage systems were issued an approval for use.

The Solid Waste/Vector Branch provides information and education to individuals and communities on the storage and control of solid waste to minimize the threat of a health hazard, nuisance, or harborage for vermin or vectors. For fiscal year 2015, 1,817 solid waste complaints and 2,730 vector control complaints were investigated.

Indoor Air Quality/Lead Branch

- Surveyed 73 homes of children with elevated blood lead levels for lead hazards. Over 350 lead renovation and abatement contractors were certified.
- Inspected 162 abatement and renovation sites and 150 enforcement actions were taken including the issuance of 19 Cease and Desist Orders, 8 Notices of Violation, and 122 Notices of Non-Compliance inquiries to non-certified contractors/companies resulting in approximately 37 percent obtaining required lead certifications.

Figure 26. Fiscal Year 2015 Lead Certification Enforcement Actions

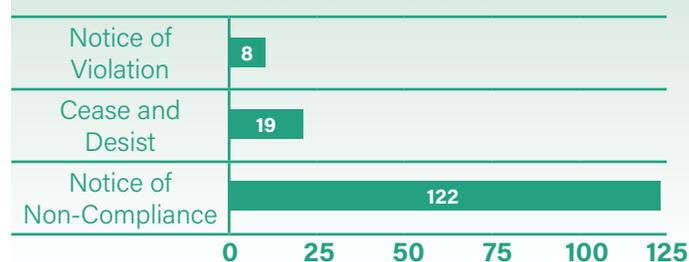


Figure 27. Soil Branch

Small flow evaluations	156
Large flow evaluations	18
Soil courses taught	2 (25 students)

Bureau of Family Health Services

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

Women, Infants and Children (WIC) Program

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves women who are pregnant, recently had a baby, or are breastfeeding; infants; and children up to the age of 5 years. To qualify to receive WIC benefits, the applicant must meet income guidelines and have at least one documented nutritional risk. Benefits provided by the WIC Program include quality nutrition education services, breastfeeding promotion and support, referrals to maternal and child health care services, and other assistance agencies, and supplemental foods prescribed as a monthly food package.

Oral Health Branch

The Oral Health Branch promoted the positive benefits of adding fluoride to drinking water supplies during a Surface Water Conference

Figure 28.

Area Number	FY 2015 Area WIC Redemptions
1	\$7,317,244
2	\$15,916,109
3	\$6,003,572
4	\$11,410,922
5	\$10,548,163
6	\$7,919,620
7	\$4,611,190
8	\$14,170,795
9	\$7,848,795
10	\$7,636,007
11	\$10,728,387
Total	\$104,110,810

Figure 29. Surface Water Fluoridation Quality Awards Recipients, 2014

Albertville Utilities Board	Montgomery Water Works
Anniston Water Works & Sewer Board	Muscle Shoals Water Department
Auburn Water Works	Northport Water Treatment Facility
Bessemer (Governmental Utility Services Corporation)	Phenix City Utilities
Birmingham Water Board	Pine Hill Water Department
Central Elmore Water Authority	Roanoke Utilities Board
Chattahoochee Valley Water Supply District	Russellville Water & Sewer Board
Colbert County Rural Water System	Scottsboro Water, Sewer & Gas Board
Cullman Utilities Board	Section-Dutton Water System
Decatur Utilities	Sheffield Utilities Department
Fayette Water Works Board	Shelby County Water Services
Five Star Water	Smiths Water and Sewer Authority
Fort Payne Water Works Board	Sylacauga Utilities Board
Gadsden Water Works	Talladega Water & Sewer Board
Guin Water & Sewer Board	Talladega-Shelby Water Treatment Plant
Guntersville Water Works & Sewer Board	Tuscaloosa Water & Sewer
Hamilton Water Works & Sewer Board	Tuscumbia Water Works
Heflin Water Works	Tuskegee Utilities Board
Huntsville Utilities	Upper Bear Creek Water Authority
Jackson Water Works & Sewer Board	Utilities Board of the City of Opelika
LaFayette Water Works	Warrior River Water Authority
Mobile Area Water Service System	Wedowee Water, Sewer, & Gas Board

Bureau of Family Health Services

Figure 30. Ground Water Fluoridation Quality Awards Recipients, 2014

American Water Enterprise
Atmore Utility Board
Daleville Water & Sewer Board
Daphne Utilities Board
Dothan Water Utilities
Enterprise Water Works
Eufaula Water Works
Evergreen Water Works
Fairhope Water Department
Foley-Riviera Utilities
Fort Deposit Water & Sewer Board
Grand Bay Water Works Board
Gulf Shores Utilities Board
Holtville Water System
Jacksonville Utilities
Luverne Water & Sewer Department
Marion Water Department
Orange Beach Water System
Ozark Utilities Board
Perdido Bay Water System
Rutledge Water Works
Saraland Water Service
Selma Water Works & Sewer Board
Spanish Fort Water System
Troy Utilities Department

hosted by the Alabama Department of Environmental Management. CDC, in partnership with the Association of State and Territorial Dental Directors, issued 133 awards to 70 Alabama water systems for providing optimal levels of fluoride to Alabama citizens for 12 consecutive months in 2014. Awards are determined by fluoridation testing at the system level that is tracked for CDC by the Oral Health Branch. These monthly reports are tracked throughout the year and then generated into a report that celebrates systems maintaining an optimal fluoride level. The awards were presented by the Oral Health Branch during the conference. The Oral Health Branch also made a pro fluoride presentation at the Alabama Rural Water Association (ARWA) annual meeting. ARWA is a non-profit organization representing water and wastewater systems serving rural communities and towns and those commercial firms which support these systems. Figures 29 and 30 list the Quality Award Recipients.

Community water fluoridation is the single, most effective public health measure to prevent tooth decay. CDC named community water fluoridation as 1 of 10 great public health achievements of the twentieth century. Studies conducted throughout the past 70 years have consistently shown that fluoridation of community water supplies is safe and effective in preventing dental decay in both children and adults. Currently, 78.6 percent of the state has fluoride added to the community water supply.

During fiscal year 2015, the Oral Health Branch continued their partnership with the University of Alabama School of Dentistry, Department of Pediatric Dentistry, to visit select Early Head Start and Head Start centers throughout Alabama. The dental team provided dental screenings, education, fluoride varnish applications, and dental referrals for approximately 2,686 children identified as needing dental care.

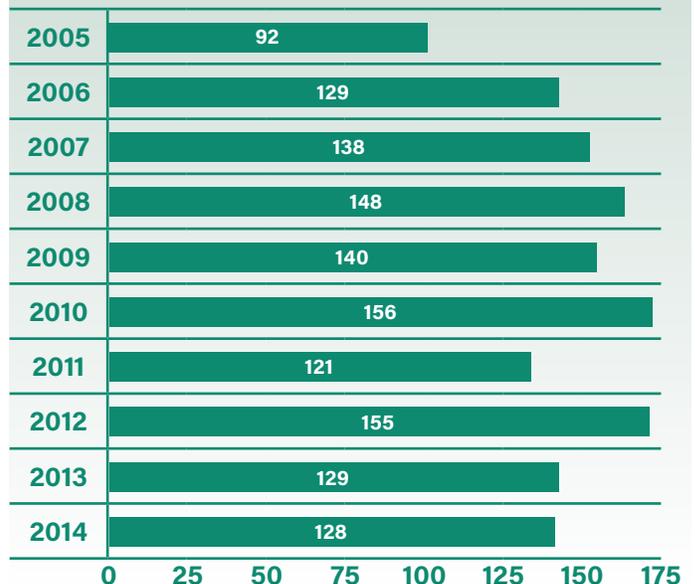
During the summer months of 2015, Oral Health staff visited 16 YMCAs, community centers, and Boys and Girls Clubs in the River Region to provide dental health instruction for at-risk children. Toothbrushes, toothpaste, dental floss, and educational material were distributed. Children and staff were taught proper oral hygiene technique. Additionally, 1,136 children who attended learned the significance of good nutrition, regular dental visits, use of fluorides, and tobacco prevention/cessation.

The Oral Health Branch continued to share oral hygiene supplies and education materials with county health department staff, school nurses, Healthy Child Care Alabama, and other programs as resources permitted.

Alabama Breast and Cervical Cancer Early Detection Program

The Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) has provided free breast and cervical cancer screening and diagnostic services for Alabama's underserved women for

Figure 31. ABCCEDP Diagnosed Breast Cancers by Year



Bureau of Family Health Services

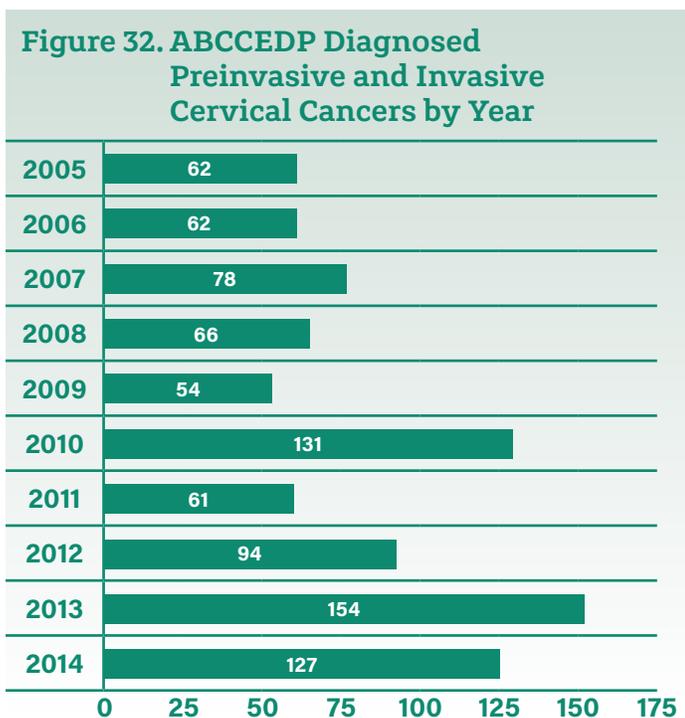
more than 18 years. The goal of ABCCEDP is to reduce breast and cervical cancer-related morbidity and mortality through screenings in underserved populations in the state of Alabama. Eligible populations for the screenings are women ages 40-64, uninsured or underinsured, and whose income is at or below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

Breast cancer screening includes free clinical breast exams and mammograms. Cervical cancer screening includes a free pelvic exam, Pap smear, and HPV test. If needed, diagnostic services such as diagnostic mammograms, ultrasounds, surgical consultations, biopsies, and colposcopies are provided. Screening and diagnostic services are provided statewide through contracted physicians, surgeons, hospitals, and county health departments. If a patient is diagnosed with breast cancer or cervical pre-invasive or invasive cancer, she is eligible to receive treatment through the Alabama Medicaid Agency. Early detection of breast and cervical cancer can save lives. Since 2005, a total of 1,336 breast cancers and 889 cervical pre-invasive and invasive cancers have been diagnosed through ABCCEDP.

Alabama Comprehensive Cancer Program

The Alabama Comprehensive Cancer Program facilitates the statewide Alabama Comprehensive Cancer Control Coalition. The coalition is a statewide group of cancer-related organizations and advocates that are responsible for assessing the burden of cancer, determining priorities for cancer prevention and control, and developing and implementing the 2011-2015 statewide comprehensive cancer control plan. The vision is to eliminate the burden of cancer in Alabama.

The current five-year goals are to expand partnerships; decrease the number of Alabamians affected by tobacco; increase the number of Alabamians receiving the Human Papillomavirus (HPV) vaccination; reduce Alabamians' cancer risk by decreasing their exposure to ultraviolet light; strengthen survivorship, hospice, and palliative care;



and increase Alabamians' access to clinical trials. Healthy lifestyle choices such as a proper diet, regular exercise, and participation in checkups and screenings are vital. The program and coalition seek community members and organizations who are interested in setting the state's agenda for cancer control.

Figure 33. Alabama Cancer Incidence Rates by Site and Sex, 2004-2013 Combined*

Site	MALE		FEMALE	
	Rate	Count	Rate	Count
All Sites	561.1	131,601	394	112,424
Bladder	33.6	7,392	7.6	2,273
Brain and Other Nervous System	7.9	1,831	5.8	1,548
Breast	1.1	260	118.3	33,435
Cervix Uteri	-	-	8.5	2,118
Colon and Rectum	56.4	13,052	39.7	11,592
Esophagus	8.6	2,081	1.7	501
Hodgkin Lymphoma	2.7	626	2.1	509
Kidney and Renal Pelvis	21.5	5,157	11.3	3,259
Larynx	8.9	2,191	1.9	556
Leukemia	14.7	3,262	8.9	2,490
Liver and Intrahepatic Bile Duct	9.2	2,276	3.2	936
Lung and Bronchus	100.3	23,377	53.8	15,918
Melanoma of the Skin	26.6	6,072	15.2	4,118
Myeloma	7.6	1,779	5.1	1,516
Non-Hodgkin Lymphoma	19.9	4,541	13.8	3,991
Oral Cavity and Pharynx	19.9	4,859	7.1	2,042
Ovary	-	-	12.1	3,478
Pancreas	14.1	3,255	10.4	3,092
Prostate	148.3	36,094	-	-
Stomach	8.6	1,962	4.6	1,352
Testis	4.5	997	-	-
Thyroid	4.3	1,032	11.8	3,012
Uterine (Corpus and Uterus, NOS)	-	-	18.4	5,373

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

*Rates and counts are for malignant cases only with the exception of urinary bladder which includes *in situ* cases. Additionally, the rate and count for all sites combined would include *in situ* bladder cases.

Bureau of Family Health Services

Alabama Statewide Cancer Registry

The Alabama Statewide Cancer Registry, a population-based cancer registry, is an information system designed for the collection, management, and analysis of cancer data. The purpose of the cancer registry is to collect accurate and up-to-date information about cancer in Alabama. The cancer data is then disseminated to public health and medical professionals, community groups, volunteer agencies, and others who are interested in cancer prevention and control. Cancer is the second leading cause of death in Alabama, exceeded only by heart disease. Approximately 1 in 3 people will be diagnosed with cancer at some point in his or her lifetime.

Effective prevention measures exist to substantially reduce the number of new cancer cases each year and to prevent cancer deaths. Cancer surveillance serves as the foundation for a comprehensive strategy to reduce illness and death from cancer and enables health professionals to better understand the cancer burden. The registry plays a significant role in disseminating data to aid efforts to reduce the burden of cancer in Alabama.

Alabama WISEWOMAN Program

The Alabama WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) Program is an extension of the Alabama Breast and Cervical Cancer Early Detection Program. The program focuses on identifying and reducing cardiovascular disease risk factors including high blood pressure, obesity, diabetes, elevated cholesterol, and tobacco use.

In 2015, a total of 653 women were participants in WISEWOMAN through the Franklin Primary Health Center and Mobile County Health Department. The program provides team-based care through risk reduction counseling, health coaching sessions with a social worker, sessions with a licensed dietitian, and referrals to community resources. The goal of the Alabama WISEWOMAN program is to expand its services to additional counties in Alabama.

State Perinatal Program

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

The program is based on a concept of regionalization of care, a systems approach in which program components in a geographic area are defined and coordinated to ensure that pregnant women and infants have access to appropriate care. The availability of neonatal intensive care centers serves as the framework for the organization of regionalized care. The program's functioning body is the State Perinatal Advisory Committee which represents Regional Perinatal Advisory Committees. The regional committee makes recommendations to the state committee regarding perinatal concerns and strategies to improve the health of mothers and infants.

Program activities include administering the Fetal and Infant Mortality Review Program and the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality Initiative; promoting

the Text4Baby campaign; participating on local, state, and national committees to reduce infant mortality; and conducting outreach and education to providers and the public. The program collaborates to provide education and support to strengthen services and systems of care for women, infants, and families in Alabama.

In 2015, the State Perinatal Program continued to engage with federal, state, and local leaders to address factors that contribute to infant morbidity and mortality. The program continued its efforts to reduce the number of non-medically indicated early elective deliveries (EED) prior to 39 weeks gestation, one of the five CoIIN initiatives. The data were collected by the Alabama Hospital Association. In 2014, 87 percent of Alabama's delivering hospitals had an EED rate of zero. The average EED rate for hospitals was less than 2 percent.

Newborn Screening Program

The Alabama Newborn Screening Program is a comprehensive and coordinated system encompassing education, screening, follow-up, diagnosis, evaluation, and management of disorders. In 2015, Alabama screened for 30 recommended disorders including the bloodspot screening, newborn hearing screening, and pulse oximetry screening to detect critical congenital heart disease. The Alabama Bureau of Clinical Laboratories provides blood analysis of newborn screening specimens, and this past year the lab implemented a Web-based system, Secure Remote Viewer, which allows medical providers to access newborn screening results online.

Newborn screening allows treatment to be initiated within the first few weeks of life, preventing some of the complications associated with disorders. Early diagnosis may reduce morbidity, death, intellectual disability, and other developmental disabilities. During 2015, the program's staff actively participated on national workgroups to share information with other programs and to help develop and support quality improvement initiatives in newborn screening. In addition, the Alabama Newborn Screening Program held a statewide conference celebrating its 50th anniversary of saving babies' lives. Approximately 300 health professionals and families attended. National speakers from Harvard Medical School and the Association of Public Health Laboratories presented at the conference.

Alabama's Universal Newborn Hearing Screening Program, Alabama's Listening, ensures that all infants receive a hearing screening prior to hospital discharge, and that they are referred for further testing and intervention if they fail the screening. The Alabama's Listening program is federally funded by CDC and Health Resources and Services Administration grants. In 2015, Alabama became one of the first states to provide the capability of reporting hearing results directly from the hearing equipment into an electronic database for all of its birthing hospitals.

The program works in partnership with pediatric subspecialists throughout the state to ensure all babies identified with abnormal results receive appropriate follow-up. The program's subspecialists participate in education webinars and on the Alabama Newborn Screening Advisory Committee. Additionally, seven community-based sickle cell organizations provide counseling services and follow-up exams for children identified with sickle cell disease or trait.

Bureau of Family Health Services

Alabama Family Planning Program

One of the major goals of the Alabama Family Planning Program (FPP) is to decrease unintended pregnancies. During fiscal year 2015, direct patient services were provided to an estimated 90,034 family planning clients through local health department clinics. Of this total, approximately 77 percent of these individuals have incomes at or below 100 percent of the federal poverty level. Approximately 21 percent of the clients served were teens. The FPP provides education and counseling, medical examinations, laboratory tests, and contraceptive supplies for individuals of reproductive age. It also offers opportunities to individuals to plan and space the time between their pregnancies so that they can achieve personal goals and self sufficiency. Services provided by the program are targeted to low-income individuals.

Plan First, a joint venture between the Alabama Medicaid Agency and the department, continued into its fifteenth year with waiver approval through December 2017. This program is a 1115 Medicaid Research and Demonstration Waiver expanding Medicaid eligibility for family planning services for women ages 19 to 55, and vasectomy coverage for men 21 years of age and older.

Bureau of Financial Services

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

In fiscal year 2015, Financial Services managed the department's \$640 million budget using 283 internal budgets interfaced with nine Executive Budget Office spending plan activities, and 189 internal funds interfaced with 14 State Comptroller's funds in the State Treasury. The bureau managed a total of more than 100 federal grants with a value in excess of \$398.8 million and 864 contracts totaling over \$454 million. Included in the federal grants accounted for were 5,919,186 Women, Infants, and Children (WIC) negotiable instruments issued to recipients paid with a redeemed food value of \$105.9 million, including \$29.1 million received from the department's infant formula rebate contract.

The bureau provided fiscal agent services in the form of payroll, procurement, accounts payable, contract payment processing, and budget management to the Family Practice Rural Health Board and the Board of Medical Scholarship Awards.

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

The authority has completed the Phase I, II, and III building programs which included constructing and renovating 61 facilities, and continues to propose and develop solutions for additional public health buildings and equipment needs.

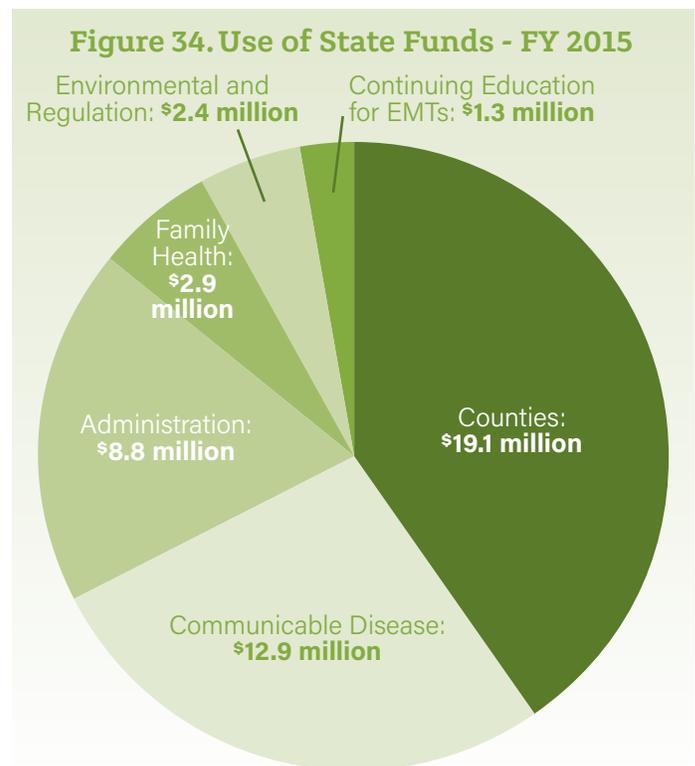
Work continues on a Phase IV building program that currently includes the following projects:

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

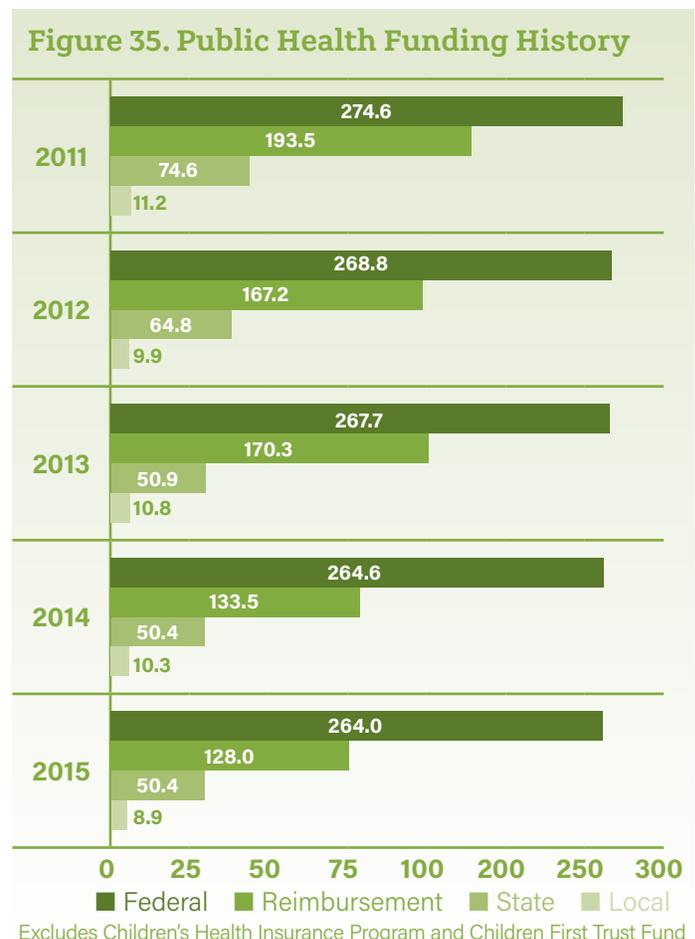
To finance the construction of these facilities, the authority issued additional bonds in March 2015. This bond issue also included funds to refinance existing bonds at a lower interest rate.

The authority manages the Alabama Public Health Capital Maintenance Trust Program which provides funding for a comprehensive, coordinated preventative maintenance improvement and replacement program for public health facilities in Alabama. The authority's construction management firm provides technical assistance, advice, and program monitoring. The program spent \$956,000 during fiscal year 2015 to provide the following services:

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



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



Bureau of Financial Services

Figure 36. State Appropriations - Public Health

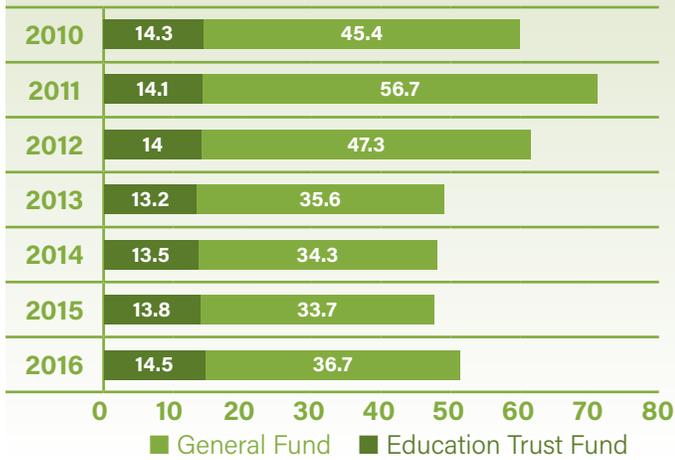
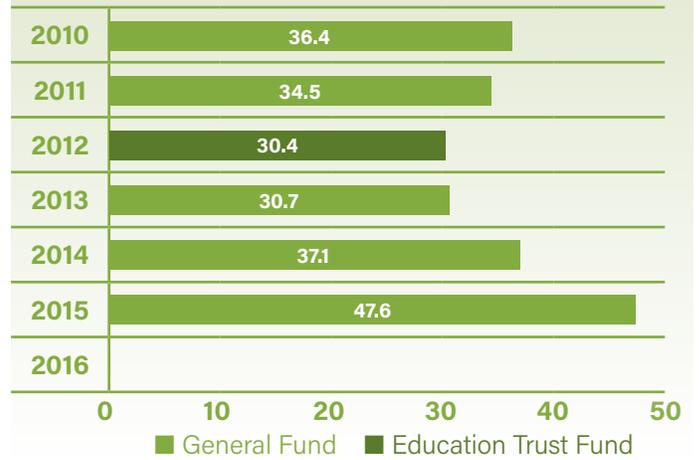


Figure 37. State Appropriations - CHIP



Bureau of Health Promotion and Chronic Disease

The Bureau of Health Promotion and Chronic Disease manages programs related to chronic disease prevention, disability prevention, communications, and health marketing.

Alabama Behavioral Risk Factor Surveillance System

The Alabama Behavioral Risk Factor Surveillance System (BRFSS) is part of a national survey system that monitors health practices, attitudes, and conditions that place adults at risk for chronic disease, injuries, and preventable infectious diseases. Alabama BRFSS is an annual telephone survey that randomly selects adults for inclusion in the survey. In 2014, 8,652 adults participated in the Alabama BRFSS survey and reported on their health practices and daily living habits. Alabama BRFSS also permits trend analysis of conditions.

Figure 38. Prevalence of Selected Conditions in Alabama

Condition	Alabama
Asthma	14.6
Current Smoker	21.1
Diabetes	12.9
Obesity	33.5
Physical Inactivity	27.6

Division of Communications and Health Marketing

The Health Marketing Division creates outreach materials, campaigns, documents, and training programs to educate both the public and staff about Public Health activities and initiatives, as well as facilitate more cost-efficient communication activities for the department. In addition, division staff establish and maintain agency presence on the Internet, including social media sites, which both broaden audience range and provide other avenues to reach people quickly with education, information, and alerts.

Build a **STRONG** Future
WITH **WIC**

WIC OFFERS GROWING FAMILIES:

- Healthy Food
- Nutrition Education
- Breastfeeding Support
- Healthcare Referrals

Alabama's WIC Program helps pregnant women, new mothers, infants and young children stay healthy and eat right during times of important growth.

To see if you qualify, call your local health department or **1-888-WIC-HOPE**

ALABAMA PUBLIC HEALTH
ALABAMA WIC
THE NUTRITION & EQUAL OPPORTUNITY PROVIDER

ALABAMA PUBLIC HEALTH

Provides caring, quality services that affect all communities and every person in the state — not just those who walk through health department doors.

- Increases access to health care** for eligible, uninsured children ages birth through 18 with the ALL Kids Children's Health Insurance Program. In 2013, ALL Kids served nearly 85,000 Alabama children.
- Provides nutrition** assessment, education, and nutritious foods at no cost to a monthly average of 139,000 limited-income pregnant, breastfeeding, and postpartum women, infants, and children up to age 5 at nutritional risk through WIC.
- Investigates disease outbreaks**, maintains surveillance of notifiable diseases, and answers queries about disease control and other health-related events including communicable disease outbreaks and rabies case investigations.
- Protects patients/residents of health care facilities** from abuse and neglect. Works to ensure facilities provide a level of care that complies with state and federal standards. Requires corrective action when surveys find facilities are noncompliant.
- Protects the public from foodborne illnesses** and the spread of disease by ensuring standards in environmental health, regulates onsite sewage disposal systems, and oversees treatment and disposal of septage and other permitted wastes.
- Offers home care services** that include skilled nursing, physical therapy, medical social work, and personal care services through Medicare-certified home health agencies.
- Provides health education** to modify behavior to prevent and manage chronic diseases such as arthritis, asthma, cancer, heart disease, and overweight/obesity.
- Offers a tobacco Quitline.** Thirty-nine percent of tobacco users who complete the telephone or online program stop using tobacco.
- Issues certified copies** of all Alabama birth, death, marriage, and divorce certificates in every county health department on a while-you-wait basis regardless of where in the state the event occurred.
- Provides a wide range of confidential and professional family planning services**, regardless of income, to prevent unintended pregnancies and abortion through education and contraceptive services.
- Administers the Alabama Breast and Cervical Cancer Early Detection Program** to provide screening to uninsured and underinsured women age 40-64, and ensures treatment is provided.
- Screens newborns** for genetic or metabolic conditions, thereby reducing morbidity, premature death, intellectual and other developmental disabilities through early detection and follow-up.
- Provides clinical nursing services** such as immunizations, and STD and TB screening and treatment. Administers the Alabama Drug Assistance Program for HIV medication assistance.
- Assists rural and medically underserved areas** by working with health care providers and organizations to prepare grants and provide workforce development.
- Assures that emergency medical services** meet or exceed established standards.

www.adph.org 1-800-252-1818

ADPH.ORG – Since its inception, the department's Web site, ADPH.ORG, has grown to include more than 190 individual program Web sites providing pertinent Public Health information in an easily accessible and timely manner. People visited the Web site approximately 26 million times in 2015, a result that can be attributed to effective marketing campaigns; the utilization of social media sites such as Facebook, Twitter, Google Plus, Instagram, and Pinterest; and a new mobile app that allows citizens to quickly access the site through their mobile devices. Additionally, the number of Facebook pages devoted to individual county health departments doubled in 2015, reflecting an emphasis on the use of social media to inform and educate the public at a local level.

Public Information – The goal of the Public Information Division is to improve public health by disseminating information through the mass media and departmental publications and provide awareness of departmental objectives, activities, and services throughout the state. During 2015, activities included preparing and distributing more than 73 news releases; providing assistance with news media campaigns for several programs; composing and distributing meeting summaries; editing a variety of documents including the department's official publication, Alabama's Health; distributing video monitoring reports; and answering and routing questions and comments from the department's Web site. Assistance was also provided to public-private partnerships such as Scale Back Alabama.

Bureau of Health Promotion and Chronic Disease

Risk Communication

The Risk Communication Branch works to ensure that state and local entities are prepared to respond to the challenges that occur during emergency and crisis events through the development of communication policies and procedures; training of staff, partner agencies, and the public; and creation of emergency health information and promotion materials that support emergency preparedness activities in the state. During 2015, the branch produced emergency preparedness materials to assist staff to communicate more effectively, and to provide the public with steps they can take to become more prepared. The branch also assisted area staff by conducting the following:

- Developing and revising communication plans and procedures
- Providing training on how to operate a joint information center and communicate during a Strategic National Stockpile incident
- Crafting statements for media requests about various public health emergency preparedness subjects
- Updating the departmental Web site and social media sites with monthly emergency preparedness information

Tobacco Prevention and Control Branch

Tobacco use continues to be the leading cause of preventable death in Alabama, killing in excess of 8,600 smokers and costing the state more than \$1.88 billion in direct medical expenses to treat smoking-related diseases each year. The bureau's tobacco program works to inspect Food and Drug Administration (FDA) retailer compliance, help tobacco users quit, prevent youth and young adults from starting tobacco use, and protect people from exposure to secondhand smoke.

2015 Program Activities

The Food and Drug Administration provides funding to the department to conduct two types of tobacco inspections:

- Advertising and Labeling Inspections that include inspecting every tobacco retailer in the state to ensure that retailers are following federal law when advertising and selling regulated tobacco products.
- Undercover Buy Inspections in which the department contracts with the Alabama Law Enforcement Agency (ALEA) to inspect every tobacco retailer in the state to see if underage teenagers (less than 18 years old) are able to purchase cigarettes in violation of federal law.

The FDA Inspection Branch conducted 4,413 inspections which revealed a combined violation rate of 4.9 percent. The program contracts with public health areas and state police to conduct the inspections.

The Tobacco Prevention and Control Branch facilitated the Alabama Tobacco Use Prevention and Control Task Force to develop a new five-year state plan and reestablished the Chronic Disease Coordinating Committee. The program also collaborated with partners to develop a sustainability plan, evaluation plan, and communication plan. The implementation of these plans led to outcomes described in this section.

The Tobacco Prevention and Control Branch expanded resources to help tobacco users quit by obtaining Medicaid reimbursement for Quitline services, a \$320,712 grant from the Centers for Disease Control and Prevention (CDC) to build Quitline capacity, and \$508,016 in state funds to provide up to 8 weeks of nicotine replacement therapy patches, conduct targeted outreach efforts, and support the Alabama

Tobacco Quitline. The program managed telephonic and Web-based quitlines which assisted 8,293 tobacco users in 2015. In a Return on Investment report prepared by the Quitline evaluators in 2015, data showed a \$3.86 savings annually in medical and productivity costs for every \$1 that was spent on the Alabama Tobacco Quitline.

In the area of youth tobacco use prevention, the program launched a \$1 million youth tobacco prevention mini-grant program to effect social norm change around tobacco use, address the marketing of emerging products to youth, promote policies that protect youth from nicotine initiation and exposure to secondhand smoke, and promote tobacco cessation. On September 17, 2015, a \$0.25 per pack increase in the state excise tax passed and went into effect on October 1, 2015, making Alabama's state cigarette tax \$0.675. With this increase, Alabama now ranks thirty-ninth in the United States for cigarette excise tax, according to the Campaign for Tobacco-Free Kids.

2015 Program Accomplishments

- The city of Homewood passed an ordinance to protect citizens from secondhand smoke in all workplaces, including restaurants and bars.
- Wallace Community College in Selma, and Talladega College have been awarded the Legacy Foundation's Community College grants to assist in planning and implementing tobacco-free campus policies. Tobacco-free campus policies will protect another 3,500 students, faculty, and staff.
- The Alabama Credit Union has 25 campuses statewide and effective June 1, 2015, decided to protect its more than 200 staff and 50,000 members by going tobacco-free. This policy includes electronic cigarettes.
- Effective July 2015, Jefferson County Department of Health revised the day care policy for all day care campuses and vehicles to be smoke-free. The policy includes electronic cigarettes and protects more than 13,000 day care staff and children.

Wellness Program

Public Education Employees' Health Insurance Plan Wellness

Public Education Employees' Health Insurance Plan (PEEHIP) Wellness is a joint project of the department and PEEHIP. In fiscal year 2015, PEEHIP mandated that members be screened or pay more for their medical insurance. Members had the opportunity to get a screening from June 2014 through August 2015 without being penalized. A total of 93,132 screenings were performed by department nurses at the worksite and an additional 56,603 were conducted by physicians. During this same timeframe, 54,995 received an influenza vaccine.

State Employees' Insurance Board Wellness Program

During fiscal year 2015, 26,125 state employees were screened by Wellness Program staff for the State Employees' Insurance Board (SEIB). A total of 12,237 SEIB employees received an influenza vaccine. For further information about SEIB wellness screening results, visit www.alseib.org.

Video Communications and Distance Learning

Telemedicine Health Care Services: The ADPH Telemedicine Network is the latest initiative in the Video Communications and Distance Learning Division. Resources, best practices, and lessons learned from departmental program units such as the HIV/AIDS Prevention and Care Division have provided increased momentum

Bureau of Health Promotion and Chronic Disease

for the Telemedicine Network. Video Communications, in partnership with the Bureau of Information Technology, has established seven telemedicine clinics in select county health departments. Six additional carts will be deployed in the first quarter of 2016. This equipment was evaluated to identify the most appropriate components to build and integrate the telemedicine carts rather than purchase carts from a vendor. This resulted in telemedicine carts that are available for under \$12,000 per unit, providing significant savings when compared to the \$25,000 plus cost to purchase a unit from a vendor.

The telemedicine carts are equipped with a digital stethoscope, and a handheld exam camera with otoscope, dermatology, and general viewing lenses. This enables a broad range of health care services utilizing innovative and cost-efficient procedures. The department is actively working to engage additional medical partners to provide a broad range of services such as home dialysis check-ups; rape counseling; genetic counseling; substance abuse and mental health counseling; and prenatal care. For more information about the ADPH Telemedicine Network, go to the Telemedicine page at www.adph.org/alphn.

Figure 41. Total Cholesterol

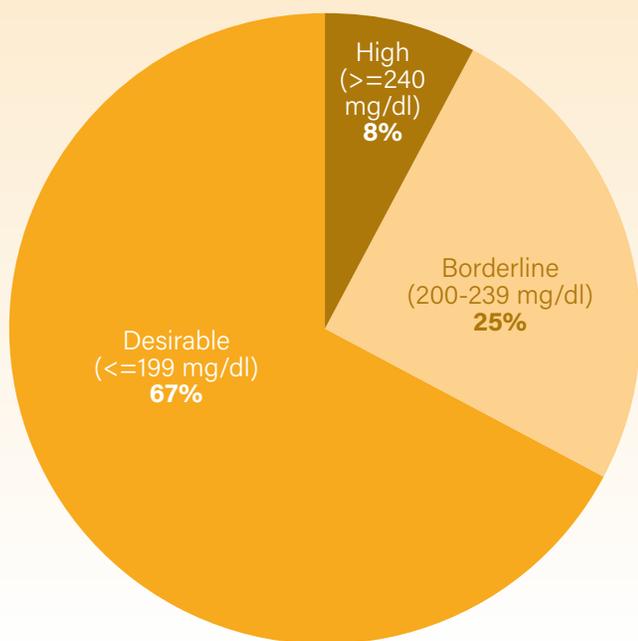


Figure 42. Body Mass Index (BMI)

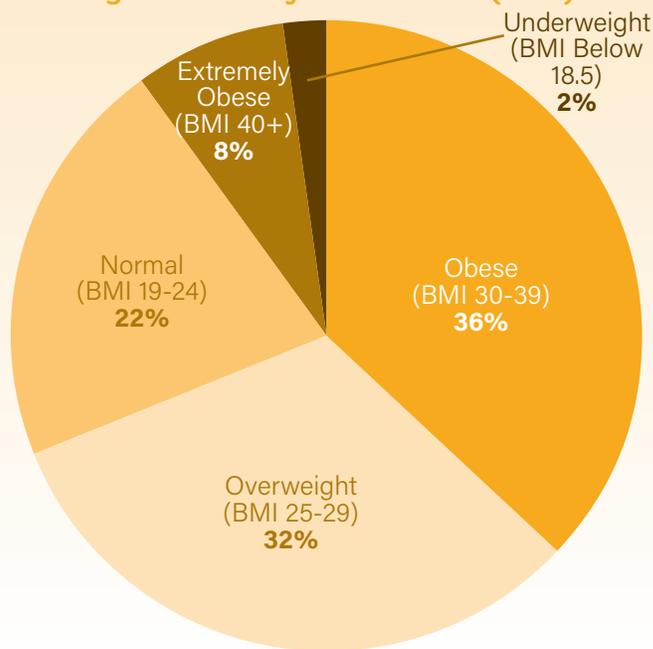


Figure 43. Systolic Blood Pressure Classification

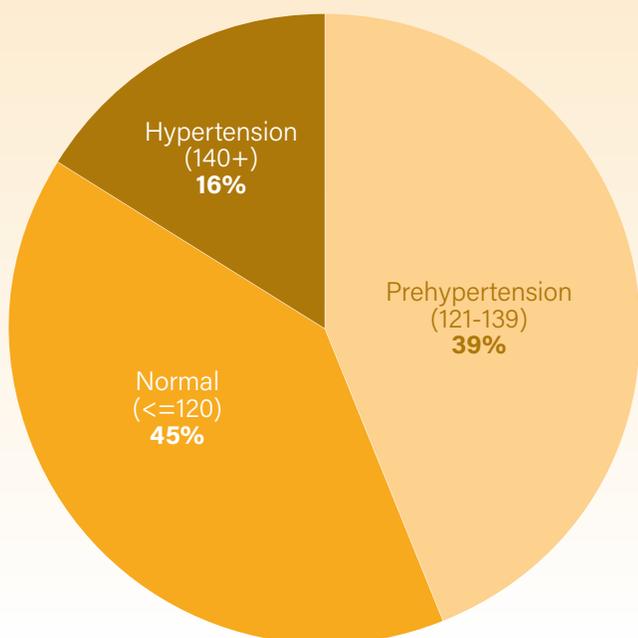
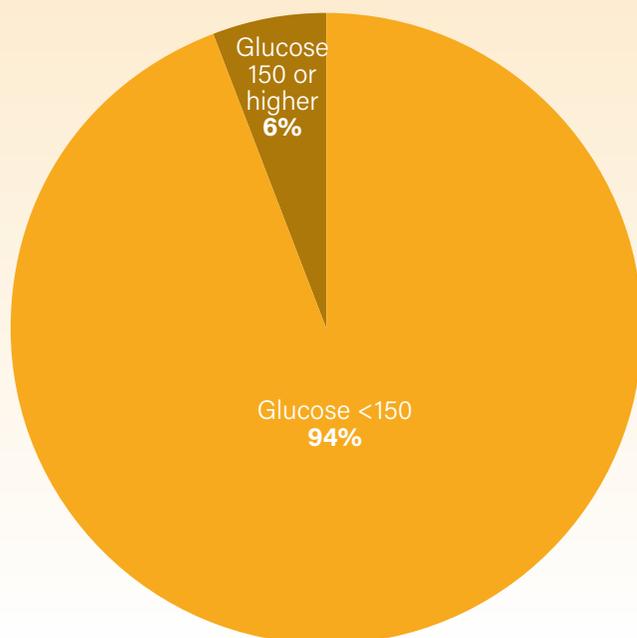


Figure 44. Glucose Values During Screenings



*These charts contain data for PEEHIP members only.

Bureau of Health Promotion and Chronic Disease

Broadcast and Production Services: The Video Communications and Distance Learning Division produces live broadcasts and production services for Public Health training, education, public information, and emergency response. One of the highlights for the division in 2015 included receiving numerous requests to produce specialized training for health care providers following the 2014 Ebola epidemic. The satellite conferences produced by the division included training on Ebola monitoring and contact tracing, as well as a firsthand perspective from a pediatric physician on what it was like to work inside a treatment unit in Sierra Leone.

Departmental personnel had the opportunity to hone their customer service skills through viewing a seven-part customer service initiative training produced by the division. The course provided training that every employee should practice in dealing with customers on a daily basis. The division also had the opportunity to bring awareness to National Prescription Drug Take-back Days, by recording public

service announcements with the Governor and U.S. attorney. The announcements were played for more than 100,000 attendees at football games throughout Alabama. In addition, in October 2015, the division also provided broadcast support to the Governor in making an economic development announcement from the Alabama State Capitol. Division staff broadcast these training programs and special projects utilizing satellite and Web technologies that continue to provide both new and unlimited educational opportunities for public health employees, not only in Alabama but also around the world.

Video Conferencing: Video conferencing systems continue to save time, money, and additional resources for departmental personnel. The network of 18 video conferencing systems is managed by the Video Communications and Distance Learning Division at area public health offices, the state laboratory, and the central office. The state-of-the-art technology allows participants to talk and see each other, share PowerPoint slides, and utilize other computer resources.

Bureau of Health Provider Standards

The mission of the Bureau of Health Provider Standards is to improve quality of care and quality of life for health care consumers and to reduce adverse outcomes through the process of licensure, inspection, and certification of health care providers in Alabama.

The bureau consists of several units that include, but are not limited to: Assisted Living, Medicare Other, Nursing Home, and Clinical Laboratory Improvement Amendment (CLIA). Each unit serves only one specialty and performs license inspections, unannounced surveys for complaints and compliance, and certification surveys when required. Provider Services processes applications for initial licensure, certification, change of ownership, annual license renewal, and changes in provider information.

Figure 45. Licensed Health Care Facilities and Agencies

Abortion or Reproductive Health Centers	5
Ambulatory Surgical Centers	41
Assisted Living Facilities	208
Specialty Care Assisted Living Facilities	97
Cerebral Palsy Centers	1
End-Stage Renal Disease Treatment Centers	165
Freestanding Emergency Departments	2
Hospice Agencies	173
Hospitals	121
Independent Clinical Laboratories	479
Independent Physiological Laboratories	56
Nursing Homes	231
Rehabilitation Centers	33
Sleep Disorder Centers	17
Total	1,629

Figure 46. Summary of Complaint Investigations and Probational Licenses

Facility Type	Total Complaints Investigated	Facilities with Probational Licenses
Abortion Centers	0	0
Assisted Living Facilities/Specialty Care Assisted Living Facilities	101	10
Ambulatory Surgical Centers	0	0
End Stage Renal Disease Treatment Centers	6	0
Home Health Agencies	1	N/A*
Hospitals	50	0
Hospice Agencies	8	0
Nursing Homes	1,613	1

* Home Health Agencies are not licensed.

Center for Health Statistics

The Center for Health Statistics operates the vital records system and collects and reports health-related statistical data for the state of Alabama. The center files, stores, and issues certified copies of vital records including birth, death, marriage, and divorce certificates for events that occur in Alabama. The center consists of the following divisions: Administrative Services, Quality Assurance and Registration, Record Management and Customer Services, Special Services, and Statistical Analysis.

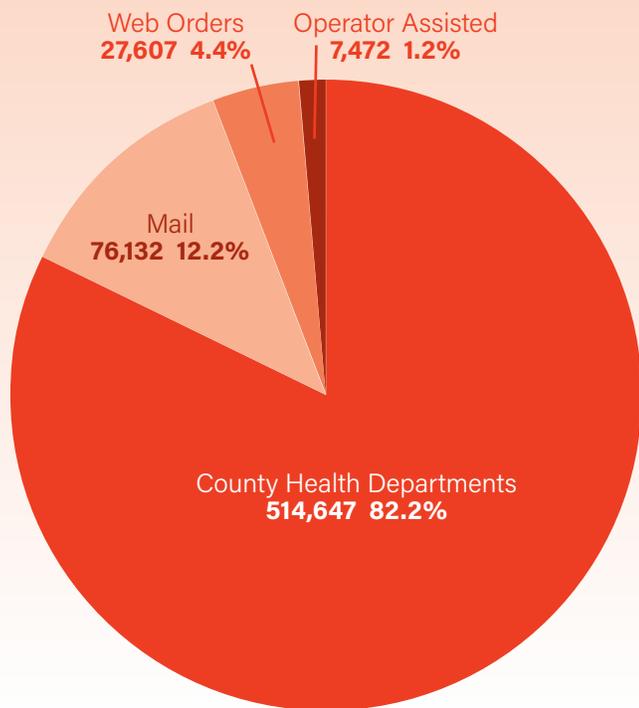
More than 160,000 vital records were registered with the Center for Health Statistics in 2015, primarily electronically. An automated vital records system titled ViSION, or Vital Statistics Image Oriented Network, allows vital records to be issued in all 67 county health departments to customers in 30 minutes or less. Customers may also order records over the Internet, by telephone for next day delivery, or by regular mail. All birth records are registered electronically with the Center for Health Statistics, and approximately 93 percent of divorce and 76 percent of death certificates are now registered electronically. A regulation is in effect that requires use of the Electronic Death

Registration System for almost all persons involved in preparing and completing death certificates. (Physicians that generate less than 10 death certificates in the previous calendar year are not required to use the system.) In addition to registering vital records and issuing certified copies, the center corrects and amends birth and death records and creates new certificates after legal actions.

Statistical Analysis

The center's Statistical Analysis Division conducts studies and provides analyses of natality, pregnancy, general mortality, infant mortality, causes of death, marriage, divorce, and other demographic and health-related data for public health policy and surveillance. Results are distributed through numerous publications, reports, presentations, special tabulations, and the department's Web site to the public, news media, researchers, government or private agencies, and various units within the department. Center staff also administer the Pregnancy Risk Assessment Monitoring System (PRAMS) which surveys new mothers about their experiences during pregnancy and immediately following delivery, providing valuable information about the health of pregnant women.

Figure 47. Certified Copies of Vital Records Issued



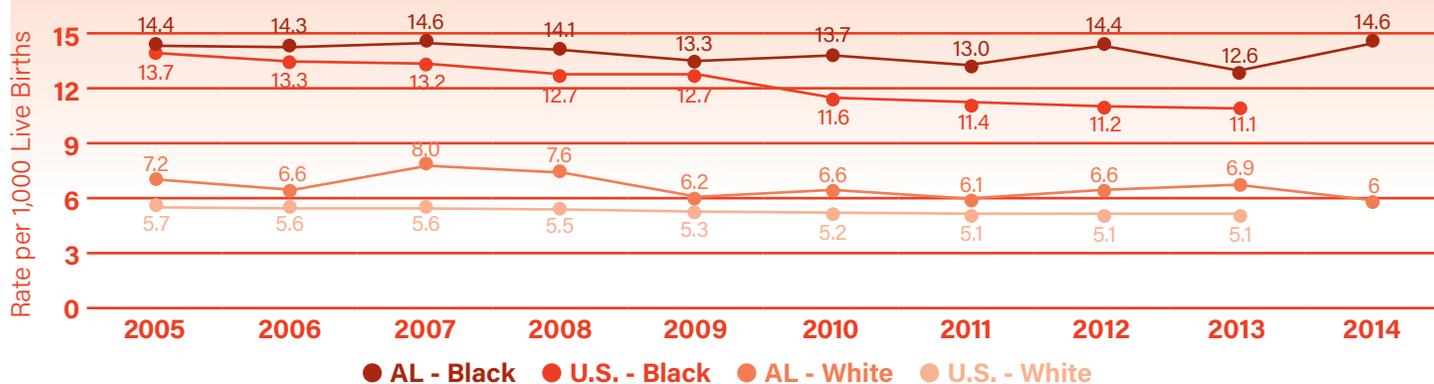
The center issued 625,858 certified copies of vital records through county health departments, mail, Web orders, and operator-assisted requests.

Figure 48. Electronic Death Registration



During 2015, the center, in collaboration with departmental area staff, continued to increase the number of death records registered electronically by training vital records providers statewide. Registering death records electronically allows families to obtain certified copies more quickly. A regulation is now in effect that requires use of the Electronic Death Registration system for most persons involved in preparing and submitting death certificates.

Figure 49. Comparison of Infant Mortality Rates for Alabama and the United States by Race for 2005 through 2014*



*2014 US rates by race are not available.

Figure 50. Comparison of Infant Mortality Rates for Alabama and the United States for 1965 through 2014



Center for Health Statistics

Figure 51. Alabama's Leading Causes of Death for 2014¹

Cause of Death	Rank	Number	Rate ¹
Total All Causes		50,127	
Diseases of the Heart	1	12,438	256.5
Malignant Neoplasms	2	10,285	212.1
Chronic Lower Respiratory Diseases	3	3,046	62.8
Cerebrovascular Diseases	4	2,650	54.6
Accidents	5	2,421	49.9
Alzheimer's Disease	6	1,881	38.8
Diabetes Mellitus	7	1,277	26.3
Nephritis, Nephrotic Syndrome, and Nephrosis	8	1,031	21.3
Influenza and Pneumonia	9	1,024	21.1
Septicemia	10	1,010	20.8
Suicide	11	711	14.7
Primary Hypertension	12	680	14.0
Chronic Liver Disease and Cirrhosis	13	556	11.5
Parkinsons	14	449	9.3
Homicide	15	375	7.7
All Other Causes, Residual		10,293	

¹Rate is per 100,000 population

Figure 52. Vital Statistics for 2014

This includes births, teen births, low-weight births, births to unmarried women, induced terminations, infant deaths, neonatal deaths, postneonatal deaths, deaths, marriages, and divorces.

	Number	Rate/Percent	
Births	59,532	12.3	(Per 1,000 Population)
Births to Teenagers	5,084	16.4	(Per 1,000 Females Aged 10 To 19 Years)
Low Weight Births	6,025	10.1	(Percent of All Live Births)
Births to Unmarried Women	25,728	43.2	(Percent of All Live Births)
Deaths	50,127	10.3	(Per 1,000 Population)
Marriages	37,945	7.8	(Per 1,000 Population)
Divorces	18,504	3.8	(Per 1,000 Population)
Induced Terminations of Pregnancies	6,848	7.1	(Per 1,000 Females Aged 15 To 44 Years)
Infant Deaths	517	8.7	(Per 1,000 Live Births)
Neonatal Deaths	307	5.2	(Per 1,000 Live Births)
Postneonatal Deaths	210	3.5	(Per 1,000 Live Births)

¹Total estimated state population was 4,849,377.

Bureau of Home and Community Services

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

Life Care Service Hours by Service Type

The department's Life Care program provided 18,698 biomonitoring hours in 2015. Nursing staff provided in-home medical monitoring for Medicaid patients diagnosed with diabetes, congestive heart failure, and/or hypertension. Patients benefit from improved outcomes, lowered health care-related expenses, and improved compliance with the physician's plan of care.

The department's Life Care program also provided 6,015 hours of service to Veterans Affairs. Staff provided homemaker, personal care, and unskilled respite to qualified veterans and other individuals approved under private insurance.

Figure 53. Service by Programs

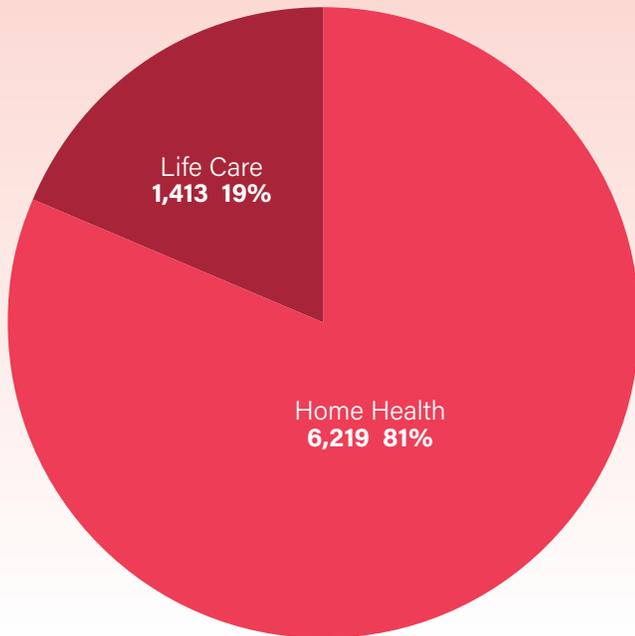


Figure 55. Home Health Visits by Discipline

	Medicare	Medicaid	Other	Total
Skilled Nurse	23,940	66,436	4,456	94,832
Physical Therapy	9,026	25	1,661	10,712
Speech Therapy	13	0	0	13
Occupational Therapy	46	0	0	46
Social Work	222	3	32	257
Home Health Aide	16,508	107,714	1,930	126,152
Total	49,755	174,178	8,079	232,012

Figure 54. 2015 Home Health Visits

The Home Care Program provided 232,012 home health visits statewide to patients covered by Medicare, Medicaid, and third party insurance.

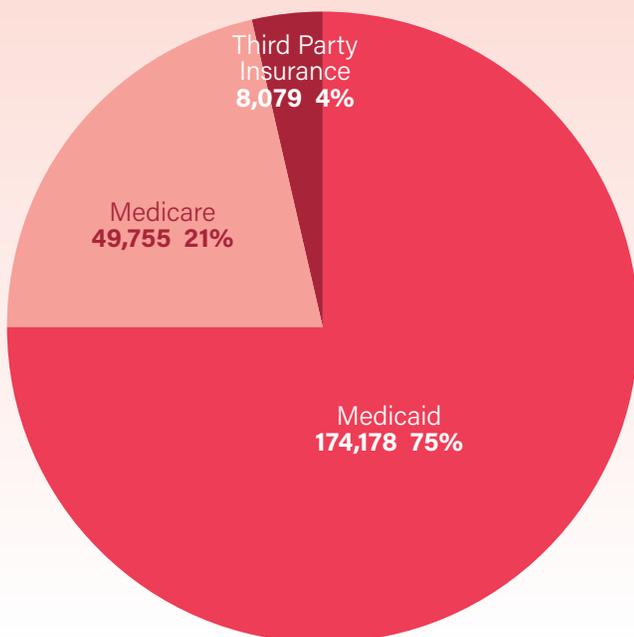
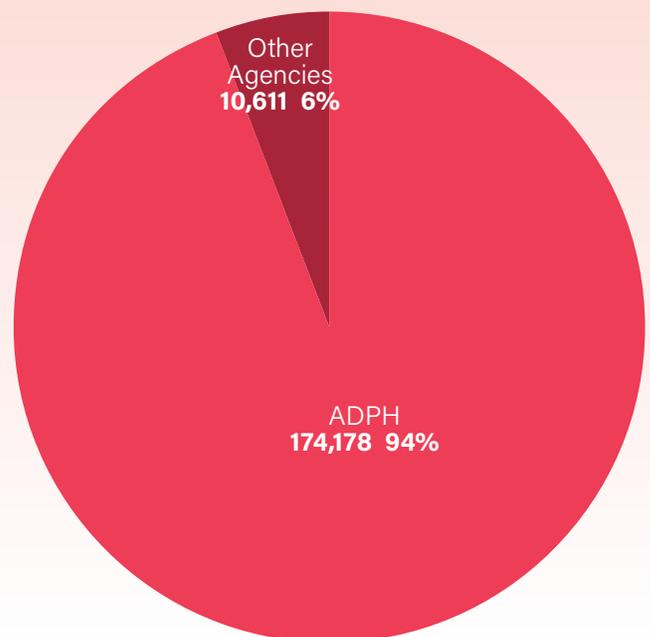


Figure 56. 2015 Medicaid Home Health Visits

In fiscal year 2015, Alabama Medicaid recipients received 184,789 home health visits. Public Health staff provided 94 percent of the total visits.



Office of Human Resources

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

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

During 2015, the office gave oversight to the implementation of eStart, the state's new time and attendance system.

ADPH Minority Employment Comparison

The department is comprised of 2,918 merit system employees, 37 percent are minority employees. According to the U.S. Equal Employment Opportunity Commission's 2012 Job Patterns statistics, the department has a higher percentage of minorities compared to the Alabama Labor Market. (Source: U.S. Equal Employment Opportunity Commission, www.eeoc.gov)

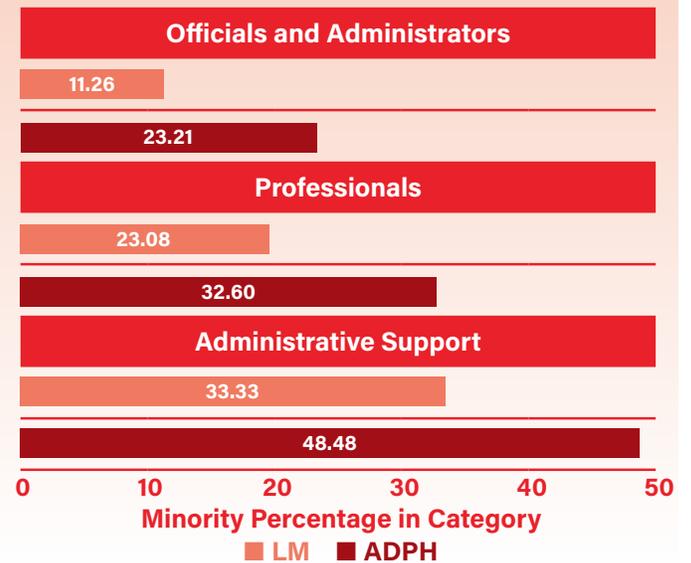
Figure 57. 2015 Turnover Rates in Areas/Counties and Central Office

	Number of Merit Employees	Turnover Rate (Percentage)
Central Office	1,185	12.31
Areas/Counties	1,733	13.04
Statewide	2,918	12.75

Figure 58. 2015 Personnel Actions Processed for Merit Employees

New Hires	243
Promotions	161
Dismissals	12
Retirements	125
Transfers Out	19
Other Separations	138
Employee Assistance Program Referrals (Employees and Dependents)	76
Hours of Leave Donations	2,657
Annual Appraisals	2,419
Probationary Appraisals	363

Figure 59. Alabama Labor Market (LM) vs. ADPH in Three EEO Job Categories



Bureau of Information Technology

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

The IT Logistics Division manages the department's property assets, forms, emergency preparedness supplies, mailroom, and vehicles. The Logistics Division continued preparing for the bi-annual state audit by continuing to track every property item assigned to the department statewide.

IT continued its support of the Health Information Technology for Economic and Clinical Health (HITECH) Act by working with providers, hospitals, software vendors, and the Centers for Disease Control and Prevention to build Health Level 7 messages and transport protocol. These messages will facilitate the sharing of health information with trading partners (providers, hospitals, etc.) in the areas of Immunizations, electronic laboratory reporting (ELR), syndromic surveillance, cancer, and other specialized registries. Figure 62 lists the number and status of the trading partners through 2015.

IT updated and implemented changes to the Death Registration System to meet new standards established by the National Center for Health Statistics. IT continued to support the department's county health departments (CHD) and the Bureau of Financial Services with the implementation of a new Web application, e-PHIX, Public Health Insurance Explanations for Private Insurance Billing and Remittance. The e-PHIX application has been successful in streamlining processes that the CHD's and the Billing Unit use for reconciling billing, payments, and denials for other third party insurance. IT also developed and implemented the production version of Performance Dashboard, a Web-based system used to track and monitor performance measures related to national and departmental health programs. This system was implemented as part of the department's National Public Health Department Accreditation process.

Figure 60. IT Support Facts for 2015

Help Desk Calls	28,461
Personal Computers Supported	5,877
Servers Supported	754
Personal Computers Installed	524
County Support Trips	4,044
IP Phone Devices Supported	5,694
Network Sites Upgraded	2
Smart Phones Supported	576
Windows 2003 Servers (Upgraded, Retired, Replaced)	168
Crossroads Scanners Installed	750
Vital Statistics Printers Upgraded	73
County DFS Servers Installed	80
Silver Peak Optimizers Virtualizations	56
DHCP Upgrades to Windows 2008 Servers	4
IP Gateways Supported	88
Routers Converted to MGCP	58

Figure 61. Logistics Facts for 2015

Equipment Inventory Items	17,505
Equipment Inventory Value	\$37 million
Forms Managed	815
Form Packages Sent	7,100
Promotional Items Managed	563
Department Vehicles	54
Emergency Response Vehicles, Trailers, etc.	87

Figure 62. Number and Status of Trading Partners, 2015

Trading Partner Status	Immunization	ELR	Syndromic Surveillance	Cancer	Other
Registered through Meaningful Use Application	1,216	274	790	384	38
Trading Partner Agreement	491	92	164	96	0
Test	36	56	9	1	0
Pilot/Parallel	1	21	4	N/A	0
Production	1,774	4	73	2	0

Bureau of Professional and Support Services

Nursing Division

The mission of Public Health Nursing is to assure conditions in which individuals, families, and communities can be healthy utilizing the unique expertise of Public Health Nurses to assess, plan, and implement programs which promote health and prevent disease. Nursing provides education, counseling, medical care services, and preventive health programs to assist the citizens of Alabama in living at the most optimal level of health in all 67 Alabama counties. Today, 1,009 Public Health Nurses provide nutritional counseling, family planning education, case management, wellness screening, disease treatment, child/adult immunization, and emergency preparedness information/training to the more than four million citizens in the state.

Additionally, the Nursing Division in partnership with area, county, and state program representatives coordinates the provision of nursing services in public health programs statewide. Assisting the Clinic Protocol Committee, the division works to maintain program and professional nursing standards through periodic updates and clarification of nursing protocols. The Nursing Division 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.

Nutrition and Physical Activity Division

The Nutrition and Physical Activity (NPA) Division is a team of experts who provide state leadership and speak for Public Health on the topics of nutrition, physical activity, and wellness. The vision for NPA is for Alabamians of all ages to embrace a culture of healthy choices as their normal way of life.

Adults and youth in Alabama continue to have high rates of obesity. The state consistently ranks as one of the most obese states in the nation. A 2014 report from the Centers for Disease Control and Prevention (CDC) found 33.5 percent of Alabama adults are obese. This is a slight increase from 2013 where 32.4 percent of adults were obese. The prevalence of obesity in youth, Grades 9-12, was 17.1 percent in 2013.

NPA initiatives to address obesity in adults and youth include the following:

- Entering its tenth year, Scale Back Alabama is a statewide weight-loss program that encourages Alabama to get healthy and have fun while doing it. The 2015 campaign drew more than 28,000 people in almost every county, and the total weight loss since the program's inception is more than one million pounds. The Scale Back Alabama school program also had impressive numbers with 158 schools across the state participating.
- In coordination with the State Obesity Task Force, the *Get Moving Alabama* campaign kicked off to promote increased physical activity. Resources for adults and youth such as education materials, a toolkit, and

Figure 63. Adult and Youth Obesity in Alabama

	Year	Percent
Adults	2014	33.5
Youth	2013	17.1

website were developed to provide strategies to individuals, communities, and private entities on initiatives to increase physical activity.

- The iChoices program is a comprehensive wellness program that focuses on developing a healthier and more dynamic workforce in public health. The program works to empower employees to think better about their health and the choices they make. One-on-one health coaching is available to employees during work hours to create individualized health plans.
- The Alabama Healthy Vending Machine Program increases access to healthier foods and beverages in vending machines in worksites and other venues where these items are available. The program is being implemented in multiple businesses in the private sector throughout the state.
- Youth initiatives included the Healthy and Wellness Initiative (HWI) and the Supplemental Nutrition Assistance Program's (SNAP) education program. HWI is a collaboration with the State Department of Education to provide nutrition and physical activity resources and training to afterschool programs across the state. The SNAP program funds staff to teach nutrition classes to low-income audiences. Activities primarily take place in schools with greater than 50 percent of their students receiving free or reduced meals.
- The Alabama Disability and Health Program was established in 2012 to promote and maximize equity in health, prevent chronic disease, improve emergency preparedness, and increase quality of life among people with disability. In 2015, the program promoted inclusion, reduced barriers, and improved opportunities to participate in existing physical activity, healthy nutrition, and health promotion programs through adapting existing campaigns for youth and adults with disabilities. The program also worked with partners to provide training and improved capacity of quality physical education providers that supported the physical activity behavior of all youth.

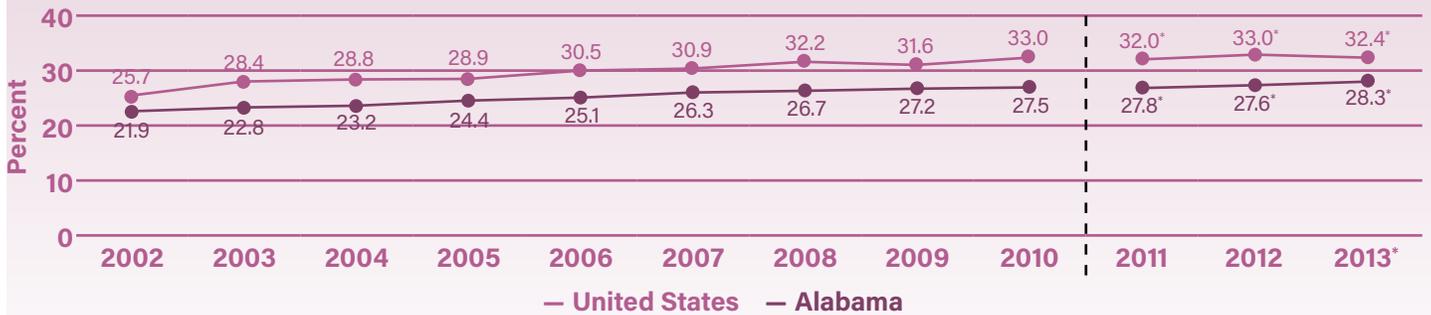
Finally, the project identified resources for use during disasters; disseminated information to maintain a highly skilled and informed work force of professionals who work with people who have disabilities and/or who are involved in emergency preparedness; supplied needed

Figure 64. Adult and Youth Obesity in Alabama

	2011	2012	2013	2014	2015
Teams	8,388	7,484	6,770	6,338	14,288*
Participants	35,552	29,936	27,080	25,352	28,576
Counties with a Participating Weigh-In Site	63	66	64	65	67
Total Weight Loss Since Beginning Scale Back	1.2 million pounds				

Bureau of Professional and Support Services

Figure 65. Obesity Percentages in Alabama and the United States, 2002-2013 (BMI≥30.0)



Source: 2002-2013 Behavioral Risk Factor Surveillance System (BRFSS)

*The BRFSS 2011-2013 prevalence data are not directly comparable to previous years of BRFSS data because of changes in weighting methodology and the addition of the cell phone sampling frame.

emergency kits; and updated protocol to improve communications for people with disabilities during a disaster response.

Office of Women’s Health

The Alabama Office of Women’s Health (OWH) provides statewide leadership and coordination to promote the health of women and girls through policy, advocacy, education, and partnership. OWH achieves its mission and vision by educating health professionals, and motivating behavior change in consumers through the dissemination of health information. The office works in partnership with professional associations, faith and community-based organizations, schools and universities, health and social service providers, and other federal agencies and programs. Two major 2015 initiatives for the office included outreach for the prevention of Neonatal Abstinence Syndrome (NAS); and becoming a founding sponsor for the Montgomery area Girls On The Run (GOTR) Council.

OWH continued collaborative efforts with the Bureau of Family Health Services (FHS) during 2015 by collaborating to design a NAS brochure for health care providers. The brochure was created to help define NAS in Alabama and distributed in conjunction with a public awareness campaign to help educate Alabama health care providers and women. The campaign launched on the departmental website with a message that highlighted information about the campaign and linked to the ADPH Perinatal website.

OWH, the OWH Steering Committee, and community stakeholders sponsored a Montgomery 5K event in May 2015 to support establishing the GOTR River Region Council. The GOTR River Region Council is an after school program for girls in 3rd through 5th grade. The program’s 24-lesson curriculum combines training for a 5k running event with lessons that inspire girls to become independent thinkers, enhance their problem solving skills, and make healthy decisions.

Pharmacy Division

The Pharmacy Division is responsible for establishing and overseeing implementation of medication dispensing policies for all county health departments. In addition, the Pharmacy Division provides medication consultation to all public health programs including county health

departments, specific programs within the various bureaus, emergency preparedness, and other state agencies. In 2015, requested information included medication therapy review, medication purchasing and dispensing, clinical information, scheduling of medications, health professional continuing education programs, and statutory regulations.

The Prescription Drug Monitoring Program, a database of all controlled substances Scheduled II-V dispensed in Alabama, is managed by the Pharmacy Division. The database, which can be accessed by dispensers and prescribers within the state, is a tool that can be used in providing patient care. The Pharmacy Division also works with the Center for Emergency Preparedness in developing emergency preparedness plans and in training public health employees, health care professionals, and volunteers for activation of the Strategic National Stockpile, a national repository of medications, vaccines, antidotes, and medical supplies that may be needed during a disaster.

Primary Care and Rural Health

The Office of Primary Care and Rural Health (OPCRH) administers programs to improve health care access and quality in rural and medically underserved communities. This includes health professional recruitment and retention programs, as well as programs to assist small rural hospitals and health providers in transitioning to a new value-based health care system.

In the area of recruitment and retention, the OPCRH transitioned to a national, Web-based system in 2015 – 3RNet. Since implementing 3RNet.org, more than 170 primary care practitioners have been referred to rural hospitals and clinics in Alabama. The 3RNet is complemented by another major OPCRH recruitment program, the National Health Service Corps (NHSC), which has both a scholarship and loan repayment component. The NHSC covers a wide array of health professionals, from physicians and nurses to behavioral health professionals. Over 100 NHSC placements are serving in Alabama to date.

Another recruitment program administered by the OPCRH is the J-1 visa waiver program, which enables placement of foreign-trained physicians in return for three years of service in medically underserved areas. Currently, more than 90 of these physicians are serving in Alabama.

Bureau of Professional and Support Services

OPCRH provides assistance to Centers for Medicare and Medicaid Services (CMS) certified rural health clinics (RHC). During the past year, there have been approximately eight new rural health clinics established in Alabama, bringing the total to over 100. Assistance ranges from providing routine updates from CMS, the Health Resources and Services Administration, and training opportunities to provide more detailed information on RHC establishment, health provider recruitment, billing, or staffing requirements.

The OPCRH participates with the Alabama Partnership for Telehealth and the Alabama Rural Development Office to keep abreast of telehealth activities around the state, as well as with telehealth activities within the department and the American Telemedicine Association. The OPCRH was the catalyst in bringing together the ADPH telehealth team, the Bureau of Health Promotion and Chronic Disease, the Regional Health Care Network, and the Cheaha Regional Mental Health Center for discussion on, and eventual application for federal funding through the Telehealth Network Grant Program.

In addition to recruitment and other assistance, the OPCRH works in partnership with the Alabama Hospital Association to provide targeted technical assistance to 31 small rural hospitals to improve overall quality of health care and financial stability.

Social Work

Figure 66. 2015 Activities

Completed a statewide resource directory for use during disasters. The directory was published October 2015.

Developed a tip sheet in Spring 2015 for people who work with persons with disabilities.

Designed a flier of the 10 most common functional and access needs mistakes made in shelters that was published in November 2015.

Trained more than 190 members of the blind and/or deaf hearing impaired community on emergency preparedness and distributed weather radios and strobe lights to appropriate attendees from July to October 2015.

Awarded Public Health Social Worker of the Year and Public Health Manager of the Year awards for 2015 in March 2015.

Completed measurable roles and responsibilities for social workers in classifications one through four (county and area staff). These went into effect in 2015.

Held training for all social worker directors and managers on how to enhance supervisory skills in September 2015.

Office of Program Integrity

The Office of Program Integrity is an independent appraisal arm of the department. The office serves the State Health Officer to provide assurances regarding the integrity of the department's financial systems, compliance with federal requirements, and compliance with applicable state laws and regulations. The office also serves as consultant for the programs, services, and functions of the department.

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

During 2015, the Office of Program Integrity continued its mission of objectively evaluating county health departments and central office units in the areas of financial and administrative activities, and federal compliance.

Figure 67. Fiscal Year 2015 Accomplishments By Audit Category

Financial/Administrative Audits

County Health Departments	20
State Level Audits	2
Property Audits	20

Federal Program Audits

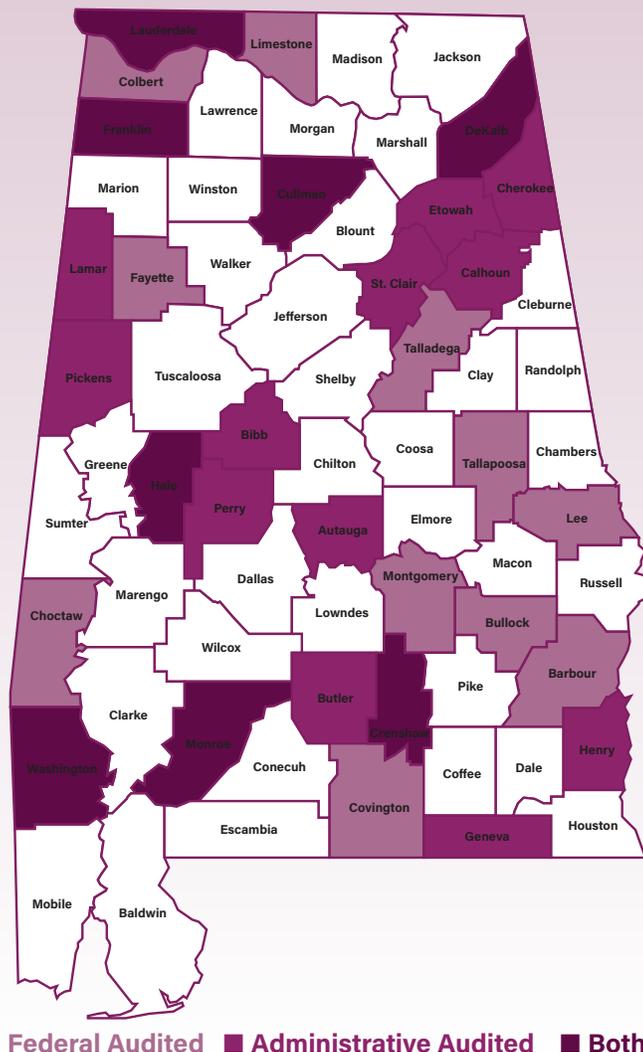
County Health Departments	19
Private/Local WIC Agency Audits	0

Special Reviews and Consulting

- SAFE (Security for Alabama Funds Enhancement) Program Compliance Monitoring
- Subrecipient Compliance and Monitoring

Figure 68. Federal and Administrative Audits by County

The Office of Program Integrity performed audits in 31 counties in 2015.



Office of Radiation Control

The primary mission of the Office of Radiation Control is to protect the public and occupationally exposed individuals from excessive exposure to ionizing radiation. This is accomplished by registering, licensing, and inspecting the day-to-day use of radiation in the state of Alabama; working with registrants and licensees to assist them in developing and implementing programs to maintain radiation doses as low as reasonably achievable; performing routine monitoring for radioactivity in the environment; responding to incidents involving radioactive material; and formal training and preparedness programs.

Notable Achievements for Fiscal Year 2015

- **Radioactive Material Program:** The U.S. Nuclear Regulatory Commission (NRC) conducted a performance evaluation of the office's agreement program for radioactive material. The NRC team found the program to be adequate to protect public health and safety and compatible with the NRC's regulatory program. This is the fifth regularly scheduled, in-depth review in 17 years, with each resulting in favorable results.
- **Medical X-Ray:** The X-Ray Compliance Branch inspected more than 3,000 X-ray tubes at approximately 1,200 registered facilities and completed a project to issue more detailed registration documents

to more than 3,500 regulated facilities that possess and use medical X-ray equipment.

- **Emergency Planning:** Alabama was the first state to receive credit from the Federal Emergency Management Agency (FEMA) for a Medical Services (MS-1) drill. Through careful documentation of an actual event involving very small amounts of radioactive contamination on a patient, the hospital was able to demonstrate to FEMA that it could safely handle a contaminated patient while providing proper and adequate medical care. The Emergency Planning Branch performed radiation safety and emergency response training to over 1,300 individuals. Those receiving training included individuals from the department, hospitals, emergency medical services, police, fire, and sheriff departments, as well as volunteer members of the public.
- **Environmental:** The Environmental Radiation Branch continued to collect air, water, soil, and vegetation samples from areas surrounding certain radioactive material licensees and the two nuclear power plants located within Alabama. This branch is also responsible for the radon program. During fiscal year 2015, more than 8,100 radon information packets and 1,450 radon test kits were distributed to the public.

Figure 69. Service Activities Fiscal Year 2015

Type of License or Registration	Number of Facilities	Number of License and Registration Actions	Number of Inspections
Medical X-Ray	1,782	636	729
Dental X-Ray	1,303	314	365
Veterinary X-Ray	481	103	109
Academic/Other X-Ray	16	4	8
Non-Medical X-Ray	328	96	15
Radioactive Material – Industrial	224	136	83
Radioactive Material – Medical	143	166	69
Radioactive Material – Academic/Other	32	22	21
Particle Accelerators	51	40	9
Radioactive Material – General Licenses	213	35	12

County Health Department Services

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

Typical services and information include the following:

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

Public Health Areas Map

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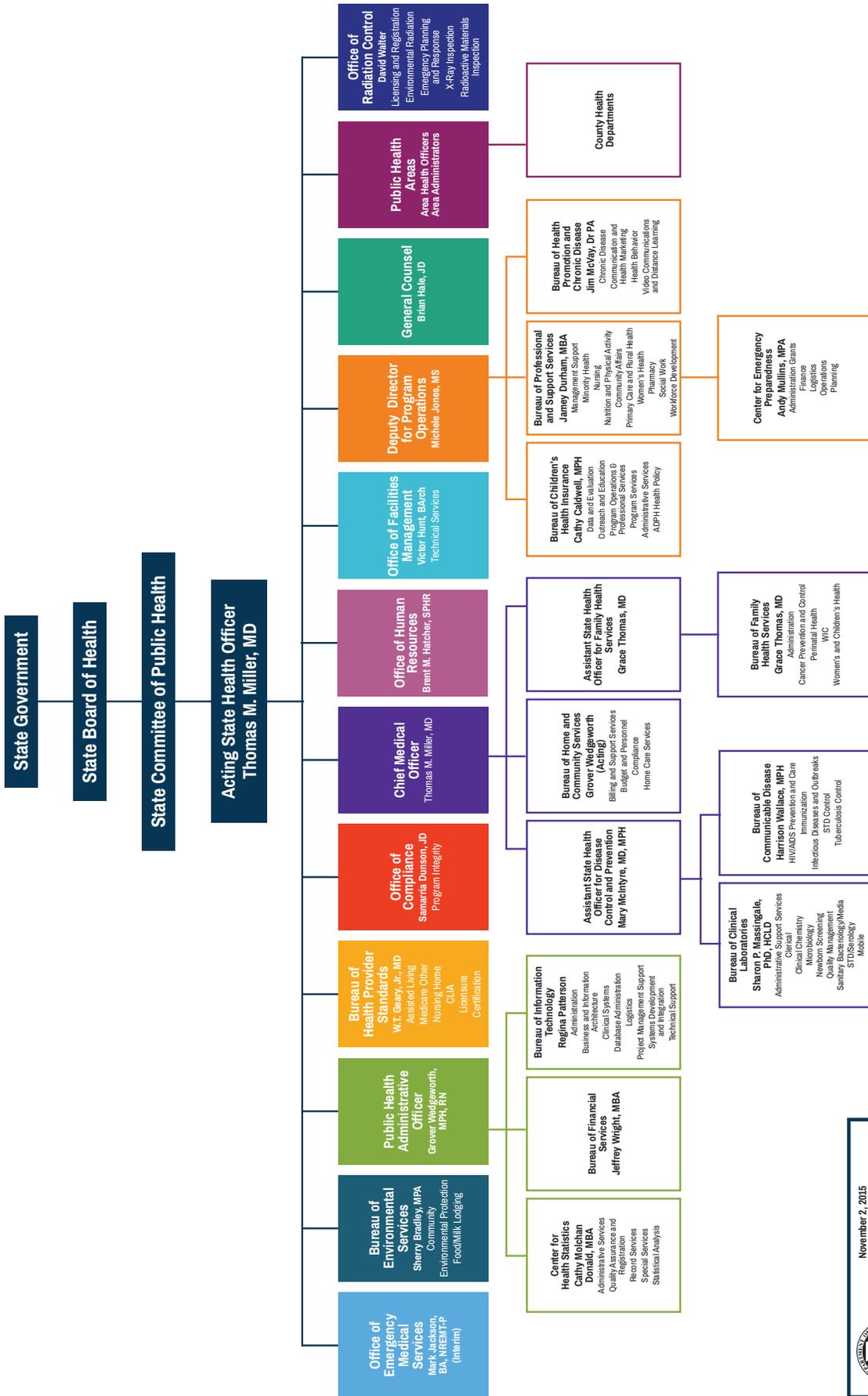
PHA 11

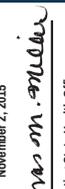
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ADPH Organizational Chart

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November 2, 2015

 Acting State Health Officer



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Informational materials in additional formats will be made available upon request.

This document may also be obtained through the Alabama Department of Public Health's Web site at www.adph.org.