

Alabama Department of Public Health

# Annual Report **2016**





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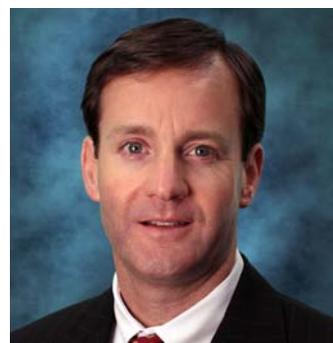
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# A LETTER FROM THE STATE HEALTH OFFICER

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

Dear Governor Bentley:

I am pleased to present to you the Alabama Department of Public Health's Annual Report for 2016. As with the nation, Public Health experienced several challenges during the past year, but in addition to confronting those challenges, departmental programs also achieved major accomplishments that will continue to ensure that Alabama citizens are healthy and safe.

As you are aware, the opioid epidemic in Alabama presents a daunting challenge for us to address. Our state ranks as one of the highest in opioid abuse. It is imperative that we tackle this issue now to assist Alabamians currently living with this addiction, and prevent others from becoming victim to this crisis. In conjunction with Alabama's Council on Opioid Misuse and Addiction, created by Executive Order No. 27, the department is working with a variety of stakeholders, both public and private, to assess the problem and identify a strategic roadmap to mitigate the crisis.

The Children's Health Insurance Program (CHIP) works diligently to decrease the uninsured rate in the state of Alabama. CHIP's enrollment continues to grow. During 2015 there was a combined total enrollment of 101,803 which increased to a combined total enrollment of 156,635 for 2016. The increase was due to the addition of Medicaid enrolled children (14 to 18 year olds who live above 18 percent federal poverty level) now being funded by CHIP. The program offers low-cost health care services to enrollees that include immunizations, vision and dental care, prescriptions, and doctor visits.

Although Alabama's obesity rate is improving, we continue to be one of the top states in obesity for both adults and children. During 2016, the department's Scale Back Alabama program, an inclusive weight-loss program implemented throughout Alabama, continued to assist citizens in losing weight and encouraged them to adopt healthier lifestyles. In the past year, the campaign drew more than 21,000 people and a total weight loss since the program's inception of more than 1.3 million pounds. The Scale Back Alabama school program achieved impressive numbers as well, with 135 schools enrolled. An additional accomplishment for the program during 2016 was breaking the Guinness World Record for the Most People on a Scale with 154 people participating.

Addressing the health care access gap is an important goal of the department. The Distance Learning and Telehealth Division has invested time and energy in promoting and providing telehealth throughout Alabama. Telehealth allows for long distance clinical health care so more citizens can receive the necessary professional services they need regardless of where they reside in the state. Since February 2015, the department has deployed 16 telehealth carts with plans to have 25 sites operational at county health departments by the spring of 2017. Telehealth provider partners include Veterans Affairs, the University of Alabama at Birmingham, Auburn University, Medical Advocacy and Outreach, and AIDS Alabama.

The Alabama Department of Public Health continues to work with a variety of partners to prepare, protect, and educate Alabamians to meet the challenges of protecting people from various viruses, preventing harm to citizens from man-made disasters, and educating our state population about emergency preparedness risks and concerns. Our department offers a broadly diverse portfolio of programs and activities, all designed to improve and protect the health of our citizens.

This past year, the department had the responsibility to both educate and help protect Alabamians from the Zika virus – a novel virus spread by a certain type of mosquito and for which currently there is no vaccine to prevent contracting and transmitting the virus. Because of the potential risks of Zika virus infection during pregnancy, our department and the Centers for Disease Control and Prevention (CDC) worked together to ensure pregnant women and their unborn babies were protected. While much about Zika remains unknown, strides are being made in understanding how to recognize, diagnose, and manage its complications. Our department will continue to work with a variety of partners to prepare, protect, and educate Alabamians to meet the challenges of the virus and its risks to the health of our babies.

Other activity by the department to protect children includes working with the medical community to evaluate blood lead levels in children. CDC recommends that at-risk children be screened for lead at 12 and 24 months. However, lead testing as part of health screenings is at the discretion of the doctor. In Alabama, we have a protocol for physicians to report blood lead levels of concern. Upon receiving a report, our department makes timely referrals for care coordination and an environmental-based home investigation to determine possible sources of lead exposure.

Our Center for Health Statistics announced late last year that the state's infant mortality rate was 8.3 deaths per 1,000 live births in 2015. This rate showed a decrease, with a total of 494 infants born in Alabama dying before reaching 1 year of age. However, disparities in infant mortality between black and white infants continued. The 2015 infant mortality rate for black infants was the highest it has been in the past 10 years--15.3 per 1,000, while the white infant mortality rate was its lowest in more than a decade, 5.2. The racial disparity between black and white infant birth outcomes continues to be of great concern. The black rate is almost three times the white rate in the state. There is much work to be done to address this ongoing challenge. Our department needs to both explore and transform social determinants of infant mortality by addressing modifiable risk factors that contribute to unfavorable birth outcomes.

In the coming year, we will research and implement the most efficient ways to deliver preventive public health education and services to Alabama citizens utilizing new technological communications tools and medical business models that help reduce costs and improve the way our department operates in the future. As always, we remain committed to addressing public health challenges and responsibilities to ensure a healthier, more productive Alabama.

Sincerely,



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



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## Value Statement

The Alabama Department of Public Health believes that all people have a right to be healthy. Our core values are the provision of high quality services, a competent and professional workforce, and delivering compassionate care.

## 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.

<b>1</b>	Bureau of Children's Health Insurance
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<b>6</b>	Office of Clinical Management and Practice
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<b>14</b>	Office of Emergency Medical Services
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## BUREAU OF CHILDREN'S HEALTH INSURANCE

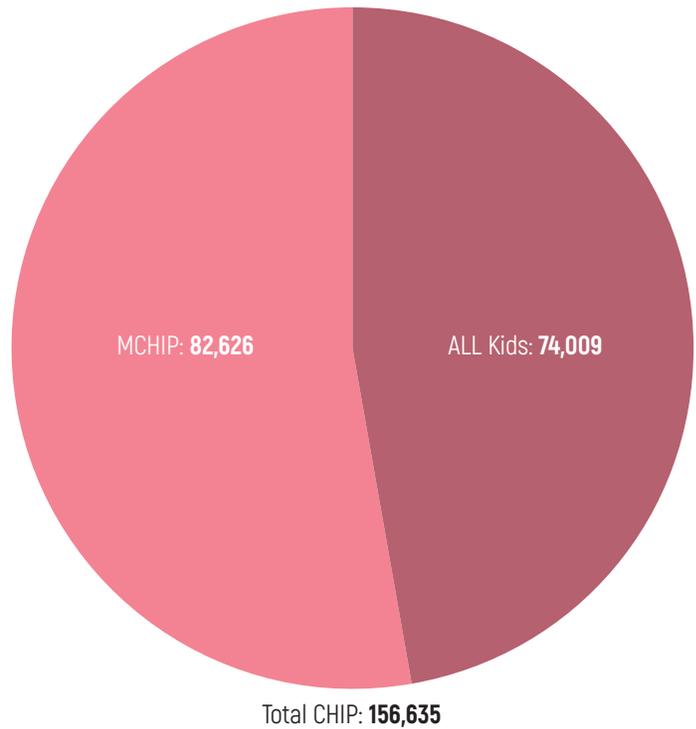
The Bureau of Children's Health Insurance administers the Children's Health Insurance Program (CHIP). CHIP provides comprehensive health coverage to eligible children through a separate program known as ALL Kids. The bureau administers CHIP according to federal requirements and was fully federally funded for fiscal year 2016. As a result of provisions in the Affordable Care Act, in addition to the ALL Kids program, CHIP now funds two groups of Medicaid-eligible children.

The bureau continues to work diligently to decrease the uninsured rate in the state of Alabama. CHIP's enrollment continues to grow. In fiscal year 2015 there was a combined total enrollment of 101,803 which increased to a combined total enrollment of 156,635 for 2016. The combined enrollment includes both ALL Kids enrollees and the CHIP-funded Medicaid children.

An ongoing goal of the bureau is to improve efficiency in the Centralized Alabama Recipient Eligibility System (CARES) enrollment system. CARES is used jointly with the Alabama Medicaid Agency. Both programs continue to see a robust use of the online enrollment application which can be used for ALL Kids and Medicaid enrollment.

To further streamline the renewal process, an automatic renewal system for enrollees is anticipated in the upcoming year.

**Figure 1. Fiscal Year 2016 Enrollment Figures  
(As of September 2016)**



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

**Laboratory Quality**

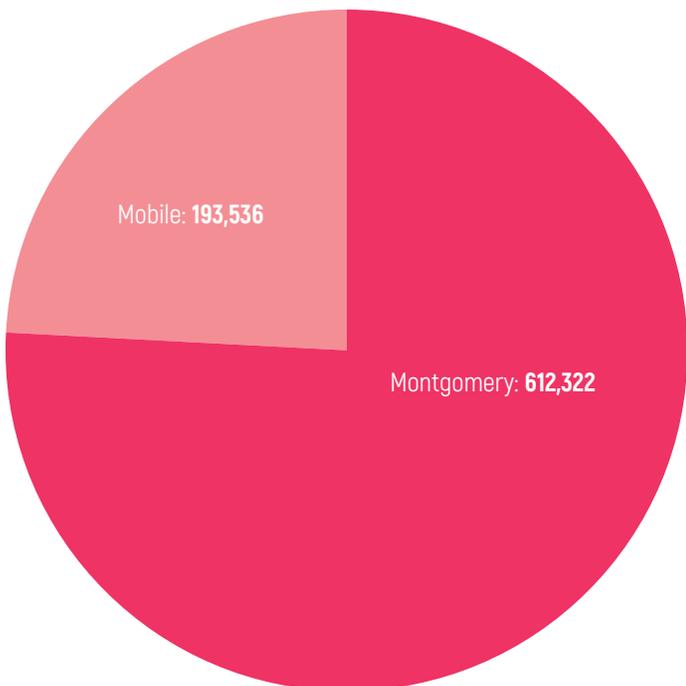
Laboratorians work diligently to ensure that the best science supports public health. This includes identifying and matching a disease-causing organism to a source, determining an allele as a metabolic error, or monitoring for the presence of harmful algae in the gulf.

Staff is committed to quality and is 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 to ensure quality test results. The Clinical Lab is in year two of a five-year, \$1.5 million FDA grant to become ISO 17025 (International Organization for Standardization) accredited. This comprehensive standard demonstrates that the designated laboratory values quality and has taken the necessary steps to ensure that calibration or testing results are accurate and reliable.

**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 1,892,635 laboratory tests were performed this year for the 819,254 specimens received. The distributions of specimens are depicted in the accompanying figures. The number of specimens received and tests performed increased by 0.69 percent and 4.5 percent, respectively, during the past year.

**Figure 2. Distribution of Clinical Specimens, 2015**



**Laboratory Information Management System**

The BCL ChemWare Horizon Laboratory Information Management System (LIMS) continues to evolve as new instruments are interfaced. The number of clinical and environmental 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, is automated to improve reporting time.

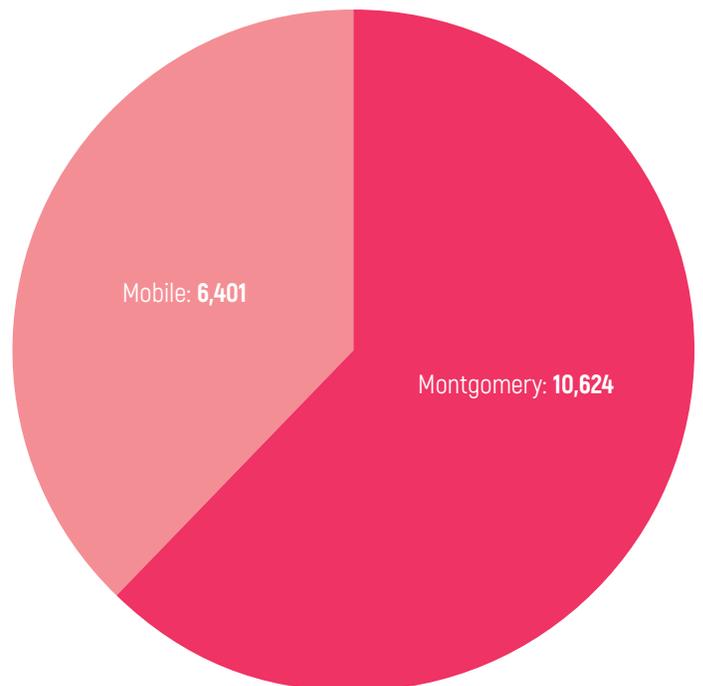
Electronic ordering and reporting reduces data-entry errors, decreases turn-around time, and allows for near real-time reporting. However, the LIMS for the newborn screening laboratory testing does not receive electronic requests, but does contain reporting tools that integrate newborn screening results to help facilitate billing, rapid follow-up, and intervention. The system recently implemented a searchable Web-based interface that allows providers to search for their entity's lab results. Approximately 80 percent of the BCL's clinical and environmental samples are reported back to their ordering providers via some form of electronic means.

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. This system should allow the BCL to maximize its revenue sources while improving both efficiency and quality of testing results.

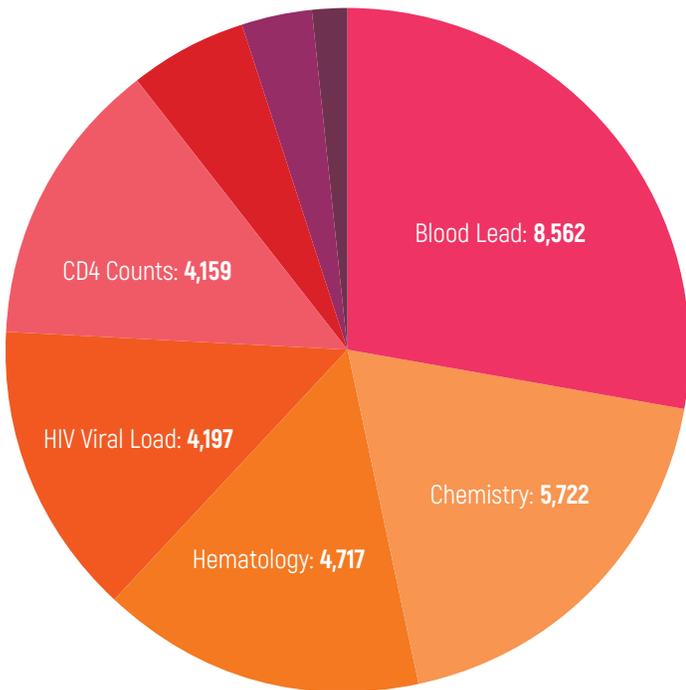
**Clinical Chemistry Specimens Processed and Analyzed**

The Clinical Services Branch performs routine chemistry profiles, Hepatitis B screenings, complete blood counts, CD4/CD8 T-lymphocyte

**Figure 3. Distribution of Environmental Specimens, 2015**



**Figure 4. Clinical Chemistry Specimens Processed and Analyzed, Fiscal Year 2016**



■ HIV Genotyping: 471 ■ Environmental Lead: 1,025 ■ Hepatitis: 1,731

subset enumeration, and quantitative polymerase chain reaction (PCR) for HIV viral loads and HIV genotype testing from which surveillance information is provided to the CDC for genotype sequence genomes. 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. Clinical services performs drug screen testing for applicants in accordance with Alabama SB 63 for the Department of Human Resources' Temporary Assistance to Needy Families program. Lead testing is conducted in support of the department's Childhood Lead program. The division processed and analyzed 30,584 specimens during fiscal year 2016.

## Infectious Disease Testing - Microbiology

### Outbreaks

The Emerging Infectious Disease (EID) Section improved testing for outbreak investigations with the addition of syndromic panel testing. A gastrointestinal panel to screen samples of unknown etiologies prior to food testing or triaging for serotyping or subtyping is now available. The panel was used to track 16 outbreaks caused by the following agents: Norovirus, Sapovirus, *Salmonella*, *Cryptosporidium*, *Clostridium difficile*, and enteropathogenic *E. coli*.

As participants of PulseNet, the EID Section used pulsed field gel electrophoresis (PFGE) analysis to initiate Alabama cluster investigations of *Shigella flexneri*, *Shigella sonnei*, *E. coli* O121, and *Salmonella* outbreaks this year. Sample analyses contributing to 20 national outbreaks were posted to PulseNet. PFGE testing implicated *Salmonella enteritidis* in an outbreak associated with a restaurant in Shelby County involving 36 sick patrons. EID performed PFGE analysis to support a local Alabama hospital's investigation to control a Methicillin-resistant *Staphylococcus aureus* outbreak. Of the 109

**Figure 5. PulseNet, Fiscal Year 2016**

<i>Salmonella</i>	1,002
<i>Shigella</i>	124
<i>Campylobacter</i>	25
<i>Shigella flexneri</i>	21
<i>E. coli</i> O157:H7	19
<i>E. coli non-O157:H7</i>	12
<i>Listeria</i>	8
<i>Vibrio cholerae</i>	1
<i>Vibrio parahaemolyticus</i>	1

norovirus specimens tested, 23 outbreaks were reported, 8 of which were identified by sequencing and submissions to CalciNet.

EID confirmed 3 malaria cases, serotyped 64 *Haemophilus influenzae*, and serogrouped 4 *Neisseria meningitidis*. More than 500 specimens were sequenced for bacterial identification, 153 specimens tested for influenza virus, and 2 tested for *Bordetella* species. Two specimens were tested for Lyme disease.

EID expanded testing capabilities to respond to the Zika virus. An antibody test to detect Zika and a PCR assay to detect dengue, chikungunya, and Zika were validated during the response. BCL tested 164 specimens for Zika antibodies resulting in 11 presumptive positives

**Figure 6. Emerging Infectious Diseases, Fiscal Year 2016**

16S Sequencing	532
Arbovirus	321
Bioterrorism	13
Bordetella	2
CalciNet	28
Gastrointestinal Panel	23
<i>H. influenzae</i>	69
Influenza	153
Lyme	2
Malaria	6
MERS-CoV	3
<i>N. meningitidis</i>	4
Norovirus	109
PulseNet	1,213
Respiratory Panel	7
Zika	164

that were submitted to the CDC for confirmation. The PCR assay was used to test 261 specimens, finding 25 positives for Zika virus and 1 positive for dengue. In addition, EID shipped over 100 samples to CDC for arboviral testing before the establishment of these tests at the BCL. EID has received equipment and reagents for whole genome sequencing and plans to implement testing in early 2017.

The Reference Section continues to improve food testing capability with progress towards ISO certification. The section acquired an instrument to enhance its ability to rapidly enumerate bacteria from contaminated food and with greater accuracy. This section assisted with 18 outbreaks including *Legionella*, food and waterborne sources, and identified 4 biological select agents and 5 cases of malaria. Staff continues to verify studies for the Matrix Assisted Laser Desorption Ionization Time of Flight (MALDI-TOF) mass spectrometry assays in the identification of bacterial agents that are potential public health threats.

### Preparedness

The biological and chemical terrorism (BT and CT) laboratories collaborated with Alabama's National Guard 46th Civil Support Team and Tennessee's National Guard 45th Civil Support Team to participate in an Analytic Laboratory Systems challenge conducted by the U.S. Army Medical Research Institute of Infectious Disease. The challenge held at the BCL involved 25 personnel and more than 30 samples over the course of two days. The laboratory also responded to a potential Middle Eastern Respiratory Syndrome-Coronavirus (MERS-CoV) patient. The BCL received 11 clinical specimens and 2 environmental samples to rule out agents of bioterrorism; 1 was positive for *Brucella suis*, 1 for *Francisella tularensis*, and 1 was positive for botulinum toxin A.

The CT laboratory participated in an organophosphorus nerve agents with CDC's Rapid Toxin Screen analytical exercise, and one unknown white powder event. The laboratory is in the process of validating testing to screen baby cereal of ochratoxins.

### Tuberculosis (TB) and Fungal Infections

The Mycobacteriology Section received 9,516 specimens for isolation and identification of *M. tuberculosis* complex and other *Mycobacteria* species. PCR-based technology has increased the rapidity and efficiency for determining TB cases. A positive TB smear result can be identified immediately with this technique. The TB lab continues to provide genotyping through the Michigan Department of Community Health which aids in determining origins of outbreaks. Both the rapid PCR testing and genotyping were especially useful during the Perry County TB outbreak investigations. The TB Section implemented MALDI-TOF analysis to increase the turnaround times in identifying nontuberculous mycobacteria.

The Mycology Section reported 17 systemic yeasts (i.e., *Cryptococcus neoformans* and *Cryptococcus* species) and 23 systemic fungi (i.e., *Blastomyces dermatitidis*, *Coccidioides immitis*, and *Histoplasma capsulatum*) in a timely manner. Promptly recognizing systemic yeasts and molds early is essential to enabling doctors to properly care for their patients. A total of 3,419 specimens were received in this section from both county health departments and private providers.

### HIV and STD Testing

The total number of specimens tested in 2016 increased by

23 percent. The incidence rates for chlamydia, gonorrhea, trichomoniasis, HIV, and syphilis remained unchanged for women and men attending adult health and STD clinics. The STD Testing Division received 234,000 specimens and performed 436,000 tests. CDC's reverse algorithm is followed for syphilis testing; however this year, rapid plasma reagin replaced the venereal disease research laboratory test to identify active infections of *Treponema pallidum*.

## Mobile Division Laboratory

### Shellfish/BEACH/ Harmful Marine Phytoplankton Branch

The BCL Mobile Division maintained FDA compliance with approved National Shellfish Sanitation Program analytical methods and practices for oyster meats and associated growing waters. In coordination with the bureau's efforts to achieve ISO 17025 accreditation, the Mobile Division tested processed crabmeat products for the presence of *E. coli* contamination. In 2016, 590 samples of oyster growing water were tested from Alabama and Georgia harvest areas for evidence of fecal coliform contamination. A collaborative effort was undertaken with the Georgia Department of Conservation and Natural Resources to establish its own shellfish laboratory. Until the Georgia lab is established and certified, the Mobile Division contracts for testing services.

This laboratory continued the harmful algae testing of required shellfish growing areas and along designated Alabama Gulf of Mexico recreational sites examining 408 samples using the metrics of >5000 cells of *Karenia brevis* per liter of water. There were no shellfish growing area closures due to harmful algal bloom. This division provided assistance to ADEM and the Alabama Department of Conservation and Natural Resources in their investigations of reported discolored water and fish kills. Investigations included 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. In total, 789 water samples were tested for *Enterococcus* (a fecal indicator bacterium) in recreational waters. Swimming advisories were issued when elevated levels of bacteria were found.

### Mobile Division Clinical Branch

In collaboration with the BCL STD Division, the Mobile Division performs syphilis and gonorrhea, chlamydia and trichomoniasis (CT-GC-TV) testing. The Mobile CT-GC-TV Section tested about 148,665 specimens from county health departments and private providers. The Mobile Syphilis Section tested approximately 36,000 sera from county health departments and private providers in accordance with CDC's diagnosis and treatment algorithm. The Urine Culture and Sensitivity Section analyzed 1,740 specimens for potential pathogens and antimicrobial sensitivity.

### Mobile Division Environmental Testing

The Drinking Water Section tested 4,761 samples for public or community systems and private wells.

## Environmental Testing

### Sanitary Bacteriology/Media Division

The Sanitary Bacteriology/Media Division tests dairy products, public and private water, fluoride samples, and prepares culture media and

## BUREAU OF CLINICAL LABORATORIES

reagents used by county health departments and both locations of the BCL. Testing was done on 2,113 dairy samples to include raw producer and tank truck samples as well as finished dairy products. Testing was performed on 1,054 fluoride samples. The laboratory tested 4,432 public and private water samples in support of the Safe Water Act under its contract with ADEM. To ensure compliance with state and federal standards, 20 public water utility laboratories (EPA) were inspected as well as 6 milk laboratories (USDA). Media and reagents were prepared in support of the Newborn Screening, Reference Microbiology, Milk and Water, Mycology, TB, and emerging infectious disease programs.

### **Rabies**

Rabies testing yielded 1,528 specimens tested in the Montgomery Lab with 71 positives and 221 specimens tested in the Mobile Division with 7 positives. Recently, there was a positive case in Montgomery County from a raccoon attacking a girl's leg. Also, there were 32 animals (raccoons and coyotes) that were illegally brought into this state. They all tested negative for rabies.

### **Newborn Screening Testing Program**

State law mandates 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 Section (NBS) performs tests that aid in the diagnosis of 30 primary disorders recommended by the March of Dimes and the American College of Medical Genetics and 15 secondary disorders. The laboratory screens approximately 150,000 specimens yearly for these 45 different disorders which translate to 6 million total tests.

The NBS laboratory was chosen by a leading national NBS vendor to participate in a customer assisted implementation of a new test that is being added to Alabama's panel to aid in the diagnosis and treatment of Severe Combined Immunodeficiency. The NBS lab also received grant funding to assist with this process.

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. Each newborn identified with a disorder has 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 providers in determining needs such as additional testing, medication, and diet, and developing a treatment plan when necessary.

## Division of Social Work

The Division of Social Work staff serve as members of a multidisciplinary team of professionals, skilled in using social work values, knowledge, and community resources to promote positive health outcomes, while respecting personal choice and promoting the health and well-being of individuals, groups, and communities. Public health social workers act as liaisons within their respective communities, educating and advocating for changes to improve poor outcomes related to social determinants of health.

During 2016, division staff were deployed to Florida to assist in the response to Hurricane Matthew and collaborated with college and university partner schools, both within Alabama and out-of-state, to provide field placements for social work students at both the bachelor's and master's level to promote the profession of social work and public health social work as a career. In 2016, university collaborations included Alabama A & M University, Oakwood College, the University of Alabama, the University of New England, Troy University at Montgomery, the University of Louisville, the University of North Alabama, and the University of South Alabama. Staff from the Division of Social Work also hold board positions for the Alabama Conference of Social Work and the Alabama Suicide Prevention and Resource Coalition. Additionally, the department is represented on committees and community groups such as Human Trafficking Task Forces, the Multi-Needs Committee, Suicide Prevention Advisory Committee for the Department of Education, and AlaVetNet.

The division is an approved provider of Social Work Continuing Education by the Alabama Board of Social Work Examiners, and

during 2016 provided social work continuing education credit for more than 75 programs, both onsite and via satellite.

The department employs approximately 200 social workers who provide care in county health department clinics, the home, or are responsible for programmatic oversight in the county, area, or central office. Social workers provide direct service to a multitude of Alabamians in a variety of settings and programs within the department including Plan First, Patient First, Elevated Lead, Metabolic Care Coordination, Newborn Hearing Screenings, Home Health, Telehealth, Wisewoman, Suicide Prevention, Prenatal Education, Adolescent Abstinence Education, Maternity Care Coordination, HIV Care Coordination, Tuberculosis, Sexually Transmitted Diseases, Diabetes Self-Education, Alabama Personal Responsibility Education Program (APREP), and serve on several committees at the local level using the Collective Impact framework to address deeply entrenched and complex social problems that negatively impact the health of communities in Alabama.

## 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. The department employs 850 nurses who provide family planning, child health, and preventive and treatment services for disease control. Many of these nurses are active in providing nursing services during times of disaster in Alabama and the southeast. Public health nurses are active in the community through involvement in health fairs and other educational opportunities.

# 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 & Outbreaks Division's (ID&O) 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.

The accompanying chart demonstrates the volume of disease reports investigated in 2016 as compared to the number that qualify as cases according to the criteria established by the Council of State and Territorial Epidemiologists and the Centers for Disease Control and Prevention (CDC).

**Figure 7. Select Alabama Notifiable Disease Investigation and Case Counts, 2016\***

Diseases (Counts are preliminary as of 12/24/2016)	Cases	Investigations
Campylobacteriosis	687	698
Cryptosporidiosis	338	346
<i>E. coli</i> , shiga toxin-producing	35	132
Ehrlichiosis/Anaplasmosis	22	34
Giardiasis	262	266
Hepatitis A	18	164
Hepatitis B, acute	57	90
Hepatitis C, acute	34	179
Legionellosis	60	101
Lyme disease	43	633
Malaria	10	12
Salmonellosis	1278	1,485
Shigellosis	257	387
Spotted Fever Rickettsiosis	455	1,330
Vibriosis (non-cholera)	31	36
<b>Total</b>	<b>3,587</b>	<b>5,893</b>

\*Tuberculosis Control, Immunization, STD, and HIV/AIDS Prevention and Care Divisions' diseases are not included.

## 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 ID&O

within 24 hours. During 2016, 357 outbreaks and complaints were investigated. Some of the investigations included the following:

### Cryptosporidium Outbreak Associated with a Water Park Facility

On August 12, 2016, ID&O received an anonymous report of two groups, with 25 and 10 individuals, who experienced gastrointestinal illness after visiting a water park on July 31. *Cryptosporidium* was found to be responsible for the illness in at least three people, including one individual who was hospitalized. An environmental inspection was performed by the department's Bureau of Environmental Services (BES) at the water park facility to collect samples for testing and to review maintenance and upkeep policies and procedures. No violations or organisms were identified; however, BES recommended water treatment through hyperchlorination of all the pools before reopening the facility to the public. Hyperchlorination took place on August 16.

### Salmonella enteritidis Outbreak Associated with a Wedding Reception

On November 14, 2016, ID&O received a report of gastrointestinal illness among guests who attended a wedding reception at a hotel on November 12. Using an outbreak-specific questionnaire (OSQ), 64 individuals were identified as cases. The OSQs were also used to identify potential food sources for the outbreak. BES performed an environmental inspection of the hotel and food caterer for the event and also collected leftover food samples for laboratory testing. The Bureau of Clinical Laboratories (BCL) isolated *Salmonella enteritidis* with the same genetic pattern from 28 ill individuals and 3 food samples. Based on the positive laboratory results and the information from the OSQs, undercooked chicken was identified as the likely cause of the outbreak.

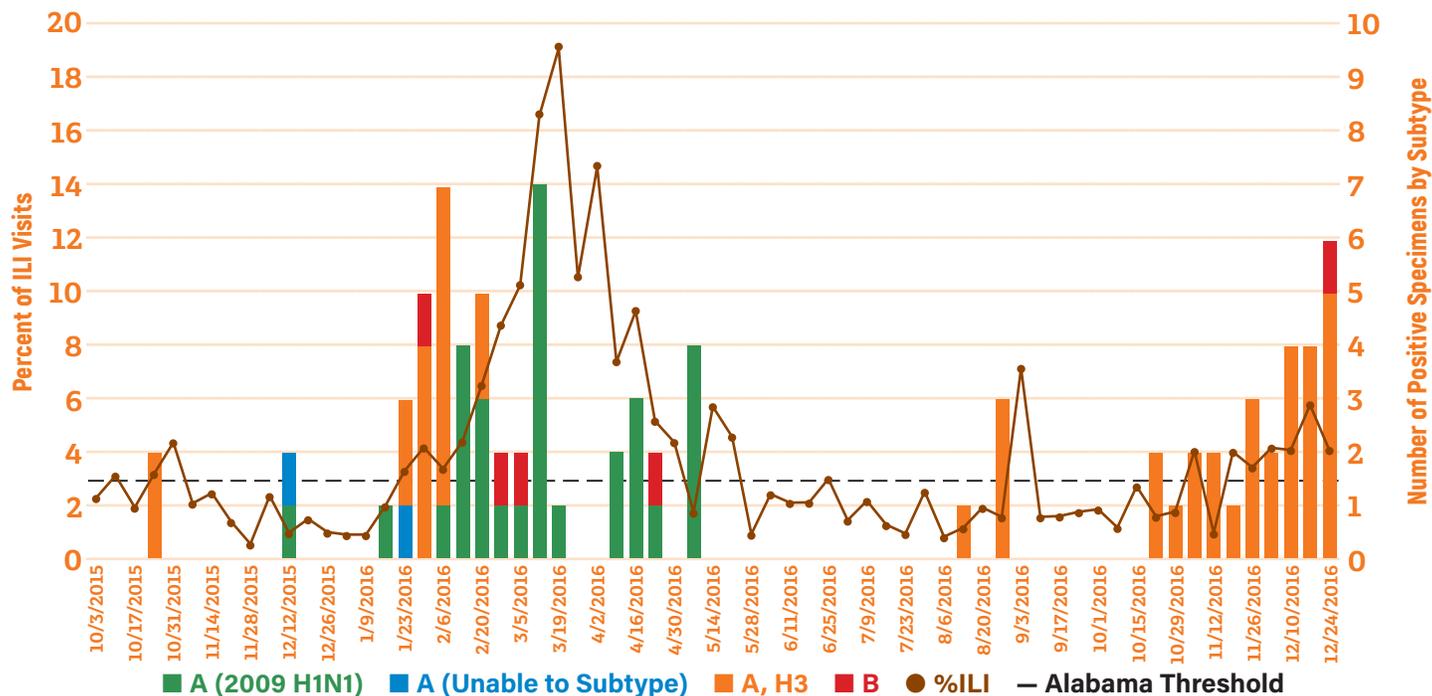
### Shiga Toxin-Producing E.coli Outbreak Associated with a Restaurant

On August 29, 2016, ID&O observed three cases of shiga toxin-producing *E. coli* (STEC) in Alabama residents that had reported eating at the same restaurant in Georgia. Since the restaurant was in Georgia, the Georgia Department of Public Health led the investigation with assistance from the department for interviews and data collection. The BCL isolated *E. coli* O157:H7 from samples submitted by two Alabama residents. All Alabama cases reported eating beef from this restaurant. The Georgia Department of Public Health identified one of its residents with STEC who also ate at the same restaurant so its environmental investigators inspected the facility. The facility inspection report cited numerous critical violations that could have led to pathogen proliferation and transmission. Through the collaboration between the two states, the restaurant was implicated as the common source of exposure for the STEC cases.

### Folliculitis Outbreak Associated with Recreational Water Use at Lodging Facility

On February 12, 2016, an outbreak of unknown dermatological illness was reported to ID&O. Thirteen children had developed rashes after exposure to a hot tub and indoor swimming pool at a lodging facility. One additional individual was diagnosed with folliculitis by a primary physician. BES visited the facility to inspect its water quality and cleaning protocols. No concerns or violations were observed during environmental inspection and the facility had correctly followed CDC guidance by adding additional chemical checks to its routine pool maintenance once the rash illness was reported. The outbreak investigation was closed on February 23 since no new cases were reported in the two weeks following the initial report.

Figure 8. Positive Influenza Specimens Received at the BCL and Percentage of Visits with Influenza-like Illness (ILI) Reported by Week Ending Date, AL, October 3, 2015 - December 24, 2016



**Influenza Activity**

During the 2015-2016 influenza season (October 4, 2015- May 21, 2016) 33.3 percent of 153 specimens received by the BCL tested positive for influenza. Of the 76 specimens received October - December 2016, 30.3 percent tested positive for influenza.

**Arboviral (Mosquito-borne) Surveillance**

In 2016, the department investigated 452 reports of suspected human arboviral illness, and 64 positive cases were identified in Alabama. The majority of cases were caused by Zika virus (39) or West Nile virus (18).

Cases of illness associated with Zika virus had not previously been identified in Alabama. As Zika case counts began to rise in nearby countries, ID&O began surveillance and testing to identify potential travel-associated cases, particularly among pregnant women due to the danger of birth defects associated with Zika. These individuals were not only tested for Zika virus, but also for dengue and

Figure 9. Counts of Human Arboviral Cases – Alabama, 2016

Arboviral Disease	Cases	Investigations
Zika virus	39	402
Chikungunya virus	1	3
Dengue fever	5	12
St. Louis Encephalitis	0	1
West Nile virus	18	33
Yellow fever	0	1

chikungunya since they share similar viral characteristics. Through this process, ID&O was able to develop a multi-functional surveillance system that would not only identify travel-associated cases, but also detect any locally acquired cases in a timely manner so that control measures could be initiated swiftly. No locally acquired cases of Zika virus were identified in 2016 in Alabama.

**Rabies**

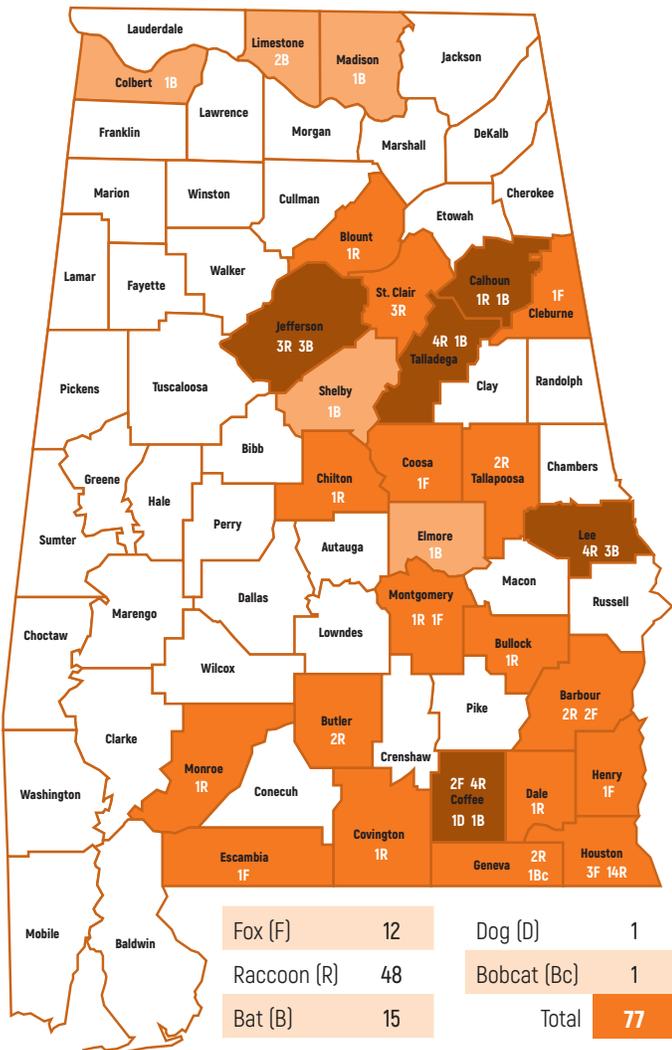
In 2016, the department investigated 6,331 potential rabies exposures, and performed 1,575 rabies tests on animals suspected of having exposed a human. The BCL confirmed 77 positives with the vast majority being in the wildlife reservoirs – raccoons, foxes, and bats. One dog tested positive and was confirmed to have been infected with the raccoon strain. Thus, this highlighted the continued importance and emphasis on vaccination of domestic animals to reduce the public health threat of rabies.

**Healthcare-Associated Infections**

The state of Alabama remains committed to reducing healthcare-associated infections in hospitals. Alabama hospitals began reporting four infection measures to the Alabama Department of Public Health in 2011: catheter-associated urinary tract infections (CAUTIs), central line-associated bloodstream infections (CLABSIs), surgical site infections (SSIs) associated with colon surgeries and SSIs associated with abdominal hysterectomies. This data represents Alabama’s fifth year of reporting infection measures. In 2015, Alabama hospitals had significantly fewer CAUTIs and CLABSIs than predicted using national baseline data. SSI counts for colon surgeries and abdominal hysterectomies were both statistically similar to numbers predicted using national baseline data.

# BUREAU OF COMMUNICABLE DISEASE

**Figure 10. Laboratory-Confirmed Animal Rabies Cases, 2016\***



■ Terrestrial (e.g., bobcat, fox, raccoon) ■ Aerial (bat) ■ Both  
 \*Only includes animals tested by the Alabama Department of Public Health

## HIV/AIDS Prevention and Care Division

The mission of the HIV/AIDS Prevention and Care Division is, in collaboration with community partners, 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.

Alabama's 2015 preliminary HIV Surveillance data indicates there were 353 new cases of HIV infection with a cumulative total of 19,677. The epidemic continues to disproportionately affect blacks in Alabama. Black males continue to have the highest number of newly diagnosed HIV infections each year and more than one-half (52 percent) of all cases during the past five years. An estimated 1 in 6 people living with HIV are unaware of their infection, thus are not receiving regular medical care to manage the disease.

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

The division has launched the Start Talking Alabama campaign targeting young men of color due to the increasing numbers of new HIV cases among this population. Start Talking Alabama has created a presence on social media utilizing Facebook, Instagram, Twitter, and YouTube. The campaign posted four new videos on YouTube during 2016. The goal of the campaign is to increase HIV screening tests, provide prevention information, and linkage and support services for those who may be infected. A five-city campaign launch tour was completed in 2016. In addition to Start Talking Alabama, the division, in collaboration with providers that treat HIV pregnant women, launched the One Test/Two Lives campaign targeting women of childbearing age. This campaign goal is to remind women to have HIV screening tests before and during pregnancy to ensure a healthy HIV-negative outcome for their baby.

**Figure 11. Hospital-Associated Infections Reported to the Department, 2016**

Number of Alabama Hospitals Reporting	Number of Device Days/ Procedures	Number of Healthcare-Associated Infections	Standardized Infection Ratio	2015 Hospital Performance Compared to National Performance
<b>Catheter-Associated Urinary Tract Infections</b>				
91	450,041**	425	0.469†	Better
<b>Central Line-Associated Bloodstream Infections</b>				
70	217,434***	352	0.743	Better
<b>Surgical Site Infections (SSIs) Associated with Colon Surgeries*</b>				
68	5,910	164	0.900	Similar
<b>SSIs Associated with Abdominal Hysterectomies*</b>				
60	6,820	50	0.958	Similar

\*Does not include superficial SSIs. † Does not include mixed acuity facilities.

\*\*Catheter days: The sum of patients with an indwelling urinary catheter in medical wards, surgical wards, medical/surgical wards, and adult and pediatric critical care units.

\*\*\*Central line days: The sum of patients per day with a central line in adult, pediatric, and neonatal critical care units.

## BUREAU OF COMMUNICABLE DISEASE

The "KML AL" is an app recently released by the division that seeks to encourage individuals to "Know Your Status, Manage Your Health, and Live Your Best Life." It is an information source to help prevent the transmission of HIV/AIDS and to help those with HIV/AIDS in managing their disease. The app informs users of how HIV is transmitted, how to prevent HIV, and where to find HIV screening, as well as clinical and support services. The app is available in Apple and Google App stores.

Currently, the HIV/AIDS Division is providing medications for 798 individuals through the AIDS Drug Assistance Program as of November 2016, and 1,614 people through the Insurance Assistance Program as of December 2016. The division partnered with Medical AIDS Outreach to expand telemedicine services into 16 county health departments. Telemedicine expansion has improved access to medical services for clients that cannot afford expensive and extended travel to doctors or medical care several counties away.

### Immunization Division

The Immunization Division's (IMM) goal is to reduce vaccine-preventable diseases (VPD) 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 in public schools to ensure they have a valid Certificate of Immunization (COI) or exemption on file. In the 2015-2016 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 and no COI remained at 5 percent.

In addition, the DQS Branch conducted VPD surveillance activities throughout the state. IMM field staff investigates VPD reports submitted by notifiable disease reporters and laboratories. In 2016, IMM field staff began investigating three additional VPDs, Meningococcal disease, *Streptococcus pneumoniae*, and *Haemophilus influenzae*. In total, IMM investigated 1,540 VPD disease reports (of which 693 were classified as cases and 7 were varicella and pertussis outbreaks).

**Figure 12. Cases Classified As Vaccine-Preventable Diseases in Alabama, 2010-2016**

Disease	2010	2011	2012	2013	2014	2015	2016
Measles	0	0	0	0	0	0	0
Mumps	4	2	0	0	0	1	2
Rubella	0	0	1*	0	0	0	0
Tetanus	0	1	0	0	0	1	1
Pertussis	94	68	117	98	204	170	165
Polio	0	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0	0
Varicella	114	96	46	42	36	174	100
Meningococcal							5
<i>Strep. pneumoniae</i>							341
<i>H. influenzae</i>							79
							<b>Total 693</b>

\*Congenital Rubella Syndrome

**Figure 13. Number of Vaccines in ImmPRINT by Year and Provider Type, 2010-2016**

Year	Source	Clinic	Federally Qualified Health Center	Hospital	Pharmacy	Rural Health Clinic	School	Youth Facility
2010	ImmPRINT	280,946	32,568	537	0	27,989	-	-
2011	HL7	12,922	-	-	-	-	-	-
	ImmPRINT	485,753	40,743	1,497	3,275	43,859	-	-
2012	HL7	250,714	30	2,777	-	10,083	-	-
	ImmPRINT	1,199,743	71,829	2,561	4,352	61,520	-	635
2013	HL7	417,213	9,874	11,416	-	21,196	-	-
	ImmPRINT	1,118,746	64,894	2,078	3,319	56,777	-	640
2014	HL7	624,109	10,007	18,169	-	38,146	-	-
	ImmPRINT	1,096,943	62,217	1,205	3,218	49,844	-	592
2015	HL7	1,011,514	55,271	83,615	-	52,463	-	-
	ImmPRINT	1,131,008	70,017	1,214	4,476	46,858	-	580
2016	HL7	1,216,770	68,803	71,831	201,006	55,772	0	-
	ImmPRINT	1,333,454	83,440	2,181	6,036	50,626	44,433	463

# BUREAU OF COMMUNICABLE DISEASE

The Registry Branch manages Alabama's immunization registry, Immunization Provider Resource with Integrated Technology (ImmPRINT), a lifespan registry for all Alabama citizens. The registry is health care-provider focused, and includes, but is not limited to the following: pediatrics, family practice, internal medicine, hospitals, federally qualified health centers, rural health clinics, county health departments, and pharmacies. With this approach, ImmPRINT has been able to recruit providers ensuring the highest standard data quantity and quality while providing the functionality needed. As of December 2016, ImmPRINT contained over 4.6 million patient records and 51 million vaccines submitted by more than 2,661 providers. More than 1,614 providers submit electronically via their electronic health record and 1,847 providers submit via manual entry. ImmPRINT's primary goal is to ensure and provide accurate and timely data to all immunization data users statewide.

The VFC Branch manages the federal entitlement program which provides federally funded 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 2016, there were 520 enrolled public and private providers who receive approximately \$60 million worth of vaccines. IMM field staff performs federally required VFC site visits and AFIX audits for 25 percent of enrolled VFC providers to ensure proper vaccine storage and handling, accurate and safe administration of vaccine, and vaccine coverage improvement.

The Administration Branch manages multiple state and federal budgets for a staff of more than 50 statewide, as well as procurements, contracts, and grants. This branch initiates and facilitates educational and promotional activities to increase awareness of immunization and disease through statewide marketing campaigns.

## STD Division

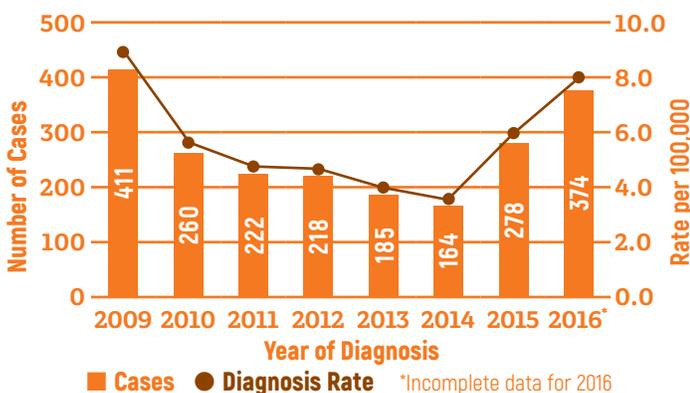
### Primary and Secondary Syphilis

In 2016, a total of 374 cases of primary and secondary syphilis infection were reported to the Alabama Department of Public Health. This case count corresponds to a rate of 7.8 cases per 100,000 population, an increase of 34.4 percent when compared to the rate in 2015.

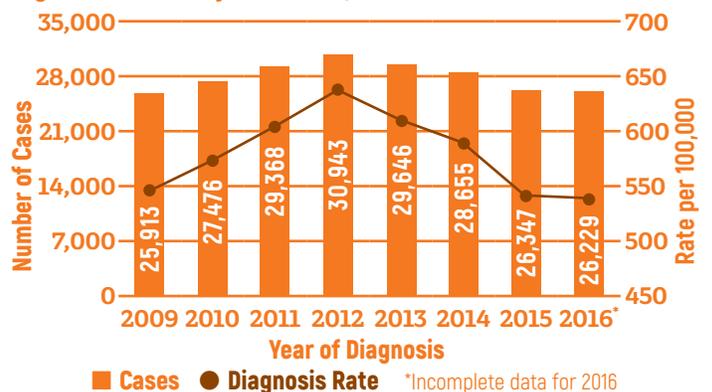
### Chlamydia

In 2016, a total of 26,229 cases of *Chlamydia trachomatis* infection were reported to the Alabama Department of Public Health. This case count corresponds to a rate of 548.8 cases per 100,000 population.

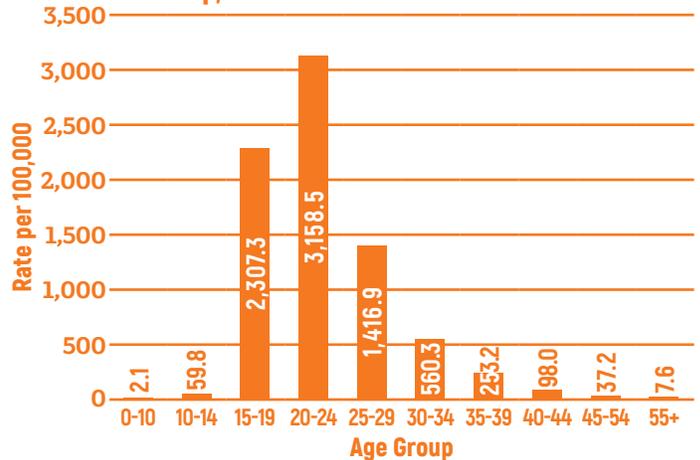
**Figure 14. Primary and Secondary Syphilis Cases, Alabama 2009-2016**



**Figure 15. Chlamydia Cases, Alabama 2009-2016**



**Figure 16. Chlamydia - Rates of Reported Cases by Age Group, Alabama 2016**



There was no statistical change in the rate of newly diagnosed cases from the previous year.

The rate of reported chlamydia cases remained highest among blacks (913.4 cases per 100,000 population) and Hispanics (154.0 cases per 100,000 population). Cases among whites were lower (133.0 cases per 100,000 population). While rates of chlamydia declined by 11.9 percent and 6.3 percent among blacks and whites, respectively, rates increased by 26.4 percent among Hispanics.

In 2016, the overall rate of chlamydial infection in Alabama among women, based on reported cases, (758.7 cases per 100,000 females) was over two times the rate among men (318.5 cases per 100,000 males).

Thirty percent of the chlamydia cases reported in 2016 were residents of Jefferson (3,872 cases), Montgomery (2,056 cases), and Mobile (1,956 cases) counties.

The rate of chlamydia infections was highest among persons age 20-24 (3,158.5 cases per 100,000 population) and persons age 15-19 (2,307.3 cases per 100,000 population).

### Gonorrhea

In 2016, a total of 8,059 cases of *Neisseria gonorrhoeae* infection were reported to the Alabama Department of Public Health. This case

Figure 17. Gonorrhea Cases, Alabama 2009-2016

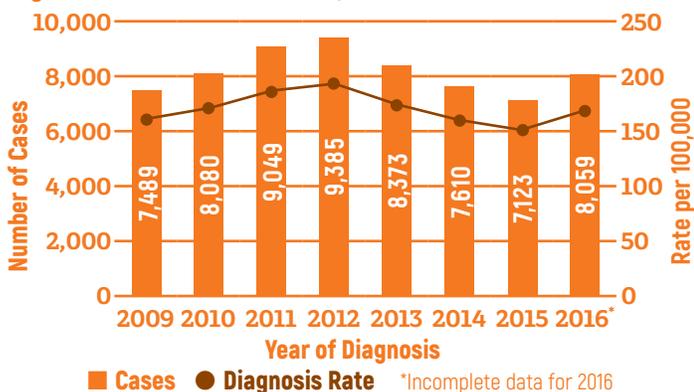
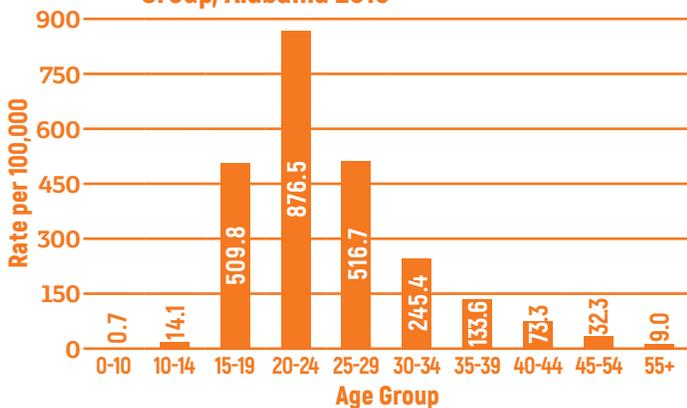


Figure 18. Gonorrhea - Rates of Reported Cases by Age Group, Alabama 2016



count corresponds to a rate of 168.6 cases per 100,000 population, a rate increase of 13.2 percent from the previous year.

In 2016, the rate of reported gonorrhea cases remained highest among blacks (256.8 cases per 100,000 population). The rate reported for whites (231 cases per 100,000 population), and Hispanics (20.9 cases per 100,000 population) was much lower. While rates of gonorrhea cases declined by 10.1 percent, the rates increased by 39.3 percent among Hispanics.

Although the number of gonorrhea cases reported among males and females increased by 174 percent and 9.1 percent, respectively in 2016, the overall rate of gonorrhea infection in Alabama among men and women was relatively identical (149.6 cases per 100,000 males and 146.6 cases per 100,000 females).

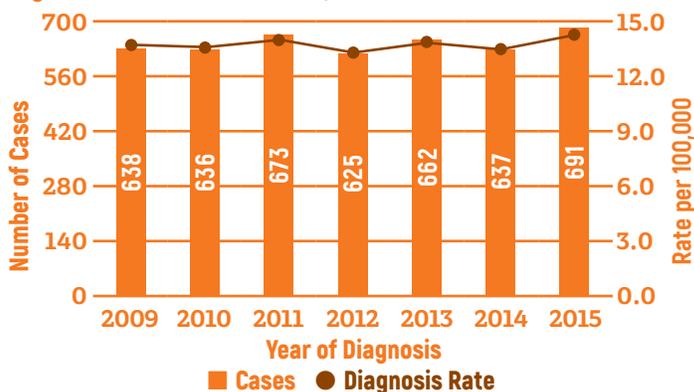
Forty percent of the gonorrhea cases reported in 2016 were residents of Jefferson (1,583 cases), Madison (639 cases), Montgomery (584 cases), and Mobile (430 cases) counties.

The rate of gonorrhea infections was highest among persons age 20-24 (876.5 cases per 100,000 population), persons age 25-29 (516.7 cases per 100,000 population), and persons age 15-19 (509.8 cases per 100,000 population).

**HIV/AIDS**

In 2015, a total of 691 HIV/AIDS cases were reported to the Alabama Department of Public Health. This case count corresponds to a rate

Figure 19. HIV/AIDS Cases, Alabama 2009-2015



of 14.5 cases per 100,000 population, an increase of 9.0 percent compared with the rate in 2014.

The rate of HIV/AIDS cases was highest among blacks (36.3 cases per 100,000 population). The rate of HIV/AIDS cases was lowest among Hispanics (15.0 cases per 100,000 population) and whites (5.5 cases per 100,000 population). However the rates of HIV/AIDS cases increased among whites and Hispanics by 27.5 percent and 27.2 percent, respectively.

Although the number of HIV/AIDS cases reported among females and males increased by 28.7 percent and 4.0 percent, respectively, in 2015, the overall rate of HIV/AIDS cases in Alabama among men and women increased to 23.4 cases per 100,000 population and 6.0 cases per 100,000 population.

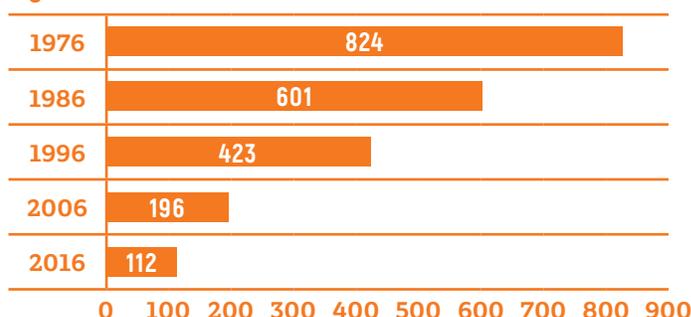
More than 45 percent of the HIV/AIDS cases reported in 2015 were residents of Jefferson (142 cases), Montgomery (97 cases), and Mobile (76 cases) counties.

**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 illustrated in the accompanying chart.

In 2016, the division evaluated 206 persons suspected of having TB, eventually ruling out disease in 94 suspects and confirming active

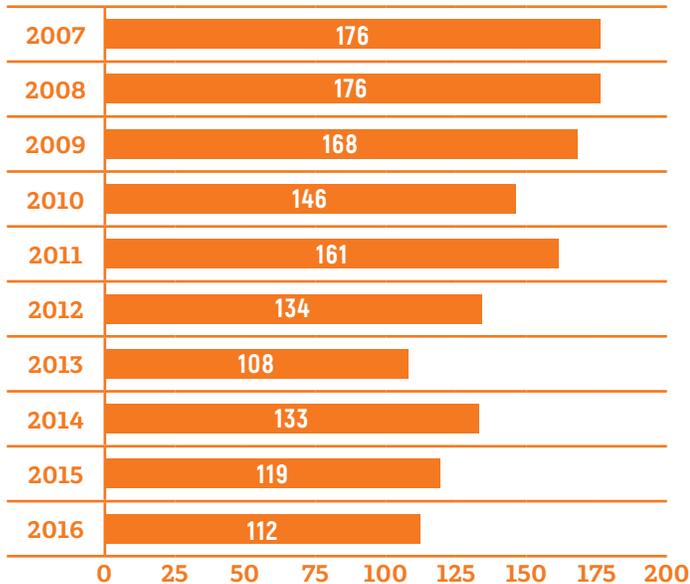
Figure 20. Historical Trend of Tuberculosis Cases in Alabama



# BUREAU OF COMMUNICABLE DISEASE

TB disease in 112 patients. The accompanying figure represents a 5.9 percent decrease in confirmed cases from the 119 cases reported in the previous year.

**Figure 21. Tuberculosis in Alabama, 2007-2016**



The 10-year trend in confirmed cases illustrated in the accompanying graph reveals an accelerated decline in cases of TB of 36 percent (decline from 2007 to 2016) when compared to the previous 10-year period (a decline of 52 percent) from 1997 to 2006.

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 2016 reveals that 3,739 contacts to Acid-Fast Bacilli (AFB) sputum smear-positive persons were identified, and that 3,025 (81 percent) of these persons were fully evaluated. Of this number, initial reports indicate that 232 persons were placed on treatment for TB infection by division staff, and 100 persons (49 percent) have been reported as completing preventive therapy. (Note, many of these persons are still on preventive therapy.)

The division continues to place great emphasis on the identification of persons at high risk for progression to active TB disease. Some groups of persons who are diagnosed with latent TB infection are at increased risk for rapid progression to TB disease including persons who are close contacts to AFB smear-positive cases, individuals diagnosed with certain immunocompromising medical conditions such as HIV, diabetes and others, persons who are foreign-born from countries with a high prevalence of TB (i.e., immigrants or refugees), and persons who abuse drugs and alcohol (i.e. substance abusers). Treating these persons preventively protects the individual and the community at large from developing TB disease.

*Highlights:* A significant achievement of the Division of Tuberculosis Control's reports is the successful large scale collaborative targeted testing/screening which took place in Perry County during the month

of January through the first week of February 2016. This targeted testing initiative involved more than 50 staff persons from across the state, including TB staff, STD/HIV, and one person from CDC who was assigned to Perry County for 30 days.

The targeted testing initiative was offered because of ongoing TB transmission among a cluster of individuals in the town of Marion, located within Perry County. The majority of the individuals with active TB involved in this outbreak were mistrustful of Public Health, i.e., "the government," and as a result, they refused or were unwilling to identify other persons whom they may have exposed to the disease. Multiple attempts during the course of several months by various TB Program personnel to gain the trust and cooperation within the cluster of active cases were thwarted. After additional related cases of active TB were diagnosed, the decision was made to conduct incentivized targeted testing.

As a result of the targeted testing initiative, 9 people were diagnosed and treated for active TB disease, 170 people were diagnosed with latent TB infection, 147 started preventive therapy, and 130 people completed preventive therapy. It is important to note that without this public health effort, an estimated 5 to 10 percent would have eventually developed TB disease.

**Figure 22. Demographics for Confirmed TB Cases in Alabama, 2016**

Age	
0 - 4	3 (2.7%)
5 - 14	1 (0.9%)
15 - 24	6 (5.4%)
25 - 44	38 (33.9%)
45 - 64	39 (34.8%)
65+	25 (22.3%)
Race/Ethnicity	
White	45 (40.2%)
Black	54 (48.2%)
Asian	9 (8.0%)
Other	4 (3.6%)
*Hispanic	15 (13.4%)
Gender	
Male	76 (67.9%)
Female	36 (32.1%)
Nativity	
U.S. Born	85 (75.9%)
Foreign Born	27 (24.1%)

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

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 23. Emergency Medical Services Personnel – Personnel Licensed by OEMS by License Type**

License Type	Number of Personnel
Advanced EMT	947
Emergency Medical Responder	79
Emergency Medical Technician	6,208
Intermediate	333
Paramedic	4,749
Total	12,316

**Alabama Trauma and Health Systems**

The Alabama Trauma System is now operational in all six emergency medical service regions, and continues to positively impact the citizens of Alabama by facilitating timely routing 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. Alabama is the only state with the capability to constantly monitor the status of every trauma hospital and route the trauma patient to the right hospital every time.

The activation of the pilot 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 onset, the system will improve the chances of survival regardless of proximity to an urban stroke center. The Stroke System was activated in the Southeast Region in 2013 and to date has achieved an average 19 percent administration of tPA to ischemic stroke patients, and treated a total of 6,406 stroke patients. The Birmingham Regional Emergency Medical Services System has accomplished an average 22 percent administration of tPA to ischemic stroke patients and treated 5,739 patients for the past three years (2014 to 2016). All Alabama EMS regions will be encouraged to participate in the system.

**Alabama Trauma Registry**

The Alabama Trauma Registry (ATR) is an integrated database that collects patient data from the state’s certified trauma centers as well as head and spinal cord data from all hospitals within the state. ATR data is used for statewide trauma system quality improvement and research in collaboration with other entities. The Alabama Department of Rehabilitation Services uses ATR data to offer assistance to patients with moderate to severe head and spinal cord injuries.

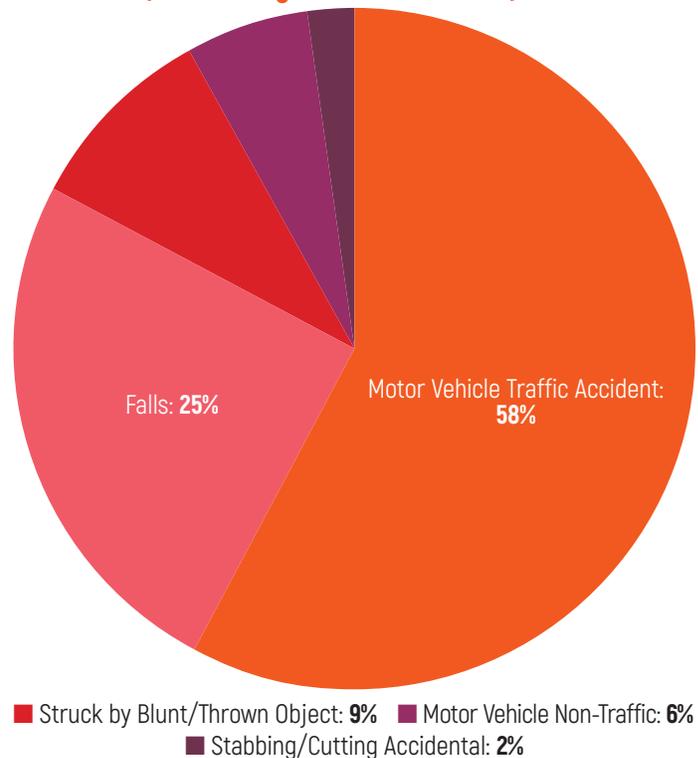
**Alabama Emergency Medical Services for Children**

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 installation 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.

**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 to the final diagnosis.

**Figure 24. Five Most Common Causes of Injury, 2016 (Children Age 0 to 18 Years Old)**



**Figure 25. Five Most Common Primary Impression Criteria**

Primary Impression Type	Count of Events
Traumatic injury	77,409
Respiratory distress	41,493
Abdominal pain/problems	40,972
Chest pain/discomfort	37,021
Altered level of consciousness	32,717

# 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, and for the state during emergency responses.

CEP is solely funded by federal grants. The Centers for Disease Control and Prevention (CDC) provided \$8,172,881 to the Alabama Department of Public Health during fiscal year 2015-2016 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 Hospital Preparedness Program provided \$3,213,182 in a cooperative agreement with the department. These funds were designated to enhance health care system capability and capacity and preparedness for naturally occurring disasters or terrorist action resulting in mass casualties.

CEP continued work on preparedness for outbreaks of serious infectious diseases through coordination with hospitals, emergency medical services, and other partners across the state. The Serious Infectious Disease Plan better prepares the state to deal with the threat of emerging serious diseases such as Ebola.

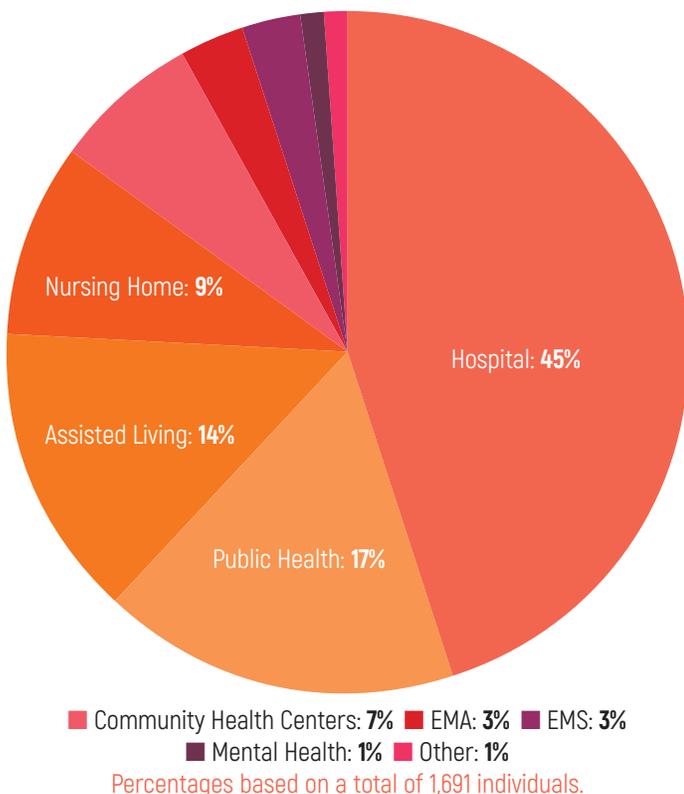
Additionally, CEP has led the department and state in preparing for the possibility of local transmission of the Zika virus. CDC provided \$301,411 designated for Zika funding. The Incident Management System was activated to coordinate surveillance of persons returning from locations around the world where there is known transmission of the virus. Alabama has experienced infections in people returning from these regions, but has not experienced any documented cases of local transmission within the state. The CEP Incident Management System remains active; however, to monitor and prepare to respond should local transmission be documented.

Planning, partnership building, and exercises continue to be a focus of CEP. 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 State Emergency Management Agency and conducts exercises in accordance with HSEEP guidelines.

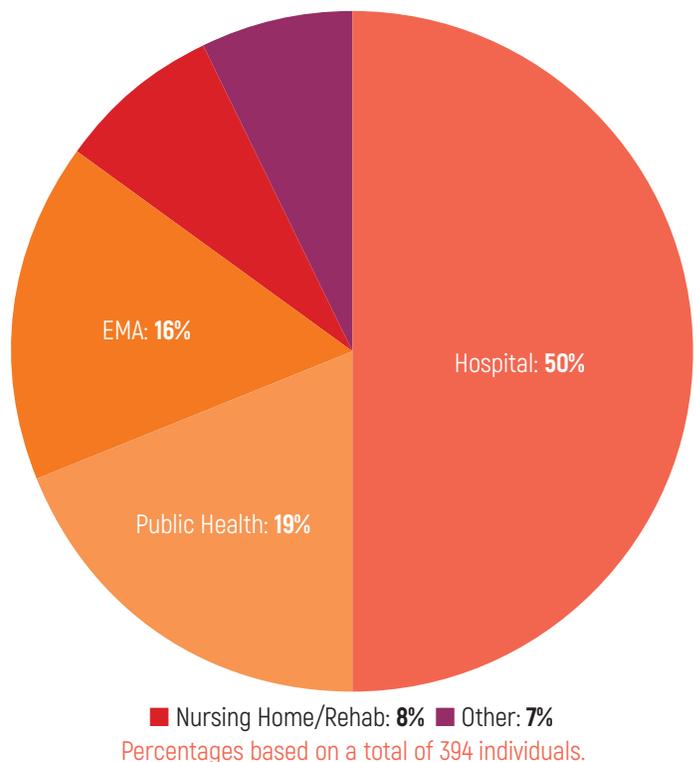
Additional CEP training and exercises conducted during the past year included the following:

- Effective response to a mass fatality event for the State Mortuary Operations Response Unit.
- Proper use of personal protective equipment for health care workers who may deal with patients suspected of having serious infectious diseases.

**Figure 26. Advanced Regional Response Training Participation, 2016**



**Figure 27. Healthcare Functional Exercise Participation, 2016**



All exercises and training activities include an element which addresses the functional and access needs of the population of the state.

CEP has continued to actively participate in the Region IV Unified Planning Coalition (UPC). This coalition is comprised of the eight southeastern states and is involved in planning for state-to-state support prior to a major event and coordinates support of the eight states for each other through the Emergency Management Assistance Compact. Through the UPC, the Alabama Department of Public Health deployed 29 employees to assist the state of Florida following Hurricane Matthew.

CEP plays an important role in health care system preparedness. The department sponsored and coordinated two functional exercises during 2016. Coalition members participated in these exercises to test response activities and the roles and responsibilities of each coalition member. The lessons learned will serve as the foundation for future exercises, as well as plan and response improvements.

Utilizing a partnership with the University of South Alabama Center for Disaster Healthcare Preparedness, CEP continued to provide training for health care 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 data capture software that gathers real-time information about hospital and other health care facility resources and activities and is the situational awareness tool for health care coalitions. During the 2016 grant year, AIMS experienced a tremendous expansion in utilization both in the number and type of users but also witnessed a sharp increase in the use of AIMS as a primary communication tool for health care coalitions throughout the state. The overall management of AIMS shifted from a public health centric tool to a user centric tool. AIMS was activated a total of 87 times - 2 for actual events (Public Health Area 1, Lakeland Hospital power outage; statewide activation in response to the South Carolina floods), and 85 exercise activations.

# PLAN

1. Stay informed
2. Learn about basic injury and disease prevention
3. Look for the most current information on emergency preparedness
4. Create a family preparedness plan
5. Become familiar with the emergency plans of your community

# PREPARE

## STORE ESSENTIAL ITEMS

- |               |                     |
|---------------|---------------------|
| Water         | Radio               |
| Food          | Clothes             |
| Can Opener    | Personal Care Items |
| First Aid Kit | Important Documents |
| Flashlight    |                     |

# PRACTICE

Practice and review your preparedness plan every six months



PLAN. PREPARE. PRACTICE.  
<http://www.adph.org/cep>



# 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, seafood production, soil, onsite sewage disposal, solid waste disposal, vector control, and indoor air quality/home lead inspections.

## Environmental Operations Unit

This unit creates the infrastructure for the bureau by ensuring that it 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. The unit also serves as a facilitator for the bureau by providing structured training through workshops, seminars, and conferences for bureau and county personnel. By serving as a "checkpoint" for the bureau, local environmentalists are kept abreast of new and innovative technology, as well as seminars on professional development.

The Environmental Operations Unit facilitates the Basic Environmentalist Training Course. This course is offered biannually and must be successfully completed by newly hired employees prior to receiving permanent status with the state. The course provides the knowledge deemed essential to new environmentalists who will be exposed to issues relating to environmental nuisances and public health hazards concerning the food, onsite, and lead programs in order to assist them in becoming successful and competent employees.

## Division of Food, Milk, and Lodging

### Food and Lodging Branch

- 49,636 inspections were conducted at food establishments, and 2,268 complaints received from the public concerning food establishments were investigated.
- 999 hotel inspections were conducted, and 340 complaints received from the public concerning hotels were investigated.
- 230 body art facility inspections were conducted, and 31 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

The Onsite Sewage Branch issued 10,078 permits to install and repair onsite sewage systems and a total of 9,475 onsite sewage systems were issued an approval for use.

The Solid Waste/Vector Program 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. This program also permits and inspects solid waste collection vehicles and transfer stations. For fiscal year 2016, 2,300 'G' stickers (permits) were issued for collection vehicles. There were 2,359 solid waste complaints investigated.

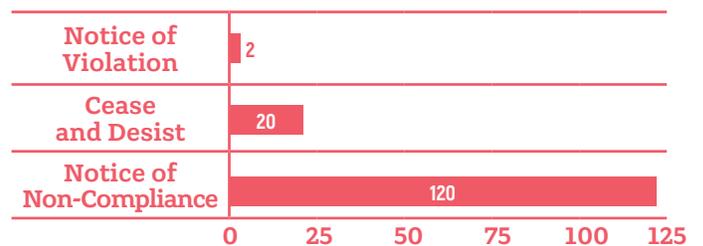
More than 4,016 vector control complaints were investigated. In addition, 42 environmentalists responded to 50 positive Zika cases statewide by performing yard inspections at 283 locations, presented educational Zika programs to 100 environmental staff members and more than 800 individuals at various community events, distributed 205,175 Swat Team Skeeter Beater Coloring Books to pre-Kindergarten through third grade students, and hosted a Zika You Tube video contest for high school students.

Vector Control staff also participated in 34 radio and television interviews on the local and national level, as well as meetings on the national level with groups from BioDefense, the Centers for Disease Control and Prevention, the National Association of County and City Health Officials, and the National Aeronautics and Space Administration.

## Indoor Air Quality/Lead Branch

The Indoor Air Quality/Lead Branch surveyed 68 homes of children with elevated blood lead levels for lead hazards. More than 327 lead renovation and abatement contractors were certified; 272 abatement and renovation inspections were completed; and 144 enforcement actions were taken including the issuance of 20 cease and desist orders, 2 notices of violation, and 120 notices of non-compliance to non-certified lead renovation contractors.

**Figure 28. Fiscal Year 2016 Lead Certification Enforcement Actions**



**Figure 29. Soil Branch**

Small Flow Evaluations	178
Large Flow Evaluations	24
Soil Courses Conducted	14 (140 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 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 nutrition risk documented. Benefits provided by the WIC Program include quality nutrition education and

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

Community water fluoridation is the single, most effective public health measure to prevent tooth decay. The Centers for Disease Control and Prevention (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. Simply by drinking water, children and adults can benefit from fluoridation's cavity protection, whether they are at home, school, or work. Fluoridation saves money; an individual can have a

**Figure 30. Surface Water Fluoridation Quality Awards Recipients, 2015**

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

# BUREAU OF FAMILY HEALTH SERVICES

lifetime of fluoridated water for less than the cost of one dental filling. Currently, 78.6 percent of the state has fluoride added to the community water supply.

The Oral Health Branch promoted the positive benefits of adding fluoride to drinking water supplies during a Surface Water Conference hosted by the Alabama Department of Environmental Management. CDC, in partnership with the Association of State

**Figure 31. Ground Water Fluoridation Quality Awards Recipients, 2015**

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
Flomaton Water Works
Foley-Riviera Utilities
Fort Deposit Water & Sewer Board
Gordo Water, Gas & Sewer Board
Grand Bay Water Works Board
Gulf Shores Utilities Board
Harvest-Monrovia Water System
Luverne Water & Sewer Department
Marion Water Department
Monroeville Water Service
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
Tri Community Water System
Troy Utilities Department

and Territorial Dental Directors, issued 156 awards to 77 Alabama water systems for providing optimal levels of fluoride to Alabama citizens for 12 consecutive months in 2015. Awards are determined by tracking fluoridation testing at the system level throughout the year and generating a report that recognizes systems maintaining an optimal fluoride level. The awards were presented by the Oral Health Branch during the conference and are listed at left. 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.

The Oral Health staff visited 30 water systems per year to promote fluoridation and learn about how each system manages its program. These visits allowed the Oral Health Branch to hand out educational material on the optimum level of fluoride for community water systems, address any concerns that water operators have, and maintain a close working relationship with fluoridating systems. The visits also led to new development of educational materials based on responses and concerns of the water operators and what they report from their customers.

The Oral Health Branch partnered with Troy University's Center for Design, Technology, and Industry to develop coloring books for Kindergarten through third grade and fourth through eighth grades. These coloring books were sent to 83 Alabama schools in the Black Belt as part of a pilot program to promote National Children's Health Month in February. Later in the year, these coloring books were mailed to the rest of the public schools around the state that have Grades 5-8. All county health departments received coloring books for their patients and the books are available for download on the Oral Health website.

During fiscal year 2016, the Oral Health Branch partnered with the University of Alabama School of Dentistry, Department of Pediatric Dentistry, to visit select Early Head Start and Head Start (HS) centers throughout Alabama. The dental team provided dental screenings, education, fluoride varnish applications, and dental referrals for children identified as needing dental care. Approximately 2,069 children in 52 HS and Migrant HS programs received dental screenings and fluoride varnish applications through this collaboration with the School of Dentistry. Additionally, 3,700 oral hygiene kits and education material were distributed through these HS visits.

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 almost 20 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 free pelvic exam, Pap smear, and an 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, and 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 2006, a total of 1,349 breast cancers and 978 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 2016-2020 statewide

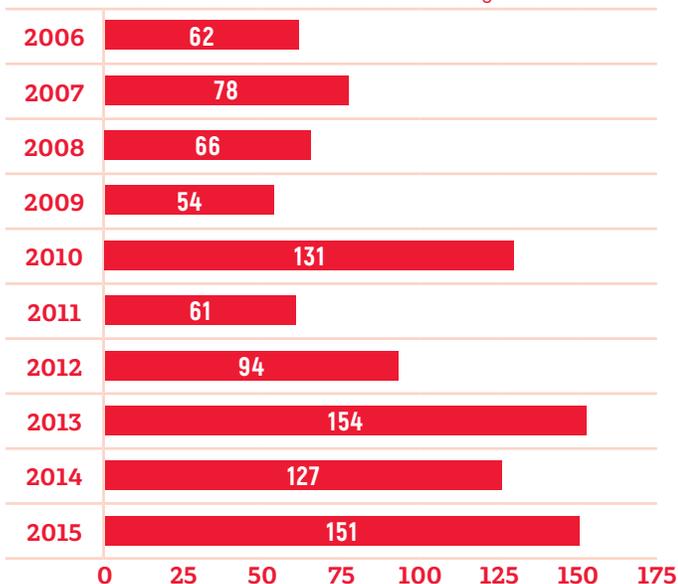
**Figure 32. ABCCEDP Diagnosed Breast Cancers by Year, 2006-2015**

Through the program, a total of 1,349 breast cancers have been diagnosed as a result of free screening.



**Figure 33. ABCCEDP Diagnosed Pre-Invasive and Invasive Cervical Cancers by Year, 2006-2015**

Through the program, a total of 978 cervical pre-invasive and invasive cancers have been diagnosed.



**Figure 34. Alabama Cancer Incidence Rates by Site and Sex, 2005-2014 Combined**

	MALE		FEMALE	
	Rate	Count	Rate	Count
All Sites	553.3	132,859	395.1	114,438
Bladder	33.8	7,615	7.5	2,279
Brain and Central Nervous System	7.7	1,814	5.7	1,552
Breast	1.2	286	119.3	34,240
Cervix Uteri	-	-	8.6	2,157
Colon and Rectum	55.4	13,112	39.2	11,603
Esophagus	8.4	2,075	1.8	528
Hodgkin Lymphoma	2.7	628	2.1	518
Kidney and Renal Pelvis	21.7	5,315	11.5	3,352
Larynx	8.7	2,186	1.9	549
Leukemia	15.5	3,506	9.4	2,667
Liver and Intrahepatic Bile Duct	9.6	2,424	3.2	969
Lung and Bronchus	97.7	23,337	53.3	16,069
Melanoma of the Skin	26.9	6,266	15.4	4,202
Myeloma	7.6	1,815	5.2	1,559
Non-Hodgkin Lymphoma	19.8	4,611	13.7	4,025
Oral Cavity and Pharynx	20.1	5,010	7.1	2,069
Ovary	-	-	12.0	3,493
Pancreas	14.2	3,378	10.5	3,178
Prostate	143.2	35,890	-	-
Stomach	8.8	2,040	4.7	1,381
Testis	4.6	1,009	-	-
Thyroid	4.6	1,101	12.1	3,133
Corpus and Uterus, Not Otherwise Specified	-	-	18.7	5,568

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 and groups that contain urinary bladder.

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.

## 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 2016, approximately 1,000 women were participants in WISEWOMAN through the Franklin Primary Health Center, Mobile County Health Department, Shelby County Health Department, and Tuscaloosa 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 committees make 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 with hospitals, health care providers, and other maternal and child health experts to provide education and support to strengthen services and systems of care for women, infants, and families in Alabama. The program also administers the Pregnancy Risk Assessment Monitoring System which surveys new mothers about their experiences during pregnancy and immediately following delivery, providing valuable information about the health of pregnant women.

During 2016, the State Perinatal Program continued its multitude of efforts to reduce infant mortality and improve birth outcomes by addressing chronic health conditions and lifestyle behaviors before and during pregnancy, promoting safe sleep environments, and improving breastfeeding rates statewide. Improvements can be seen in the number of infant deaths, the reduction of teen births, and the percentage of infants delivering prior to 39 weeks gestation. However, disparities between black and white infant outcomes continue to exist. In 2015, the number of infant births rose to 59,651 live births. The number of white live births was twice the number of black and other live births. The overwhelming disparity becomes evident when comparing the 288 black and other infant deaths with the 206 white infant deaths. Therefore, the program strives to maintain efforts to engage with federal, state, and local leaders to address and advance the work of reducing morbidity and mortality.

Additionally in 2016, with the onset of Zika virus, the State Perinatal Program initiated the Zika Pregnancy Registry. The Zika Pregnancy Registry follows pregnant women who have traveled or have had a sexual partner who traveled to a Zika-affected area. These women are counseled for testing and monitored throughout their pregnancy for any adverse effects from Zika virus infection. After delivery, the infant is followed and monitored by the Newborn Screening Birth Defects Registry for referrals and services as needed.

## Newborn Screening Program

The Alabama Newborn Screening Program (ANSP) is a coordinated system encompassing screening, follow-up, care coordination, evaluation, diagnosis, intervention, and management of newborn screening conditions. The goal of the program is to identify disorders early enough to reduce infant morbidity, death, intellectual disability, and other developmental disabilities.

Newborn screening is mandated by public health law and is a collaborative effort between the Bureau of Clinical Laboratories,

which performs blood analysis of approximately 150,000 specimens each year, and the Bureau of Family Health Services, which performs follow-up and education activities. Currently, Alabama screens for 30 of 34 nationally recommended conditions, but worked extensively in 2016 to implement screening for Severe Combined Immunodeficiency. The newborn screen includes the bloodspot screen, hearing screen, and pulse oximetry screen to detect critical congenital heart defects.

In 2016, approximately 208 infants were identified with a newborn screening disorder. The ANSP works in partnership with seven pediatric subspecialists throughout the state to ensure babies identified with abnormal results receive timely referral for diagnostic evaluation. The subspecialists who are members of the Alabama Newborn Screening Advisory Committee participate in education activities to promote awareness of newborn screening, and advise the ANSP on issues related to newborn screening conditions. In addition, the ANSP partners with seven community-based sickle cell organizations that provide counseling and follow-up services for infants identified with sickle cell disease and sickle cell trait. The ANSP also collaborates with Alabama Early Intervention in order to provide timely intervention services for newborns and partners with the University of Alabama at Birmingham Sparks Clinic to provide metabolic food and formula to infants identified with certain metabolic conditions such as phenylketonuria.

The Alabama Universal Newborn Hearing Screening Program (AUNHSP), Alabama's Listening, continues efforts to ensure that all infants receive a hearing screen by 1 month of age, diagnostic evaluation by 3 months of age, and early intervention by 6 months of age per the Joint Committee on Infant Hearing Guidelines. The AUNHSP is federally funded by grants from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration. In 2016, the AUNHSP assisted all 48 birthing

hospitals with electronic upload of newborn hearing results and applied for the new and competitive funding opportunity, Universal Newborn Hearing Screening and Intervention Program, which is a three-year grant.

During 2016, the ANSP was tasked with the development of a statewide Zika Rapid Active Birth Defects Surveillance Program. Funding was awarded by the CDC for a five-year project period to establish an Alabama Birth Defects Surveillance (ABDS) Program. Birth defects are the leading cause of infant deaths per the CDC (1 out of every 5). The funding will allow implementation of a birth defects surveillance system to better understand the prevalence of Zika-associated birth defects and other birth defects within the state. The guiding principle of the ABDS is the monitoring of birth defects for prevention, education, and intervention activities.

**Women's and Children's Health Division**

The Women's and Children's Health Division is comprised of the Adolescent Pregnancy Prevention, Social Work, Family Planning, Lead, and Healthy Child Care Alabama programs.

The Adolescent Pregnancy Prevention Branch consists of the Alabama Abstinence Education Grant Program, which provides abstinence education to middle school youth in 22 Alabama counties through grants to youth-serving organizations and the Alabama Personal Responsibility Education Program (APREP). These programs also offer grants to youth-serving organizations, education regarding abstinence, and contraception to youth age 10 to 19. The APREP program reached more than 800 youth in 2016. The goals of the programs are to provide youth the information and skills to avoid the risks of early sexual involvement and to prevent unplanned pregnancy and sexually transmitted infections, including HIV/AIDS.

The Social Work Unit provides case management services to the Newborn Screening, Lead, and Family Planning programs, as well as women who have experienced an adverse pregnancy outcome; children in need of follow-up dental care; and children in need of specialty services from Children's of Alabama. The unit also collaborates on grants with the Alabama Department of Human Resources to ensure children enrolled in Early Head Start attend medical and dental appointments and the Alabama Department of Mental Health on Project LAUNCH to develop an infrastructure for early childhood mental health.

The Family Planning Program provided education and counseling, medical examinations, laboratory tests, and contraceptive supplies to 71,415 individuals of reproductive age in fiscal year 2016. Program goals include decreasing unintended pregnancies and assisting clients to plan and space the time between pregnancies.

The Alabama Childhood Lead Poisoning Prevention Program provides public outreach and education, case investigation, and case management services to help prevent further lead exposure in Alabama's children.

The Healthy Child Care Alabama program provides health and safety training and technical assistance through 12 nurse consultants to early childhood development providers statewide with funding from the Alabama Department of Human Resources.

**Figure 35. Newborn Screening Primary Disorders Confirmed in 2016**

Classic Galactosemia (GALT)	3
Congenital Adrenal Hyperplasia (CAH)	4
Congenital Hypothyroidism (CH)	33
Critical Congenital Heart Defect (CCHD)	3
Cystic Fibrosis (CF)	17
Hearing Loss (HEAR)	90
Hemoglobin S/Beta Thalassemia (Hb S/βTh)	2
Hemoglobin SC Disease (Hb S/C)	15
Hemoglobin SS Disease (Hb SS)	30
Hyperphenylalaninemia (H-PHE)	4
Medium-chain Acyl-CoA Dehydrogenase Deficiency (MCAD)	2
Classic Phenylketonuria (PKU)	2
Very Long-chain Acyl-CoA Dehydrogenase Deficiency (VLCAD)	3
<b>Total</b>	<b>208</b>

# 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 2016, Financial Services managed the department's \$658 million budget using 281 internal budgets interfaced with 9 Executive Budget Office spending plan activities, and 199 internal funds interfaced with 13 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 \$450.3 million and 437 contracts totaling over \$261 million. Included in the federal grants accounted for were 5,680,949 Women, Infants, and Children (WIC) negotiable instruments issued to recipients paid with a redeemed food value of \$100.9 million, including \$314 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:

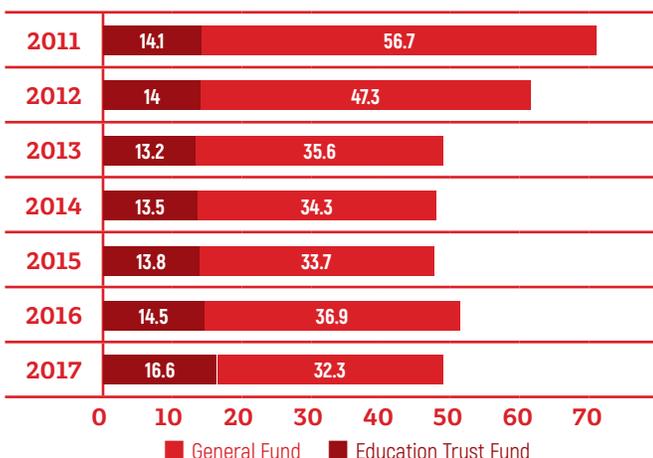
- New state laboratory with adjacent training center and office space
- New health departments in Bullock and Morgan counties

In April 2016, the authority refinanced all of its remaining 2005 bonds saving \$3.2 million. These funds will be used in conjunction with proceeds from a previous bond issue to construct and equip these new facilities.

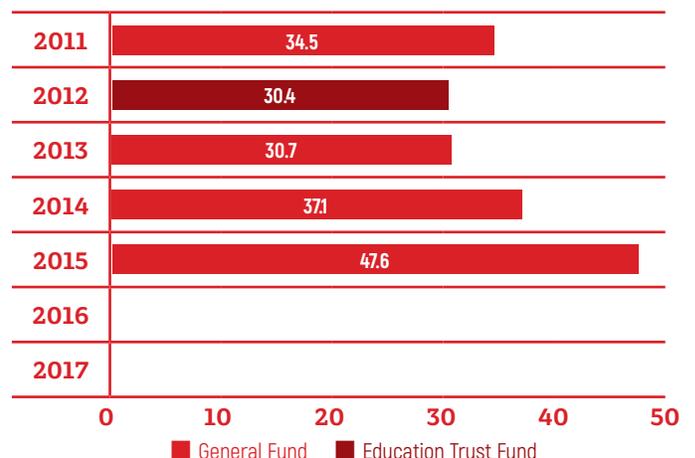
**Figure 36. Public Health Funding History**



**Figure 37. State Appropriations - Public Health**



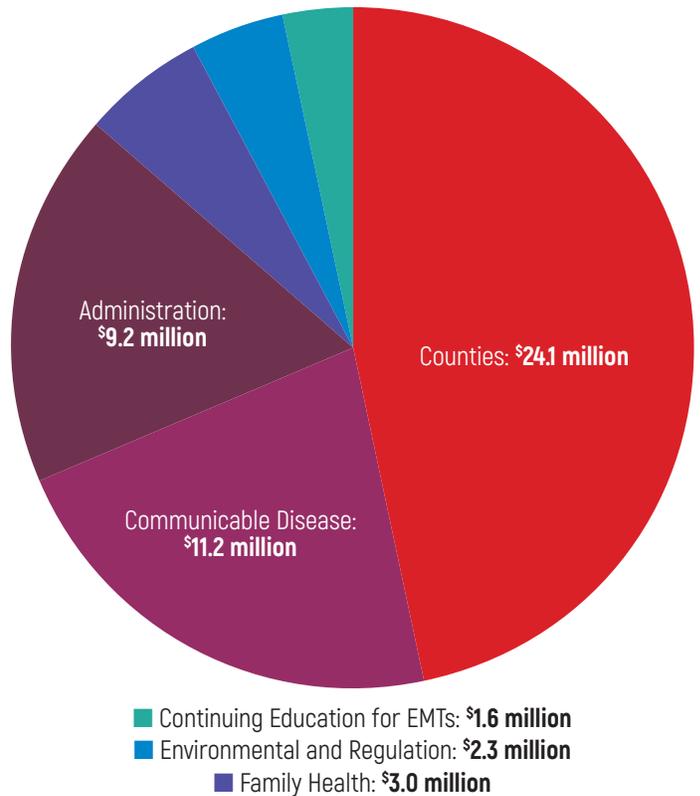
**Figure 38. State Appropriations - CHIP**



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 \$1,279,000 during fiscal year 2016 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.

**Figure 39. Use of State Funds, Fiscal Year 2016**  
 Excludes Children's Health Insurance Program and Children First Trust Fund



## Behavioral Health Division

### FDA Tobacco Inspection Branch

In 2016, the bureau began its sixth year working with the Food and Drug Administration (FDA) Tobacco Inspection Program. The program entails trained inspectors entering establishments that sell tobacco products and performing thorough inspections, and ensuring that tobacco products are being sold at the point-of-sale, face-to-face, and not easily obtained on shelves or by underage minors. Inspectors also look for the sale of single cigarettes (sometimes called "loosies") at each location.

### 2016 Program Activities

The FDA provides funding to the department to conduct two types of tobacco inspections:

- Advertising and Labeling - Inspections include inspecting every tobacco retailer in the state to ensure that retailers are following federal law when advertising, displaying, and selling regulated tobacco products.
- Undercover Buy - Inspections involving the department contracting with the Alabama Law Enforcement Agency (ALEA) to inspect every tobacco retailer in the state with the assistance of a trained, age-appropriate undercover minor to determine if the teenager (age 16 or 17) is able to purchase tobacco products in violation of the Federal Tobacco Act of 2009.

On August 1, 2016, FDA expanded its definition of "tobacco products" to include cigars, little cigars, cigarillos, e-cigarettes, pipe tobacco, hookah, and any other products which contain "tobacco," giving the program an opportunity to increase its regulatory authority over the products that retailers are selling.

### 2016 Program Accomplishments

The FDA Inspection Branch conducted 5,067 inspections in 2016 which revealed a combined violation rate of 3.7 percent (down 1.2 percent from last year). Alabama's compliance results are below the national average. The program contracts with public health areas and ALEA state police to conduct the inspections.

### 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 tobacco program works to help tobacco users quit, prevent youth and young adults from starting tobacco use, and protect people from exposure to secondhand smoke.

### 2016 Program Activities

The Tobacco Prevention and Control Program 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 assisting 10,477 tobacco users in 2016.

The Youth Tobacco Program (YTP) was awarded \$1 million in state funds to implement the 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. In January 2016, the YTP funded six mini-grants to cities increasing infrastructure and network partnerships in those cities. YTP is entering its second year and has expanded from 6 grantees in 5 cities to 14 grantees in 14 cities. Grantees will focus primarily on conducting tobacco retail audits using the Counter Tools Store Mapper and Audit Center and educating students and decision-makers on the dangers and consequences of tobacco use.

### 2016 Program Accomplishments

- The cities of Mountain Brook and Homewood passed 100 percent smoke-free ordinances that include electronic nicotine delivery systems, protecting over 46,534 residents.
- The University of South Alabama and Auburn University Montgomery passed a 100 percent tobacco-free campus policy that includes electronic cigarettes, protecting more than 22,000 and 7,000 students, faculty/staff, respectively.
- Stillman College and the University of Alabama in Huntsville strengthened their tobacco-free campus policies to include electronic cigarettes, and Birmingham-Southern College is in the tobacco-free campus planning stages.
- Tobacco staff has also been assisting two-year colleges to implement smoke-free and tobacco-free policies. Central Alabama Community College passed a 100 percent comprehensive tobacco-free policy that includes electronic cigarettes and protects more than 2,500 students, faculty, and staff.
- Shelton State Community College has been awarded a \$10,000 grant from the Truth Initiative. This policy will protect another 5,300 students, faculty, and staff.
- Alabama worksites including hospitals, manufacturing facilities, and businesses implemented smoke-free and tobacco-free policies protecting over 57,000 physicians, staff, and those they serve.
- Staff attended the Alabama Association of Housing and Redevelopment Authorities' annual conference and addressed over 300 public housing authority directors and managers on the science of secondhand smoke, the benefits of smoke-free multi-unit housing, and the process of successfully implementing these policies.
- The U.S. Department of Housing and Urban Development issued a final ruling that requires all public housing to provide a smoke-free environment for their residents. Program staff have partnered with the Public Housing Authority to provide technical assistance to directors and educate residents on the harmful effects of smoking. Georgiana, Hamilton, and Montgomery public housing all implemented smoke-free policies protecting 1,915 units and approximately 4,800 residents. Alabama now has nine smoke-free public housing authorities protecting 3,554 units and over 9,000 residents.
- The Cessation Manager presented at two conferences to mental health professionals: the quarterly conference of mental health and substance abuse facility directors (100 in attendance), and the annual conference of substance abuse patients in recovery treatment (125 in attendance). Tobacco Control Coordinators have had seven speaking opportunities with over 90 in attendance.

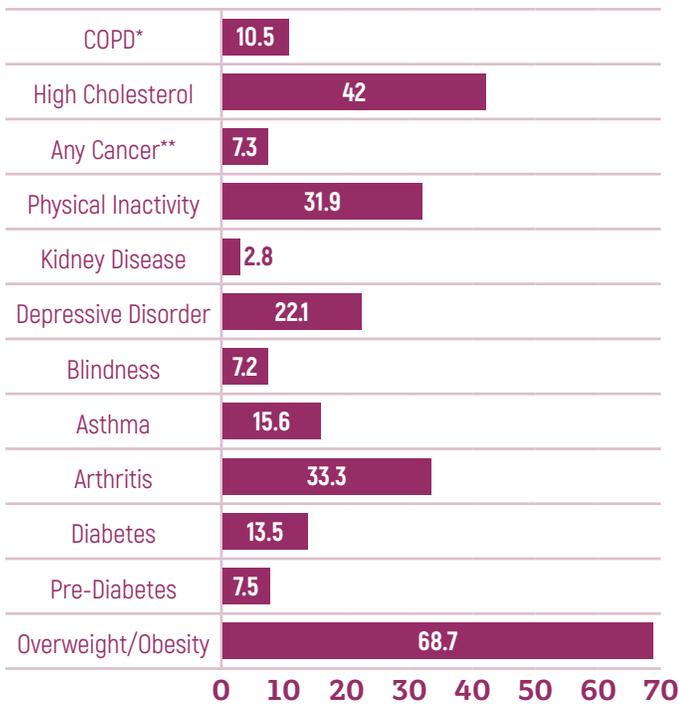
# BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

Through departmental social media accounts, there was a cumulative reach of 112,426 people. Program staff expect this reach to increase with the addition of the youth program grantees.

## The Alabama Behavioral Risk Factor Surveillance System

The Alabama Behavioral Risk Factor Surveillance System (BRFSS) is the only available source of timely adult health behavior data in Alabama. The BRFSS is an annual telephone survey of randomly selected adults. Alabama has conducted the BRFSS survey for nearly 30 years. The Alabama BRFSS is part of a national survey system funded by the Centers for Disease Control and Prevention (CDC). As with the rest of the nation, chronic diseases are the leading causes of mortality in Alabama, and are often the result of risky health behaviors. In addition to chronic diseases, BRFSS provides Alabama with statistics related to injury prevention, vaccinations, mental health, health care access, and other health risk behaviors. In 2015, 7,950 adults participated in the survey. The data provided by BRFSS enables the development of evidence-based, data-driven interventions targeted towards improving the health of Alabama's residents.

**Figure 40. Prevalence of Chronic Diseases and Conditions, Alabama 2015**

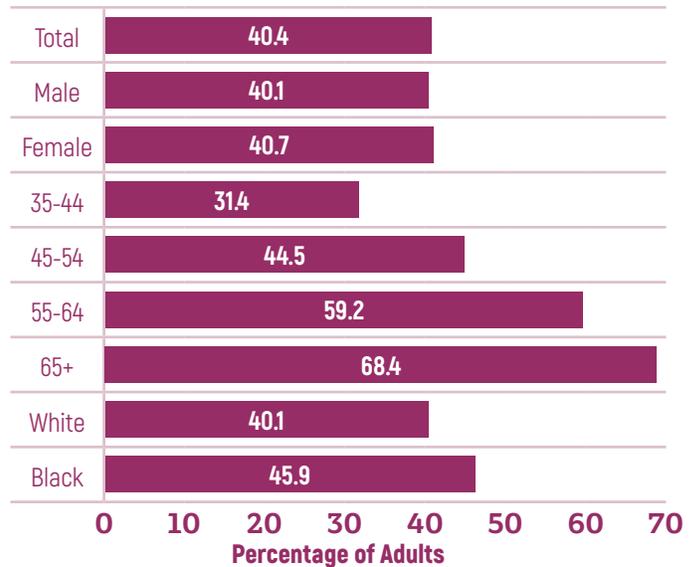


\*Chronic Obstructive Pulmonary Disease \*\*Non-Skin Cancer

## The Cardiovascular Health Program

The Cardiovascular Health Program (CVHP) is a CDC-funded program that is committed to implementing quality improvement initiatives and promoting awareness and team-based care for hypertension. During 2016, the program has implemented quality improvement initiatives with five clinics that serve multiple counties; and in July, approved two of the five for another year of funding to continue its quality initiatives. The program is also collaborating with Jefferson County and Mobile County Health Departments to implement programs that include Electronic Health Record development and

**Figure 41. Estimated Percentage of Alabama Adults Who Have Been Told by a Health Care Professional They Have High Blood Pressure, 2015**



Source: Behavioral Risk Factor Surveillance System, Alabama, 2015

medication adherence initiatives. To promote team-based care, the program held two satellite programs, one titled "2016 Blood Pressure Control for Better Health" which had 619 viewers and the second titled "Pharmacist Roles in Team-based Care of Diabetes and Hypertension" which had 383 viewers. Also, the CVHP continues to implement the blood pressure protocol in Alabama. This protocol consists of an algorithm that can be customized to health care systems and individual providers and embedded in an Electronic Health Record for diagnosis of hypertension.

## Division of Communications and Health Marketing

The Communications and 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 facilitates more cost-efficient communication activities and printing services for the department. In addition, division staff establish and maintain agency presence on the Internet, including social media sites, by providing education, information, and alerts.

## Digital Media

One of the goals of the Digital Media Branch is to research innovative ways to maximize Public Health's website (ADPH.org) and social media networks to ensure departmental promotion, education, and dissemination efforts are reaching the broadest possible audience in the quickest, most efficient manner.

In 2016, the branch began transitioning ADPH.org to a new content management system which will utilize a responsive design, improve accuracy and accessibility of content, increase reach through better search engine optimization, and streamline methods of updating the website.

The branch assisted in the launch of two mobile apps: Alabama WIC, a one-stop resource for those applying for and participating

**PUBLIC HEALTH NOTICE**

# Mosquitoes that can spread the **ZIKA VIRUS** may be found in your area

**AEDES AEGYPTI**      **AEDES ALBOPICTUS**

- **Drain** – containers after every rain, get rid of unnecessary containers
- **DEET** – use **EPA-registered** insect repellents with **20%-30% DEET**
- **Dress** – light-weight clothing, long sleeves, long pants, socks
- **Daytime** – be aware of mosquitoes that bite during the day
- **Doors, windows and screens** – in good repair and fit tightly

In an effort to warn citizens of a possible Zika infection, the department created door hangers to place on door knobs in affected areas, and to provide citizens with prevention tips and a resource of how to find out more information about the virus.



A departmental immunization campaign was created to encourage citizens to take preventive steps to prevent being susceptible to certain viruses and diseases.

in the Women, Infants and Children Program, and KML AL (Know, Manage, Live), an information source that seeks to help prevent the transmission of HIV/AIDS and to help those with HIV/AIDS in managing their disease as part of the KML campaign. The branch also assisted in the redesign of the ADPH and Scale Back Alabama mobile apps.

Branch staff worked with the HIV/AIDS Division and its partners on the Start Talking Alabama campaign to create an Internet presence to include social media sites, and utilized Twitter Chat and Facebook Live Stream to engage the audience in real-time chats.

**In-House Print Shop**

The departmental in-house printing shop continues to increase its growth and capacity by producing business cards, letterhead, and envelopes that help reduce costs, reduce additional paperwork and product delivery time, and provide timelier response for as-needed projects.

**Figure 42. Statistical Information for Document Imaging, 2016**

Black and White Copies	3,805,197
Color Copies	2,278,322
Envelopes and Letterhead	518,250
Coils	2,855
Shrink Wrapping	15,148
Padding	412,904
Folding	437,884
Off Line Hole Punch	606,642
Cuts	743,809

**Public Information**

The goal of the Public Information Branch is to improve public health by disseminating information through the mass media and departmental publications and provide awareness of departmental

# BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

objectives, activities, and services throughout the state. During 2016 activities included preparing and distributing more than 80 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 website.

## The Alabama Diabetes Program

The Alabama Diabetes Program is funded through a CDC grant that focuses on clinical and community linkages to better support chronic disease management.

Diabetes Self Management Education (DSME) is the ongoing process of facilitating knowledge, skill, and ability necessary for diabetes self-care. Programs must meet the ten National Standards and receive accreditation/recognition from the American Diabetes Association or the American Association of Diabetes Educators in order to be reimbursed from various insurance plans for the classes. There are more than 40 accredited/recognized DSME programs

and 8 CDC Diabetes Prevention Programs (DPP) in Alabama. The Diabetes Program has awarded approximately \$138,698 to health care agencies within the state to increase DSME programs. There are seven mini grantees working in more than 20 counties to develop additional DSME sites. With diabetes as the seventh leading cause of death in Alabama, the department is committed to providing technical assistance to all diabetes programs throughout the state to combat this disease through support, training, partnerships, and marketing resources.

## Distance Learning and Telehealth

The mission to provide statewide telehealth services at county health departments continues to be one of the department's most exciting initiatives. Since February 2015, the department has deployed 16 telehealth carts with plans to have 25 sites operational at county health departments by the spring of 2017. Telehealth provider partners include Veterans Affairs, University of Alabama at Birmingham, Auburn University, Medical AIDS Outreach, and AIDS Alabama.

In addition to telehealth client encounters, the technology is also being used for staff meetings, training, and educational programs to provide more efficient and timely meetings for the department staff. The division name change from Video Communications and Distance Learning to Distance Learning and Telehealth, emphasizes the department's commitment to telehealth and the need to aggressively address the longstanding issue of access to health care services.

For the latest information about the ADPH Telehealth Network, visit the departmental website at [www.adph.org/alphn](http://www.adph.org/alphn).

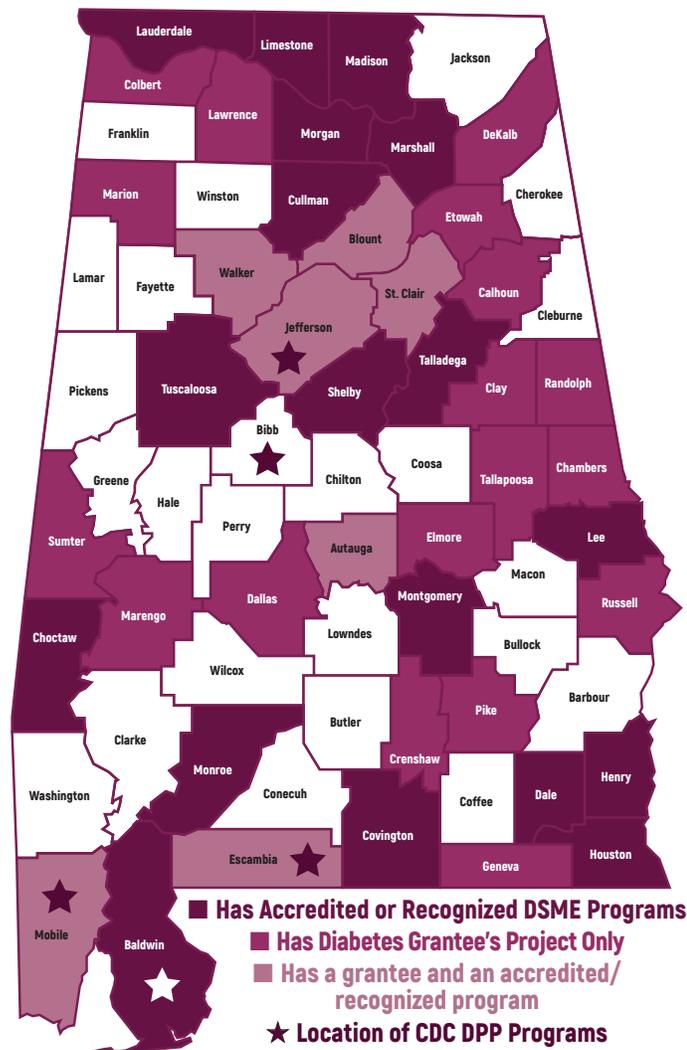
The Distance Learning and Telehealth Division produces live broadcasts and offers production services for department training, education, public information, and emergency response. During 2016, the division produced numerous Zika educational and training resources for health care providers, elected officials, and citizens. Satellite broadcasts, webcasts, and online Zika virus prevention and mosquito eradication resources included resources targeted to school-aged children, their parents, and the community as a whole.

The Start Talking Alabama social media campaign is an innovative initiative that the Distance Learning and Telehealth Division supported in 2016. Produced in partnership with the department's HIV/AIDS Prevention and Care Division, this project reaches out to young gay men of color in Alabama. The goal of the project is to increase HIV awareness and decrease stigma by sharing prevention, testing, and treatment information and support. Young adults, 15-29 years of age, are twice as likely to be infected with HIV as the average Alabama resident. The objective of the numerous online video resources is to bring heightened awareness for the Start Talking Alabama campaign and spread this lifesaving message.

## Nutrition and Physical Activity Division

The Nutrition and Physical Activity (NPA) Division is the team of experts who provide state leadership and speak for the department on nutrition, physical activity, and wellness. The vision for the division is for Alabamians of all ages to embrace a culture of healthy choices as a daily lifestyle.

**Figure 43. Diabetes Care Programs by County**



# BUREAU OF HEALTH PROMOTION AND CHRONIC DISEASE

**Figure 44. Adult and Youth Obesity in Alabama, 2015**

	Percent	National Ranking
Adults	35.6	2
Youth	16.1	9

Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS), and Youth Risk Behavior Surveillance System (YRBSS) 2015.

Adults and youth in Alabama continue to have high rates of obesity. For people with disabilities, the rates are even higher. The state consistently ranks as one of the most obese states in the nation.

NPA initiatives to address obesity in adults and youth consist of:

- Entering its eleventh year, Scale Back Alabama is an inclusive statewide weight-loss program that encourages Alabamians to get healthy and have fun while doing it. The 2016 campaign drew more than 21,000 people from around the state and a total weight loss since the program's inception of more than 1.3 million pounds. The Scale Back Alabama school program had impressive numbers as well with 135 schools across the state enrolled. One additional accomplishment for the program in 2016 was breaking the Guinness World Record for the Most People on a Scale with 154 people participating.



**Figure 45. Scaleback Alabama Statistics, 2012-2016**

	2012	2013	2014	2015	2016
Teams	7,484	6,770	6,338	14,288*	10,826
Participants	29,936	27,080	25,352	28,576	21,652
Counties with a Participating Weigh-In Site	66	64	65	67	*

**Total Weight Loss Since Beginning Scale Back = 1.3 million pounds**

\*In 2015, the team structure was changed from four people to two people which resulted in a drastic increase in the number of teams reported

- In coordination with the State Obesity Task Force, the Get Moving Alabama campaign sponsored a physical activity summit to focus on increasing physical activity in communities, schools, and worksites. Attendees and stakeholders heard expert speakers from the local, state, and national level who provided information and resources to help all Alabamians move more.

- 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. The program also manages the Tower Toastmasters Club, a local chapter of Toastmasters International, which assists employees with developing and/or enhancing communication and leadership skills.
- To complement the Alabama Healthy Vending Machine Program, the Alabama Healthy Checkout Program was developed to influence corner stores and convenience stores to offer and promote the purchase of healthier options. In partnership with the Alabama Cooperative Extension System and Auburn University, these programs are being utilized in rural communities to improve healthy food access for high-risk populations.
- Initiatives for youth are the Healthy Wellness Initiative (HWI) and the Supplemental Nutrition Assistance Program (SNAP) education program. The HWI is a collaboration with the Alabama Department of Education to provide nutrition and physical activity resources and training to after-school programs across the state. The SNAP education 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-price 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 living with disabilities. In 2016, the program promotes inclusion, helps reduce barriers, and improves opportunities to participate in existing physical activity, healthy nutrition, and health promotion programs through adapting existing campaigns such as Scale Back Alabama, and projects such as Alabama Champions for Healthy, Active Alabama Schools; HWI; and Get Moving Alabama 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.
- The Alabama State Office of Minority Health focuses on nutrition, physical activity, and obesity among minority populations and improving access to health care services. The office strives to identify the health concerns of the minority populations living in Alabama in order to give everyone an opportunity to live a long, healthy, and productive life. The State Partnership Grant funding provides the office with the opportunity to greatly expand the knowledge and awareness of the health disparities that exist among minority populations living in the selected four affected communities: Demopolis, Greensboro, Livingston, and Tuscaloosa; and lead to an expansion and creation of health policies and specific strategies to eliminate such disparities.

## School Health Program

The department collaborates with the Alabama Department of Education and other state partners to coordinate and sponsor physical activity and nutrition training, promote state and federal grant opportunities, and provide technical assistance to schools throughout the state as they all work to improve physical activity programming in

schools, increase the amount of physical activity all students receive to 60 minutes per day, as well as their efforts to promote nutritious meals and smart snacks to students and their families. Time and resources are also expended on improving the health of school faculty and support staff. A major project is Alabama Champions for Healthy, Active Schools. The department combines resources with eight state partners for this initiative that assists school districts with integration of strategies, activities, and services planned in a team-based setting. Alabama Champions strive to promote the optimal physical, emotional, social, and educational development of students. Currently, there are 24 city and county school systems participating. The 2016 School Health Profiles data showed that 61.7 percent of schools taught all 20 nutrition and dietary behavior topics and 74.2 percent taught all 13 physical activity topics. In addition, a large percentage of schools had a lead health education teacher that would like to receive professional development in nutrition and dietary behavior (70.8 percent) and physical activity and fitness (69.8 percent).

## **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 August 2015 through August 2016 without being penalized. Department nurses performed 83,153 screenings at the worksite and physicians conducted an additional 45,833 screenings. During this same timeframe, 45,121 received an influenza vaccine.

### **State Employees' Insurance Board Wellness Program**

During fiscal year 2016, 23,217 state employees were screened by Wellness Program staff for the State Employees' Insurance Board (SEIB). A total of 13,047 SEIB employees received an influenza vaccine. For further information about SEIB wellness screening results, visit [www.alseib.org](http://www.alseib.org).

# 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 in its 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 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	174	14
Ambulatory Surgical Centers	0	0
End Stage Renal Disease Treatment Centers	5	0
Home Health Agencies	2	N/A
Hospitals	35	0
Hospice Agencies	4	0
Nursing Homes	171	0

\*Facilities with probational licenses are those that have a temporary license in place until the entity has fully complied with all departmental requirements.

**Figure 47. Licensed Health Care Facilities and Agencies**

Abortion or Reproductive Health Centers	5
Ambulatory Surgical Centers	41
Assisted Living Facilities	206
Specialty Care Assisted Living Facilities	97
Cerebral Palsy Centers	1
End Stage Renal Disease Treatment Centers	168
Freestanding Emergency Departments	2
Hospice Agencies	174
Hospitals	120
Independent Clinical Laboratories	489
Independent Physiological Laboratories	60
Nursing Homes	233
Rehabilitation Centers	32
Sleep Disorder Centers	18
<b>Total</b>	<b>1,646</b>

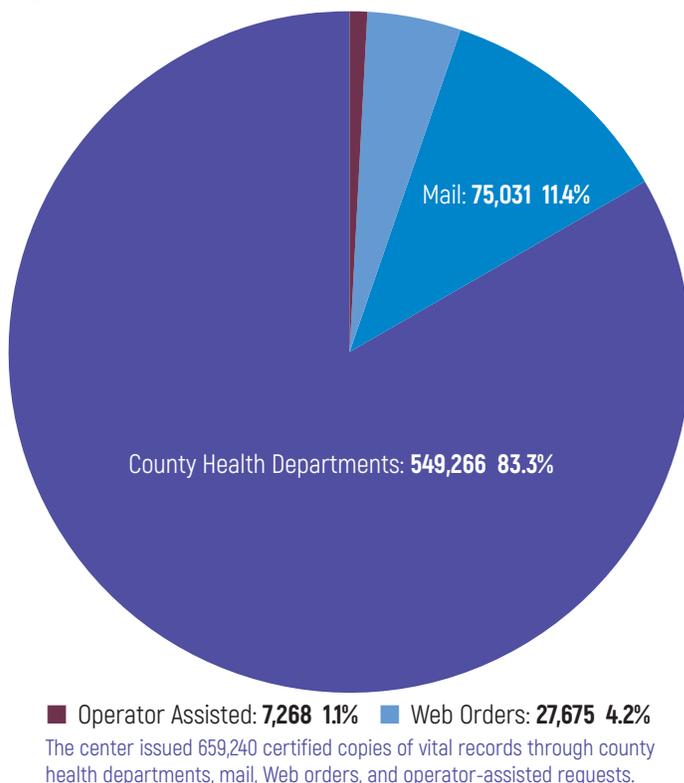
The Center for Health Statistics operates the vital records system and collects and tabulates health-related statistical data for the state of Alabama. The center files, stores, and issues certified copies of vital records including birth, death, marriage, and divorce certificates for events that occur in Alabama. 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 165,500 vital records were registered with the Center for Health Statistics in 2016; primarily electronically. An automated vital records system called ViSION, or Vital Statistics Image Oriented Network, allows vital records to be issued in all 67 county health departments. Customers can obtain vital records from the center through county health departments 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 84 percent of death certificates are now registered electronically. A regulation is in effect that makes use of the Electronic Death Registration System mandatory for almost all persons involved in preparing and completing death certificates. 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.

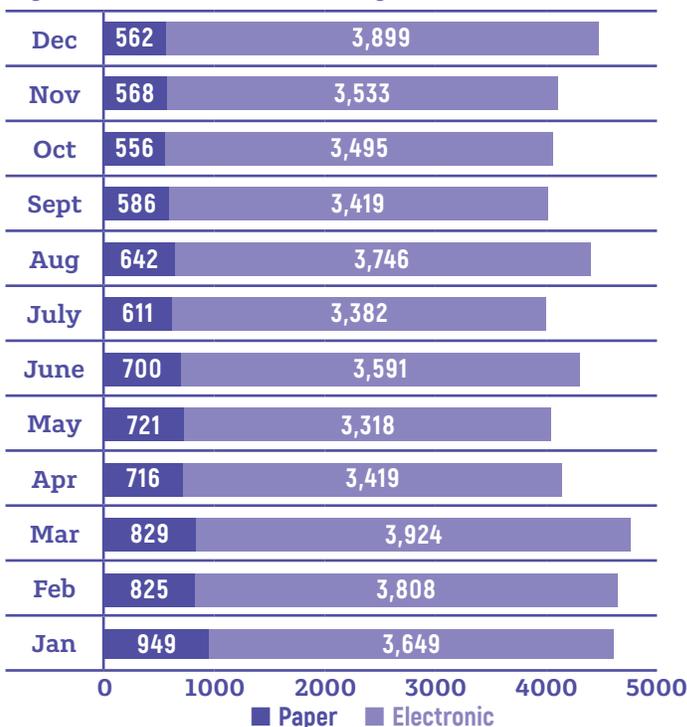
**Statistical Analysis**

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.

**Figure 48. Certified Copies of Vital Records Issued**



**Figure 49. Electronic Death Registration**



During 2016, 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 50. Comparison of Infant Mortality Rates for Alabama and the United States by Race for 2006 through 2015\*

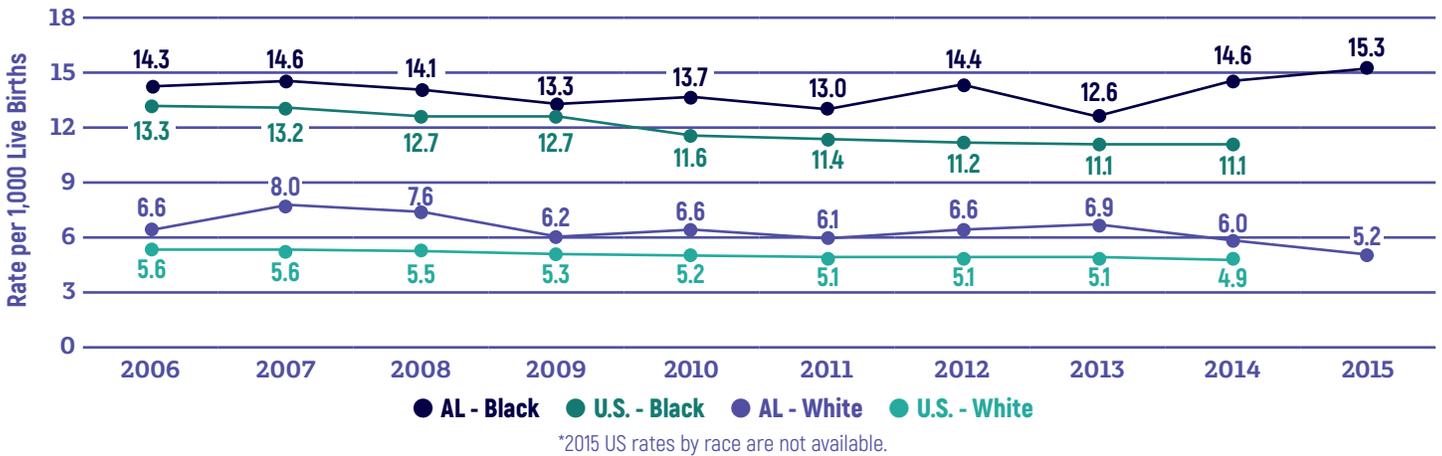
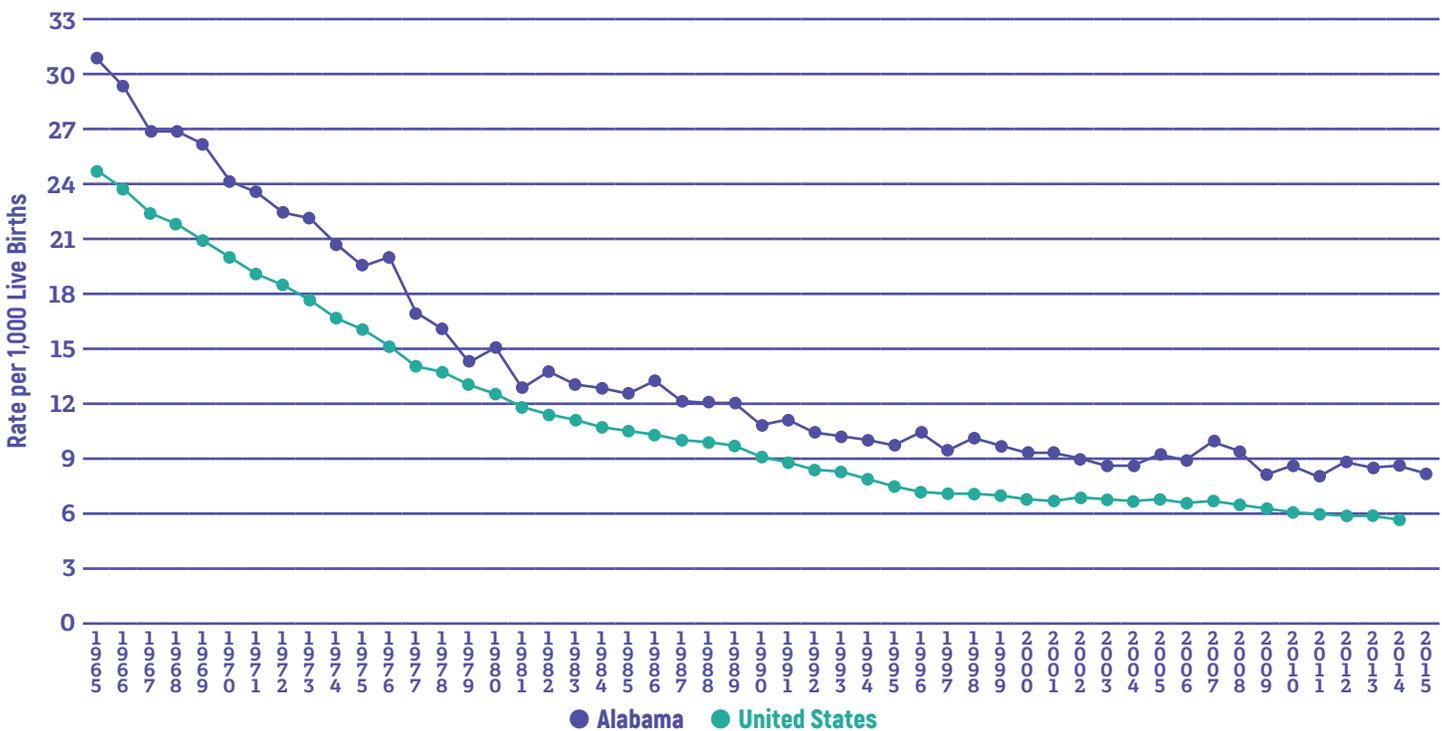


Figure 51. Comparison of Infant Mortality Rates for Alabama and the United States for 1965 through 2015



**Figure 52. Alabama's Leading Causes of Death, 2015<sup>1</sup>**

Cause of Death	Rank	Number	Rate <sup>1</sup>
<b>Total Cause of Death</b>		<b>51,896</b>	
Heart Disease	1	12,970	266.9
Malignant Neoplasms	2	10,348	213.0
Chronic Lower Respiratory Diseases	3	3,275	67.4
Cerebrovascular Diseases	4	2,937	60.4
Accidents	5	2,529	52.0
Alzheimer's Disease	6	2,278	46.9
Diabetes Mellitus	7	1,253	25.8
Pneumonia and Influenza	8	1,096	22.6
Septicemia	9	1,048	21.6
Nephritis, Nephrotic Syn. and Nephrosis	10	1,042	21.4
Suicide	11	748	15.4
Chronic Liver Disease and Cirrhosis	12	716	14.7
Essential (Primary) Hypertension	13	517	10.6
Homicide	14	472	9.7
Parkinson's Disease	15	462	9.5
<b>All Other Causes, Residual</b>		<b>10,205</b>	

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

**Figure 53. Vital Statistics, 2015**

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

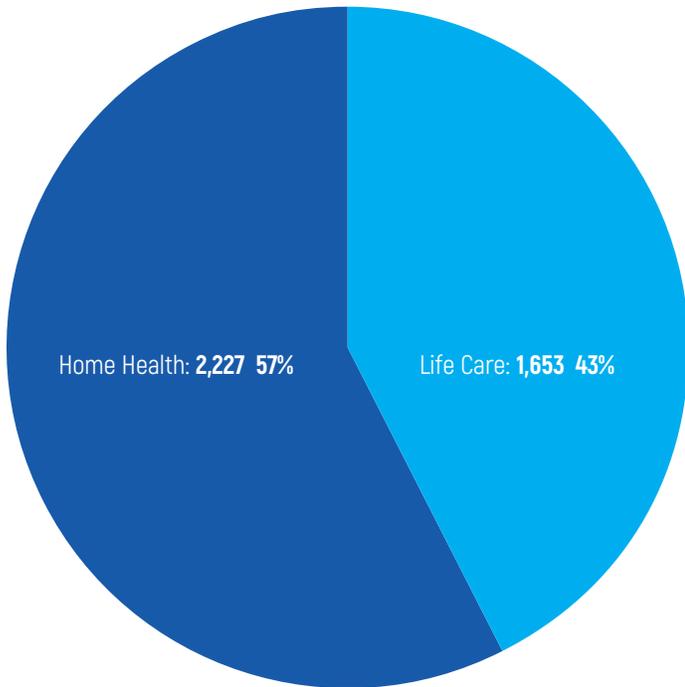
	Number	Rate	
Births	59,651	12.3	(Per 1,000 Population)
Birth to Teenagers	4,790	15.5	(Per 1,000 Females Aged 10-19 Years)
Low Weight Births	6,227	10.4	(Percent of All Live Births)
Birth to Unmarried Women	26,150	43.8	(Percent of All Live Births)
Deaths	51,896	10.7	(Per 1,000 Population)
Marriages	35,726	74	(Per 1,000 Population)
Divorces	18,946	3.9	(Per 1,000 Population)
Induced Terminations of Pregnancies	5,193	5.4	(Per 1,000 Females Aged 15-44 Years)
Infant Deaths (Neonatal + Postneonatal)	494	8.3	(Per 1,000 Live Births)
Neonatal Deaths (0-27 Days of Life)	300	5.0	(Per 1,000 Live Births)
Postneonatal Death (28-364 Days of Life)	194	3.3	(Per 1,000 Live Births)

Total estimated state population is 4,858,979.

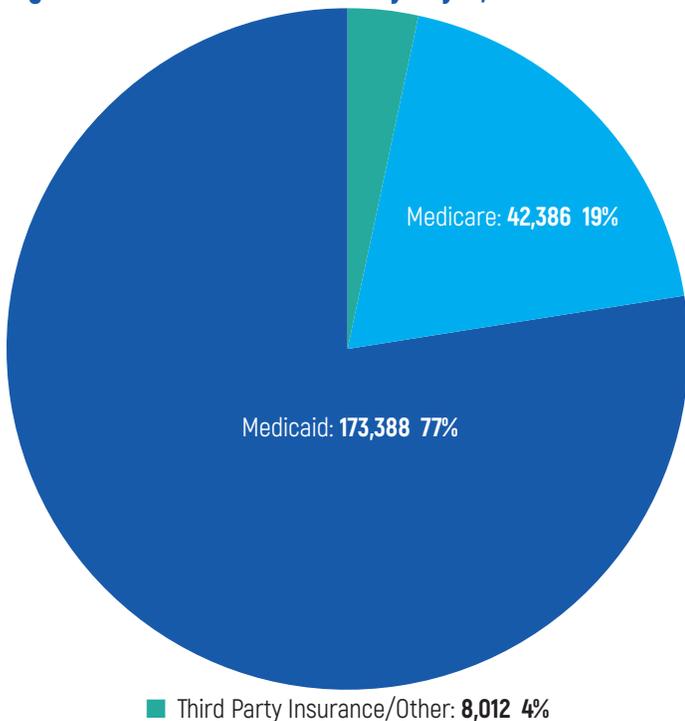
# BUREAU OF HOME AND COMMUNITY SERVICES

The Bureau of Home and Community Services administers home care services statewide. Its mission is to deliver high-quality services and compassionate care provided by competent and professional staff to patients in the home and community setting throughout Alabama. The bureau consists of the following divisions: Financial and Billing Support Services; Budget, Contracts, and Personnel; Compliance; and Home Care Services.

**Figure 54. Home Health and Life Care Patients Served, 2016**  
In fiscal year 2016, the Bureau of Home and Community Services served a total of 3,880 patients.



**Figure 55. Home Health Visits by Payer, 2016**



## Home Health Visits

The Home Care Program provided 223,786 home health visits statewide to patients covered by Medicare, Medicaid, and third party insurance in 2016.

## Life Care Service Hours

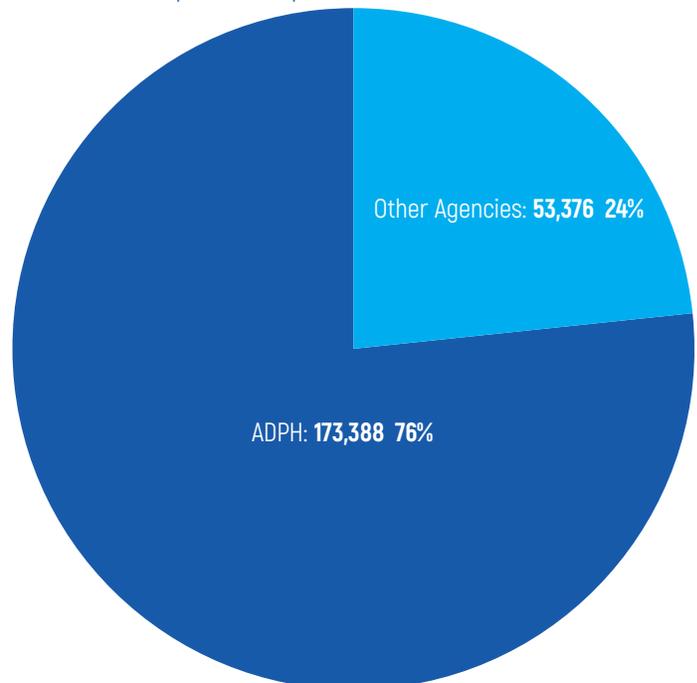
The department's Life Care Program provided 295 biomonitring hours in 2016. Nursing staff provided in-home medical monitoring for Medicaid patients diagnosed with diabetes, congestive heart failure, and/or hypertension. Patients benefit from improved outcomes, lowered health care-related expenses, and improved compliance with the physician's plan of care.

**Figure 56. Home Health Visits by Discipline, 2016**

	Medicare	Medicaid	Third Party Insurance/Other	TOTAL
Skilled Nurse	19,837	69,823	4,206	93,866
Physical Therapy	9,731	24	1,710	11,465
Speech Therapy	3	0	0	3
Occupational Therapy	25	0	1	26
Social Work	87	1	14	102
Home Health Aide	12,703	103,540	2,081	118,324
<b>Total</b>	<b>42,386</b>	<b>173,388</b>	<b>8,012</b>	<b>223,786</b>

**Figure 57. Alabama Medicaid Home Health Visits, 2016**

Alabama Medicaid recipients received a total of 226,764 home health visits. Alabama Department of Public Health staff provided 76 percent of the total visits in 2016.



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.

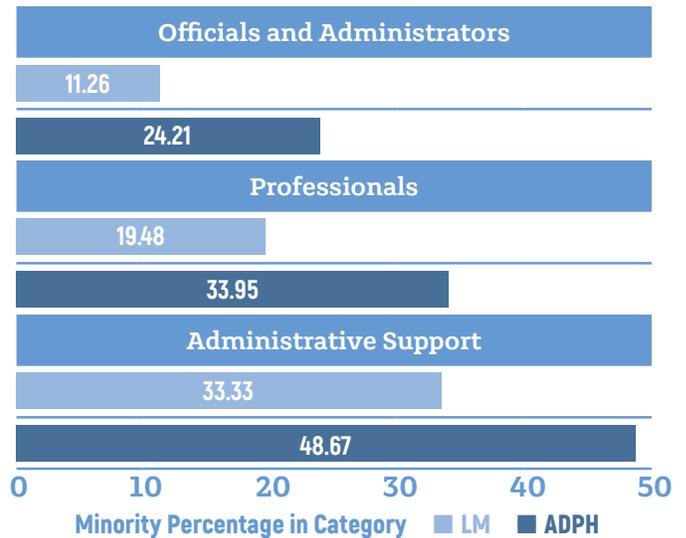
In addition, the office coordinates the department's recruitment program, Affirmative Action Program, and the State Employee Injury Compensation Trust Fund Program. The office provides training on human resources issues; guidance to supervisors and employees in resolving workplace conflicts; and coordinates 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 2016, the Employee Relations Section of the Office of Human Resources relocated its office to the 16th floor of The RSA Tower to provide a more private and confidential setting for employees.

### ADPH Minority Employment Comparison

The department is comprised of 2,650 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](http://www.eeoc.gov))

**Figure 58. Alabama Labor Market (LM) vs. ADPH in Three Equal Employment Opportunity Job Categories**



**Figure 59. 2016 Personnel Actions Processed for Merit Employees**

New Hires	186
Promotions	122
Dismissals	4
Retirements	80
Transfers Out	22
Other Separations	100
Employee Assistance Program Referrals (Employees and Dependents)	55
Hours of Leave Donations	1,346
Annual Appraisals	2,361
Probationary Appraisals	359

**Figure 60. 2016 Turnover Rates in Areas/ Counties and Central Office**

	Number of Merit Employees	Turnover Rate (%)
Central Office	1,217	11.62
Areas/Counties	1,433	12.38
Statewide	2,650	12.75

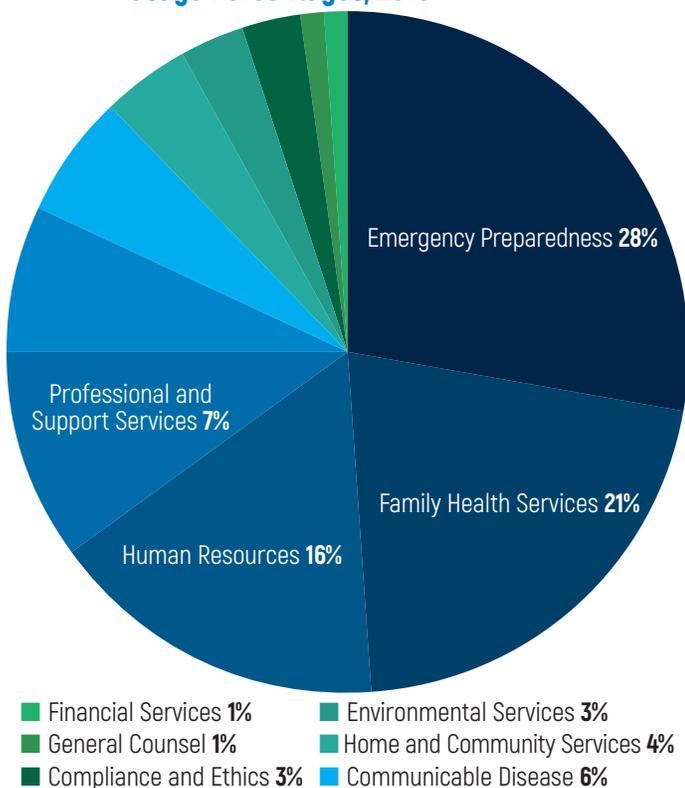
# BUREAU OF INFORMATION TECHNOLOGY

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 Logistics Division manages the department's property assets, forms, emergency preparedness supplies, mailroom, and vehicles. The division also has the responsibility of auditing every property item assigned to the department statewide.

IT continues to support the department's Learning Content Management Systems (LCMS). LCMS is a portal that allows departmental employees and other health care professionals to become more proficient in their program area by making essential information readily accessible. LCMS is used by various bureaus within the department. Whether it is being used for collecting data for the Bureau of Clinical Laboratories, serving as a registration portal for the Alabama Public Health Training Network, or as a testing portal for Security and Awareness Training, LCMS is a tool that provides valuable services to the department. IT provides ongoing support and training to departmental employees in the use of LCMS and its capabilities. Figure 61 illustrates 2016 LCMS usage percentages by different bureaus, offices, or areas.

IT worked with the Sexually Transmitted Disease (STD) surveillance program staff and completed a project to discontinue use of the statewide STD surveillance system (STD\*MIS) and implement a new statewide Web-enabled surveillance system called the Alabama

**Figure 61. Learning Content Management System Usage Percentages, 2016**



National Electronic Disease Surveillance System Base System (ALNBS). The most recent two years of STD\*MIS data were migrated and will be editable in the new system. IT is working with the STD program to complete the migration of an additional eight years of historic data to facilitate statewide, longitudinal analysis. The ALNBS facilitates transferring health, laboratory, and clinical data efficiently and securely via the Internet. It also provides public health authorities with the ability to process, analyze, and share data they receive in an efficient, streamlined manner.

IT completed numerous enhancements to the Wellness Online Appointment System. These enhancements included additional scheduling options, reporting options for program management, and implementation of an automated voice response system to allow customers to retrieve information regarding the status of their latest screening. IT also successfully transitioned from International Classification of Diseases (ICD-9) to (ICD-10) for billing of services provided by Family Planning, Case Management, Immunization, and the Clinical Laboratory programs.

**Figure 62. IT Support Facts 2016**

Help Desk Calls	29,140
Personal Computers/Laptops Supported	5,684
Servers Supported	740
Personal Computers/Laptops Installed	981
WAN Support Completed Work Orders	4,287
IP Phone Devices Supported	4,847
Network Sites Upgraded	22
Smart Phones Supported	706
WIC Kiosk PC Wiring/Deployment	122
Silver Peak Network Optimizer Upgrades	83
Quicken 2016 Upgrades	82
County Distributed File System (DFS) Servers Installed	4
Silver Peak Optimizers Virtualizations	3
DHCP Upgrades to Windows 2008 Servers	7
IP Gateways Supported	88
WAN Support Miles Driven	213,973

**Figure 63. Logistics Facts 2016**

Equipment Inventory Items	18,043
Equipment Inventory Value	\$37,700,000
Forms Managed	641
Form Packages Sent	6,009
Promotional Items Managed	806
Department Vehicles	67
Emergency Response Vehicles, Trailers, etc.	78

## Public Health Accreditation

Since 2010, the department has been pursuing public health accreditation as a state health department. National public health department accreditation is a process to measure the health department's performance against a set of nationally recognized, practice-focused, and evidence-based standards defined by the Public Health Accreditation Board (PHAB). Accreditation requires an ongoing commitment to performance management and quality improvement. This process has resulted in several operational improvements such as the development of the Community Health Assessment, Community Health Improvement Plan, ADPH Strategic Plan, Quality Improvement (QI) Council, QI Plan, and the adoption of the Turning Point Model as the performance management system.

In 2016, the department reached several major milestones in the journey to PHAB accreditation. The Accreditation Leadership Team identified and submitted 363 examples of documentation to demonstrate how the department meets the nationally set standards and measures. Additionally, the department hosted a mock site visit that allowed staff to gain hands-on experience answering questions likely to arise during the accreditation process. Approximately 80 staff members were involved in this exercise, which helped identify strengths and weaknesses of the department. Staff is continuing to work on improving employee knowledge and understanding about the process and ongoing efforts as the department moves into 2017. Several areas of the department are working on initiatives to improve the weaknesses identified as part of the accreditation process.

## Management Support

Management Support provides leadership and coordination for critical departmental programs such as the following: the Records Disposition Authority, Grant Management, Policy Clearinghouse, Institutional Review Board, Systematic Alien Verification for Entitlements, Fee Manual, and Request for Proposals.

## Workforce Development

The Alabama Department of Public Health Workforce Development (WFD) Program offers training programs and initiatives designed to help departmental employees deliver high quality public health services. The goal of the WFD Program is to assure a competent public health workforce in Alabama through strategic planning to anticipate and prepare the workforce for changes in public health practice through development of appropriate training programs and opportunities, both state-based and through regional and national initiatives.

Through the WFD Program, staff training is offered on a continuous basis. Specific training has included the completion of the customer service initiative, which provided training and skill building tools for health department employees; Human Trafficking Awareness for Public Health Providers, which informed staff on identifying and approaching victims of human trafficking; and the development of the Workforce Development Plan, which was finalized in August 2016 and will provide training recommendations for all staff. In addition, training opportunities on a variety of skills and core competencies continue to be provided. Training available through partners such as the State Personnel Department and the South Central Public Health Partnership with Tulane University are also made available to department staff on a quarterly basis. In 2016, 30 courses were offered with 132 employees participating.

To enhance their communication and leadership skills, departmental employees participated in Toastmasters International, a world leader in communication and leadership development. During 2016, 39 employees participated in training sessions through the Tower Toastmasters training program. Tower Toastmasters' participants were provided a mutually supportive and positive learning environment in which each individual member had the opportunity to develop oral communication and leadership skills which in turn fostered self confidence and personal growth. Fifty-three training sessions were held, where employees had an opportunity to deliver speeches, provide and receive performance evaluation feedback, and complete leadership projects. Participants attained a list of accomplishments, and many serve in leadership roles at the local, area, division, and district levels. Tower Toastmasters achieved the highest distinction from Toastmasters International in 2015 as a President's Distinguished Training Program.

In an effort to help recruit and retain a highly skilled workforce, the department supports hosting students enrolled in educational institutions as interns. Opportunities are offered throughout the state public health system. Through the internship program, individuals are offered an opportunity to make a positive contribution and to develop professional skills and experience. The internship program promotes an opportunity for individuals to learn about the role and responsibility of public health, earn educational credits, gain valuable work experience, and explore new careers in public health. In 2016, there were non-clinical internship placements from various institutions around the country to include but not limited to Vanderbilt University, Howard University, the University of Alabama at Birmingham, and Tuskegee University.

## 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.

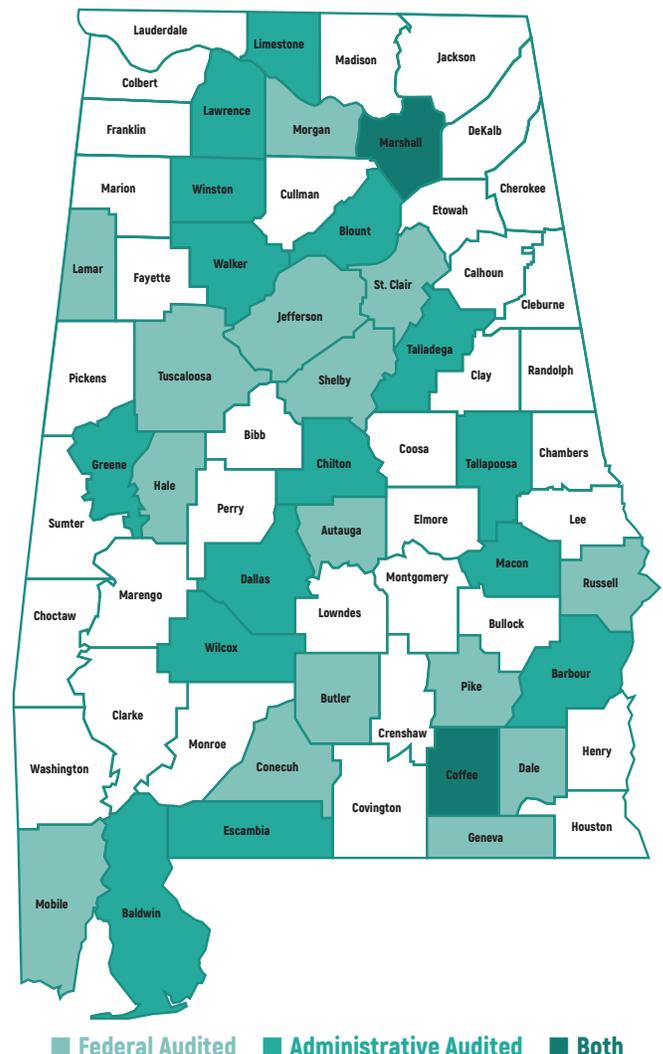
During 2016, the Office of Program Integrity continued its mission of objectively evaluating county health departments and central office units in the areas of financial and administrative activities and federal compliance.

**Figure 64. Accomplishments By Audit Category, Fiscal Year 2016**

Financial/Administrative Audits	
County Health Departments	17
State Level Audits	0
Property Audits	17
Federal Program Audits	
County Health Departments	17
Private/Local WIC Agency Audits	3
Special Reviews and Consulting	
SAFE (Security for Alabama Funds Enhancement) Program Compliance Monitoring	
Subrecipient Compliance and Monitoring	

**Figure 65. Federal and Administrative Audits by County**

The Office of Program Integrity performed audits in 32 counties in 2016.



The mission of the Office of Radiation Control is to protect the public and occupationally exposed workers from unnecessary exposure to ionizing radiation. This is accomplished by registering, licensing, and inspecting the day-to-day use of ionizing 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 conducting formal public and professional education programs.

**Notable Achievements for Fiscal Year 2016**

• **Radioactive Material Program:** Two rule packets were submitted to and approved by the State Committee of Public Health, and three training seminars were conducted to inform and explain the rule changes. Inspections were performed on 270 regulated facilities, 44 competency examinations were conducted, 33 competency cards were issued, and more than 1,400 license and registration actions were performed.

- **Medical X-Ray:** The X-Ray Compliance Branch inspected more than 2,000 X-ray tubes and continues to review new uses of X-rays in medicine to help assure the health and safety of the patient and the operators of X-ray equipment.
- **Emergency Planning:** The Emergency Planning Branch provided radiation safety and emergency response training to more than 1,400 individuals. Those receiving training included individuals from the department, hospitals, emergency medical services, police, fire, and sheriff’s departments, as well as volunteer members of the public.
- **Environmental:** The Environmental Radiation Branch collected over 500 air, water, soil, and vegetation samples from areas surrounding various radioactive material licensees and the two nuclear power plants located within Alabama. More than 1,550 radiation detection devices were calibrated during fiscal year 2016. This branch also distributed more than 5,100 radon information packets and 880 radon test kits to the public.

**Figure 66. Service Activities, Fiscal Year 2016**

Type of License or Registration	Number of Facilities	Number of License and Registration Actions	Number of Inspections
Medical X-Ray	1,385	545	426
Dental X-Ray	1,290	269	316
Veterinary X-Ray	448	88	69
Academic/Other X-Ray	111	23	4
Non-Medical X-Ray	337	96	55
Radioactive Material – Industrial	217	174	61
Radioactive Material – Medical	147	144	68
Radioactive Material – Academic/Other	25	13	24
Particle Accelerators	49	48	25
Radioactive Material – General Licenses	200	48	76

## COUNTY HEALTH DEPARTMENT SERVICES

Public Health services in Alabama are primarily delivered through county health departments. 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
- Bio Monitoring Services
- 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
- Insect and Animal Nuisances That Can Transmit Disease to Humans
- Laboratory
- Maternity
- Nursing Services
- Nutrition Services
- Onsite Sewage Disposal Systems
- Sexually Transmitted Diseases (STDs)
- Solid Waste
- Tuberculosis
- Water Supply in Individual Residential Wells
- Women, Infants, and Children (WIC)

# PUBLIC HEALTH AREAS MAP

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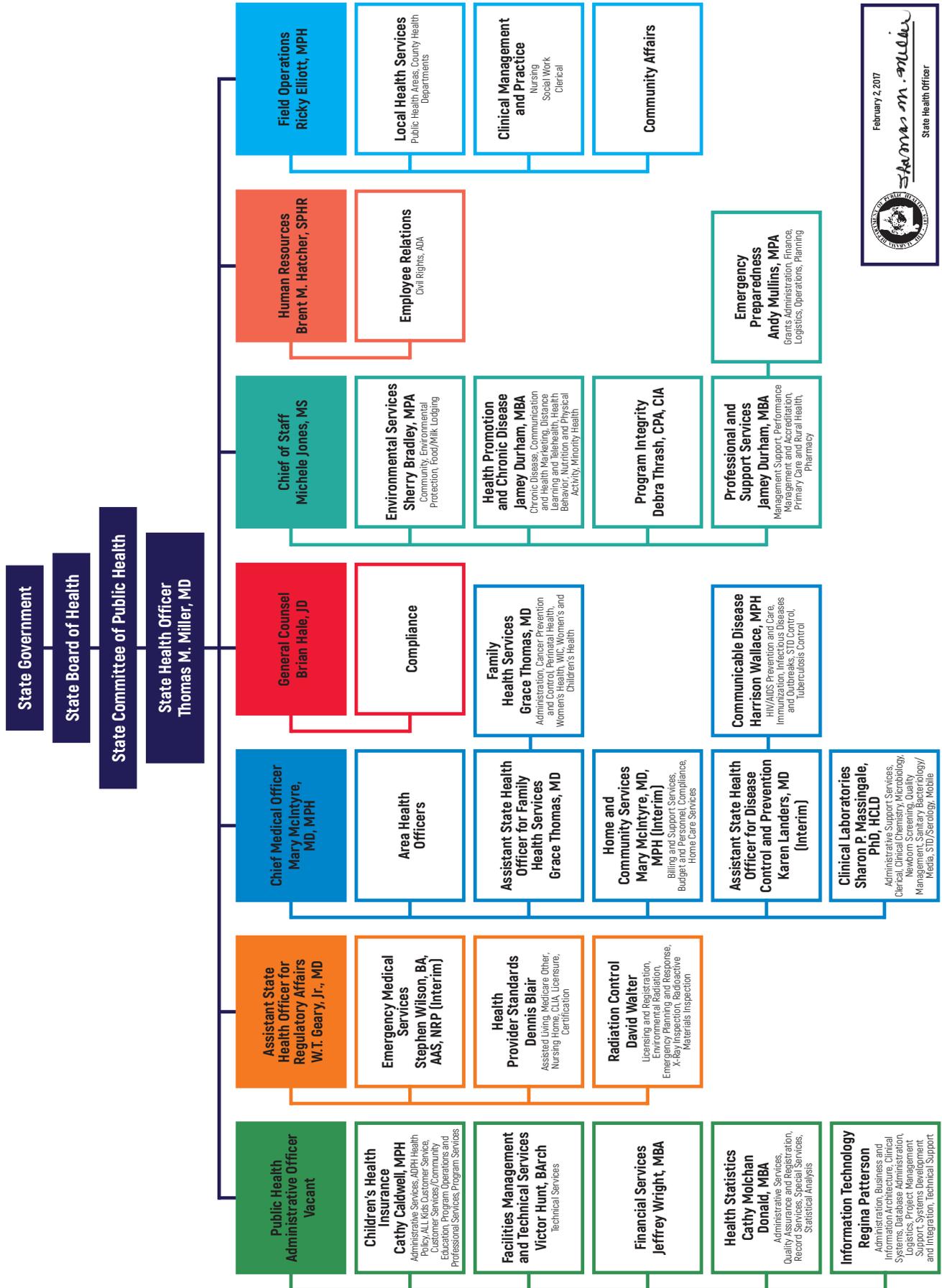
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# ADPH ORGANIZATIONAL CHART

# ALABAMA DEPARTMENT OF PUBLIC HEALTH



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