Alabama State Plan for Tobacco Use Prevention and Control

2010-2015

ADPH.ORG
ALABAMA DEPARTMENT OF PUBLIC HEALTH

STATE OF ALABAMA DEPARTMENT OF
PUBLIC HEALTH

Donald E. Williamson, MD
State Health Officer

November 30, 2010

Dear Alabama Citizen:

Tobacco use is the single most preventable cause of death and disease in the United States. Smoking kills more people than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides combined, with thousands more dying from smokeless (spit) tobacco use. In Alabama, more than one in five adults smoke. This translates into 7,500 Alabamians dying every year from tobacco-related illnesses, resulting in $1.49 billion in healthcare costs and $2.24 billion in lost productivity in our workplaces. Consider that 174,000 children and youth under the age of 18 in our state will die prematurely from smoking. Each year in Alabama, 9,300 children and youth under the age of 18 become daily smokers.

According to the Surgeon General's Report in 2006, there is no safe level of exposure to secondhand smoke. This year, 850 nonsmokers in Alabama will die from exposure to secondhand smoke. We cannot afford to let tobacco continue to addict our youth, damage the health of our citizens, and harm those who breathe secondhand smoke.

Now is the time to act! Stronger policies and laws are needed to protect citizens from secondhand smoke. An increase in tobacco excise tax will keep youth from starting and help tobacco users quit.

I urge decision makers to consider these choices when planning for the state's future. I commend the Alabama Tobacco Use Prevention and Control State Task Force for its efforts in providing us with a comprehensive plan to protect our citizens from the harmful effects of tobacco use.

Sincerely,

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

DEW/JH/MD

The RSA Tower • 201 Monroe Street • Montgomery, AL 36104
P.O. Box 303017 • Montgomery, AL 36130-3017

COALITION FOR A

tobacco free ALABAMA

A Non-Profit Organization
P.O. Box 951
Montgomery, Alabama 36101

Board of Directors

Chairperson Marc T. Riker
Executive Director
Alabama Sports Festival
Montgomery

Vice Chairperson Joe Godfrey
Executive Director
Alabama Citizens Action Program
Birmingham

Secretary Charlene Roberson
Director of Leadership Services
Alabama State Nurses Association
Montgomery

Treasurer John Wilson
Tobacco-Free Advocate
Montgomery

Diane Beeson
Tobacco Prevention and Control Branch Director
Alabama Department of Public Health
Montgomery

Ginny Campbell
Government Relations Director
American Cancer Society
Montgomery

Michael Jackson
President
DuBois Institute
Dothan

July 2, 2010

Dear Alabama Citizen:

The facts are alarming. Alabama is one of 18 states in the nation that does not protect people from secondhand smoke. We have the fifth highest smoking rate in the nation, with more than one in five Alabamians using tobacco.

Tobacco use doesn't just harm the user. Secondhand smoke increases the risk of health problems in everyone, especially the young and elderly. Alabamians deserve the right to breathe smokefree air.

To address these issues, nearly 100 citizens from around the state developed the Alabama Comprehensive Tobacco Use Prevention and Control Plan for 2010-2015.

We know what works in reducing tobacco use. It is up to us to incorporate these proven strategies to adopt smokefree policies, increase tobacco taxes, keep youth from starting tobacco use, educate the public about the dangers of tobacco through media campaigns, and help tobacco users to quit.

This report is a call to action for all of us. I encourage you to become involved in reducing the burden of tobacco.

Contact the Coalition for a Tobacco Free Alabama at info@tobaccofreealabama.net or visit our Web site at www.tobaccofreealabama.net and learn how you can make a difference. By addressing the enormous toll tobacco is taking on Alabamians, we can make our state a healthier place to work and play.

Marc T Riker

Marc T. Riker, Chair
Coalition for a Tobacco Free Alabama

VISION:

A TOBACCO-FREE ALABAMA FOR ALL CITIZENS.

MISSION:

To eliminate unwanted exposure, sickness, and death and reduce the economic burden caused by tobacco use in Alabama.

GOALS:

Cessation:

To reduce tobacco use, tobacco control efforts will increase smokers' readiness and desire to quit by providing cessation information and resources, and an environment supportive of quitting tobacco use.

Prevention:

To reduce tobacco use, tobacco prevention efforts must increase school-based interventions in combination with mass media campaigns and the use of policy change to create support for education and intervention efforts.

Protection from Secondhand Smoke:

To ensure 100% smoke-free, healthy environments for every Alabamian who deserves a smoke-free workplace, school, and home.

Sustainability:

Enable Tobacco Control Programs in the state to remain sustainable.

Executive Summary for State Plan

The Alabama Tobacco Use Prevention and Control Task Force convened in March 2010 to update the State Plan developed in 2000. Although the State has made strides in reducing the burden of tobacco, tobacco use remains the leading cause of preventable death in Alabama. According to the Alabama Youth Tobacco Survey the youth prevalence rate for 9th-12th grades declined from 37.6 percent in 2000 to 18.6 percent in 2010. Since 2000, 87 municipalities have implemented smoke-free ordinances to protect people from secondhand smoke, the third leading cause of preventable death in the nation. Since its inception in 2005, 60,000 tobacco users have called the Alabama Tobacco Quitline. In 2004, the excise tax on tobacco products was increased for the first time in 20 years, helping keep youth from starting to use tobacco and encouraging those who use tobacco to quit while providing much needed revenue for the state.

Despite these gains, the state has fallen further behind other states in its struggle against the death and disease caused by tobacco use and exposure over the past 10 years. In 2009, Alabama had the fifth highest rate of adult smokers in America. Alabama is 47th in the nation in terms of per capita funding to reduce tobacco use and exposure. The annual number of deaths from tobacco use grew from 7,000 people in 2000 to 7,600 in 2010. From 2000 to 2010, annual healthcare costs to treat smoking-related diseases in Alabama increased from $800 million to $1.49 billion.

This plan was developed to stem the tide of human and economic devastation caused by tobacco use in Alabama. Using new research and evidence-based practices from the *Community Guide for Preventive Services*, the *CDC's Best Practices for Comprehensive Tobacco Control Programs – 2007*, and the *Institute of Medicine's Ending the Tobacco Problem: A Blueprint for the Nation*, the Task Force formed seven workgroups to write the plan. The results of their efforts are found on the following pages. By identifying attainable goals and objectives in each area, the plan offers opportunities for local coalitions, decision makers, and other concerned citizens to take action. Inherent in each portion of the plan is the development and implementation of evaluation systems to track activities and provide accountability.

Timeline of Tobacco Control in Alabama

1986 Coalition for Tobacco-Free Alabama established.

1993 Alabama Department of Public Health created tobacco prevention and control program with grant from CDC.

1995 State Administrative Code required all schools to adopt a policy prohibiting the use of tobacco products on school grounds.

1997 State Law passed, further limiting the sale of tobacco to minors under the age of 19.

2002 State funding from Master Settlement Agreement provided community grants for tobacco prevention.

2003 State Law passed restricting tobacco use in public places.

2004 State Excise Tax on cigarettes increased from 16.5 to 42.5 cents per pack.

2005 The Alabama Tobacco Quitline launched to provide free treatment to tobacco users.

2006 *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General* - characterizes the health risks caused by exposure to secondhand smoke.

2009 State Law passed restricting vending machines to adult venues and tobacco product placement to behind the counter.

2009 State Law passed requiring cigarettes sold in Alabama be fire-safe.

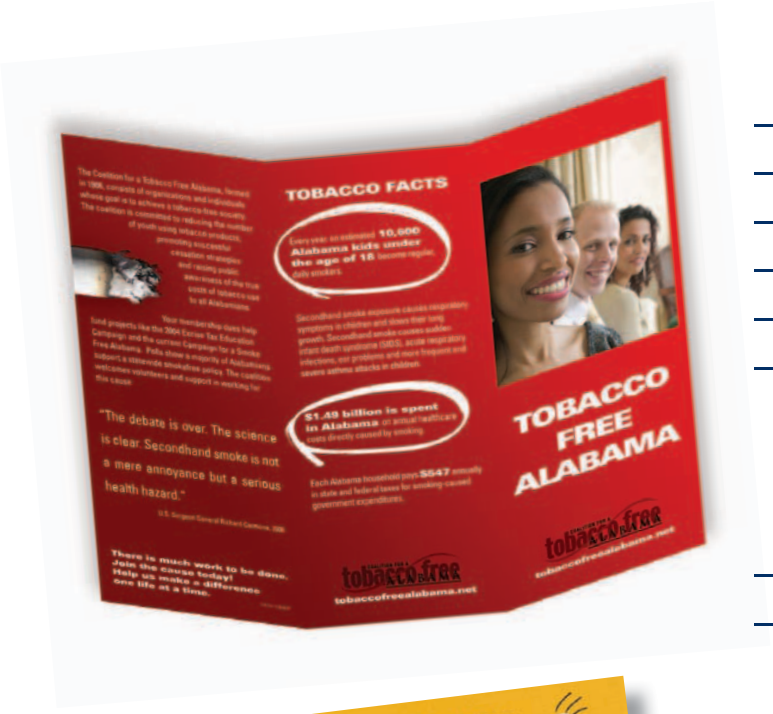
2009 Federal tax on cigarettes increased from 39 cents to $1.01 per pack.

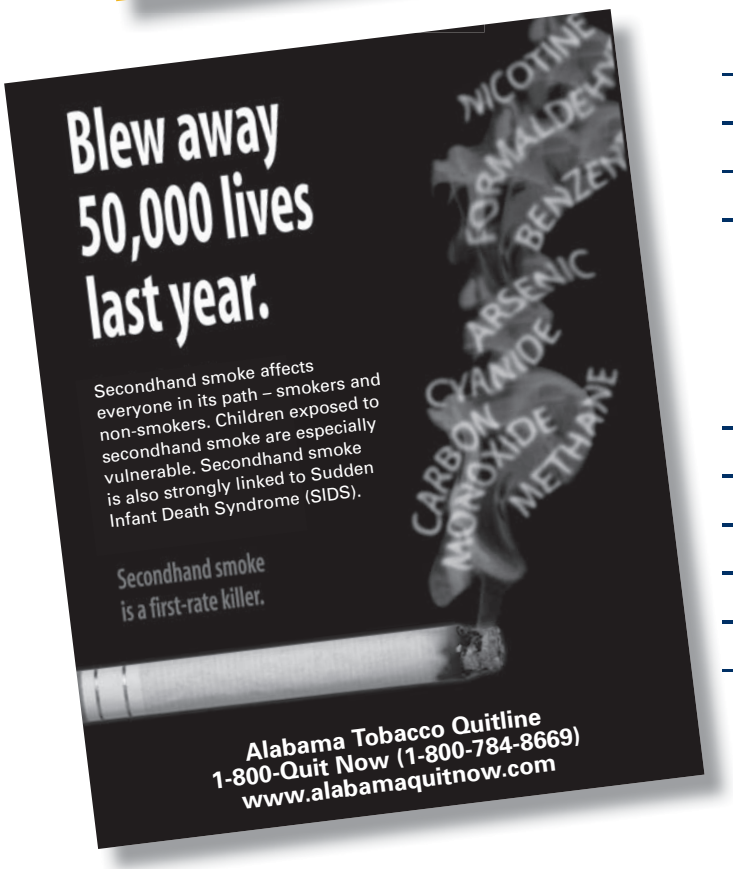
2010 Cessation program expanded outreach with online services.

2010 Medicaid began providing a treatment benefit to pregnant tobacco users.

2010 Food and Drug Administration increased access and advertising restrictions on tobacco.

2011 Medicare expanded coverage of tobacco cessation counseling.





TOBACCO KILLS MORE ALABAMIANS

- than alcohol,
- auto accidents,
- AIDS,
- suicides,
- murders,
- and illegal drugs

COMBINED.

SMOKING CAUSES

- 87 percent of lung cancer cases,
- 90 percent of deaths from chronic obstructive pulmonary disease (COPD),
- 21 percent of deaths from heart disease,
- 18 percent of deaths from strokes.

SPIT (SMOKELESS) TOBACCO CONTAINS

- 28 cancer-causing agents (carcinogens).

SMOKING DURING PREGNANCY CAUSES

- low birthweight babies,
- miscarriages,
- premature birth,
- and stillbirth.

EXPOSURE TO SECONDHAND SMOKE CAUSES

- heart disease,
- cancers,
- sudden infant death syndrome (SIDS),
- asthma attacks,
- bronchitis,
- and pneumonia.

Source: **Tobacco-Free Kids www.tobaccofreekids.org, U.S. Department of Health and Human Services, *The Health Consequences of Smoking*. A Report of the Surgeon General, 2004.**

Health and Economic Toll of Tobacco in Alabama

The Health Toll of Tobacco	IN ALABAMA	IN THE UNITED STATES
Number of people who die each year as a result of their own smoking	**7,500**	**400,000**
Number of youth who are under the age of 18 who will die prematurely from smoking (at current smoking rates)	**174,000**	**6 million+**
Number of nonsmokers who die every year from the exposure to secondhand smoke	**850**	**Approximately 50,000**

SOURCE: Campaign for Tobacco Free Kids

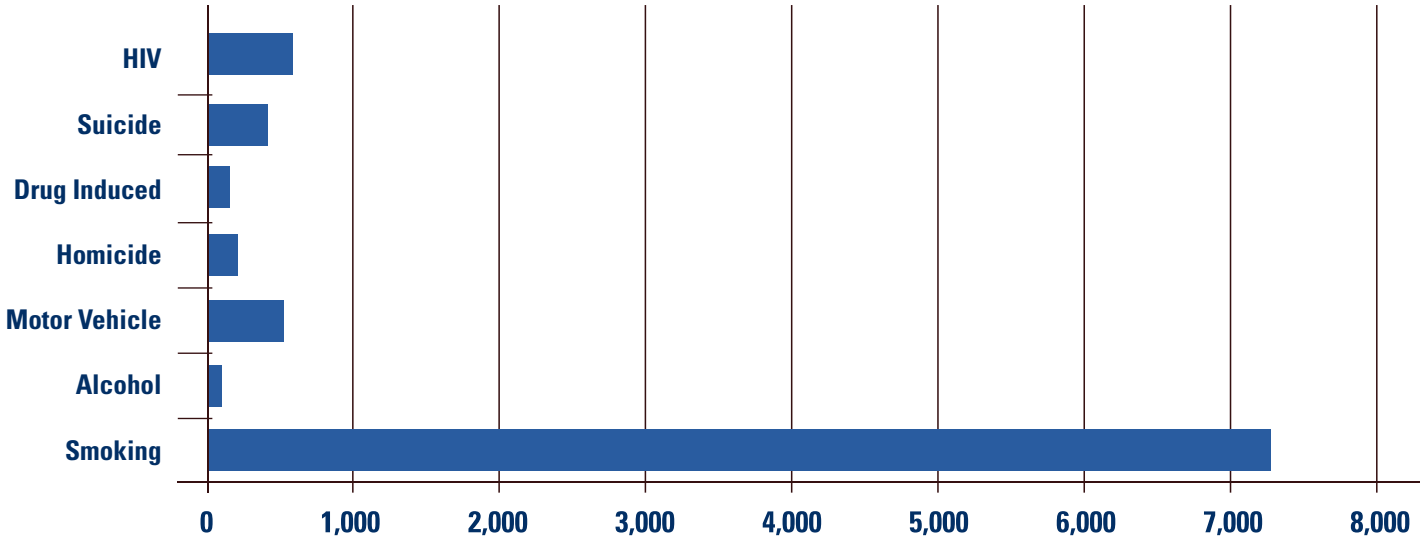
The Economic Toll of Tobacco	IN ALABAMA	IN THE UNITED STATES
Annual healthcare costs directly caused by smoking	**$1.49 billion**	**$96 billion**
Portion of healthcare costs covered by Medicare	**$238 million**	**$58.3 billion**
Productivity losses attributed to smoking each year	**$2.24 billion**	**$97 billion**

SOURCE: Campaign for Tobacco Free Kids

Spending	IN ALABAMA	IN THE UNITED STATES
Estimated annual amount spent by the tobacco industry on marketing	**$261 million**	**$12.8 billion**
Amount spent on advertising each year by the tobacco industry per capita	**$56**	**$42**
Current amount spent annually on tobacco prevention programs	**$2.1 million** (3.7% of CDC recommendation)	**$629.5 million** (17% of CDC recommendation)
Amount spent on tobacco prevention programs by the state each year per capita	**$0.45**	**$2.05**

SOURCE: Campaign for Tobacco Free Kids

Annual Deaths from Smoking Compared with Selected Other Causes in Alabama, 1999-2006



Number of Deaths Per 100,000 Population, 1999-2006

Source: Centers for Disease Control and Prevention, National Center for Health Statistics.Compressed Mortality File 1999-2006.

Secondhand smoke is composed of sidestream smoke (the smoke released from the burning end of a cigarette) and exhaled mainstream smoke (the smoke exhaled by the smoker). Because sidestream smoke is generated at lower temperatures and under different conditions than mainstream smoke, it contains higher concentrations of many of the toxins found in inhaled cigarette smoke. Secondhand smoke contains at least 250 toxic chemicals.

Partial listing of toxic chemicals in secondhand smoke:

- 2-naphthylamine
- 4-amniobiphenyl
- Aldehydes (such as formaldehyde)
- Ammonia Nickel compounds
- Aromatic amines (such as 4-aminobiphenyl)
- Arsenic
- Benzene
- Beryllium
- Butane
- Cadmium
- Carbon Monoxide
- Chromium
- Ethylene oxide
- Hydrogen cyanide
- Lead
- N-Nitrosamines
- Polynuclear aromatic hydrocarbons (such as Benzo[a]pyrene)
- Radioactive polonium-210
- Toluene
- Vinyl chloride

The Burden of Tobacco Use

Tobacco use is the single most preventable cause of disease, disability, and death in the United States. Each year, an estimated 443,000 people die prematurely from smoking or exposure to secondhand smoke, and another 8.6 million have a serious illness caused by smoking. Despite these risks, approximately 46 million U.S. adults smoke cigarettes. Smokeless tobacco, cigars, and pipes also have deadly consequences, including lung, larynx, esophageal, and oral cancers. The harmful effects of smoking do not end with the smoker. More than 126 million nonsmoking Americans, including children and adults, are regularly exposed to secondhand smoke. Even brief exposure can be dangerous because nonsmokers inhale many of the same carcinogens and toxins in cigarette smoke as smokers. Secondhand smoke exposure causes serious disease and death, including heart disease and lung cancer in nonsmoking adults and sudden infant death syndrome, acute respiratory infections, ear problems, and more frequent and severe asthma attacks in children. Each year, primarily because of exposure to secondhand smoke, an estimated 3,000 nonsmoking Americans die of lung cancer, more than 46,000 die of heart disease, and about 150,000–300,000 children younger than 18 months have lower respiratory tract infections.

Source: Tobacco Use, Targeting the Nation's Leading Killer: At A Glance 2010 Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Tobacco Use and Secondhand Smoke Increase Your Risk For....

Cancer

- The risk of developing lung cancer is about 23 times higher among men who smoke cigarettes and about 13 times higher among women who smoke cigarettes compared with people who have never smoked.
- Cigarette smoking increases the risk for many types of cancer, including cancers of the lip, oral cavity, pharynx, esophagus, pancreas, larynx (voice box), lung, uterine cervix, urinary bladder, and kidney.

Heart Disease

- Smoking causes coronary heart disease, the leading cause of death in the United States.
- Cigarette smokers are 2–4 times more likely to develop coronary heart disease than nonsmokers.
- Cigarette smoking approximately doubles a person's risk for stroke.
- Cigarette smoking causes reduced circulation by narrowing the blood vessels (arteries). Smokers are more than 10 times as likely as nonsmokers to develop peripheral vascular disease.
- Smoking can cause abdominal aortic aneurysms.
- Secondhand smoke exposure causes heart disease and lung cancer in nonsmoking adults.
- Nonsmokers who are exposed to secondhand smoke at home or work increase their heart disease risk by 25–30 percent and their lung cancer risk by 20–30 percent.
- Breathing secondhand smoke has immediate harmful effects on the cardiovascular system that can increase the risk of heart attack. People who already have heart disease are at especially high risk.

Respiratory Disease

- Cigarette smoking is associated with a tenfold increase in the risk of dying from chronic obstructive lung disease.
- About 90 percent of all deaths from chronic obstructive lung diseases are attributable to cigarette smoking.

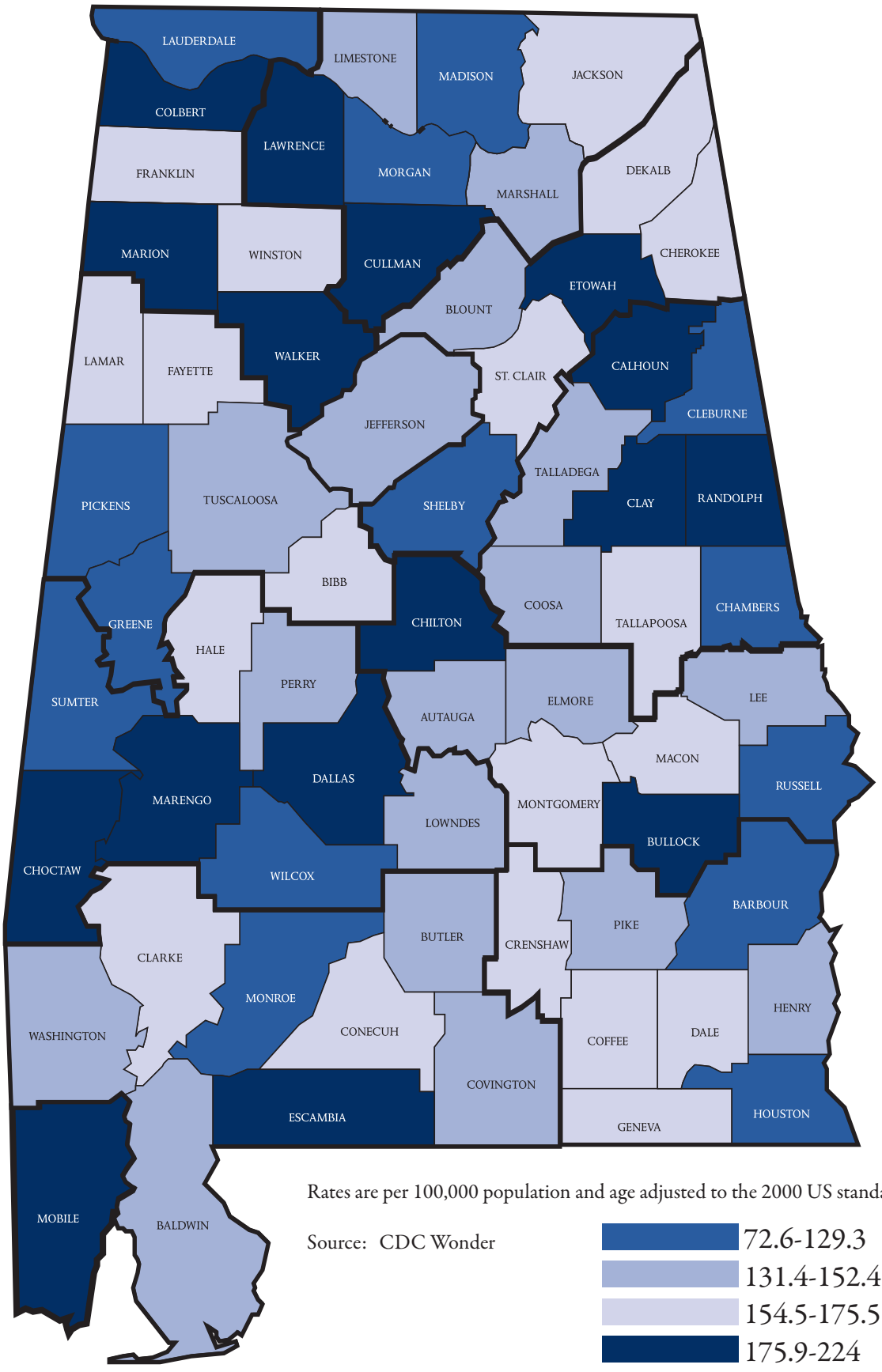
Smoking During Pregnancy Causes Complications

Research has shown that smoking during pregnancy causes health problems for both mothers and babies, such as:

- Pregnancy complications
- Premature birth
- Low-birth-weight infants
- Stillbirth
- Sudden infant death syndrome (SIDS.)

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion Web Site, July 2010

Heart Disease Mortality Rate, 2000-2006

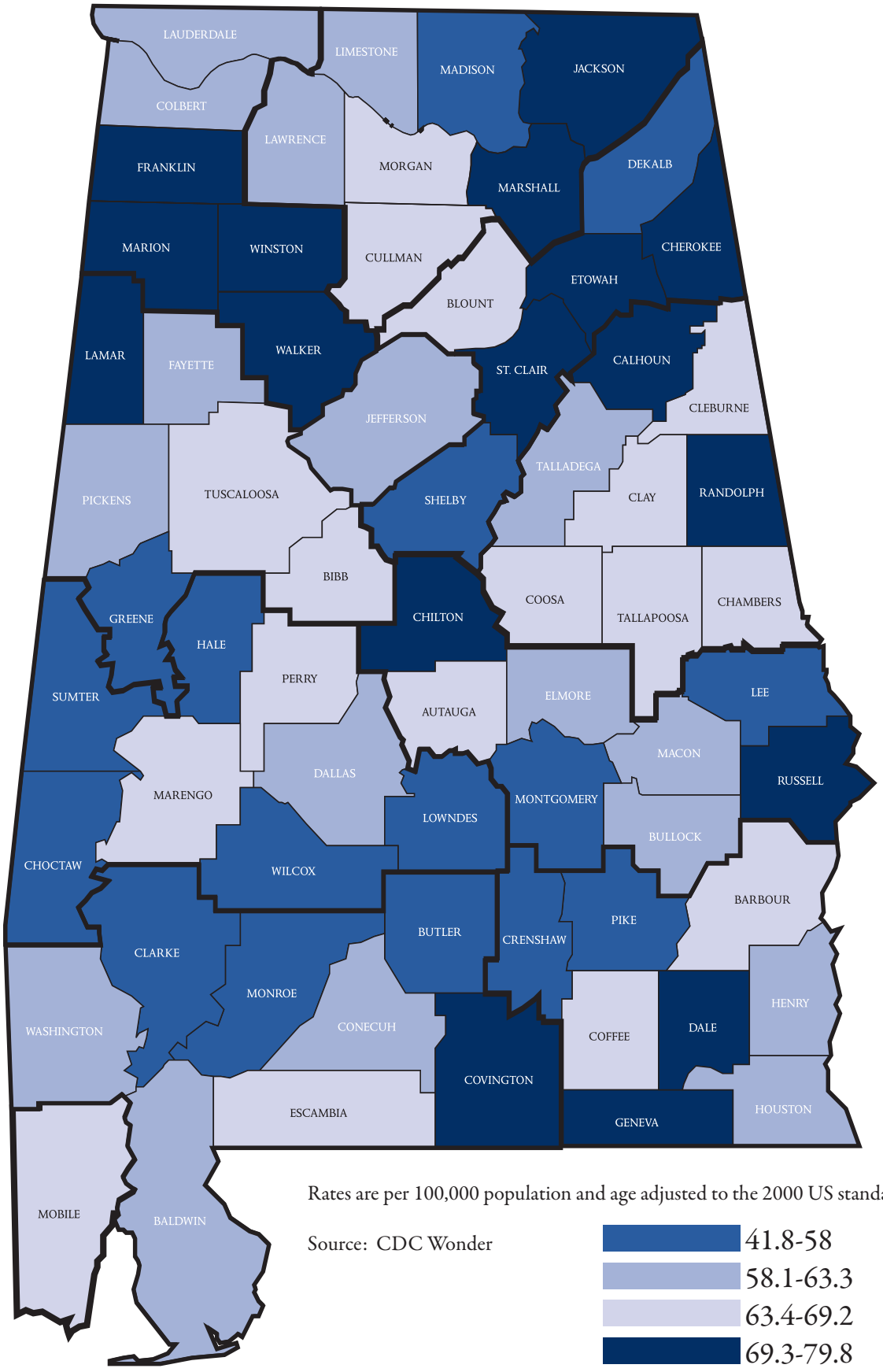


Rates are per 100,000 population and age adjusted to the 2000 US standard population.

Source: CDC Wonder

72.6-129.3
131.4-152.4
154.5-175.5
175.9-224

Lung Cancer Mortality Rate, 2000-2006

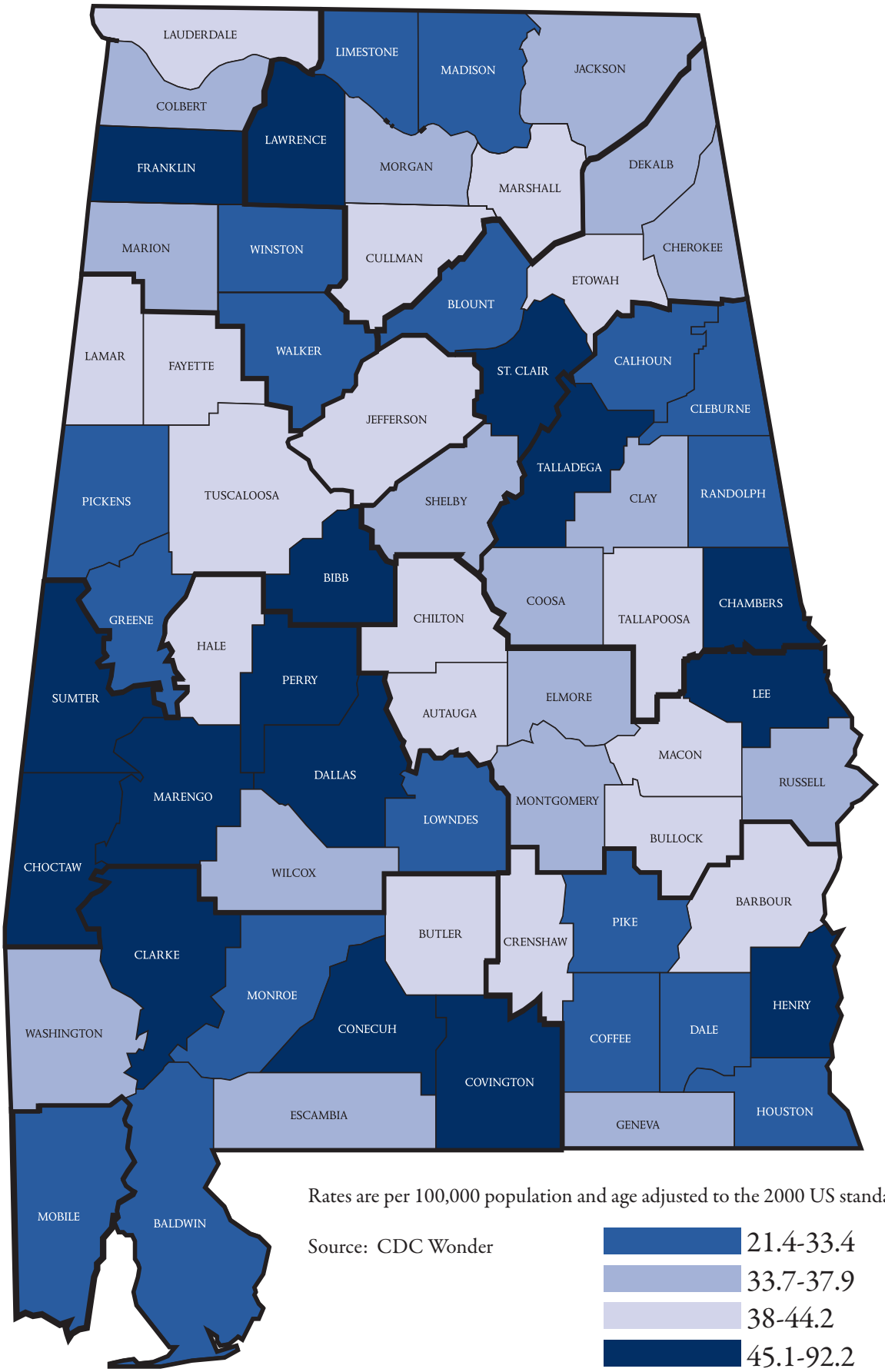


Rates are per 100,000 population and age adjusted to the 2000 US standard population.

Source: CDC Wonder

41.8-58
58.1-63.3
63.4-69.2
69.3-79.8

Stroke Mortality Rate, 2000-2006

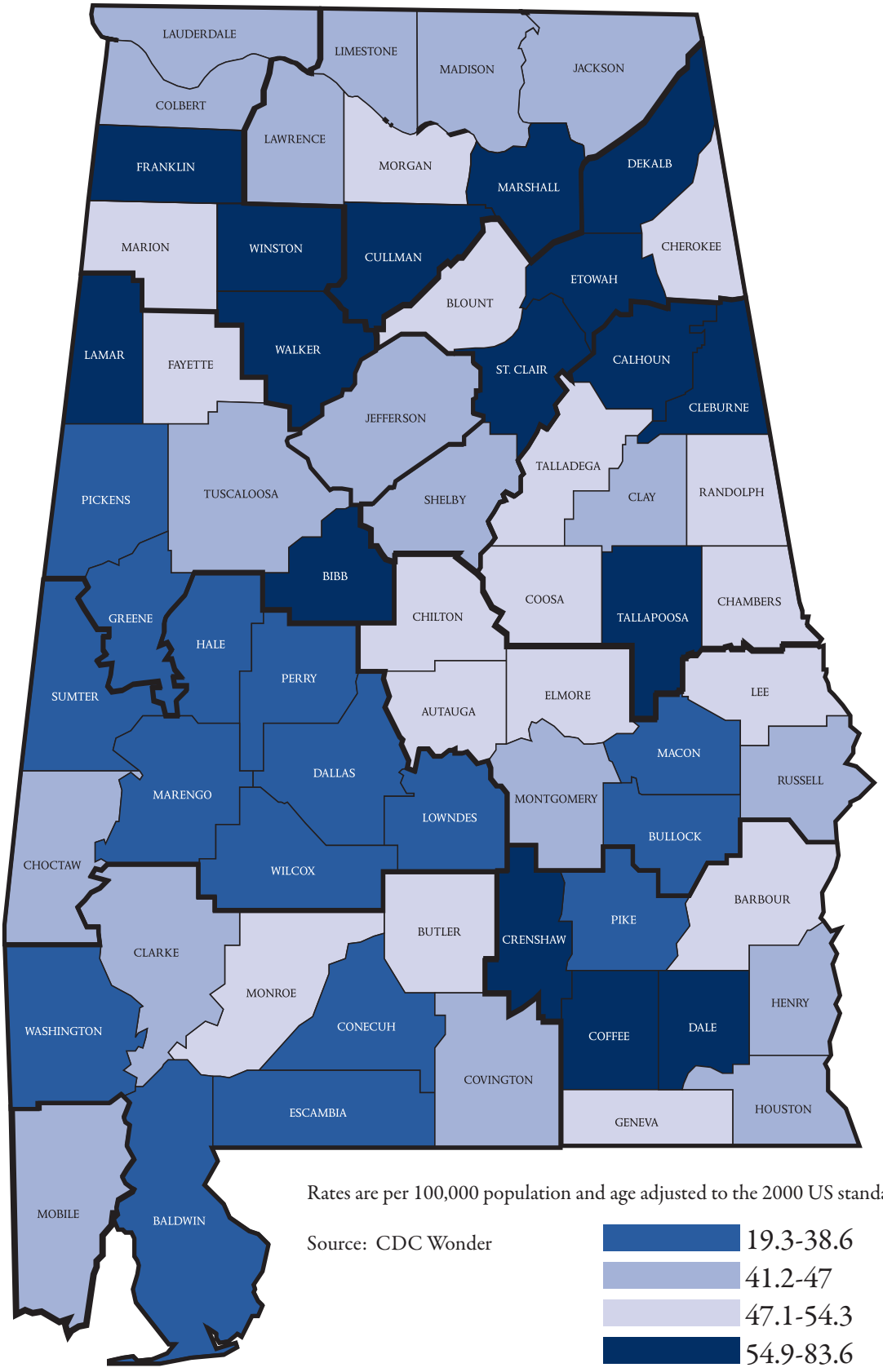


Rates are per 100,000 population and age adjusted to the 2000 US standard population.

Source: CDC Wonder

- 21.4-33.4
- 33.7-37.9
- 38-44.2
- 45.1-92.2

Chronic Obstructive Pulmonary Disease Mortality Rate, 2000-2006

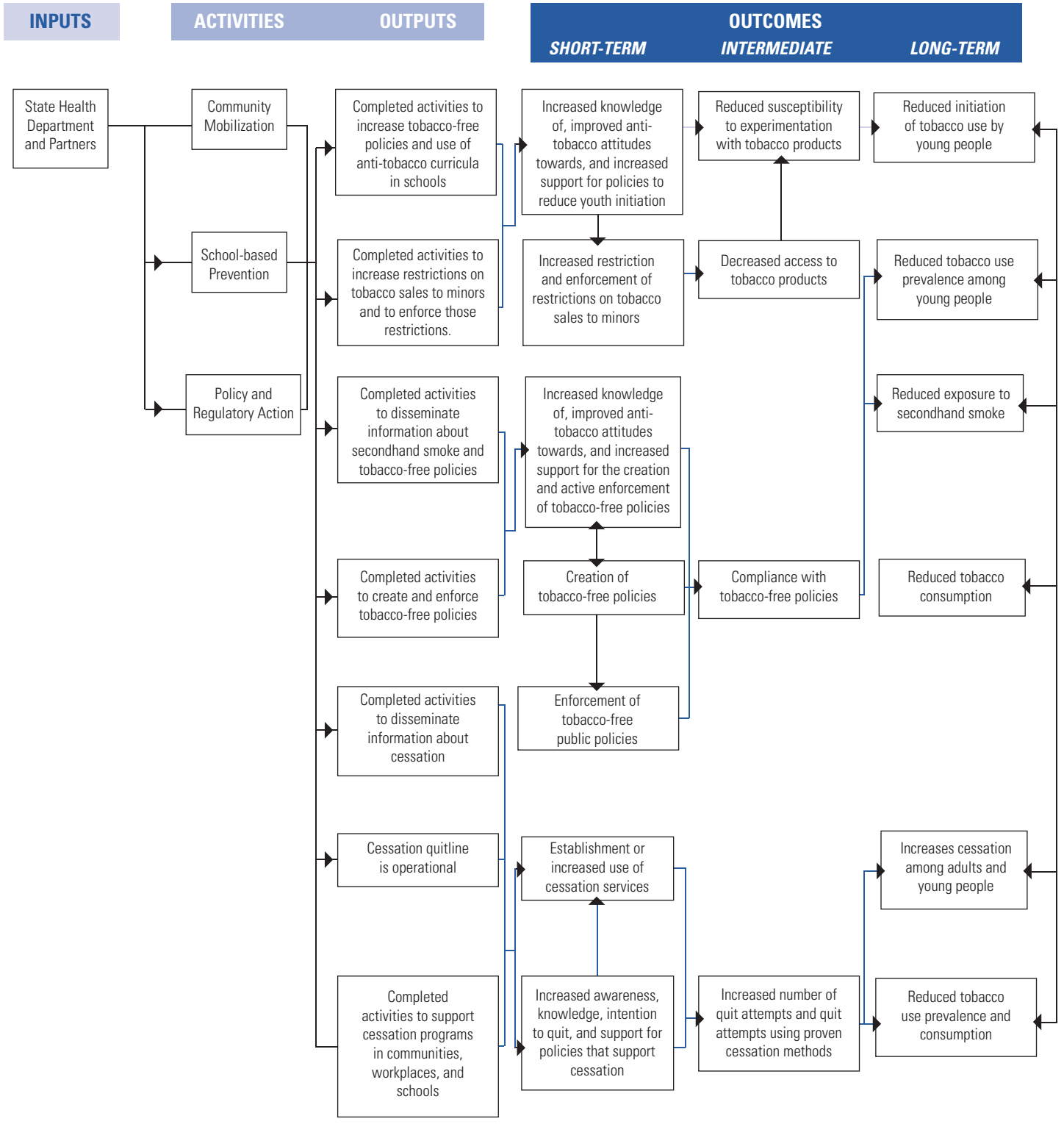


Rates are per 100,000 population and age adjusted to the 2000 US standard population.

Source: CDC Wonder

- 19.3-38.6
- 41.2-47
- 47.1-54.3
- 54.9-83.6

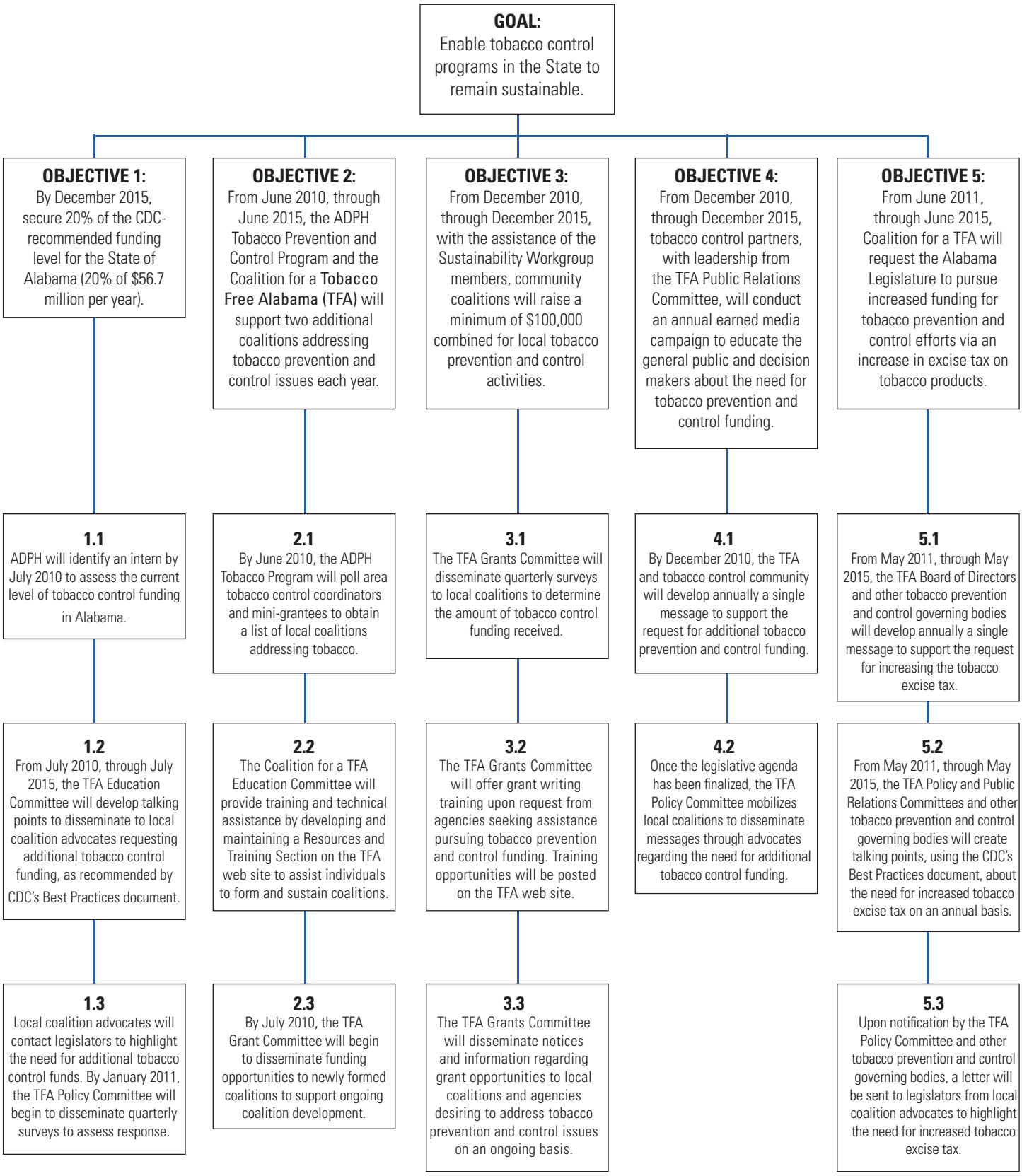
Comprehensive Tobacco State Plan Logic Model



Communications Plan

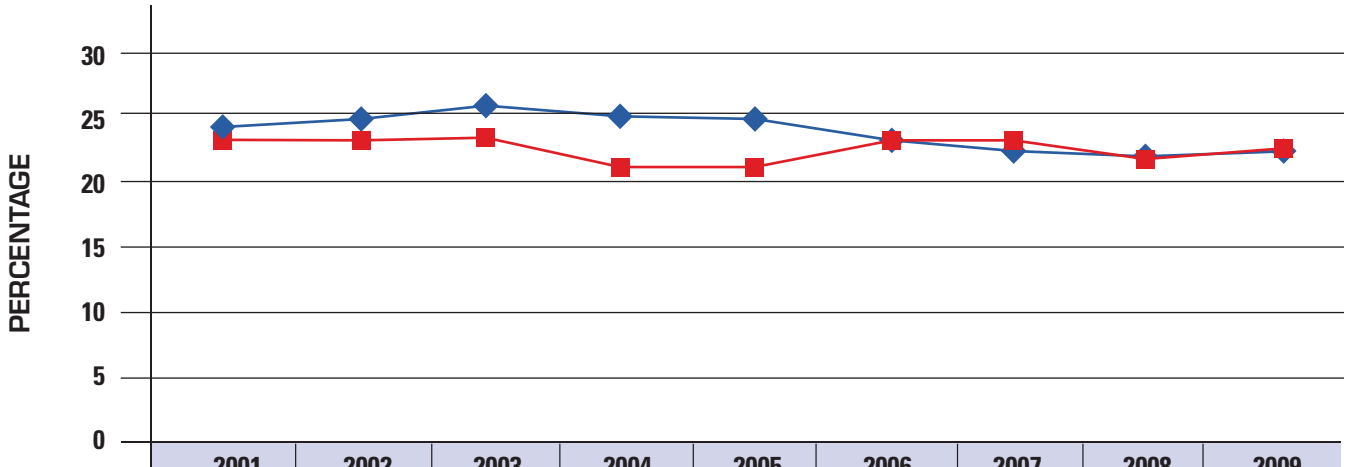
One of the ways in which states can reduce the number of tobacco users is by implementing a comprehensive statewide media plan. In educating the public about the dangers of tobacco use and secondhand smoke, such a plan can serve as a blueprint to help users quit and keep youth from ever starting tobacco use. Sustained media campaigns, combined with other interventions and strategies, can be effective. Media communications play a key role in shaping tobacco-related knowledge, opinions, attitudes and behaviors. Several states have shown their strong counter-marketing programs have been an important piece in a comprehensive tobacco control program. Based upon this science-based evidence, the Communications Committee of the Alabama Tobacco Use Prevention and Control State Task Force crafted a plan to promote tobacco cessation resources in the state and educate the public on the harmful effects of tobacco. The committee, which included representatives from organizations and businesses around the state, realized that such a plan could influence public support for tobacco control interventions and increase support for school and community efforts. The committee suggested the message works best when it is connected to activities of local programs throughout the state. The state will begin implementing these recommendations during the next five years. Alabama should see prevalence rates decrease and support for smoke-free laws increase, based upon strategies and recommendations detailed in the communications plan.

Sustainability



Cessation

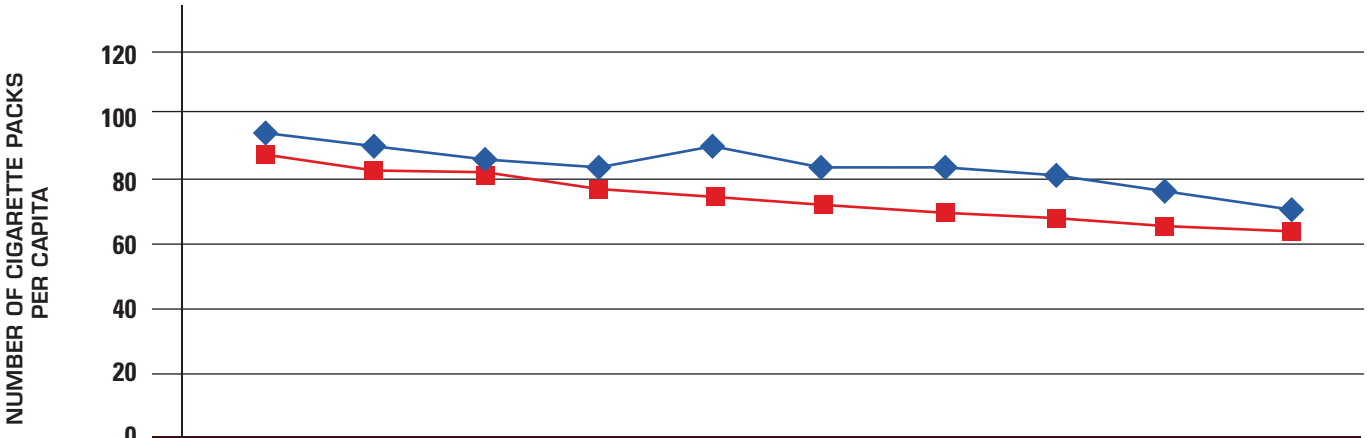
Current vs. Former Smokers Among Alabama Adults



	2001	2002	2003	2004	2005	2006	2007	2008	2009
Current Smokers	23.9	24.4	25.3	24.9	24.8	23.3	22.5	22.2	22
Former Smokers	23.3	23.3	23.9	20.9	20.9	23.3	23.3	22	22.7

Source: Behavioral Risk Factor Surveillance System.

Cigarette Sales in Packs per Capita in Alabama

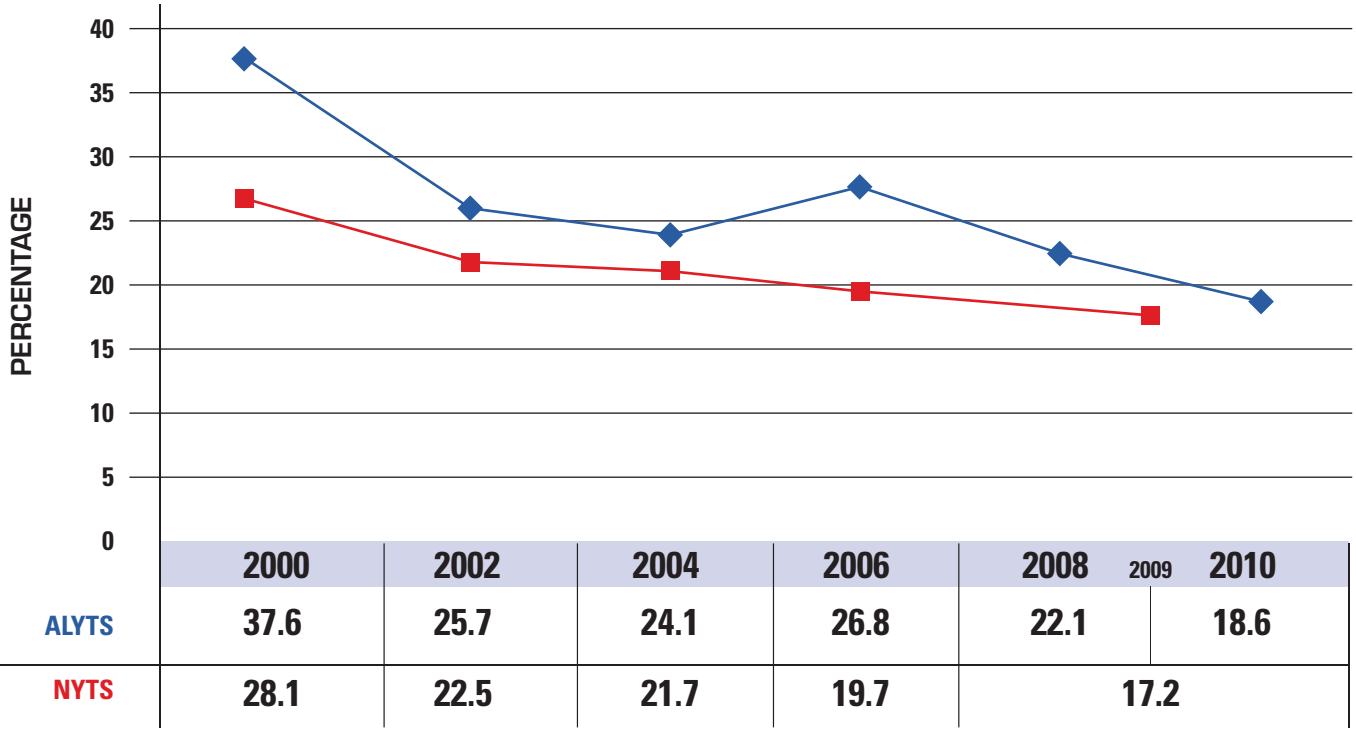


	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
ALABAMA	96.2	90.5	84.8	82.2	87.9	82.4	83.3	80.2	78	75.6
UNITED STATES	85.2	81.8	79.8	78.7	76.2	75	71	69.2	64.6	62.1

Source: Orzechowski & Walker "The Tax Burden on Tobacco," 2009.

Prevention

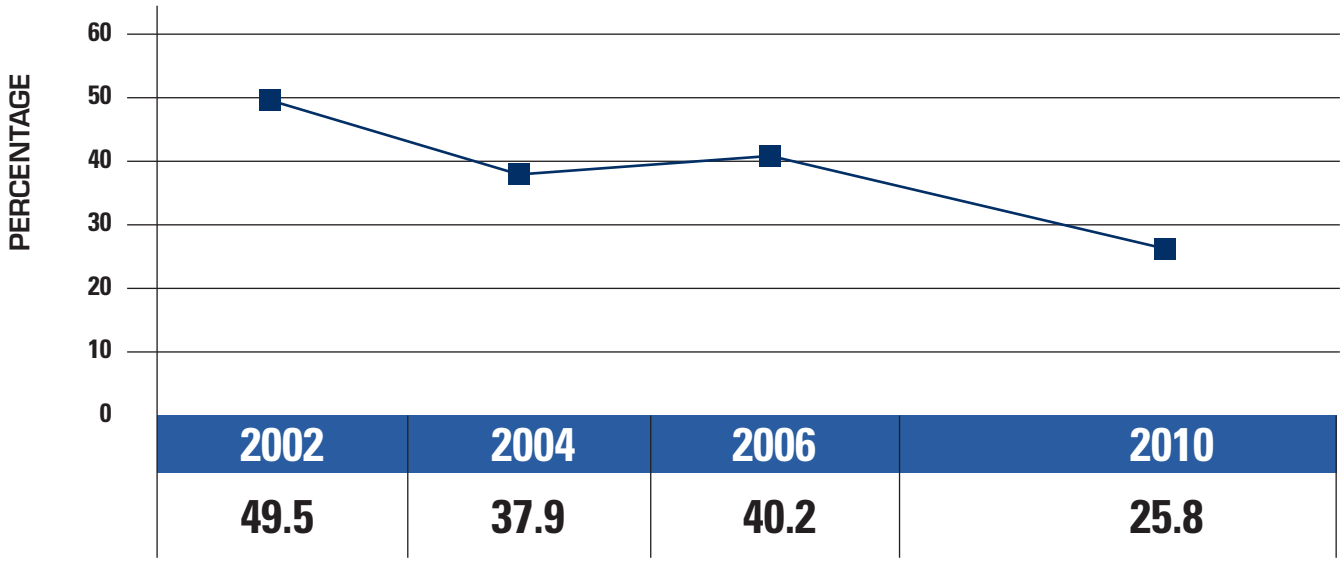
Percentage of High School Students (Grades 9-12) who Reported Smoking Cigarettes in the Last 30 Days



	2000	2002	2004	2006	2008	2009	2010
ALYTS	37.6	25.7	24.1	26.8	22.1		18.6
NYTS	28.1	22.5	21.7	19.7	17.2		

Source: Alabama Youth Tobacco Survey (ALYTS) and National Youth Tobacco Survey (NYTS)

Percentage of Alabama Middle School Students who Reported Ever Using Tobacco

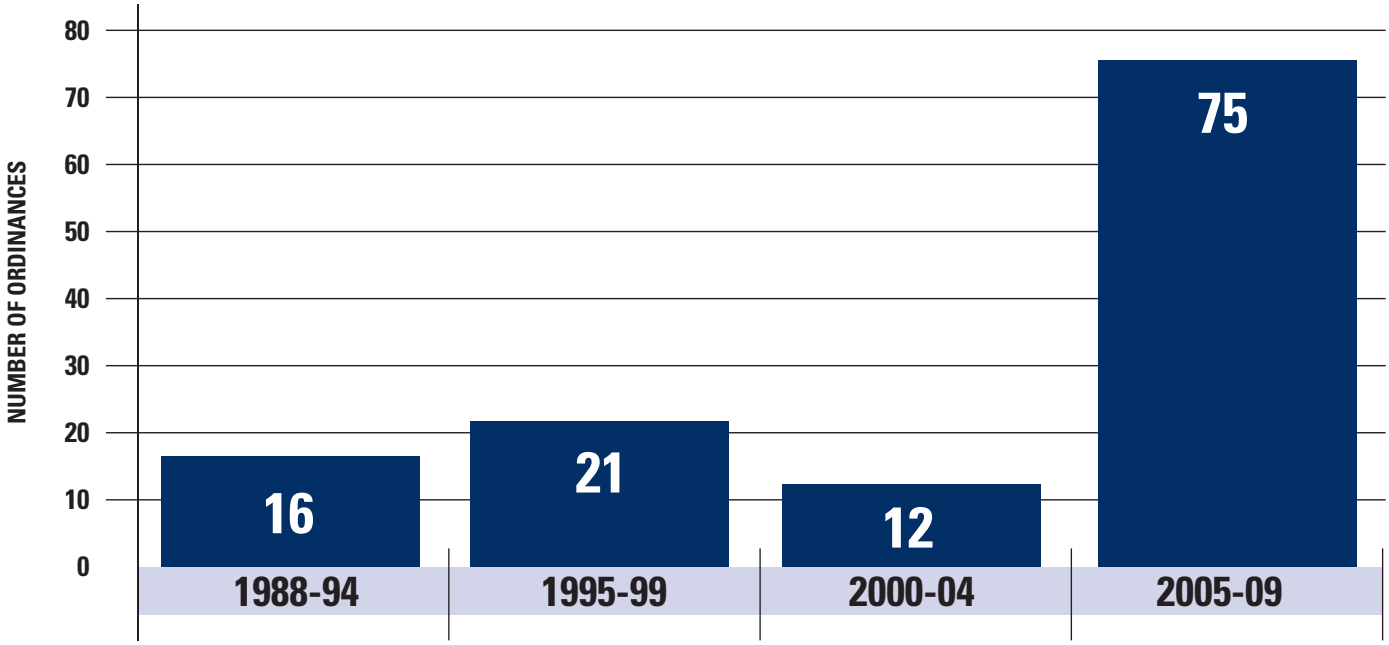


2002	2004	2006	2010
49.5	37.9	40.2	25.8

Source: Alabama Youth Tobacco Survey

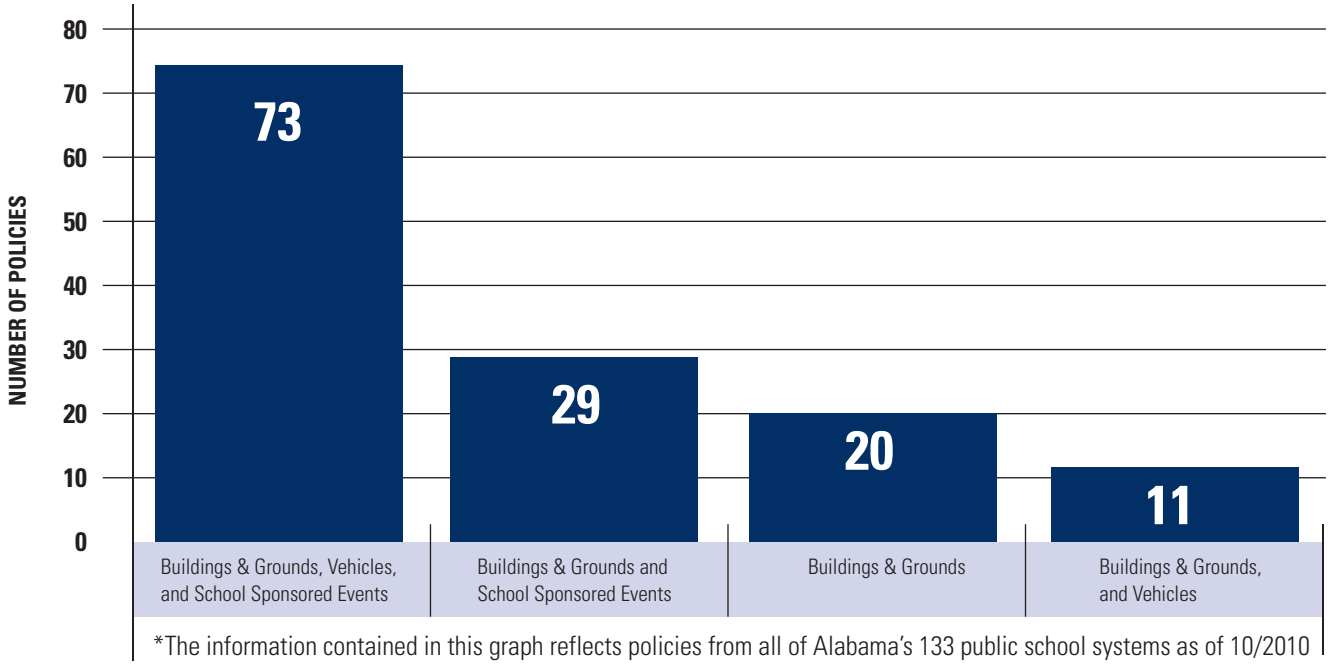
Secondhand Smoke

Year of Most Current Smoke-Free Ordinance



Source: ADPH Policy Tracking System adph.org/tpts

Coverage of Tobacco-Free Policies in Alabama Public Schools*



*The information contained in this graph reflects policies from all of Alabama's 133 public school systems as of 10/2010

Source: Alabama Department of Education

Goals and Objectives

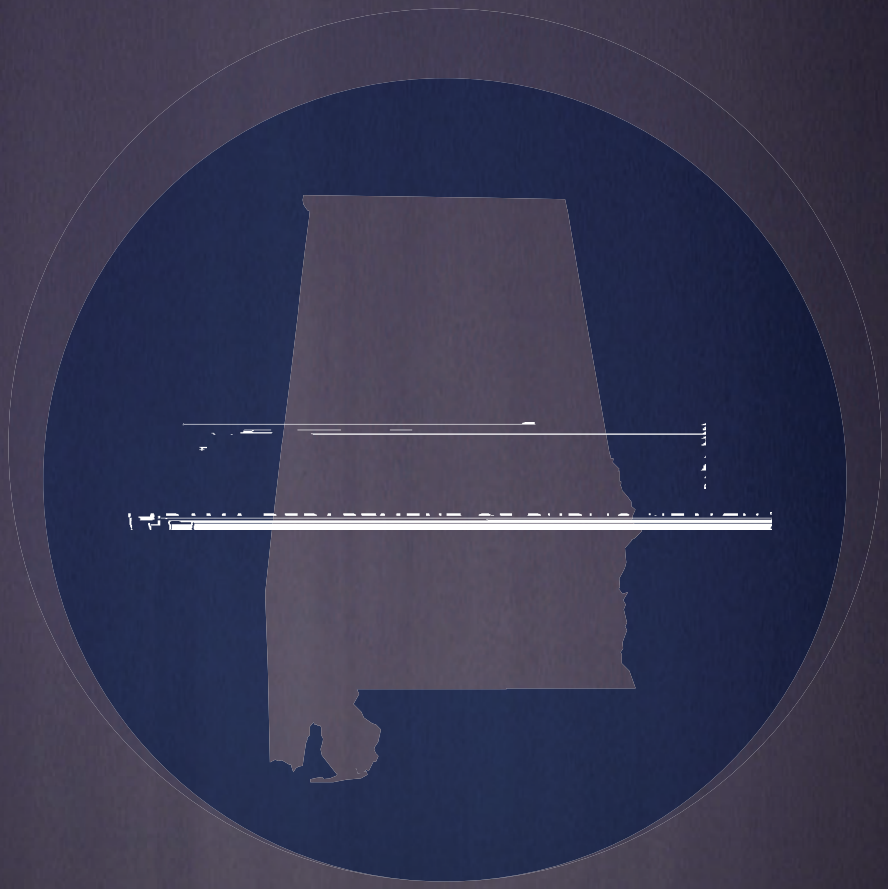
	GOAL	OBJECTIVE	BASELINE	2015 TARGET OUTCOME	HEALTHY PEOPLE 2020 OBJECTIVE
CESSATION	To reduce tobacco use, tobacco control efforts will increase smokers' readiness and desire to quit by providing cessation information and resources, and an environment supportive of quitting tobacco use.	By 2015, reduce cigarette smoking by adults from 22.1% in 2008 to 18% percent among all adult population groups.	22.1% of adults smoke cigarettes. *Source: 2008 Alabama BRFSS*	18% of adults who smoke cigarettes.	Reduce tobacco use by adults.
		By 2015, reduce annual per capita consumption of cigarettes from 72.8 packs per capita per fiscal year to 51.8 packs per capita per fiscal year.	72.8 annual per capita consumption of cigarette packs *Source: AL Dept of Revenue 2008-09 fiscal year data.*	51.8 annual per capita consumption on cigarettes	Reduce tobacco use by adults.
PREVENTION	To reduce tobacco use, tobacco prevention efforts must increase school-based interventions in combination with mass media campaigns and the use of policy change to create support for education and intervention efforts.	By 2015, reduce cigarette use by students in grades 9-12 from 18.6% in 2010 to 15%.	18.6% of students in grades 9-12 use cigarettes *Source: 2010 Youth Tobacco Survey.*	15% of students in grades 9-12 who use cigarettes.	Reduce tobacco use by adolescents.
		By 2015, decrease the proportion of 6th-8th graders who report ever having tried cigarettes from 25.8% in 2010 to 20%.	25.8% of 6th-8th graders who report ever having tried cigarettes *Source: 2010 Youth Tobacco Survey.*	20% of 6th-8th graders who report having tried cigarettes.	Reduce the initiation of tobacco use among children, adolescents, and young adults.
PROTECTION FROM SECONDHAND SMOKE	To ensure 100% smoke-free, healthy environments for every Alabamian who deserves a smoke-free workplace, school, and home.	By 2015, increase or improve from 124 in 2009 to 144, the number of city policies and strengthen the state law that prohibits exposure to secondhand smoke in public places and worksites.	124 city policies and 1 state law that prohibits exposure to secondhand smoke in public places and worksites. *Source: Policy Tracking System*	144 city policies and a stronger state law that prohibits exposure to secondhand smoke in public places and workplaces.	Establish laws in states, District of Columbia, territories, and tribes on smoke-free indoor air that prohibit smoking in public places and worksites.
		By 2015, increase from 73 in 2009 to 100, the number of tobacco-free comprehensive policies in schools, including all school facilities, property, vehicles, and school events.	73 tobacco-free comprehensive policies in schools, including all school facilities, property, vehicles, and school events. *Source: Policy Tracking System*	100 tobacco-free comprehensive policies in schools, including all school facilities, property, vehicles, and school events.	Increase tobacco-free environments in schools, including all school facilities, property, vehicles, and school events.
		By 2015, increase the proportion of Alabama households that have smoke-free home policies from 82.1% in 2007 to 86%.	82.1% of Alabama households that have smoke-free home policies *Source: 2007 Adult Tobacco Survey*	86% of Alabama households that have smoke-free home policies.	Increase the proportion of smoke-free homes.

*** Healthy People 2020 is created by the US Department of Health and Human Services (HHS) to draw attention to the most pressing public health issues to be addressed for the following 10 years. HHS combines scientific insights and lessons learned from the past decade, along with new knowledge from current data, trends, and innovations to create the report. Healthy People 2020 will reflect assessments of major risks to health and wellness, changing public health priorities, and emerging issues related to the nation's health preparedness and prevention. (http://www.healthypeople.gov/hp)**

Key Activities

	KEY ACTIVITIES	TARGETED POPULATIONS
CESSATION	• Expand and sustain efforts to promote the 1-800-Quit-Now line and other cessation services.	• Hispanics, pregnant/postpartum mothers, youth
	• Increase the number of healthcare systems and providers that effectively implement AARP for treating tobacco dependence.	• Medicaid physicians and providers, VA hospitals and Federal qualified health care clinics
	• Encourage tobacco-free properties and support of tobacco dependence treatment in all hospitals, healthcare centers and departments and mental healthcare settings.	• Rural and Federal qualified health care clinics, charity hospitals
	• Increase the number of health insurance plans that provide comprehensive coverage of tobacco dependence treatment.	• Medicaid, CHIP
	• Encourage and support employer provision and promotion of tobacco dependence treatment for employees and adoption of tobacco-free workplace properties.	• Mid to large non-union worksites
PREVENTION	• Increase the number of school-based tobacco prevention and cessation interventions.	• Schools in communities with the highest prevalence rates
	• Conduct community mobilization and media campaigns around national tobacco awareness days in targeted communities.	• Pregnant teens, white males, low socioeconomic communities
	• Conduct presentations to encourage schools and their surrounding communities to implement and enforce model tobacco policies and youth access laws, and increase excise tax.	• Community leaders and decision makers
PROTECTION FROM SECONDHAND SMOKE	• Conduct trainings and presentations, and provide information to parents on the benefits of smoke-free homes.	• Pregnant/postpartum mothers, parents and staff of pre-kindergarten and day care youth
	• Conduct trainings and presentations, and provide information to encourage community and state leaders on the benefits of smoke-free public places and worksites.	• Community leaders in cities that have no existing policy or cover minimal public places.
	• Conduct trainings and presentations, and provide information to encourage school systems to adopt a comprehensive no tobacco use policy.	• School systems in targeted cities identified as having gaps in their tobacco policy
	• Maintain an active state coalition and provide grants and support to local coalitions, organizations, agencies, schools, and communities to promote policies and conduct activities to reduce exposure to secondhand smoke.	• Rural school systems and communities, area health departments, state agencies

ALABAMA TOBACCO USE
Prevention and Control Task Force

Diane Beeson	Alabama Department of Public Health
Dr. Beverly Bell-Shambley	Alabama Department of Mental Health
Lori Blanton	American Cancer Society
Kathie Blaze	Alabama Department of Public Health
Dr. Don Bogie	Auburn University at Montgomery
Jessica Breazeale	Family Links, Inc
Tammie Burnette	Alabama Department of Public Health, Area 5
Betsy Cagle	Alabama Department of Public Health
Adrian Carpenter	Circle of Care Center for Families
Linda Champion	American Academy of Pediatrics, Alabama Chapter
Danielle Cole	Alabama Pharmacy Association
Elisa Crutchfield	Geneva County Children's Policy Council
Marjean Deavers	Alabama Department of Public Health
Nancy Dennis	Retail Association of Alabama
Michelle Dickey	Alabama Department of Public Health
Abby Dorminey	Alabama Hospital Association
Katina Findley	Alabama Department of Public Health, Area 9
Brian Forester	Alabama Department of Economic and Community Affairs
Lori Frazier	Children's Trust Fund
Joe Godfrey	Alabama Citizen's Action Program
Sherry Goode	Alabama Department of Public Health
Coretta Grant	Alabama Department of Public Health, Area 6
Debra Griffin	Alabama Department of Public Health
Julie Hare	Alabama Department of Public Health
Bob Hinds	Alabama Department of Public Health
Katie Izenour	Alabama Department of Public Health
Michael Jackson	DuBois Institute
Anita Jones	Baptist Health
Gordon Jones	Alabama Department of Public Health
Michael Jones	Alabama Quality Assurance Foundation
Corey Kirkland	Alabama Department of Public Health, Area 10
Steve Lee	American Lung Association
Marilyn Lewis	Alabama Department of Education
Dr. Debra McCalllum	University of Alabama
Sue McCarron	Baptist Health Care Foundation
Stephanie McCladdie	Alabama Department of Mental Health

Rep. Mary Sue McClurkin	Alabama State Legislature
Vontrese McGhee	Alabama Department of Public Health
Dr. Jim McVay	Alabama Department of Public Health
Dr. Tom Miller	Alabama Department of Public Health
Kathryn Molnar	East Alabama Mental Health Center
Nedra Moncrief-Craig	Alabama Department of Mental Health
Dee Mooty	American College of Cardiology, Alabama Chapter
Charlotte Morris	The Medical Association of the State of Alabama
Drew Nelson	Alabama Department of Public Health
Julie Nightengale	Alabama Department of Public Health
Lamont Pack	Alabama Department of Public Health
Amber Pate	Riverbend Center for Mental Health
Demetra Peoples	Alabama Department of Public Health, Area 8
Niko Phillips	Alabama Department of Public Health, Area 7
Dennis Pillion	Alabama Diabetes Network
Sondra Reese	Alabama Department of Public Health
James K. Reid	Alabama Department of Public Health
Joy Rhodes-Watkins	Alabama Department of Public Health, Area 2
Brenda Richards	Centers for Disease Control
Barry Riddle	Alabama Department of Public Health
Marc T. Riker	Coalition for a Tobacco Free Alabama
Charlene Roberson	Alabama State Nursing Association
Fayetta Royal	Alabama Department of Public Health, Area 3
Tammie Sawyer	Jefferson County Health Department
Arrol Sheehan	Alabama Department of Public Health
Xuejun Shen	Alabama Department of Public Health
Michael Sibley	Alabama State Department of Education
Stephanie Stamps	Family Links, Inc
Jabari Sullen	Alabama Department of Public Health, Area 1
Valerie Thigpen	Lauderdale County Schools
Liz Todd	Alabama Department of Public Health
Adrienne Tricksey	Alabama Department of Public Health, Area 11
Lenore Vickery	Business Council of Alabama
Kathy Vincent	Alabama Department of Public Health
Kim Waters	American Lung Association
Dr. Donald Williamson	Alabama Department of Public Health
John Wilson	American Heart Association
Ting Withers	Alabama Department of Mental Health