

Public Health in **PERSPECTIVE**



JEFFERSON COUNTY
DEPARTMENT OF HEALTH

2013 Annual Report

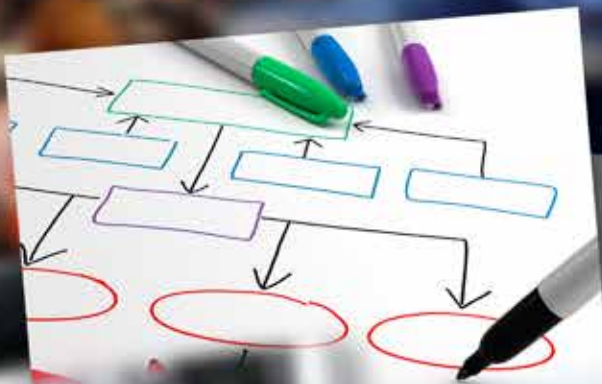


Ensure Financial Stability

Protect Health &
Improve Quality of Life



Promote Organizational Excellence



Enhance Community
Preparedness





JEFFERSON COUNTY
DEPARTMENT OF HEALTH

Public Health in

PERSPECTIVE 2013 Annual Report

JEFFERSON COUNTY BOARD OF HEALTH

January 1, 2013 - December 31, 2013

Laura Kezar, MD Chair Emeritus

Katisha T. Vance, MD Chair

Steven J. Kulback, MD General Liability
Claims Committee/Investment Committee

Jennifer R. Dollar, MD Grants & Policy Committee

Nicole Redmond, MD, PhD, MPH Secretary

David Carrington President of the Jefferson County Commission



Letter from the **HEALTH OFFICER**

What is the future of public health? As the Jefferson County Department of Health (JCDH) prepares for the future, it has to keep its overall vision in perspective: a healthy community of healthy people in a healthy environment through leadership and service. JCDH must anticipate the challenges that lie ahead, assess the internal and external resources available to meet those challenges and then prioritize and plan. During 2013, JCDH aligned its activities to achieve the goals and objectives related to its four strategic priorities:

- 1) ensure financial stability
- 2) protect health and improve quality of life
- 3) promote organizational excellence
- 4) enhance community preparedness.

These strategic priorities help guide the future of public health in Jefferson County.

To ensure financial stability, JCDH continued to maintain a balanced budget funding departmental activities, seeking to maximize operational efficiency and effectiveness. JCDH receives an independent financial audit every year and complies with generally accepted accounting principles, including all relevant Governmental Accounting Standards Board (GASB) pronouncements. JCDH remains committed to funding programs to comply with public health regulations and advance public health throughout the county. Through instruments such as the Public Health Advised Fund and through leadership and collaboration within the Health Action Partnership, JCDH leverages funding and personnel to promote sustainable public health initiatives outside the walls of JCDH.

Protecting health and improving quality of life remain a firm priority for JCDH and represents the bulk of its activities in 2013. Through activities such as restaurant inspections, disease control services and investigations, environmental protection, tobacco-free living initiatives, efforts to reduce health disparities and promotion of policies and regulations that prevent disease and promote health, JCDH protected and improved the health of Jefferson County residents. JCDH also continues to play a vital role in assuring access to health care for Jefferson County residents, including the uninsured, through a system of primary and specialty clinics. In late 2013, a contractor was procured to build the new Western Health Center, which will replace aging health centers and improve clinical efficiency.

By promoting organizational excellence, JCDH enhances its ability to meet the public health needs of the community. In late 2012, JCDH applied for accreditation through the Public Health Accreditation Board. This agency establishes national standards for public health department performance. This is a voluntary and ongoing process that helps to ensure that JCDH continues to follow nationally-recognized best practices. Throughout 2013, JCDH compiled evidence of achievement of these standards.

JCDH continues to enhance community preparedness to minimize public health consequences from natural or man-made disasters by increasing readiness and response capabilities. JCDH has a core staff dedicated to emergency preparedness and response. This staff prepares the larger JCDH workforce for mobilization in emergencies and collaborates with other emergency response agencies to maintain community-wide preparedness.

By keeping the vision in perspective and focusing on these strategic priorities, the Jefferson County Department of Health is moving Jefferson County toward a more healthy and vibrant future.



Mark E. Wilson, MD
Health Officer

MISSION

PREVENT DISEASE AND ASSURE ACCESS
TO QUALITY HEALTH CARE

PROMOTE A HEALTHY LIFESTYLE AND
A HEALTHY ENVIRONMENT

PROTECT AGAINST PUBLIC HEALTH THREATS

VISION

A HEALTHY COMMUNITY OF HEALTHY
PEOPLE IN A HEALTHY ENVIRONMENT
THROUGH LEADERSHIP AND SERVICE

VALUES

DEMONSTRATING COMPASSION FOR EVERY
LIFE WE TOUCH

DISPLAYING RESPECT FOR EACH OTHER AND
THOSE WE SERVE

CREATING COLLABORATION WITHIN OUR COMMUNITY

EXERCISING INTEGRITY IN EVERY ACTION

STRATEGIC PRIORITIES

ENSURE FINANCIAL STABILITY

PROTECT HEALTH AND IMPROVE QUALITY OF LIFE

PROMOTE ORGANIZATIONAL EXCELLENCE

ENHANCE COMMUNITY PREPAREDNESS

Ensure FINANCIAL STABILITY

Supporting the mission, vision and values of the Jefferson County Health Department (JCDH), four strategic priorities formed the basis for putting public health in perspective during 2013.

The first strategic priority, ensuring financial stability, provides a strong foundation for the work of public health. JCDH seeks to ensure funding and alignment to support its mission-driven programming. JCDH maintains a balanced budget to fund departmental activities and focuses on maximizing operational efficiency and effectiveness. The financial information presented below demonstrates JCDH's organizational stability.

GENERAL FINANCIAL INFORMATION

Revenues (General Fund - \$41,145,381)

1. Ad Valorem Tax Revenue (\$6,522,095 - 16% of General Fund Revenues)

Act 77-231 provides that the County (and municipalities within the County) shall pay to the Board of Health annually a sum not less than 2% or more than 6% of all ad valorem taxes collected within the County excluding ad valorem taxes collected for the State of Alabama and all Boards of Education located in the County. These funds are forwarded to JCDH as the taxes are collected.

2. Sales Tax Revenue (\$19,492,773 - 47% of General Fund Revenues)

JCDH receives approximately 20% of the total Jefferson County sales tax.

3. State & Federal Contracts (\$2,874,057 - 7% of General Fund Revenues)

These are primarily dollars received from the Alabama Department of Public Health (ADPH) resulting from contracts or subcontracts to administer selected public health responsibilities for State Public Health Area 4, Jefferson County. Examples include developing community and educational programs and monitoring activity in nationally identified public health focal areas such as Maternal/Child Health, Family Planning, Immunization, Tuberculosis, Sexually Transmitted Diseases and Hepatitis.

4. Clinical Health Care Revenue (\$9,279,340 - 23% of General Fund Revenues)

This category represents the amount of reimbursement received for all clinic-related services provided by JCDH. These services include pediatric and adult primary care, family planning and dental care.

Using the Federal Poverty Guidelines, JCDH offers reduced fee for service for patients meeting financial and residential guidelines. Approximately 6% of JCDH's reimbursement is attained from patients, 85% from Medicaid, 8% from Blue Cross and the remaining 1% from all other payers combined (e.g., Medicare, etc.).

5. Environmental Health Services (\$2,655,012 -6% of General Fund Revenues)

This category represents reimbursement received locally for Environmental Health services. State Law allows fees to be charged for many of the services provided by the Environmental Health Division such as restaurant inspections, septic system plans and inspections, air pollution permit fees, open burning permits, radiological equipment inspection and food handler training.

6. Other Revenue (\$322,104 -1% of General Fund Revenues)

This category is primarily reimbursement received for indirect costs (administration and building overhead) associated with Federal grants and contracts such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and Air Pollution. Also included are allowable fines levied for violation of public health laws (e.g., air pollution violations), rental fees, parking lot and meter receipts and fees received for copies of vital records. This category also includes earnings from cash and investments. All investments are based on a Board of Health approved Investment Policy that strictly follows State and County guidelines.

Ensure FINANCIAL STABILITY

GENERAL FINANCIAL INFORMATION, continued...

Expenditures (General Fund - \$60,253,967)

Expenditures are generally classified by major public health program with administrative costs and the Capital Fund transfer separately identified. General Fund expenditures for fiscal year 2013 include:

<i>Category</i>	<i>Expenditures</i>	<i>Percent of Total</i>
* Salaries and Benefits	\$28,921,851	48%
* Materials and Supplies	\$6,747,691	11%
* Contract Services	\$2,000,355	3%
* Uncollectable Debt	\$184,070	1%
* Capital Fund Transfers	\$22,400,000	37%
Total	\$60,253,967	100%

JCDH also has eight Special Revenue Funds totaling \$11,006,106. Funding is received from Federal awards passed through JCDH and designated for activities related to immunizations, nutrition, storm water management and air pollution. These funds are operated in accordance with the funding requirements of special grants and appropriations.

In 2013, JCDH promoted its value and stewardship of financial resources to external stakeholders by conducting a comprehensive Health Impact Assessment for the new JCDH health center to be opened in Midfield. This Health Impact Assessment focused on the health and economic impacts of the planned construction of the new health center. The assessment evaluated a variety of health impacts in the community including transportation and access to healthy food.

JCDH remains committed to ensuring the financial stability of local public health endeavors within Jefferson County. Through the Public Health Advised Fund, JCDH provided funding to champion public health initiatives within the county. The Public Health Advised Fund advances public health work through small seed grants for pilot projects which can be leveraged for greater local and national funding. Among the 2013 Public Health Advised Fund recipients and projects are the Norwood Resource Center for implementation of a Junior Master Gardener's program, the Jefferson County Place Matters Team for publication of the community health equity report, East Lake United Methodist Church for implementation of a "double-bucks" incentive for Supplemental Nutrition Assistance Program (SNAP) recipients enabling the purchase of fresh produce at farmer's markets and the Community Food Bank of Central Alabama for establishing of the first breast milk bank in the region.

A healthy Jefferson County community rests on the financial stability of public health within the agency and within the community.



The Community Food Bank of Central Alabama is thrilled to partner with the Jefferson County Department of Health, the Community Foundation of Greater Birmingham and the Junior League of Birmingham to launch the Mother's Milk Bank of Central Alabama.

With this seed money, the Food Bank is establishing the first donor milk depot in Birmingham in conjunction with the North Texas Milk Bank as part of a two year mentorship process. A part-time clinical coordinator will be hired to oversee the establishment and creation of the milk bank in partnership with the Food Bank's Executive Director. Thanks to the leadership of Dr. Mark Wilson at the health department, we've also been able to connect with local graduate students in public health to help spearhead the development of such a worthwhile project and initiative in our community. We continue to be forever grateful for the community-wide support this project continues to receive.



Mary Michael Kelley, M.Ed., M.P.A.

Executive Director, Community Food Bank of Central Alabama

Protect Health and **IMPROVE QUALITY OF LIFE**

Protecting health and improving the quality of life for residents of Jefferson County is another of the Jefferson County Department of Health (JCDH) strategic priorities.

In protecting the health of the county, JCDH inspects a wide variety of public institutions to monitor compliance with public health laws and standards, investigates public health complaints and permits new institutions. The following tables provide the volume of inspections, complaint investigations and institutional permits conducted or issued in 2013.

A clean environment is vital to health. In 2013, Jefferson County was again designated as meeting all Federal standards for clean air.

During a three day event, JCDH partnered with municipal public works employees from Midfield, Fairfield, Hueytown, Bessemer, Brighton, Lipscomb and Pleasant Grove to remove 30.4 tons of trash and debris from the Valley Creek waterway improving the health of this important local watershed. JCDH also promoted environmental health by serving on the North Birmingham Community Collaborative under the leadership of the Environmental Protection Agency (EPA)'s Region 4 Superfund Division to address health and quality of life issues within the North Birmingham area.

Lead poisoning remains a health concern for children. In 2012, the Centers for Disease Control and Prevention (CDC) reduced the blood lead level of concern from 10 to 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) to enhance the protection of children from the lifelong health effects of lead exposure. JCDH screened 3,852 children for blood lead levels during the year and assisted with interventions to reduce exposure in 24 identified cases of elevated blood lead levels. A parental support group was implemented in conjunction with the Family Guidance Center for parents of children with elevated blood lead levels.

To help assure that the primary health care needs of Jefferson County residents were met, JCDH clinics provided 8,872 adult health visits, 51,487 child health visits, 4,092 family practice visits, 12,732 dental health visits and 24,050 family planning visits for uninsured and underinsured residents of Jefferson County.



Public Health in

In addition to primary care services, JCDH provided a variety of additional clinical services during 2013. In collaboration with the Alabama Department of Public Health (ADPH), JCDH provided breast and cervical cancer screenings at no cost for women meeting eligibility guidelines. JCDH provided Insure Fit® Fecal Immunochemical tests through the Fitway Colorectal Cancer Prevention Program to qualified residents. In collaboration with the United Way of Central Alabama, dental services valued at \$12,800 were provided to 57 uninsured children at no cost to the child's family during the Give Kids a Smile event. Through Project Homeless Connect, 60 Jefferson County residents received over \$35,000 in dental care.

Supporting the clinical services performed in JCDH clinics, a total of 360,281 laboratory tests and 155,716 in house tests were processed with results interfaced with the Electronic Medical Record to improve the accuracy of diagnosis and provide faster response time.

To reduce the risk factors and disease burdens of preventable diseases related to tobacco exposure among JCDH Family Planning and Adult Health Clinic patients, smoking cessation counseling was offered to current smokers. JCDH clinics continue to collaborate with ADPH and the CDC in providing a hepatitis B vaccination for patients at risk for hepatitis B virus (HBV) infection. As immunization is the most highly effective means of disease prevention, JCDH offered walk-in immunization at no cost to 444 children through Tot Shot Clinics held monthly in four communities in partnership with local hospitals. Immunization audits were performed for Jefferson County daycare centers and public/private schools to ensure the proper immunization of school-age children. As a result of the excellent performance of Jefferson County's immunization efforts, JCDH received a performance incentive of over \$94,000 from

<i>Complaints Investigated</i>	<i>Number</i>
Sanitation	1,804
Food and Lodging	1,013
Animal Exposures	925
Onsite Sewage Disposal	851
Air Pollution	243

<i>Public Institutions Permitted</i>	<i>Number</i>
Food Service	4,260
Lodging Facilities	491
Air Pollution Generating Facilities	245
Mobile Home Parks	56
Body Art Facilities	23
Solid Waste Transfer Stations	2

<i>Public Inspections</i>	<i>Number</i>
Food Vendors	12,990
Erosion and Sedimentation	6,113
Pools/Spas	2,220
Onsite Sewage Disposal	894
X-Ray Tubes	859
Storm Water Samples	675
Lodging Facilities	638
Schools and Prisons	257
Garbage Hauler	201
Mobile Home Parks	112
Air Pollution Sites	77
Body Art Facilities	41
Solid Waste Facilities	15
Transfer Station	4

Protect Health and **IMPROVE QUALITY OF LIFE**

the state of Alabama in 2013 to continue immunization efforts. Through JCDH's travel clinic, over 3,400 immunizations were provided to Jefferson County residents planning travel outside the United States.

Reducing the risk and burden of sexually transmitted diseases remains a priority in Jefferson County. During 2013, education and intervention decreased the syphilis morbidity in Jefferson County by approximately 14% from the prior year. JCDH Disease Intervention Specialists conducted over 500 specialized interviews and performed investigation for the almost 1,500 persons exposed to sexually transmitted infections. For the over 100 persons who tested positive for HIV, JCDH provided counseling, education and linkage to HIV care services. JCDH provided sexual health care for 12,851 individuals through its STD Clinic and provided treatment for individuals testing positive during JCDH sexually transmitted disease screenings.



In reducing the risk and burden of tuberculosis (TB) in Jefferson County, JCDH provided medication through directly observed therapy for 16 active TB cases and 23 individuals suspected of having active tuberculosis. A contact investigation was initiated for each individual diagnosed with or suspected to have active TB with over 180 contacts of these individuals screened for active tuberculosis. Over 1,400 individuals were screened for the presence of Latent Tuberculosis Infection (LTBI) and an additional 2,200 skin tests were provided to community members to identify tuberculosis exposure. JCDH prioritized its provision of tuberculosis screening and intervention during 2013 despite nationwide shortages of the treatment drug, Isoniazid, and the antigen used in tuberculosis skin testing.

Communicable disease investigation and response remains a sentinel activity in reducing the county's disease burden. During 2013, JCDH conducted 14 foodborne illness investigations and investigated 87 cases of respiratory illness occurring at three retirement centers. JCDH assisted the ADPH in the investigation of a Salmonella outbreak in Public Health Area 7 located in Central and Western Alabama during July 2013. Specimens were collected for submission to the CDC and ADPH during the nationwide Cyclospora outbreak of August 2013. Two cases of typhoid fever were investigated during September 2013. A combined total of 285 confirmed communicable disease cases were investigated by JCDH during 2013.

Effective communication with public health partners and community residents is one of JCDH's strategic goals and is a critical step for improving health in Jefferson County. Education and mass communication initiatives provided and empowered residents with resources to promote both individual and population health. JCDH provided presentations and information packets to Jefferson County medical providers and laboratories. To reach the county's Spanish speaking population regarding lead poisoning and prevention, interpreter education, radio appearances and participation in community health fairs were implemented. A Lead Poisoning Prevention Holiday Workshop for community members and a Lead Based Paint Symposium for contractors working in Jefferson County were provided by JCDH.

In promoting awareness of environmental health and of healthy watersheds, training on Erosion and Sedimentation Control and Storm Water Standard Operation Procedures were provided for 98 builders and municipal officers. Two Certified Pool/Spa Operator courses were conducted during the year with 100% of the participants achieving certification. Information concerning the air quality standards required of industrial facilities was provided for residents of North Birmingham through an Industrial Facility Permitting Workshop.

In addition to the provision of direct patient care, disease prevention and environmental health related services, JCDH recognizes that improved literacy and education lead to healthier individuals and communities. The Bessemer, Eastern and Western Health Centers provide children books and reading materials through the "Reach Out and Read" program. West End Health Center encourages literacy through resources obtained through the "Reading is Fundamental" program. To promote both literacy and healthy behaviors among children, the "Reach Out and Read" program at Western Health Center hosted guest readings of "Clifford and the Big Storm."



Poor oral health, similar to low literacy, diminishes the overall health of a community. In collaboration with community partners, JCDH promoted oral health awareness and oral disease prevention through health screenings and educational and support materials provided at community health fairs, schools and day camps across Jefferson County. These outreach efforts promoted the importance of a dental home and regular dental visits in preventing or treating oral disease.

Education regarding the prevention of sexually transmitted diseases, tuberculosis, food borne illnesses and other

chronic and communicable diseases was provided through health fairs, school events, educational resources for the medical community and through other JCDH and community sponsored events.

All of these activities - community and professional education, direct patient care, immunizations, inspections and investigations, etc. - served to protect the health and improve the quality of life for residents of Jefferson County during 2013.

Protect Health and IMPROVE QUALITY OF LIFE

SELECTED HEALTH STATISTICS, 2012*

As part of the strategic priority of protecting health and improving quality of life, the Jefferson County Department of Health collects and monitors data related to the health of Jefferson County residents. Selected health statistics are presented here.

POPULATION BY AGE

(2012 Census Bureau Estimates)

<1 year ¹	9,078
1-14 years	121,291
15-24 years	86,960
25-64 years	353,301
65 years and older	89,352
Total	659,982

MATERNAL AND CHILD HEALTH, 2012

(number and rate or percent)

NOTE: All birthweight and infant mortality data is based on live births

	Number	Jefferson County	Alabama ²	United States ⁴
Live Births (women ages 15-44)	9,078	66.4 per 1,000	60.9 per 1,000	63.0 per 1,000
Low Birthweight Births (<2500 g)	1,052	11.6%	10.1%	8.0%
Very Low Birthweight Births (<1500 g)	249	2.7%	1.9%	1.4%
Live Births to Teens (women ages 10 to 19)	869	21 per 1,000	19.8 per 1,000	15.1 per 1,000
Infant Mortality	83	9.1 per 1,000	8.9 per 1,000	6.1 per 1,000

1. 2012 number of live births in Jefferson County.
 2. Rates are based on 2012 population projections. Alabama Department of Public Health (ADPH); www.adph.org/healthstats
 3. Centers for Disease Control and Prevention (CDC); www.cdc.gov
 4. Based on the preliminary data for 2012 from the US National Vital Statistics Report; http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_02_tables.pdf
 5. 2010 infant mortality rate is the most current rate available
 6. Rates are based on the 2012 American Community Survey 1-year estimates for Jefferson County. www.census.gov
- *2013 Selected Health Statistics will be available in the 2014 Annual Report

Public Health in

PERSPECTIVE

COMMUNICABLE DISEASES, 2012

(rates per 100,000 population)

	Jefferson County	Alabama ³	United States ³
Chlamydia	NA	637.6	456.7
Gonorrhea	NA	193	107.5
Syphilis (primary & secondary)	10.1	4.5	5
Tuberculosis	4.4	2.8	3.2

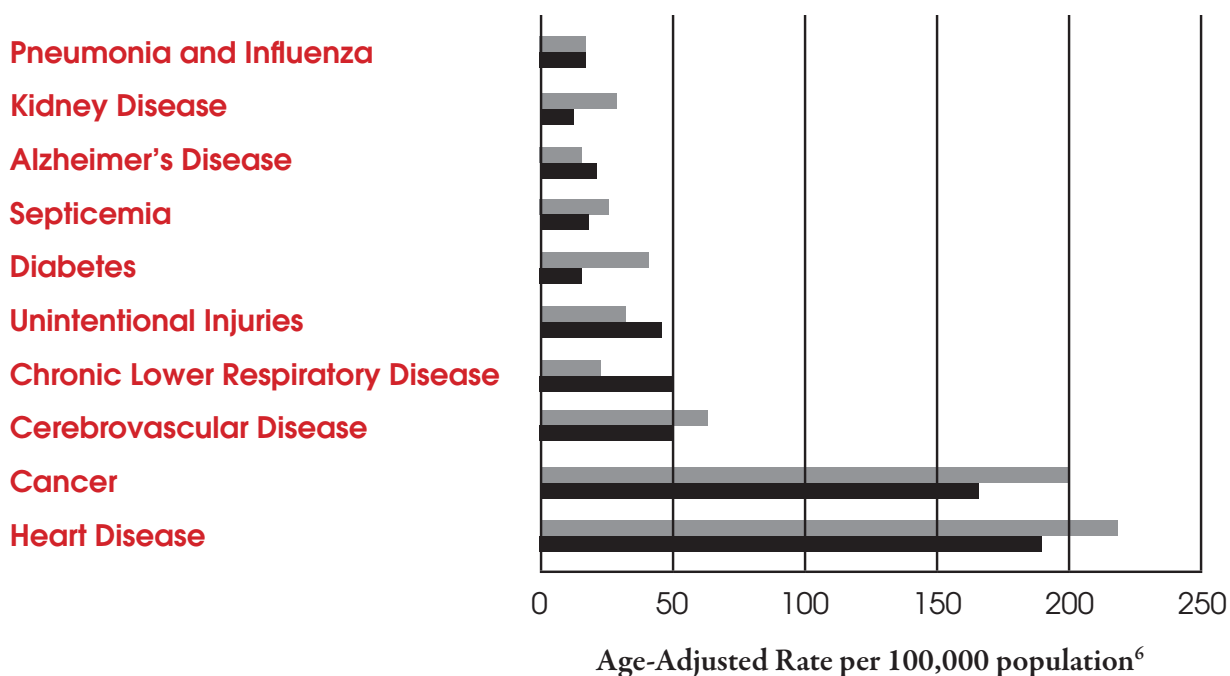
CHRONIC DISEASES, 2012

(Age-adjusted mortality rate per 100,000 population)

	Jefferson County	Alabama ²
Heart Disease	200.5	248.9
Cancer	175.3	212.9
Stroke	54.7	54.3
Alzheimer's Disease	19.6	28.7
Diabetes	23.8	26.9

LEADING CAUSES OF DEATH BY RACE, JEFFERSON COUNTY, 2012

■ African American ■ White



Promote ORGANIZATIONAL EXCELLENCE

The Jefferson County Department of Health (JCDH) is shaping the future of public health by promoting high quality for public health services and organizational excellence in Jefferson County both internally and by other agencies within the broader public health network. In 2013, JCDH was involved in a variety of efforts to increase collaboration, education and advocacy both internally and with the community and its leaders. JCDH supports education, advocacy and collaboration to improve health within Jefferson County through the Health Action Partnership. The Health Action Partnership is a multi-sector coalition of over 100 agencies committed to improving health in Jefferson County. JCDH serves as one of the three anchor organizations for the Health Action Partnership, along with the Community Foundation of Greater Birmingham and the United Way of Central Alabama. The Health Action Partnership's Action Agenda is carried out through four Priority Groups: Livable Communities, Healthy Food Choices, Healthy Children and Youth and the Tobacco Free Task Force.

The Livable Communities Priority Group developed strategies for increasing active living and encouraging use of the new trails, both greenways and street trails, in Jefferson County. The "Walk Bham" campaign is engaging local communities in developing neighborhood walking cards that identify walking routes and important community landmarks. This work builds upon the success of the Red Rock Ridge and Valley Trail System Plan and the Transportation Investment Generating Economic Recovery (TIGER) grant. In 2013, the Health Action Partnership promoted livable communities by supporting the Complete Streets policies adopted by six Jefferson County municipalities; Bessemer, Birmingham, Homewood, Midfield, Pleasant Grove and Sylvan Springs. Implementation of these new policies creates streets that are safe for all users, including motor vehicles, bikers and pedestrians.

The Healthy Food Choices Priority Group is increasing access to healthy, affordable food. The Healthy Food Choices Priority Group designed and is piloting an initiative within the East Lake and Norwood neighborhoods to connect faith based partners around healthy eating and to provide a "Double Bucks" incentive for the Supplemental Nutrition Assessment Program (SNAP or food stamp) recipients. The "Double Bucks" program to be piloted at the East Lake



Farmer's Market and the Norwood Trolley Stop Market during the 2014 growing season will enable SNAP recipients to purchase fresh produce at select farmers' markets and to receive a voucher for the purchase of fresh fruits and vegetables matching the amount purchased at the market using the recipient's SNAP card to a maximum of \$20 per market day. The "Double Bucks" program builds on past successes of neighborhood healthy food initiatives, including healthy food preparation demonstrations and market baskets for senior citizens. Additionally, the Health Action Partnership was involved with the Urban Agriculture Ordinance adopted by the city of Birmingham which recognizes urban farms, community gardens and farmers' markets/public markets within the city limits.



The Healthy Children and Youth Priority Group's objective is improving child wellness, with a focus on advancing wellness activities in out-of-school time programs. In 2013, the Healthy Children and Youth Priority Group developed a scalable model for afterschool and summer childcare programs to provide healthy snacks and embed exercise into programming to meet national wellness standards. The model was piloted at local YMCAs and reached over 1,000 children daily. This program will be expanding to all YMCA afterschool and summer programs in 2014. This work builds on the success of school wellness policy initiatives and previous out-of-school time programs accomplished in conjunction with the Health Action Partnership. Further, the Health Action Partnership supports the Safe Routes to School Program in providing active transportation of children to school. The previous success of the Safe Routes to School Program enabled Jefferson County to acquire funding from the Alabama Department of Transportation to hire a full time Safe Routes to Schools Coordinator.



Promote ORGANIZATIONAL EXCELLENCE

Tobacco exposure remains the number one cause of death in the United States. The exposure to another person's tobacco smoke results in hundreds of deaths annually in Alabama. The Tobacco Free Task Force's primary objective is to protect residents of Jefferson County from exposure to second-hand smoke. The Tobacco Free Task Force provides education regarding the benefits of smoke-free workplaces and public places and the positive impacts of comprehensive smoke-free policies

on public health. These initiatives, focused in Hoover, have been the primary focus of the Tobacco Free Task Force during 2013. This work builds on the success of previous smoke-free initiatives within Jefferson County that resulted in the adoption of Comprehensive Smoke-Free Policies by the cities of Fultondale and Midfield in 2011 and by Birmingham and Vestavia Hills in 2012.



JCDH is also involved in health communication, advocacy and education for Jefferson County's international residents. In 2013, JCDH increased its outreach and testing for HIV/AIDS among non-English speaking populations through partnership with the Alabama Latino AIDS Coalition. JCDH also partnered with the Alabama Department of Public Health, Catholic Family Services and other local agencies to provide the Stanford Chronic Disease Self-Management Program to Spanish speaking community leaders by conducting community-based training sessions focused on healthy lifestyles and improving health outcomes for individuals with chronic disease. In partnership with the Office of Minority Health at the Alabama Department of Public Health, JCDH provided education for healthcare providers and community based agencies regarding increasing access to services and providing culturally appropriate care for racial and ethnic minorities.

JCDH provided community health education through participation in a variety of health fairs, community health awareness events and other community health events. Dental health education was advanced by partnering with the University of Alabama at Birmingham's School of Dentistry and Wallace State Community College to provide clinical rotations and education on public health practice for over 100 dental, dental hygiene and dental assisting students.

JCDH promotes organizational excellence by improving operational processes and accountability throughout its internal departments. JCDH's commitment to excellence in lab processes resulted in its laboratories receiving a score of 100% on the Clinical Laboratory Improvement Amendments (CLIA) of 1988 compliance inspection. Notably, JCDH has maintained a perfect compliance score through nine consecutive CLIA inspections. In order to maintain this high level of quality, JCDH conducts competency assessments for laboratory testing personnel to ensure appropriate testing procedures and accurate result reporting. JCDH has also exceeded the minimal requirement to achieve government recognition for the meaningful use of electronic medical records under the Health Information Technology for Economic and Clinical Health (HITECH) Act. During the year, JCDH electronically processed the results from over 360,281 tests submitted by outside laboratories and 155,716 in house tests performed by JCDH employees.

Maintaining and improving organizational excellence in clinical care is a priority. Currently, JCDH is partnering with the American Academy of Pediatrics in an asthma quality improvement initiative to improve the care provided to asthma patients through a planned care approach. An example of JCDH's achievement of clinical care excellence is Western Health Center's recognition for having achieved 80% of its adolescent patients aged 13 to 15 years completely immunized.

Compliance with Federal and State laws related to patient confidentiality and the protection of health information is critical. JCDH received over 6,000 requests for health information during the year. Included in this figure were more than 1,500 patient medical record requests, over 1,650 provider information requests, 1,450 disability requests, attorney requests and subpoenas for information. Each request was reviewed and processed with regard to privacy.

In promoting organizational excellence, over 150 reported incidents or near miss events were investigated resulting in the implementation of process and facility changes to ensure a safer environment for JCDH clients and employees.

JCDH's employee education and training programs improve job performance and enhance organizational excellence. During 2013, JCDH conducted 22 training courses for employees; included in that number was a series of supervisory training classes for managers and supervisors. These training classes equipped JCDH supervisors and managers with the skills and knowledge needed to provide effective and high quality service to JCDH customers.

Technological advancement is essential to improving quality and promoting organizational excellence. During 2013, JCDH implemented a new Voice over Internet Protocol telephone system. This state of the art telephone system eliminated unnecessary telephone data lines by using existing network infrastructure. Also completed in 2013 was the Datacenter Virtualization Project in which 47 hard servers were moved to a virtual environment. Data storage hardware was also upgraded to provide faster access, more efficient total system backup options and disaster recovery site storage. JCDH began implementing a high availability disaster recovery site during 2013. Additional software updates implemented during the year included a Management and Information Systems Asset System, Tuberculosis Drug Label Printing Software, Environmental Health Productivity Reports, an Environmental Health Body Art Permitting System and JCDH Request System enhancements. Through these actions, JCDH is improving operational excellence and advancing the future of public health.

Enhance COMMUNITY PREPAREDNESS

Enhancing community preparedness is the fourth Jefferson County Department of Health (JCDH) strategic priority and is accomplished by collaborating with the community to enhance awareness and response to public health threats. Enhancing community preparedness depends on a highly trained public health workforce and a public health system capable of quick and flexible response to threats. JCDH advanced the development of a highly trained workforce through conducting training sessions and exercises testing community response capabilities and providing experiential learning for the public health workforce. One example of workforce development was JCDH's participation in the Alabama Mass Fatality Tabletop exercise, designed to test Alabama's planning, fatality management, operational coordination and emergency center operations capabilities.

JCDH also collaborated with the Jefferson County Emergency Management Agency to conduct Emergency Operations Center training for JCDH Service Center Directors and Supervisors. In the event of a major public threat or emergency, staff from JCDH may be assigned to the Emergency Operations Center, the central location for planning and coordinating the community-wide response. Familiarity with the Emergency Operations Center and its processes supports the capacity to effectively respond when needed.

JCDH coordinated Wide Area Rapid Notification (WARN) system training for identified JCDH employees to improve communication of public health threats and other time and response sensitive information to employees and emergency responders. Based upon the success of the WARN System as an efficient, effective and timely communication process during disasters and other public health threats, the system was piloted during 2013 for informing JCDH staff of operational changes, such as those created by inclement weather. The pilot's success has resulted in the continued use of the WARN System for time-sensitive internal communication.

Pandemics, episodes of infectious disease impacting large regions, require additional planning to ensure an adequate response by public health. JCDH served on the National Association of County & City Health Officials (NACCHO) Nurse Triage Line Project workgroup during 2013 to explore the feasibility of a coordinated nurse triage telephone line network to reduce medical surge during a severe pandemic.

The capacity of healthcare organizations to meet the often evolving and escalating health needs of individuals impacted by emergency situations and public health threats is crucial in achieving community preparedness. To improve response capacity, JCDH chartered the Jefferson County Healthcare Coalition, a voluntary, self-governing group that assists with preparedness, response, recovery and mitigation activities related to a healthcare organization's disaster operations. Currently, more than 30 organizations are participating in the Jefferson County Healthcare Coalition.

The Cities Readiness Grant conducts an annual evaluation of its grant awardees, including JCDH, to determine overall readiness to manage, distribute and dispense Strategic National Stockpile materials within 48 hours during a public health emergency. During the evaluation completed on February 7, 2013, JCDH scored 100% readiness. Periodic evaluations such as this, in addition to training and exercises support continuous improvement in community preparedness.



During a public health crisis, employers within the community and governmental officials may be called upon to support activities to mitigate harm and protect residents. JCDH has recruited employer operated Points of Dispensing (PODS) for medication distribution and educated local municipalities about the Strategic National Stockpile through a presentation to the Jefferson County Mayors' Association. As a result of this presentation and further information provided to municipalities, municipalities are positioned to better respond in the event of a public health crisis where widespread medication distribution is needed.

With the four strategic priorities of ensuring financial stability, protecting health and improving quality of life, promoting organizational excellence and enhancing community preparedness, JCDH has been and will continue protect and promote the health of the residents of Jefferson County. With commitment to these priorities, JCDH strives to achieve its vision of Jefferson County as a healthy community of healthy people in a healthy environment.

Acknowledgements and CONTRIBUTING AUTHORS

APPRECIATION IS EXPRESSED TO THOSE WHO ASSISTED IN DEVELOPING THIS REPORT.

Mark E. Wilson, MD
Health Officer, Jefferson County

Carolyn Dobbs, MD, PhD, MPH
*Deputy Health Officer,
Jefferson County*

Elisabeth Welty, MPH
*Author, Quality Improvement
and Decision Support*

Gregory Townsend, MPPM
*Author, Quality Improvement
and Decision Support*

Chris Granger
Graphic Design

CLINICAL SERVICES:

Stephen Mallard, MD
Medical Director

Doris Cunningham
*Assistant Health Services
Administrator*

Nathan Smith, DMD, MPH
Director, Dental Health

DISEASE CONTROL:

Edward Khan, MD, MPH
Director

Nina Hassell, MPH
Epidemiological Analyst

EMERGENCY PREPAREDNESS AND PUBLIC RELATIONS:

Heather Hogue, PharmD
Director

Shila McKinney, MPH
Disease Intervention Specialist

ENVIRONMENTAL HEALTH:

Jonathan Stanton, PE
Director

Bruce Braden
*Environmental Health
Program Manager*

Corey Masuca, PE, PhD
*Senior Air Pollution
Control Engineer*

Barbara Newman, MPH, MPA
*Environmental Health
Program Supervisor*

Jeff Swinney
*Environmental Health
Program Manager*

FINANCE AND ADMINISTRATION:

Rodney Holmes, CPA
Director

Neilsen Capouya
Manager Systems Analysis

Kimberly Cason
Health Services Administrator

Rosalind Jackson
*Administrative Coordinator,
Vital Records*

Sonja Lewis, MSW, MPA
*Assistant Director,
Quality Improvement*

Judy Madison
Chief Accountant

Bryn Manzella, MPH
Director, Quality Improvement

Terria McDonald
Personnel Technician

Monique Mullins, MPH
Administrative Analyst

Carlos Torres-Sanchez, MS
International Program Manager



JEFFERSON COUNTY
DEPARTMENT OF HEALTH

2013 Annual Report
