

JEFFERSON COUNTY DEPARTMENT OF HEALTH
ANNUAL REPORT 2015



Jefferson County Board of Health

JANUARY 1, 2015 — DECEMBER 31, 2015

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Letter from the Health Officer

DR. MARK WILSON



As individuals and community representatives, we all play a role in the mission of the Jefferson County Department of Health (JCDH). That mission includes disease prevention, access to quality health care, the promotion of a healthy lifestyle and healthy environment, and protection against public health threats.

Everything that we do together helps bring this mission to life. In 2015, we've achieved many accomplishments to move the JCDH forward. From the opening of the Western Health Center to our PHAB Accreditation, our staff, community and partners have worked together as a team to improve the health of Jefferson County.

Also, as your representative and as chairman of the Community Matters 20/20 Steering Committee, our vision for making Jefferson County, Alabama, an inclusive, thriving and healthy community of connected people moves forward with great momentum.

This annual report seeks to provide each of our services, departments, partners and community representatives a platform for sharing accomplishments. That hard work and dedication is helping to improve the health of our community.

From the devotion of our staff to the commitment of residents to the assistance of the public health system, each of you have helped us advance our mission in incredible ways. With everyone working together, we are achieving a healthier Jefferson County.

Sincerely,

Mark E. Wilson, MD
JCDH Health Officer

COMMUNITY MATTERS 20/20 VISION STATEMENT

"Jefferson County Alabama is an inclusive, thriving community of healthy and connected people."



PHAB ACCREDITATION

In 2015, the Jefferson County Department of Health achieved a major milestone – Public Health Accreditation Board (PHAB) accreditation. JCDH, the first public health department in the state of Alabama to receive PHAB accreditation, celebrates this major accomplishment as it demonstrates the quality of public health services JCDH provides.

JCDH is proud to be recognized by the Public Health Accreditation Board for demonstrating the capacity to improve and protect the health and well-being of our communities. On November 10, 2015, JCDH joined 95 other health departments who have achieved national accreditation status. PHAB Accreditation is a voluntary national accreditation program that aims to improve and protect the health of the public by advancing the quality and performance of the nation's state, local, tribal and territorial public health departments. PHAB focuses on the 10 Essential Public Health Services, health department management and engagement with the Board of Health. The achievement of this five-year national accreditation demonstrates JCDH's commitment to providing quality public health services to the citizens of Jefferson County.

Referencing JCDH's culture of quality, the PHAB Accreditation Report states, "JCDH demonstrates a commitment to quality services and quality improvement. Sound structures are in place for quality improvement initiation, approval and monitoring. It is impressive the training on quality improvement is mandatory for staff."

COMMUNITY HEALTH IMPROVEMENT PLAN

Accreditation requires that the health department lead the community in conducting a community health assessment and in developing a community health improvement plan. In 2014, the JCDH engaged over 1,200 residents and members of the local public health system in the developing the Community Health Assessment and community Health Improvement Plan for Jefferson County, Alabama.



JCDH fostered strong, active partnerships with leadership throughout the community with specific reference to the Health Action Partnership (HAP) for which JCDH provided core leadership until 2015 and assisted with transition of leadership to the United Way that same year. This leadership resulted in the HAP Leadership Team adopting the five strategic issues of the Community Health Improvement Plan (CHIP) as the pillars for its ongoing work.

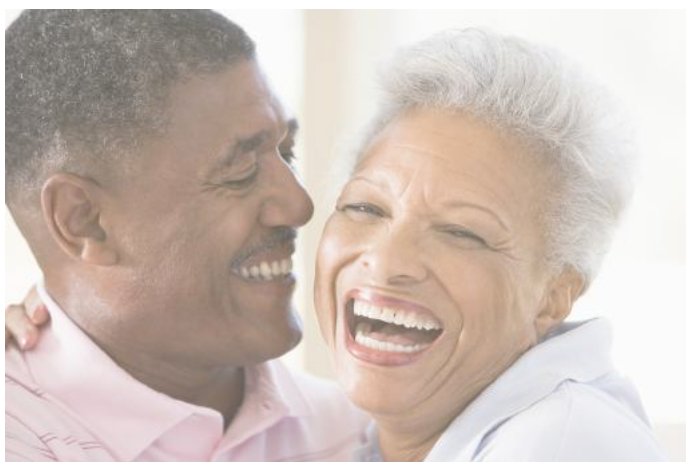
Five Strategic Issues

- Reduce Health Disparities Associated with Race, Ethnicity and Economic Status
- Promote Physical Well-being through Healthy Lifestyles
- Optimize the Built Environment, Transportation System and Safety
- Optimize Healthcare Access, Availability and Utilization
- Improve Mental Health.

The CHIP has provided an evidence-based, time-bound and measurable strategic plan for improving the health of Jefferson County, Alabama. This plan has an accountability loop and has demonstrated excellent implementation since its start date of November 1, 2014. As a result of the implementation of tactics within the Community Health Improvement Plan, food insecurity has been reduced through a variety of community-wide interventions such as the Double Bucks Program, Community Gardens, and the Urban Food Project. High-risk infants have better access to donor breast milk proven to reduce the incidence of serious disease and infant mortality through the Mother's Milk Bank of Alabama. More children are receiving evidence-based nutrition and exercise curricula through the Coordinated Approach to Child Health (CATCH) Program, smoking rates have declined in Jefferson County, access to outdoor places for physical activity have increased through additional bike lanes and trails, the minimum wage in Birmingham was increased (then struck down in 2016 by State Legislature), the Zyp Bike Share Program was launched and expanded, additional individuals are receiving colorectal cancer screening through the Fitway® Program at JCDH and Cooper Green Mercy Health Services, and a life-saving program was launched at JCDH to provide a reversal agent for opioid overdose at no cost to users, their families and friends, among other improvements.

JCDH QUALITY IMPROVEMENT PLAN

The 2014-2015 Quality Improvement Plan was the first comprehensive quality improvement plan developed for JCDH (previous plans were focused on clinical services). This plan included an organization-wide Quality Improvement Initiative, which focused on tobacco use prevention and cessation and projects for each of the four major JCDH Divisions. These projects resulted in the training of providers as tobacco cessation specialists, improvement in staff satisfaction with organizational communication, implementation of a fast track program for select Sexually Transmitted Disease (STD) patients, and improvement in productivity in the Dental Health clinic.



THE IMPACT OF OUR PROGRAMS

CLINICAL SERVICES

Adult Health and Family Planning

In 2015, the JCDH focused on continued growth and improvement. Many departments experienced a progression in positive patient numbers, allowing the doctors and nurses to better serve our patients.

Notably, the Adult Health and Family Planning Department, expanded the Tobacco Cessation Program and launched the Naloxone Prescription Clinic, in an effort to save lives and improve health in Jefferson County.

In an effort to expand our capacity to provide Tobacco Cessation services, all Adult Health providers received training to become Certified Tobacco Treatment Specialists in June 2015. As a result, about 75% of adult patients were screened for tobacco use and were offered cessation counseling intervention if identified as a tobacco user.

Along with the Tobacco Cessation services, a new clinic was developed called the Naloxone Prescription Clinic, which was started on November 2, 2015. The new program was established with the goal of reducing morbidity and mortality from opioid overdose in Jefferson County, Alabama, by providing opioid overdose recognition and treatment training.

Within the first two months of the Naloxone Prescription Clinic, nine Jefferson County residents received training on recognizing opioid overdoses and administering naloxone. Several others were trained in community settings.

Getting to this point was no easy task. On June 4, 2015 after a lengthy legislative process, Alabama lawmakers delivered a bill to Governor Robert Bentley that expanded access to drugs that can reverse opioid overdoses and save lives. The bill allows police officers, family members and addicts themselves to carry the drug naloxone, also known as Narcan, and administer it to users who have overdosed on opioids.

Heroin overdose deaths surged in Jefferson County during the last several years. The drug contributed to 137 deaths in 2014, up from 58 in 2013. There were just 12 heroin overdose deaths in 2010.

Dr. Mark Wilson, Health Officer for Jefferson County, made several trips to Montgomery to support the bill. He and the bill's sponsors, Rep. Allen Treadaway (R-Warrior), Sen. Jabo Waggoner (R-Vestavia Hills), brokered a compromise between the Medical Association of the State of Alabama and representatives of the state's trial lawyers that allowed the bill to clear final legislative hurdles.

The revised bill encourages people who receive the drug to exercise reasonable care in administering it, and seek instruction on how to use it. Naloxone can be injected or administered as a nasal spray.

Naloxone works by blocking opioids from bonding to receptors in the brain. A large dose can send a user into immediate and painful withdrawal.

The drug saves lives by kick-starting a patient's respiratory drive – and forcing the body to begin breathing again.

Alabama joins more than 30 states that have passed laws to increase access to naloxone. JCDH's Naloxone Clinic continues to grow providing training for group homes and substance abuse organizations as well as individuals.



Child Health

At JCDH, our children's health is of the utmost importance to us. That's why we implemented the Ages and Stages Questionnaire in 2015 for ages 9, 18 and 24 months during "well-child" visits. In addition, we added a Modified Checklist for Autism in toddlers at 18 and 24 months for all well-child visits. These screening tools allowed for earlier detection of developmental delay and referral for early intervention.

Dental Health

The JCDH Dental Health Division provided more than 16,000 visits and over \$1.9 million in dental health preventative and treatment services. Approximately 7,000+ underserved and uninsured Jefferson County residents were served between October 2014 and December 2015.

Through JCDH's ongoing collaboration with One Roof and Project Homeless Connect, more patients were served in 2015 and over \$33,000 in free dental care was delivered.

Over 1200 students in Jefferson County received dental services through either the Oral Health Assessment Program or the School-Based Dental Sealant Program, increasing outreach programs during the year.



And, with the opening of the new Western Health Center (WHC), the Western Dental Clinic experienced a steady increase in patient flow and increased capacity for Spanish-speaking patients since there are onsite interpreters at WHC.

Public Health Language Program

In any community, there are many language barriers to overcome. We strive to minimize any language barriers at JCDH.

Language barriers can sometimes inhibit or even prohibit individuals with Limited English Proficiency (LEP) from accessing and/or understanding important rights, obligations and services, or from communicating accurately and effectively in difficult situations. The Public Health Language Program implemented new policies and procedures in 2015 to improve accessibility of LEP clients.

The new policies and procedures include Providing Meaningful Communication with persons with Limited English Proficiency, Waiver of Interpreter Services, Interpreter Protocol and the Testing of Interpreters' Skills.

In addition, the Limited English Speaking clientele received access to educational material. In ongoing efforts to reach this population, JCDH translated 67 documents from English to Spanish and that number continues to climb as more information is translated each and every week.

These new policies have allowed JCDH staff to realize the important role that interpreters play during an encounter with an LEP client and significantly improved communication for LEP clients in Jefferson County.

Laboratory Services

Clinical Laboratory Services are provided at all JCDH health centers, the Sexually-Transmitted Disease Clinic and TB clinic. The Laboratory continues to be a valuable part of the total health care provided to JCDH patients. In order to comply with Federal regulations, and the Clinical Laboratory Improvement Amendments (CLIA) of 1988, survey teams conduct a recertification of the clinical laboratories in the health centers and Sexually-Transmitted Disease Clinic every two years. In 2015, the Sexually-Transmitted Disease Clinic and health centers were inspected by CLIA and obtained 100% compliance. The health centers and Sexually-Transmitted Disease Clinic have maintained a perfect compliance score with no deficiencies 10 times in a row.

The greatest challenge for JCDH laboratories is balancing efficiency and patient care while providing large quantities of accurate data in accordance with increasing governmental regulations. In 2015, JCDH laboratories collected and processed a total of 408,481 labs. Of these, 190,800 were in-house tests performed by JCDH staff. Currently, we have more than 75 instruments that are interfaced with our Electronic Medical Record (EMR). The use of the laboratory instruments and the lab instrument interfaces were a cost advantage for the department while saving time for our staff.

There are two reference laboratory interfaces with the EMR, which enable faster response times for test results and eliminate the need for manual entry. The electronic orders are sent via an interface and the results are returned via interface to the patient's chart in the EMR.

Translation data from October 1, 2014 through December 31, 2015

DC	EH	PR	FP/AH	Dental	HC/ADM	EP	Quality	CH	Fin/ADM
27	13	3	2	3	11	3	2	2	1

In order for JCDH to be totally paperless, clinical laboratory services continue to attach consults, radiology results and various other reports to the Electronic Medical Record. In 2015, the number of attachments reached 600,000 and allowed our providers to review the hard copies electronically. An additional 25,600 other documents such as insurance and social security cards were scanned and attached to individual EMR.

Morris Health Center

Between October 1, 2014 and December 31, 2015, the Morris Health Center (MHC) increased the days of service from three days to five days per week.

Informing patients of the new schedule was key for this change to be a success. A large JCDH sign was placed on the outside, near the road to inform everyone that the facility was open five days a week.

In addition to this change, Family Planning appointments were modified from Friday to Thursday to utilize both available nurses, and have use of the entire facility.

Performing only family planning services on Thursday increased the capacity to see even more Family Planning patients. In an effort to assure both nurses were able to function in both programs, plans were put in place to implement the cross training of the LPN staffer in Family Planning.

To enhance community knowledge of the new schedule, MHC staff members participated in the Magnolia Festival in April 2015, which is a largescale event allowing a number of health and businesses facilities in this area to highlight services offered.

Western Health Center

The opening of the Western Health Center was a momentous occasion for JCDH. Although most of the work was done in 2014, the move began a long time before that through calculated planning. It started with the purchase of the existing facility and the buildout into the current structure. A team of architects and interior designers worked alongside other professionals to make sure the process was completed in a timely manner and within the budget.

Consolidation of three health centers in Jefferson County was necessary to provide a myriad of services under one roof. The New Western Health Center location was chosen because of its central location for the residents in the Western Jefferson County corridor.

In order to make the transition as smooth as possible, planning meetings were spear headed by the Clinical Services Director and plans were made to move staff from the three centers to the new location.

Assistant Directors/Division coordinators' involvement ensured that each program area was fully staffed and had all the tools needed. The Laboratory Services Coordinator, Management Information Systems (MIS) and General Services staff made sure that all equipment was suitably positioned as well as interfaced and working properly. MIS and General Services remained on site for weeks to ensure the clinic was functioning as planned.



JCDH staff adapted quickly to the new facility and continues to excel in every phase of clinic operations. The Western Health Center allows for increased capacity to better serve the residents of West Jefferson County in new, bright and beautiful facility.

Women, Infants and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

The WIC program served 158,032 participants in FY 2015. An average of 13,200 participants were served per month. 739,610 food instruments were issued.

DISEASE CONTROL

Sexually Transmitted Diseases (STD)

One of the most efficient improvements for the Clinical STD Program during FY 2015 was the implementation of Fast Track Screening. At times, patients come to the STD Clinic simply because they want to be tested. These patients, sometimes referred to as the "worried well," were granted an appointment with one of our Nurse Practitioners (NP). Other patients with signs/symptoms sometimes experienced challenges securing appointments for examination and treatment due to the bottleneck which was an issue that JCDH leadership addressed.

Fast Track Screening provides a way to give the person seeking an STD checkup the option to be tested for gonorrhea, chlamydia, trichomoniasis, syphilis and HIV without needing an appointment with one of the Nurse Practitioners.

If the patient meets the Fast Track Screening criteria and does not want to be examined by an NP, the Disease Intervention Specialist (DIS) is able to obtain the needed specimens, leaving appointment slots open for patients who are symptomatic or otherwise in need of treatment.

An important improvement on the epidemiological side of the STD Program was made possible because of a change in the way DIS conduct some investigations. There were approximately 5,808 cases of gonorrhea (GC) and chlamydia (CT) in Jefferson County. This number includes both JCDH and private provider patients during FY 2015. Treatment information was not available on 2,927 of those cases, prompting additional investigation by the STD Disease Intervention Specialist; because of this, the program did not have a clear picture of how private providers were treating two of the most common STDs in Jefferson County. Each STD DIS is assigned to specific providers, which allows them to develop relationships and proper sharing of information. While most private providers are doing a good job of treating patients for GC and CT, our STD Program staff found some were unsure of the appropriate treatment for GC and CT. This became an excellent opportunity for the JCDH staff to provide the information and make sure the provider had access to the STD Treatment Guidelines (either by paper or electronically). The result is simple: patients were better informed of the ramifications of having an STD and providers were more likely administer adequate treatment.

As mentioned previously, Fast track screening provided additional appointment slots with Nurse Practitioners for symptomatic patients and also provided an easier testing process for persons looking for routine STD testing resulting in a slight increase in the number of patients who showed up for appointments with a Nurse Practitioner.

Because of the increased effort by STD Program staffers to insure adequate treatment for GC and CT regardless of the provider initially diagnosing the patient, the number of persons with documented adequate treatment increased from 69% last reporting period to 91.1%.

Adult Immunization/Travel Clinics

The Travel and Adult Immunization clinics at JCDH were able to reach many patients who may not have otherwise been presented to the health department for services (based on client report). The clinic provided 593 consultations to individuals who were traveling internationally from October 2014 to October 2015, and administered 2,644 vaccinations to travelers, students, immigrants and the general public from October 2014 to October 2015.

In addition, the JCDH's Travel Clinic added three clinic days per week during the Yellow Fever vaccine shortage in order to accommodate more patients who reported being turned away from other clinics in Jefferson County and surrounding areas.

The Travel and Adult Immunization clinics' success with vaccinations and pre-travel consultations may have improved the public's perception about services offered at JCDH, increased public's knowledge of services that are available and may attract new clients in the future.

The vaccines that were provided in the clinic have impacted the overall health of Jefferson County by increasing immunity within adults in the local community, which should decrease the risk of vaccine preventable disease outbreaks in Jefferson County, AL.

Immunization

The addition of the Disease Intervention Program and Lead Nurse positions significantly helped in meeting the changing needs and growth of the Immunization Division with the investigation of all Vaccine Preventable Diseases (VPDs), and the expanding responsibilities of the State Immunization Registry at the local county level.

By infusing these two new positions into our staff, we as providers of public health are helping to ensure that JCDH is working with appropriate staff to protect the health of all residents of Jefferson County with regard to VPDs.



Total Vaccines Doses Administered: 2,644

Name of Vaccine	# of Doses Administered
Hepatitis A (adult)	322
Hepatitis A (pediatric)	25
Hepatitis B (adult)	414
Hepatitis A/B vaccine (Twinrix)	81
HIB	2
Influenza vaccine	186
Japanese Encephalitis	18
MMR (Measles, Mumps Rubella)	189
Menactra (Meningococcal Vaccine)	92
Menommune (Meningococcal Vaccine)	10
Pneumococcal Vaccine	11
Polio, IPV	37
Rabies	40
Tetanus Vaccine	2
Td	89
Tdap	318
Typhoid (IM)	267
Typhoid (Oral, Rx)	162
Varicella	164
Yellow Fever	216

Travel Clinic Fee Charged/Collected October 2014 - October 2015

Pre- Travel Consultations Fee Charged (\$42 each)	593
Single Immunization Administration Fees Charged (\$20.47 each)	657
2+ Immunization Administration Fees Charged (\$20.47 each)	511

Prevention and Epidemiology

Successes for Prevention and Epidemiology included completing 90-95% of the investigations within the expected time frames, therefore reducing illnesses and outbreaks in facilities through rapid response as well as continuing to collaborate with community partners such as medical providers, schools and long-term care facilities.

These successes have impacted the health of Jefferson County, because completion of an investigation in a timely manner allows prevention or early mitigation of disease spread. The collaboration with community partners allows us to effectively communicate and disseminate information, which encourages reporters to notify us of events in a timely manner to reduce and prevent the spread of illnesses in Jefferson County.

TB (Tuberculosis) Division

In the TB division, one significant success focuses on contact investigations and our ability to respond as a division within a short period of time. During 2014- 2015, we completed major investigations at two facilities and were able to successfully complete these investigations in a timely manner. The first was a large local high school where a case was identified the week before spring break. Testing of the students and staff began within 24 hours after the administration was notified about the active TB case. The second facility was a prison where two active TB cases were identified and the entire inmate population at the correctional facility as well as its staff were screened on four separate occasions.

A contact investigation is initiated around every active case of tuberculosis diagnosed to identify, evaluate and treat exposed individuals to prevent the spread of disease. The screening of these contacts is an important component of the TB Program. If these individuals have been exposed and have not received the proper evaluation and treatment, they are potentially TB cases in the future.

Continued education is imperative not just within our staff, but within the community. As new advances and discoveries are made in the tuberculosis field it is a necessity that our staff stay informed so that they can apply what they learn to the care of their patients as well as their respective communities. Our outreach educational events are focused in the communities and facilities where TB exposure is more likely to occur. By concentrating our educational efforts in these areas, we hope to keep TB awareness in the forefront.

ENVIRONMENTAL HEALTH

Lead Program

The Alabama Childhood Lead Poisoning Prevention Program provided education to various populations to ensure lead poisoning awareness was achieved. Populations targeted included the homeless, the individual family unit, community at large and international communities living in Jefferson County.

For the community, a workshop and program were offered to introduce families to lead issues. The Jefferson County Childhood Lead Poisoning Prevention Program Coordinator hosted a Pediatric Environmental Health Workshop with presentations from Dr. Robert Geller of Emory University and Sue Casteel with the U.S. Environmental Protection Agency (EPA), and the Agency for Toxic Substances and Disease Registry (ATSDR).

Two workshops addressed cultural diversity: Challenges of Working with Diverse Families lead by Dr. Edith Frasier from Alabama A & M University. A Lead/Environmental Workshop for the Hispanic/Latino community was held at St. Peter's Catholic Church. The Jefferson County Childhood Lead Poisoning Prevention Program participated in organizing a Hispanic Health Coalition in which lead will be a public health issue discussed with the Hispanic population.

Lead Programs Calendar 2015



A communication plan was developed for outreach to the International Community especially the African and Asian Communities. The plan included:

- Participating in health fairs
- Visiting Hispanic stores
- Visiting restaurants in Asian and African Communities
- Training JCDH interpreters on lead poisoning
- Meeting with representatives from various international communities on the best method to educate international populations

Improvements of the program included coordinating with the Alabama Childhood Lead Poisoning Prevention Program Director to change the current filing system and add additional documentation from the Jefferson County Department of Health electronic medical records to the Centers for Disease Control, Healthy Homes and Lead Poisoning Surveillance System (HHLPSS).

COMMUNITY ENVIRONMENTAL PROTECTION

The Fifth Annual Valley Creek Clean-Up

The Jefferson County Department of Health and the Valley Creek Cleanup Committee held the 5th Annual Cleanup on Valley Creek Watershed Thursday, August 20 through Saturday, August 22, 2015. On Saturday, 223 volunteers were stationed at four cleanup sites: Five Points West Birmingham Library, B.Y. Williams Sr. Dr., McNeil Park and Adger Fire Department. Throughout the event, 10.32 tons of trash and debris were cleaned along the roadside and from the creek. All participants were furnished with cleanup supplies and treated to food and beverages donated by local businesses.

The Valley Creek Watershed covers over 164,000 acres with large urbanized areas susceptible to pollution from litter, illegal dumping and other human-related activities.

Valley Creek provides habitat to numerous aquatic animals and remains a venue for multiple recreational activities like fishing and canoeing for residents to enjoy.

The Valley Creek Cleanup Committee is a community wide partnership among the Jefferson County Department of Health, JCDH Watershed Protection Program, Storm Water Management Authority, Inc., Fresh Water Land Trust, Alabama Power's Renew Our Rivers Program, Jefferson County Commission, Jefferson County Storm Water Program, City of Birmingham's Storm Water Program, and the Cities of Birmingham, Lipscomb, Fairfield, Midfield, Pleasant Grove, Hueytown, Brighton, Bessemer and Jefferson County.

Programs of Community Environmental Protection (CEP) Division include Onsite Sewage, Public Swimming Pools, Community Sanitation, Rabies Control, Vector Control, Body Art and Watershed Protection. Each program completes inspections, conducts investigations and provides education of environmental health issues impacting the citizens of Jefferson County.

Investigations and inspections of environmental concerns are important for monitoring and assuring compliance. However, education is a proactive means of preventing those health concerns and improving environmental health conditions. Onsite Sewage personnel participated in the Alabama Department of Public Health Soil and Site Evaluator Course. CEP conducted two Certified Pool/Spa Operator courses with 95% of participants becoming certified. The Watershed Protection Program presented training on Erosion and Sedimentation Control and Stormwater Standard Operation Procedures for 128 builders and municipal officers. Watershed Protection provided additional community education through pamphlets on: "How to Keep Our Water Clean," "Protecting Streams and Storm Drains from Pet Waste Pollution" and "Proper Disposal of Pesticides."

Food and Lodging

Two great accomplishments of the Food and Lodging Department include a complete revision of childcare regulations from board approval to public hearing, and the contribution to documentation and support for the Public Health Accreditation Board Certification (PHAB). In reviewing documentation for PHAB, gaps were identified and corrective action was taken to update protocols in an attempt to improve work quality and efficiency.

The process of identifying areas of the 2011 childcare regulations that required clarity or improvement, rewriting the regulations to provide clarity and improvement, and the process (board approval, public hearing, addressing public comments and incorporating issues in those comments into the regulations) all proved to help adopt a successful version. As part of the ongoing process, the data from several years of inspections will be needed to gauge the outcome of the revised regulations.



Public Institutions Permitted

Body Art Facilities	23
Mobile Home Parks	54
Solid Waste Transfer Stations	2

Public Institution Inspections

Body Art Facilities	46
Mobile Home Park	108
Pools/Spa	2893
School and Jail	273
Onsite Sewage Disposal	1010
Transfer Station	4
Garbage Hauler	208
Solid Waste Facility	16
Erosion and Sedimentation	1199
Stormwater Samples	646

Complaint Investigations Completed

Sanitation	1518
Onsite Sewage Disposal	1361
Animal Exposure	1056
Water Quality	538

ANNUAL REPORT OCTOBER 1, 2014 – DECEMBER 31, 2015

Permits/Facilities

4,746 Total Permits/Facilities

Food permits/Establishment	#
Food Service Establishment	1703
Public School Lunchroom	158
Retail Food Store	204
Limited Retail Food Store	343
Bars and Lounges	154
Day Care Center	211
Food Processor	74
Jail and Prison Lunchrooms	6
Hospital Kitchen	14
Other Institutional Kitchens	11
Mobile Food Vendors	127
Elderly Feeding Sites	32
Summer Feeding Sites	5
Private School Lunchrooms	29
Nursing Home Kitchens	45
Limited Food Services	705
Ballpark Concession Stands	148
Charitable Non-Permitted Food Establishments	10
Continental Breakfast Facilities	0
Temporary Food Service Vendors	283
Sub Total of Permitted - 4262	
Other Facilities	
Hotels/Motels	124
Communal Living	59
Camps	4
Child Care Facilities	297
Sub Total of Others Permitted - 484	

Inspections

17,237 Total

Type of Inspection	#
Food Inspections	16,807
Lodging (hotel/motel) Inspections	189
Sub Total of Permitted - 16,996	
Other Inspections	
Communal Living	80
Camps	3
Childcare Facility	158
Sub Total of Permitted - 241	

Complaints Investigated

(Food, Lodging, Child Care, Communal Living)

1,074 Total Complaints

1,658 Total Complaint Investigations

Food Safety Education/Training

Type of Training/# of Students	#
Classroom (JCDH)	5244
Satellite (offsite)	218
Online	9790

15,252 Total

Certified Manager Courses

Type of Courses	#
Classes/Exams	19
Students	351
Certifications	214

Smoke Free Homewood

With the goal of increasing the percentage of Jefferson County residents protected by comprehensive smoke-free policies, JCDH partnered with "The Safe and Healthy Homewood Coalition" to educate the community about the dangers of tobacco use, including the health risks of e-cigarettes and the benefits of extending smoke-free protections to all places of employment.

As a coalition member, JCDH conducted a community wide assessment, developed and implemented a strategic plan of action, and conducted educational presentations. The Coalition as a whole empowered and mobilized community residents including students, parents, pediatricians, nurses, pulmonologists, lawyers, coaches, runners, local businesses owners and employees to show their support for a smoke-free Homewood.

Consequently, in November 2015, the city amended their existing ordinance to include protections in all places of employment, including restaurants, bars and hotels. It also addressed the growing concern of e-cigarettes by limiting their use and extended protections in outdoor venues by adding a 20 feet distance requirement from building doors and operable windows and prohibiting smoking in patios.

Less than a month later, the city took a step further towards tobacco prevention by adopting a zoning ordinance that limits the location of vape shops 500 feet away from churches and educational centers.

With a population of 20,043 residents, Homewood joins the smoke-free cities of Vestavia Hills, Birmingham, Fultondale, Midfield and Clay. As a result of JCDH's tobacco prevention efforts, 44.46% of Jefferson County is now protected from the dangers of secondhand smoke.

AIR AND RADIATION PROTECTION

The United States Environmental Protection Agency (EPA) designated the Birmingham area as in attainment of the 2012 annual fine particle (PM2.5) health-based standard, effective April 15, 2015. This marked the first-time ever that air quality in the Birmingham area met a new, lower PM2.5 level standard prior to the designation by the EPA.

The fact that PM2.5 concentrations are already below the most recent new and lower PM2.5 level standard means that the air quality is healthy for all citizens of Jefferson County to breathe.

Compliance Activities

Permitted and non-permitted sources in Jefferson County are subject to the Jefferson County Board of Health Air Pollution Control Rules and Regulations. Compliance for non-permitted sources involves observations by field patrol, and permitted sources are subject to regular compliance monitoring by Environmental Health Specialists (EHS) and Air Pollution Control Engineers (APCE). The APCE or EHS prepares a comprehensive inspection report that is placed in the facility's file maintained by the Air Pollution Control Program (APCP). Further, emissions for all permitted facilities are calculated annually to ensure compliance with their permit. During 2015, the APCP performed three visible emissions evaluations, 15 stack test observations, conducted 145 permitted inspections, and issued three Notices of Violation. The APCP investigated a total of 211 air pollution complaints in 2015, of which 18 were for permitted facilities. When compared to 2014, there was a decrease in complaint investigations in 2015 as a result of fewer complaints received.

Open Burning

The APCP regulates open burning due to smoke nuisance, as well as particulate and volatile organic compounds (VOCs) emissions. Generally, open burning is prohibited except under specific circumstances allowed by the Department. All open burning for construction and right-of-way clearing is prohibited during the months of May through October.

The issuing of open burning authorizations for land-clearing operations requires a site evaluation by an EHS to determine if the material and circumstances meet regulation requirements and to set distance restrictions for the burning site. During 2015, the APCP issued 26 open burning authorizations, which decreased from 2014.

The APCP also investigates complaints regarding open burning. An Advisory Notice or Official Notice of Violation is issued if the investigation determines a violation of the regulations. During 2015, the APCP investigated 116 open burning complaints and issued 54 Notices of Violation.

Gasoline Dispensing Facilities and Tanker Trucks

The APCP regulates gasoline-dispensing facilities and tanker trucks due to emissions of VOCs. Gasoline-dispensing facilities must have and use Stage I Vapor Balance equipment while filling storage tanks. Gasoline tanker trucks are required to recover gasoline vapors while filling or emptying the truck vessels. Gasoline tanker trucks must certify vapor tightness annually and display an Air Sticker issued by the APCP. During 2015, the APCP issued 878 Air Stickers.

Indoor Air Quality

The APCP acts as an information and referral resource regarding indoor air quality problems. Indoor air quality complaints in institutional buildings (i.e., hospitals and schools) are investigated on a case by case basis. Owners and facility managers are often referred to other outside resources for more complex investigations or solutions. Individuals complaining about residential indoor air quality problems are also referred to other outside resources for additional information. The APCP has no regulations or enforcement policies regarding indoor air quality at this time. Complainants may be referred to other agencies such as the Occupational Health and Safety Administration, if appropriate. During 2015, the APCP investigated four indoor air complaints.

Asbestos Abatement

The APCP enforces the National Emission Standards for Hazardous Air Pollutants (NESHAPs) for asbestos during renovation and demolition operations. An Environmental Health Program Supervisor for Field Services serves as the Asbestos Abatement Coordinator for Jefferson County and is responsible for the regulatory activities in this program area. During 2015, there were 207 regulated asbestos abatement or demolition notifications received and reviewed, of which 127 were subject to Federal asbestos standards. Additionally, there were 93 asbestos inspections conducted, nine complaints investigated and two Notices of Violation issued.

Dry Cleaners

The APCP regulates dry cleaners in Jefferson County that use perchloroethylene. Perchloroethylene, also known as “perc”, is a solvent used in dry cleaning.

Approximately 28,000 U.S. dry cleaners use perc, which is the only air toxic emitted from the dry-cleaning process. As of 2015 there were 24 facilities located in Jefferson County. The APCP inspects freestanding small dry cleaners commonly located in a strip shopping center or as a stand-alone building. These dry cleaners are classified as “area sources,” which means they emit less than 10 tons of perc each year. These dry cleaners are covered by emissions standards known as generally available control technology (GACT) standards. During 2015, there were 20 inspections of dry cleaning facilities in Jefferson County.

Permit applications must be submitted prior to the construction of new sources that have the potential to emit air pollutants and before the modification of existing air pollution sources. The type of emission source determines the information required in the application. The Engineering Section evaluates the degree of air pollution control required for all emission points within each industrial/commercial facility. Field Services Section staff are responsible for processing all permit applications for gasoline tanker trucks and dispensing facilities. Using established emission factors to ensure allowable air emission standards, calculations are made to determine the estimated emissions for the proposed source. During 2015, air permits were issued for 138 new, renewed, or modified sources (Table 7.1).

Table 7.1: Number of Permits issued by Source Type in 2015

Source Type	Source Type
Industrial/Commercial	41
Gasoline Tanker Trucks	97

The Air Pollution Control Program issues three types of permits for industrial and commercial sources (Table 7.2): Title V Major, Synthetic Minor, and Minor. Title V Major Source Operating Permits are issued under Chapter 18 of the Jefferson County Board of Health Air Pollution Control Rules and Regulations (Rules and Regulations) for sources that have the potential to emit 10 tons per year (tpy) or more of any one hazardous air pollutants, 25 tpy or more of any combination of hazardous air pollutants, or 100 tpy or more of any regulated air pollutant. Qualified sources may apply for and receive a Synthetic Minor Operating Permit under Chapter 17 of the Regulations if the source’s potential to emit is restricted to less than a major source threshold. Minor sources receive air permits under Chapter 2 of the Rules and Regulations.

Table 7.2: Number of Industrial & Commercial Permits Issued by Permit Type in 2015

Type of Permit	Source Type
Title V Major	9
Synthetic Minor	12
Minor	20

EMERGENCY PREPAREDNESS

JCDH Emergency Preparedness and Response (EP) focuses on preparedness and response activities related to the public health impact of any emergency in the county. EP works in partnership with the Alabama Department of Public Health, the Jefferson County Emergency Management Agency and the Jefferson County Healthcare Coalition (HCC) which includes the general public, volunteer organizations, first responders, local governments, education, public works, utilities and healthcare providers including hospitals, long term care facilities and emergency medical services.



In February 2015, EP and other HCC partners participated in the Center for Domestic Preparedness Integrated Cohort Event (ICE), a hands-on training to prepare for a Mass Casualty Incident. The training focuses on incident management, mass casualty response and emergency response to a catastrophic natural or man-made disaster.

As the primary Point of Contact for the HCC, the JCDH Department of Operations Center was activated in June as part of "Operation Iron Eagle", a full-scale exercise designed to test the Birmingham Federal Coordination Center under the National Disaster Management System (NDMS). This exercise provided an opportunity for a community-wide exercise simulating an influx of patients into the Jefferson County healthcare system.

Other EP activities for 2015 included Strategic National Stockpile Point of Dispensing training and drills for Jefferson County School and Bessemer City employees. The Strategic National Stockpile (SNS) is a collection of antibiotics, vaccines and other critical medical equipment and supplies maintained by the Centers for Disease Control and Prevention (CDC) with support from other agencies in the Department of Health and Human Services and the U.S. Government. JCDH EP is the lead for SNS planning in Jefferson County.

GENERAL SERVICES

During 2014-2015, General Services successfully coordinated and implemented several capital improvement projects. The projects completed were:

- Replacement of the chiller at Eastern Health Center
- Replacing the roof on the Guy Tate Building
- Repairing structural issues and re-coating the parking deck at the Guy Tate Building

General Services also managed the construction process of the New Western Health Center in 2015 by supervising hired contractors and working with the architects and other vendors hired to complete the construction.

Repairing of Guy Tate Building's Parking Deck was another successful, yet challenging task for General Services because it required identifying and securing alternative parking for all Jefferson County Department of Health's vehicles, employees and patients. It also included managing the entire process of construction.

HUMAN RESOURCES

The Human Resources Department completed the year with several accomplishments.

- Thirty-four full-time employees were hired and completed orientation. Twelve retirement applications were processed and approved. All employees completed the annual HIPAA and Corporate Compliance training.
- The time and attendance system was upgraded with software and new time clocks on each floor. All employees and supervisors were trained on the upgraded software.
- The Employee Appreciation and Annual Team Building Activity held Thursday, November 19, 2015, at The Bridge (Faith Chapel Christian Center). We received 98.78% employee satisfaction rating for the overall experience.

MANAGEMENT INFORMATION SYSTEMS (MIS)

MIS Systems Development

MIS Systems and Programming participated in implementing a JCDH wide new SharePoint 2013 infrastructure. Numerous training sessions were held to train all 400+ JCDH employees on this new infrastructure.

SharePoint is providing a robust content management solution for JCDH employees' day-to-day document creation. SharePoint replaced DocUShare which was the prior file sharing software. Over 690,000 items are now searchable within the SharePoint infrastructure. SharePoint searches are providing JCDH employees a fast way of finding content, especially when compared to traditional and antiquated file shares and document storage solutions.



A few additional highlights include Developing a Stormwater Online Activity Record (S.O.A.R) for our 22 municipality stormwater partners. The SOAR application was developed on the latest Microsoft web technology solutions. There were also upgraded and revamped User Interfaces for the Food Permitting System and Complaint System. Our team enhanced our Electronic Health Inspector (E.H.I) Application in order to integrate the Surface Pro (mobile device) camera into our software thus making picture taking for our Complaint System easier. Lastly, an E.H.I. User Manual was developed and distributed to the Environmental Health Division. This user manual will help new and existing staff better understand the software they use day to day.

MIS Tech Support

MIS Tech Support upgraded the old EMC storage area network to a new VNX System, which is a great milestone for the department. The installation of the new VNX system allows JCDH to migrate our most critical data instantaneously. The new system has also increased our data storage capacity from 5 terabytes (TB) to 30 TB and provided a data center fiber backbone of up to 10 gigabytes.

Our largest challenge during this time frame was scheduling phone and data line cutover from existing clinics to the new clinic to coincide with the opening of the new Western Health Center. Transitioning from West End, Eastern and Western to our new Western Health Center within a very short window, based on the number of devices being implemented, took communication and coordination. With great teamwork, MIS Tech Support was able to get all systems running in the time frame allotted.

VITAL RECORDS

Vital Records continues to provide training on the Electronic Death Record System (EDRS) to hospice providers, nursing home, hospitals and numerous physicians in order to process death certificates faster and become accessible to families quicker. Vital Records has given input to the State of Alabama Vital Records Office on implementing a new long form death certificate that will allow for additional information to be added such as race and nationality.

Vital Records has processed over 86,000 copies of birth, death, marriage and divorce certificates.

Birth Certificates	31,946
Death Certificates	52,723
Marriage Certificates	1,555
Divorce Certificates	428



GENERAL FINANCIAL INFORMATION

REVENUES (GENERAL FUND — \$43,395,335)

1. Ad Valorem Tax Revenue (\$6,729,739 - 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 (\$20,841,906 - 48% of General Fund Revenues)

JCDH receives approximately one-fifth of one cent of the Jefferson County sales tax.

3. State & Federal Contracts (\$2,316,068 – 5% 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 focus areas such as Maternal/Child Health, Family Planning, Immunization, Tuberculosis, Sexually Transmitted Diseases and Hepatitis.

4. Clinical Health Care Revenue (\$8,421,573 – 19% 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 services for patients meeting the financial and residency requirements. Approximately 6% of JCDH's reimbursement is obtained from patients, 86% from Medicaid, 6% from Blue Cross, and the remaining 2% from all other payers combined (e.g., Medicare, etc.).

5. Environmental Health Services (\$2,906,371 – 7% 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 staff 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 (\$2,179,512 – 5% 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.

7. Expenditures (General Fund – \$41,183,381)

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 2015 INCLUDE:

Salaries and Benefits	\$30,338,418	74%
Materials and Supplies	\$6,922,127	17%
Contract Services	\$1,790,699	4%
Uncollectable Debt	\$114,337	0%
Capital Fund Transfers	\$2,017,800	5%
Total	\$41,183,381	100%

JCDH also has ten Special Revenue Funds totaling \$6,030,813. Funding is received from federal awards passed through ADPH and designated for activities related to immunizations, nutrition, storm water, emergency preparedness and air pollution. These funds are operated in accordance with the funding requirements of special grants and appropriations.

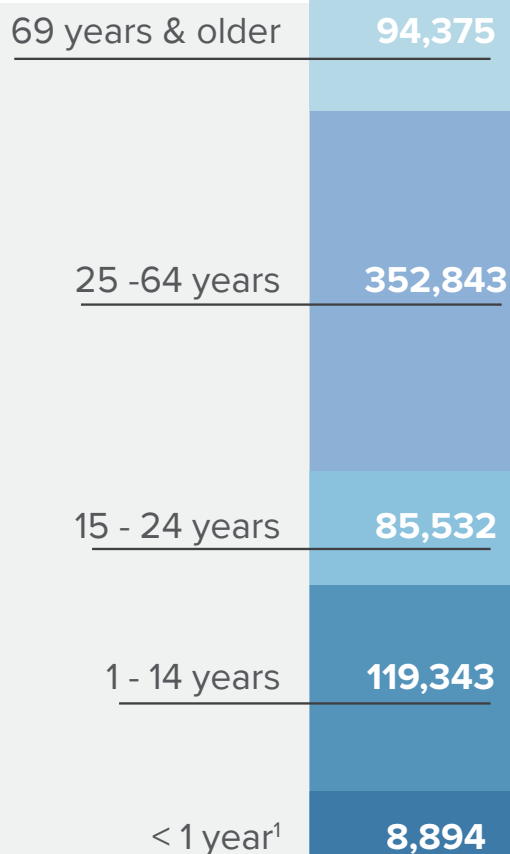


SELECTED HEALTH STATISTICS

FOR JEFFERSON COUNTY, ALABAMA

Population by Age

(2014 Census Bureau Estimates)

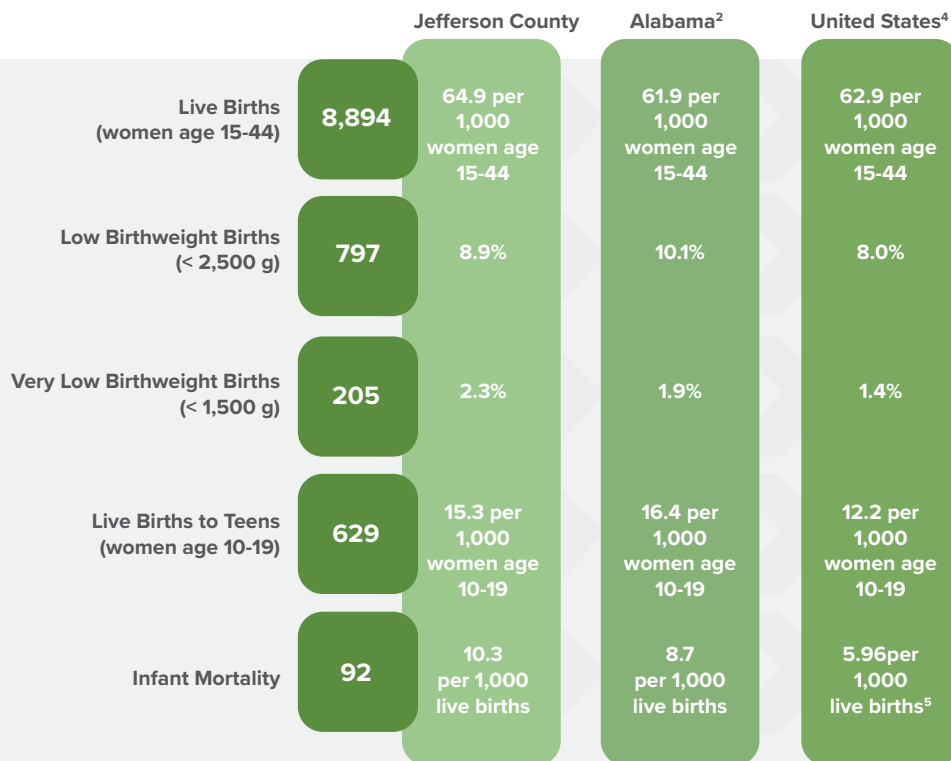


Total 660,987

1. 2014 number of live births in Jefferson County.

Maternal and Child Health Indicators

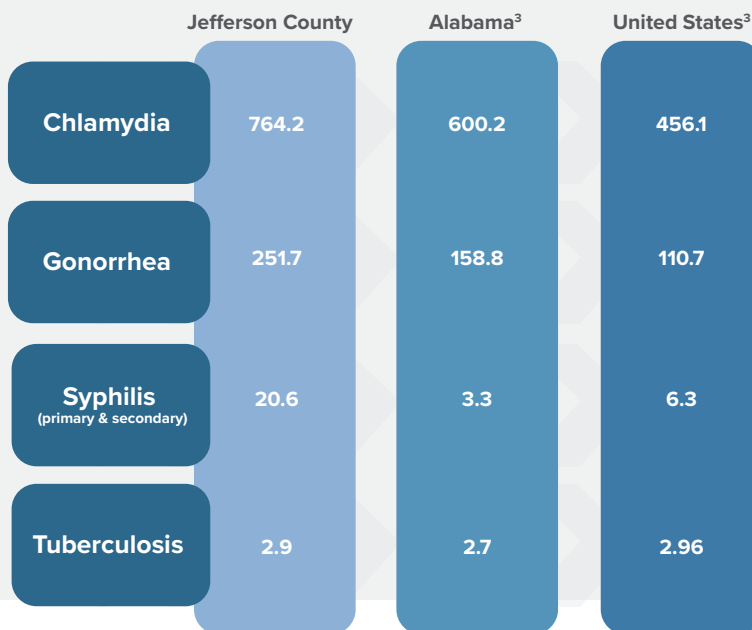
(2014 number of events, rate or percent of population)



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

Communicable Diseases Rates

(2014 disease occurrence rates per 100,000 population)



2. Rates are based on 2014 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 2014 from the US National Vital Statistics Report;

http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf

5. 2013 infant mortality rate is the most recent rate available

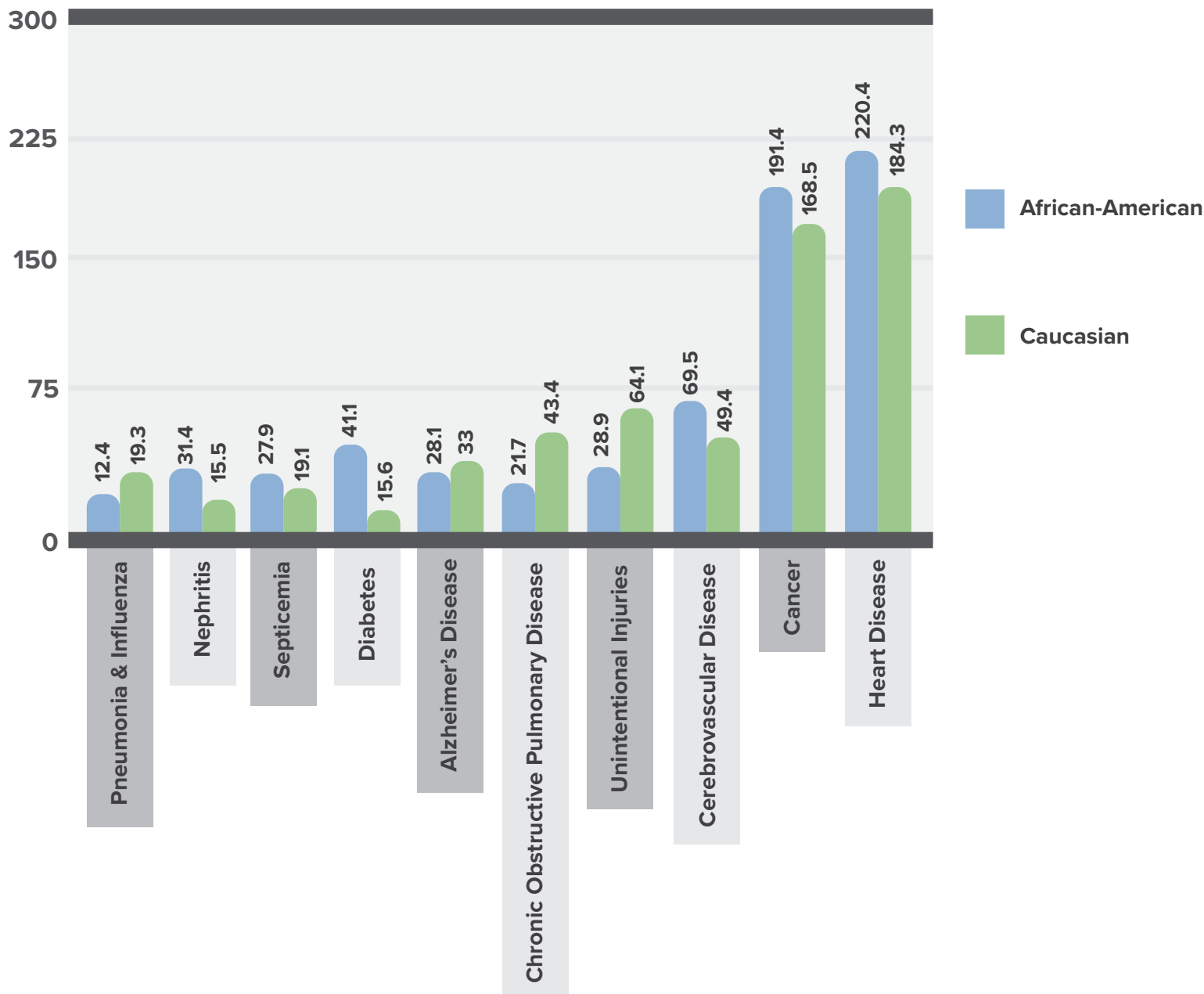
Chronic Diseases Death Rate

(2014 deaths per 100,000 population)

	Jefferson County	Alabama ²
Heart Disease	231.7	256.5
Cancer	204.5	212.1
Stroke	56.2	54.6
Alzheimer's Disease	37.2	38.8
Diabetes	27.5	26.3

2. Rates are based on 2014 population projections. Alabama Department of Public Health (ADPH); www.adph.org/healthstats

Ten Leading Causes of Death by Race, Jefferson County, 2014 Age-Adjusted Rate per 100,000 population⁶



6. Rates are based on the 2014 American Community Survey 1-year estimates for Jefferson County. www.census.gov
 *2015 Selected Health Statistics will be available in the 2016 Annual Report



THE JEFFERSON COUNTY DEPARTMENT OF HEALTH WOULD LIKE TO ACKNOWLEDGE AND THANK OUR PARTNERS FOR THEIR CONTRIBUTIONS IN 2015.

- 16th Street Baptist Church
- AARP
- Addiction Prevention Coalition
- Advanced Regional Response Training Center
- AIDS Alabama
- Alabama ARISE
- Alabama Department of Mental Health
- Alabama Department of Public Health
- Alabama Health Literacy Coalition
- Alabama Hospital Association
- Alabama Institute for the Deaf and Blind
- Alabama Primary Healthcare Association
- Alabama Trails Commission
- Alethia House
- Alliance for a Healthier Generation
- American Lung Association
- American Red Cross
- Bay Area Food Bank
- Bessemer Civic Center
- Bessemer Police Department
- BioLife Plasma Services/Baxter Healthcare
- Birmingham Area Safety Officers
- Birmingham Business Alliance
- Birmingham City Schools
- Birmingham Education Foundation
- Birmingham Fire Department
- Birmingham Healthcare
- Birmingham Healthy Start Plus, Inc.
- Birmingham Jefferson County Transit Authority
- Birmingham Land Bank Authority
- Birmingham Mayor's Office
- Birmingham Parks and Recreation Board
- Birmingham Police Department
- Birmingham Regional Emergency Medical Services System
- Birmingham Veterans Administration Medical Center
- Black People Run, Bike and Swim
- Bold Goals Coalition of Central Alabama
- Brookwood Medical Center
- Cahaba Valley Health Care
- Callahan Eye Foundation
- Caregivers of Pleasant Grove
- Center for Domestic Preparedness
- Centers for Disease Control and Prevention
- Childcare Resources
- Children's of Alabama
- Children's of Alabama Poison Control Center
- Children's Policy Council
- Children's Rehabilitation Service
- Children's Hospital
- Christ Health Center
- Christian Service Mission
- City Action Partnership
- City of Adamsville
- City of Birmingham
- City of Birmingham Planning and Engineering
- City of Birmingham Storm Water Administrator
- City of Birmingham/Public Works Department
- City of Midfield
- City of Trussville/Trussville Civic Center
- Community Food Bank of Central Alabama
- Community Foundation of Greater Birmingham
- Community Garden Coalition of Birmingham
- Connection Health
- Conservation Alabama
- Cooper Green Mercy Health Services
- Cooper Green Urgent Care
- Crisis Center of Greater Birmingham
- Emergency Nurses Association
- Faith Chapel Christian Center

- Federal Bureau of Investigation
- Fiesta, Inc.
- Firehouse Shelter
- Freshwater Land Trust
- Gardendale Civic Center
- Gardendale Police Department
- Girls, Inc.
- Goodrich Foundation
- Gulf States Health Policy Center
- Health Action Partnership of Jefferson County
- Healthcare Amateur Radio Club
- Hispanic Interest Coalition of Alabama (HICA)
- Hillcrest Behavioral Health Services
- Homewood City Schools
- Homewood City Schools: Safe and Healthy Homewood Coalition
- Hoover City Schools
- Hoover Fire Department
- Hoover Police Department
- JBS Mental Health Authority
- JCCEO Head Start and Early Head Start
- Jefferson County Amateur Radio Emergency Services
- Jefferson County Child Development Council
- Jefferson County Collaborative for Health Equity
- Jefferson County Coroner's Office/Medical Examiner
- Jefferson County Emergency Management Agency
- Jefferson County General Services
- Jefferson County Healthcare Coalition
- Jefferson County Roads and Transportation Division
- Jefferson County Schools
- Jefferson County Sheriff's Office
- Jefferson County WIC Program
- Lakeshore Foundation
- Levite Jewish Community Center
- Luthren Ministries of Alabama
- MAX Transit
- Metro Criminal Justice Executives Association
- Midfield Fire Department
- Mobile County Health Department
- Mother's Milk Bank of Alabama
- National Guard 117th Air Refueling Wing
- Nurse Practitioner Alliance of Alabama
- Oak Trace Care
- One Roof
- Physician Assistants Association
- Princeton Baptist Medical Center
- Regional Planning Commission of Greater Birmingham
- REV Birmingham
- Rural Metro Ambulance Service
- Safe Routes to School of Central Alabama
- Salvation Army
- Samford University Dietetics Program
- Samford University McWhorter School of Pharmacy
- Southern Research Institute
- St. Martin's in the Pines
- St. Vincent's Health System
- Storm Water Management Authority
- Sustain
- The Kirkland Clinic
- Tobacco Free Taskforce
- Trinity/Grandview Medical Center
- Trussville City Schools
- Trussville Fire and Rescue
- Trussville Police Department
- U.S Attorney's Office
- University of Alabama at Birmingham (UAB)
 - UAB Department of Emergency Medicine
 - UAB Department of Medicine
 - UAB Department of Psychiatry
 - UAB Dietetics Program
 - UAB Division of Infectious Disease
 - UAB Division of Preventive Medicine
 - UAB Early Head Start Program
 - UAB Hospital
 - UAB Maternity (Obstetrics and Gynecology)
 - UAB School of Dentistry
 - UAB School of Medicine
 - UAB Medical West Hospital
 - UAB School of Medicine: Internal Residency Program
 - UAB School of Nursing
 - UAB School of Optometry
 - UAB School of Public Health
 - UAB TASC Program
 - UAB Women and Infants Center
 - UAB's Division of Preventive Medicine
- United Way of Central Alabama
- United Way's 211 Program
- University of Alabama Dietetics Program
- University of Montevallo Dietetics Program
- Vestavia City Schools
- WBRC
- YMCA of Greater Birmingham



JEFFERSON COUNTY DEPARTMENT OF HEALTH
ANNUAL REPORT 2015