



100 Years of Caring:

Looking Back

...Moving Forward





JEFFERSON COUNTY
DEPARTMENT OF HEALTH

Jefferson County Board of Health

January 1, 2017 - December 31, 2017



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Founded in 1917 by the Jefferson County Medical Society following an outbreak of typhoid fever, the Jefferson County Department of Health (JCDH) has continuously strived to achieve its vision, *“A healthier Jefferson County for all.”* The information within the timeline on the following page provides highlights of JCDH’s first 100 years of caring for the residents and environment in Jefferson County, Alabama.

JEFFERSON COUNTY DEPARTMENT OF HEALTH

CELEBRATING PAST PROGRESS & MOVING INTO A NEW CENTURY OF HEALTHY LIVING



Today's Jefferson County Department of Health (JCDH) is established, and Judson D. Dowling, MD becomes the first full-time county health officer.



Jefferson County's first dental program opens in Hillman Hospital; the primary treatment is the pulling of teeth.



Jefferson County's Board of Health trains black physicians to provide care at the newly opened Slossfield Health Center.

Canvassing of over 5,000 dwellings in Bessemer finds many unhealthy living conditions.



Jefferson County records its last human death from rabies. Through public health efforts to reduce exposure to rabid animals, and treatment for persons exposed to rabid animals, Jefferson County's reputation as the "Rabies Capital of the United States" ended.



The Jefferson County Board of Health adopts regulations related to transitional housing. These regulations were revised over the next two decades to include additional types of communal living facilities.

1917



Public health nurses, Elizabeth and Zoe LaForge, provide prenatal and well-baby care for underserved pregnant women and children.

1920s

1921



Jefferson County's Health Officer is kidnapped and beaten by local dairy operators in response to the campaign to prevent milk-borne disease through pasteurization.

1922

1939



1946

The sale of raw milk in Jefferson County is outlawed.

1948

1959



Air sampling finds concentrations of pollutants in Jefferson County to be at levels known to adversely impact health. A public information campaign engages the public in support for air pollution control legislation.

1964



1976

Serving Jefferson County Since 1917

The City of Birmingham authorizes the Birmingham Water Works to add sodium fluoride to the water to reduce tooth decay.



Birmingham Healthy Start, a program to reduce infant mortality, is implemented by JCDH.

1980s

1979



Preventive care is a focus of JCDH's health centers.

1991



1992



The Jefferson County Board of Health enacts a regulation requiring food safety training.

2001



JCDH performs 2,515 public pool inspections and provides the county's first Certified Pool Operator course.

2007



Jefferson County's first community health improvement plan, "Our Roadmap to Health," leads to the creation of the Health Action Partnership, a coalition of agencies committed to improving the county's health.



2011

The Jefferson County Board of Health adopts childcare regulations to improve the health and safety of children.

2014



JCDH and community partners launch the county's 2014 - 2019 strategic plan for health, called "Community Matters 20/20."



2015

JCDH becomes the first health department in Alabama, and one of the first 98 health departments in the country to achieve accreditation through the Public Health Accreditation Board.

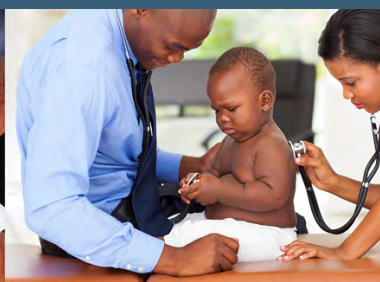
THE HISTORY OF JCDH IS AVAILABLE AT: WWW.JCDH.ORG/ABOUT/HISTORY.ASPX



100 Years of Caring:

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Jefferson County Department of Health 2017 Annual Report

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A MESSAGE FROM THE HEALTH OFFICER

2017 was a pivotal year and a major milestone for the Jefferson County Department of Health (JCDH). It marked the one hundredth year of service as a county-wide health department, and it marked the first year of implementation of a new, ambitious strategic plan. JCDH celebrated one hundred years of caring for the people of Jefferson County and set a new course toward its vision of “a healthier Jefferson County for all,” with renewed strength and energy. It was a year of looking back and moving forward.

In 1917, when the Jefferson County Department of Health was formed with its first full-time, county-wide health officer, the county had been facing an unrelenting set of public health challenges. Major outbreaks of diseases like cholera, yellow fever and typhoid fever occurred every one or two years, and other diseases, like malaria and tuberculosis, were common. Foodborne and waterborne illnesses occurred regularly due to poor sanitation. Later in the twentieth century, Birmingham was at one point the “rabies capital” of the country, and at another time, air pollution was at such dangerous levels that local steel mills had to be shut down until conditions improved. Many of JCDH’s programs and services, and many of the public health laws and regulations enforced by JCDH provide ongoing protection from threats of the past and keep these from re-emerging as significant public health threats.

Today, Jefferson County faces a new set of health challenges. These include a major opioid addiction and overdose epidemic; chronic diseases such as high blood pressure, obesity, diabetes, and tobacco use, the leading drivers of premature death, disability and increasing health care costs, and a high prevalence of mental health problems with inadequate community resources to prevent or treat them. In the area of infectious disease, there is a “silent epidemic” of chronic hepatitis C, and there are ongoing challenges in overcoming syphilis and HIV. High infant mortality has gradually improved over time, but infant mortality rates are still unacceptably high, especially among black babies and deserve special attention.

2017 was the first year of implementation of JCDH’s current five-year strategic plan, which is focused largely on addressing these new challenges. The plan’s strategic priorities are guided by health data, community input and opportunities to make a significant positive impact on health outcomes. This plan also recognizes the need to invest in JCDH’s workforce to equip employees to serve the community more effectively. Additionally, we have made it a priority to improve communication with county residents by providing important health information, including information about JCDH’s many services.

JCDH is embarking on its second century of service to Jefferson County in a strong position. Much of that strength comes from our unique history. In the 1960s and 1970s, the local delegation of the Alabama Legislature had the foresight to pass laws which set aside a small portion of certain local tax revenues specifically for the Jefferson County Board of Health “to assure the maintenance of a minimum standard of public health in the county” and the “maintenance of the county health department.” At JCDH, we recognize the obligation to be good stewards of the resources with which the public has entrusted us. Because of local financial support and a strong tradition of careful financial management, JCDH is better able to respond to local public health needs than many other health departments. In recent years, we have leveraged our strength for even greater community benefit by partnering with other organizations whose missions overlap with ours.

I am grateful to have the honor and privilege to serve as Health Officer for Jefferson County and the Jefferson County Department of Health, with its impressive 100-year legacy of disease prevention, provision of health care, promotion of healthy lifestyles and a healthy environment and protection against public health threats. I am excited about the new initiatives JCDH has underway or under development, further expanding the scope of that work for greater impact on public health.

Mark E. Wilson, MD
Health Officer

DISEASE CONTROL

Disease control and prevention have remained a cornerstone of the Jefferson County Department of Health's (JCDH's) mission since its inception in 1917. The first full-time Health Officer for Jefferson County, Judson Dowling, MD, focused the health department's work on controlling the spread of infectious diseases including typhoid fever, scarlet fever, tuberculosis and influenza, diseases that resulted in high rates of death and disability. Fortunately, many of the life-threatening infectious diseases affecting Jefferson County during the early to mid-nineteenth century, including tuberculosis and many vaccine-preventable diseases, continue to be controlled through public health efforts and vaccine administration. However, emerging infectious diseases such as Zika virus, Chikungunya virus and Ebola virus require ongoing monitoring and disease prevention strategies. Disease Control's programs - Immunization, Prevention and Epidemiology, Sexually Transmitted Disease and Tuberculosis - protect Jefferson County residents by reducing the incidence of both long-standing and emerging communicable diseases.

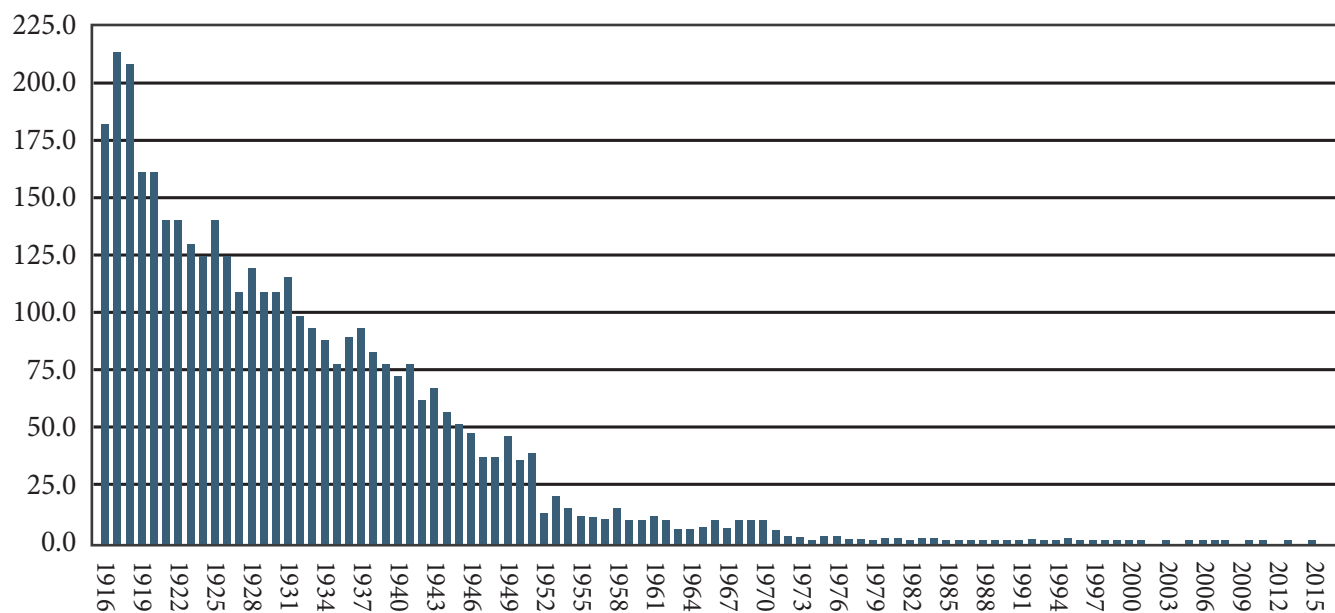
**DID YOU
KNOW?**

In 1939, JCDH investigated and provided control for an outbreak of malaria in Maxine, Alabama where over 130 cases were reported.

The Tuberculosis (TB) Control program provides services addressing the prevention, detection, spread and treatment of tuberculosis. During 2017, JCDH followed 18 active tuberculosis cases, representing a 38% case increase from the previous year. A contact investigation is initiated for each case of TB to identify, evaluate and treat exposed individuals and to prevent the spread of the disease. During this same time period, JCDH identified and screened over 1,500 TB contacts; this included a major screening at a local correctional institution. In JCDH's Tuberculosis Clinic, over 1,000 individuals received chest X-rays to assess latent versus active tuberculosis infection; more than 1,900 TB skin tests were placed, and over 1,000 T-SPOT blood tests for TB exposure were performed. Through JCDH's public health efforts, mortality from tuberculosis dropped dramatically from a rate of 201.7 deaths per 100,000 population in 1917 to 0.2 deaths per 100,000 population in 2015.

Tuberculosis Crude Mortality Rate / 100,000 population

Jefferson County, Alabama
1916-2015



The Prevention and Epidemiology program investigates Alabama Notifiable Diseases and other disease outbreaks within the county. During 2017, Prevention and Epidemiology partnered with JCDH's Environmental Health Division to conduct an outbreak investigation of Legionella, an airborne bacterial disease causing pneumonia, at a local hospital. Throughout the year, over 500 notifiable disease investigations and over 40 institutional outbreak investigations were conducted. In addition, more than 60 complaints were investigated by Prevention and Epidemiology in 2017.

DID YOU KNOW?

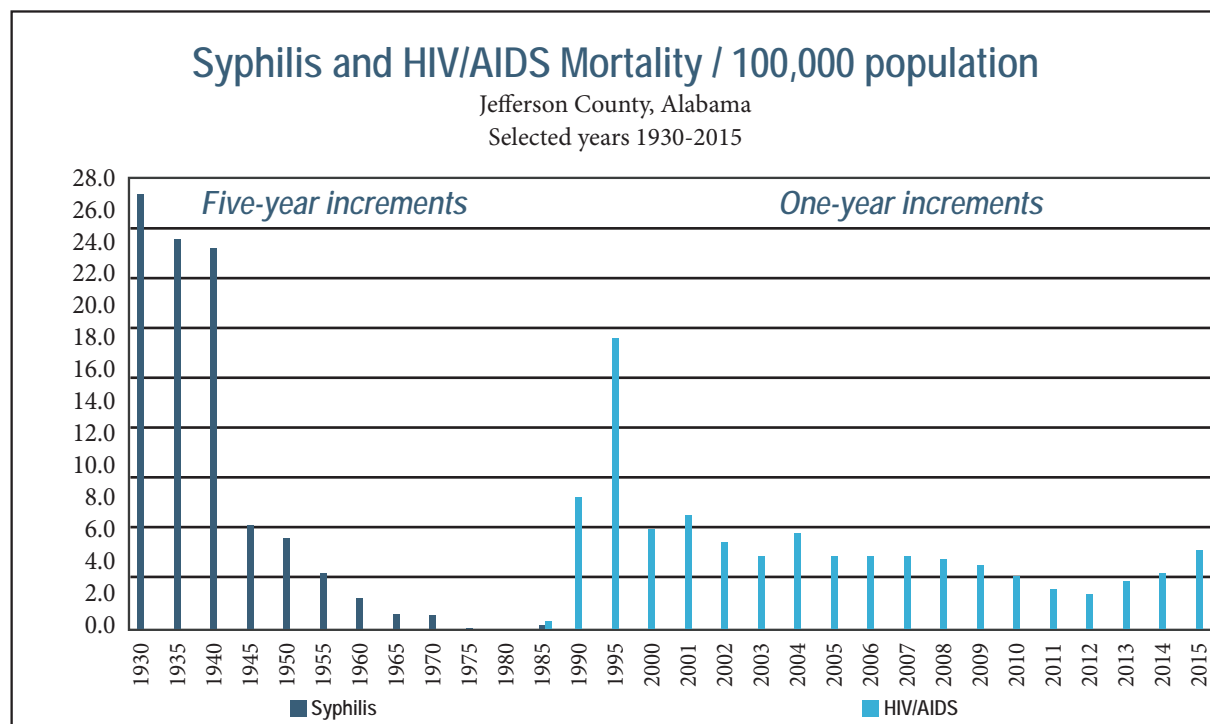
In 1938, 94 students at Ensley High School became ill, along with 28 other people in the community. An investigation by JCDH determined that a foodborne *Staphylococcus* infection, originating from cream puffs made at a local bakery and supplied to the school cafeteria, caused the illness.

Disease Control's Immunization program plans, develops and maintains the public health infrastructure for assuring high immunization coverage levels and low incidence of vaccine-preventable disease in Jefferson County. Vaccines given by JCDH have prevented countless numbers of vaccine-preventable diseases over the decades. During 2017, due to delays in the production process, JCDH was chosen by the vaccine manufacturer, Sanofi Pasteur, and the Centers for Disease Control and Prevention (CDC), as the only Alabama site that can administer the Yellow Fever Vaccine. Throughout the year, JCDH investigated 151 cases of vaccine-preventable diseases.

The Sexually Transmitted Disease (STD) program investigates all reportable sexually transmitted diseases in Jefferson County and provides diagnosis and treatment for individuals with known or suspected STDs. During 2017, JCDH implemented an HIV (Human Immunodeficiency Virus) PReP (Pre-Exposure Prophylaxis) Clinic to decrease new HIV infections. As a result of public health initiatives and advances in medical care, the rates of death from syphilis and HIV have declined substantially as noted in the following graph:

DID YOU KNOW?

Vaccines are available at JCDH for 17 diseases including varicella, diphtheria, influenza, hepatitis A, hepatitis B, Haemophilus influenzae B (Hib), human papillomavirus, measles, meningococcal disease, mumps, pneumococcal pneumonia, polio, rotavirus, rubella, tetanus and pertussis.



In 2017, Jefferson County preliminarily had 5,215 cases of chlamydia, 2,610 cases of gonorrhea and 270 cases of syphilis. Within the year, JCDH completed interviews of 120 new HIV cases, the majority of which occurred among black men, under the age of 25, who have sex with men.

Contributions by JCDH to the Jefferson County HIV/AIDS Community Coalition resulted in Birmingham being named a Fast Track City. This means that Birmingham is committed to achieving these goals: At least 90% of individuals with HIV know their HIV status, 90% of HIV-positive persons are receiving antiretroviral therapy (ART), and 90% of individuals receiving ART have achieved viral suppression. With this commitment, JCDH expects to further reduce the burden of HIV in the community.

A significant number of people in Jefferson County have chronic hepatitis C. In addition to a pre-existing number of cases among “baby boomers,” people born between approximately 1945 and 1965, there is now a significant increase in hepatitis C among individuals born after 1965, mostly due to injection drug use. To combat the local and national increase in hepatitis C cases, testing is provided in JCDH’s STD Clinic, and a newly implemented hepatitis C Treatment Clinic provides treatment for individuals with the disease.

The JCDH Adult Immunization and Travel Clinic offers immunizations for anyone over the age of 19 and for persons traveling internationally. During 2017, JCDH administered over 2,200 vaccinations and provided travel consultations to 610 travelers.



Mayor William Bell signs the proclamation designating Birmingham as a Fast Track City with the Jefferson County HIV/AIDS Community Coalition.

**DID YOU
KNOW?**

In 1983, JCDH helped identify HIV as the causative agent for AIDS in local blood transfusion patients.



CLINICAL SERVICES

The Jefferson County Department of Health (JCDH) began providing health care services to underserved Jefferson County residents in 1917. Over the past century, JCDH continued to assure access to quality health care through a variety of initiatives and programs. With expansion into primary care in the 1980s, JCDH became the leading provider of primary health care services for uninsured and underinsured children in Jefferson County.

Over the last 100 years, JCDH has provided health care services in a variety of settings including health centers or clinics, community centers and school-based clinics. While health care delivery settings have changed, JCDH continues its commitment to provide high-quality health care to its patients. During the 2017 fiscal year (October 1, 2016 through September 30, 2017), JCDH recorded more than 114,000 clinic visits providing a variety of services: primary care for adults and children, preventative care, vaccination, chronic disease management, pharmacotherapy, family planning, nutrition and social services.

**DID YOU
KNOW?**

In the 1920s, public health nurses, Elizabeth and Zoe LaForge, provided well-baby and prenatal programs to poor residents.

CLINICAL SERVICES VISITS BY PROGRAM AREA

PROGRAM AREA	TOTAL VISITS
Child Health	48,839
Adult Health	13,010
Family Planning	20,598
WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)	32,200

JCDH continued to engage in partnerships expanding access to and providing health care services through innovative service delivery models. Through partnership with the McWhorter School of Pharmacy at Samford University, pharmacotherapy services for adults are provided in JCDH's Cardiovascular Disease, Diabetes, Pre-diabetes, Tobacco Cessation and Naloxone Clinics. JCDH provided post-graduate experience and training for certified registered nurse practitioners (CRNPs) who assisted with adult primary care at JCDH. In October

2017, JCDH partnered with Cahaba Medical Care to provide post-graduate experience and training for two additional CRNPs. JCDH also provided training for UAB School of Nursing and Ida V. Moffett School of Nursing at Samford University nurse practitioner students. Education for UAB School of Medicine students continued during the year.

After a thorough review of the health care landscape and declining demand for services, pediatric primary care and family planning services were discontinued at Morris Health Center in August 2017. Individuals previously receiving

JCDH provided clinical and support services at four locations during 2017: Morris Health Center, located in Morris; Western Health Center, located in Midfield; Central Health Center, located in Birmingham, and Eastern Health Center, located in Roebuck.



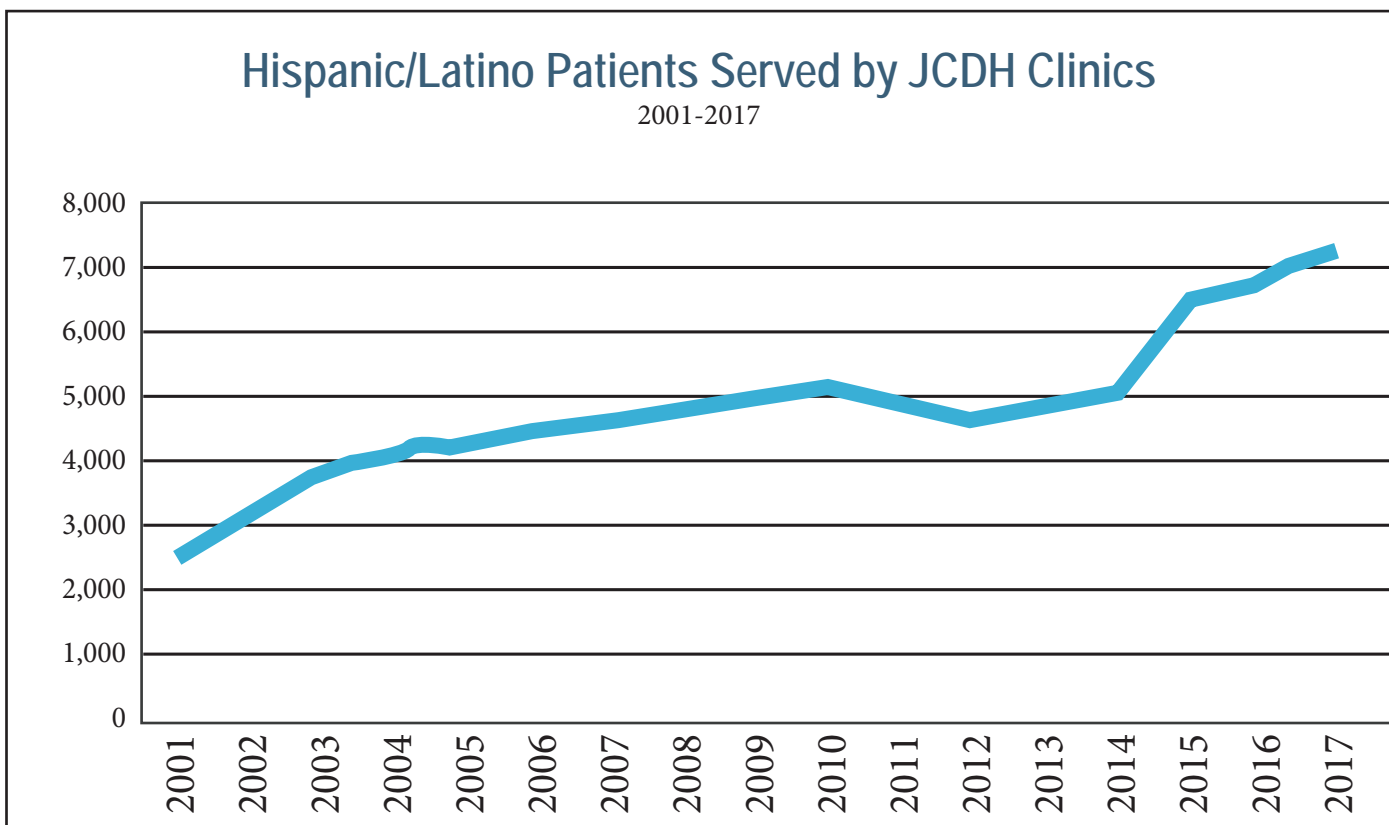
Central Health Center in 1979

medical services at Morris Health Center were given the option to continue receiving health care from JCDH's physicians and CRNPs at one of JCDH's three other Health Centers. WIC services, however, continue to be offered at the Morris Health Center.

With the evolving landscape of health care and anticipated shift from fee-for-service to performance-based payment models, Clinical Services is actively involved in efforts to train staff, improve efficiency and ensure documentation is accurately capturing the data required for quality measures. The Performance Management and Quality Measures program was created within Clinical Services to ensure a competent workforce and delivery of quality care. Since 2016, JCDH has partnered with Brookwood Baptist Health System in the Patient Transformation Network (PTN) grant designed to achieve large-scale clinical care transformation through primary care practice reform. This four-year grant supports clinicians in sharing, adopting and developing comprehensive quality improvement strategies. In response to PTN initiatives, JCDH implemented changes to staffing models and work flow within its clinics. Administrative personnel are reviewing JCDH processes and ensuring operating protocols are consistent with nationally-recognized standards of care. Unnecessary tests are being eliminated without compromising the quality of care provided, resulting in improved efficiency and decreased patient wait time.



In 1999, JCDH began experiencing increased service utilization by non-English speaking individuals. In response, JCDH hired two Public Health Language Workers (PHLWs). Since that time, the number of PHLWs has increased to seventeen, and JCDH's focus shifted to ensuring a culturally competent workforce and quality interpretation. Five PHLWs have pursued national certification in medical interpretation and are now recognized as Certified Healthcare Interpreters. PHLWs provided interpretation and translation services during 35,899 patient encounters in fiscal year 2017. To fulfill a language-related need identified at Eastern Health Center, JCDH added an interpreter for Q'anjob'al, a Guatemalan dialect. As the population served by JCDH continues to change, as noted by the more than doubling of patients of Hispanic/Latino origin since 2001, JCDH will continue to provide culturally sensitive and language appropriate services.



During 2017, Clinical Services launched an Infant Mortality program tasked with developing innovative programs to improve birth outcomes and foster optimal infant health in Jefferson County. These efforts began in January 2017 with JCDH's participation as a partner in the Alabama Baby Box Safe Sleep Project. Along with other stakeholders, JCDH helped develop and implement the Alabama Baby Box Curriculum available to pregnant women statewide. JCDH serves as an Alabama Baby Box Safe Sleep Project Enrollment Center. In addition to the Alabama Baby Box Safe Sleep Project, JCDH partnered with the UAB School of Nursing and others to bring the nationally-recognized Nurse-Family Partnership program to Jefferson County. Nurse-Family Partnership provides in-home nursing visits and education to first-time, low-income mothers. The Nurse-Family Partnership program has historically demonstrated significant reductions in childhood injuries, child abuse and neglect, and behavioral and intellectual problems among participants.

DID YOU KNOW?

JCDH started the first local maternity clinic for indigent patients in Hillman Hospital's Emergency Room in 1935.

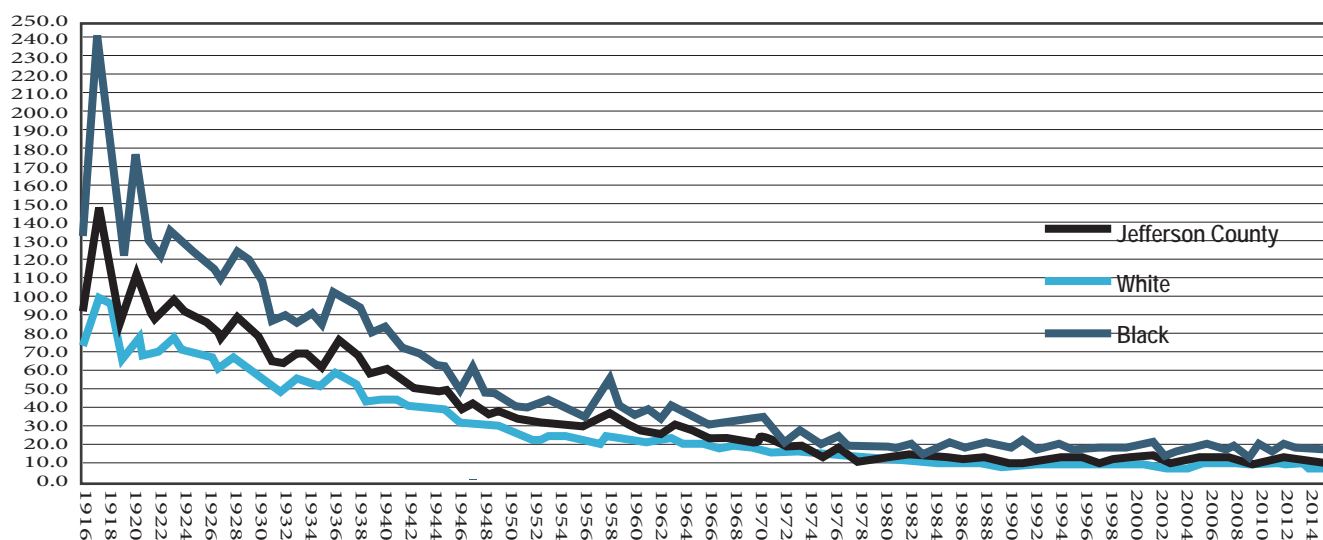
DID YOU KNOW?

In the 1940s, JCDH helped open the Slossfield Health Center and Maternity Hospital in North Birmingham to provide prenatal care and hospital deliveries for African-Americans living in the Slossfield neighborhood. This center employed an African-American medical staff, teachers and other professionals to demonstrate the effectiveness of adequate maternity and newborn care in saving lives.

In July 2017, JCDH partnered with the Jefferson County Health Action Partnership to lead an Infant Mortality Roundtable. Eleven stakeholder organizations discussed resources for reducing infant mortality and explored new ways to coordinate services to improve birth outcomes and maternal health. JCDH is collaborating with Connection Health to develop a program utilizing the community health advisor model to reach low-income, high-risk pregnant women with vital education, links to resources and case management services designed to reduce Jefferson County's infant mortality rate, a rate higher than the national average.

Infant Mortality Rates per 1,000 Live Births for Jefferson County, AL

Overall and by Race
1916-2015



During Fiscal Year 2017, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) served 13,299 individual families in 32,200 clinic visits. WIC continues to educate participants on the importance of choosing human milk as baby's first food. JCDH's Health Centers remain breastfeeding-friendly by not advertising formula and providing breastfeeding education for pregnant women enrolled in the Jefferson County WIC Program. Breastfeeding initiation rates among WIC participants have steadily increased since 2005. Much of this success is attributed to the addition of Breastfeeding Peer Counselors. JCDH currently has one Breastfeeding Peer Counselor and plans to employ two additional peer counselors.

WIC PARTICIPANT BREASTFEEDING RATES

YEAR	WIC PARTICIPANT BREASTFEEDING RATE
2005	30.5%
2010	40.75%
2015	56.75%
2017	67.5%

During 2017, JCDH's Social Services program provided care coordination to 3,538 Medicaid Patient First patients and 2,261 Medicaid Plan First program participants. Social Services participated in various outreach activities educating county residents and community stakeholders on affordable health insurance programs, care coordination services and other programs offered through JCDH.

The JCDH Social Services program and other community agencies have been working to develop the Recovery Resource Center (RRC) of Jefferson County as part of an ongoing effort to combat the opioid epidemic. The RRC will be a community-based center where opioid impacted individuals and families can receive information, assessment, education and resources for navigating the complex substance abuse treatment system within Jefferson County. The Crisis Center will serve as the lead agency implementing evidence-based services at the RRC. In addition, JCDH received a three-year Comprehensive Opioid Abuse Site-based

Program Cooperative Agreement from the Bureau of Justice Assistance to operate a program within the RRC for reducing overdose deaths by increasing engagement among overdose survivors, providing prevention education and increasing access to naloxone, the opioid overdose reversal agent. The RRC is expected to open in early 2018.

Since 1997, Clinical Laboratory Services at JCDH have achieved 100% compliance during The Joint Commission surveys and Clinical Laboratory Improvement Amendments (CLIA) of 1988 assessments. In compliance with federal regulations, CLIA conducts a recertification survey of JCDH's clinical laboratories and Sexually Transmitted Disease Clinic (STD) every two years. In 2017, the STD Clinic and JCDH's Health Centers obtained 100% compliance during its eleventh consecutive CLIA inspection. The perfect scores reflect JCDH's commitment to organizational excellence through quality testing and results reporting despite the large volume of tests performed. In 2017, JCDH laboratories collected and processed 380,481 lab specimens; 188,860 in-house tests were performed by JCDH staff.

Western Health Center hosted its annual Reach Out and Read Summer Reading Program on August 9, 2017. This year's event was entitled, "Sometimes I Feel Sunny," and promoted the importance of reading during the summer. Over 100 children received the book, Sometimes I Feel Sunny, provided by Reach Out and Read. Also, prescriptions to visit local libraries were given to attendees by JCDH physicians.



DENTAL HEALTH

Oral health is essential for overall health. Health disparities, including inadequate access to oral health services, are a significant public health problem.

In 2017, Dental Health addressed access to care and health equity issues by providing 12,696 patient visits for dental preventative and treatment services for over 6,000 qualifying Jefferson County residents at JCDH's community-based Central, Eastern and Western Dental Clinics. Through an ongoing collaboration with Project Homeless Connect and One Roof, 233 patient visits and over \$42,800 in dental care were provided at no charge for the local homeless population. An award from the Delta Dental Community Foundation Grant supported the provision of dental care for the homeless. Through an ongoing collaboration with Cooper Green Mercy Health System, its Primary Care Clinic

patients with diabetes may be referred for dental care at JCDH.

Dental Health promoted oral health awareness and disease prevention by providing oral health education at community events across Jefferson County. A goal of these outreach efforts was promoting the importance of having a dental home and regular dental visits in preventing and treating oral disease.

Caries (dental decay or cavities) is the most common chronic childhood disease in the United States. Since 2005, Dental Health has collaborated with the Alabama Department of Public Health and Centers for Disease Control and Prevention to provide periodic Oral Health Assessment Screenings for kindergarten and third grade students. This program promotes oral health awareness and oral disease prevention by providing no-cost dental screenings and oral health services. The findings of these assessments are used to evaluate oral health programs, determine the need for additional dental programs, and describe the oral health of children across the country.

Protecting the community's dental and overall health requires a well-trained workforce. JCDH Dental Health partnered with the UAB School of Dentistry, Wallace State Community College and Lawson State Community College to provide clinical rotations and education in public health practice for dental, dental hygiene and dental assisting students.

DID YOU KNOW?

In 1921, JCDH began providing dental services at a centralized clinic within Hillman Hospital. Treatment at the time primarily consisted of dental extractions.

DID YOU KNOW?

In 1947, a survey of school children's dental needs was conducted. The survey determined that mobile dental trailers would be the ideal mode of service delivery; however, funding was not available for the trailers. To help fund a dental trailer program in Jefferson County schools, proceeds from the Dental Clinic Football Classic, played annually from 1948 – 1995, were used.



DID YOU KNOW?

In 1980, Bill Roper MD, MPH, Health Officer, and Polly Ayers DDS, MPH, Director of Dental Health, made fluoridation a top priority in protecting the public's health. As a result of these and other efforts, access to fluoridated drinking water in Jefferson County increased from availability in only two communities, Warrior and Trussville, in 1960 to fluoridated water access to an estimated 99% of Jefferson County residents today. Because of fluoridation's contribution to the large decline in cavities since the 1960s, community water fluoridation was named one of the Ten Great Public Health Achievements of the 20th Century by the Centers for Disease Control and Prevention.

ENVIRONMENTAL HEALTH

The Environmental Health Services Division provides services protecting the health of the environment and residents of Jefferson County, Alabama. The Division includes the Air and Radiation Protection, Food and Lodging Protection, Community Assessment and Community Environmental Protection programs.

The Air and Radiation Protection program includes the Air Pollution Control and Air Monitoring sections that protect and maintain air quality and the Radiological Protection section which protects residents against harmful exposures within X-ray and tanning facilities. The Air Pollution Control section regulates industrial sources of emissions, as well as area sources such as gasoline stations, gasoline tanker trucks, dry cleaners and auto body shops. This section also controls open burning and limits asbestos exposure. The Air Monitoring section operates a complex network of air monitoring stations placed throughout Jefferson County to determine compliance with the Environmental Protection Agency's National Ambient Air Quality Standards (NAAQS) for criteria pollutants. The Air and Radiation Protection program issues daily air quality forecasts for the Birmingham area using the Air Quality Index.

***DID YOU
KNOW?***

In 1971, JCDH was given the responsibility of enforcing the reduction of air pollutant levels by the newly created Environmental Protection Agency.

ACTIVITY	NUMBER COMPLETED
Facilities Receiving Gasoline Air Stickers	963
X-ray Facility Inspections	678
Tanning Bed Inspections	317
Air Permits Issued	244
Industrial Facility Inspections	81
Asbestos Inspections	79
Tanning Facility Inspections	51
Opening Burning Requests Received	19
Visible Emission Observations	7

COMPLAINTS INVESTIGATED	NUMBER
Total Complaints	939
Total Complaint Investigations	1,466

The Food & Lodging Protection (FLP) program regulates food establishments, lodging facilities, communal living facilities and child care centers. FLP redesigned its fee payment system by launching an online payment option in 2017. This new system links multiple permits to a single owner; thus, an owner holding multiple permits receives fewer invoices. Renewal notices (invoices), mailed in early August, included up to ten separate permits, simplifying permit fee remittance and processing. Additionally in 2017, online food handler training for volunteers was implemented, improving food safety at events and venues utilizing volunteer staff.

DID YOU KNOW?

In 1922, Jefferson County's Health Officer was kidnapped and beaten by local dairy operators as a result of his milk pasteurization campaign. With public support for this health campaign, Dr. Dowling was successful in promoting milk pasteurization.



PERMITS BY CATEGORY	NUMBER ISSUED
Food Service Establishment	1,759
Limited Food Service	741
Limited Retail Food Store	329
Retail Food Store	220
Temporary Food Service Vendor	213
Child Care Center (food permit)	210
Public School Lunchroom	159
Bar and Lounge	149
Mobile Food Vendor	149
Ballpark Concession Stand	135
Food Processor	80
Nursing Home Kitchen	51
Elderly Feeding Site	32
Private School Lunchroom	26
Other Institutional Kitchen	18
Hospital Kitchen	14
Charitable Non-Permitted Food Establishment	10
Jail and Prison Food Service	6
Summer Feeding Site	5
Total Permitted (Food)	4,306
Other Facility Permits	
Child Care	287
Hotel/Motel	127
Communal Living	64
Camp	6
Other Facility Permits Total	484
All Permits/Facilities Total	4,790

INSPECTIONS BY TYPE	NUMBER OF INSPECTIONS
Food	11,872
Lodging (hotel/motel)	107
Child Care	95
Communal Living	52
Camp	1
Total All Inspections	12,108



FOOD SAFETY EDUCATION	NUMBER
<i>Food Handler Training</i>	
Total Participants	14,129
Online Option	11,184
Classroom (JCDH) Option	2,380
Satellite (off-site) Option	565
<i>Certified Manager Courses</i>	
Total Participants	384
Certifications	222
Classes/Exams	18

DID YOU KNOW?

In 2001, the Jefferson County Board of Health enacted a regulation requiring food safety training.





The Community Assessment program houses the Alabama Department of Public Health's Tobacco Prevention and Control Program for Jefferson County. In 2017, outreach and educational programs were conducted in Jefferson County's Housing and Urban Development (HUD) Housing Authorities regarding the newly adopted smoking prohibition regulations. The finalized rule prohibits lit tobacco usage in HUD managed housing units after July 31, 2018 and supports a healthier environment for public housing residents and visitors. Education was provided for municipal leaders and residents on the health consequences of exposure to second-hand smoke in indoor venues.

Community Assessment is currently working with the City of Irondale to adopt a comprehensive smoke-free policy as part of an ongoing effort to protect Jefferson County residents from the dangers of second-hand smoke exposure. In 2017, approximately 48% of Jefferson County's population was protected by comprehensive smoke-free policies, including the cities of Birmingham, Clay, Fultondale, Homewood, Midfield, Mountain Brook and Vestavia Hills.

Community Assessment received external funding to conduct two community assessment projects.

The Community Foundation of Greater Birmingham provided funding to the Lakeshore Foundation for the completion of a Health Impact Assessment (HIA) of transportation options for mobility-challenged individuals when accessing non-emergency medical care. Community Assessment, a sub-grantee, conducted the HIA and provided recommendations for improving transportation options. This HIA included data from patient surveys conducted at seven primary care facilities in Jefferson County, including JCDH Health Centers. Information was received from two hundred twenty-four patients and during five focus groups. Communication of the HIA's findings included a poster presentation at the 2017 American Public Health Association Annual Meeting. Six focus groups assessing the impact of the new comprehensive smoke-free policies were conducted in four HUD housing authorities using grant funding through the United Way of Central Alabama. The findings and recommendations from these focus groups informed recommendations currently under consideration through JCDH Strategic Plan teams and Tobacco Cessation Clinics.

Additionally in 2017, Community Assessment designed and collected over 800 resident surveys providing information about the population's knowledge of public health and of the JCDH Environmental Health Division's services. The results of these surveys will inform future education and outreach.

JCDH and the Valley Creek Clean-up Committee held the seventh annual Clean-up of Valley Creek Watershed on August 16 -19, 2017. Over 250 volunteers participated in the effort resulting in the removal of 13.35 tons of trash and debris from the roadside and creek. The Valley Creek Clean-up Committee is a community-wide partnership including JCDH, the Storm Water





Management Authority, Inc., the City of Bessemer and Birmingham Storm Water Programs, Jefferson County Development Services, Freshwater Land Trust, the Jefferson County Sheriff's Office Reserves and Marine Division, Alabama Power's Renew Our Rivers Program, unincorporated Jefferson County communities, and the cities of Birmingham, Midfield, Pleasant Grove, Hueytown, Brighton, Lipscomb and Bessemer.

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

Investigations of environmental concerns and inspections of select facilities allow JCDH to monitor compliance with regulations; however, education is a proactive means of preventing health concerns and improving environmental health conditions. Onsite Sewage section personnel participated in the Alabama Department of Public Health's "Soil and Site Evaluator" training for Environmental Health Specialists. During 2017, CEP conducted a certification course for community pool/spa operators; 100% of the participants received certification. The Watershed Protection section presented training on erosion and sedimentation control and stormwater standard operation procedures for 69 builders and municipal officers. Watershed Protection provided additional community education through pamphlets entitled, "How to Keep Our Water Clean," "Protecting Streams and Storm Drains from Pet Waste Pollution" and "Proper Disposal of Pesticides."

DID YOU KNOW?

In 1927, the Privy Law established statewide standards for human waste disposal.

DID YOU KNOW?

In the 1940s, Jefferson County was known as the "Rabies Capital of the World." To improve public health conditions, JCDH's sanitary inspectors canvassed the community finding 1,911 rabid animals and providing 5,207 rabies treatments to people who had been in contact with these animals.

PUBLIC INSTITUTION INSPECTIONS BY TYPE	NUMBER
Pool/Spa	2,891
Onsite Sewage Disposal	1,812
Stormwater Sampling	515
Erosion and Sedimentation	447
Garbage Hauler	213
Mobile Home Park	108
School and Jail	101
Body Art Facility	46
Solid Waste Facility	16
Transfer Station	4

PUBLIC INSTITUTIONS PERMITTED	NUMBER
Mobile Home Park	54
Body Art Facility	23
Solid Waste Transfer Station	2

COMPLAINT INVESTIGATIONS BY TYPE	COMPLETED NUMBER
Sanitation	1,188
Animal Bite/Scratch Exposure	879
Onsite Sewage Disposal	379
Water Quality	355

EMERGENCY PREPAREDNESS AND RESPONSE

Jefferson County Department of Health's Emergency Preparedness (EP) and Response staff focus on preparedness and response activities to reduce the public health impact of any emergency in Jefferson County. These responsibilities were previously incorporated within other JCDH Divisions, but with an increased focus on terrorism, biological attacks, and natural and man-made disasters, Emergency Preparedness and Response became a distinct program at JCDH in 2007. In April 2013, EP led the formation of the Jefferson County Healthcare Coalition (HCC) to maximize response capacity and capability before, during and after medical and public health emergencies.

January 2017 began with the January 6-7 Winter Storm where EP staffed the Public Health Branch of the Jefferson County Emergency Operations Center (EOC). In contrast to the events of the January 2014 Winter Storm when public health services were required, no public health assistance was requested through the EOC during the 28-hour period.

During the peak of the 2017 hurricane season, August and September, Incident Command was activated for JCDH and the HCC in anticipation of the receipt of hospital-level patients from other states through the National Disaster Medical System (NDMS). The NDMS supports state, local, tribal and territorial authorities following disasters and emergencies by supplementing health and medical system response capabilities. Although no patients were received, JCDH and the HCC were prepared to respond.

A Pandemic Influenza Full-scale Exercise was conducted October 23 – 26, 2017 to assist health care providers meet the new Centers for Medicare and Medicaid Services Emergency Preparedness Final Rule requirements.

These requirements are designed to ensure adequate planning for both natural and man-made disasters and better

DID YOU KNOW?

In 1917, Jefferson County and the rest of the United States suffered from an influenza epidemic. In Birmingham and the surrounding area, over 9,000 influenza cases were reported from October through December of that year.



coordination with federal, state, tribal, regional and local emergency preparedness systems. The Full-scale Exercise tested the current Jefferson County Pandemic Influenza Plan and incorporated lessons from the 2009 H1N1 influenza pandemic. The overall county level response was tested, and facilities were able to exercise organization level emergency operations plans related to an infectious disease outbreak.

During a pandemic influenza event, a point of dispensing or POD, could be established to dispense medications to the community.

DID YOU KNOW?

In 2008, JCDH's response to Hurricane Gustav included supporting shelter operations for evacuees, activating a medical needs shelter and maintaining the Public Health Branch operations at the Jefferson County Emergency Operations Center (EOC).

QUALITY IMPROVEMENT AND DECISION SUPPORT



The Quality Improvement and Decision Support (QIDS) Division provides assessment, planning and evaluation services for internal and external operations of the Jefferson County Department of Health (JCDH). QIDS leads JCDH's quality improvement and performance management programs and is a key contributor to the health department's Public Health Accreditation Board (PHAB) ongoing accreditation. Policy support is provided to the Jefferson County Board of Health through white papers and draft resolutions

to inform policy decisions. In 2017, policy support included resolutions related to Tobacco 21 and public notification of proposed changes in water fluoridation status.

Since 1917, health and environmental information collected and reported by JCDH has shaped public health plans and policies. QIDS continued to update the Community Health Assessment for Jefferson County, Alabama, and evaluate implementation of the Community Health Improvement Plan for Jefferson County, Alabama 2014 – 2019 Work Plan (CHIP), the county's strategic plan for health, during 2017. As of October 31, 2017, the end of the third CHIP implementation year, 66% of the plan's 174 tactics were completed or completed and ongoing, with less than three percent of tactics delayed.

Historically, public health has capitalized on partnerships to improve population health. In 2007, JCDH was a founding agency of the Jefferson County Health Action Partnership (HAP) which has engaged more than 100 local and state agencies and leveraged over \$13.5 million in grant funding to make Jefferson County a healthier place to live, learn, work and play. Health policy and programmatic activities continued in 2017 through JCDH and its participation in the HAP Priority Groups aligned with the CHIP's five strategic issues.

The HAP's Optimizing Healthcare Access (OHA) Priority Group, led by Jefferson County Health Officer Mark Wilson, MD, established a Post-Graduate Nurse Practitioner Training Program in fiscal year 2017. This training program will continue through fiscal year 2018 in partnership with Cahaba Medical Care, the UAB School of Nursing and Christ Health Center. The OHA Priority Group hosted a Maternal and Child Health Roundtable to increase interagency communication and collaboration and to identify gaps in service provision for at-risk pregnant women and infants. Through a United Way of Central Alabama Advancement Fund mini-grant, community-focused, evidence-based interventions for controlling hypertension were identified.



JCDH supported the HAP's Promoting Healthy Lifestyles Priority Group's tobacco use prevention and cessation initiatives by conducting focus groups in public, rent-restricted multi-housing developments regarding smoke-free policies and tobacco cessation resources. JCDH supported Complete Streets ordinance development for the City of Birmingham, and QIDS assisted in providing health equity training to over 300 individuals through the HAP.

During 2017, QIDS provided data supporting JCDH's operations and health programs and policies of partner agencies. Included in this data support were demographic, economic and birth outcome indicators for the UAB School of

**DID YOU
KNOW?**

In 2015, JCDH became the first health department in Alabama accredited through the Public Health Accreditation Board.

**DID YOU
KNOW?**

In 2007, Jefferson County's first community health improvement plan was completed.

Public Health's Community Health through Engagement and Environmental Renewal (CHEER for Birmingham) project investigating the effect of urban blight on health outcomes. Data was provided to Human Impact Partners for the Welcoming Immigrants, Strengthening Health (WISH) project assessing change in health care utilization by the immigrant population. Data provided by QIDS also informed the implementation of the Nurse-Family Partnership, an initiative to improve birth outcomes.

A JCDH Strategic Plan tactic led by QIDS in 2017 was the revision of the organization's performance management system, including the purchase of a software platform to support performance management. Multiple education sessions on performance management were provided for JCDH leaders, including three training sessions conducted by the Public Health Foundation. All JCDH Divisions developed program-level performance measures to supplement existing Strategic Plan and Quality Improvement Plan tactics during 2017.

Multiple quality improvement initiatives and projects were supported by QIDS, including the "Out on Time II" quality improvement project which achieved a significant reduction in staff overtime and associated costs related to the processing of food permits, and the "Condom Knowledge" quality improvement project that improved client satisfaction with JCDH-provided condoms by over 27%. Additional quality improvement activities implemented during the year were projects to improve confidence and competence in Incident Command System implementation, increase the utilization of sexually transmitted disease services by the Hispanic/Latino population, improve internal communication, optimize compliance with select Immunization Program requirements, increase Hepatitis B and Tetanus, Diphtheria and Pertussis (Tdap) vaccination rates, improve the provider productivity process, and enhance the competency of JCDH staff based on the Core Competencies for Public Health Professionals.



FINANCE AND ADMINISTRATION

Finance and Administration provides administrative and financial support and leadership for the Jefferson County Department of Health (JCDH) through human resources, risk management, general services, information systems, communication, vital records, accounting, payroll and financial services. During 2017, forty-one full-time employees and eleven interns were hired and oriented, and nine retirement applications were processed through Human Resources. The annual Employee Team Building Experience was planned and conducted in November 2017 to promote employee cross-collaboration, team building and skill development.



In collaboration with the Accounting and Management Information Systems subdivisions, Human Resources implemented a new Human Resources Information System called Paycom. The Paycom system has improved efficiency in payroll processing.

To support daily operations, a top priority for JCDH in 2017 was technical system upgrades. The Management Information Systems (MIS) subdivision upgraded dozens of internal web solutions to the latest Microsoft® technology offerings, as well as workstations, the CISCO® phone system, datacenter redundant power and laid the foundation for a faster internal network by upgrading fiber optic cabling at JCDH.



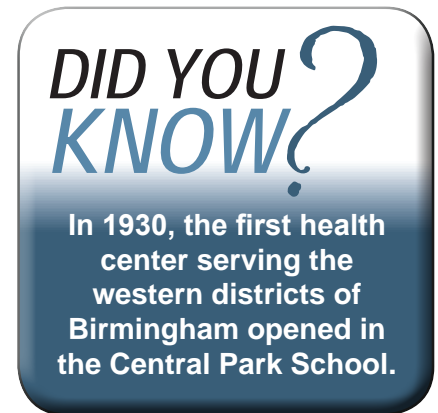
**DID YOU
KNOW?**

JCDH's Public Health Building, the first public health facility built with funds provided by the Hill-Burton Act, opened in 1948.

Approximately 40% of MIS staff was involved in JCDH Strategic Plan tactic teams during 2017. MIS' leadership collaborated with Clinical Services' leadership during a request for purchase process seeking a new, industry-leading electronic medical records system for JCDH. MIS programming staff, in conjunction with Environmental Health's Food and Lodging Protection program, implemented an online permit renewal payment process during 2017.

General Services, another subdivision of Finance and Administration, upheld the mission of JCDH by maintaining JCDH's grounds and facilities. Key projects initiated or completed in 2017 include:

- Eastern Health Center parking lot expansion
- Installation of a secondary pump at Eastern Health Center for the hot and chilled water systems enabling the facility to remain operational in the event the primary system breaks down
- Replacement flooring on two levels of the Guy M. Tate Building
- Painting/remediation of the Guy M. Tate Building
- Installation of automatic doors in Central Health Center and the Guy M. Tate Building's lobby
- Renovations of the third, fourth and fifth floors of the Guy M. Tate Building.



Vital Records, a Finance and Administration Division subdivision, issued over 87,000 birth, death, marriage and divorce certificates in 2017. Vital Records also implemented a new policy requiring requestor identification to obtain a birth or death certificate.

VITAL RECORD CERTIFICATES ISSUED IN 2017

CERTIFICATE TYPE	NUMBER OF CERTIFICATES
Death Certificate	52,276
Birth Certificate	33,209
Marriage Certificate	1,462
Divorce Certificate	422

2017 GENERAL FINANCIAL INFORMATION

Revenues (General Fund - \$44,548,820)

1. Ad Valorem Tax Revenue (\$7,077,612 - 16% of General Fund Revenues)

Alabama 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 Jefferson County, excluding ad valorem taxes collected for the State of Alabama and all Boards of Education located in Jefferson County. These funds are forwarded to the Jefferson County Department of Health as the taxes are collected.

2. Sales Tax Revenue (\$22,045,103 - 48% of General Fund Revenues)

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

3. State & Federal Contracts (\$2,109,484 - 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 specific public health responsibilities for Alabama 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 (\$8,246,743 - 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 a reduced fee for service for patients meeting financial and residential guidelines. Approximately 6% of JCDH's reimbursement is attained 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 (\$3,041,328 - 7% of General Fund Revenues)

This category represents reimbursement received locally for environmental health services. State law allows fees to be charged to help cover the cost of 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 inspections and food handler training.

6. Other Revenue (\$2,028,550 - 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.

EXPENDITURES (GENERAL FUND - \$41,576,784)

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 2017 include:

Salaries and Benefits	\$31,097,280	75%
Materials and Supplies	4,694,687	11%
Contract Services	4,129,026	10%
Uncollectable Debt	455,791	1%
Capital Fund Transfers	1,200,000	3%
Total	\$41,576,784	100%

JCDH also has fourteen Special Revenue Funds totaling \$6,461,638. Funding is received from federal awards passed through JCDH and designated for activities related to immunization, nutrition, storm water, emergency preparedness and air pollution. These funds are operated in accordance with the funding requirements of special grants and appropriations.

DID YOU KNOW?

In the 1930s, JCDH suffered a 21% percent decrease in funding, the third largest public health funding decrease experienced at that time in the nation. The local Association for Women's Clubs provided publicity regarding this funding decrease and the potential for public health impact in a national report.

BOARD OF HEALTH ACTIONS

The Jefferson County Board of Health (Board) is the governing body of the Jefferson County Department of Health (JCDH). It is comprised of five physicians elected by the Jefferson County Medical Society and the President of the Jefferson County Commission. The Board approves JCDH's budget each year, as well as all contracts. The Board also has the authority to adopt or revise certain public health regulations, occasionally endorses legislation or policies that promote health, and takes other actions to advance public health. The Board receives regular updates from the Health Officer, as well as presentations from JCDH staff on programs or quality improvement activities, and occasional presentations from external public health partners. Board of Health meetings generally occur once per month and are open to the public.

Below are some of the notable actions of the Board of Health in 2017:

- Passed a resolution endorsing a change in local or state law to raise the tobacco purchase age to 21 years. It was recommended that this age restriction also apply to other nicotine products, except for those approved by the Food and Drug Administration to aid in tobacco cessation.
- Approved a resolution committing JCDH to continue to participate in the transportation planning process for the Birmingham metropolitan area.
- Passed a resolution in support of proposed statewide legislation requiring public water systems to notify the Alabama State Health Officer no less than ninety (90) days prior to removal of fluoride from its water supply. This notification would give public health departments an opportunity to educate the public on the health benefits of drinking water fluoridation before such decisions are finalized.
- Approved a resolution for JCDH funds to be used to help the Five Mile Creek Capital Improvement Cooperative District finalize the purchase of old railway property for 16.5 miles of the planned Five Mile Creek Greenway across northern Jefferson County. This is another step toward completion of the Red Rock Trail System and part of JCDH's ongoing effort to promote health through physical activity.
- Approved a resolution to transfer JCDH funds to the Public Health Advised Fund for grants supporting the Nurse-Family Partnership (NFP) for the next three years. The NFP is a visiting nurse program that assists first-time, low-income mothers during pregnancy and through age two of the child to improve outcomes for mother and child.
- Approved a resolution authorizing JCDH to transfer funds to the Public Health Advised Fund, managed by the Community Foundation of Greater Birmingham, to support the new Recovery Resource Center (RRC) of Jefferson County. The RRC, expected to open in early 2018, will be a place where people with addiction or their families can get in-person information, assessment, referral and peer navigation to direct individuals to the most appropriate addiction treatment.
- Passed a resolution endorsing the Prevention Access Campaign's Consensus Statement and "Undetectable = Untransmittable" ("U=U") message, affirming that a person living with HIV who takes antiretroviral therapy daily as prescribed and maintains an undetectable viral load for at least six months, has effectively no risk of sexually transmitting the virus to an HIV-negative partner. The Board further endorsed efforts to provide universal access to treatment to all people living with HIV, and encouraged interventions that increase retention in HIV care, both as a means to improve the lives of individuals living with HIV and as a highly effective strategy for preventing the spread of HIV. The Board further endorsed efforts to remove stigma associated with HIV status or risk.



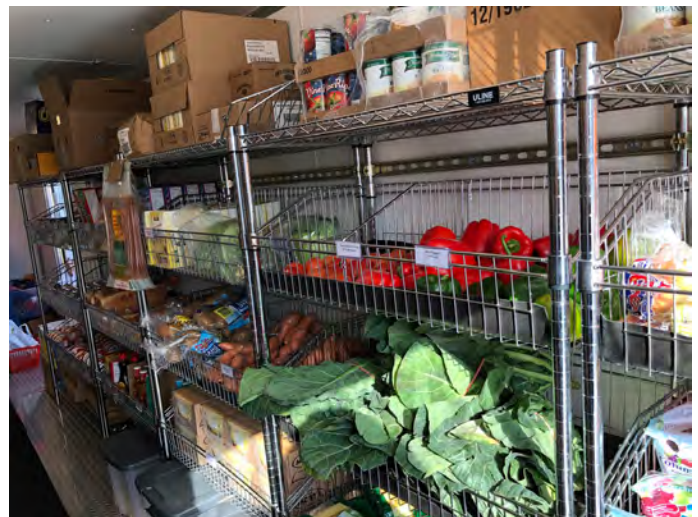
PUBLIC HEALTH ADVISED FUND

In 2017, the Public Health Advised Fund of the Community Foundation of Greater Birmingham provided \$769,752 in grant funding to local agencies for community-based projects supporting population health. Funded projects included:

- A grant to the UAB School of Nursing leveraging funds from JCDH and local philanthropic agencies to finance the Nurse-Family Partnership, a nationally recognized home visitation model proven to improve prenatal health, birth outcomes and child development, as well as reduce adverse events in childhood.
- A grant to the Crisis Center to establish the Recovery Resource Center to assist individuals and families impacted by opioid addiction in navigating the substance abuse treatment system.
- Support for the Albert Schweitzer Fellowship – Alabama Chapter, enabling health-focused graduate students to design and implement innovative community-based interventions addressing health challenges and social determinants of health.
- Support for the Mother’s Milk Bank of Alabama in expanding the processing and distribution of human donor breastmilk for high-risk infants in area neonatal intensive care units.
- A grant to the Freshwater Land Trust supporting the April 19, 2017 Parks Assembly, a workshop educating local leaders on nationally-recognized best practices supportive of parks and greening projects.
- A grant to St. John AME Church supporting the second annual Minority Mental Health Summit offering training for reducing mental health stigma and providing culturally responsive care by mental health providers, educators and community members.
- A grant to implement the 100 Alabama Miles Challenge in Jefferson County, an initiative promoting physical activity by encouraging individuals to run, walk, hike, bike, ride, roll or swim 100 miles each year in Alabama’s local, state and federal parks and preserves.
- Support for providing Double Up Food Bucks, a healthy food incentive for Supplemental Nutrition Assistance Program (SNAP) recipients matching the purchase of fresh fruits and vegetables using SNAP benefits, up to \$20 per market day, at the Market at Pepper Place and two Bessemer Farmer’s Market locations.
- Support for purchasing materials for the “Children Healing Initiative – Loving Life” (CHILL) seminar promoting Birmingham childrens’ healthy relationships, well-being and safety.

DID YOU KNOW?

In 2005, the Jefferson County Board of Health passed a resolution providing a funding mechanism for establishing the Public Health Community Projects Fund, now named the Public Health Advised Fund, which supports community health initiatives in Jefferson County.



HEALTH STATISTICS, 2016*

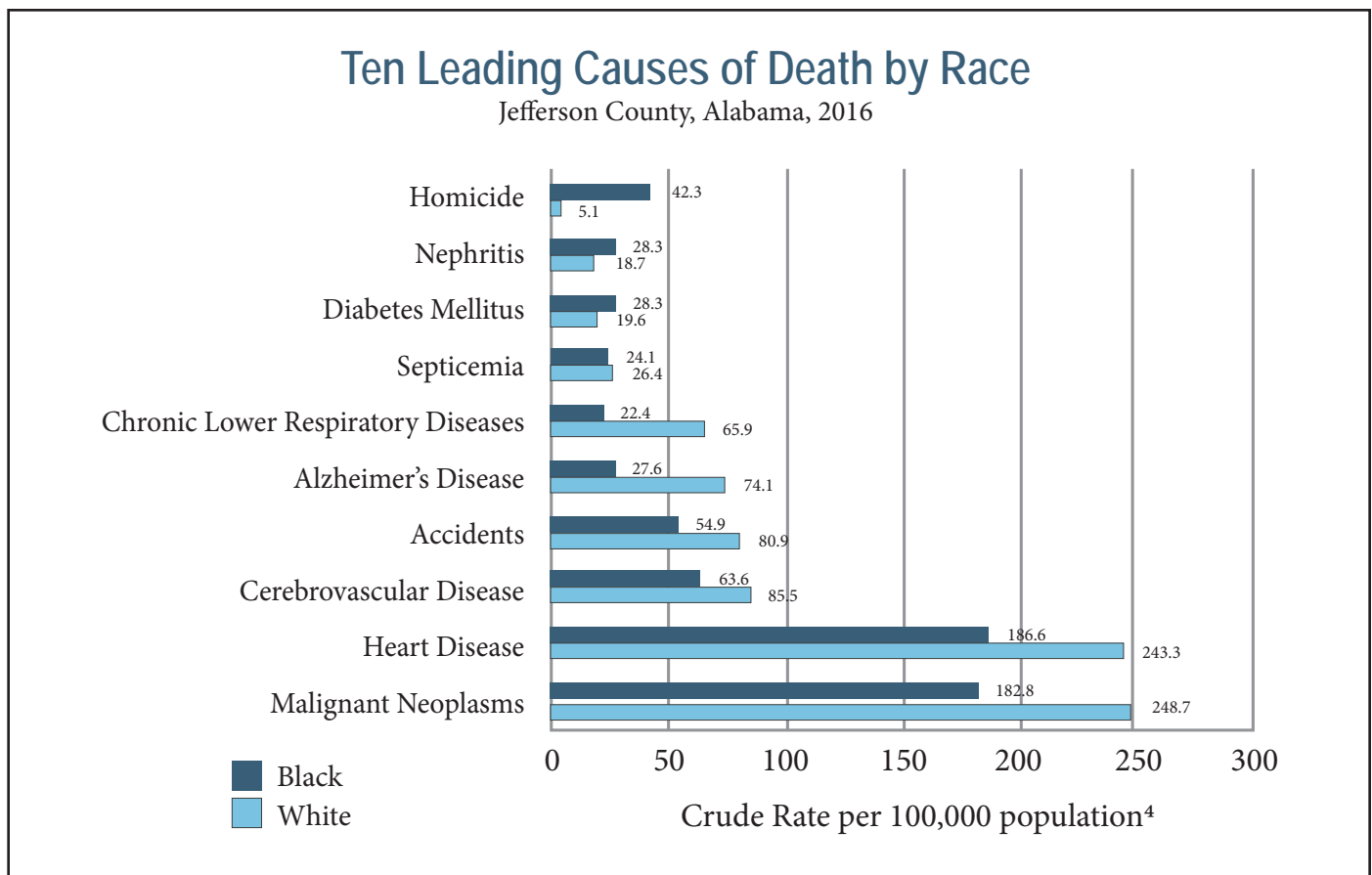
JEFFERSON COUNTY'S POPULATION BY AGE (2016 Census Bureau Estimates)	<1 year ¹	8,650
	1-14 years	117,998
	15-24 years	83,760
	25-64 years	349,778
	65 years and older	99,342
	Total	659,528

MATERNAL AND CHILD HEALTH, 2016 (number and rate or percent)				
	Number	Jefferson County	Alabama ²	United States ⁴
Live Births (women age 15-44)	8,630	63.7 per 1,000	61.9 per 1,000	62.0 per 1,000
Low Birthweight Births (<2500 g)	806	9.3%	8.3%	8.2%
Very Low Birthweight Births (<1500 g)	207	2.4%	2.0%	1.4%
Live Births to Teens (women age 15 to 19)	529	25.6 per 1,000	28.3 per 1,000	20.3 per 1,000
Infant Mortality	89	10.3 per 1,000 live births	9.1 per 1,000 live births	5.9 per 1,000 live births
<i>Note: all birthweight and infant mortality data is based on live births</i>				

COMMUNICABLE DISEASES, 2016 (rates per 100,000 population)			
	Jefferson County	Alabama ³	United States ³
Chlamydia	706.4	553.6	497.3
Gonorrhea	344.2	173.0	145.8
Syphilis (primary & secondary)	19.2	7.7	8.7
Tuberculosis	2.0	2.3	2.9

HEALTH STATISTICS, 2016*

CHRONIC DISEASES, 2016 (Crude Mortality Rate per 100,000)		
	Jefferson County	Alabama ²
Cancer	213.6	214.2
Heart Disease	211.7	263.7
Stroke	74.1	60.9
Alzheimer's Disease	51.7	51.5
Diabetes	22.9	24.3



1. 2016 number of live births in Jefferson County

2. Alabama Department of Public Health (ADPH); www.adph.org/healthstats

3. Centers for Disease Control and Prevention (CDC); www.cdc.gov

4. Rates are based on the 2016 American Community Survey 1-year estimates for Jefferson County; www.census.gov

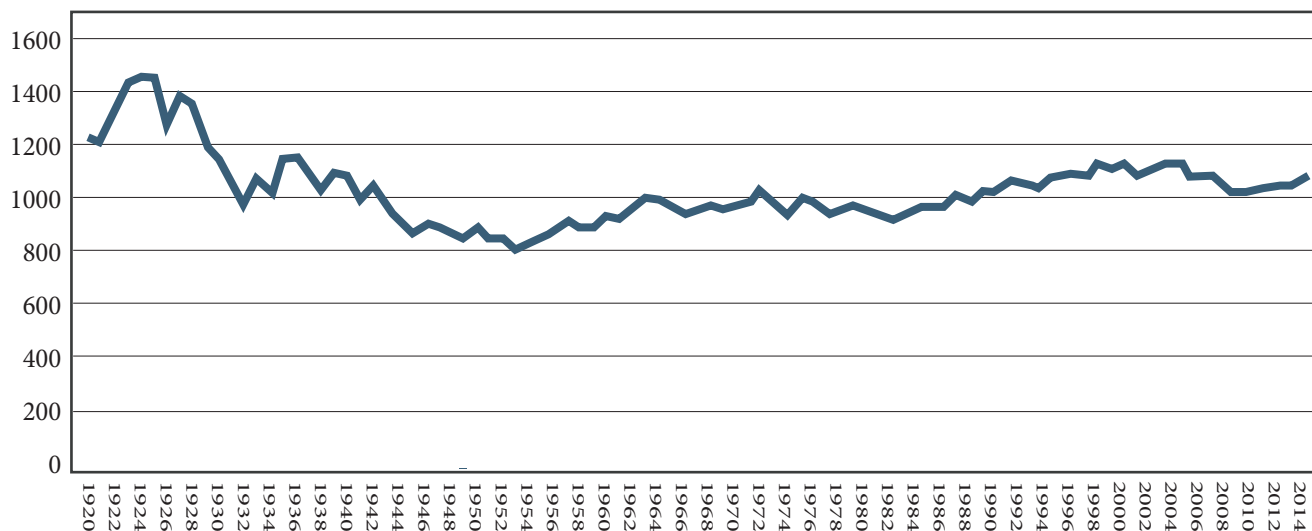
*2017 Selected Health Statistics will be available in the 2018 Annual Report

HISTORIC HEALTH STATISTICS

Overall Crude Mortality Rates Per 100,000 Population

For Jefferson County, Alabama

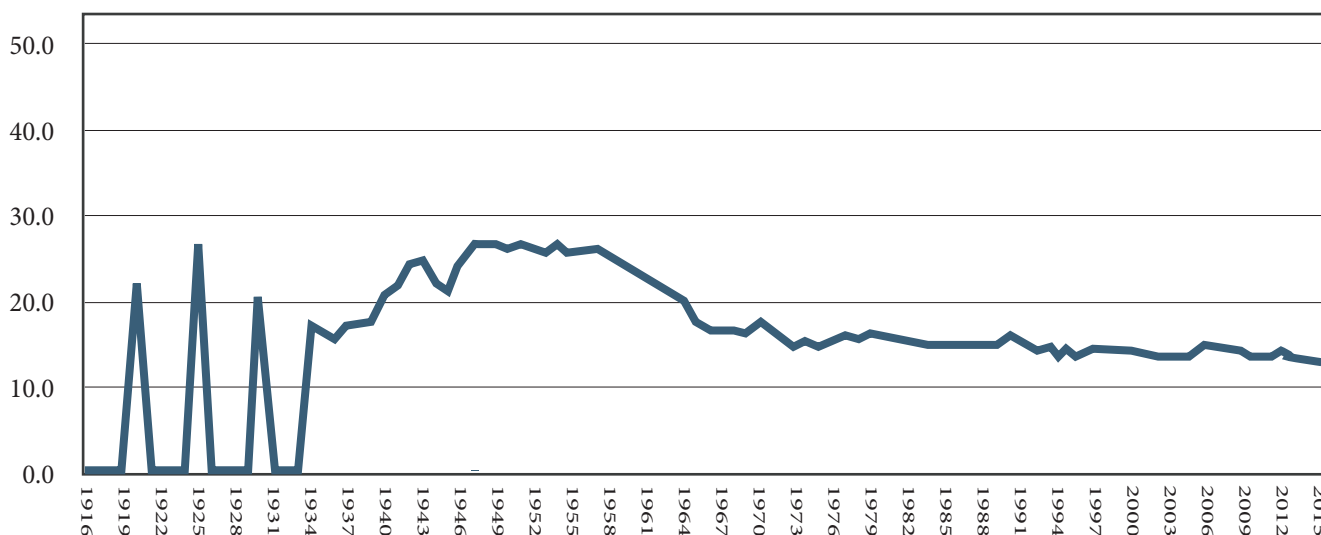
1920-2015



Birth Rates Per 1,000 Population

For Jefferson County, Alabama

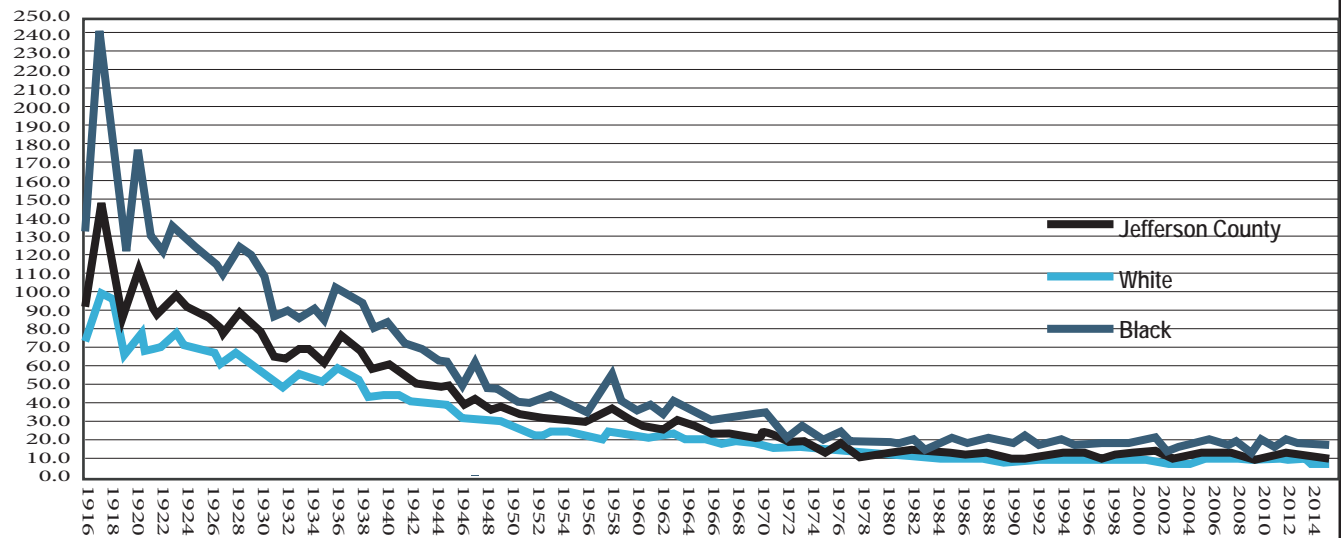
1916-2015



HISTORIC HEALTH STATISTICS

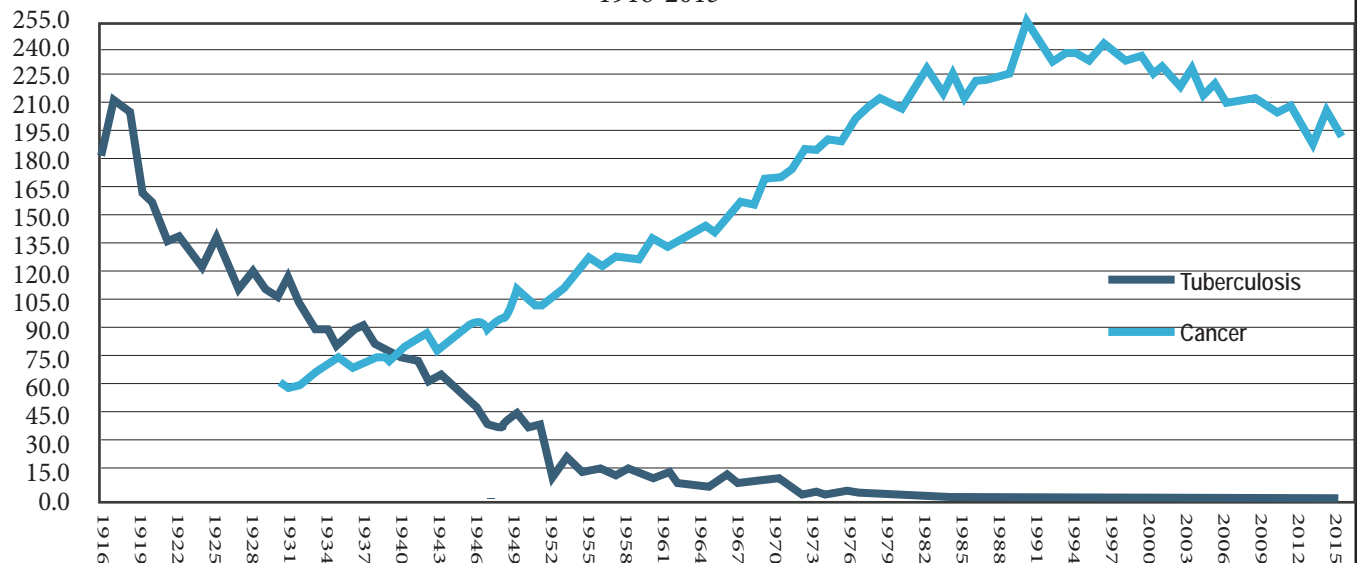
Infant Mortality Rates per 1,000 Live Births for Jefferson County, AL

Overall and by Race
1916-2015



Tuberculosis and Cancer Mortality Per 100,000 Population

Jefferson County, Alabama
1916-2015



HISTORIC HEALTH STATISTICS

**TEN LEADING CAUSES OF DEATH RECORDED IN
JEFFERSON COUNTY, ALABAMA 1917**

Cause of Death	Number of Deaths
1. Influenza and Pneumonia	1,038
2. Tuberculosis	608
3. Diarrhea and Enteritis (Under 2 Years)	481
4. Heart Disease	435
5. Accidents	411
6. Nephritis	321
7. Certain Diseases of Early Infancy	257
8. Typhoid Fever	220
9. Vascular Lesions affecting the Central Nervous System	195
10. Measles	157

**TEN LEADING CAUSES OF DEATH RECORDED IN
JEFFERSON COUNTY, ALABAMA 1966**

Cause of Death	Number of Deaths
1. Heart Disease	2,087
2. Cancer	1,147
3. Vascular Lesions affecting the Central Nervous System	921
4. Accidents	366
5. Influenza and Pneumonia	163
6. Certain Diseases of Early Infancy	156
7. Other Bronchopulmonic Diseases	150
8. Diabetes Mellitus	147
9. Other Diseases of Circulatory System	133
10. General Arteriosclerosis	113

**TEN LEADING CAUSES OF DEATH RECORDED IN
JEFFERSON COUNTY, ALABAMA 2016**

Cause of Death	Number of Deaths
1. Malignant Neoplasms	1,409
2. Heart Disease	1,396
3. Cerebrovascular Diseases	489
4. Accidents	445
5. Alzheimer's Disease	341
6. Chronic Lower Respiratory Diseases	296
7. Septicemia	163
8. Diabetes Mellitus	151
9. Nephritis, Nephrotic Syndrome & Nephrosis	149
10. Homicide	139

STRATEGIC PLAN

Moving from its first 100 years of caring into the next century, JCDH set the course with its Strategic Plan 2017 - 2021. This plan supports JCDH's vision of "a healthier Jefferson County for all." Reinforcing this vision, JCDH's Strategic Plan includes activities to prevent disease, assure access to quality health care, promote a healthy lifestyle and environment and provide protection against public health threats.

JCDH established four strategic issues within the Strategic Plan 2017 - 2021: Scope of Services, Community/Customer Relationship, Culture and People, and Technology and Tools. During the year, all employees were solicited to participate on a Strategic Plan Tactic Team. As a result of employee engagement, 30 of the Strategic Plan's tactics were accomplished in 2017 alone. Planning for the Strategic Plan's 2018 tactic implementation began in October 2017 and included the review and revision of the Strategic Plan 2017 - 2021.



Dedication

This centennial edition of the Jefferson County Department of Health's annual report, "100 Years of Caring: Looking Back and Moving Forward," is dedicated to the leaders and employees of the Jefferson County Department of Health for their many contributions toward *"A Healthier Jefferson County for all."*

Jefferson County Department of Health

Health Officers

Judson D. Dowling, MD	1918 - 1941
George A. Denison, MD	1941 - 1962
J. Carrol Chambers, MD	1962 - 1968
William H. Riheldaffer, MD	1968 - 1969
Edward A. Harris, MD (Acting)	1969 - 1970
George E. Hardy, Jr., MD	1970 - 1976
Guy M. Tate, Jr. (Acting)	1976 - 1977
William L. Roper, MD	1977 - 1982
Mary J. Tiller, MD	1982 - 1985
Carole W. Samuelson, MD	1985 - 2001
Michael E. Fleenor, MD, MPH	2001 - 2011
Mark E. Wilson, MD	2011 - present



**JEFFERSON COUNTY
DEPARTMENT OF HEALTH**