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Health Mission

The Mississippi State Department of Health's mission is to promote and protect the health of the citizens of Mississippi.

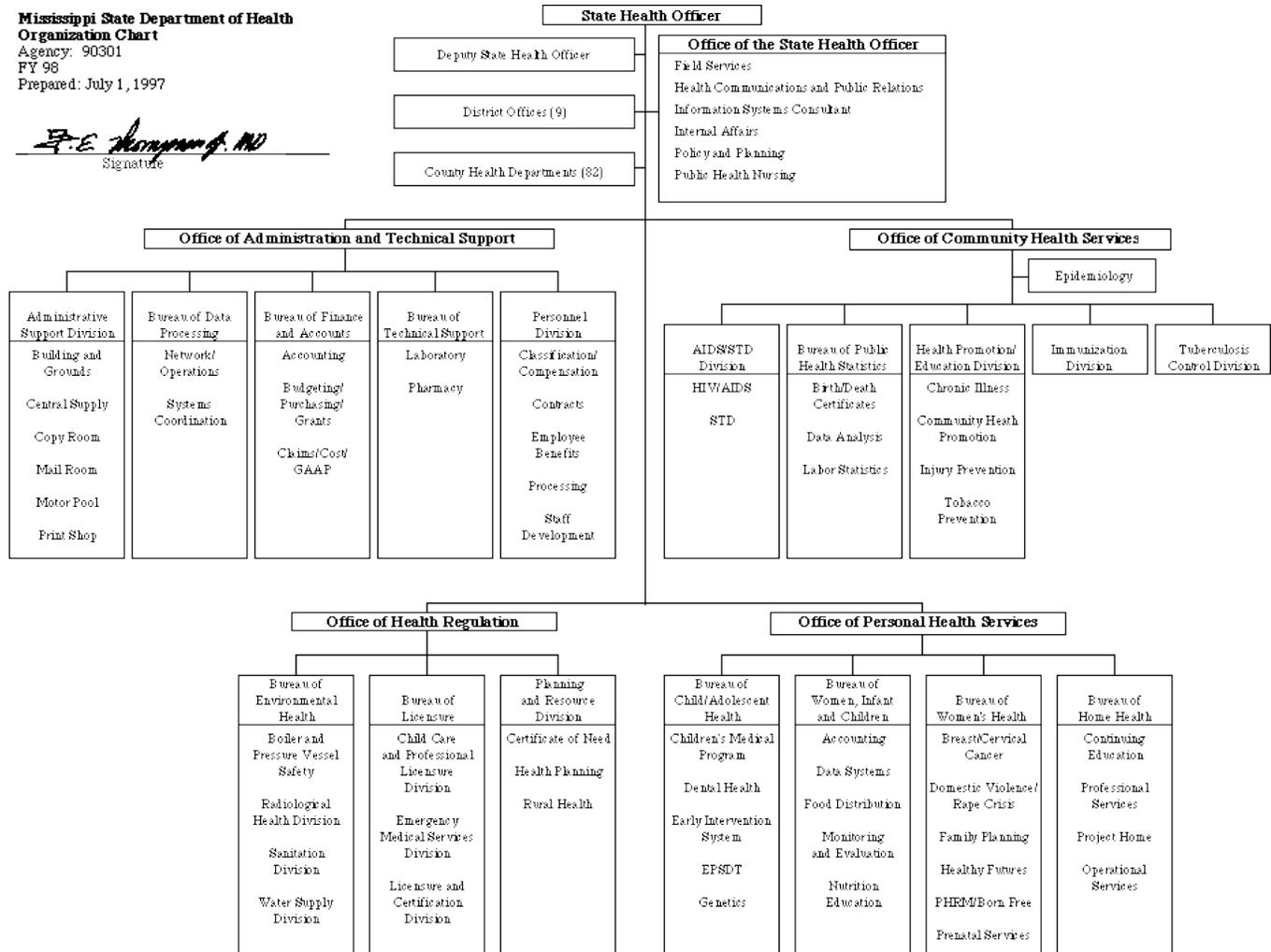
Vision

The Mississippi State Department of Health strives for excellence in government, cultural competence in carrying out the mission, and to seek local solutions to local problems.

Value

The Mississippi State Department of Health identifies its values as applied scientific knowledge, teamwork, and customer service.

Figure 1
Mississippi State Department of Health Organizational Chart



A Personal Look At Public Health

The first rays of sunlight peek through your bedroom curtains, accompanied by the fresh air of a new day. You breathe deeply and enjoy the clean Mississippi air that public health protects by monitoring radiation levels and developing strategies to keep them low.

Rousing the children, you usher them into the bathroom for their showers. You brush your teeth, knowing the water won't make you sick because safe drinking water is the responsibility of public health.

You check your smile in the mirror. You can't remember your last cavity, thanks in part to the fluoride public health helps add to the water. Through similar programs, public health has always sought to promote good health by preventing disease altogether.

The family clambers to the table just as you finish pouring the milk, which is safe to drink because the State Department of Health checks and monitors it from the dairy to the grocery store.

After breakfast, you call your sister — who is pregnant with her first child — and find out her routine doctor's visit went perfectly. Even in the small town where she lives, your sister can visit a local doctor. Public health recognized the need for doctors in rural areas and helped place one there.

Your sister tells you her doctor suggested she visit the county health department and enroll in the Women, Infants, and Children Program, another public health service that ensures children get the proper nutrition to prevent sickness later in life. In Mississippi, more than 70 percent of all babies get a healthy start with WIC.

You walk outside and guide the children into the car. You buckle their seatbelts without realizing it. Seatbelts have become a habit now, because public health has explained how proper seatbelt use has greatly reduced automobile-related deaths nationwide.

Playmates greet your children at the child care center with yelps of youthful joy. As you watch the children run inside to play, you know they'll stay safe while you're away at work. Public health has licensed the center and made certain the staff knows the proper ways to avoid infectious disease outbreaks that can occur among young children.

And thanks to the immunizations your children have gotten, you know they'll be safe from life-threatening diseases like polio and whooping cough.

In fact, public health has eliminated the deadly smallpox virus worldwide; so your children will never catch it. Maybe your children's children won't have to worry about polio or whooping cough.



You arrive at work and find a flyer for a new exercise program tacked to the bulletin board. You decide to sign up, remembering the public health studies that show you can reduce the risks of chronic disease by staying physically active.

The morning goes well, and you feel good because your company became a smoke-free work place this month. Science shows that tobacco can cause cancer and other ailments in those who use tobacco and among those who breathe second-hand smoke. Public health encourages people and organizations to quit smoking so that all people can live healthier lives.

Walking to a nearby fast food restaurant for lunch, you pass a bike rider with a sleek, colorful helmet, another example a public health message that can influence healthy behaviors. Inside, you order a hamburger and fries.

You notice the food service license signed by the State Health Officer on the wall, and you know the food is sanitary and free of disease-causing organisms. Still, a State Department of Health public service announcement from TV rings in your head, and you make a mental note to order something with a little less cholesterol next time.

You finish your day at work, pick up the kids, and head to the community park to let the children play. You watch the neighborhood children launch a toy sailboat into the park pond, knowing public health protects Mississippi's lakes and streams from dangerous sewage runoff.

At home, your spouse greets you at the door. You sort the mail and discover a letter from your uncle. He's doing fine after his surgery in the hospital and will head back to the nursing home in two days. You know he's getting quality care at both facilities, because public health monitors and licenses them to ensure a commitment to quality standards.

Even the ambulance that transported him to the hospital met public health standards for emergency medical services.

After dinner, you put the children to bed and sit to watch the evening news. The anchor details a new coalition dedicated to preventing breast and cervical cancer. A representative of the State Department of Health issues an open invitation for members from all walks of life. You jot down the telephone number and promise yourself you'll call first thing tomorrow.

As you settle into bed, you decide that public health is more than a point-in-time recognition. Without even realizing it, you'll rely on public health every day for an entire lifetime.

Special Efforts In Public Health

■ Health Department responds to pesticide exposure

The Mississippi State Department of Health's quick response to prevent Mississippians' exposure to a deadly pesticide gained an equally quick response from federal health experts.

The Agency for Toxic Substances and Disease Registry honored The Health Department with the Auxiliary Mission Support Award for the agency's 'leadership role in coordinating the activities of the federal and local agencies involved in the response to the methyl parathion emergency in Pascagoula.'

Starting in November 1996, hundreds of people living in southern Mississippi were offered testing, relocation, and remediation after health experts found high levels of methyl parathion, or cotton poison, in their homes. National health officials labeled the Pascagoula methyl exposure as the worst pesticide misapplication in history.

■ State strives for first fully implemented trauma system

The Health Department served as lead agency while 17 citizens conducted a fast-track process to achieve in and for Mississippi something no other state can absolutely claim: a fully implemented trauma system.

The Trauma Care Task Force, enabled by the Legislature and Gov. Kirk Fordice, was charged not only with developing a trauma care plan but also to review financial mechanisms and to submit recommendations to the Governor and Legislature for consideration in the 1998 regular session.

In Mississippi, trauma claims more than twice as many potential years of life per 100,000 population as heart disease or cancer.

■ Partnership teaches parents to reduce SIDS risks

An agreement between The Health Department and the state chapter of the American Academy of Pediatrics targeted thousands of new parents and health professionals to get the information they need to reduce Sudden Infant Death Syndrome, or SIDS. SIDS accounts for almost 15 percent of Mississippi's yearly infant deaths.

Mothers who position sleeping babies on their backs help reduce the risk of death caused by SIDS. Doctors first began warning parents in 1994 that children sleeping on their backs are less likely to die from SIDS. Health officials now believe those warnings save an average of 1,500 babies each year.

■ Parents find health resources in local libraries

The Health Department stocked the state's local libraries with a \$1,350 resource collection designed for parents of children with disabilities.

Through a partnership with the Mississippi Library Commission, The Health Department's First Steps Early Intervention Program

distributed books and videotapes statewide with a combined worth of more than \$325,000. Each collection teaches all aspects of caring for a child with disabilities. In addition, eight state universities got expanded collections.

■ **Mississippi aims to screen all newborns for hearing problems**

Technology and cooperation among health care providers in Mississippi meant some newborns with hearing problems that might have gone undetected a few years ago can now enjoy better hearing.

As part of the Child Find component of Early Intervention, hospitals around the state got automated auditory brainstem response mechanisms to test hearing in newborns. The Health Department distributed the mechanisms, valued at more than \$15,000 each, as part of a plan to test every Mississippi newborn.

■ **Leadership commits to fostering public health leaders**

Mississippi graduated the first group of scholars from the South Central Public Health Leadership Institute, a cooperative effort of four southern states to excel in public health leadership.

The institute involves a series of workshops, lectures, and team-based projects coordinated by the Tulane University School of Public Health and Tropical Medicine in New Orleans. The program, now an annual event, nourishes further development of leadership abilities in experienced public health professionals.

■ **Northeast Mississippi communities model violence prevention**

Mississippians living in the Northeast Public Health District received mini-grants from the agency's Health Promotion and Education Division to study perceptions of students, parents, teachers, and faculty of schools in two counties.

In conjunction with the study, community groups began clubs and programs to battle the violence problems in their towns. The district will get additional funding to expand the program into two additional counties.

■ **Quick action keeps contaminated foods off shelves**

A partnership between The Health Department and federal food regulators proved its worth in its first steps beyond the training room.

Sampling of a Mississippi sandwich manufacturer — done only because of a new agreement with the Food and Drug Administration — revealed laboratory-confirmed listeria contamination. *Listeria monocytogenes*, a bacteria, can cause miscarriage or stillbirth or severe retardation, meningitis, and death in newborns.

As a result, The Health Department led the manufacturer through the process of correcting problems and educating employees on ways to prevent contamination. The actions garnered the attention of Vice President Al Gore, who honored the partnership with the Hammer award for innovation in government.

Responsibility And Services

The mission of state and local health agencies is to protect and promote health and prevent disease and injury. Public health services are population-based — services focused on improving the health status of the population, as opposed to the treatment of individuals. The mission is the responsibility of the federal public health agencies, the 50 state health departments, and the 3,000 local public health agencies nationwide.

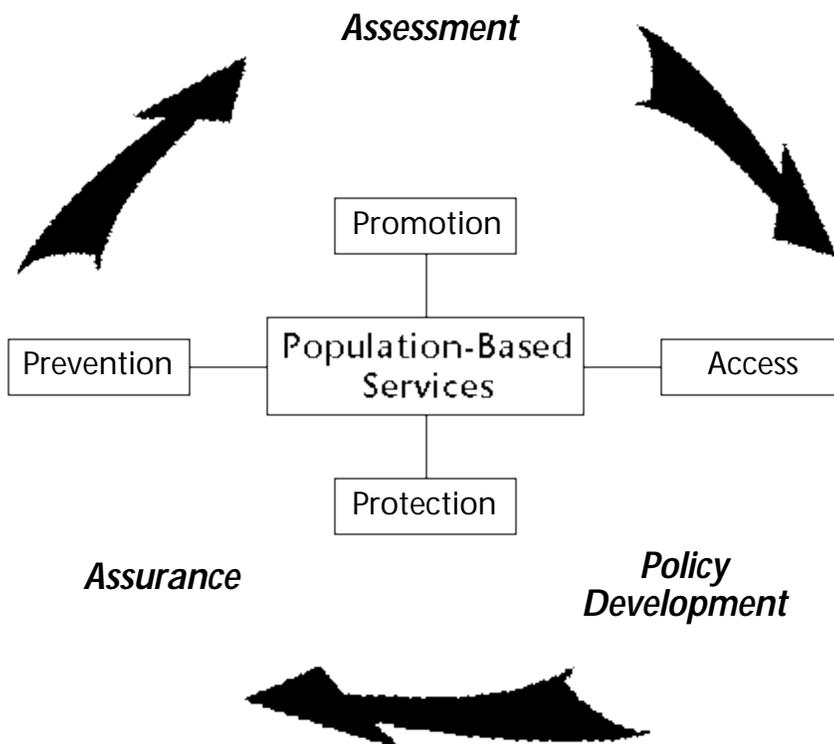
The Mississippi State Department of Health and other public health agencies nationwide balance three core government public health functions. These functions are essential to the maintenance of population-based services:

First, public health agencies assess community health status and whether the community has adequate resources to address the problems that are identified.

Second, they must use the data gathered through assessment to develop health policy and recommend programs to carry out those health policies.

Finally, they must assure that necessary, high-quality, effective services are available. This includes a responsibility for quality assurance through licensing and other mechanisms. Assure does not always mean provide.

Figure 2
Population Based Services



Rather, the government public health agency must see that services are somehow available to people who need them. Typical providers include private practitioners and non-profit agencies, including community health centers as well as government public health agencies.

The overall responsibility of the agency's central office is to provide program planning and policy guidance, along with administrative and technical support, to the staff in the districts and counties.

Office Of The State Health Officer

Function: To provide key professional and support functions to agency staff at the central office and local levels.

Field Services

The Bureau of Field Services serves as a liaison between agency field staff and central office staff. The bureau also provides technical assistance to field and program staff. Field Services also houses the staff of the Division of Primary Care.

Health Communications and Public Relations

HCPR plans and coordinates agency-wide communications activities. The office is the focal point — or clearinghouse — for both mass media and departmental staff on consistency of information to be released and policy statements representing the department's overall posture and attitude.

Information Systems Consulting Group

The IS Consulting Group is responsible for data management, security, policy direction, and standards for agency information systems. Staff recommend new information technology, coordinate technical consultation, train, and monitor across agency organizational lines.

Internal Affairs

Internal Affairs includes Internal Audit, Compliance, Minority Affairs, and Legal Counsel.

Policy and Planning

Policy and Planning functions in policy development and analysis, legislative affairs, planning, evaluation, operational auditing, and financial and management analysis. Staff are responsible for short-term and long-range planning and for evaluating performance and impact of programs.

Public Health Nursing

Public Health Nursing monitors the standards of practice across program lines. Through these monitoring and consultative activities, staff provide assistance in determining staffing patterns, educational needs, and personnel management for the nursing component of the public health care delivery system.

Administrative And Technical Support

Function: To provide administrative and special support services to the agency's community health, preventive health, regulation, and other service programs at both the central office and field levels.

■ Administrative

Public health employees in the central office support those in program areas, district offices, and county health departments with such administrative services as accounting, budgets, contracts, facilities/property management, payroll, personnel, printing, and purchasing.

■ System Coordination/Network Operations

System Coordination/Network Operations is responsible for operation of the agency's computer hardware including the primary administrative system and all personal computers. The unit is also responsible for data processing related procurement, software support, maintenance of computer hardware, and operation of the statewide computer network. This unit provides telecommunications facilities for the agency.

■ Pharmacy

The Pharmacy provides medication for patients at the county level who are enrolled in one or more of approximately 15 public health programs. Most patients served are classified as medically indigent.

Prescriptions and requisitions for clinic supplies are generated in any of the state's more than 100 full- and part-time clinics. They are then sent to the Pharmacy where they are processed and returned by commercial courier.

During FY 97, MSDH pharmacists processed approximately 120,000 prescriptions for medically indigent Mississippians. The quantity of supplies provided for clinic use — approximately 30,000 shipments — was also considerable. In addition, the intravenous admixture program allowed cystic fibrosis patients to be released from hospitals at earlier dates and to be managed through home health care, thereby reducing health care expenses.

■ Public Health Laboratory

The Public Health Laboratory serves as a reference lab for the entire state, providing low-cost, high-quality testing services. Laboratory personnel provide clinical and environmental analysis for public health clinics, private physicians, hospitals, laboratories, public water systems, and individuals.

The Laboratory is accredited by the Food and Drug Administration for milk testing, the Environmental Protection Agency for drinking water testing, and the Health Care Financing Administration (Medicare) for clinical testing. The lab is registered and accredited under the new Clinical Laboratory Improvement Act (CLIA).

The lab staff process more than 750,000 specimens a year.

Community Health Services

Function: To provide preventive and treatment services for the control of sexually transmitted diseases, tuberculosis, and other communicable diseases; direct prevention/control services; and provide a statewide surveillance program to monitor the occurrence and trends of reportable diseases.

Chronic Illness

Function: To develop targeted services, including prevention, early case-finding, treatment, and monitoring for persons at risk of developing chronic conditions such as diabetes and hypertension.

- The Diabetes Program provides to those persons with diabetes supportive services including screening and referral for definitive diagnosis, joint medical management, education, informational materials, and diet counseling.

Program staff identify and assess the extent of problems associated with diabetes and find available resources to deal with the problems. Insulin is provided at no charge to Type I diabetics who are 21 years of age or younger and to gestational diabetics of any age. Insulin at a flat rate charge is available to diabetics over 21 years of age.

The staff works to establish linkages with other health programs which will impact positively on the treatment and management of other chronic conditions found in diabetic patients.

In FY 1997, the Insulin Program served 1,667 patients and reported more than 3,051 diabetic monitoring visits.

Through a grant from the Centers for Disease Control and Prevention, The Health Department developed a program to reduce the burden of diabetes in Mississippi. Efforts are directed toward estimating the prevalence of diabetes, determining morbidity and mortality relating to diabetes, developing a plan for diabetes prevention and control, and development of a coalition to specifically address these issues.

Data collection will help estimate the prevalence of and determine morbidity and mortality relating to diabetes. New members continue to join a coalition of interested individuals and groups.

- The **Hypertension Control Program** provides screening, detection, diagnosis, treatment or referral for treatment, and follow-up on compliance in cooperation with the patient's physician as a joint management effort. In FY 1997, the program admitted 15,423 patients to treatment. The program also educates hypertensives in proper dietary habits and exercise and provides drugs at a lower cost than could be obtained elsewhere. Priority individuals are in high risk groups: black males and females 18 to 55 years of age, white males 25 to 55 years of age, and those in rural, medically underserved areas who are at or near poverty level.

Epidemiology

The Office of Epidemiology carefully watches occurrences and trends of reportable diseases; investigates outbreaks of diseases; helps interrupt outbreaks or disease problems; and reports morbidity incidence and trends to the medical community and other target publics. Coordinating and cooperating with the Centers for Disease Control and Prevention National Surveillance System, office staff also provide telephone consultation to health care providers and the general public on such matters as communicable diseases, disease outbreaks, rabies exposure, and international travel requirements and recommendations.

Epidemiology staff recorded approximately 20,000 cases of reportable diseases during FY 1997. Reported cases included such diseases and conditions as required, including blastomycosis, brucellosis, encephalitis, hepatitis, leptospirosis, malaria, meningitis, meningococemia, salmonellosis, rabies, typhus, tetanus, tularemia, toxoplasmosis, typhoid fever, rocky mountain spotted fever, legionellosis, giardiasis, and acquired immunodeficiency syndrome (AIDS).

The Central Cancer Registry collects and maintains data on all invasive cancer cases diagnosed among state residents. Information is collected on each cancer case diagnosed on or after January 1, 1996. The program's main long-term goal is to identify areas and population groups with increased disease burden and thereby plan intervention strategies.

The Surveillance Branch conducts injury surveillance, hazardous substances emergency events surveillance, and environmental surveillance. The Branch responds to more than 150 environmental telephone calls annually, providing consultations and on site investigations.

The Injury Surveillance program and registry is a comprehensive, sensitive system that identifies and tracks spinal cord injuries and traumatic brain injuries. The program reviews more than 600 potential spinal cord injury cases and more than 5,000 traumatic brain injury cases annually.

The Hazardous Substances Emergency Events Surveillance system describes the public health consequences associated with the release of hazardous substances (excluding petroleum products). The system identifies more than 800 potentially hazardous substances emergency events annually.

Health Promotion

The Division of Health Promotion and Education provides and supports services aimed at school, community health, and worksite programs to improve the health of Mississippians. Health educators work with community groups, schools, worksites, and clinics to implement health promotion programs. Emphasis areas include injury control, violence, tobacco prevention, prevention of cardiovascular disease, physical activity, and comprehensive school health.

The Health Promotion Clearinghouse provides resources and research about science-based programs to improve health. The Division conducts the Youth Risk Behavior Survey and disseminates results to decision-makers and agencies serving youth. Risk factor data from the Youth Risk Behavior Survey and the Behavioral Risk Factor Surveillance System guide operational objectives for local interventions.

Immunization

The Immunization Program staff strive to ultimately eliminate morbidity and mortality from vaccine-preventable diseases by working with federal and state agencies, local health departments, physicians and other private immunization providers, schools, hospitals, nursing homes, licensed child care facilities, community-based organizations, and the public. Targeted diseases include diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Haemophilus influenza type b, hepatitis B, influenza, and pneumonia.

In FY 97, Mississippi reported 135 cases of hepatitis A, 14 of pertussis (whooping cough), and no cases of measles, tetanus, diphtheria, or polio.

Program staff provide and support statewide activities which include administering vaccine to children and adults; monitoring immunization levels in preschool children, children enrolled in licensed child care facilities, children attending schools grades K-12 and colleges/universities, hospital employees and patients, and nursing home residents; conducting disease surveillance, investigation, and outbreak control; providing information and education; enforcing immunization laws; providing telephone consultation on immunization and vaccine issues; and operating a statewide immunization registry.

The Program places particular emphasis on improving immunization levels in children two years of age and younger. Through implementation of the Standards for Pediatric Immunization Practices, Mississippi is striving to achieve the national goal of fully immunizing at least 90 percent of two-year-old children before the Year 2000. In FY 97, 80.6 percent of Mississippi's two-year-olds were fully immunized.

Public Health Statistics

The Bureau of Public Health Statistics provides a system of vital and health statistics for use at the local, district, state, and federal levels. The bureau also provides direct vital records services to the general public.

In addition, Public Health Statistics plays a support role by providing statistical survey methods, evaluation, and statistical computer systems expertise to district, support, and programmatic staff. The bureau functions as the quality control for all statistical materials — other than epidemiological studies — produced by the agency.

The bureau provides information of births and infant deaths, a listing of births at risk for post-neonatal death, and all Sudden Infant Death Syndrome deaths for follow-up by district and county nurses. Many agency programs get special statistical reports generated on a routine schedule. Special agency initiatives, grant writing, and grant administration and evaluation often call for adhoc statistical reports.

During CY 1996, the Bureau registered 40,978 live births, 26,566 deaths, 21,550 marriages, 14,263 divorces; staff also received reports of 453 fetal deaths and 4,206 induced terminations. The Bureau filed 1,068 adoption records, 705 delayed birth certificates, 1,088 court-ordered corrections to existing records, and 5,719 living wills. Approximately 340,000 records were certified. In addition, the bureau verified 103 occupational injuries which resulted in death.

STD/HIV

The Division of Sexually Transmitted Disease (STD)/Human Immunodeficiency Virus (HIV) was formed shortly before FY 1996 from the merger of two previously separate programs. The Division's mission is to reduce the number of newly diagnosed STDs — including HIV infection — in Mississippi. The division consists of four branches: Surveillance, Prevention and Education, CARE and Services, and Field Operations.

The Surveillance Branch provides ongoing, systematic collection, analysis, evaluation, and dissemination of data describing STDs and HIV disease. During FY 1997, 1,807 cases of early syphilis were reported — a 44.9 percent decrease from FY 1996. That represents a case rate of 67.8 per 100,000 population, securing Mississippi's rank as the nation's leader in early syphilis for the fourth year in a row. Statewide prevention and control efforts continue to reduce syphilis incidence; Mississippi intends to join the nation in a plan to eliminate the disease in the next decade.

FY 1997's reports of 500 new HIV infections and 322 AIDS cases suggest that Mississippi will likely continue to experience increases in the effects of the disease. The severity of the epidemic in the African American community surpasses levels initially noted in white men who have sex with other men. African American males and females now account for the majority of new HIV infections and AIDS cases.

The Education and Prevention Branch plans, implements, and evaluates prevention interventions designed to reach high priority target populations. It also coordinates the distribution and management of federal funding provided to 14 community-based organizations (CBOs) throughout the state. These CBOs are active partners with MSDH in providing culturally sensitive and age- and linguistically-appropriate prevention messages to a wide variety of Mississippians. Philosophies previously aimed at the control of STDs have evolved into a recognized need to develop ways to modify behaviors that put people at risk. Branch staff conduct training sessions throughout the state to develop the knowledge and non-judgmental presentation skills necessary to support a STD/HIV Speakers Bureau. During FY 1997, an estimated 40,000 people benefited from these services.

The CARE and Services Branch manages funds Mississippi receives under the provision of Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. These federal dollars are often the only funds available to people living with HIV disease for life-sustaining therapies. The AIDS Drug Program served nearly 880 people in FY 1997, while the Home-Based Program served more than 80. The Housing Opportunities for People with AIDS Program, also managed by this branch, enables people living with HIV disease and their families to remain together. In addition to both emergency and long-term housing assistance, assistance with essential activities of daily living is available through a collaboration with the Bureau of Home Health.

The Field Operations Branch augments district-level field epidemiology efforts designed to locate and investigate STD and HIV and to conduct Mississippi's aggressive partner elicitation, notification, and referral system. Previously, changes in STD/HIV morbidity resulted in the temporary assignment of disease intervention specialists (DIS) between public health districts. This practice generally resulted in increases in the districts from which the DIS were borrowed. Now, a team of DIS is available to respond throughout the state where and when they are needed. They also perform basic "shoe-leather epidemiology" tasks.

Tuberculosis

The Tuberculosis Control Program provides early and rapid detection of persons with or at risk of developing tuberculosis, appropriate treatment and follow-up of diagnosed cases of tuberculosis, and preventive therapy to persons at risk of developing tuberculosis.

Mississippi, historically among the highest states for incidence of TB, continued to exceed the national average with 9.2 cases per 100,000 people in CY 1996. Among Mississippi cases in CY 1996, 5.2 percent were HIV

positive and four percent were drug resistant.

Children, who are particularly vulnerable to rapid progression of the disease, represented four percent of Mississippi's TB cases.

Mississippi reported 138 fewer cases in CY 1996 than in CY 1989, a 35 percent decrease in new cases in seven years. Mississippi claims success in lowering the number of cases each year primarily because of directly observed therapy and an increased emphasis on preventive treatment. In CY 1996, an average of 262 patients got directly observed therapy each month for confirmed or suspected TB disease. Forty-five percent of the 2,523

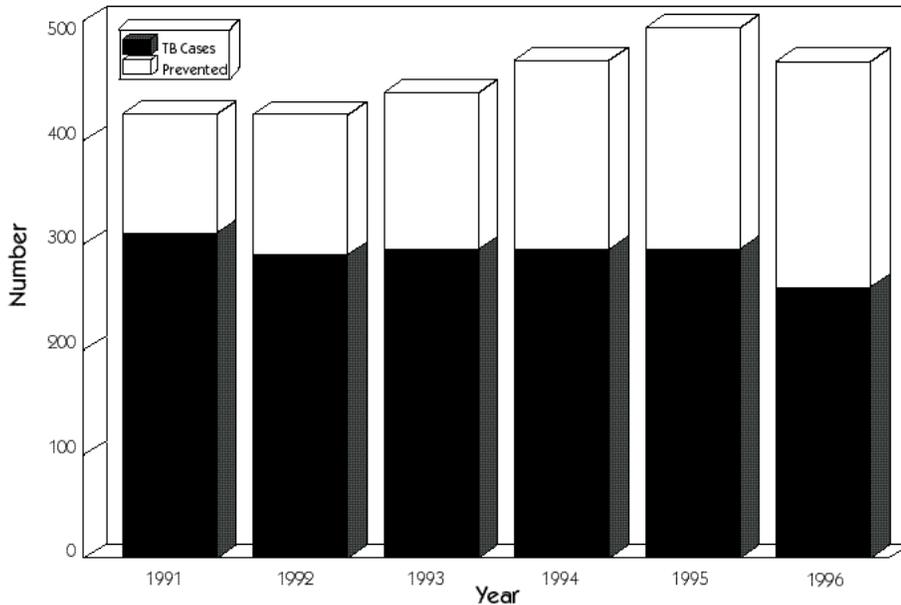
people receiving prophylactic therapy each month were on directly observed therapy. These efforts prevented an estimated 183 cases of TB.

Promoting employee health, 172 employees were fit tested for HEPA or N-95 respirators to use when providing care to potentially infectious TB patients. Other preventive measures included the agency's annual TB screening initiative, which tested 2,609 State Department of Health employees at risk for TB infection.

To increase TB awareness, the Program conducted 48 TB Skin Test Certification workshops, attended by 1,394 nurses and other health personnel to expand their knowledge and skills. An additional 11 participants attended Effective Tuberculosis Interviews, an intensive course on patient management presented by Program staff.

The number of TB cases reported in the first months of CY 1997 indicates that Mississippi might experience an increase for the first time since 1989. More ominous is the fact that the percentage of cases in children has doubled, demonstrating the tenacity of the disease and challenges ahead.

Figure 3
Tuberculosis Cases Prevented



Personal Health Services

Function: To provide personal treatment as well as preventive and health maintenance services in the areas of child health, women's health, home-based care, and maternal health and nutrition.

Child Health

Function: To provide well and sick child services to children at or below 185 percent of poverty. Services are preventive in nature; however, treatment is often included for those whose need is greatest.

Child health services are available statewide to children living at or below 185 percent of the non-farm poverty level and to other children with poor access to health care. Using a multi-disciplinary team approach, including medical, nursing, nutrition, and social work, the Child Health Program provides childhood immunizations, well-child assessments, limited sick child care, and tracking of infants and other high risk children. Services are basically preventive in nature and designed for early identification of crippling conditions.

Children in need of further care are linked with other State Department of Health programs and/or private care providers necessary for effective treatment and management. This assures cost-effective services which are acceptable to patients, promote good health, prevent occurrence or progression of illness and disability, and restore the functionally damaged child so far as is practical. Adjunct services such as the Genetic Screening Program, the Early Intervention Program, and the Children's Medical Program are important components of the comprehensive Bureau of Child Health.

In FY 1997, the Child Health Program served 87,949 children between one and 21 years of age through the county health departments. Seven public health school nurses assigned to seven school districts around the state reported an additional 17,630 health encounters with teens. Services the public health school nurses provided included counseling for substance abuse, dropout prevention, suicide prevention, and pregnancy prevention, as well as some health assessments and minor care for sick or injured children in their schools.

■ **Public Health Dentistry** targets efforts toward improving the oral health of Mississippi children and their families. The Dental Corrections Program aims to provide financial assistance to families of children with limited access to dental care. The Weekly School Fluoride Mouthrinse Program helps prevent tooth decay and can even reverse the decay already started. Schools participating in the program get topical fluoride and other supplies at the beginning of each school year. The program is recommended for children in kindergarten through fifth grade.

The Community Water Fluoridation Program is one of the best ways to prevent tooth decay by adjusting the amount of fluoride in a community's drinking water. Public Health Dentistry assists communities in fluoridating their drinking water.

- The Genetics Program has developed comprehensive genetic services statewide which include screening, diagnosis, counseling, and follow-up of a broad range of genetic related disorders. Genetic satellite clinics are strategically located in seven areas and four sickle cell clinics, making genetic services accessible to all residents of the state on a referral basis. These clinics served more than 1,420 patients in FY 1997.

The newborn screening program includes testing for phenylketonuria, hypothyroidism, galactosemia, and hemoglobinopathies. With 41,620 newborns screened, one case of phenylketonuria, two cases of galactosemia and eight positive cases of hypothyroidism were identified in the past year. At least 65 hemoglobinopathy cases were identified through the program.

The Health Department's system lends itself to a very organized statewide hemoglobinopathy network. A field project coordinator has been placed in each of the nine districts. Through these field coordinators, the Genetics Program provides follow-up on all newborn screening repeats and confirmatory tests; provides case management of all Sickle Cell Disease patients; performs chart review of all Sickle Cell Disease patients; provides education, counseling, and referral as appropriate; serves as the residual guarantor for the programs, ensuring that the patient system interfaces with the least disruption and anxiety possible for the patient and families; and assists other central or state program offices by alerting them to patient needs.

- First Steps is an interagency early intervention system of services for infants and toddlers with developmental disabilities. The State Department of Health serves as the lead agency for this system, which coordinates services among many agencies to help meet the developmental needs of young children with mental or physical conditions causing disability and their families. The system is designed according to federal regulations under Part H of the Individuals with Disabilities Education Act. Mississippi has fully implemented the system statewide as an entitlement for children with disabilities and their families.

The state Early Intervention Act for Infants and Toddlers and federal laws mandate this collaborative system formed by seven state agencies to identify all children with developmental needs and to provide the children and their families with service coordination, comprehensive evaluation, service plan development, procedural safeguards, and linkage to needed early intervention services. As the lead agency, MSDH serves as the single point of intake for the system and coordinates services through 55 service coordinator positions distributed according to need in all nine public health districts.

Approximately 7,000 children through two years of age have been referred to Early Intervention. A database of all children referred supplies service tracking, monitoring, and demographic information used for resource allocation. Early intervention services are provided by individual private providers, agencies, and local programs funded from a variety of sources including state general funds, private insurance, Medicaid, and fee-for-service. MSDH serves as the payer of last resort if no other source is identified and if families cannot afford to pay.

Through Federal Part H funds, the program has procured 30 automated auditory brainstem response neonatal hearing screening machines. Initially, hospitals with the highest numbers of deliveries yearly will receive the screeners. Once fully operational, the statewide effort will screen the hearing of at least 90 percent of all new borns in Mississippi.

- The Children's Medical Program provides medical and/or surgical care to children with chronic or disabling conditions. The service is available to state residents up to 21 years of age. Conditions covered by the Children's Medical Program include major orthopedic, neurological, cardiac, and other chronic conditions such as cystic fibrosis, sickle cell anemia, and hemophilia.

The program currently operates 698 clinic sessions per year at 21 separate sites throughout the state to provide specialized care in the local community in addition to a central multi-discipline clinic in Jackson at Blake Clinic for Children.

In FY 1997, the program spent more than \$5 million on diagnostic and treatment services for 7,000 children. Services included hospitalization, physicians' services, appliances, and medications.

Mississippi matches federal funds targeted for the Children's Medical Program, and private industry, independent agencies, and individuals also contribute.

Home Care Services

The Bureau of Home Health provides a comprehensive program of health care in the residence of homebound patients who are under the care of a physician and who require the skills of health professionals on an intermittent basis.

Comprehensive services include skilled nursing and aide visits in all counties and physical therapy, speech therapy, dietary consultation, and psychosocial evaluation in those counties where personnel are available. Medical supplies, oxygen, and durable medical equipment may also be provided as indicated by the patient's condition.

To be eligible for Medicare or Medicaid Home Health Services, a person must be ill or disabled, homebound, under the care and supervision of a physician, and in need of part-time skilled nursing or other health care. Other third party payment sources can have different eligibility standards. Home health promotes, maintains, or restores health, minimizing the effects of illness or disability.

In FY 1997, the Mississippi State Department of Health Home Health Agency served some 2,869 patients, reporting 259,366 visits.

Women's Health

Function: To provide women with and/or assure access to comprehensive health services that affect positive outcomes, including early cancer detection, domestic violence prevention and intervention, family planning, and maternity services.

- The Breast and Cervical Cancer Early Detection Program works to reduce high morbidity and mortality caused by breast and cervical cancer in Mississippi.

The program has seven objectives: to establish a system for screening women for breast and cervical cancer as a preventive health measure; to provide appropriate referrals for medical treatment of women screened in the program and to ensure — to the extent practicable — the provision of appropriate diagnostic and treatment services; to develop education and outreach programs and to disseminate public information for the early detection and control of breast and cervical cancer; to provide training to improve the education and skills of health professionals in the detection and control of breast and cervical cancer; to establish mechanisms through which Mississippi can monitor the quality of screening procedures for breast and cervical cancer, including the interpretation of such procedures; to establish mechanisms to enhance the state's cancer surveillance system to facilitate program planning and evaluation; and to ensure the coordination of services and program activities with other related programs.

The target population for the program is uninsured, underinsured, and minority women. Women 50 years of age and older are the target group for mammography screening, and women 45 years and older are the target for cervical cancer screening.

The Mississippi Breast and Cervical Cancer Control Coalition acts as the advisory group for the program.

In FY 1997, more than 117,000 women got cost-effective Pap smear screening through the maternity and family planning clinics in the state.

- The Domestic Violence/Rape Prevention and Crisis Intervention Program provides specific resources through contracts with domestic violence shelters and rape crisis programs. In addition, the program makes brochures, educational materials, and a display available. The domestic violence shelters provide direct services to victims of domestic violence — including children — and education regarding domestic violence and the impact that can be made on the cycle of violence. The rape crisis programs provide direct services to victims of rape and sexual assault and provide a public awareness campaign aimed at reducing the incidence of sexual assault.

In FY 1997, the 12 domestic violence shelters that received funding from the Program answered 28,871 crisis line calls and provided shelter for 1,200 women and 1,507 children. In addition, 2,016 women and 1,135 children got services but did not stay at the shelters.

More than 8,000 crisis line calls were answered during FY 1997 by the eight rape crisis centers that received funding; 900 victims of rape and sexual assault were provided direct services. In addition, 1,572 victims and their families were provided follow-up services and counseling.

- The Family Planning Program promotes awareness of and ensures access to reproductive health benefits by encouraging individuals to make informed choices that provide opportunities for healthier lives.

More than 109,000 Mississippians — some 32,000 of them 20 years of age or younger — took advantage of comprehensive family planning services during FY 1997. High on the target priority list of recipients are teenagers and women 20 to 44 years of age with incomes below 150 percent of poverty level.

In FY 1997, the family planning patient caseload increased by 8,000. Program providers met all indicators required for compliance with federal regulations.

Based on the number and characteristics of Family Planning Program participants in FY 1997, some 17,793 unwanted, unplanned pregnancies were prevented; of those, some 5,216 would have been pregnancies to teenagers.

With Mississippi at or near the top among states in relation to percentage of its target population served in family planning, the state also boasts cost efficiency in service provision; the average medical cost per user is well below the national average. This includes the cost for surgical sterilizations, available for men and women at risk who choose a permanent method of contraception.

Additional family planning benefits include infertility services for persons who desire pregnancy and reduced infant mortality and morbidity rates concomitant with reduced teen pregnancy rates.

- Maternity Services aims to reduce low-birthweight and infant mortality and morbidity in Mississippi by providing comprehensive, risk-appropriate prenatal care through county health departments. Public health staffs on the local level work with private providers statewide to assure planned hospital delivery close to home tailored to the risk of the mother and infant; they also cooperate to continue care after delivery, particularly including family planning and infant health services.

The agency targets these services to pregnant women whose income is below 185 percent of poverty as defined by the Federal Office of Management and Budget. In the landmark study "Preventing Low Birthweight," the Institute of Medicine found that every \$1 spent to provide comprehensive prenatal care can save \$3.38 in the first year of an infant's life — moreover, this expenditure results in \$11 saved in providing a lifetime of care. Nearly 80 percent of the women at risk of having a low-birthweight baby can be identified during the first prenatal visit. Ongoing visits permit monitoring and/or management of the problem.

More than 17,000 pregnant women — about 43 percent of the women who gave birth in Mississippi in CY 1996 — received their prenatal care in county health departments. Public health

nurses, nurse practitioners, physicians, nutritionists, and social workers provide this cost-effective, comprehensive preventive care. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a critical component of the maternity care effort.

A full-time, board-certified obstetrician provides consultation statewide for the maternity and family planning programs as well as direction and consultation in the development of statewide perinatal regionalization.

The public health team evaluates maternity patients at each visit, using protocols which reflect national standards of care for maternity patients. They place special emphasis on identifying high risk problems and ensuring appropriate care to reduce or prevent problems. This includes arranging for delivery by an obstetrician at hospitals that provide the necessary specialized care for the mother and her baby.

The Perinatal High Risk Management/Infant Services System (PHRM/ISS) provides a multidisciplinary team approach to high-risk mothers and infants. Targeted case management, combined with the team approach,

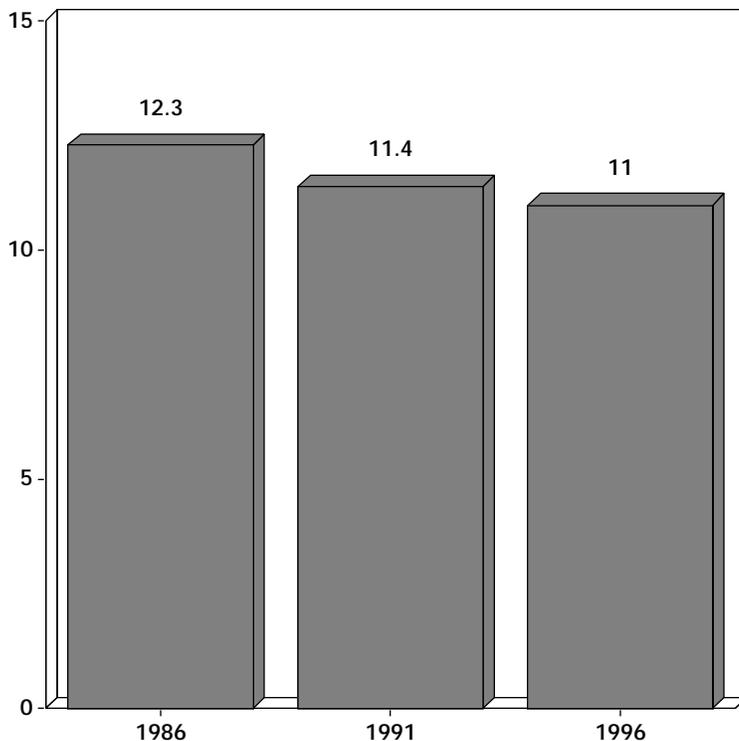
can better treat the whole patient, improve the patient's access to available resources, provide for early detection of risk factors, allow for coordinated care, and decrease the likelihood of the infant's being born too early or too small. These enhanced services include nursing, nutrition, and social work. This team of professionals provides risk screening assessments, counseling, health education, home visiting, and monthly case management. In FY 1997, the program served 6,473 high-risk mothers and infants. The program now operates in 64 county health departments.

MSDH and PHRM/ISS have taken the leadership role in Born Free, the program for pregnant women and infants affected by perinatal substance abuse. Born Free works to identify gaps in services and barriers to care and to expand existing services or develop new resources. This community network of treatment resources, sensitive to women and families, fosters a healing environment.

Perinatal Regionalization is a coordinated system of perinatal care for a defined region which allows all pregnant women and/or their newborn babies to benefit from the

availability of risk-appropriate medical and hospital care. The system encompasses aspects of education, evaluation, referral, and transport.

Figure 5
Infant Mortality



Deaths per 1,000 Live Births

WIC — Special Supplemental Nutrition Program for Women, Infants, and Children

WIC improves the outcome of pregnancies; reduces health problems associated with poor nutrition during pregnancy, infancy, and early childhood; and reduces infant mortality.

The WIC bureau provides special supplemental food and nutrition education to low-income pregnant, postpartum, and breast-feeding women, infants, and preschool children who have nutrition-related risk conditions. The foods WIC provides are especially high in the nutrients protein, iron, calcium, and vitamins A and C.

The Mississippi WIC bureau distributed 1,193,470 monthly food packages during fiscal year 1997 at an average cost of \$30.43 per package. Mississippi's package cost is four percent below the national average of \$31.62. The savings is attributed to buying in quantity on competitive bid and distributing the food directly to participants from food distribution centers located in every county.

Operating in all 82 counties, WIC served an average of 99,456 participants each month, a decrease of two percent under the previous year. The program serves 68 percent of the potentially eligible population.

WIC serves 100 percent of eligible babies, age one year and under, which represents more than 73 percent of all babies born in the state. Some 29,768 babies get help from WIC.

A monthly average of 21,900 pregnant, postpartum, and breast-feeding women were on WIC during FY 97, as well as 47,788 children under the age of five years. Eighty-seven percent of those served were in the top three priorities. The Mississippi WIC bureau has a participation rate of almost 91 percent of those enrolled.

WIC is an incentive for early entrance into the expanded maternal and child health delivery system and is an important component of a comprehensive preventive health service. Infants and children are eligible if they show signs of poor growth, anemia, obesity, chronic illness, or nutrition-related diseases. Pregnant and postpartum women are considered at risk if they are younger than 18 or older than 35, have a poor obstetrical history, are anemic, or gain weight at an undesirable rate.

WIC is funded entirely with federal appropriations in the amount of \$53 million for FY 1997. WIC employs a total of 457 staff working in clinics, food distribution centers, and the state office, including 84 full-time equivalent nutritionists and 24 full-time equivalent nurses.

Health Regulation

Environmental Health

Function: To conduct programs to control hazards to health from radioactive materials, x-ray devices, unsafe boilers and pressure vessels, and rats, mosquitoes and other disease vectors; administer the state-authorized consultative occupational health and safety program; and enforce standards for protection of consumers against preventable hazards in food, milk, and water.

- The Boiler/Pressure Vessel Safety Division protects people and property from injury and damage due to boiler and pressure vessel explosions. State and private insurance inspectors checked 13,826 boilers and pressure vessels in FY 1997. Inspectors identified 312 dangerous violations of rules and regulations relating to boiler and pressure vessel safety and succeeded in getting 285 dangerous and 129 non-dangerous violations corrected. Computerization of inspections and certificate issuance has assisted the staff in handling the heavy workload to ensure lives are saved.
- The Water Supply Division assures that safe drinking water is provided to the 2.5 million Mississippians — 96 percent of the population — who rely on the state's 1,586 public water supplies by regulating the engineering design, construction, operation, and maintenance of these water supplies; by enforcing the water quality standards of the Federal and Mississippi Safe Drinking Water Laws (SDWLs); and by ensuring that each community public water supply is operated and maintained by a licensed waterworks operator. Division staff conducted sanitary surveys of 1,269 public water supplies during FY 1997 to locate and resolve potential public health problems; negotiated with consulting engineers the final design of 708 water supply construction projects in accordance with agency minimum design standards; and conducted three week-long waterworks operator short courses and 18 one-day seminars.

The Health Department is charged with supporting the activities of the Governor's Task Force on Drinking Water and Wastewater, established in 1994. The Task Force recommended specific legislation to the Governor and the 1997 Legislature: changes in state law to authorize the MSDH to assess adequate water quality fees that support Mississippi's public water supplies in completing all water quality analyses required by the Federal Safe Drinking Water Act; revise the Mississippi Safe Drinking Water Law to bring the state into compliance with federal law; revise the Mississippi waterworks operator certification law to comply with federal law; create a Management Review Council to improve management of Mississippi's public water systems; require the Mississippi Department of Economic and Community Development to award Community Development Block Grants only to "viable" public water systems; establish an emergency wastewater revolving loan fund; and require board members of public water systems to attend management training.

The 1997 Legislature passed four of the seven bills recommended by the Task Force. The Mississippi Safe Drinking Water Law (SDWL) was revised to bring the state into compliance with the Federal Safe Drinking Water Law. The revised Mississippi SDWL authorizes The Health Department to assess administrative penalties for violations of the law. These penalties are limited to \$25,000 per day of violation. Hearings conducted by an administrative hearing officer or administrative law judge appointed by the State Health Officer must be conducted to determine if violations of the SDWL have occurred and to issue administrative orders and/or monetary penalties as determined appropriate. Additionally this revised law requires The Health Department to establish a cross connection control program. This program protects public water systems from back-siphonage of "high hazard" materials from industries, agricultural activities, and all other activities that can potentially contaminate public water systems.

The legislation that authorizes assessment of water quality fees from public water systems was revised to provide the necessary additional funding to continue all water quality analyses required by the Federal Safe Drinking Water Law. The water quality analysis program operated with these fees is critically important because the cost of these analyses can be prohibitively expensive for many small public water systems.

The 1997 Legislature passed revisions to the waterworks operator certification legislation to bring the state into compliance with the Federal Safe Drinking Water Law. These revisions will require that non-transient non-community public water systems be operated by an individual licensed by the State Department of Health. Non-transient non-community public water systems are defined by federal law as those public water systems that serve 25 or more of the same individuals on a daily basis. Examples would include industries and schools.

The 1997 Legislature also passed legislation requiring that the board members of public water systems attend eight hours of management training approved by the Department. This law requires the board members of all rural water systems and municipalities with less than 2,500 population who are elected or re-elected after July 1, 1998, to attend this management training within 24 months. The Health Department is required to review and approve all management training. The Division contracted with Mississippi Cooperative Extensive Service to develop a standardized management training program.

During FY 1997, the Division continued active licensing and training of waterworks operators to ensure that all public water systems were operated by appropriately licensed individuals. Each licensed operator must obtain 48 hours of continuing education credit during the three year period of license to qualify for renewal. This mandatory operator licensure program has greatly improved the overall operation and maintenance of Mississippi's public water supplies and has positively impacted public health protection as demonstrated by a significant drop in the number of violations of the water quality standards of the Safe Drinking Water Laws. At the end of FY 1997, 99 percent of Mississippi's community public water supplies were operated by a MSDH-licensed waterworks operator.

During the fiscal year, The Health Department continued its on-going water quality monitoring program to ensure that Mississippi's public water systems are routinely providing safe drinking water that complies with all public health standards established under the Federal Safe Drinking Water Law. The overall rate of compliance with these water quality standards is excellent. The major water quality problem encountered by our public water supplies is microbiological contamination. This microbiological contamination is caused by many factors but the most significant are poor operation/maintenance and old/out-dated water systems. A large percentage of Mississippi's public water systems are rural water systems constructed using grants/loans from the United States Department of Agriculture/Farmers Home Administration. Many of these rural water systems are approaching 30 years old. In many cases, these systems are poorly funded because of inadequate water rates and therefore have not had the funding necessary to make critically needed repairs and renovations.

- The Radiological Health Division maintains and enforces regulatory standards designed to ensure that the exposure of Mississippians to harmful radiation is kept at a low level. In FY 1997, staff completed 30 federal x-ray compliance inspections; seven federal G.I. Fluoroscopy quality assurance inspections; of some 4,993 healing arts x-ray tubes registered, inspected 704 medical and 779 dental x-ray tubes; and approved 21 shielding plans. Staff members inspected 145 radioactive material licensees, of which 60 were in compliance; 32 industrial and academic x-ray registrants, of which 30 were in compliance; and six general licensees, of which five were in compliance.

County environmentalists inspected 301 of the state's 822 registered tanning facilities. More than five of every six — 261 of the 301 registered facilities — were in full compliance. The staff also registered one radiation machine assembler and 23 mobile vans for a total of 93 assemblers and 34 mobile vans.

Licensees and registrants are provided with the inspection findings at the conclusion of the inspection. Letters addressed to management follow, identifying the violations and deficiencies. A written reply from management is requested within 10 days, stating corrective actions taken and the date when full compliance will be achieved. These items are reviewed by the radiological health staff during follow-up inspections. In addition to licensing and registration activities, staff members conducted 10 investigations and evaluated three shielding plans for medical linear accelerators.

Staff collected and analyzed 988 environmental samples in the vicinity of the Grand Gulf Nuclear Station, 369 at the Salmon Test Site in Lamar County, 60 special samples. All the 1,417 environmental samples collected — including "special" samples such as milk from local dairies and samples from state licensees — were analyzed for the presence of radioactivity. Staff analyzed 73 water supplies for radioactivity, completing the four-year testing cycle. Staff also participated in EPA's Water Supply Laboratory Certification Program, which consisted of analyzing 40 samples for 13 radionuclides and gross alpha or gross beta radioactivity. Staff evaluated radon concentrations in 1,059 occupied spaces of 27 Mississippi schools and 116 occupied spaces in five governmental structures.

Staff participated in training drills for the Grand Gulf Nuclear Station (GGNS), exercising the state's emergency response plan for the plume exposure pathway; reviewed and telephonically discussed proposed amendments to the GGNS Operating License for significant hazards considerations; participated in discussions with EPA, DOE, and DEQ regarding the Salmon Test Site; and consolidated responses from Low-Level Radioactive Waste Generators in Mississippi for incorporation in an annual report and waste projections by the Southeast Compact Commission for Low-Level Radioactive Waste Management.

- Public health environmentalists within the agency's Division of Sanitation in FY 1997 made 36,029 inspections and issued permits to 16,350 food-handling establishments, including conventional restaurants, fast food franchises, grocery stores, supermarkets, institutions, hospitals, schools, and day care centers. In addition, they performed 871 plan reviews.

Food Service Certificates were issued to approximately 430 managers. Under a contract with FDA, food program specialists made 40 inspections of food processing plants, bakeries, and warehouses.

Food Protection hosted two FDA training courses on Hazard Analysis Critical Control Points (HACCP). Almost 800 personnel from education, industry, and institutions attended HACCP training seminars. Food Protection staff participated in three statewide trade shows with industry. Implementation of Risk Assessment and a HACCP-based policy are underway. All nine districts have participated in inservice training, and Food Protection formed partnerships with FDA the Mississippi Cooperative Extension Service.

The Legislature reenacted Mississippi's wastewater law effective July 1, 1996. With the law in place, soil/site evaluations increased from 9,256 in FY 96 to 13,330 in FY 97 — a 44 percent increase.

County and district staff conducted a survey of the performance of existing onsite wastewater disposal systems installed in the past five years. Division staff conducted four educational seminars on onsite wastewater disposal to certify wastewater system installers. Public health environmentalists issued final approval of 4,973 new individual wastewater systems and 2,518 existing systems. Licenses were issued to 795 wastewater system installers and 83 sewage pumpers.

Public health environmentalists inspected 57 recreational vehicle parks and approved 711 private water wells. Environmentalists also investigated approximately 4,405 general sanitation complaints and 654 animal bites and rabies complaints.

The Institutional Sanitation Branch staff performed approximately 300 sanitation and nutrition inspections of Mississippi correctional facilities. Environmentalists conducted safety inspections at 824 family day care homes for participation in USDA's Child Nutrition Program. Staff conducted 40 reviews for ADA requirements. Under a contract with the Consumer Product Safety Commission, they conducted 15 consumer product safety investigations.

The Sanitation Division's lead program specialist conducted environmental assessments for 87 children with elevated blood lead levels. The assessments involved taking paint samples, dust wipe samples and soil samples. All were analyzed for lead. Lead hazards were detected in paint in 90 percent of the cases and in dust in 95 percent of the cases. Soil was shown to contain a lead hazard in 32 percent of the cases. Lead hazards were detected in vinyl mini-blinds in 68 percent of the assessments and in 29 percent of ceramic tub/sink assessments.

The State Department of Health medical entomologist handled approximately 164 consultations concerning insect pests, their relationship to human health, and other pest problems. The entomologist helped direct the state Mosquito and Vector Control Association and helped organize an annual workshop to train municipal mosquito spray personnel. He lectured on arthropods and medicine for several national groups. He also taught the medical entomology section of medical parasitology at the University Medical Center and received grant funding to improve tick control methods in state parks. The entomologist wrote several scientific papers, book chapters, a new medical text book, and presented lectures on Lyme disease, Rocky Mountain spotted fever, encephalitis, and venomous arthropods of Mississippi.

From design and construction of Grade A dairies through product delivery to the retail or wholesale market, agency staff regularly inspect the facilities and analyze the quality of the product to strictly regulate the safety of milk and milk products. This covers 417 dairies, six pasteurization plants, and 92 milk haulers. Mississippi lists nine bulk tank units and permits 79 out-of-state milk plants.

Regulations requiring bottled water processors to be permitted have resulted in 120 processors receiving permits. Ten of these processors are located in Mississippi.

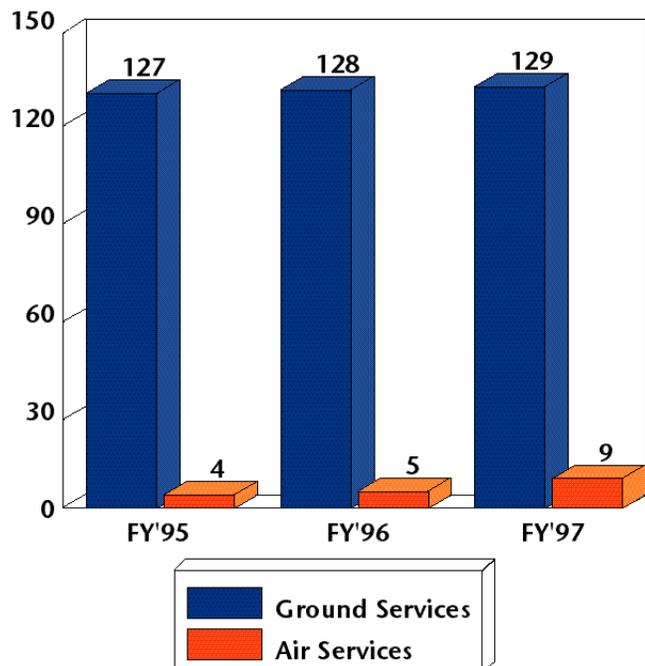
Licensure

Function: To provide oversight and enforcement of regulations and technical support for the provision of emergency medical services; provide for minimum standards of health and safety in child care facilities; and provide for licensure of special health professionals and health care facilities.

- The Emergency Medical Services Division organizes, regulates, and maintains a statewide program to improve emergency medical care; tests and certifies the Emergency Medical Technicians (EMTs) on the basic, intermediate, and paramedic levels; and administers federal and state funding for local level EMS.

Mississippi's EMTs responded to more than 328,831 calls for help in FY 1997. Without their training, quick response, and competence in providing EMS, many of those Mississippians could have died or never regained good health status. At the end of the fiscal year, Mississippi had 138 licensed EMS providers — 129 ground and nine air services — which operate 467 state-permitted vehicles. The state boasts 865 EMT-Paramedics, the most intensively trained and tested EMTs; 307 EMT-Intermediates, who have studied to increase their skills beyond

Figure 7
Number Ambulance Permits Issued



the level necessary for basic life support; and 2,149 EMTs, who take 110 clock hours training in patient assessment, first aid, and communication and transport skills.

In FY 1997, Mississippi boasted 3,479 certified Emergency Medical Services Drivers. These EMS-Ds successfully completed an eight-hour minimum ambulance driver course including didactic and practical skill components. All drivers of state licensed ambulances must be EMS-D certified. During FY 1997, the 15th year of the EMS Operating Fund's existence, the State Department of Health, Division of EMS, distributed \$1.7 million to counties and cities for local level services. Collections came from a \$5 assessment on each moving vehicle violation fine.

- The Division of Health Facilities Licensure and Certification is the Mississippi regulatory agency responsible for licensing hospitals, nursing homes, personal care homes, home health agencies, ambulatory surgical facilities, birthing

centers, abortion facilities, and hospices. The Division also certifies health care facilities for participation in the Medicare and/or Medicaid programs. Because the division requires health facilities to comply with state and federal standards, the level of care being delivered is continually upgraded, and patients/residents are protected from abuse and neglect.

The licensure and certification division staff includes 54 health care professionals: one director, seven managers, three generalist surveyors, 22 registered nurses, two dietitians, three medical technologists, six fire safety specialists, two registered record administrators, and eight secretaries and clerk typists.

The division conducts annual surveys of 876 health facilities. Follow-up visits verify that corrective actions have been implemented to rectify cited deficiencies. The surveyors also investigate all complaints and take appropriate actions. Approximately 600 complaints were investigated last year. Additionally, the staff reviews and finally approves all renovation and construction plans for health facilities and provides consultation and training. Services are provided through on-site visits, state agency letters, statewide seminars, and small group sessions.

Division staff also collect, evaluate, and report utilization statistics, and they prepare and distribute directories describing the facilities and their services. The division's staff of architecture and fire safety experts review architectural plans for new construction and renovation of hospitals and nursing homes to ensure that the physical plants comply with federal, state, and local laws and ordinances.

Under the Clinical Laboratories Improvement Act of 1988, the staff inspect and certify 1,764 laboratories.

Division activities are supported by federal funds through a contract with Health Care Financing Administration and by state licensing fees.

■ **Licensure and Regulations**

During FY 1997, the professional licensure program staff issued licenses to 125 athletic trainers, 94 audiologists, 502 dietitians, 104 hearing aid specialists, 458 occupational therapists, 124 occupational therapy assistants, 1,181 physical therapists, 335 physical therapist assistants, 1,649 respiratory care practitioners, 3,541 social workers, and 624 speech-language pathologists.

The program staff also certified 17 eye enucleators and registered 44 speech-language pathology aides or audiology aides. During the past fiscal year, the Professional Licensure Branch processed more than 9,500 licensure applications, issued 8,847 licenses, conducted 92 complaint investigations, held 10 administrative hearings, entered into 10 agreed orders, and revoked or suspended three licenses. Public information programs regarding various licensure requirements were performed at all state and private universities, two community colleges, and several professional organizations. The Branch also finished preparation for bringing online the radiation technologists registration program and began the transfer of the social work licensing program to the newly formed social worker licensure board.

■ The Child Care Facilities Licensure Branch inspected and licensed 1,544 day care facilities and 42 youth camps during FY 1997. Staff also monitored 23 child residential homes. Inspections include but are not limited to a program review consisting of the care-giver's records check, children's records checks, immunization records checks, facility policies, facility program content, and building and grounds safety.

Staff investigated approximately 625 complaints related to licensed child care facilities and providers. They made an additional 175 inquiries into reports regarding unlicensed facilities. The branch held eight administrative hearings related to child care licensure.

Staff provided in-service training to more than 2,100 child care providers throughout the state. Sessions included child abuse and neglect identification, appropriate discipline and administrative issues such as emergency procedures, child care facility policies and procedures, classroom management, and development of a parent handbook. Training was scheduled for both weekdays and weekends to allow as many participants as possible. The agency offered all staff development training to providers at no cost.

Planning and Resource Development

Function: To provide planning for health services, facilities, and manpower on a statewide basis through the development and publication of the **State Health Plan (SHP)** ; administer the state certificate of need (CON) program; and maintain the Office of Rural Health to address rural health care needs.

Major functions of the health planning unit continue to be development activities; implementation and monitoring of those areas addressed in the **Plan** which relate to state government; the maintenance of a statewide health data set for planning related activities; and the preparation of special reports and studies which relate to the health needs of the citizens of Mississippi.

As a result of these duties and responsibilities, the unit maintained a dialogue with various health care providers, health care associations, and other state agencies about areas that should be addressed in the **SHP**. Additionally, the unit conducted special studies and research to be included in projects addressing the following subjects:

- Primary health care shortage areas in Mississippi;
- Problems of rural hospitals; and
- Long-term care needs of Mississippi's elderly.

The planning staff developed the FY 1998 **SHP** and identified six priority health needs:

- Disease prevention, health protection, and health promotion;
- Health care for specific populations such as mothers, babies, elderly, indigent, uninsured, and minorities;
- Development of a statewide trauma system;
- Health care for the indigent, uninsured, and minorities;
- Health needs of persons with mental illness, alcohol/drug abuse problems, and/or mental retardation/developmental disabilities, and;
- Availability of adequate health manpower.

The certificate of need program, a regulatory mechanism, is designed to balance the growth of health facilities and services with the need for those services. Accordingly, Division staff provide technical assistance to health care facilities and conduct CON reviews of proposed capital expenditures for defined health care facilities and providers. In FY 1997, the staff reviewed 58 projects with an aggregate capital expenditure value of \$189,901,466.

The Office of Rural Health is responsible for maintaining an information clearinghouse on rural health care issues and innovative approaches to the delivery of rural health care services; coordinating state rural health care activities; providing information on federal, state, and foundation programs to improve rural health care and assisting public and private non-profit entities to participate in programs; collecting data and conducting policy analysis of rural health issues; and assisting hospitals and communities in the recruitment and retention of health care professionals.

During FY 1997, the Office of Rural Health responded to 547 requests for information related to rural health. Staff conducted federal Rural Health Transition Grant reviews for the Office of the Governor and coordinated an update of the state's Health Professional Shortage Areas for primary medical care. Office staff also sponsored a physician recruitment workshop for providers; co-sponsored a physician recruitment fair for communities and providers; and published four newsletters on rural health topics.



Report Of Activities

Fiscal Year 1997 Report
of Activities by Program

Community Health Services

Diabetes patients served	1,667
Diabetic monitoring visits	3,051
Hypertensive patients admitted to treatment	15,423
Estimated TB cases prevented by preventive therapy	.252
AIDS cases reported	.322

Personal Health Services

■ Child Health

Children (ages 1-21) served	87,949
Elementary schools in the fluoride mouthrinse program	.164
Genetic counseling patients served	1,420
Newborns screened for phenylketonuria, hypothyroidism, galactosemia, and hemoglobinopathies	41,620

■ Children's Medical Program

Children provided rehabilitative services	7,000
Clinic sessions per year	.698

■ Home Health

Patients served	2,869
Registered nurse visits	77,766
Other visits	181,600

■ WIC - Special Supplemental Nutrition Program for Women, Infants, and Children (*Average monthly participation*)

Women	21,900
Infants	29,768
Children	47,788

■ Women's Health

Pregnant women served	17,687
High-risk mothers and infants served through PHRM	6,473
Women screened for cervical cancer	117,262

■ Reproductive Health

Adult patients served	77,000
Teens served	32,000

Health Regulation

■ Environmental Health	
Environmental samples collected and analyzed for radioactivity	1,417
Radon in indoor air evaluations and/or screenings	1,059
Boilers and pressure vessels inspected	13,826
Food establishments permitted	16,350
Inspections of food establishments	36,029
General sanitation complaints investigated	4,405
Sewage disposal inspections and soil/site evaluations	22,108
Dairy farm and milk plant inspections	2,747
Dairy samples analyzed	7,404
Environmental lead investigations	87
Community public water supplies surveyed	1,269
■ Licensure	
Ambulance permits issued	467
Emergency medical technicians certified/recertified	3,312
EMS drivers certified/recertified	3,479
Emergency services licensed/relicensed	138
Health facilities surveyed annually	876
Health facility complaints investigated	600
Youth camp inspections	42
Child residential care homes monitored per Notification Act	23
Day care facilities inspected and licensed	1,544
Day care complaints investigated	625
Licenses issued for athletic trainers, audiologists, hearing aid specialists, occupational therapists and occupational therapy assistants, physical therapists and physical therapy assistants, respiratory care practitioners, social workers, and speech-language pathologists	8,737
Registered or certified audiology aides, eye enucleators and speech-language pathology aides	61
■ Planning and Resource Development	
Declaratory rulings issued	547
Certificate of Need applications reviewed	58

Fiscal Affairs

Actual Expenditures by Program

	FY 1997	FY 1996	FY 1995
Admin. and Tech. Support . . .	\$9,056,251	\$9,191,557	\$8,634,513
Chronic Illness	16,038,918	14,208,838	15,821,942
Community Health	32,339,007	33,375,678	26,571,318
Environmental Health	11,104,779	11,718,991	11,916,284
Licensure and Resource Dev. . .	9,766,416	9,443,389	9,300,038
Maternal and Child Health . .	93,795,027	95,056,626	92,682,321
Total	\$172,100,398	\$172,996,079	\$164,926,416

Figure 8
1997 Expenditures by Category

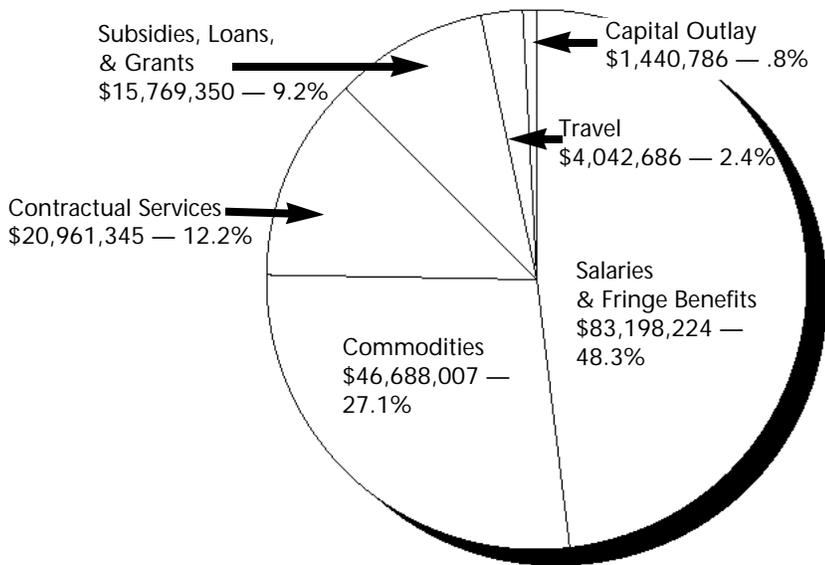
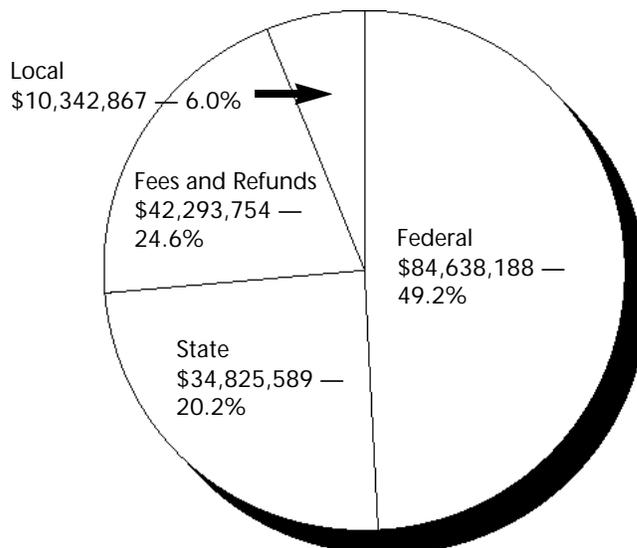


Figure 9
1997 Expenditures by Fund



Changes In Law

Legislative Session 1997 — The Mississippi State Legislature passed and Governor Kirk Fordice signed into law a number of major bills affecting public health.

- **SB 2180, HB 996, HB 1407 — Food-related Bills:** adjusts environmental health fees; transfers inspection of soft-serve ice cream from the Mississippi Department of Agriculture and Commerce; and transfers inspection authority of retail food facilities to the Mississippi Department of Agriculture and Commerce.
- **HB 821 — Speech/Language Pathology/Audiology Fees:** raises the individual cap on assessment fees.
- **HB 1091 — Water Quality Analysis Fees:** removes the cap on revenues allows adjustment of fees; and sets a maximum charge.
- **HB 913 — Birth Defects Registry:** establishes a registry to collect and analyze data.
- **SB 2220 — Uniform State Food Act:** prevents duplication of services among agencies and provides authority to create regulations.
- **HB 819 — Physical Therapy Licensure:** provides for temporary licensure; allows biennial renewals; and clarifies complaint process.
- **HB 820 — Speech/Language Pathology/Audiology Therapy Licensure:** amends language; adds consumer to advisory council; removes per diem allowance for advisory council; clarifies fee process and supervision mechanisms; and authorizes biennial licensure and renewal.
- **HB 821 — Occupational Therapy Licensure:** allows licensure exemption for certain students; clarifies supervision mechanism; updates name changes; allows temporary licensing to assistants; and authorizes biennial licensure.
- **HB 1090, SB 2494, SB 2597 — Safe Drinking Water Act Revisions:** clarifies and amends the state Act.
- **SB 2861 — Trauma Care Task Force:** creates a task force to review and formulate a comprehensive trauma care plan.
- **HB 572 — Newborn Hearing Screening and Registry:** establishes a registry and requires that newborns be tested for hearing impairments.
- **SB 2700 — Spinal Cord/Traumatic Brain Injury Registry:** adds the Traumatic Brain Injury registry to the existing Spinal Cord registry.
- **HB 1389 — Youth Access to Tobacco Act:** adds regulations and restrictions on the sale of tobacco products and expressly prohibits sale to minors.

Mississippi State Board Of Health

Effective June 30, 1997

Represents	Name	Term Expires
District 1	Linda Joy Gholston, RN, Tupelo	July 1, 2002
District 1	Shelby C. Reid, MD, Corinth	July 1, 1998
District 2	James V. Ferguson, MD, Greenwood	July 1, 1998
District 2	Lloyd Rose, DDS, Starkville	July 1, 2000
District 3	Mary Kim Smith, Brandon	July 1, 2002
District 3	R. A. Foxworth, DC, Jackson	July 1, 2000
District 4	Thomas L. Kirkland, Jackson	July 1, 2002
District 4	Dott Dillard Cannon, Brookhaven	July 1, 1998
District 5	William K. Ray, Hattiesburg	July 1, 1998
District 5	Kate Nuoyeni Aseme, MD, Hattiesburg	July 1, 2000
State-At-Large	Frank Genzer, Biloxi	July 1, 1998
State-At-Large	H. Allen Gersh, MD, Hattiesburg	July 1, 2000
State-At-Large	Myrtis Franke, Gulfport	July 1, 2002

At the July 1997 meeting, Board members elected Lloyd Rose as chair and Shelby C. Reid as vice chair to serve through June 30, 1998.

Changes In Regulations

The State Board of Health passed 15 changes in agency regulations during the 1997 fiscal year.

July 10, 1996

- Amendments to Regulations Governing Licensure of Respiratory Care Practitioners — modifies professional licensure guidelines for respiratory care practitioners.
- Revisions to Minimum Standards of Operation for Ambulatory Surgical Facilities — complies with Senate Bill 2817 which defines ambulatory surgery and ambulatory surgical facilities.
- Revision to Minimum Standards of Operation for Abortion Facilities — complies with Senate Bill 2817.
- Revision to Minimum Standards of Operation for Hospices — complies with Senate Bill 2352.
- Amendments to Regulations for Control of Radiation — mandatory changes from the Nuclear Regulatory Commission to maintain compatibility with other states.
- Amendments to the Regulation Governing Individual Onsite Wastewater Disposal Systems — complies with changes in the 1996 Wastewater Law.

- Amendments to the Regulation Governing the Production and Sale of Milk and Milk Products — modifies the Pasteurized Milk Ordinance per the National Conference on Interstate Milk Shipments and the Food and Drug Administration.

October 9, 1996

- Changes to Rules and Regulations Governing Reportable Diseases — updates the state's physician notification system for communicable disease.
- Revisions to Long-Term Care of 1996-1997 Mississippi State Health Plan — reconfigures the nine long-term care planning districts to more appropriately distribute statistical bed need and redesigns the formula for determining nursing home beds needed.

January 8, 1997

- Amendments to Regulations Governing Licensure of Child Care Facilities — incorporates licensure changes and regulations dealing with application fees.
- Rules and Regulations Governing Aero Medical Emergency Medical Services — establishes guidelines with the endorsement of the eight licensed aero ambulance companies in Mississippi.
- Amendment to the Regulation Governing Individual Onsite Wastewater Disposal — redefines regulations as the result of a review of system standards against current technology.
- Home Health Policies and Procedures — in part, defines the role physicians and other medical personnel take in resuscitation.

April 9, 1997

- Changes to the Regulation Governing Individual Onsite Wastewater Disposal — repeals the design standard for low-pressure pipe; clarifies a section regarding gravel replacement disposal systems; and makes Sand Filter Disposal section consistent with Design Standards.
- FY 1998 State Health Plan — revises the state's plan to identify priority health needs in Mississippi and recommends ways to meet those needs.

Central Office Administrative Staff

Fiscal Year 1997

State Health Officer

F. E. Thompson, MD, MPH	.960-7634
B. J. Phillips, DrPH, Deputy Director	.960-7873
Kaye Bender, RN, MSN, Office Director	.960-7951
Compliance — Walter Booker	.960-7645
Field Services — Randy Caperton, CPM	.960-7939
Health Communications and Public Relations —	
NancyKay Sullivan Wessman, MPH	.960-7667
Internal Audit —	.987-4191
Legal Counsel — Sanford R. Horton, Jr., JD	.960-7458
Minority Affairs — Louisa Denson, LSW, MPPA	.960-7950
Policy and Planning — David M. Buchanan, JD	.960-7951
Public Health Nursing — Minta Uzodinma, CNM, MN	.960-7951

Administrative & Technical Support

Buck Ross, MBA, MPA, Chief	.960-7635
Administrative Support — Tommy Kent	.960-7558
Finance & Accounts — Anita Sharp	.960-7542
Personnel — Pat Klar	.960-7642
System Coordination — Al Sheffield	.960-7901

Health Regulation

B. J. Phillips, DrPH, Office Director	.960-7931
Environmental Health — Ricky Boggan, JD	.960-7680
Licensure — Ingrid Williams, JD	.960-7680
Planning and Resource Development — Harold Armstrong	.960-7874

Community Health Services

Robert Hotchkiss, MD, Office Director	.960-7725
Chronic Illness — Betty Hardy, BSN, MHS	.960-7725
Ellis Clinic — Carol Langley, MD	.354-6958
Health Promotion — Ellen Shea Jones, CHES	.960-7781
Immunization — Joy Sennett	.960-7751
Public Health Statistics — Bureau of, Nita Gunter	.960-7960
State Epidemiologist — Mary Currier, MD, MPH	.9607725
STD/HIV — Craig Thompson, MHC	.960-7723
TB Program — Mike Holcombe, MPPA	.960-7700

Personal Health Services

Ernest Griffin, MPH, Assistant Office Director	.960-7463
Child Health — Sam Valentine, MHS	.960-7464
Home Health — David Beck, MPPA	.960-7853
WIC	.987-6730
Women's Health — Hazel Gaines, BSN	.960-7464

The Mississippi State Department of Health central office is located in the Underwood Building at 2423 North State Street, in Jackson, the telephone number is 601/960-7400; the mailing address is P.O. Box 1700, Jackson, Mississippi 39215-1700.

Public Health District Staff

As of June 30, 1997

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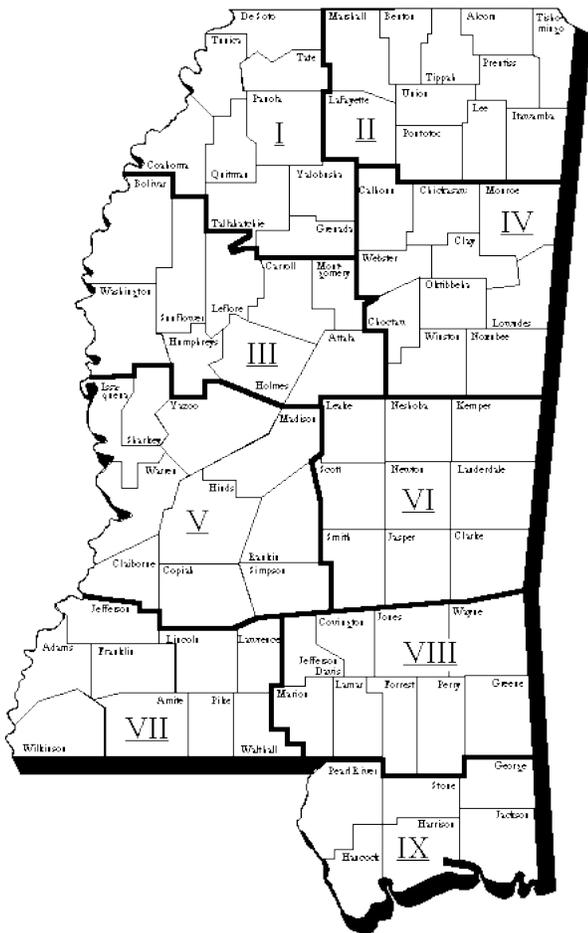
Southeast Public Health District VIII

Clay Hammack, MD, MPH, Director
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Coastal Plains Public Health District IX

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 Kathy Beam, MS, Deputy Director
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Figure 10
 Public Health Districts



County Health Department Directors

As of June 30, 1997

Adams	Mary Gayle Armstrong, MD	Leflore	Alfio Rausa, MD
Alcorn.....	Earl Mahaffey, MD	Lincoln.....	Mary Gayle Armstrong, MD
Amite.....	Mary Gayle Armstrong, MD	Lowndes.....	Thomas Waller, MD, MPH
Attala.....	Alfio Rausa, MD	Madison.....	Donald Grillo, MD
Benton.....	Earl Mahaffey, MD	Marion.....	Clay Hammack, MD, MPH
Bolivar.....	Alfio Rausa, MD	Marshall.....	Earl Mahaffey, MD
Calhoun.....	Thomas Waller, MD, MPH	Monroe.....	Thomas Waller, MD, MPH
Carroll.....	Alfio Rausa, MD	Montgomery.....	Alfio Rausa, MD
Chickasaw.....	Thomas Waller, MD, MPH	Neshoba.....	Margaret Morrison, MD
Choctaw.....	Thomas Waller, MD, MPH	Newton	Margaret Morrison, MD
Claiborne.....	Donald Grillo, MD	Noxubee.....	Thomas Waller, MD, MPH
Clarke.....	Margaret Morrison, MD	Oktibbeha.....	Thomas Waller, MD, MPH
Clay.....	Thomas Waller, MD, MPH	Panola.....	Lovetta Brown, MD, MPH
Coahoma.....	Lovetta Brown, MD, MPH	Pearl River..	Robert Travnicek, MD, MPH
Copiah.....	Donald Grillo, MD	Perry.....	Clay Hammack, MD, MPH
Covington.....	Clay Hammack, MD, MPH	Pike.....	Mary Gayle Armstrong, MD
DeSoto.....	Lovetta Brown, MD, MPH	Pontotoc.....	Earl Mahaffey, MD
Forrest.....	Clay Hammack, MD, MPH	Prentiss.....	Earl Mahaffey, MD
Franklin.....	Mary Gayle Armstrong, MD	Quitman.....	Lovetta Brown, MD, MPH
George.....	Robert Travnicek, MD, MPH	Rankin.....	Donald Grillo, MD
Greene.....	Clay Hammack, MD, MPH	Scott.....	Margaret Morrison, MD
Grenada.....	Lovetta Brown, MD, MPH	Sharkey-Issaquena.....	Donald Grillo, MD
Hancock.....	Robert Travnicek, MD, MPH	Simpson.....	Donald Grillo, MD
Harrison.....	Robert Travnicek, MD, MPH	Smith	Margaret Morrison, MD
Hinds.....	Donald Grillo, MD	Stone.....	Robert Travnicek, MD, MPH
Holmes.....	Alfio Rausa, MD	Sunflower.....	Alfio Rausa, MD
Humphreys.....	Alfio Rausa, MD	Tallahatchie....	Lovetta Brown, MD, MPH
Issaquena-Sharkey.....	Donald Grillo, MD	Tate.....	Lovetta Brown, MD, MPH
Itawamba.....	Earl Mahaffey, MD	Tippah.....	Earl Mahaffey, MD
Jackson.....	Robert Travnicek, MD, MPH	Tishomingo.....	Earl Mahaffey, MD
Jasper.....	Margaret Morrison, MD	Tunica.....	Lovetta Brown, MD, MPH
Jefferson.....	Mary Gayle Armstrong, MD	Union.....	Earl Mahaffey, MD
Jeff Davis	Clay Hammack, MD, MPH	Walthall.....	Mary Gayle Armstrong, MD
Jones.....	Clay Hammack, MD, MPH	Warren.....	Donald Grillo, MD
Kemper.....	Margaret Morrison, MD	Washington.....	Alfio Rausa, MD
Lafayette.....	Earl Mahaffey, MD	Wayne.....	Clay Hammack, MD, MPH
Lamar.....	Clay Hammack, MD, MPH	Webster.....	Thomas Waller, MD, MPH
Lauderdale.....	Margaret Morrison, MD	Wilkinson.....	Mary Gayle Armstrong, MD
Lawrence.....	Mary Gayle Armstrong, MD	Winston.....	Thomas Waller, MD, MPH
Leake.....	Margaret Morrison, MD	Yalobusha.....	Lovetta Brown, MD, MPH
Lee.....	Earl Mahaffey, MD	Yazoo.....	Donald Grillo, MD

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