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Health Mission

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

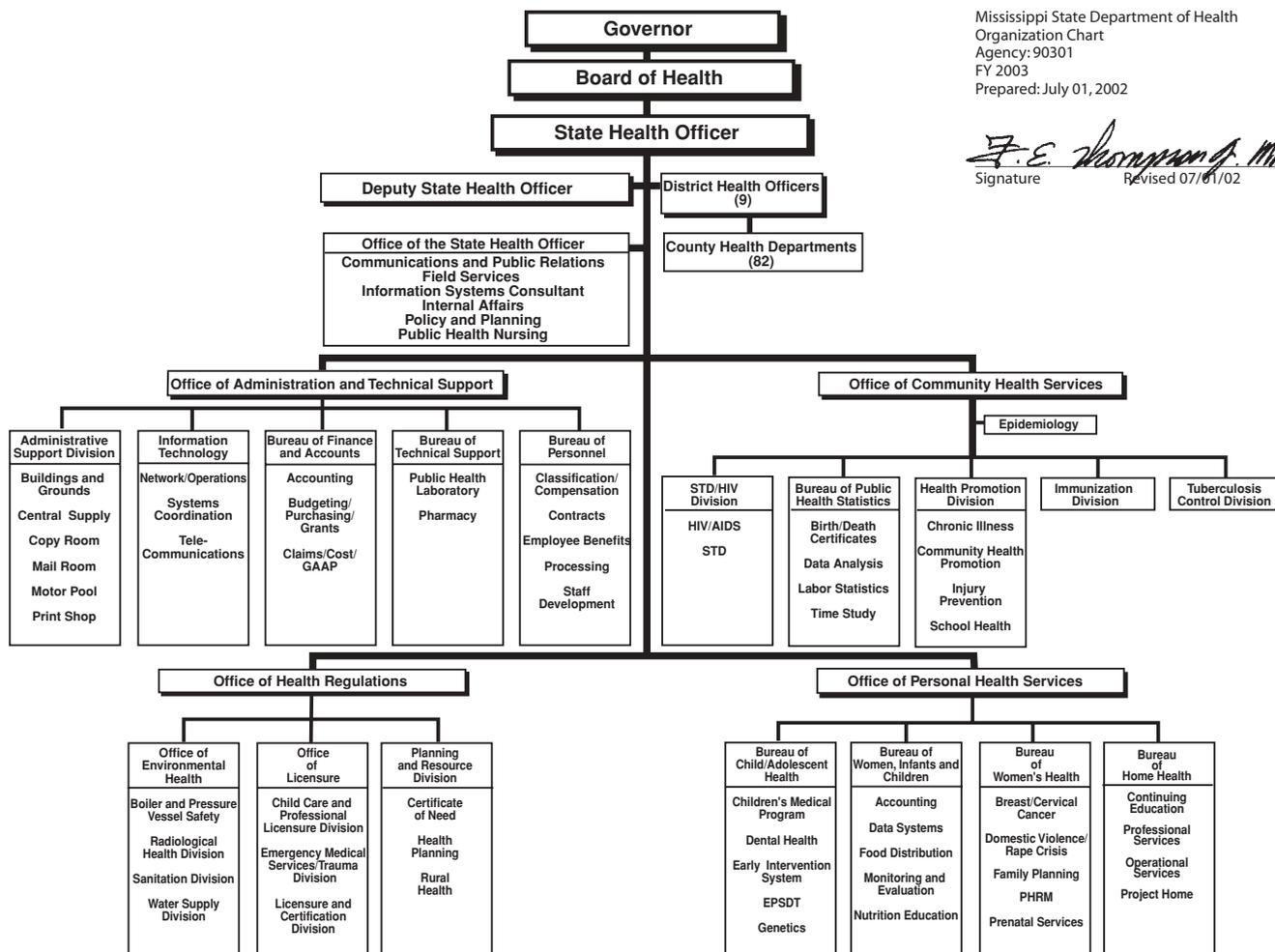
Vision

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.

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 better pregnancy outcomes, advocates breastfeeding, and assures children get the proper nutrition to prevent sickness now and 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 received, 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 of 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

- **Nationwide Anthrax Scare Hits Close To Home In Mississippi** — September 11, 2001, marked the first time lives were lost on American soil since the bombing of Pearl Harbor during World War II, but also tested Mississippi's bioterrorism preparedness planning, readiness assessment, and potential response. The country's most visible attack and subsequent anthrax response charged public health officials with a challenge to protect Mississippians' health from the impact of potential subsequent attacks. The Mississippi State Department of Health spent tremendous human resources in preparation and in response to the anthrax scare that swept the nation after the September 11 attacks.

In the wake of terrorist attacks and the anthrax threats that unfolded in Washington and New York, Mississippians adopted a watchful attitude towards events they previously would not have questioned. The climate during this time dictated that each spill must be viewed with suspicion, whereas in former days, a dusting of white powder discovered on the counter in the employee break room would be presumed to be coffee creamer left behind by a hurried co-worker. The public paid closer attention to any and every white substance and mysterious powder found, powders which after tested by the State Public Health Laboratory turned out to be sugar, baby powder, soap flakes, and a number of inoffensive substances. Public health officials investigated each substance; the cost in terms of the Mississippi public health workers productivity is immeasurable.

Mississippi public health officials first felt the impact of the anthrax scare when the Public Health Laboratory became bombarded with numerous requests for testing of potential anthrax samples. The entrance of the laboratory was guarded; access into the facility was open to those who worked there or who had known privileged passes to get in the facility. The Association of State and Territorial Public Health Laboratories encouraged state public health laboratories nationwide not to disclose the location of their lab, so that terrorist could not find out where anthrax testing was taking place. When public health officials worked with the mass media in delivering news to the public about anthrax testing, public relations personnel and others asked the media not to disclose the Public Health Laboratory's location. Thanks to Centers for Disease Control and Prevention funding, the State Public Health Laboratory expanded testing capacity to BioSafety Lab 3 "hot lab" through the purchase of new equipment and supplies. The Mississippi State Department of Health had already spent grant funds and tremendous human resources in preparation.

Fears about deadly contaminations inflicted by terrorists upon whole populations were widespread after September 11. In Mississippi, those fears hit close to home in October 2001 when the crew of a towboat plying the Mississippi River near Rosedale reported being sprayed by a low-flying plane with a light white substance; the report prompted public health officials to investigate the incident. Both the FBI and Mississippi State Department of Health were called in to investigate; the Department of Health was to ascertain the nature of the substance. The crew was treated with Cipro, an antibiotic effective against anthrax, and quarantined for sixty hours, as a precautionary measure. Health officials ruled out anthrax and also ruled out the common farm applicators sodium chlorate and paraquat in final tests.

Health officials received another report of possible anthrax spraying on October 22, 2000; another plane sprayed a Coast Guard post in Natchez, 170 miles south of Rosedale. Authorities said the white powder released by a crop-dusting plane over a Coast Guard post on the Mississippi River was fertilizer. None of the four Guardsmen present at the station had shown any adverse health effects.

Investigators in this case found that the substance apparently was in the air before the plane flew over the area and was consistent with material often emitted by a nearby paper processing plant.

In the end, state officials said they considered the Rosedale incident with the towboat as an unlikely terrorism target and pointed out that accidental flyovers are common with crop dusters – 147 were reported in 2000. But the response to the Coast Guard report warranted attention because they are a branch of military and a likely terrorist target.

During the time of the anthrax threat in Mississippi, state public health officials partnered with other state agencies to respond to an influx of press calls about the alleged anthrax spraying incidents. Daily, health officials would conduct press briefings through an audio news conference in which local, national, and international media would call in to get continuing coverage of possible bioterrorism threats in Mississippi. Local media provided more in-depth coverage as the anthrax threats unraveled, but continued to diligently deliver continual public health news to their audience regarding bioterrorism. The daily press briefings allowed State Health Officer Dr. Ed Thompson an opportunity to deliver reports of anthrax testing results — an item local media inquired about daily. After the anthrax threats began to calm down, Mississippi news media still reported on bioterrorism in delivering basic public health messages about the public health topic.

- **Trauma Designations Across Mississippi** — The Mississippi State Department of Health designated several Mississippi hospitals as trauma center designations through the Emergency Medical Services Division (EMS) during FY 2002. Under Mississippi law, hospital emergency departments can seek designation as a Level I, II, III, or IV trauma center, with Level I requiring the most resources. All trauma centers participate within the Mississippi Trauma Care System to ensure trauma patients get the right care at the right place in the right amount of time.

The designations set specific criteria and standards of care that guide hospital and emergency personnel in determining the level of care a trauma victim needs and whether that hospital can care for the patient or should transfer the individual to a trauma center that can give more specialized care. State surveyors inspect each hospital to critique the type of care delivered to trauma patients, how that care is delivered, and what hospital could do to improve its delivery. Areas evaluated as part of the process include administration, anesthesiology, clinical laboratory, critical care units, emergency department, patient transfer agreements with other hospitals, pre-hospital services, quality improvement programs, radiology, and surgery services. In addition to the medical services provided, trauma centers must also exhibit a commitment to community outreach.

To qualify as a Level I trauma center, facilities must have a full range of trauma capabilities, including an emergency department, a full-service surgical suite, intensive care unit, and diagnostic imaging. Level I centers must have a residency program, ongoing research, and provide 24-hour trauma service in their facility. These hospitals provide a variety of other services to comprehensively care for both trauma patients, as well as medical patients. To be considered a Level II trauma center, facilities must be able to provide initial care to the severely injured patient. These facilities must have full range of trauma capabilities, including an emergency department, a full service surgical suite, intensive care unit, and diagnostic imaging. For specialty care, a patient may be transferred to a Level I trauma center.

As a Level III trauma center, a hospital must commit medical staff, personnel, and speciality training needed to resuscitate and stabilize a trauma patient. Operating rooms are required since some people need surgery before possible referral to a higher level of care. In many cases, patients can get medical needs attended and remain at the Level III trauma center. As a Level IV trauma center, a hospital is able to provide initial care to the severely injured despite limited resources, often serving the most remote areas of the state or region. Level IV centers initially stabilize patients and then transfer, as needed by prearranged agreements. Trauma patients with minor injuries can receive appropriate care at the Level IV facilities.

The Mississippi State Department of Health's Division of Emergency Medical Services leads the development of the statewide trauma care system. They also provide technical assistance to hospitals going through the process to develop a trauma center. The State Health Officer designated seven trauma care regions for the planning of the Mississippi Trauma Care System. Each region has a representative on the Mississippi Trauma Advisory Committee, which was appointed by the Governor in FY 1999. This committee continues to meet periodically, developing the Mississippi Trauma Care System.

Forrest General in Hattiesburg became the first fully designated Level II trauma center during FY 2002, a first for the state's Trauma Care System. The State Health Officer gave recognition to hospitals throughout the state which have met the Trauma Care System's definition as a provisional trauma care center. Forrest General was provisionally designated two years ago as a Level II, but subsequently strengthened areas of their program that were identified in their previous inspection report. An inspection team reviewed the Hattiesburg facility April 2002 and recommended full designation; the Mississippi Trauma Advisory Council concurred, and the State Health Officer designated the facility.

- **Mississippi Tuberculosis Rate Lowest Than National Average For First Time in Three Decades** — Mississippi made public health history: for the first time in three decades, Mississippi's tuberculosis (TB) case rate was lower than the national average. National and state TB statistics for 2001 show that for the first time in 32 years — since 1969 — the state's case rate fell below the nation's case rate. Mississippi's 2001 TB case rate is 5.4 per 100,000 population. The nation's 2001 case rate is 5.6 per 100,000.

In the early 1980's, Mississippi ranked second highest in the nation for TB. Mississippi's TB case rate has fallen every year for the past 12 years but had stubbornly remained above the national average. Public health officials credit aggressive tuberculosis control efforts by public health nurses and other public health staff who have actively delivered therapy — directly observed therapy (DOT) and directly observed preventive therapy (DOPT) — and to private physicians who work with the Health Department. DOT is a multi-drug therapy for patients with active TB disease, which if not treated appropriately would result in greater transmission of the disease. Public health workers administer DOPT when a person is exposed to and infected with TB but does not show signs of active TB disease.

In the 1900's, TB was one of the leading causes of death. Today tuberculosis is still one of the leading global causes of death from infectious disease, even though TB is readily preventable and treatable. Mississippi still has pockets of TB, and state public health officials are working actively with the Centers for Disease Control and Prevention (CDC) to identify and reduce risk factors.

Responsibility And Services

The mission of state and local health agencies is to protect and promote the health of the citizens of Mississippi. Public health services are population-based — services focused on improving the health status of the population rather than the treatment of individuals. Federal public health agencies, the 50 state health departments, and the 3,000 local public health agencies nationwide share responsibility for this mission.

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:

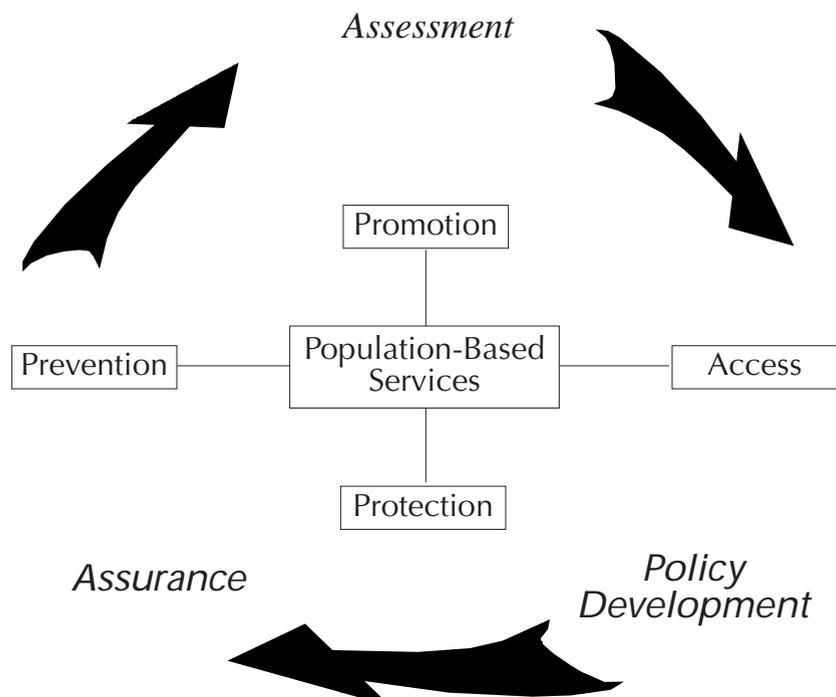
First, public health agencies assess community health status and whether the community has adequate resources to address the problems that are identified.

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

Finally, they 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. 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 *and* 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.

Figure 2
Population Based Services



Office Of The State Health Officer

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

Communications and Public Relations

C&PR 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.

Field Services

The Bureau of Field Services functions 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.

Information Systems Consulting Group

The Information Systems 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. Policy and Planning also houses the Division of Tobacco Policy and Prevention and the Mississippi Qualified Health Center Grant Program.

Tobacco Policy and Prevention functions in policy development and analysis, planning, and evaluation. The division provides administrative support for the school nurse program funded through tobacco prevention pilot funds. Staff are responsible for short-term and long-term strategies and planning, and for evaluating the performance and impact of tobacco-related programs within the state.

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.

Each year MSDH pharmacists process approximately 120,000 prescriptions for medically indigent Mississippians. The quantity of supplies provided for clinic use — approximately 30,000 shipments — is also considerable. In addition, the intravenous admixture program allows 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 U.S. Centers for Medicare and Medicaid Services (Medicare) for clinical testing. The lab is registered and accredited under the Clinical Laboratory Improvement Act and is a member of the Centers for Disease Control and Prevention and the Association of Public Health Laboratories Laboratory Response Network for Bioterrorism.

The lab staff process more than 600,000 specimens a year.



Community Health Services

Function: To prevent disease and injury and promote optimal health through acquiring and analyzing health data and the recommendation/implementation of selected preventive health interventions.

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 diabetics who are 21 years of age or younger and to gestational diabetics of any 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. New members continue to join a coalition of interested individuals and groups.

In FY 2002, the Diabetes Program served 150 patients and reported 557 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, implementing a plan for diabetes prevention and control, and participation in a coalition to specifically address these issues.

Data collection will help estimate the prevalence of and determine morbidity and mortality relating to diabetes.

- **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 2002, the program reported 6,836 treatment visits. 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 Division

The Division 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 the public. 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 2002. Reported cases included such diseases and conditions as required, including encephalitis, E.Coli 0157:H7, hepatitis, Lyme disease, malaria, meningitis, salmonellosis, rabies, tetanus, tularemia, rocky mountain spotted fever, legionellosis, tuberculosis, and sexually transmitted diseases.

The Surveillance Branch conducts injury surveillance, hazardous substances emergency events surveillance, and environmental surveillance. The Branch responds to more than 600 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 400 potential spinal cord injury cases and more than 3,800 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 1,000 potentially hazardous substances emergency events annually.

Health Promotion

The Division of Health Promotion•Education/Chronic Disease 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, arthritis prevention and control, 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, varicella, Haemophilus influenza type b, hepatitis B, influenza, and pneumonia.

In FY 2002, Mississippi reported 65 cases of hepatitis A, 11 of pertussis (whooping cough), seven mumps, and *no* case of measles, 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; 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 2002. In CY 2002, 89.9 percent of Mississippi's two-year-olds were fully immunized by 27 months.

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 for immunization follow-up, 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 2001, the Bureau registered the following Mississippi occurrences: 41,145 live births, 27,502 deaths, 18,605 marriages, 14,198 divorces; staff also received reports of 383 fetal deaths and 3,411 induced terminations. The Bureau filed 1,170 adoption records, 365 delayed records, 1,164 court-ordered corrections and 4,321 affidavit corrections (primarily paternity affidavits) to existing records. Approximately 425,592 records were certified. In addition, the Bureau verified 111 occupational injuries which resulted in death.

The Central Cancer Registry collects and maintains data on all invasive cancer cases diagnosed among state residents on or after January 1, 1996. Accurate, timely surveillance data from the Central Cancer Registry are used to determine incidence rates of all major cancer types and to identify incidence variations for high-risk population groups or geographic areas within the state. Registry data are also used to determine whether progress is being made toward meeting state and national goals for cancer control.

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 and AIDS — in Mississippi. The Division consists of four branches: Surveillance, Quality Assurance, Prevention and Education, and CARE and Services.

The Surveillance Branch provides ongoing, systematic collection, analysis, evaluation, and dissemination of data describing STDs and HIV disease. During CY 2001, 469 cases of total early syphilis were reported — a 15 percent decrease from CY 2000. That CY 2001 total of 140 cases of Primary and Secondary Syphilis represents a case rate of 4.92 per 100,000 population, placing Mississippi's rank to number seven in the nation for Primary and Secondary Syphilis. Statewide prevention and control efforts continue to reduce syphilis incidence; Mississippi has joined the nation in a plan to eliminate the disease in the next decade.

CY 2001's reports of 359 new HIV infections and 368 AIDS cases suggest that Mississippi's prevention efforts are resulting in declines in new HIV infections. It also emphasizes the importance of early access to care for those infected to delay the onset of AIDS-defining illnesses. 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 Prevention and Education 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 nine 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 CY 2001, an estimated 17,000 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 991 people in CY 2001, while the Home-Based Program served over 85. 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 also available.



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 status for incidence of TB, recorded 5.4 cases per 100,000 people in CY 2001. The case rate was below the national average for the first time since 1970 and marked the 13th consecutive year the annual incidence rate for the state had been lowered. Among Mississippi cases in CY 2001, 5.2 percent were HIV positive and 5.8 percent were drug resistant. Children, who are particularly vulnerable to rapid progression of the disease, represented five percent of Mississippi's TB cases.

Tuberculosis in children is a sentinel event, demonstrating on-going transmission of TB disease in the community. To provide the opportunity for more rapid intervention, TB infection in children under the age of 15 is a Class I reportable condition.

Mississippi reported 146 fewer cases in CY 2001 than in CY 1991, a 48 percent decrease in new cases in 10 years. Mississippi attributed much of the recent success in lowering the number of cases each year to directly observed therapy and an increased emphasis on treatment of latent tuberculosis infection. In CY 2001, an average of 180 patients got directly observed therapy each month for confirmed or suspected TB disease. Fifty-one percent of the 2,781 people receiving treatment for latent tuberculosis infection in CY 2001 were on directly observed therapy.

Promoting employee health, 136 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 2,531 State Department of Health employees at risk for TB infection.

To increase TB awareness, the Program conducted 70 TB Skin Test Certification workshops, attended by 2,097 nurses and other health personnel to expand their knowledge and skills. An additional 14 participants attended Effective Tuberculosis Interviews, an intensive course on patient management presented by Program staff.

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 disabling 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, Lead Screening, and the Children's Medical Program are important components of the comprehensive Bureau of Child Health.

In FY 2002, the Child Health Program served 76,914 children between one and 21 years of age through the county health departments.

■ **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 and provides oral health education statewide.

The Mississippi Seals Program assists local public school districts in obtaining preventive dental sealants for children in their second grade classes. Actively licensed dentists place dental sealants on the permanent first molar teeth of the participating children. Dental sealants have been widely proven to be a safe and effective technique to prevent or retard dental caries (decay). The average cost of one dental sealant is less than half the average cost of one "silver" amalgam filling, making the utilization of fluorides and dental sealants a cost-effective oral health promotion strategy for Mississippi's communities.



- **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 six areas and seven sickle cell clinics, making genetic services accessible to all residents of the state on a referral basis. These clinics served more than 3,500 patients in FY 2002.

The newborn screening program includes testing for phenylketonuria, hypothyroidism, galactosemia, congenital adrenal hyperplasia, and hemoglobinopathies. With 39,017 newborns screened, no cases of phenylketonuria, one case of galactosemia, three cases of congenital adrenal hyperplasia, and six positive cases of hypothyroidism were identified in the past year. At least 61 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 C of the Individuals with Disabilities Education Act (IDEA). Mississippi has fully implemented the statewide system of services 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 state agencies to identify all children with developmental needs and to provide the children and their families with service coordination, comprehensive evaluation, individualized family 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.

The program annually serves approximately 6,000 children through two years of age. An information system 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, and Medicaid. MSDH serves as the payor of last resort if no other source is identified and if families cannot afford to pay.

Through Maternal Child Health and Federal Part C funds, the program provided the state with a comprehensive early hearing detection and intervention (EHDI) program. All hospitals with 100 or more births a year are participating. With newborn hearing screening now mandatory, over 98 percent of all newborns are screened for hearing impairments.

- **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 (CMP) include major orthopedic, neurological, cardiac, and other chronic conditions such as cystic fibrosis, sickle cell anemia, and hemophilia.

The program currently operates more than 650 clinic sessions per year at 19 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. Each Public Health District employs a CMP coordinator to assist with case management needs for children with special health care needs and their families.

In FY 2002, the program spent more than \$3.9 million on diagnostic and treatment services for children with special health care needs. Services included hospitalization, physicians' services, artificial limbs, appliances, and medications.

Funding comes primarily from the Title V MCH Block Grant. Mississippi contributes additional funds.

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 2002, the Mississippi State Department of Health Home Health Agency served some 2,418 patients, reporting 118,587 visits.



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.

WIC provides special supplemental food and nutrition education to low-income pregnant, postpartum, and breastfeeding 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 program distributed 1,219,373 monthly food packages during FY 2002 at an average cost of \$29.65 per package. Mississippi's package cost is 14 percent below the national average of \$34.57. 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 101,614 participants each month, an increase of four percent over the previous year. The program serves 72 percent of the potentially eligible population.

WIC serves 100 percent of eligible babies, age one year and under, which represents more than 72 percent of all babies born in the state. Some 30,936 babies get help from WIC.

A monthly average of 23,791 pregnant, postpartum, and breastfeeding women were on WIC during FY 2002, as well as 46,887 children under the age of five years. In FY 2002 WIC Breastfeeding Program Staff provided a monthly average of more than 71,678 telephone counseling calls and 15,760 clinic visits to prenatal and postpartum breastfeeding women, 2,772 home visits, 2,482 hospital visits to postpartum breastfeeding women. Eighty-seven percent of those served were in the top three priorities. Mississippi WIC has a participation rate 94.0 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.

During FY 2002, the WIC Program and USDA operated a Farmers Market Program in Adams, Bolivar, Hinds, Holmes, and Noxubee Counties. This gave vouchers for fresh produce to WIC clients.

WIC is funded entirely with federal appropriations in the amount of \$59 million for FY 2002. WIC employs a total of 469 full-time equivalent staff working in clinics, food distribution centers, and the state office, including 76 full-time equivalent nutritionists and 34 full-time equivalent nurses.

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 screen 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.

From July 1998 to November 1, 2002, 9,277 women were screened in the Breast and Cervical Cancer Program.

- **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 women and children who are victims of domestic violence. Education regarding domestic violence and the impact that can be made on the cycle of violence is provided to all victims. Groups, help statewide teach men that battering is a crime. 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 2002 the 13 domestic violence shelters that received funding from the program answered 25,324 crisis line calls and provided shelter for 1,119 women and 1,326 children. Domestic violence shelters provided educational activities to 77,100 participants through a total of 1,904 programs.

Rape Crisis Programs conducted 370 community education sessions to a total of 26,111 participants. Youth education training was provided to 39,369 males and females. These activities focused on prevention and education. Law enforcement trainings totaled 69 sessions to a total of 879 participants. Calls to Rape Crisis Centers totaled 25,834 for information and 19,663 for service and/or referrals.



- **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 97,000 Mississippians — some 30,000 of them 19 years of age or younger — took advantage of comprehensive family planning services during FY 2002. 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 2002, the family planning patient caseload increased by 11,117. Program providers met all indicators required for compliance with federal regulations.

Based on the number and characteristics of Family Planning Program participants in FY 2002, some 15,849 unwanted, unplanned pregnancies were prevented; of those, some 4,929 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 6,300 pregnant women — about 14.9 percent of the women who gave birth in Mississippi in CY 2001 — 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 part-time, board-certified obstetrician provides consultation statewide for the Bureau of Women’s Health.

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 2002, the program served 22,408 high-risk mothers and infants. The program is now available statewide.
- **Pregnancy Risk Assessment Monitoring System (PRAMS)** grant was received October 2000. PRAMS is part of the Centers for Disease Control and Prevention (CDC) initiative to reduce infant mortality and low birthweight. PRAMS is an on-going, state specific, population-based surveillance system designed to identify and monitor selected maternal behaviors and experiences before, during, and after pregnancy. PRAMS began collecting data in March 2002.
- **The Infant Mortality Task Force** is comprised of eleven (11) voting members and (11) ex-officio (non-voting) members. The purpose of the Task Force is to foster the reduction of infant mortality and morbidity in Mississippi and to improve the health status of mothers and infants.
- **Osteoporosis Screening and Awareness** - The Mississippi State Department Of Health established, maintains, and promotes an osteoporosis prevention, treatment and education program. Osteoporosis is a silent disease discovered frequently when an unexpected fracture of a hip, spine, or wrist occurs. The 1999 Legislature designated May as Osteoporosis Awareness Month.



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 10,767 boilers and pressure vessels in FY 2002. Inspectors identified 2,168 dangerous violations of rules and regulations relating to boiler and pressure vessel safety and succeeded in getting 159 dangerous and 120 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 2.6 million Mississippians (96 percent) who rely on the state's 1,426 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 competent waterworks operator who has been licensed by the Mississippi State Department of Health. Division engineering staff conducted sanitary surveys of 1,477 public water supplies during FY 2002 to locate and resolve potential public health problems; negotiated with consulting engineers the final design of 1,040 water supply construction projects in accordance with agency minimum design standards; conducted three week-long waterworks operator short courses and 18 one-day seminars to train public water supply officials and to support the mandatory waterworks operator licensure program.

Mississippi continues to be a national leader in implementing the Drinking Water State Revolving Fund (DWSRF) loan program authorized and funded by Congress in the 1996 Amendments to the Federal Safe Drinking Water Act. This DWSRF loan program, which is managed by the Water Supply Division, is designed to provide low interest revolving loans to public water systems that are in critical need of improvements in order to be able to continue to provide safe and adequate drinking water to their customers. Loans made under this program are limited to \$1,500,000 per water system and must be repaid within 20 years. The State of Mississippi will greatly benefit from this loan program since many public water systems do not have the financial stability necessary to borrow money from traditional sources, such as banks. During FY 2002, this DWSRF loan program made approximately \$20.8 million in loans to 24 public water systems. The construction projects funded by these DWSRF loans will have a long term impact on the protection of public health in Mississippi by greatly improving the capacity and reliability of public water systems.

The Water Supply Division also administers an emergency loan program for public water systems. This loan program is designed to provide assistance to public water systems that have experienced catastrophic problems that have an immediate impact on public health. An example of a typical emergency loan is a public water system whose water well has failed and the customers are totally without water service. This emergency loan program is designed to provide

funding commitments in a 24 to 48-hour period with very limited paperwork. These emergency loans are limited to \$500,000 per loan and must be repaid within five years. During FY 2002, no emergency loans were made.

State law now requires the Mississippi Department of Economic and Community Development (DECD) to award Community Development Block Grants (CDBG) only to those public water systems that have been determined to be viable or will be made viable by the grant award. This legislation requires Mississippi State Department of Health (MSDH) and the Public Utilities Staff (PUS) to review each CDBG grant request. DECD must use the viability determinations by the Water Supply Division and PUS to make a final decision regarding a public water system's eligibility. This legislation is having a significant impact, assuring that public water systems receiving the CDBG awards actually make tangible and permanent improvements to assure safe and adequate drinking water to customers.

During FY 2002 board members of the state's 751 rural water systems and 250 small municipalities continued to attend eight-hour management training sessions as required. The law requires the department to develop a standardized board member training program and to ensure this training program is efficiently implemented. These training sessions are being conducted by several organizations under the oversight of the Water Supply Division. The vast majority of board members attending this management training are very complementary of the training and are using training to improve the way their water systems are being managed. A significant improvement in management of many public water system has resulted. A number of other states around the country are setting up board member training programs based on Mississippi's model.

During FY 2002, the Department continued to implement new Cross Connection Control regulations as required by the 1997 Amendments to the Mississippi Safe Drinking Water Law. These regulations were developed with the advice and assistance of a Cross Connection Control Advisory Committee to ensure that this new program would protect public health but would not be unnecessarily burdensome to public water systems. The Water Supply Division has implemented an extensive training program to assist public water systems in implementing these new regulations. Overall, public water system officials support these new regulations and have recognized that a cross connection control program for public water systems is long overdue in Mississippi. The new Cross Connection Control Program, when fully implemented, will significantly improve public health protection by reducing the likelihood of Mississippi's public water systems being contaminated due to the backsiphonage of contamination into the drinking water.

During FY 2002, the Division continued to actively license and train waterworks operators to ensure that all public water systems are operated by individuals licensed by the department as required by state law. Each licensed operator must obtain 48 hours of continuing education credit (CEU) during the three-year period of the license to qualify for renewal. During FY 2002, the waterworks operator licensure regulations were amended to reduce the number of CEU hours required of senior operators, i.e., those licensed continuously for nine or more years, to renew their license to 24 hours. These revised regulations now require all waterworks operators to obtain at least 12 CEU hours of regulatory/compliance training to qualify for renewal of a three-year operator's license. By requiring that waterworks operators obtain regulatory/compliance training, the Division ensures that these operators are much more knowledgeable of all applicable laws and regulations and are, therefore, more capable of ensuring that public water systems remain in compliance with these laws/regulations. 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 Safe Drinking Water Laws. At the end of FY 2002, 98.5 percent of Mississippi's community public water supplies were operated by a MSDH-licensed waterworks operator.

The Water Supply Division, during this fiscal year, 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 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 have been operating for 30 years or more. In many cases, these systems are very poorly funded due to inadequate water rates and, therefore, have not had the funding necessary to make critically needed repairs and renovations.

Mississippi is very fortunate to have an abundance of ground water that is readily available, in most areas of the state, to provide drinking water to our citizens. However, when contamination of this groundwater does occur, remediation is typically beyond the financial capabilities of most public water supplies. The Water Supply Division continues to work with the officials of public water supplies and all other concerned parties to implement all feasible preventive measures to protect the state's abundant groundwater resources and to protect the public health by assuring that the drinking water provided to the citizens of Mississippi meets all water quality standards.

- **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 2002, staff completed 103 federal mammography inspections; of some 5,500 healing arts x-ray tubes registered, inspected 1,137 medical and 863 dental x-ray tubes; and approved 15 shielding plans. Staff members inspected 115 radioactive material licensees, of which 64 were in compliance; 34 industrial and academic x-ray registrants, of which 32 were in compliance; and 19 general licensees, of which eight were in compliance.

County environmentalists inspected 360 of the state's 770 registered tanning facilities. The staff also registered 15 radiation machine assemblers and five mobile vans for a total of 93 assemblers and 55 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 two investigations.

Staff collected and analyzed 983 environmental samples in the vicinity of the Grand Gulf Nuclear Station, 279 at the Salmon Test Site in Lamar County, and 46 special samples. All 1,308 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 834 water supplies for radioactivity, completing the four-year testing cycle. In addition 1,275 water supplies were tested for Radon in water. Staff also participated in DOE's Environmental Measurements Laboratory (EML) Quality Assessment Program in support of laboratory certification, which consisted of analyzing 14 samples for 13 radionuclides, gross alpha and gross beta

radioactivity. Staff evaluated radon concentrations in 847 occupied spaces of 25 Mississippi schools and 500 occupied spaces in 34 governmental structures. Staff participated in site training drills at the Grand Gulf Nuclear Station (GGNS), exercising the state's emergency response plan for the plume and ingestion exposure pathways; 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.

The Bureau of General Environmental Services supports the work of public health environmentalists throughout the state with training, policy direction and technical support. In FY 2002 desktop computers and hand-held computers (PDA's) were purchased and provided to each county environmental office.

- Public health environmentalists within the agency's **Bureau of Environmental Services** in FY 2002 made 29,288 inspections and issued permits to 11,787 food-handling establishments, including conventional restaurants, fast food franchises, institutions, hospitals, and schools. Inspections included 734 plan reviews.

Food service manager certification is mandatory in Mississippi. To accomplish this, MSDH partnered with Mississippi Cooperative Extension Service, community colleges, the Mississippi Restaurant Association, and other industry groups. All district, regional and county environmentalists have attended management training and have become certified in food service. Presently 95% of all facilities have a certified manager. Under a contract with FDA, food program specialists made 65 inspections of food processing plants, bakeries, and warehouses. Inspections are based on risk and are conducted using a HACCP-based inspection program.

FDA Training via website satellite downlink is available to all nine districts. Food program in-services were provided in all of the nine public health districts.

Mississippi Food Inspections results can be accessed from the website.

All food environmentalist use handheld computer technology in the field.

All have internet access in their offices.

Mississippi is presently involved in two pilot programs — one with FDA and one jointly with CDC and FDA. These projects are providing needed funds to enhance the HACCP inspection process in Mississippi.

These partnerships formed with industry, academia, and FDA are continuing to enhance the effectiveness of the state food protection program.

In the Onsite Wastewater Program, environmentalists performed 13,842 soil/site evaluations in FY 2002.

Division staff provided 18 continuing education seminars for the wastewater installers and six licensure seminars for the wastewater installers; and assistance for a children's educational seminar. Division staff also issued 616 renewals for wastewater contractors licenses and 200 new wastewater contractors licenses, a total of 816 — a 21 percent increase.

Public health environmentalists issued final approvals for 5,344 individual onsite wastewater disposal systems, 1,947 existing wastewater disposal systems, 76 sewage pumpers licenses, 828 private wells, 440 rabies investigations, 73 recreational vehicle park permits, and 4,203 general sanitation complaints.

The Onsite Wastewater Branch completed a three-year grant program for the demonstration of repair options for failing systems, and updated the soil principles used in the Wastewater Management Manual.



The Institutional Sanitation Branch staff performed approximately 300 sanitation and nutrition inspections of Mississippi correctional facilities. Environmentalists conducted safety inspections at 591 family day care homes for participation in USDA's Child Nutrition Program. Staff conducted 43 reviews for ADA requirements. Under a contract with the Consumer Product Safety Commission, they conducted 14 consumer product safety investigations.

The lead program specialist conducted environmental assessments of 108 dwellings for 74 children with elevated blood lead levels, 58 of whom were new lead cases for FY2002. The assessments involved testing painted surfaces with x-ray fluorescence spectrum analyzer; taking dust, water, and soil samples; and testing vinyl miniblinds and ceramic tubs and sinks with qualitative testers containing rhodizonate. Analysis showed lead hazards in paint in the environments of 83 percent of the lead-poisoned children, who were new cases for FY 2002; hazardous levels of lead in dust in the environments of 98 percent of the children; hazardous levels of lead in the soil in the environments of 34 percent of the children. Lead was detected in vinyl miniblinds in the environments of 69 percent of the children, and ceramic tubs or sinks in the environments of 41 percent of the children also contained lead. People working with lead as an occupation or hobby frequented the dwellings of 29 percent of the children.

The State Department of Health medical entomologist handled approximately 169 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 to over 5,600 people in 15 states. The entomologist wrote several scientific papers, book chapters, updated his medical text book, and presented lectures on Lyme disease, Rocky Mountain spotted fever, encephalitis, and venomous arthropods of Mississippi. He was featured nationally in the Reader's Digest and on the Learning Channel.

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 292 dairies and 50 milk haulers. Mississippi lists eight bulk tank units and permits 66 out-of-state and three in-state milk plants.

Regulations requiring bottled water processors to be permitted have resulted in 107 processors receiving permits. Thirteen of these processors are located in Mississippi. Additionally, staff issued frozen dessert permits to 43 processors out-of-state and three Mississippi frozen dessert plants.

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.

The State Health Officer designated seven trauma care regions for the planning of the Mississippi Trauma Care System. Each region has a representative on the Mississippi Trauma Advisory Committee, which was appointed by the Governor in FY 1999. This committee continues to meet periodically, developing Mississippi Trauma Care System. The 2000 Legislature appropriated \$6 million from the Tobacco Settlement Trust Fund to the Mississippi Trauma Care Trust Fund. This amount is added to the existing \$2 million annually generated by \$5 assessments on moving traffic violations. Some \$7,104,640 was distributed for uncompensated care in June, 2002..

Mississippi's EMTs responded to more than 310,000 calls for help in FY 2002. 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 133 licensed EMS providers — 125 ground and eight air services — which operate 529 state-permitted vehicles. The state boasts 1,295 EMT-Paramedics, the most intensively trained and tested EMTs; 243 EMT-Intermediates, who have studied to increase their skills beyond the level necessary for basic life support; and 1,739 EMTs, who take 110 clock hours (minimum) training in patient assessment, first aid, and communication and transport skills.

In FY 2002, Mississippi boasted 3,382 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 2002, the 19th year of the EMS Operating Fund's existence, the State Department of Health, Division of EMS, expended \$1.05 million to enhance Emergency Medical Services in Mississippi. 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 64 health care professionals: one director, seven managers, six generalist surveyors, 30 registered nurses, two dietitians, three medical technologists, four fire safety specialists, two registered record administrators, eight secretaries/data entry personnel, and one technical support staff.



The division certifies/licenses 950 health facilities annually. Four hundred and twenty-six 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 1,851 laboratories.

Division activities are supported by federal funds through a contract with the Center for Medicare Medicaid Services and by state licensing fees.

■ **Licensure and Regulations**

During FY 2002, the professional licensure program staff issued licenses to 204 athletic trainers, 119 audiologists, 588 dietitians, 113 hearing aid specialists, 555 occupational therapists, 168 occupational therapy assistants, 1,256 physical therapists, 462 physical therapist assistants, 1,795 respiratory care practitioners, and 793 speech-language pathologists.

The program staff also certified and registered six art therapists, eight eye enucleators, 48 speech-language pathology aides or audiology aides, 2,246 radiation technologists, 117 tattoo artists and 41 body piercers. During the past fiscal year, the Professional Licensure Branch processed more than 8,800 licensure applications, issued 8,519 licenses, conducted 10 complaint investigations, held two administrative hearings, entered into eight agreed orders, and revoked or suspended nine licenses. Public information programs regarding various licensure requirements were performed at state or private universities, community colleges, and several professional organizations.

- **The Child Care Facilities Licensure Branch** inspected and licensed 1,810 day care facilities and 34 youth camps during FY 2002. Staff also monitored 12 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 429 complaints related to licensed child care facilities and providers. The branch held four administrative hearings related to child care licensure.

Staff provided in-service training to more than 8,942 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.

The child care branch continues to operate while critically under staffed. The branch requires, at a minimum, 43 additional staff positions to effectively carry out its statutory mandated duties.

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.
- Ambulatory surgery services; and
- Comprehensive rehabilitation services.

The planning staff developed the FY 2003 **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 2002, the staff reviewed 74 projects with an aggregate capital expenditure value of \$255,646,883.

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 2002, the Office of Rural Health responded to 180 requests for information related to rural health. Current program activities include: (a) conduct quarterly patient origin studies and coordinate requested data reports; (b) maintain and update clearinghouse holdings; (c) support the State Rural Health Association; (d) coordinate the Rural Hospital Flexibility Program; and (e) support state recruitment of Mississippi trained physicians.



Report Of Activities

Fiscal Year 2002
Report of Activities
by Program

Community Health Services

| | |
|-------------------------------|-------|
| AIDS cases reported | 362 |
| Diabetes patients served | 150 |
| Diabetic monitoring visits | 557 |
| Hypertensive treatment visits | 6,836 |

Personal Health Services

■ Child Health

| | |
|--|--------|
| Children (ages 1-21) served | 76,710 |
| Genetic counseling patients served | 1,550 |
| Newborns screened for phenylketonuria, hypothyroidism, galactosemia, and hemoglobinopathies | 44,008 |
| Children's Medical Program Clinic sessions per year | 650 |

■ Home Health

| | |
|-------------------------|--------|
| Patients served | 2,013 |
| Registered nurse visits | 39,512 |
| Other visits | 92,338 |

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

| | |
|----------|--------|
| Women | 23,725 |
| Infants | 31,645 |
| Children | 42,276 |

■ Women's Health

| | |
|---|--------|
| Pregnant women served | 11,500 |
| High-risk mothers and infants served through PHRM | 27,413 |

■ Reproductive Health

| | |
|-----------------------|--------|
| Adult patients served | 58,000 |
| Teens served | 28,000 |

Health Regulation

■ Environmental Health

| | |
|--|--------|
| Environmental samples collected and analyzed for radioactivity | 1,308 |
| Radon in indoor air evaluations and/or screenings | 847 |
| Boilers and pressure vessels inspected | 10,767 |
| Food establishments permitted | 11,787 |
| Inspections of food establishments | 29,288 |
| General sanitation complaints investigated | 4,203 |
| Sewage disposal inspections and soil/site evaluations | 74,619 |
| Dairy farm inspections | 1,854 |
| Milk plant inspections | 22 |
| Milk samples analyzed | 4,619 |
| Environmental lead risk assessments | 94 |
| Community public water supplies surveyed | 1,477 |

Health Regulation (continued)

■ Licensure

| | |
|--|--------|
| Ambulance permits issued | .529 |
| Emergency medical technicians certified/recertified | .3,277 |
| EMS drivers certified/recertified | .3,382 |
| Emergency services licensed/relicensed | .133 |
| Health facilities surveyed | .951 |
| Health facility complaints investigated | .404 |
| Youth camp inspections | .34 |
| Child residential care homes monitored per Notification Act | .12 |
| Day care facilities inspected and licensed | .1,818 |
| Day care complaints investigated | .429 |
| Licenses issued for athletic trainers, audiologists, hearing aid specialists, occupational therapists and occupational therapy assistants, physical therapists and physical therapy assistants, radiation technologists, respiratory care practitioners, speech-language pathologists, tattoo artists, AA Therapists, and body piercers | .8,519 |
| Registered or certified audiology aides, eye enucleators and speech-language pathology aides | .48 |

■ Planning and Resource Development

| | |
|---|------|
| Declaratory rulings issued | .450 |
| Certificate of Need applications reviewed | .74 |

■ Health Facilities (Licensed or Certified)

| | |
|--|--------|
| Hospitals-accredited | .65 |
| Hospitals-non-accredited | .48 |
| Nursing facilities | .200 |
| Home health agencies | .65 |
| Intermediate care facilities for the mentally retarded | .13 |
| Personal care homes | .203 |
| Hospices | .51 |
| Ambulatory surgical facilities (only 20 licensed) | .37 |
| Community mental health centers | .5 |
| Rural health clinics | .134 |
| End stage renal disease facilities | .62 |
| Comprehensive outpatient rehabilitation facilities | .19 |
| Rehabilitation agencies | .47 |
| Abortion facilities | .2 |
| Utilization review agents | .131 |
| Laboratories - CLIA surveys | .1,851 |

Fiscal Affairs

Actual Expenditures by Program

| | FY 2002 | FY 2001 | FY 2000 |
|---------------------------|----------------------|----------------------|----------------------|
| Chronic Illness | 8,766,198 | 9,730,865 | 9,859,567 |
| Community Health | 36,640,145 | 39,137,884 | 35,316,334 |
| Environmental Health | 13,055,566 | 13,848,204 | 12,786,363 |
| Licensure & Resource Dev. | 21,482,587 | 20,585,664 | 21,154,574 |
| Maternal & Child Health | 109,177,471 | 103,577,437 | 107,750,130 |
| Support Services | 14,664,832 | 13,992,745 | 13,146,054 |
| Total | \$203,786,799 | \$200,872,799 | \$200,013,022 |

Figure 4
2002 Expenditures by Category

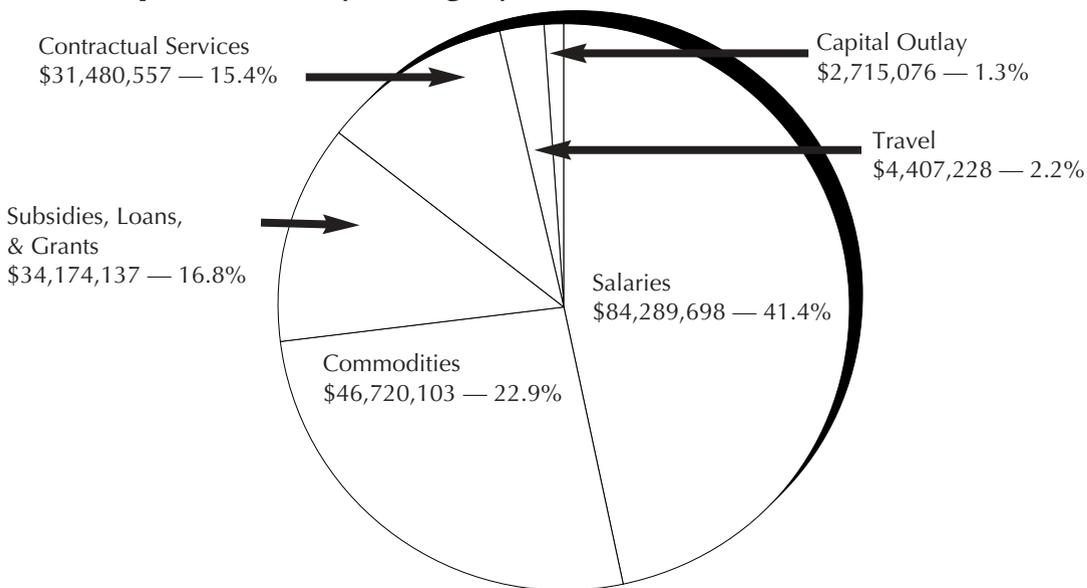
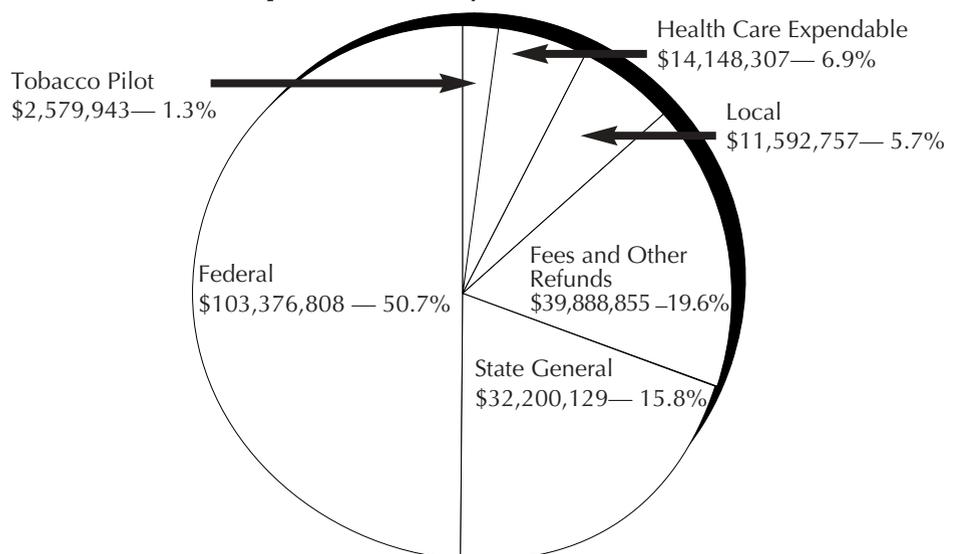


Figure 5
2002 Expenditures by Fund



Changes In Law

Mississippi State Department Of Health Legislation Summary for 2002 Session

■ **Environmental Health - Reenactment of Mississippi Individual On-Site Wastewater Disposal Law**

§§41-67-1 through 41-67-29, known as the Mississippi Individual On-Site Wastewater Disposal Law was to sunset June 30, 2001. The State Board of Health recommended reenactment of the statutes with an extension of the sunset clause. HB 434 passed the House and Senate and was approved by the Governor on April 1, 2002. This law extends the sunset provision to July 1, 2003.

■ **Health Facilities - Amend Employer Drug and Alcohol Testing Statutes**

Clarified voluntary participation for testing by employers and to also clarifies the laboratory certification process. HB 05 passed the House and Senate and was approved by the Governor on March 20, 2002.

■ **Dietetics Practice Act**

In the 2000 Legislative Session, the Dietetics Practice Act was significantly updated to include nationally accepted dietetics practice terminology. Because the changes were extensive, the Legislature left an automatic repealer on the bill. The date of the repealer was July 1, 2002. Staff, along with the Mississippi Dietetic Association, recommend that the repealer be removed from §§73-10-25. HB 906 passed the House and Senate and was signed by the Governor on April 25, 2002.

■ **Speech-Language Pathology and Audiology**

The law governing the practice of speech-language pathology and audiology in the state (§§73-38-1 and following) was to sunset June 30, 2002. Working with the Mississippi Council of Advisors in Speech-Language Pathology and Audiology and others, staff recommend that the repealer be removed. HB 1111 passed the House and Senate and was signed by the Governor on March 20, 2002.

■ **General Appropriations**

HB 1787 approved appropriations for the Mississippi State Department Of Health for \$217, 178, 218. While the bill passed both the House and Senate and was due from the Governor April 10, 2002, it became law without his signature.

■ **Professional Art Therapists Licensure Law**

HB 478 reenacted the Professional Art Therapists Licensure Law and extended the repealer until July 1, 2004.



■ **Community Water Systems**

HB 481 extended until July 1, 2002, the repealer on the provision of law that requires the Mississippi State Department Of Health to identify nonviable community public water systems and provide at no cost technical assistance to those systems.

■ **Establishment of a State Board of Physical Therapy**

SB 2666 created the State Board of Physical Therapy and prescribed its powers and duties in licensing and regulating physical therapists. This responsibility was previously under the direction of the Mississippi State Department Of Health.

■ **Emergency Medical Services**

HB 1089 amended Section 41-59-3, Mississippi Code of 1972, to define “auto-injector” and “first responder” for the purpose of the emergency medical services law; to provide that first responders and all levels of emergency medical technicians, when authorized by medical direction, may carry and administer epinephrine from auto-injectors to treat persons experiencing allergic reactions and anaphylaxis; to provide for certification of first responders by the State Board of Health; and to authorize the regulations for first responder basic life support.

■ **Newborn Genetic Screening**

HB 717 authorized the Board of Health to expand newborn screening genetic testing. The bill was signed by the Governor on April 1, 2002.

■ **Central Health Data Registry**

HB 1300 established a central health data registry between the Mississippi State Department Of Health and the Mississippi Hospital Association. The Governor signed the bill on March 20, 2002.

Mississippi State Board Of Health

Effective June 30, 2002

| Represents | Name | Term Expires |
|-------------------|----------------------------------|---------------------|
| District 1 | Melvin E. Walker, Southaven | June 30, 2002 |
| District 1 | Shelby C. Reid, MD, Corinth | June 30, 2004 |
| District 2 | Duane F. Hurt, DDS, Greenwood | June 30, 2004 |
| District 2 | Walter C. Gough, MD | June 30, 2006 |
| District 3 | Mary Kim Smith, RN, Brandon | June 30, 2002 |
| District 3 | R. A. Foxworth, DC, Jackson | June 30, 2006 |
| District 4 | Thomas L. Kirkland, Jr., Jackson | June 30, 2002 |
| District 4 | Vacant | June 30, 2004 |
| District 5 | Larry Calvert, RPh, Gulfport | June 30, 2004 |
| District 5 | Ted Cain, Diamondhead | June 30, 2006 |
| State-At-Large | Janice K. Conerly, Columbia | June 30, 2004 |
| State-At-Large | H. Allen Gersh, MD, Hattiesburg | June 30, 2006 |
| State-At-Large | Myrtis Franke, Gulfport | June 30, 2002 |

At the April 11, 2001, meeting, Board members re-elected H. Allen Gersh, MD, as chair and R.A. Foxworth, DC, as vice chair to serve through June 30, 2002.



Changes In Regulations

The State Board of Health passed these changes in health plans and agency regulations during the 2001 fiscal year.

July 11, 2001

- Approved the Regulations Governing Licensure of Child Care Facilities
- Approved the Amendments to the Existing Trauma Regulations
- Approved Proposed Amendments to Regulations Governing Nursing Home Facilities
- Approved Proposed Amendments to Regulations Governing Alzheimer's Disease/Dementia Care Units
- Approved Amendments to the Onsite Wastewater Regulation:
 - Amend Section 2.3 Definitions by adding a definition for Public Liability Insurance
 - Amend Section 2.18 (2) AND (3) Certification for Installers of Individual Onsite Wastewater Disposal Systems (IOWDS) to require an installer to have a valid public liability insurance policy.
- Approved the Amendments to Mississippi Primary Drinking Water Regulations. These regulations are required to comply with the requirements of House Bill 692.
- Approved the Amendments to the Regulations for Control of Radiation in Mississippi. These amendments are to comply with the current federal regulations.
- Approved the "Final Adoption" of the Proposed Changes to Rules and Regulations Governing Reportable Diseases and Conditions.

October 10, 2001

- Approved changes to the Regulations Governing Licensure of Child Care Facilities. House Bill 1028, 2001 Legislative Session, added two (2) school-accrediting organizations to the states child care statutes. Additionally, it clarified and expanded the timeframe for the accreditation process. Once a facility is accredited as a "school", it is no longer considered a "child care facility" and child care licensure regulations no longer apply to the facility.
- Approved changes to the Rules and Regulations Governing Emergency Medical Services Training. These changes reflect (1) law changes in accordance with senate Bill 2209 and (2) recommendations by the Mississippi EMS Advisory Council.
- Approved the revisions to Regulations Governing Personal Care Homes - Assisted Living and Residential Living. These changes include deletion of requirement of two employees at facility at all times; deletion of restricted use of "assisted living" title; and inclusion of criminal history record check on facility employees.
- Approved the changes to the 10.0 Regulation Food Code. This change requires food employees to not have bare hand contact with any ready to eat foods.
- Approved a change to the Regulation Governing Individual Onsite Wastewater Disposal. This change addresses responsibilities for subdivision developers.
- Approved the changes to Amendments to Mississippi Primary Drinking Water Regulations. These changes are required to comply with recent changes in the National Water Regulations adopted by the Environmental Protection Agency and applicable to all public water systems in the State of Mississippi.

January 30, 2002

- Approved Proposed Revisions to Mississippi Trauma Care System Regulations that deals strictly with the licensure inspection procedure.
- Approved the changes in the Revised Rules and Regulations Governing Newborn Screening. The primary changes in the new regulations pertain to the addition of CAH to the newborn screening test panel. The statutory authority, method for specimen and analysis, and quality control have been updated.

April 10, 2002

- Approved changes to the Proposed Amendments to Existing Trauma Regulations. These changes will add the language needed to implement policies and protocols regarding the care and transport of trauma patients. The State Trauma Plan requires these procedures and protocols to ensure that trauma patients are appropriately treated and transported.
- Approved the Proposed Amendment to the Regulation Governing Licensure of Dietitians. This amendment deals with a dietitian who must submit proof of successfully having completed a planned program of dietetic experience which makes the applicant eligible for registration by the Commission on Dietetic Registration or its successor organization.
- Approved the Proposed Amendments to The Regulations Governing Licensure of Occupational Therapists and Occupational Therapy Assistants.
- Approved the changes to the FY 2002 State Health Plan. Changes to Policy Statement Regarding Certificate of Need Applications for Ambulatory Surgery Services.
- Approved the changes to the Certificate of Need Review Manual which deletes the current requirement of community support letters when making a decision on competing nursing facility applications.
- Approved the changes to the FY 2003 State Health Plan, which includes a statistical update.
- Approved the Amendments to Design Standard II, Aggregate Disposal Systems, in the 2.0 Regulation Governing Individual Onsite Wastewater Disposal.
- Approved the Amendment to Design Standard III to add Chamber Subsurface Disposal Systems III-D in the 2.0 Regulation Governing Individual Onsite Wastewater Disposal.
- Approved Amendments to the 10.0 Regulation Food Code.



Central Office Administrative Staff

Effective June 30, 2002

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 601/576-7400; the mailing address is P.O. Box 1700, Jackson, Mississippi 39215-1700.

State Health Officer

| | |
|---|-----------|
| F. E. Thompson, MD, MPH | .576-7634 |
| Kaye Bender, RN, PhD, Deputy State Health Officer | .576-7951 |
| Compliance — Walter Booker | .576-7645 |
| Field Services — Kathy Burk (acting) | .576-7939 |
| Communications and Public Relations — | |
| NancyKay Sullivan Wessman, MPH | .576-7667 |
| Internal Audit — Jason Easley, CPA | .987-7197 |
| Legal Counsel — Sanford R. Horton, Jr., JD | .576-7458 |
| Minority Affairs — Louisa Denson, LSW, MPPA | .576-7950 |
| Policy and Planning — Danny L. Miller, CPA, MBA | .576-7428 |
| Public Health Nursing — Wanda Blount, RN, MN | .576-7428 |

Administrative & Technical Support

| | |
|--------------------------------------|-----------|
| Buck Ross, MBA, MPA, Office Director | .576-7635 |
| Administrative Support — Tommy Kent | .576-7558 |
| Finance & Accounts — Anita Sharp | .576-7542 |
| Laboratory — Joe Graves, PhD | .576-7582 |
| Personnel — Pat Klar | .576-7642 |
| Pharmacy — Charles Ray Nix, PhD | .713-3457 |
| System Coordination — Anthony Best | .576-7901 |

Health Regulation

| | |
|--|-----------|
| Office Director, Vacant | .576-7680 |
| Environmental Health — Maurice Herrington | .576-7680 |
| Licensure — David Buchanan, JD, CPM | .576-7680 |
| Planning and Resource Development — Harold Armstrong | .576-7874 |

Community Health Services

| | |
|--|-----------|
| Marry Currier, MD, MPH, Office Director | .576-7725 |
| Joy Sennett, Assistant Office Director | .576-7725 |
| Health Promotion—Victor Sutton, MPPA | .576-7781 |
| Immunization — Vacant | .576-7751 |
| Public Health Statistics — Judy Moulder | .576-7960 |
| State Epidemiologist — Mary Currier, MD, MPH | .576-7725 |
| STD/HIV — Craig Thompson, BS, MHC | .576-7723 |
| TB Program — Mike Holcombe, MPPA | .576-7700 |

Personal Health Services

| | |
|--|-----------|
| David Beck, MPPA, Office Director | .576-7472 |
| Child Health — Daniel R. Bender, MHS | .576-7464 |
| Home Health — David Beck, MPPA (Acting Director) | .576-7853 |
| WIC — Curtis Jordan, MA | .576-7100 |
| Women's Health — Hazel Gaines, MS | .576-7464 |

Public Health District Staff

As of June 30, 2002

Northwest Public Health District I

Lovetta Brown, MD, MPH, Director
 Diane Hargrove, MS, Deputy Director
 240 Tower Drive, Batesville 38606
 Telephone 662/563-5603 • Fax 662/563-6307

Northeast Public Health District II

Robert Trotter, MD, Director
 Roger Riley, MBA, Deputy Director
 Post Office Box 199, Tupelo 38802
 Telephone 662/841-9015 • Fax 662/841-9142

Delta Hills Public Health District III

Alfio Rausa, MD, Director
 Vacant, Deputy Director
 701 Yalobusha Street, Greenwood 38930
 Telephone 662/453-4563 • Fax 662/453-4592

Tombigbee Public Health District IV

Thomas Waller, MD, MPH, Director
 Peter Oppedisano, MBA, Deputy Director
 Post Office Box 1487, Starkville 39759
 Telephone 662/323-7313 • Fax 662/324-1011

West Central Public Health District V

Robert Hotchkiss, MD, Director
 Charles Blount, MPPA, MBA, Deputy Director
 Post Office Box 1700, Jackson 39215-1700
 Telephone 601/987-3977 • Fax 601/987-4185

East Central Public Health District VI

Margaret Morrison, MD, Director
 Tommy Williams, Deputy Director
 Post Office Box 5464, Meridian 39302
 Telephone 601/482-3171 • Fax 601/484-5051

Southwest Public Health District VII

Mary Armstrong, MD, Director
 René Smira, CGFM, Deputy Director
 Post Office Box 788, McComb 39648
 Telephone 601/684-9411 • Fax 601/684-0752

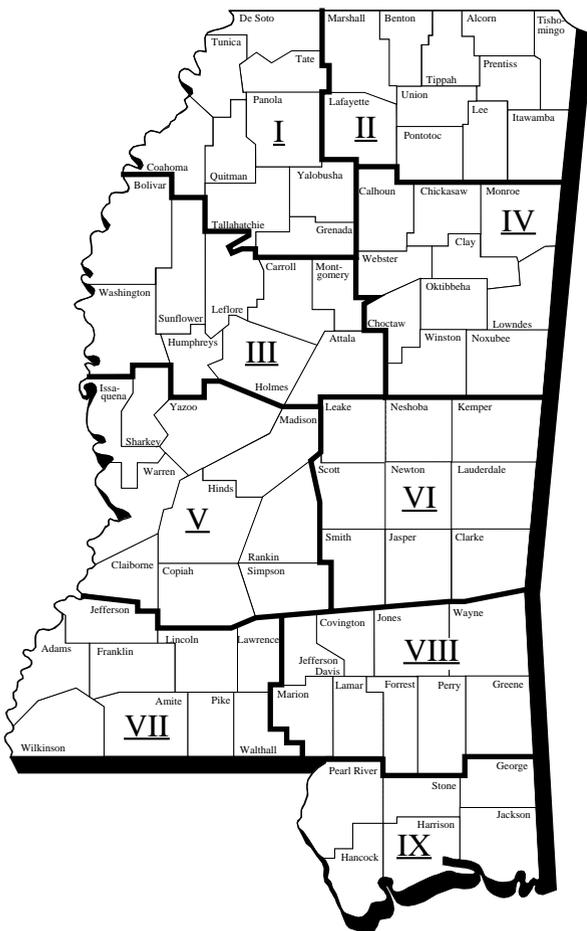
Southeast Public Health District VIII

Clay Hammack, MD, MPH, Director
 Charles Daughdrill, CPM, Deputy Director
 602 Adeline Street, Hattiesburg 39401
 Telephone 601/544-6766 • Fax 601/583-1300

Coastal Plains Public Health District IX

Robert Travnicsek, MD, MPH, Director
 Kathy Beam, MS, Deputy Director
 Post Office Box 3749, Gulfport 39505
 Telephone 228/831-5151 • Fax 228/831-5383

Figure 6
 Public Health Districts



County Health Department Directors

As of June 30, 2002

| | | | |
|-------------------------|---------------------------|-------------------------|---------------------------|
| Adams | Mary Gayle Armstrong, MD | Leflore | Alfio Rausa, MD |
| Alcorn..... | Robert E. Trotter, MD | Lincoln | Mary Gayle Armstrong, MD |
| Amite..... | Mary Gayle Armstrong, MD | Lowndes | Thomas Waller, MD, MPH |
| Attala | Alfio Rausa, MD | Madison | Robert Hotchkiss, MD |
| Benton | Robert E. Trotter, MD | Marion..... | Clay Hammack, MD, MPH |
| Bolivar | Alfio Rausa, MD | Marshall..... | Robert E. Trotter, 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..... | Robert Hotchkiss, 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..... | Robert Hotchkiss, MD | Perry | Clay Hammack, MD, MPH |
| Covington..... | Clay Hammack, MD, MPH | Pike..... | Mary Gayle Armstrong, MD |
| DeSoto | Lovetta Brown, MD, MPH | Pontotoc..... | Robert E. Trotter, MD |
| Forrest | Clay Hammack, MD, MPH | Prentiss | Robert E. Trotter, MD |
| Franklin | Mary Gayle Armstrong, MD | Quitman | Lovetta Brown, MD, MPH |
| George..... | Robert Travnicek, MD, MPH | Rankin..... | Robert Hotchkiss, MD |
| Greene | Clay Hammack, MD, MPH | Scott | Margaret Morrison, MD |
| Grenada..... | Lovetta Brown, MD, MPH | Sharkey-Issaquena | Robert Hotchkiss, MD |
| Hancock | Robert Travnicek, MD, MPH | Simpson | Robert Hotchkiss, MD |
| Harrison | Robert Travnicek, MD, MPH | Smith | Margaret Morrison, MD |
| Hinds..... | Robert Hotchkiss, 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 | Robert Hotchkiss, MD | Tate | Lovetta Brown, MD, MPH |
| Itawamba | Robert E. Trotter, MD | Tippah | Robert E. Trotter, MD |
| Jackson..... | Robert Travnicek, MD, MPH | Tishomingo | Robert E. Trotter, MD |
| Jasper..... | Margaret Morrison, MD | Tunica | Lovetta Brown, MD, MPH |
| Jefferson | Mary Gayle Armstrong, MD | Union..... | Robert E. Trotter, MD |
| Jeff Davis | Clay Hammack, MD, MPH | Walthall..... | Mary Gayle Armstrong, MD |
| Jones..... | Clay Hammack, MD, MPH | Warren | Robert Hotchkiss, MD |
| Kemper..... | Margaret Morrison, MD | Washington..... | Alfio Rausa, MD |
| Lafayette..... | Robert E. Trotter, 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..... | Robert E. Trotter, MD | Yazoo..... | Robert Hotchkiss, MD |

*Equal opportunity
in employment/services*



