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Health Mission

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

Vision

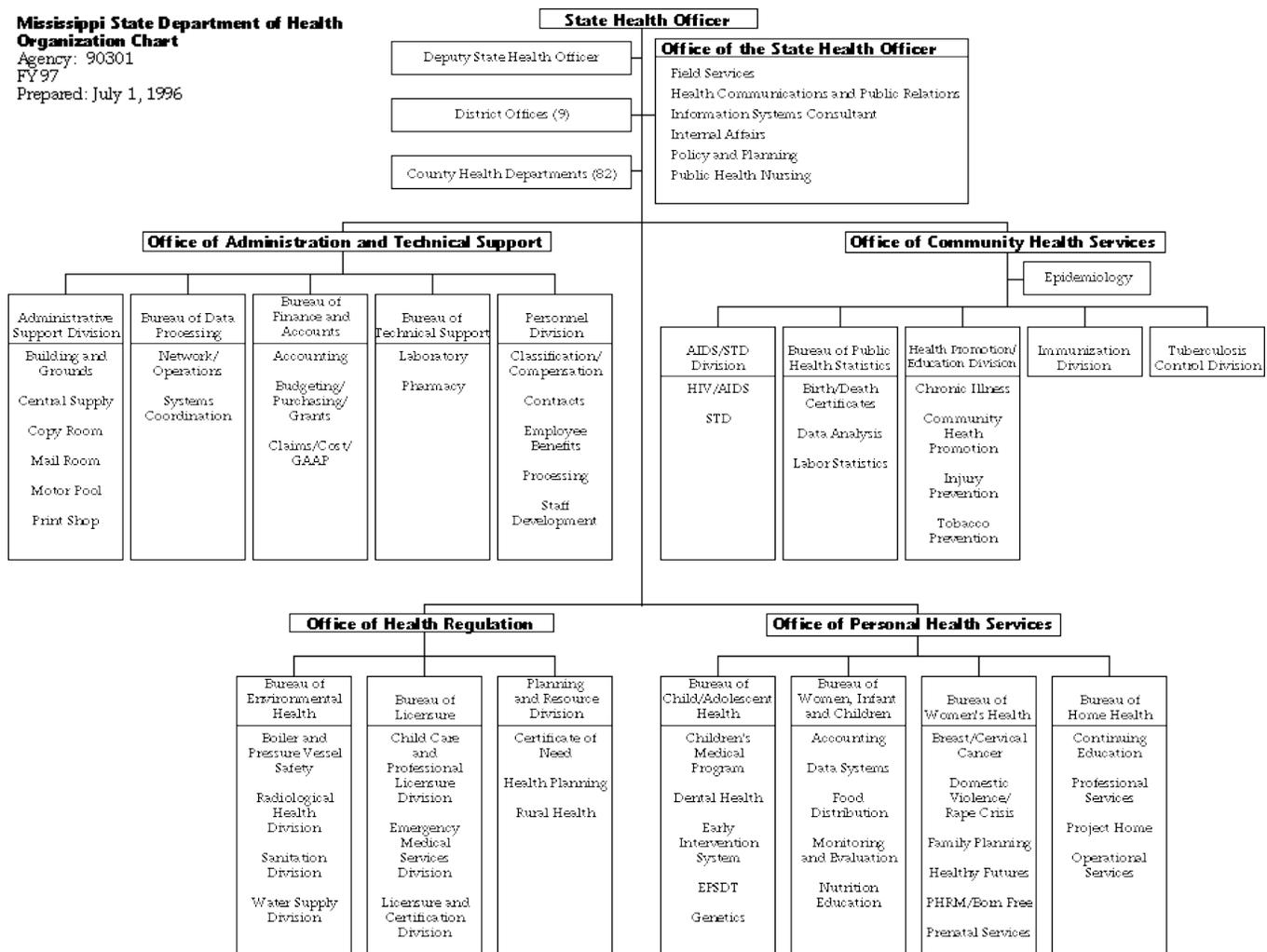
The Mississippi State Department of Health strives for excellence in government, cultural competence in carrying out the mission, and to seek local solutions to local problems.

Value

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

Figure 1
Mississippi State Department of Health Organizational Chart

**Mississippi State Department of Health
Organization Chart**
Agency: 90301
FY 97
Prepared: July 1, 1996



A Personal Look At Public Health

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

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

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

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

After breakfast, you call your sister n who is pregnant with her first child n 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 on the Women, Infants, and Children program, another public health service that ensures children get the proper nutrition to prevent sickness later in life. In Mississippi, more than 70 percent of all babies get a healthy start with WIC.

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

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

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

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



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

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

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

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

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

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

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

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

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

Special Efforts In Public Health

- State immunization ranks in nation's top 10
Mississippi does a better job of protecting children against preventable diseases than 43 other states, a Centers for Disease Control and Prevention survey found.

The first single survey to compare state immunization levels ranked Mississippi sixth in a tie with New Hampshire. Mississippi fully immunizes 83 percent of its two-year-olds against diphtheria, tetanus, pertussis, polio, measles, mumps, and rubella.

Mississippi earned the high ranking partly by reminding parents about needed shots when children visit clinics for other reasons. A new immunization registry will remind parents through the mail.

- Infant death rate drops to all-time low
Public health initiatives like WIC and the Maternal/Child Health Block Grant helped push Mississippi's infant death rate to a record low.

The state's infant mortality rate — the number of babies per 1,000 who die before they reach one year of age — fell slightly from 11.4 in 1993 to 10.9 in 1994, FY 96 figures show.

- Ice makes water boil across state
February 1996 entered with one of the biggest ice storms in Mississippi history, crippling approximately 60 water systems in 26 counties and forcing their customers to boil all water before drinking.

The State Department of Health routinely issues boil water notices when a water system loses pressure, allowing contaminants to siphon back into the water supply. Boiling water for at least one minute can kill potentially dangerous organisms.

In Jackson, a problem with the city's filtering system made it possible for parasites such as giardia and crypto sporidium to remain in the water reaching customers.

Managing the water crisis required the cooperative efforts of agency staff, the Mississippi Emergency Management Agency, and water supply operators across the state.

- **Health Info** makes community access easier
The State Department of Health combined a new telephony technology with Bell South's zip connect service to create **Health Info**, a first-of-its-kind public information source.

To access **Health Info**, callers from across Mississippi dialed one number as a local call. Bell South's zip connect service then linked the caller to a network of pre-recorded messages — first, a general greeting and then the caller's choice of a menu topic accessed through punching a four-digit code on a touch tone phone.

Callers could listen to one or all 30 items — free, confidentially, 24 hours a day. Menu topics ranged from AIDS Prevention to Breaking News, but most messages discussed aspects of the Immunization, Early Intervention, and WIC programs.

In November 1995, Gulf Coast Mississippians got the first chance to access **Health Info**. By June, **Health Info** had garnered more than 50,000 calls.

- Districts compete for mini-grants
Two public health districts got funding to continue prevention efforts targeting cardiovascular disease, or heart disease, through the agency's Division of Health Promotion and Education.

Two other public health districts were awarded mini-grants to initiate prevention efforts targeting heart disease.

Almost 9,500 Mississippians lose their lives to heart disease each year. Nationally, heart disease costs \$117.4 billion annually in health care expenses, medication, and lost productivity.

- Books, bibs prompt parents to remember shots
Kids who got shots at their county health department near National Infant Immunization Week in April took home protection against childhood diseases - plus bibs, books, and more.

County health departments gave reading books, coloring books, masks, growth charts, or bibs to any child getting an immunization.

The freebies were imprinted with shot schedules and other reminders to help parents remember when to bring kids back for their next shot visit.

In Mississippi, around 80 percent of all two-year-old children get the shots they need to protect them from preventable diseases. Most of the Mississippi children who aren't fully immunized need only one more visit for full protection.

- MSDH battles hepatitis A outbreaks
Public health officials brought the nation's latest weapon in fighting hepatitis A to Tunica County.

The State Department of Health offered the first long-lasting vaccine that prevents hepatitis A to Tunica County residents ages two through 35 years old.

In late 1995, Tunica County was the state's hotspot for hepatitis A, an infectious disease that spreads through foods handled by a person with the virus.

Until now, public health workers relied on the immune globulin shot, a blood by-product that protected only if given within two weeks of exposure to hepatitis A.

Responsibility And Services

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

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

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

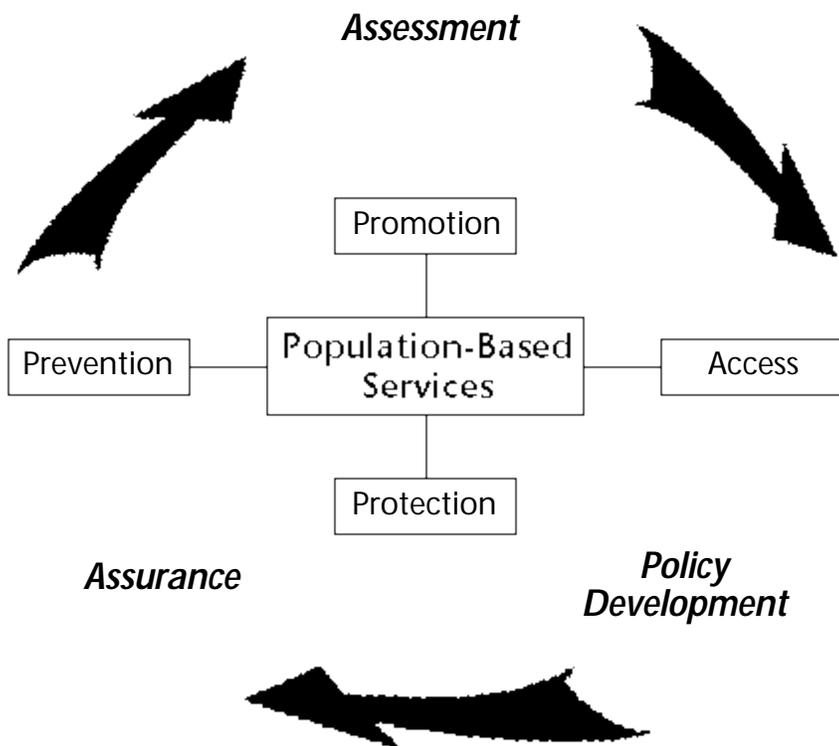
Second, they must use the data gathered through assessment to develop health policy and recommend programs to carry out those health policies.

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

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

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

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.

Field Services

The Bureau of Field Services serves as a liaison between agency field staff and central office staff. The bureau also provides technical assistance to field and program staff. Field Services also houses the staff of the Division of Primary Care, which operates under a cooperative agreement with the Bureau of Health Care Assistance.

Health Communications and Public Relations

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

Information Systems Consulting Group

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

Internal Affairs

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

Policy and Planning

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

Public Health Nursing

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

Administrative And Technical Support

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

■ Administrative

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

■ System Coordination/Network Operations

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

■ Pharmacy

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

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

During FY 96, MSDH pharmacists processed approximately 120,000 prescriptions for medically indigent Mississippians. The quantity of supplies provided for clinic use — approximately 30,000 shipments — was also considerable. In addition, the intravenous admixture program allowed cystic fibrosis patients to be released from hospitals at earlier dates and to be managed through home health care, thereby reducing health care expenses.

■ Public Health Laboratory

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

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

The lab staff currently includes 63 employees, who process more than 750,000 specimens a year.

Community Health Services

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

Chronic Illness

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

■ The Cardiovascular Program provides medical evaluations for adult patients with cardiovascular disorders in four of the nine public health districts. Patients from throughout the state visit one of five strategically located heart clinics as close to their homes as possible for a complete workup by a physician from the University of Mississippi Medical Center. The UMC physician prescribes treatment, follow-up, or other care.

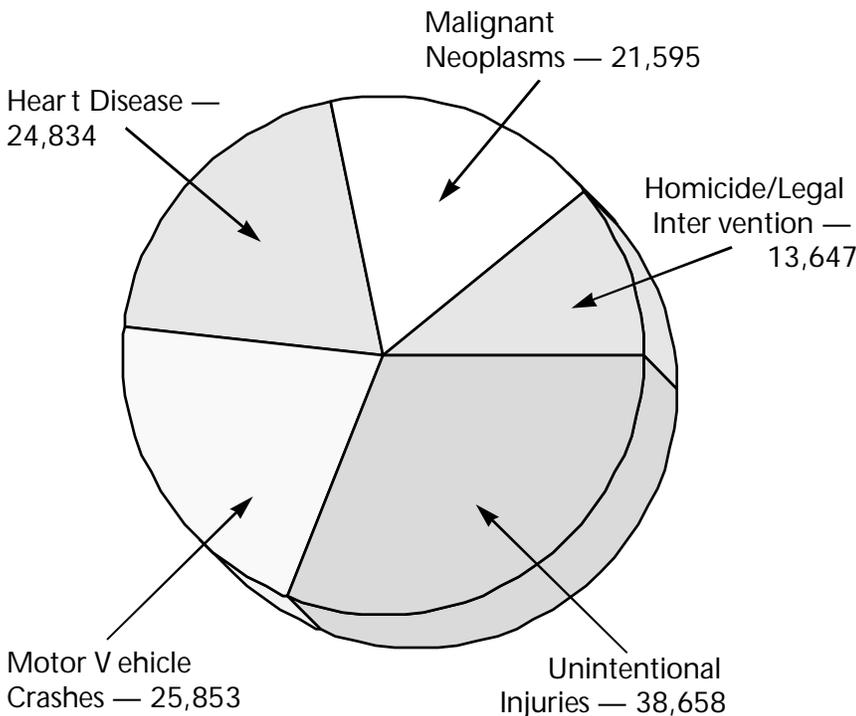
■ The Diabetes Control Program provides to those persons with diabetes supportive services including screening and referral for definitive diagnosis; joint medical management; and education, informational materials, and diet counseling.

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

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

In FY 1996, the Diabetes Control Program served 2,250 patients and reported more than 3,717 diabetic monitoring visits.

Figure 3
Five Leading Causes
of Potential Life Lost Before 65



Totalling 124,587 Years of Potential Life Lost

- **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 or as a total management effort. In FY 1996, the program admitted 9,550 patients to treatment. The program also educates hypertensives in proper dietary habits and exercise and provides drugs at a lower cost than could be obtained elsewhere. Priority individuals are in high risk groups: black males and females 18 to 55 years of age, white males 25 to 55 years of age, and those in rural, medically underserved areas who are at or near poverty level.

Epidemiology

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

Epidemiology staff recorded approximately 20,000 cases of reportable diseases during FY 1996. Reported cases included such diseases and conditions as required, including blastomycosis, brucellosis, encephalitis, hepatitis, leptospirosis, malaria, meningitis, meningococemia, salmonellosis, rabies, typhus, tetanus, tularemia, toxoplasmosis, typhoid fever, rocky mountain spotted fever, legionellosis, giardiasis, and acquired immunodeficiency syndrome (AIDS).

The Cancer Registry Program initiated the collection of data on all invasive cancer cases except basal and squamous cell carcinoma of the skin and carcinoma in-situ of the cervix during FY 96. The program's main long-term goal is to identify areas and population groups with increased disease burden and thereby plan intervention strategies to prevent or reduce the occurrence of the disease.

The Hazardous Substances Emergency Events Surveillance system is a database of reports of hazardous substances releases or threatened releases, excluding petroleum products. The system collects information on the substances, the environmental damage, and the circumstances and possible health effects related to the event.

Health Promotion

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

Immunization

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

In FY 96, Mississippi reported 346 cases of hepatitis A, 10 of pertussis (whooping cough), and no cases of measles, tetanus, diphtheria, or polio.

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

The Program places particular emphasis on improving immunization levels in children two years of age and younger. Through implementation of the Standards for Pediatric Immunization Practices, Mississippi is striving to achieve the national goal of fully immunizing at least 90 percent of two-year-old children before the Year 2000. In FY 96, 78 percent of Mississippi's two-year-olds were fully immunized.

Public Health Statistics

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

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

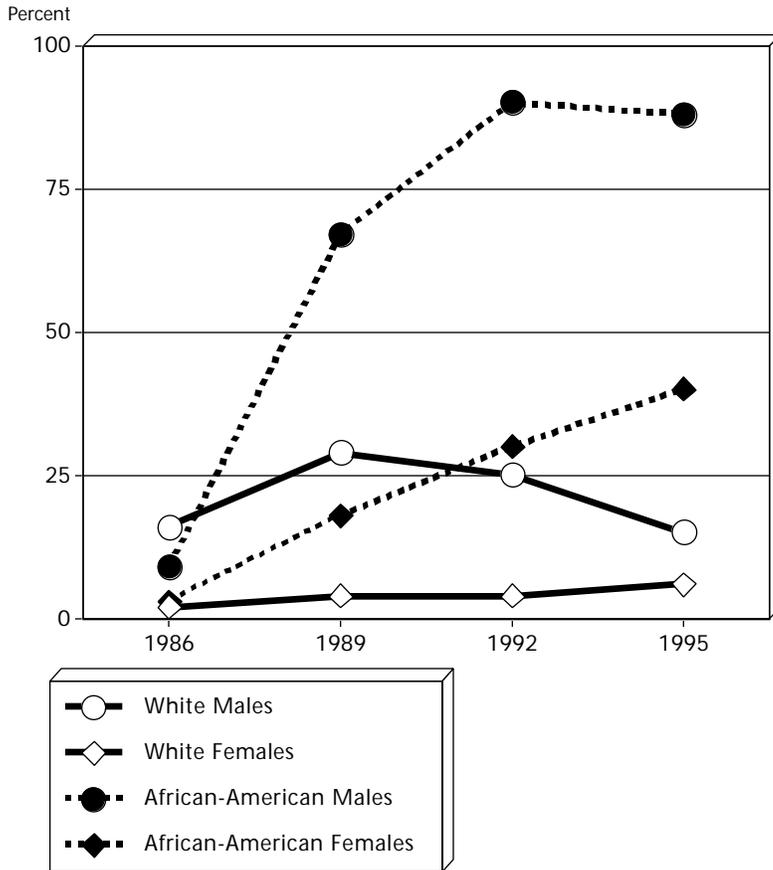
The bureau provides copies of birth and infant death certificates, a listing of births at risk for post-neonatal death, and all Sudden Infant Death Syndrome deaths for follow-up by district and county nurses.

Many agency programs get special statistical reports generated on a routine schedule. Special agency initiatives, grant writing, and grant administration and evaluation often call for adhoc statistical reports. A large part of the bureau's role consists of analyzing data, assisting programs with surveys and data collection efforts, and the computerization and maintenance of statistical data systems.

STD/HIV

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

Figure 4
Case Rate of HIV by Race and Sex



Cases per 100,000

The Surveillance Branch provides ongoing, systematic collection, analysis, evaluation, and dissemination of data describing STDs and HIV disease. During FY 1996, 3,277 cases of early syphilis were reported. That represents a case rate of 122.9 per 100,000 population, securing Mississippi's rank as the nation's leader in syphilis for the third year in a row. Still, recent statistics show the apparent waning of the epidemic as the number of new cases declines.

FY 1996's reports of 575 new HIV infections and 324 AIDS cases suggest that Mississippi will likely continue to experience increases in the effects of the disease. The severity of the epidemic in the African American community now surpasses levels initially noted in white men who have sex with other men. African American males and females now account for the majority of new HIV infections and AIDS cases.

The Education and Prevention Branch plans, implements, and evaluates prevention interventions designed to reach high priority target populations. It also coordinates the distribution and management of federal funding provided to 14 community-based organizations (CBOs) throughout the

state. These CBOs are active partners with MSDH in providing culturally sensitive and age- and linguistically-appropriate prevention messages to a wide variety of Mississippians. Philosophies previously aimed at the control of STDs have evolved into a recognized need to develop ways to modify behaviors that put people at risk. Branch staff conduct training sessions throughout the state to develop the knowledge and non-judgmental presentation skills necessary to support a STD/HIV Speakers Bureau. During FY 1996, an estimated 40,000 people benefited from these services.

The CARE and Services Branch manages funds Mississippi receives under the provision of Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. These federal dollars are often the only funds available to people living with HIV disease for life-sustaining therapies. The AIDS Drug Program served nearly 850 people in FY 1996, while the Home-Based Program served more than 80. The Housing Opportunities for People with AIDS

Program, also managed by this branch, enables people living with HIV disease and their families to remain together. In addition to both emergency and long-term housing assistance, assistance with essential activities of daily living is available through a collaboration with the Bureau of Home Health.

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

Tuberculosis

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

Mississippi, historically among the highest states for incidence of TB, continued to exceed the national average with 10 cases per 100,000 people in CY 1995. Among Mississippi cases in CY 1995, 7.2 percent were HIV positive. Children, who are particularly vulnerable to rapid progression of the disease, represented 7.4 percent of Mississippi's TB cases.

Mississippi reported 117 fewer cases in CY 1995 than in CY 1989, a 30 percent decrease in new cases in six years. Mississippi claims success in lowering the number of cases each year primarily because of directly observed therapy and an increased emphasis on preventive treatment. In CY 1995, more than 98 percent of the state's TB patients got directly observed therapy, and approximately 45 percent of patients placed on prophylactic treatment got directly observed preventive therapy. Approximately 75 percent of the people placed on preventive therapy completed treatment, preventing an estimated 252 tuberculosis cases.

An average of 253 patients got treatment each month for either confirmed or suspected tuberculosis disease. Another 2,441 were maintained on preventive therapy monthly.

In FY 1996, the TB Program certified 1,166 nurses and other health personnel through 38 TB Skin Test Certification workshops. An additional 25 participants attended Effective Tuberculosis Interviews courses presented by TB staff. Staff developed a Mississippi TB Today course to provide tuberculosis management training to approximately 60 MSDH employees in CY 1996. The TB Program purchased satellite receivers for each public health district office and the central office to facilitate future training initiatives.

In accordance with the agency's Air-borne Pathogen Exposure Control Policy, 192 MSDH employees were fit tested and supplied with appropriate filter masks to use when providing care to potentially infectious TB patients. The agency's annual screening initiative for TB infection tested approximately 2,711 MSDH employees. Additionally, the TB Program supplied ultraviolet germicidal fixtures to all county health departments not equipped to promote patient and employee protection from TB transmission.

Personal Health Services

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

Child Health

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

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

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

In FY 1996, the Child Health Program served 93,278 children between one and 21 years of age through the county health departments. Seven public health school nurses assigned to eight school districts around the state reported an additional 13,454 health encounters with teens. Services the public health school nurses provided included counseling for substance abuse, dropout prevention, suicide prevention, and pregnancy prevention, as well as some health assessments and minor care for sick or injured children in their schools.

■ **The School Mouthrinse Program** , one of several public health efforts aimed at improving the oral health of children with limited access to dental care, provided fluoride mouthrinse to Mississippi children at 163 elementary schools. The program provides the necessary supplies for schools kindergarten through fifth grade. Program staff monitor community water systems with fluoridation programs to ensure the optimum level of fluoride is maintained for maximum protection from dental decay. Additionally, the Dental Correction Program provided comprehensive dental care for 75 indigent children with severe dental problems who were not eligible for any other dental care programs.

- The Genetic Program has developed comprehensive genetic services statewide which include screening, diagnosis, counseling, and follow-up of a broad range of genetic related disorders. Genetic satellite clinics are strategically located in seven areas and four sickle cell clinics, making genetic services accessible to all residents of the state on a referral basis. These clinics served more than 1,350 patients in FY 1996.

The newborn screening program includes testing for phenylketonuria, hypothyroidism, galactosemia, and hemoglobinopathies. With 41,852 newborns screened, one case of phenylketonuria and eight positive cases of hypothyroidism were identified in the past year. At least 65 hemoglobinopathy cases were identified through the program.

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

The state Early Intervention Act for Infants and Toddlers and federal laws mandate this collaborative system formed by seven state agencies to identify all children with developmental needs and to provide the children and their families with service coordination, comprehensive evaluation, service plan development, procedural safeguards, and linkage to needed early intervention services. As the lead agency, MSDH serves as the single point of intake for the system and coordinates services through 59 service coordinator positions distributed according to need in all nine public health districts.

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

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

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

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

In FY 1996, the program spent more than \$5 million on diagnostic and treatment services for 7,000 children. Services included hospitalization, physician's services, appliances, and medications.

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

Home Health 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 1996, the Mississippi State Department of Health Home Health Agency served some 3,792 patients, reporting 272,063 visits.

Women's Health

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

- The American Cancer Society estimates 460 Mississippi women lost their lives to breast cancer in 1996, and an estimated 200 cases of cervical cancer were diagnosed. The Breast and Cervical Cancer Early Detection Program works to reduce high morbidity and mortality caused by breast and cervical cancer in Mississippi.

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

The target population for the program is uninsured, underinsured, and minority women. Women 50 years of age and older are the target group for mammography screening, and women 18 years and older are the target for cervical cancer screening.

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

In FY 1996, more than 100,000 women got cost-effective Pap smear screening through the maternity and family planning clinics in the state.

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

- 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 101,000 Mississippians — some 30,000 of them 20 years of age or younger — took advantage of comprehensive family planning services during FY 1996. 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 1996, the family planning patient caseload increased. Program providers met all indicators required for compliance with federal regulations.

Based on the number and characteristics of Family Planning Program participants in CY 1995, some 15,807 unwanted, unplanned pregnancies were prevented; of those, some 4,658 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 18,000 pregnant women — about 46 percent of the women who gave birth in Mississippi in CY 1995 — received their prenatal care in county health departments. Public health nurses, nurse practitioners, physicians, nutritionists, and social workers provide this cost-effective, comprehensive preventive care. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a critical component of the maternity care effort.

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

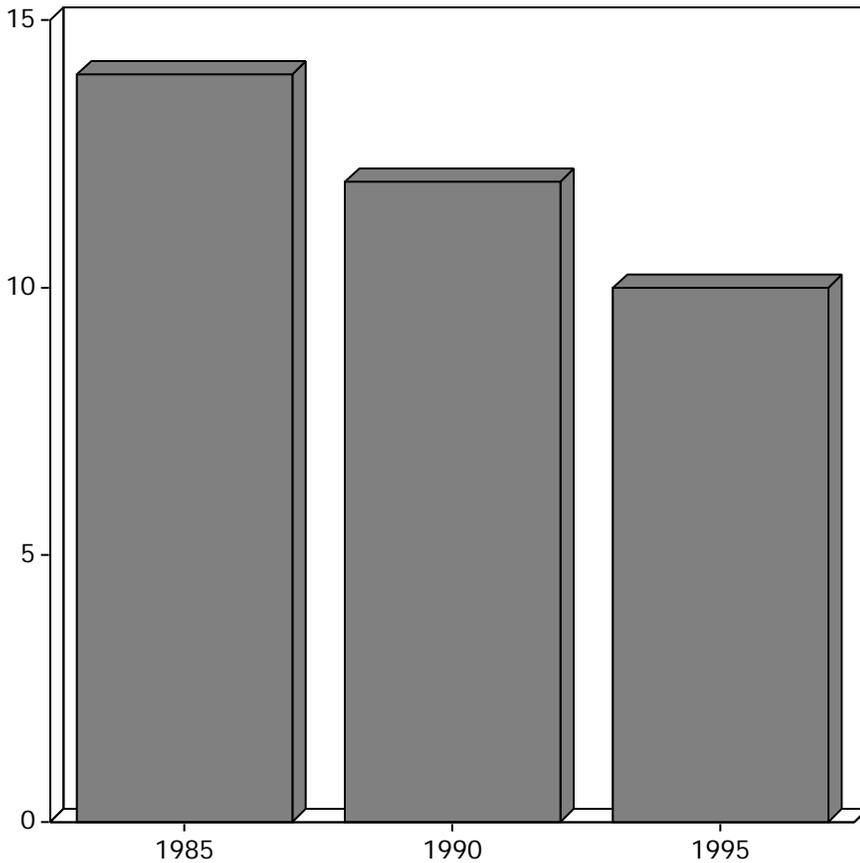
The public health team evaluates maternity patients at each visit, using protocols which reflect national standards of care for maternity patients. They place special emphasis on identifying high risk problems and ensuring appropriate care to reduce or prevent problems. This includes arranging for delivery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

The Perinatal High Risk Management/Infant Services System (PHRM/ISS) provides a multidisciplinary team approach to high-risk mothers and infants. Targeted case management, combined with the team approach, can better treat the whole patient, improve the patient's access to available resources, provide for early detection of risk factors, allow for coordinated care, and decrease the likelihood of the infant's being born too early or too small. These enhanced services include nursing, nutrition, and social work. This team of professionals provides risk screening assessments, counseling, health education, home visiting, and monthly case management. In FY 1996, the program served 5,240 high-risk mothers and infants. The program now operates in 60 county health departments.

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

Perinatal Regionalization is a coordinated system of perinatal care for a defined region which allows all pregnant women and/or their newborn babies to benefit from the availability of risk-appropriate medical and hospital care. The system encompasses aspects of education, evaluation, referral, and transport.

Figure 5
Infant Mortality



Deaths per 1,000 Live Births

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

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

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

The Mississippi WIC bureau distributed 1,218,661 monthly food packages during fiscal year 1996 at an average cost of \$28.74 per package. Mississippi's package cost is five percent below the national average of \$30.41. 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 101,555 participants each month, a decrease of one percent under the previous year. The program serves 70 percent of the potentially eligible population.

WIC serves 100 percent of eligible babies, age one year and under, which represents more than 73 percent of all babies born in the state. Some 29,920 babies get help from WIC.

A monthly average of 20,966 pregnant, postpartum, and breast-feeding women were on WIC during FY 96, as well as 59,669 children under the age of five years. Eighty-seven percent of those served were in the top three priorities. The Mississippi WIC bureau has a participation rate of almost 94 percent of those enrolled.

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

WIC is funded entirely with federal appropriations in the amount of \$59 million for FY 1996. WIC employs a total of 506 staff working in clinics, food distribution centers, and the state office, including 89 full-time equivalent nutritionists and 42 full-time equivalent nurses.

Health Regulation

Environmental Health

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

- The Boiler/Pressure Vessel Safety Division protects people and property from injury and damage due to boiler and pressure vessel explosions. State and private insurance inspectors checked 11,256 boilers and pressure vessels in FY 1996. Inspectors identified 287 dangerous violations of rules and regulations relating to boiler and pressure vessel safety and succeeded in getting 291 dangerous and 115 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 Division of Water Supply assures that safe drinking water is provided to the 2.5 million Mississippians — 96 percent of the population — who rely on the state's 1,586 public water supplies by regulating the engineering design, construction, operation, and maintenance of these water supplies; by enforcing the water quality standards of the Federal and Mississippi Safe Drinking Water Acts (SDWAs); and by ensuring that each community public water supply is operated and maintained by a waterworks operator who has been licensed by the Mississippi State Department of Health. Division staff conducted sanitary surveys of 1,402 public water supplies during FY 1996 to locate and resolve potential public health problems; negotiated with consulting engineers the final design of 548 water supply construction projects in accordance with agency minimum design standards; and conducted three week-long waterworks operator short courses and 21 one-day seminars to train public water supply officials and to support the mandatory waterworks operator licensure program.

The State Department of Health is charged with supporting the activities of the Governor's Task Force on Drinking Water and Wastewater, established in July 1994. The Task Force recommended specific legislation to the Governor and the 1996 Legislature: (1) changes to state law to authorize the MSDH to assess adequate water quality fees to support Mississippi's public water supplies in completing all water quality analyses required by the Federal Safe Drinking Water Act; (2) technical amendments to the current statute that created a State Drinking Water Revolving Loan Fund to support public water supplies in making critically needed infrastructure improvements that includes an "emergency" loan program; and (3) reinstatement of legislation authorizing the MSDH to regulate individual wastewater systems.

During the fiscal year, the agency 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 Act. The major water quality problem encountered by Mississippi's public water supplies is bacteriological contamination. This bacteriological contamination is caused by many factors, but the most significant are poor operation/maintenance and old, out-dated water systems.

- 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 1996, division staff completed 30 federal x-ray compliance inspections; 10 federal Abdomen/LS Spine quality assurance inspections; of some 4,781 healing arts x-ray tubes registered, inspected 616 medical and 534 dental x-ray tubes; and approved 26 shielding plans. Staff members inspected 91 radioactive material licenses, of which 39 were in compliance; 23 industrial and academic x-ray registrations, of which 17 were in compliance; and nine general licenses, of which five were in compliance.

County environmentalists inspected 280 of the state's 830 registered tanning facilities. Almost half – 143 of the 280 registered facilities — were in full compliance. The staff also registered four consultants, three radiation machine assemblers, and 20 mobile vans for a total of 30 consultants, 93 assemblers, and 32 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 seven investigations and evaluated two shielding plans for medical linear accelerators. The staff also revised and distributed certain sections of the Regulations for the Control of Radiation in Mississippi for compatibility with federal regulations.

Naturally occurring radioactive materials (NORM) associated with oil and gas production required staff to conduct six investigations and inspections; staff also collected water, soil, and sludge samples. Staff also conducted a survey to verify the removal of NORM from a site.

Staff collected and analyzed 1,104 environmental samples in the vicinity of the Grand Gulf Nuclear Station, 429 at the Salmon Test Site in Lamar County, 82 NORM samples, and 102 special samples. All the 1,717 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 188 water supplies for radioactivity, completing the four-year testing cycle. Staff also participated in EPA's Water Supply Laboratory Certification Program, which consisted of analyzing 50 samples for 13 radionuclides and gross alpha or gross beta radioactivity. Staff evaluated radon concentrations in 1,139 occupied spaces of 27 Mississippi schools and 301 occupied spaces in 15 governmental structures.

Staff participated in a graded exercise conducted by the Federal Emergency Management Agency for the Grand Gulf Nuclear Station (GGNS), exercising the state's emergency response plan for the plume exposure pathway; reviewed and telephonically discussed proposed amendments to the GGNS Operating License for significant hazards considerations; participated in discussions with EPA, DOE, and DEQ regarding the Salmon Test Site; received renewal of a DOE grant to purchase additional analytical equipment and to reimburse salaries and travel for time spent in oversight activities at the Salmon Test Site; and consolidated responses from Low-Level Radioactive Waste Generators in Mississippi for incorporation in an annual report and waste projections by the Southeast Compact Commission for Low-Level Radioactive Waste Management.

- Public health environmentalists within the agency's Division of Sanitation in FY 1996 made 35,408 inspections and issued permits to 16,278 food-handling establishments, including conventional restaurants, fast food franchises, grocery stores, supermarkets, institutions, hospitals, schools, and day care centers.

Regional environmentalists completed standardization in food service sanitation. All nine environmental health district supervisors are standardized, and county environmentalist standardization is ongoing.

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

Food Protection hosted two FDA training courses on Hazard Analysis Critical Control Points (HACCP). Almost 800 personnel from education, industry, and institutions attended HACCP training seminars. Food Protection staff participated in three statewide trade shows with industry.

During FY 96, Mississippi was without a substantive wastewater law. Most of the existing law died under sunset provisions and was not re-enacted. With no requirement in place for prospective home builders to come through the MSDH, soil-site evaluations dropped by 47 percent from last year to 9,256.

A contract with the U.S. Soil Conservation Service provided a soil scientist who gave training and technical assistance in the onsite wastewater program. Sanitation Division staff conducted four educational seminars on onsite wastewater disposal to certify wastewater system installers. Public health environmentalists issued final approval of 4,378 new individual wastewater systems and 2,670 existing systems. Licenses were issued to 534 wastewater system installers and 128 sewage pumpers.

Public health environmentalists inspected 662 mobile home and recreational vehicle parks and approved 674 private water wells. Environmentalists also investigated approximately 4,879 general sanitation complaints and 529 animal bites and rabies complaints.

The Institutional Sanitation Branch staff performed approximately 300 sanitation and nutrition inspections of Mississippi correctional facilities. Environmentalists conducted safety inspections at 966 family day care homes for participation in USDA's Child Nutrition Program. Staff conducted 37 reviews for ADA requirements. Under a contract with the Consumer Product Safety Commission, they conducted 12 consumer product safety investigations.

The Sanitation Division's lead program specialist conducted environmental assessments for 78 children with elevated blood lead levels. The assessments involved taking paint samples, dust wipe samples and soil samples. All were analyzed for lead. Lead hazards were detected in paint in 85 percent of the cases and in dust in 75 percent of the cases. Soil was shown to contain a lead hazard in 45 percent of the cases.

The State Department of Health medical entomologist handled approximately 175 consultations concerning insect pests, their relationship to human health, and other pest problems. The entomologist helped direct the state Mosquito and Vector Control Association and helped organize an annual workshop to train municipal mosquito spray personnel. He lectured on arthropods and medicine for several national groups. He also taught the medical entomology section of medical parasitology at the University Medical Center and received grant funding to improve tick control and management recommendations. The entomologist wrote several scientific papers, book chapters, a new medical text book, and presented lectures on Lyme disease, Rocky Mountain spotted fever, encephalitis, and venomous arthropods of Mississippi.

From design and construction of Grade A dairies through product delivery to the retail or wholesale market, agency staff regularly inspect the facilities and analyze the quality of the product to strictly regulate the safety of milk and milk products. This covers 474 dairies, six pasteurization plants, and 92 milk haulers. Mississippi lists nine bulk tank units and permits 76 out-of-state milk plants.

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

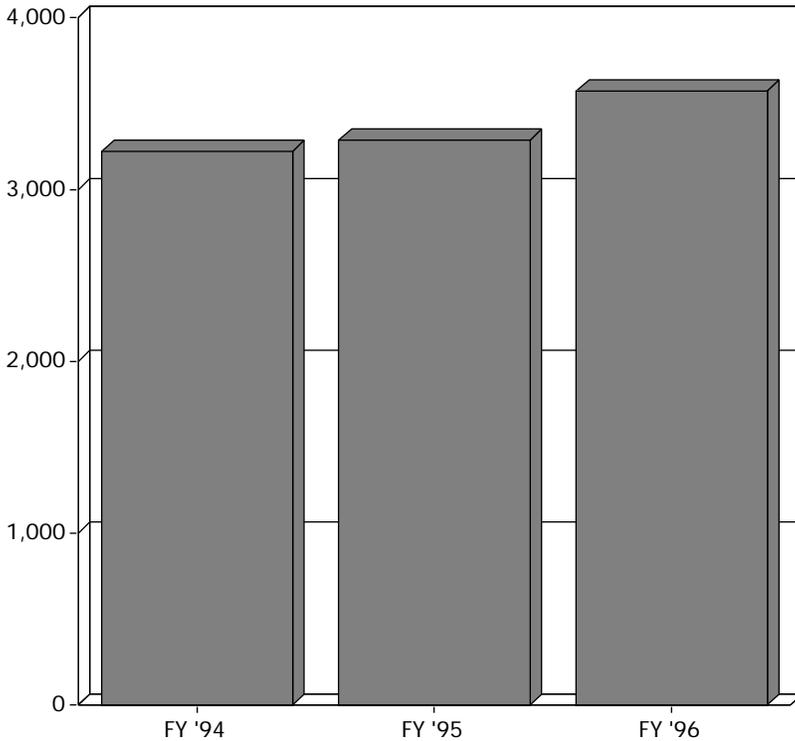
Licensure

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

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

Mississippi's EMTs responded to more than 249,000 calls for help in FY 1996. 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,

Figure 7
Number Ambulance Permits Issued



Mississippi had 140 licensed EMS providers — 132 ground and eight air services — which operate 412 state-permitted vehicles. The state boasts 740 EMT-Paramedics, the most intensively trained and tested EMTs; 281 EMT-Intermediates, who have studied to increase their skills beyond the level necessary for basic life support; and 2,212 EMTs, who take 110 clock hours training in patient assessment, first aid, and communication and transport skills.

In FY 96, Mississippi boasted 3,560 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

1996, the 14th year of the EMS Operating Fund's existence, the State Department of Health, Division of EMS, distributed \$1.9 million to counties and cities for local level services. Collections came from a \$5 assessment on each moving vehicle violation fine.

- The Division of Health Facilities Licensure and Certification is the Mississippi regulatory agency responsible for licensing hospitals, nursing homes, personal care homes, home health agencies, ambulatory surgical facilities, birthing centers, abortion facilities, and hospices. The division also certifies health care facilities for participation in the Medicare and/or Medicaid programs. Because the division requires health facilities to comply with state and federal standards, the level of care being delivered is continually upgraded, and patients/residents are protected from abuse and neglect.

The licensure and certification division staff includes 75 health care professionals: one director, seven managers, five generalist surveyors, 26 registered nurses, one pharmacist, three dietitians, three medical technologists, six fire safety specialists, two registered record administrators, and 17 secretaries and clerk typists.

The division conducts annual surveys of 889 health facilities. Follow-up visits verify that corrective actions have been implemented to rectify cited deficiencies. The surveyors also investigate all complaints and take appropriate actions. Approximately 500 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.

The division designed and implemented case-mix reimbursement and quality assurance programs for nursing facilities. Under the Clinical Laboratories Improvement Act of 1988, the staff inspect and certify the state's laboratories; more than 2,000 laboratories are regulated.

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

■ Licensure and Regulations

During FY 96, the professional licensure program staff issued licenses to 116 athletic trainers, 90 audiologists, 505 dietitians, 96 hearing aid specialists, 401 occupational therapists, 125 occupational therapy assistants, 996 physical therapists, 250 physical therapist assistants, 1,546 respiratory care practitioners, 3,348 social workers, and 586 speech-language pathologists.

The program staff also certified 17 eye enucleators and registered 41 speech-language pathology aides or audiology aides. In addition, the program staff processed more than 4,000 additional requests for information, verifications of licensure, copies of various licensing laws, and licensure packets. The staff investigated approximately 60 complaints related to the regulated disciplines, resulting in 39 administrative hearings.

■ The Child Care Facilities Licensure Branch inspected and licensed 1,530 day care facilities and 42 youth camps during FY 96. Staff also monitored 23 child residential homes. Inspections include but are not limited to a program review consisting of the care-giver's records check, children's records checks, immunization records checks, facility policies, facility program content, and building and grounds safety.

Staff investigated approximately 606 complaints related to licensed child care facilities and providers. They made an additional 211 inquiries into reports regarding unlicensed facilities. The branch held eight administrative hearings related to child care licensure.

Staff provided in-service training to more than 2,419 child care providers throughout the state. Sessions included preschool fire safety instruction, child abuse and neglect identification, appropriate discipline and administrative issues such as emergency procedures, child care facility policies and procedures, classroom management, and development of a parent handbook. Training was scheduled for both weekdays and weekends to allow as many participants as possible. The agency offered all staff development training to providers at no cost.

Planning and Resource Development

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

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

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

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

The planning staff developed the 1996-1997 **SHP** and identified six priority health needs:

- Disease prevention, health protection, and health promotion;
- Health care for the indigent, uninsured, and minorities;
- Health needs of mothers and babies;
- Health needs of the elderly;
- 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 1996, the staff reviewed 58 projects with an aggregate capital expenditure value of \$225,321,130.

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 96, the Office of Rural Health responded to 609 requests for information related to rural health. Staff conducted federal Rural Health Transition Grant reviews for the Office of the Governor and coordinated an update of the state's Health Professional Shortage Areas for primary medical care. Office staff also sponsored a physician recruitment workshop for providers; coordinated a workshop on establishing hospital geriatric psychiatric distinct part units; co-sponsored a physician recruitment fair for communities and providers; and published four newsletters on rural health topics.

Report Of Activities

Fiscal Year 1996 Report
of Activities by Program

Community Health Services

Diabetes patients served	2,250
Diabetic monitoring visits	3,717
Hypertensive patients admitted to treatment	9,550
Estimated TB cases prevented by preventive therapy	.252
AIDS cases reported	.324

Personal Health Services

■ Child Health

Children (ages 1-21) served	93,278
Elementary schools in the fluoride mouthrinse program	.163
Genetic counseling patients served	1,350
Newborns screened for phenylketonuria, hypothyroidism, galactosemia, and hemoglobinopathies	41,852

■ Children's Medical Program

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

■ Home Health

Patients served	3,792
Registered nurse visits	85,050
Aide visits	187,013

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

Women	20,966
Infants	29,920
Children	59,669

■ Women's Health

High-risk mothers and infants served through PHRM	18,000
Women screened for cervical cancer	100,000

■ Reproductive Health

Adult patients served	71,000
Teens served	30,000

Health Regulation

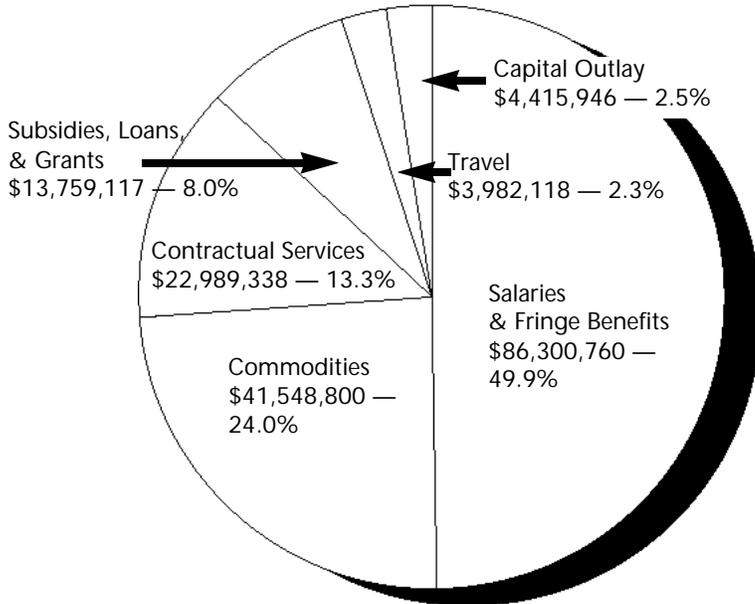
■ Environmental Health	
Environmental samples collected and analyzed for radioactivity . . .	1,717
Radon in indoor air evaluations and/or screenings	1,440
Boilers and pressure vessels inspected	11,256
Food establishments permitted	16,278
Inspections of food establishments	35,408
General sanitation complaints investigated	4,879
Sewage disposal inspections and soil/site evaluations	18,283
Dairy farm and milk plant inspections	2,748
Dairy samples analyzed	7,400
Environmental lead investigations	78
Community public water supplies surveyed	1,402
■ Licensure	
Ambulance permits issued	412
Emergency medical technicians certified/recertified	3,233
EMS drivers certified/recertified	3,560
Emergency services licensed/relicensed	140
Health facilities surveyed annually	889
Health facility complaints investigated	500
Youth camp inspections	42
Child residential care homes monitored per Notification Act	23
Day care facilities inspected and licensed	1,530
Day care complaints investigated	606
Licenses issued for athletic trainers, audiologists, hearing aid specialists, occupational therapists and occupational therapy assistants, physical therapists and physical therapy assistants, respiratory care practitioners, social workers, and speech-language pathologists	7,554
Registered or certified audiology aides, eye enucleators and speech-language pathology aides	58
■ Planning and Resource Development	
Declaratory rulings issued	619
Certificate of Need applications reviewed	58

Fiscal Affairs

Actual Expenditures by Program

	FY 1996	FY 1995	FY 1994
Admin. and Tech. Support . . .	\$9,191,557	\$8,634,513	\$7,989,634
Chronic Illness	14,208,838	15,821,942	16,475,693
Community Health	33,375,678	26,571,318	22,583,012
Environmental Health	11,718,991	11,916,284	9,726,401
Licensure and Resource Dev. . .	9,443,389	9,300,038	8,105,132
Maternal and Child Health . . .	95,056,626	92,682,321	81,090,643
Total	\$172,996,079	\$164,926,416	\$145,970,515

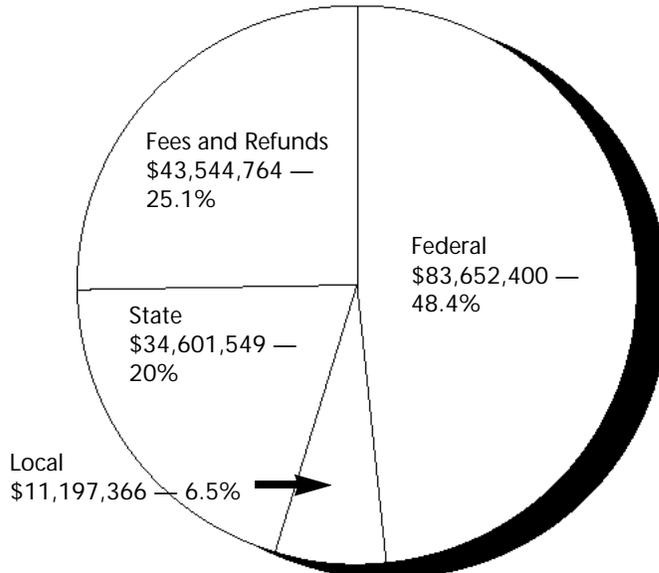
Figure 8
1996 Expenditures by Category



As of June 30, 1996, three-fourths of the agency's 3,077 authorized positions existed at county and district levels.

In FY 97, the State Department of Health will spend more than 77 percent of its budget on local operations. All but \$41 million of the projected expenditures will occur locally. Central office budgets will include some \$11 million in Health Regulation, \$10 million in Personal Health, \$9.5 million in Community Health, \$8 million in Administration and Technical Support, and \$2.7 million in the Office of State Health Officer.

Figure 9
1996 Expenditures by Fund



Changes In Law

Legislative Session 1996 — The Mississippi State Legislature passed and Governor Kirk Fordice signed into law seven major bills affecting public health.

- HB 903 — Death Certificates Identify Maternal Death: requires medical examiners and coroners to indicate on a death certificate if the female decedent was pregnant, had recently given birth, or had experienced a miscarriage. Information will be used to create a database for researching maternal deaths.
- HB 1147 — Medical Radiation Technology Machines: updates existing statutes related to the provision of standards for people operating these machines.
- HB 1610 — Water Supply Fee Collection: increases the agency's water supply fee collection capacity by \$400,000 to make the program more self-supporting.
- SB 2070 — Child Support: requires the agency, as well as other agencies, to check with the Department of Human Services' Division of Child Support Enforcement for the status of delinquency, if any, of people seeking professional licensure from the agency. If the professional licensure applicant is in arrears on child support, the agency is to withhold the professional license until compliance with child support is satisfactory.
- SB 2687 — Individual On-Site Wastewater Disposal: reenacts the bill - with improved provisions - that had been repealed. The bill provides for the regulation of construction and installation of systems for the handling and disposal of wastewater for homesites not connected to local sewage systems.
- SB 2817 — Abortion Facilities: revises licensure procedures for abortion facilities and changes definition of abortion facility.
- SB 3030 — Construction Bonds: authorizes the agency to construct a new facility — up to \$16 million — at its present site.

In addition, the Mississippi Senate commemorated 75 years of Public Health Nursing services in **SC 514**.

Mississippi State Board Of Health

Effective June 30, 1996

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

At the July 1996 meeting, Board members elected James Ferguson as chair and Lloyd Rose as vice chair to serve through June 30, 1997.

Changes In Regulations

The State Board of Health passed 18 changes in agency regulations during the 1996 fiscal year.

July 12, 1995

- Amendments to Regulations Governing Licensure of Physical Therapists and Physical Therapy Assistants — required by changes in state law passed by the 1995 Legislature.
- Minimum Standards of Operation for Hospice — reestablishes 1991 regulations after the Legislature revived a statute authorizing the promulgation of these standards.
- Guidelines for Work-Site Health Promotion — develops guidelines to be followed by agencies in establishing employee wellness programs, as authorized by the 1995 Legislature.
- Revisions to the Regulation Governing Individual On-Site Wastewater Disposal — updates wastewater regulations in response to the repeal of sections from the Individual On-Site Wastewater Disposal Law.
- Revisions to Regulation Governing production and Sale of Milk and Milk Products — adopts the 1993 Grade A Pasteurized Milk Ordinance, as recommended by the Food and Drug Administration.

October 11, 1995

- Regulations Governing Licensure of Youth Camps — drafted primarily by the Youth Camp Advisory Council, these changes revise sections of current regulations dealing with water craft and water sports.

- Amendments to Minimum Standards of Operation for Home Health — eliminates the restriction that a home health agency's geographic service are be limited to a 50-mile radius of the parent agency location and allow agencies to configure themselves in ways that improve patient care while promoting cost containment.
- Informal Dispute Resolution Procedure for Nursing Facilities — streamlines the agency's current Informal Dispute Resolution procedure.

January 10, 1996

- Amendments to Regulations Governing the Licensure of Speech-Language Pathologists and Audiologists — requires those speech pathologists and audiologists who are licensed in another state to meet state requirements before practicing in Mississippi.
- Amendments to Regulations Governing the Certification of Municipal and Domestic Water System Operators — reduces the number of years of experience required for certain operators, sets experience requirements, and requires written endorsement of two certified operators.

April 10, 1996

- Regulations Governing the Licensure of Hearing Aid Specialists — changes examination requirements.
- Amendments to Regulations Governing the Licensure of Youth Camps — provides administrative procedures for the suspension, revocation, or denial of a license.
- Amendments to Regulations of Minimum Standards for Institutions for the Aged or Infirm — incorporates an agency committee's recommendations concerning psychiatric residential treatment facilities.
- Amendments to Regulations Regarding Placement of Findings of Resident Abuse, Resident Neglect, and/or Misappropriation of Resident Property Against a Nurse Aide on the Nurse Aide Registry — changes regulations to comply with federal standards.
- Amendments to Minimum Standards of Operation for Mississippi Hospitals — allows hospital medical staff to address in their bylaws privileges of chiropractors and non-physician practitioners. The amendments also delete the requirement that each physician on staff be a member in good standing of the State Medical Society.
- Amendments to Rules and Regulations Governing Emergency Medical Services — amends the required equipment for ambulances and expands the definition of manual and automated external defibrillation.
- 1996 State Health Plan —revises the state's plan to identify priority health needs in Mississippi and recommends ways to meet those needs.
- Repeal of Regulation Governing Mobile Home Parks — eliminates duplication of standards addressed by other existing regulations.

Central Office Administrative Staff

Fiscal Year 1996

State Health Officer

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

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

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Planning and Resource Development — Harold Armstrong	.960-7874

Community Health Services

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

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Ernest Griffin, MPH, Assistant Office Director	.960-7463
Child Health — Sam Valentine, MHS	.960-7464
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WIC — John Barr	.987-6730
Women's Health — Hazel Gaines, BSN	.960-7464

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

Public Health District Staff

As of June 30, 1996

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 Diane Hargrove, MS, Deputy Director
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Delta Hills Public Health District III

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 701 Yalobusha Street, Greenwood 38930
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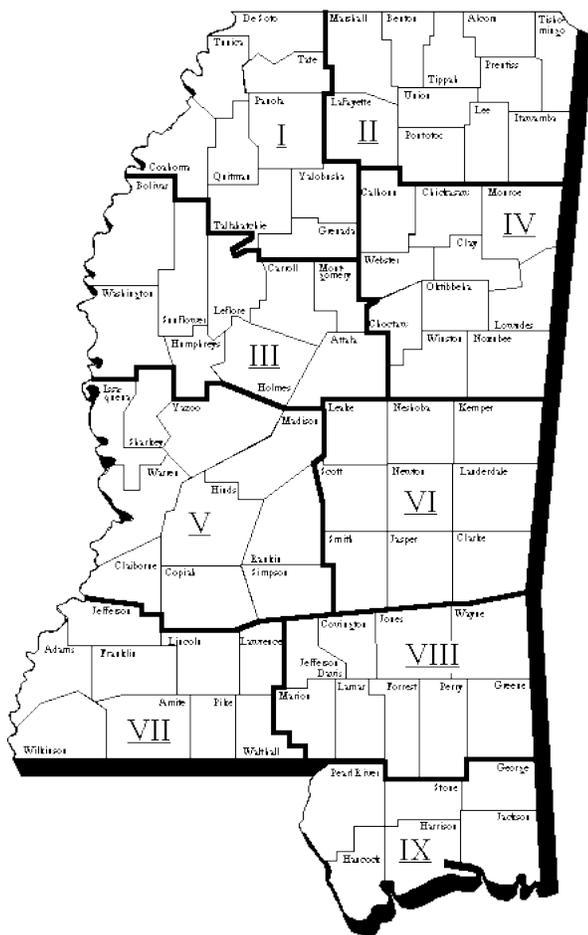
Southeast Public Health District VIII

Clay Hammack, MD, MPH, Director
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 602 Adeline Street, Hattiesburg 39401
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Coastal Plains Public Health District IX

Robert Travnicek, MD, MPH, Director
 Kathy Beam, MS, Deputy Director
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Figure 10
 Public Health Districts



County Health Department Directors

As of June 30, 1996

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

Equal opportunity
in employment/services