



MISSISSIPPI  
STATE DEPARTMENT OF HEALTH

# 2001 EXECUTIVE SUMMARY

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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.

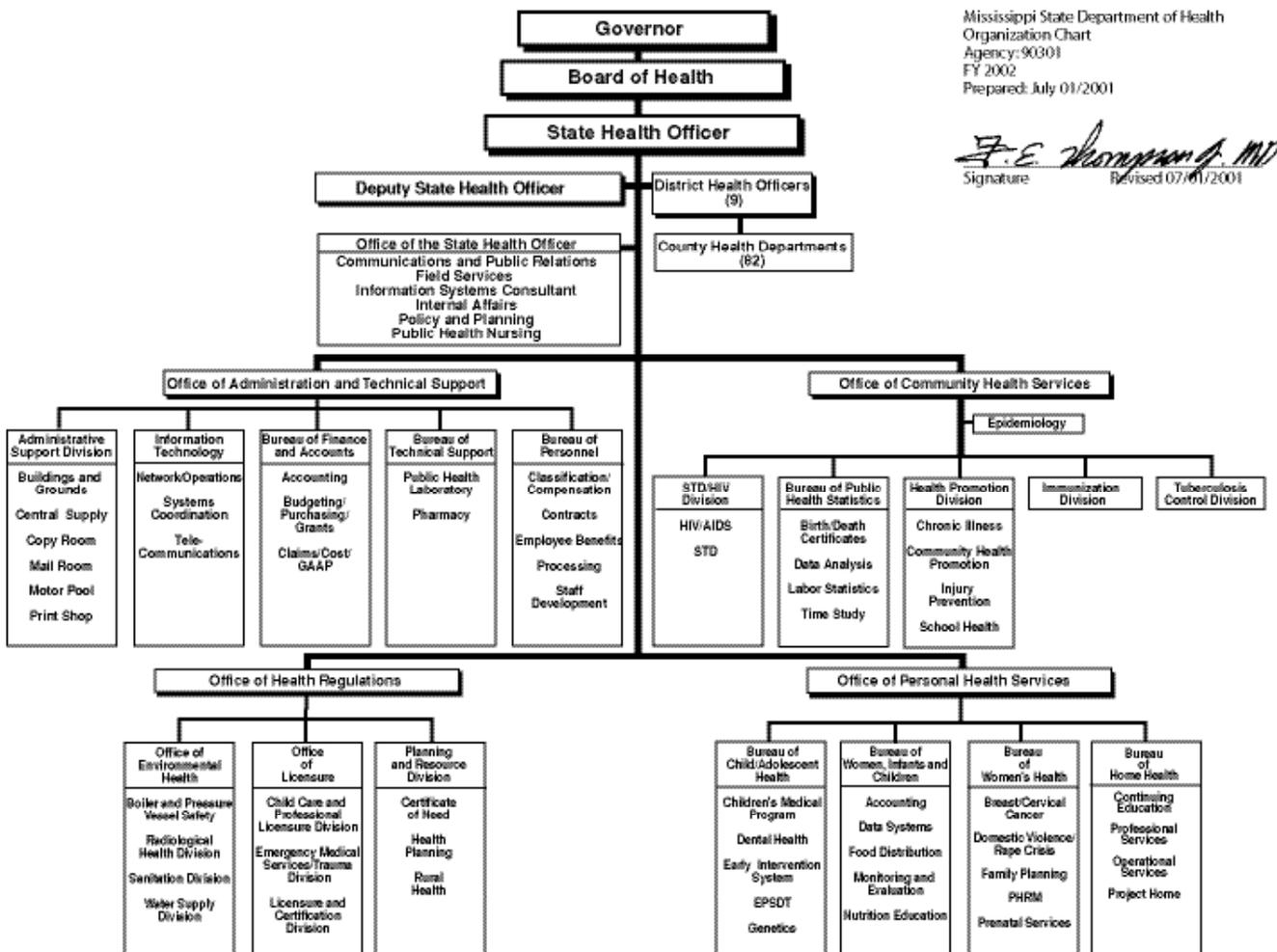
## Vision

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

- **Bioterrorism Preparedness And Response Capabilities** — State FY 2001 marked the second year of Centers for Disease Control and Prevention funding to Mississippi and other statewide public health jurisdictions for bioterrorism (BT) preparedness planning, readiness assessment, and potential response. Though the country's most visible attack and subsequent anthrax response occurred in the first quarter of FY 2002, Mississippi State Department of Health had already spent grant funds and tremendous human resources in preparation.

Mississippi achieved grant funding in August 1999 for Surveillance and Epidemiology Capacity (\$360,299) and for Laboratory Capacity for Biological Agents (\$154,633). The five-year grant award continued in State FY 2001 with more funding for Surveillance and Epidemiology (\$205,666) and for Laboratory Capacity (\$110,120). For State FY 2002, the continuation grant expanded to include the Health Alert Network (\$150,000) as well as Surveillance and Epidemiology (\$263,345) and Laboratory Capacity (\$116,278).

CDC aimed to upgrade state and local health departments' preparedness and response capabilities relative to bioterrorism. The program addressed the "Healthy People 2000" areas of immunization and infectious diseases, environmental health, and surveillance and data systems.

First year funding allowed the Department to hire staff, gain legal authority for surveillance — upgrade or change the classification of related reportable diseases or bioterrorist agents, to purchase broadcast fax for communications with licensed physicians and hospitals in Mississippi, and to deliver bioterrorism information for the primary physicians via the *Mississippi Morbidity Report*. The State Public Health Laboratory expanded testing capacity to BioSafety Lab 3 "hot lab" level through purchase of new equipment and supplies and conducted four workshops, training 168 persons from local hospital labs, physician clinics, and health departments in basic bioterrorism information, likely agents, Level A laboratory methods, and referral methods.

During the grant's second year — State FY 2001 — the Department contracted with the University of Mississippi Medical Center (UMC) Division of Infectious Disease physicians and the UMC Regional Poison Control Center to conduct regional training statewide for emergency room physicians and infectious disease practitioners; this resulted in learning opportunities for 231 people in six sites. The Department of Health identified BT teams in each of the nine public health districts — teams comprised generally of the health officer, chief nurse, epidemiology nurse, environmentalist, and administrator. The teams began to outline components of the State BT Plan, and the bioterrorism nurse coordinator, MSDH pharmacy director, and Mississippi Emergency Management Agency's terrorism coordinator attended the National Pharmaceutical Stockpile (NPS) Seminar in Atlanta to develop plans for resources necessary to get, organize, and distribute the CDC NPS in the event of a terrorist incident. Additionally, the Department completed Department of Justice Public Health Assessment for Public Health Preparedness Surveys for the nine districts, hired a data manager in the epidemiology unit, acquired 24/7 paging services for laboratory personnel, and contracted with a public health veterinarian to train, in coordination with a Federal Bureau of Investigations weapons of mass destruction coordinator, some 90 veterinarians in state regarding their role in BT preparedness and response. Finally, the Department purchased and installed software to expand the EMS data collection system, incorporating Syndrome/Chief Complaint reporting for real time epidemiology surveillance reporting, and provided copies of the CDC video "Smallpox Vaccine, Preparation and Administration" to all nine public health districts.

The Department anticipated the Year Three Continuation Grant for State FY 2002 would allow for participation in a BT tabletop exercise in Jackson with

federal, state, and local officials, including emergency medical services, Public Safety and MEMA. Activities for the Health Alert Network (HAN) would build on what the Department had previously requested to address community health threats effectively through giving local county health departments access to modern information systems and staff equipped with appropriate, regularly updated professional skills; to connect all in-state public health jurisdictions to the Internet via continuous, high-speed, secure connections; to establish a comprehensive distance learning infrastructure to enhance core workforce development; and to assure the development of local and state systems for rapid receipt and broadcast of urgent health alerts, surveillance data, and other information related to BT and other health threats among county health departments and community health care providers, first responders, and infectious control specialists.

■ **The Potential Impact Of Prevention On The Health Status Of**

**Mississippians** — In January 2001, the State Board of Health adopted a concept paper that declared the following: "One of the primary tenets upon which both the Mississippi Tobacco Settlement and the Mississippi Health Care Trust fund were established is that funds received as a result of the case of the State of Mississippi vs. The American Tobacco Company, et.al., be applied toward improving the health status and health care of the citizens of the state. Since Mississippi has a long history of health status indicators being affected by the state's education level, socio-economic status, maldistribution of health care providers, and high percentage of uninsured persons, there are many needs that are readily identified in the short-term. . . The state will soon reach a critical point, however, in the evolution of the fiscal resources derived through the Health Care Trust Fund. Projections for the Health Care Expendable Fund indicate that the state will have access to \$77,039,368 by 2004. It will be important for policy makers to carefully consider the investment of those resources if Mississippi's health status is to be affected in any meaningful way through their use. The purpose of this paper is to describe the parameters by which programs, services, and activities should be evaluated as considerations for funding occur."

Emphasizing that "prevention is basic to health improvement," the Board recommended that certain criteria be used to evaluate Health Care Expendable Fund expenditures requests:

- 1.) Programs, services, and activities that are preventive in nature and age-appropriate should be directed first toward the state's children. Examples of these strategies include tobacco, drug, and alcohol prevention; physical activity programs; and injury prevention activities.
- 2.) Programs, services, and activities that are preventive in nature and age-appropriate should be directed secondly toward the state's adult population. Examples of these strategies include tobacco, drug, and alcohol reduction/prevention; worksite and community physical activity activities; and injury prevention programs.
- 3.) Science-based interventions to reduce or eliminate the use of tobacco products should be considered as described in the Mississippi State Health Plan.
- 4.) If treatment services are provided with resources from the Health Care Expendable Fund, the appropriate prevention counseling/education and clinical preventive services indicated by science-based research should be required as part of the treatment service package.
- 5.) Wherever practicable, priority should be given to funding programs, services, or initiatives that are targeted toward the community or the population as a whole.
- 6.) Funds should not be used to defray the increasing costs of existing services nor to supplant the costs of services already funded through other sources.



# 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:

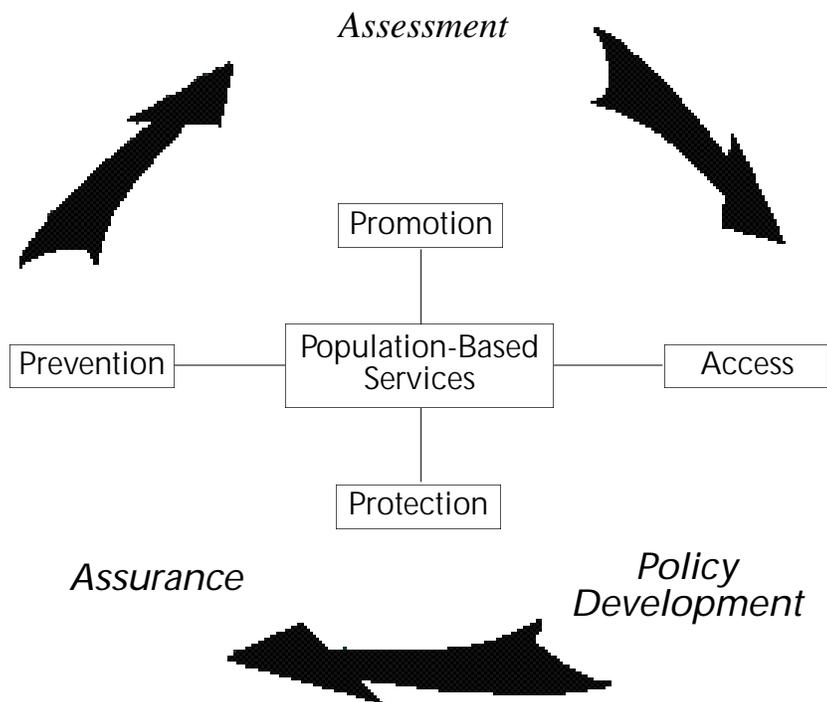
First, public health agencies assess community health status and whether the community has adequate resources to address the problems that are identified.

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 new 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 2001, the Diabetes Program served 575 patients and reported 886 diabetic monitoring visits.

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

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

- **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 2001, the program reported 9,508 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**

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 2001. Reported cases included such diseases and conditions as required, including encephalitis, E.Coli 0157:H7, hepatitis, Lyme disease, malaria, meningitis, salmonellosis, rabies, typhus, tetanus, tularemia, rocky mountain spotted fever, legionellosis, tuberculosis, and sexually transmitted diseases.

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.

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, Haemophilus influenza type b, hepatitis B, influenza, and pneumonia.

In FY 2001, Mississippi reported 61 cases of hepatitis A, four of pertussis (whooping cough), three 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 2001. In CY 2001, 88.5 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 at risk for post-neonatal death, and all Sudden Infant Death Syndrome deaths for follow-up by district and county nurses. Many agency programs get special statistical reports generated on a routine schedule. Special agency initiatives, grant writing, and grant administration and evaluation often call for adhoc statistical reports.

During CY 2000, the Bureau registered the following Mississippi occurrences: 44,075 live births, 28,529 deaths, 19,879 marriages, 14,177 divorces; staff also received reports of 474 fetal deaths and 3,758 induced terminations. The Bureau filed 1,296 adoption records, 467 delayed records, 1,093 court-ordered corrections and 6,967 affidavit corrections (primarily paternity affidavits) to existing records. Approximately 409,797 records were certified. In addition, the Bureau verified 130 occupational injuries which resulted in death.

## STD/HIV

The Division of Sexually Transmitted Disease (STD)/Human Immunodeficiency Virus (HIV) was formed shortly before FY 1996 from the merger of two previously separate programs. The Division's mission is to reduce the number of newly diagnosed STDs — including HIV infection 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 FY 2001, 546 cases of total early syphilis were reported — a nine percent decrease from FY 2000. That CY 2000 total of 130 cases of Primary and Secondary Syphilis represents a case rate of 4.6 per 100,000 population, placing Mississippi's rank to number four 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.

FY 2001's reports of 488 new HIV infections and 362 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 11 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 2001, an estimated 11,000 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 912 people in FY 2001, while the Home-Based Program served over 78. 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 states for incidence of TB, continued to exceed the national average with 6.1 cases per 100,000 people in CY 2000. Among Mississippi cases in CY 2000, 5.8 percent were HIV positive and 12.7 percent were drug resistant. Children, who are particularly vulnerable to rapid progression of the disease, represented 5.2 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 189 fewer cases in CY 2000 than in CY 1990, 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 2000, an average of 135 patients got directly observed therapy each month for confirmed or suspected TB disease. Fifty-one percent of the 2,805 people receiving treatment for latent tuberculosis infection in CY 2000 were on directly observed therapy.

Promoting employee health, 215 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 2,542 State Department of Health employees at risk for TB infection.

To increase TB awareness, the Program conducted 74 TB Skin Test Certification workshops, attended by 1,473 nurses and other health personnel to expand their knowledge and skills. An additional 12 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 2001, the Child Health Program served 76,710 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 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 1,550 patients in FY 2001.

The newborn screening program includes testing for phenylketonuria, hypothyroidism, galactosemia, and hemoglobinopathies. With 44,008 newborns screened, one case of phenylketonuria, no case of galactosemia, and six positive cases of hypothyroidism were identified in the past year. At least 63 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 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 2001, the program spent more than \$3.6 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 2001, the Mississippi State Department of Health Home Health Agency served some 2,013 patients, reporting 131,850 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 1,171,752 monthly food packages during FY 2001 at an average cost of \$30.89 per package. Mississippi's package cost is nine percent below the national average of \$32.95. 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 97,646 participants each month, an increase of nine 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 31,645 babies get help from WIC.

A monthly average of 23,725 pregnant, postpartum, and breastfeeding women were on WIC during FY 2001, as well as 42,276 children under the age of five years. In FY 2001 WIC Breastfeeding Program Staff provided a monthly average of more than 62,000 telephone counseling calls and 13,464 clinic visits to prenatal and postpartum breastfeeding women, 2,487 home visits, 2,657 hospital visits to postpartum breastfeeding women. Eighty-seven percent of those served were in the top three priorities. Mississippi WIC has a participation rate of almost 92.2 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 2001, 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 \$58 million for FY 2001. WIC employs a total of 512 full-time equivalent staff working in clinics, food distribution centers, and the state office, including 74 full-time equivalent nutritionists and 37 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 December 6, 2001, 6,273 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 victims of domestic violence — including children — and education regarding domestic violence and the impact that can be made on the cycle of violence. The rape crisis programs provide direct services to victims of rape and sexual assault and provide a public awareness campaign aimed at reducing the incidence of sexual assault.

In FY 2001 the 13 domestic violence shelters that received funding from the program answered 48,038 crisis line calls and provided shelter for 1,209 women and 1,415 children. Domestic violence shelters provided educational activities to 55,853 participants through a total of 1,417 programs.

Rape Crisis Programs conducted 185 media activities. These activities focused on prevention and education. Law enforcement trainings totaled 33 sessions to a total of 685 participants. Calls to Rape Crisis Centers totaled 10,364 for information and 9,262 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 86,000 Mississippians — some 28,000 of them 19 years of age or younger — took advantage of comprehensive family planning services during FY 2001. 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 2001, the family planning patient caseload decreased by 2,000. Program providers met all indicators required for compliance with federal regulations.

Based on the number and characteristics of Family Planning Program participants in FY 2001, some 14,023 unwanted, unplanned pregnancies were prevented; of those, some 4,570 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 11,500 pregnant women — about 26 percent of the women who gave birth in Mississippi in CY 2000 — 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 2001, the program served 27,413 high-risk mothers and infants. The program is now available statewide.

In 1997, the Mississippi Infant Mortality Task Force was instrumental in assisting the Mississippi State Department of Health in securing a SPRANS Grant from the Maternal and Child Health Bureau (MCHB) to conduct a three-year Fetal and Infant Mortality Review (FIMR) study. FIMR is a community-owned, action-oriented process that results in improved service systems and resources for women, infants and families.

The FIMR process brings a community team together to examine confidential, de-identified cases of infant deaths. The purpose of these reviews is to understand how a wide array of local, social, economic, public health, educational, environmental and safety issues relate to the tragedy of the loss.

In October 2000, the Department received a Pregnancy Risk Assessment Monitoring System (PRAMS) grant. 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.

# 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 14,293 boilers and pressure vessels in FY 2001. Inspectors identified 372 dangerous violations of rules and regulations relating to boiler and pressure vessel safety and succeeded in getting 353 dangerous and 100 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 1,510 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 1,310 public water supplies during FY 2001 to locate and resolve potential public health problems; negotiated with consulting engineers the final design of 1,287 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 2001, this DWSRF loan program made approximately \$17.2 million in loans to 23 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 2001, \$567,000 in emergency loans were made to six public water systems.

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 2001 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 2001, 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 2001, 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 2001, 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 2001, 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 2001, staff completed 92 federal mammography inspections; of some 5,486 healing arts x-ray tubes registered, inspected 1,037 medical and 1,290 dental x-ray tubes; and approved 17 shielding plans. Staff members inspected 150 radioactive material licensees, of which 106 were in compliance; 31 industrial and academic x-ray registrants, of which 28 were in compliance; and 15 general licensees, of which eight were in compliance.

County environmentalists inspected 297 of the state's 832 registered tanning facilities. The staff also registered 10 radiation machine assemblers and nine mobile vans for a total of 122 assemblers and 50 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 four investigations.

Staff collected and analyzed 971 environmental samples in the vicinity of the Grand Gulf Nuclear Station, 274 at the Salmon Test Site in Lamar County, and 52 special samples. All 1,297 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 868 water supplies for radioactivity, completing the four-year testing cycle. In addition 1,272 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 882 occupied spaces of 25 Mississippi schools and 465 occupied spaces in 26 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.

- Public health environmentalists within the agency’s **Bureau of Environmental Services** in FY 2001 made 28,886 inspections and issued permits to 11,615 food-handling establishments, including conventional restaurants, fast food franchises, institutions, hospitals, and schools. Inspections included 893 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 35 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 satellite downlink was available to all nine districts. Food program in-services were provided in all of the nine public health districts.

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 13,407 soil/site evaluations in FY 2001.

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 1,150 renewals for wastewater contractors licenses and 325 new wastewater contractors licenses, a total of 1,475 — a 21 percent increase.

Public health environmentalists issued final approvals for 5,344 individual onsite wastewater disposal systems, 1,974 existing wastewater disposal systems, 75 sewage pumpers licenses, 734 private wells, 431 rabies investigations, 65 recreational vehicle park permits, and 3,947 general sanitation complaints.

The Onsite Wastewater Branch completed a three-year grant program for the demonstration of repair options for failing systems, and published a repair manual.

The Institutional Sanitation Branch staff performed approximately 300 sanitation and nutrition inspections of Mississippi correctional facilities. Environmentalists conducted safety inspections at 594 family day care homes for participation in USDA's Child Nutrition Program. Staff conducted 22 reviews for ADA requirements. Under a contract with the Consumer Product Safety Commission, they conducted 24 consumer product safety investigations.

The lead program specialist conducted environmental assessments of 94 dwellings for 57 children with elevated blood lead levels, 50 of whom were new lead cases for FY2001. 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 84 percent of the lead-poisoned children; hazardous levels of lead in dust in the environments of 96 percent of the children; hazardous levels of lead in the soil in the environments of 35 percent of the children. Lead was detected in vinyl miniblinds in the environments of 74 percent of the children, and ceramic tubs or sinks in the environments of 44 percent of the children also contained lead. People working with lead as an occupation or hobby frequented the dwellings of 19 percent of the children.

The State Department of Health medical entomologist handled approximately 157 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 5,000 people in 14 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.

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 314 dairies and 92 milk haulers. Mississippi lists eight bulk tank units and permits 62 out-of-state and three in-state milk plants.

Regulations requiring bottled water processors to be permitted have resulted in 106 processors receiving permits. Thirteen of these processors are located in Mississippi. Additionally, staff issued frozen desert permits to 53 processors out-of-state and two 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 \$6,638,000 was distributed for uncompensated care in October 2001.

Mississippi's EMTs responded to more than 325,000 calls for help in FY 2001. 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 136 licensed EMS providers — 128 ground and eight air services — which operate 550 state-permitted vehicles. The state boasts 1,248 EMT-Paramedics, the most intensively trained and tested EMTs; 239 EMT-Intermediates, who have studied to increase their skills beyond the level necessary for basic life support; and 1,646 EMTs, who take 110 clock hours (minimum) training in patient assessment, first aid, and communication and transport skills.

In FY 2001, Mississippi boasted 3,403 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 2001, the 18th year of the EMS Operating Fund's existence, the State Department of Health, Division of EMS, expended \$1.88 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 1,864 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 2001, the professional licensure program staff issued licenses to 197 athletic trainers, 116 audiologists, 573 dietitians, 113 hearing aid specialists, 605 occupational therapists, 165 occupational therapy assistants, 1,208 physical therapists, 424 physical therapist assistants, 1,677 respiratory care practitioners, and 729 speech-language pathologists.

The program staff also certified and registered six art therapists, eight eye enucleators, 55 speech-language pathology aides or audiology aides, 2,070 radiation technologists, 134 tattoo artists and 40 body piercers. During the past fiscal year, the Professional Licensure Branch processed more than 8,200 licensure applications, issued 8,120 licenses, conducted 18 complaint investigations, held two administrative hearings, entered into four agreed orders, and revoked or suspended three 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 1,755 day care facilities and 40 youth camps during FY 2001. Staff also monitored 19 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 357 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 4,066 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, 35 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.
- Therapeutic radiation services; and
- Comprehensive rehabilitation services.

The planning staff developed the FY 2002 **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 2001, the staff reviewed 113 projects with an aggregate capital expenditure value of \$352,266,534.

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 2001, the Office of Rural Health responded to 184 requests for information related to rural health. Current program activities include: (a) conduct quarterly patient origin studies; (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 2001  
Report of Activities  
by Program

## Community Health Services

|                               |        |
|-------------------------------|--------|
| AIDS cases reported           | .362   |
| Diabetes patients served      | .575   |
| Diabetic monitoring visits    | .886   |
| Hypertensive treatment visits | .9,508 |

## Personal Health Services

### ■ Child Health

|  |         |
|--|---------|
| Children (ages 1-21) served  | .76,710 |
| Genetic counseling patients served   | .1,550  |
| Newborns screened for phenylketonuria, hypothyroidism,<br>galactosemia, and hemoglobinopathies | .44,008 |
| Children's Medical Program<br>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 | .1,331  |
| Radon in indoor air evaluations and/or screenings              | .881    |
| Boilers and pressure vessels inspected                         | .14,293 |
| Food establishments permitted                                  | .11,615 |
| Inspections of food establishments                             | .28,886 |
| General sanitation complaints investigated                     | .3,947  |
| Sewage disposal inspections and soil/site evaluations          | .22,542 |
| Dairy farm inspections   | .1,884  |
| Milk plant inspections   | .35     |
| Milk samples analyzed  | .9,415  |
| Environmental lead risk assessments                            | .94     |
| Community public water supplies surveyed                       | .1,260  |

## Health Regulation *(continued)*

### ■ Licensure

|  |        |
|--|--------|
| Ambulance permits issued   | .550   |
| Emergency medical technicians certified/recertified  | .2,363 |
| EMS drivers certified/recertified  | .3,409 |
| Emergency services licensed/relicensed   | .131   |
| Health facilities surveyed   | .922   |
| Health facility complaints investigated  | .426   |
| Youth camp inspections   | .80    |
| Child residential care homes monitored per Notification Act  | .19    |
| Day care facilities inspected and licensed   | .1,755 |
| Day care complaints investigated   | .357   |
| Licenses issued for athletic trainers, audiologists,<br>hearing aid specialists, occupational therapists<br>and occupational therapy assistants, physical therapists<br>and physical therapy assistants, radiation technologists,<br>respiratory care practitioners, speech-language pathologists,<br>tattoo artists, AA Therapists, and body piercers | .8,061 |
| Registered or certified audiology aides, eye enucleators<br>and speech-language pathology aides  | .55    |

### ■ Planning and Resource Development

|   |      |
|---|------|
| Declaratory rulings issued                | .471 |
| Certificate of Need applications reviewed | .113 |

### ■ Health Facilities *(Licensed or Certified)*

|  |        |
|--|--------|
| Hospitals-accredited                                   | .57    |
| Hospitals-non-accredited                               | .47    |
| Nursing facilities                                     | .194   |
| Home health agencies                                   | .62    |
| Intermediate care facilities for the mentally retarded | .13    |
| Personal care homes                                    | .203   |
| Hospices   | .44    |
| Ambulatory surgical facilities                         | .29    |
| Community mental health centers                        | .5     |
| Rural health clinics                                   | .136   |
| End stage renal disease facilities                     | .62    |
| Comprehensive outpatient rehabilitation facilities     | .21    |
| Rehabilitation agencies                                | .47    |
| Abortion facilities                                    | .2     |
| Utilization review agents                              | .144   |
| Laboratories - CLIA surveys                            | .1,864 |

# Fiscal Affairs

## Actual Expenditures by Program

|                           | FY 2001              | FY 2000              | FY 1999              |
|---------------------------|----------------------|----------------------|----------------------|
| Chronic Illness           | 9,945,839            | 9,859,567            | 8,751,490            |
| Community Health          | 40,101,781           | 35,316,334           | 35,788,916           |
| Environmental Health      | 14,334,933           | 12,786,363           | 11,921,754           |
| Licensure & Resource Dev. | 17,554,613           | 21,154,574           | 8,393,931            |
| Maternal & Child Health   | 105,863,304          | 107,750,130          | 98,333,564           |
| Support Services          | 13,072,329           | 13,146,054           | 12,177,009           |
| <b>Total</b>              | <b>\$200,872,799</b> | <b>\$200,013,022</b> | <b>\$175,366,664</b> |

Figure 4  
2001 Expenditures by Category

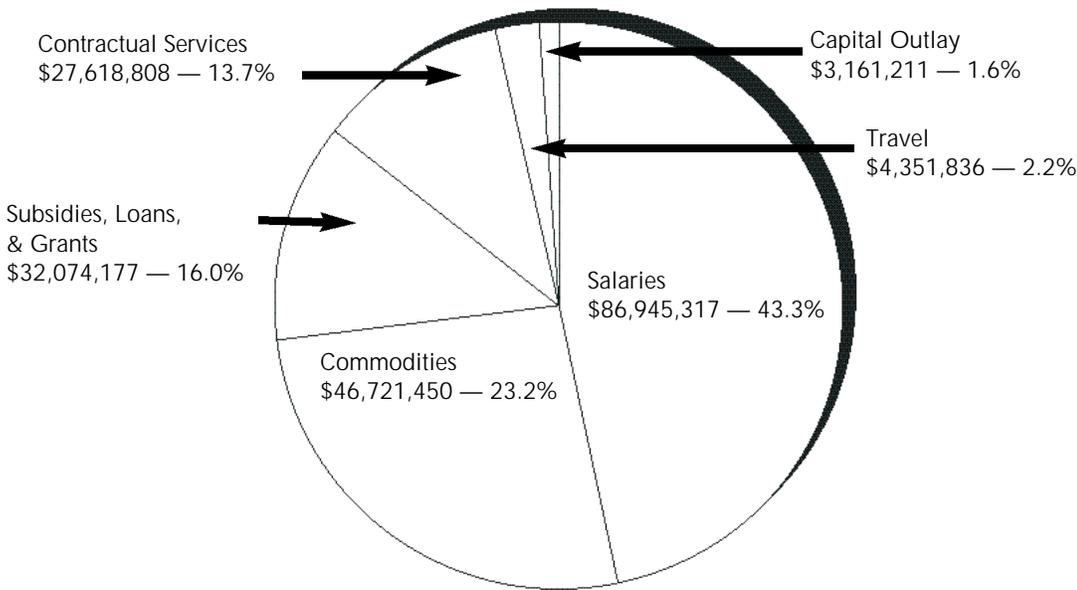
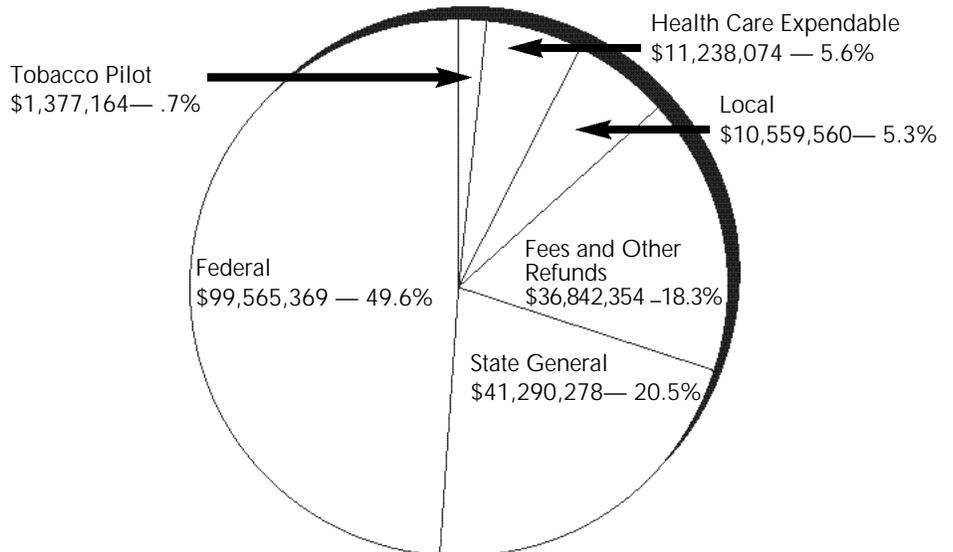


Figure 5  
2001 Expenditures by Fund



# Changes In Law

Legislative Session 2001 - The Mississippi State Legislature passed and Governor Ronnie Musgrove signed into law a number of major bills affecting public health.

- SB 2210 and HB 986 - Genetics: The State Board of Health recommended inclusion of screening for congenital adrenal hyperplasia (CAH); failure to screen newborns for CAH, an inability to synthesize cortisol, can lead to enzymatic defects. Both chambers supported the concept, and Governor Musgrove signed SB 2210 on March 12, 2001. Additionally, HB 986 added the language to require the Department of Health to develop materials for physicians or others attending newborns or providing prenatal care to inform them about genetic tests available; Governor Musgrove signed HB 986 on April 7, 2001.
- HB 1028 - Child Care Licensure: The State Board of Health recommended technical amendments to the child care licensure statute to prevent "schools" from being treated as child care facilities, to add a consumer to the Child Care Advisory Council, and to allow the release of information about a child care center when only facts but no individual name or identifying information is requested. A late amendment, impacting Head Starts and school-readiness programs, resulted in the Governor's veto with the caveat that the amendment's deletion would eliminate future problems with the bill. Introduced without the previous session's amendment, the bill passed and received the Governor's signature March 12, 2001.
- SB 2212 and HB 1022 - Early Intervention: SB 2212 focused on general technical amendment updates, and HB 1022 focused on updating newborn hearing screening. Both bills passed, with Governor Musgrove signing the Senate bill on March 12, 2001, and the House version on March 13, 2001.
- SB 2213 - Pharmacy: added to controlled substance statutes. SB 2213 addressed three changes needed to have Mississippi's controlled substance statutes mirror the US Food and Drug Administration's: adding gammahydroxybutyric acid (GHB) to Schedule I; excepting GHB, when used under FDA-authorized new drug application investigations, to Schedule III; and changing zaleplon to Schedule IV. Governor Musgrove signed the legislation March 24, 2001.
- HB 1225 and SB 2957 - Environmental Health: re-enacted Mississippi Individual On-Site Wastewater Disposal Law. The State Board of Health recommended re-enactment of the Individual On-Site Wastewater Law, scheduled to sunset June 30, 2001; the Senate attempted to strengthen the Department's authority over wastewater regulation and enforcement, but a conference report on HB 1225 returned the bill to its original scope. The State Board of Health had also recommended requirement of a performance bond for financial resource for homeowners to help repair potentially faulty systems; HB 1225 included that language. The Governor approved the legislation and extension of the law on April 7, 2001.
- SB 2209 - Emergency Medical Services: The State Board of Health recommended changes to upgrade and improve the EMS systems through technical amendments to the EMS statutes.. Both chambers agreed, and Governor Musgrove approved the legislation April 16, 2001.

- HB 1224 - Occupational Therapy: With concurrence of the Department's Occupational Therapy Advisory Council, the State Board of Health recommended technical amendments to Mississippi Occupational Therapy Practice Act. The Governor signed the bill on March 13, 2001, after passage in both chambers.
- HB 1018 - Reauthorization. The Governor approved legislation March 13, 2001, that reauthorized and described duties of the State Board of Health and the Department of Health.
- HB 1616 - General Appropriations. Governor Musgrove vetoed on March 30, 2001, and the Legislature over-rod that same day the appropriation of \$207,047,046; the bill also authorized 2,694 positions.
- HB 882 - Public Health Statistics: deleted fee language from Registration of Record of Marriage. To address conflicting language in the statute with the Department's Board-approved fee collections, The Board of Health recommended deletion of a 50-cent certification charge for copies of marriage records used as prima facie evidence in any Mississippi court. Governor Musgrove signed the bill on March 13, 2001.

# Mississippi State Board Of Health

*Effective June 30, 2001*

| <b>Represents</b> | <b>Name</b>                      | <b>Term Expires</b> |
|-------------------|----------------------------------|---------------------|
| 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        | Walter Johnson, Jackson          | 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 12, 2000, meeting, Board members re-elected H. Allen Gersh, MD, as chair and R.A. Foxworth, DC, as vice chair to serve through June 30, 2001.

# Changes In Regulations

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

## July 11, 2000

- Changed Item 12 of the Rules for Establishing a Medicare-Certified Distinct Part, PPS-Excluded, Rehabilitation Unit in Mississippi Acute Care Hospitals which are not subject to Certificate of Need to refer to the rehabilitation facilities as non-comprehensive facilities for purposes of CON determination.
- Changed the Rules and Regulations Governing Reportable Diseases to classify brucellosis as a Class I disease, add smallpox and tularemia to reportable diseases, make Class I category language consistent with the Centers for Disease Control and Prevention's verbiage, and to make listeriosis a Class II reportable disease.
- Approved Regulations Governing the Licensure of Professional Art Therapists, advancing the licensure upward from certification.

## October 11, 2000

- Adopted changes to the FY 2001 State Health Plan: to add the State Tobacco Control Plan, to complete statistical updates of all chapters, to reorder purposes to place primary emphasis on cost containment and prevention of unnecessary duplication of health resources, and to allow new providers in areas of need through a change in Criteria for Therapeutic Radiation Equipment/Services.
- Adopted changes to the Recreational Vehicle Campground Regulations, to the estimated flow chart of the Mississippi Individual On-Site Wastewater Disposal Regulations, and the Regulations Governing Licensure of Dietitians.
- Amended the Mississippi Trauma Care System Regulation: to allow trauma nurse coordinators for inspections of Level IV Trauma Centers, to allow an appeal process for hospitals that fail a trauma center inspection, and to change from essential to desirable certain standards consistent with the American College of Surgeons.
- Adopted additions to the Rules and Regulations Governing Reportable Diseases Regarding Communicable Diseases in Mississippi Correctional Institutions.

## January 10, 2001

- Amended Regulations Governing Licensure of Nursing Homes and Regulations Governing Licensure of Personal Care Homes to govern sections related to TB testing of employees and residents.
- Amended the Mississippi Trauma Care System Regulations to delete the requirement for in-house anesthesiologists and that surgeons be dedicated to a particular hospital backup system.
- Changed Chapter XI of FY 2001 State Health Plan Certificate of Need Criteria and Standards for comprehensive medical rehabilitation beds and services.
- Adopted Regulations Governing the Registration of Individuals Performing Body Piercing in accord with the law passed in the 2000 Session.
- Approved additions and deletions to the List of Reportable Diseases and Conditions.

## April 11, 2001

- Revised the PET Scanner Criteria and Standards and the comprehensive Medical Rehabilitation Criteria and Standards of the FY 2001 State Health Plan and added policy language, approved the statistical updates, and the revised CON Manual criterion as part of the FY 2002 State Health Plan.
- Amended the Tissue Bank Rules and Regulations, requiring FDA approval on a continuing basis.
- Adopted revisions to the Regulation Food Code and the Mississippi Primary Drinking Water Regulation.



# Central Office Administrative Staff

*Effective June 30, 2001*

*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 — Margaret Morton, RN, BSN         | .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 — David M. Buchanan, JD, CPM  | .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

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

## Community Health Services

|  |           |
|--|-----------|
| Vacant, Office Director                          | .576-7725 |
| Mary Jane Coleman, RN, Assistant Office Director | .576-7725 |
| Health Promotion—Victor Sutton, MPPA             | .576-7781 |
| Immunization — Joy Sennett, MHS                  | .576-7751 |
| Public Health Statistics — Nita Gunter           | .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 |



# County Health Department Directors

*As of June 30, 2001*

|                         |                           |                         |                           |
|-------------------------|---------------------------|-------------------------|---------------------------|
| 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      | Noxbee .....            | 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*

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