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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.

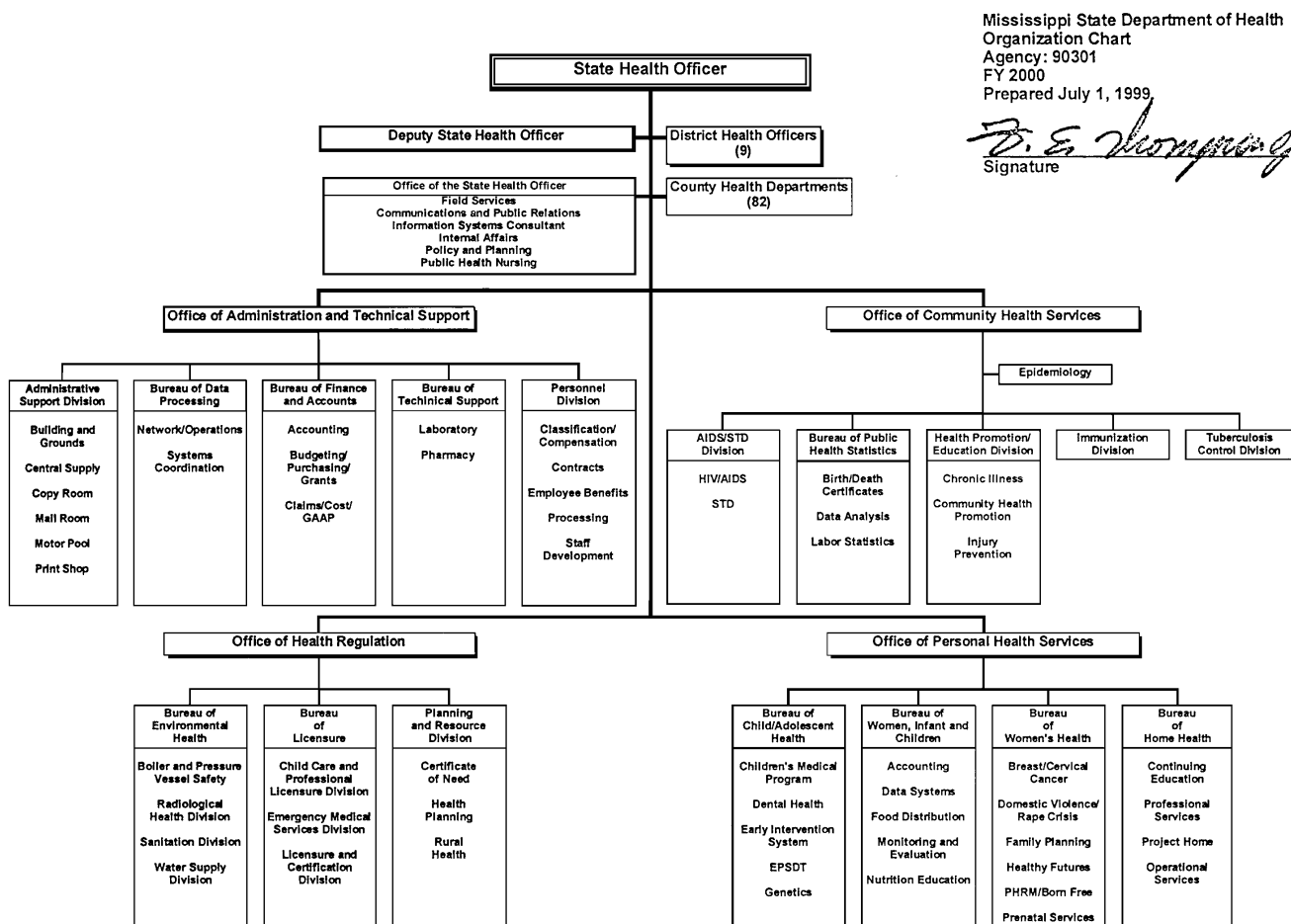
Vision

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 altogether.

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

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

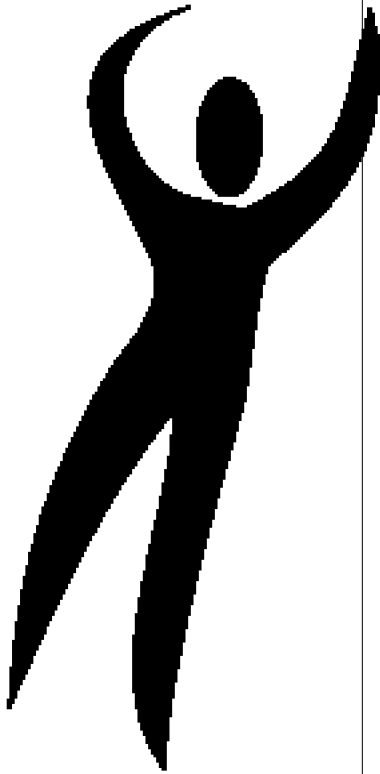
Your sister tells you her doctor suggested she visit the county health department and enroll in the Women, Infants, and Children Program, another public health service that ensures children get the proper nutrition to prevent sickness later in life. In Mississippi, more than 70 percent of all babies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

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

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

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

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



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

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

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

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

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

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

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

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

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

Special Efforts In Public Health

- **Use For Tobacco Settlement Funds** — In October 1998, the State Board of Health voted unanimously to recommend, based upon scientific review and community input, that funds Mississippi received as the result of settlements with the tobacco industry be used for health improvement of Mississippi citizens. The 1999 Legislature passed House Bill 519, creating the Health Care Trust Fund for the holding and investment of tobacco settlement principal payments to the state and the Health Care Expendable Fund for the investment and appropriation of funds to be used for improving the health and health care of Mississippians. Through FY 1999, the state has received nearly \$300 million in settlement payments to the Trust Fund, with HB519 transferring funds (initially to include principal and income) to the Expendable Fund of \$50 million for FY 2000, for FY 2004 and beyond.

Additionally, the 1999 Legislature authorized the Mississippi State Department of Health to spend \$4 million from the Mississippi Tobacco Pilot Program. Major activities conducted during the first year of the pilot were as follows: competitive awards of \$50,000 to 50 schools to hire a school health nurse; training for school health nurses in tobacco prevention and cessation; school health needs assessment in 50 selected schools; competitive awards to five university programs to evaluate components of the Mississippi Tobacco Pilot Program; surveillance of youth and adult tobacco use; and administration of program monitoring and evaluation of tobacco activities.

Tobacco policy and prevention initiatives are evidence-based and integrated with other public health programs such as school health, cardiovascular disease prevention, and worksite health promotion. Ongoing Board tobacco-related actions include recommending that the State Board of Health serve in an advisory capacity, through its role as the state's lead health planning body, to the Legislature for the planning and use of Expendable Fund monies to maximize their benefit for the health status of Mississippians. The Board continues to emphasize that tobacco settlement funds be used to add to existing spending on health, not to replace current state dollars already being spent on health. Major interventions the Board preliminarily identified as potential areas for future funding include the following: cardiovascular disease prevention (including physical activity and hypertension control); breast and cervical cancer screening and treatment; long-term care; mental health; school health nurses (if demonstrated to be effective); tobacco prevention (post-pilot programs); reduction of infant mortality; diabetes management (especially prevention of complications); and injury prevention.

- **Child Health Insurance Program** — Congress enacted the State Children's Health Insurance Program (CHIP) to create additional opportunities for health insurance coverage. In doing so, the U. S. Health Care Financing Administration (HCFA) allocated approximately \$4.275 billion per year for FFY 1998 through FFY 2001, with similar funding through FFY 2007. Of that amount, approximately \$56 million per year has been allocated to Mississippi, requiring a \$10.6 million per year match as a maximum, with \$7.5 million appropriated from the state's Health Care Expendable Fund

for FY 2000. Use of the funds is targeted for non-Medicaid eligible children whose family income is under 200 percent of the Federal Poverty Level (FPL). For Mississippi's short-term plan, the Legislature chose to develop a Medicaid look-alike plan, CHIP Phase I, which began enrollment July 1, 1998, for 15- through 18-year-olds from up to 100 percent of the FPL, formerly capped at 35 percent of FPL. Phase II of CHIP began enrollment in December 1999 to cover children, ages birth through 18, up to 200 percent of FPL with a rich package of benefits emphasizing preventive services. Phase II will be operated as a state-developed insurance program with Blue Cross and Blue Shield of Mississippi as the third-party administrator. Annual funding, having been locked in with an approved state plan, can be spent over a three-year period.

- **Mississippi Trauma Care System** — Upon the recommendation of the Trauma Care Task Force as presented on December 15, 1997, the 1998 Legislature through House Bill 966 created, through the agency's EMS program, a comprehensive statewide trauma care system. During FY 1999 and FY 2000, the Division of EMS (DEMS) will continue developing the system for hospital-based trauma care on the successful pre-hospital regionalized care system. DEMS will build the infrastructure with funding available to the Emergency Medical Services Operating Fund from the increase of fees from \$5 to \$10 assessed on all vehicular moving violations, generating about \$2.2 million a year, and a \$6 million annual appropriation from the state's Health Care Expendable Fund. Efforts throughout FY 1999 focused on completing administrative aspects within the Mississippi Regional Trauma Care System so that full operation of the statewide system can begin during FY 2000.
- **Mississippi Qualified Health Center (MQHC) Grant Program** — During the 1999 Legislative session, House Bill 403 created the MQHC Grant Program, to be operated by the State Department of Health with \$4 million per year for FY 2000 through FY 2004 with a maximum of \$200,000 per year per center. The program's purposes are to increase access to preventative and primary care services by uninsured or medically indigent patients and to create new services or augment existing services provided to the uninsured or medically indigent, including but not limited to, primary care medical and preventive services, dental services, optometric services, in-house laboratory services, diagnostic services, pharmacy services, nutritional services, social services, mental health services, substance abuse services, translation or interpretation services, and school-based clinics. AN MQHC is a public or nonprofit entity which provides comprehensive primary care services that has a community board of directors, the majority of whom are users of such centers, accepts all patients that present themselves despite their ability to pay based on a sliding-fee schedule for payments, and serves a designated medically underserved area or population defined by the Public Health Service Act, #330. Twenty-two awards were made for funding during FY 2000, ranging from \$139,981 to \$198,558 with specific services including subsidized pharmacies, outlying clinics, and new dental services.

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.

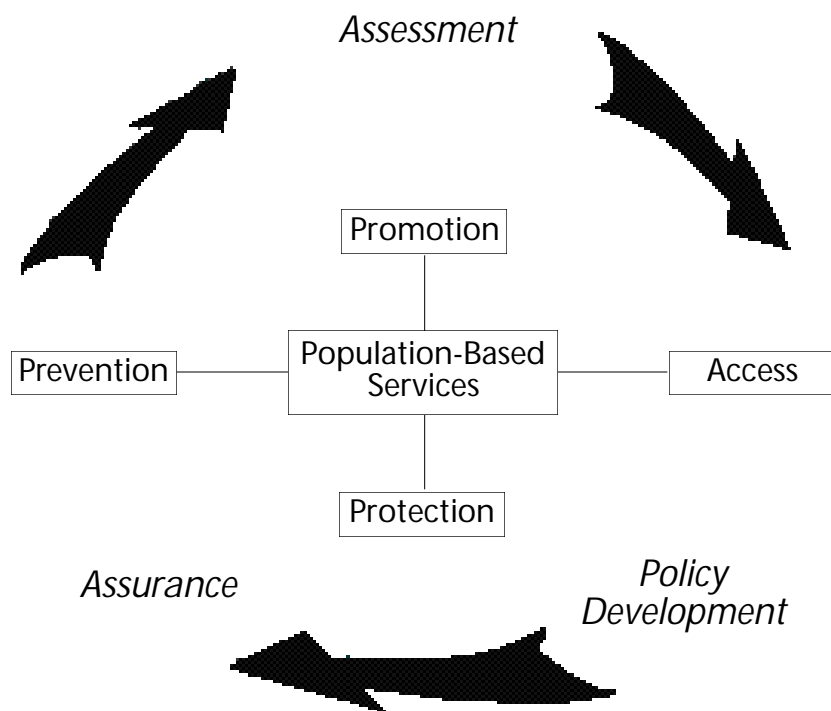
Second, they use the data gathered through assessment to develop health policy and recommend programs to carry out those health policies.

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

Information Systems Consulting Group

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

Internal Affairs

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

Policy and Planning

Policy and Planning functions in policy development and analysis, legislative affairs, planning, evaluation, operational auditing, and financial and management analysis. Staff are responsible for short-term and long-range planning and for evaluating performance and impact of programs. 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 Health Care Financing Administration (Medicare) for clinical testing. The lab is registered and accredited under the new Clinical Laboratory Improvement Act (CLIA).

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

Community Health Services

Function: To 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.

In FY 1999, the Diabetes Program served 841 patients and reported more than 1,642 diabetic monitoring visits.

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

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

- The Hypertension Control Program provides screening, detection, diagnosis, treatment or referral for treatment, and follow-up on compliance in cooperation with the patient's physician as a joint management effort. In FY 1999, the program reported 13,622 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 1998. Reported cases included such diseases and conditions as required, including brucellosis, encephalitis, E.Coli 0157:H7, hepatitis, leptospirosis, Lyme disease, malaria, meningitis, salmonellosis, rabies, typhus, tetanus, tularemia, toxoplasmosis, typhoid fever, rocky mountain spotted fever, legionellosis, giardiasis, and acquired immunodeficiency syndrome (AIDS).

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

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

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

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

Health Promotion

The Division of Health Promotion/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 99, Mississippi reported 36 cases of hepatitis A, seven of pertussis (whooping cough), six mumps, and no cases 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 2000. In FY 99, 83.9 percent of Mississippi's two-year-olds were fully immunized.

Public Health Statistics

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

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

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

During CY 1998, the Bureau registered the following Mississippi occurrences: 41,942 live births, 27,082 deaths, 20,911 marriages, 13,748 divorces; staff also received reports of 446 fetal deaths and 3,955 induced terminations. The Bureau filed 1,216 adoption records, 819 delayed records, 1,248 court-ordered corrections and 5,113 affidavit corrections (primarily paternity affidavits) to existing records. Approximately 385,500 records were certified. In addition, the bureau verified 113 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 three branches: Surveillance, 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 1999, 838 cases of total early syphilis were reported — another 14 percent decrease from FY 1998. That total represents a case rate of 30.44 per 100,000 population, dropping Mississippi's rank to number five in the nation for early 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 1999's reports of 457 new HIV infections and 348 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 1999, an estimated 75,000 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 550 people in FY 1999, while the Home-Based Program served over 60. 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

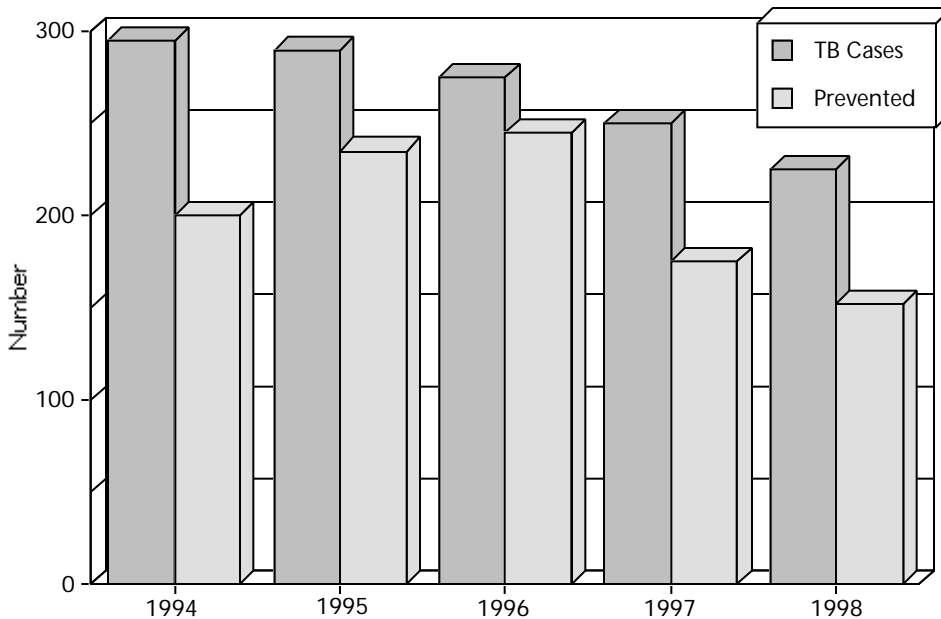
The Tuberculosis Control Program provides early and rapid detection of persons with or at risk of developing tuberculosis, appropriate treatment and follow-up of diagnosed cases of tuberculosis, and preventive therapy to persons at risk of developing tuberculosis.

Mississippi, historically among the highest states for incidence of TB, continued to exceed the national average with 8.2 cases per 100,000 people in CY 1998. Among Mississippi cases in CY 1998, 5.3 percent were HIV positive and 4.9 percent were drug resistant. Children, who are particularly vulnerable to rapid progression of the disease, represented 8.0 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, the State Board of Health made TB infection in children under the age of 15 a Class I reportable condition, effective October 1998.

Figure 3
Tuberculosis Cases Prevented



Mississippi reported 163 fewer cases in CY 1998 than in CY 1989, a 42 percent decrease in new cases in nine 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 1998, an average of 199 patients got directly observed therapy each month for confirmed or suspected TB disease. Forty-

eight percent of the 3,393 people receiving treatment for latent tuberculosis infection prophylactic therapy in CY 1998 were on directly observed therapy.

Promoting employee health, 218 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 2,618 State Department of Health employees at risk for TB infection.

To increase TB awareness, the Program conducted 55 TB Skin Test Certification workshops, attended by 1,432 nurses and other health personnel to expand their knowledge and skills. An additional 16 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 1999, the Child Health Program served 73,307 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.

- 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 1,500 patients in FY 1999.

The newborn screening program includes testing for phenylketonuria, hypothyroidism, galactosemia, and hemoglobinopathies. With 42,418 newborns screened, one case of phenylketonuria, two cases of galactosemia and 6 positive cases of hypothyroidism were identified in the past year. At least 70 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 from 2,500 to 3,000 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 1999, the program spent \$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 1999, the Mississippi State Department of Health Home Health Agency served some 2,471 patients, reporting 127,249 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.

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

The Mississippi WIC bureau distributed 1,170,640 monthly food packages during fiscal year 1998 at an average cost of \$30.38 per package. Mississippi's package cost is eight percent below the national average of \$32.58. 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 97,553 participants each month, a decrease of one percent under the previous year. The program serves 67 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 31,329 babies get help from WIC.

A monthly average of 22,879 pregnant, postpartum, and breast-feeding women were on WIC during FY 98, as well as 43,325 children under the age of five years. Eighty-seven percent of those served were in the top three priorities. The Mississippi WIC bureau has a participation rate of almost 93.5 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 1999, the WIC Program and USDA operated a Farmers Market Program in Adams, Bolivar, Hinds, and Noxubee counties. This gave vouchers for fresh produce to WIC clients.

WIC is funded entirely with federal appropriations in the amount of \$54 million for FY 1999. WIC employs a total of 461 staff working in clinics, food distribution centers, and the state office, including 81 full-time equivalent nutritionists and 36 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 establish a system for screening women for breast and cervical cancer as a preventive health measure; to provide appropriate referrals for medical treatment of women screened in the program and to ensure — to the extent practicable — the provision of appropriate diagnostic and treatment services; to develop education and outreach programs and to disseminate public information for the early detection and control of breast and cervical cancer; to provide training to improve the education and skills of health professionals in the detection and control of breast and cervical cancer; to establish mechanisms through which Mississippi can monitor the quality of screening procedures for breast and cervical cancer, including the interpretation of such procedures; to establish mechanisms to enhance the state's cancer surveillance system to facilitate program planning and evaluation; and to ensure the coordination of services and program activities with other related programs.

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

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

From July 1998 to November 11, 1999, 801 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 1999, the 13 domestic violence shelters that received funding from the Program answered 60,696 crisis line calls and provided shelter for 1,134 women and 1,353 children. In addition, 731 women and 613 children got services but did not stay at the shelters.

More than 15,688 crisis line calls were answered during FY 1999 by the nine rape crisis centers that received funding; 1,045 victims of rape and sexual assault were provided direct services. In addition, 3,269 victims and their families were provided follow-up services and counseling.

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

More than 102,000 Mississippians — some 32,000 of them 20 years of age or younger — took advantage of comprehensive family planning services during FY 1999. 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 1999, the family planning patient caseload decreased by 5,000. Program providers met all indicators required for compliance with federal regulations.

Based on the number and characteristics of Family Planning Program participants in FY 1999, some 16,733 unwanted, unplanned pregnancies were prevented; of those, some 5,184 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 13,600 pregnant women — about 32 percent of the women who gave birth in Mississippi in CY 1998 — received their prenatal care in county health departments. Public health nurses, nurse practitioners, physicians, nutritionists, and social workers provide this cost-effective, comprehensive preventive care. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a critical component of the maternity care effort.

A full-time, board-certified obstetrician provides consultation statewide for the 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 1999, the program served 9,086 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.

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

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 12,337 boilers and pressure vessels in FY 1999. Inspectors identified 255 dangerous violations of rules and regulations relating to boiler and pressure vessel safety and succeeded in getting 243 dangerous and 120 non-dangerous violations corrected. Computerization of inspections and certificate issuance has assisted the staff in handling the heavy workload to ensure lives are saved.
- The Water Supply Division assures that safe drinking water is provided to the 2.6 million Mississippians — 96 percent of the population — who rely on the state's 1,550 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 waterworks operator who has been licensed by the Mississippi State Department of Health. Division engineering staff conducted sanitary surveys of 1,257 public water supplies during FY 1999 to locate and resolve potential public health problems; negotiated with consulting engineers the final design of 1,199 water supply construction projects in accordance with agency minimum design standards; conducted three week-long waterworks operator short courses and 19 one-day seminars to train public water supply official and to support the mandatory waterworks operator licensure program.

Mississippi is 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 \$1,000,000 per water system and must be repaid within 20 years. The State of Mississippi will benefit greatly 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 99, this DWSRF loan program made approximately \$3.9 million in loans to 8 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 our 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 1999, \$137,000 in emergency loans were made to four public water systems.

Recently enacted legislation 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 proposed grant award. This legislation requires Mississippi State Department of Health (MSDH) and the Public Utilities Staff (PUS) to review each CDBG grant request from public water systems to determine if the public water system is viable or will be made viable by the proposed grant award. This legislation further requires DECD to utilize the viability determinations made by the Water Supply Division and PUS in making a final determination regarding a public water system's eligibility to receive a CDBG award. This legislation is having a significant impact in the state by assuring that public water systems receiving the CDBG awards make tangible and permanent improvements that will make these water systems viable utilities that are capable of providing safe and adequate drinking water to their customers in the future.

During FY 1999, board members of the state's 751 rural water systems and 250 small municipalities began to attend eight-hour management training sessions as required by 1997 legislature. This legislation required the department to develop a standardized board member training program and too ensure that this training program is efficiently implemented throughout the state. 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. The Department is already seeing a significant improvement in the management of many of the state's public water system as a result of this board member training program. A number of other states around the country are setting up board member training programs based on Mississippi's program.

During FY 1999, the Department implemented 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 our public water systems. The Water Supply Division has implemented an extensive training program to assist our public water systems in implementing these new regulations. Overall, public water system officials are very supportive of 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 1999, 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. 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 1999, 99 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 ongoing 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 caused 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 of our 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 1999, staff completed 93 federal mammography inspections; of some 5,375 healing arts x-ray tubes registered, inspected 627 medical and 768 dental x-ray tubes; and approved 23 shielding plans. Staff members inspected 78 radioactive material licensees, of which 45 were in compliance; 11 industrial and academic x-ray registrants, of which 10 were in compliance; and 14 general licensees, of which 3 were in compliance.

County environmentalists inspected 375 of the state's 946 registered tanning facilities. The staff also registered 4 radiation machine assemblers and 4 mobile vans for a total of 100 assemblers and 38 mobile vans.

Licenses 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 five investigations and evaluated one shielding plans for medical linear accelerators.

Staff collected and analyzed 970 environmental samples in the vicinity of the Grand Gulf Nuclear Station, 304 at the Salmon Test Site in Lamar County, 56 special samples. All the 1,360 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 712 water supplies for radioactivity, completing the four-year testing cycle. Staff also participated in EPA's Water Supply Laboratory Certification Program, which consisted of analyzing 10 samples for 13 radionuclides and gross alpha or gross beta radioactivity. Staff evaluated radon concentrations in 858 occupied spaces of 30 Mississippi schools and 385 occupied spaces in five governmental structures.

Staff participated in training drills and a federally evaluated exercise for 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; and consolidated responses from Low-Level Radioactive Waste Generators in Mississippi for incorporation in an annual report and waste projections by the Southeast Compact Commission for Low-Level Radioactive Waste Management.

- Public health environmentalists within the agency's Division of Environmental Services in FY 1999 made 26,554 inspections and issued permits to 12,131 food-handling establishments, including conventional restaurants, fast food franchises, institutions, hospitals, and schools. In addition, they performed 914 plan reviews.

Food service manager certification became mandatory in January 1999. 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. 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.

Food Protection hosted a FDA training courses on Food Facility Plan Review. All districts participated in a FDA/CDC Foodborne Illness satellite downlink course. Food protection staff participated in three statewide trade shows with industry.

This partnerships formed with industry, academia, and FDA are continuing to enhance the effectiveness of the state food protection program. In the Onsite Wastewater Program, soil/site evaluations increased from 15,855 in FY 98 to 16,993 in FY 99 — a 26 percent increase.

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 759 renewals for wastewater contractors licenses and 153 new wastewater contractors licenses, a total of 907 — five percent increase.

Public health environmentalists issued final approvals for 5,452 individual onsite wastewater disposal systems, 2,363 existing wastewater disposal systems, 76 sewage pumpers licenses, 751 private wells, 490 rabies investigations, 46 recreational vehicle park permits, and 4,013 general sanitation complaints.

The Onsite Wastewater Branch worked on the second year of a three-year grant program for the demonstration of repair options for failing systems. Staff identified sites with failing wastewater systems where repairs are needed.

The Institutional Sanitation Branch staff performed approximately 300 sanitation and nutrition inspections of Mississippi correctional facilities. Environmentalists conducted safety inspections at 816 family day care homes for participation in USDA's Child Nutrition Program. Staff conducted 34 reviews for ADA requirements. Under a contract with the Consumer Product Safety Commission, they conducted 13 consumer product safety investigations.

The lead program specialist conducted environmental assessments of 155 dwellings for 93 children with elevated blood lead levels, 72 of whom were new lead cases for FY99. 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. Analyses showed lead hazards in paint in the environments of 75 percent of the lead-poisoned children; hazardous levels of lead in dust in the environments of 81 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 60 percent of the children, and ceramic tubs or sinks in the environments of 34 percent of the children also contained lead. People working with lead as an occupation or hobby frequented the dwellings of 17% of the children

The State Department of Health medical entomologist handled approximately 198 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 in 12 states and two foreign countries. He also taught a continuing education seminar and the medical entomology section of medical parasitology at the University Medical Center and received grant funding to improve tick control methods in state parks. The entomologist wrote several scientific papers, book chapters, a new medical text book, and presented lectures on Lyme disease, Rocky Mountain spotted fever, encephalitis, and venomous arthropods of Mississippi.

From design and construction of Grade A dairies through product delivery to the retail or wholesale market, agency staff regularly inspect the facilities and analyze the quality of the product to strictly regulate the safety of milk and milk products. This covers 356 dairies, and 70 milk haulers. Mississippi lists seven bulk tank units and permits 65 out-of-state and five in-state milk plants, a total of 70.

Regulations requiring bottled water processors to be permitted have resulted in 96 processors receiving permits. Ten of these processors are located in Mississippi. Additionally, staff issued frozen dessert permits to 64 processors out-of-state and four 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 six 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 met monthly, upon appointment, and began development of Mississippi Trauma Care System Rules and Regulations. The 1999 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.

Mississippi's EMTs responded to more than 320,000 calls for help in FY 1999. 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 130 licensed EMS providers — 123 ground and seven air services — which operate 550 state-permitted vehicles. The state boasts 964 EMT-Paramedics, the most intensively trained and tested EMTs; 231 EMT-Intermediates, who have studied to increase their skills beyond the level necessary for basic life support; and 1,551 EMTs, who take 110 clock hours training in patient assessment, first aid, and communication and transport skills.

In FY 1999, Mississippi boasted 3,414 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 1999, the 16th year of the EMS Operating Fund's existence, the State Department of Health, Division of EMS, distributed \$1.8 million to counties and cities for local level services. Collections came from a \$5 assessment on each moving vehicle violation fine.

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

The licensure and certification division staff includes 64 health care professionals: one director, seven managers, seven generalist surveyors, 29 registered nurses, one dietitian, three medical technologists, five fire safety specialists, two registered record administrators, and eight secretaries/data entry personnel, and one technical support staff.

The division conducts annual surveys of 977 health facilities. Follow-up visits verify that corrective actions have been implemented to rectify cited deficiencies. The surveyors also investigate all complaints and take appropriate actions. Approximately 500 complaints were investigated last year. Additionally, the staff reviews and finally approves all renovation and construction plans for health facilities and provides consultation and training. Services are provided through on-site visits, state agency letters, statewide seminars, and small group sessions.

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

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

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

- Licensure and Regulations
During FY 1999, the professional licensure program staff issued licenses to 153 athletic trainers, 112 audiologists, 526 dietitians, 112 hearing aid specialists, 542 occupational therapists, 157 occupational therapy assistants, 1,417 physical therapists, 477 physical therapist assistants, 1,847 respiratory care practitioners, and 724 speech-language pathologists.

The program staff also certified nine eye enucleators and registered 51 speech-language pathology aides or audiology aides, 1,296 radiation technologists, and 74 tattoo artists. During the past fiscal year, the Professional Licensure Branch processed more than 7,600 licensure applications, issued 7,301 licenses, conducted 41 complaint investigations, held one administrative hearings, entered into seven agreed orders, and revoked or suspended two licenses. Public information programs regarding various licensure requirements were performed at state or private universities, community colleges, and several professional organizations. The Branch brought online the art therapists registration program

- The Child Care Facilities Licensure Branch inspected and licensed 1,596 day care facilities and 32 youth camps during FY 1998. Staff also monitored 12 child residential homes. Inspections include but are not limited to a program review consisting of the care-giver's records check, children's records checks, immunization records checks, facility policies, facility program content, and building and grounds safety.

Staff investigated approximately 258 complaints related to licensed child care facilities and providers. The branch held three administrative hearings related to child care licensure and revoked three licenses for cause.

Staff provided 524 hours of in-service training to more than 4,424 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 continued the decentralization process. The project involves placing all child care licensing officials in the field so providers will have better access to them. The central office will provide training to all providers and ensure uniformity of regulation enforcement through a quality assurance unit.

Planning and Resource Development

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

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

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

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

The planning staff developed the FY 2000 **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 1999, the staff reviewed 111 projects with an aggregate capital expenditure value of \$339,769,363.

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 1999, the Office of Rural Health responded to 420 requests for information related to rural health. Staff conducted federal Rural Health Transition Grant reviews for the Office of the Governor and coordinated an update of the state's Health Professional Shortage Areas for primary medical care. Office staff also sponsored a physician recruitment workshop for providers; co-sponsored a physician recruitment fair for communities and providers; and published four newsletters on rural health topics.

Report Of Activities

Fiscal Year 1999
Report of Activities
by Program

Community Health Services

Diabetes patients served	.841
Diabetic monitoring visits	1,642
Hypertensive treatment visits	13,622
TB cases prevented by preventive therapy (estimated)	152
AIDS cases reported	348

Personal Health Services

■ Child Health	
Children (ages 1-21) served	73,307
Genetic counseling patients served	1,500
Newborns screened for phenylketonuria, hypothyroidism, galactosemia, and hemoglobinopathies	42,418
■ Children's Medical Program	
Clinic sessions per year	650
■ Home Health	
Patients served	2,471
Registered nurse visits	38,719
Other visits	88,530
■ WIC - Special Supplemental Nutrition Program for Women, Infants, and Children (Average monthly participation)	
Women	22,879
Infants	31,329
Children	43,325
■ Women's Health	
Pregnant women served	13,600
High-risk mothers and infants served through PHRM	9,086
■ Reproductive Health	
Adult patients served	70,000
Teens served	32,000

Health Regulation

■ Environmental Health	
Environmental samples collected and analyzed for radioactivity	1,360
Radon in indoor air evaluations and/or screenings	.858
Boilers and pressure vessels inspected	12,337
Food establishments permitted	12,131
Inspections of food establishments	26,554
General sanitation complaints investigated	4,013
Sewage disposal inspections and soil/site evaluations	24,808
Dairy farm and milk plant inspections	1,704
Milk samples analyzed	10,110
Environmental lead risk assessments	155
Community public water supplies surveyed	1,257
■ Licensure	
Ambulance permits issued	550
Emergency medical technicians certified/recertified	2,746
EMS drivers certified/recertified	3,414
Emergency services licensed/relicensed	130
Health facilities surveyed	944
Health facility complaints investigated	500
Youth camp inspections	32
Child residential care homes monitored per Notification Act	12
Day care facilities inspected and licensed	1,596
Day care complaints investigated	258
Licenses issued for athletic trainers, audiologists, hearing aid specialists, occupational therapists and occupational therapy assistants, physical therapists and physical therapy assistants, radiation technologists, respiratory care practitioners, speech-language pathologists, tattoo artists, and AA Therapists	7,039
Registered or certified audiology aides, eye enucleators and speech-language pathology aides	60
■ Planning and Resource Development	
Declaratory rulings issued	478
Certificate of Need applications reviewed	111
■ Health Facilities (Licensed or Certified)	
Hospitals-accredited	60
Hospitals-non-accredited	50
Nursing facilities	206
Home health agencies	69
Intermediate care facilities for the mentally retarded	13
Personal care homes	178
Hospices	33
Ambulatory surgical facilities	18
Community mental health centers	11
Rural health clinics	163
End stage renal disease facilities	55
Comprehensive outpatient rehabilitation facilities	17
Rehabilitation agencies	42
Physical therapists in independent practice	27
Abortion facilities	2
Utilization review agents	170
Laboratories - CLIA surveys	1,700

Fiscal Affairs

Actual Expenditures by Program

	FY 1999	FY 1998	FY 1997
Admin. & Tech. Support	12,177,009	12,213,270	9,056,251
Chronic Illness	8,751,490	10,967,525	16,038,918
Community Health	35,788,916	32,478,238	32,339,007
Environmental Health	11,921,754	11,795,677	11,104,779
Licensure & Resource Dev.	8,393,931	7,492,790	9,766,416
Maternal & Child Health	98,333,564	97,007,440	93,795,027
Total	\$175,366,664	\$171,954,940	\$172,100,398

Figure 4
1999 Expenditures by Category

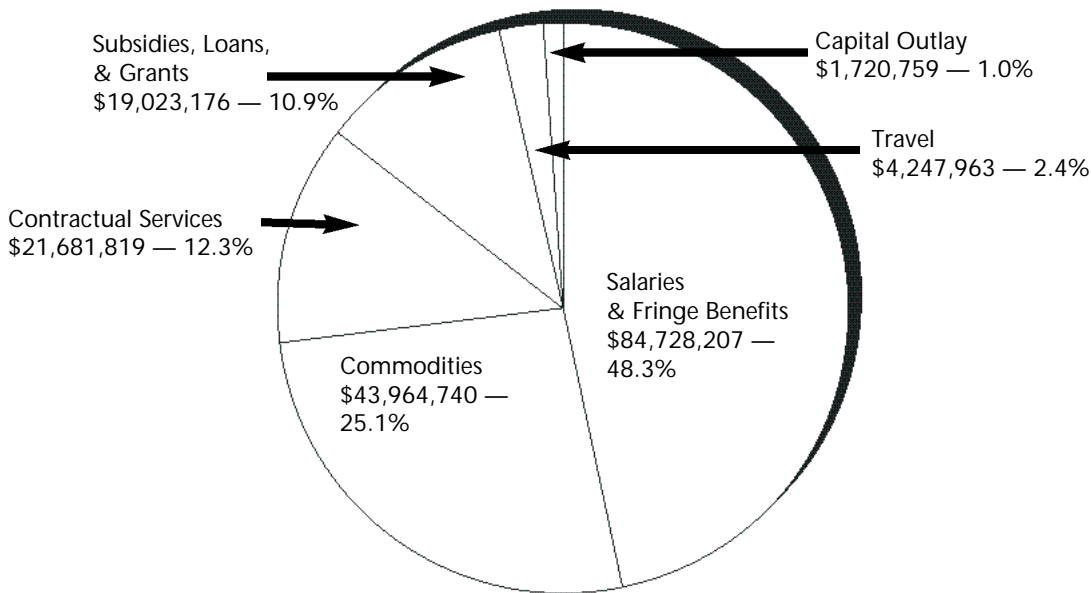
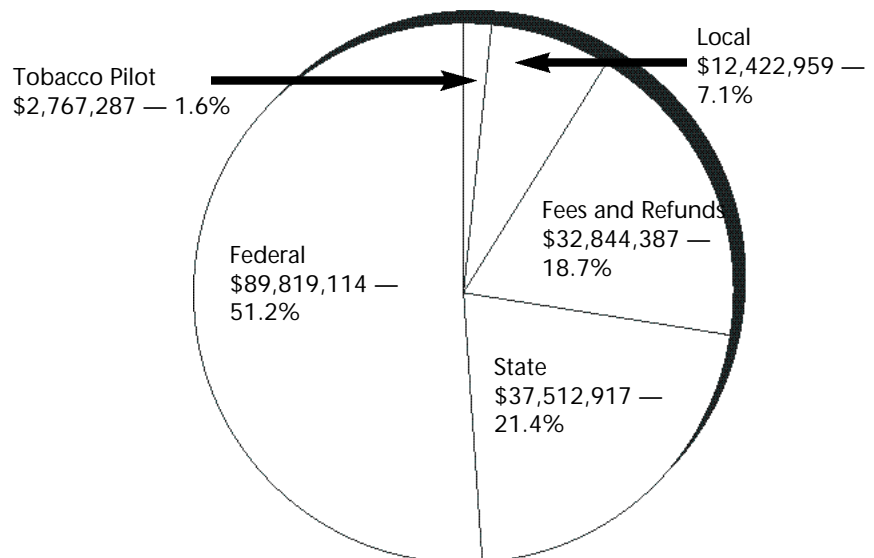


Figure 5
1999 Expenditures by Fund



Changes In Law

Legislative Session 1999 B The Mississippi State Legislature passed and Governor Kirk Fordice signed into law a number of major bills affecting public health.

- **HB 519 — Health Care Trust Fund:** created the Health Care Trust Fund for the investment of the state's tobacco settlements *and* the Health Care Expendable Fund for appropriation of transfers from the Trust Fund to be used for improving the health and health care of Mississippians. Through FY 1999, the state received nearly \$300 million in settlement payments to the Trust Fund, with a transfer of funds (initially to include principal and income) to the Expendable Fund of \$50 million for FY 2000, \$55 million for FY 2001, \$60.5 million for FY 2002, \$66.55 million for FY 2003, and a sum equal to the average annual amount of the income from the investment of the funds in the Health Care Trust Fund since July 1, 1999, for FY 2004 and beyond.
- **SB 2256 — Youth Camps:** reconstituted the agency's Youth Camp Advisory Council.
- **SB 2258 — Residential Child Care Homes:** required executive directors to obtain mandatory criminal records checks on employees and applicants and also to allow closure of residential child care homes and provide for appropriate court-directed placement of children in such instances.
- **HB 403 — Mississippi Qualified Health Care (MQHC) Grant Program:** established the MQHC grant program to provide \$4 million per year for FY 2000 through FY 2004 to qualifying community-based health centers to increase access to preventative and primary care services by uninsured or medically indigent patients; and to create new services or augment existing services provided to uninsured or medically indigent patients, including, but not limited to primary care medical and preventive, dental, optometric, in-house laboratory, diagnostic, pharmacy, nutritional, social, mental health, substance abuse, and translation or interpretation services, and school-based clinics.
- **SB 2289 — Child Abuse Reporting:** allows for the dissemination of non-individually identifying information about licensed child care facilities to the public.
- **HB 540 — Infant Mortality Task Force:** extended the date of the legislative repealer to 2003.
- **SB 2679 — Authorization of Nursing Home Beds:** created a pre-admission screening requirement for Medicaid beneficiaries and applicants; removed all prohibition and restrictions on participation in the Medicaid program for existing non-Medicaid nursing home beds; authorized the Department to issue CON's for 26 counties (total of 1,560 beds, maximum of 60 beds per CON) over a four-year period; and authorized the Department to issue CON's for 20-bed units (up to a total of 240 beds) for Alzheimer's Disease patients.
- **SB 2537 — Changes to Certificate of Need Statutes:** increased the amount of capital expenditures by health care facilities which require a CON review; exempted the relocation of certain health care facilities, services, and replacement equipment from the requirement of a CON review; and clarified which persons may request a hearing during the CON review process as well as those with standing to appeal CON final orders.
- **SB 2408 — Milk Regulations:** cleaned up statutory references for the transfer of milk regulatory authority from the Department of Agriculture & Commerce to the Department of Health and increased the annual permit fees for milk product and frozen dessert processing plants.

Mississippi State Board Of Health

Effective June 30, 1999

Represents	Name	Term Expires
District 1	Melvin E. Walker, Southaven	July 1, 2002
District 1	Shelby C. Reid, MD, Corinth	July 1, 2004
District 2	Dwane F. Hurt, DDS, Greenwood	July 1, 2004
District 2	Lloyd Rose, DDS, Starkville	July 1, 2000
District 3	Mary Kim Smith, RN, Brandon	July 1, 2002
District 3	R. A. Foxworth, DC, Jackson	July 1, 2000
District 4	Thomas L. Kirkland, Jackson	July 1, 2002
District 4	Walter Johnson, Jackson	July 1, 2004
District 5	Larry Calbert, RPh, Gulfport	July 1, 2004
District 5	Kate Nkoyeni Aseme, MD, Hattiesburg	July 1, 2000
State-At-Large	Janice K. Conerly, Columbia	July 1, 2004
State-At-Large	H. Allen Gersh, MD, Hattiesburg	July 1, 2000
State-At-Large	Myrtis Franke, Gulfport	July 1, 2002

At the April 8, 1998 meeting, Board members re-elected Lloyd Rose as chair and Shelby C. Reid as vice chair to serve through June 30, 1999.

Changes In Regulations

The State Board of Health passed 15 changes in health plans and agency regulations during the 1999 fiscal year.

July 8, 1998

- Amended Mississippi Primary Drinking Water Regulation — to establish a cross connection control program as required by the Mississippi Safe Drinking Water Act of 1997.
- Amended Regulation Governing Manufacture and Sale of Food and Food Products — to accept regulatory authority over the manufacture and sale of food and food products not otherwise regulated by existing law.
- Amended Regulation Governing the Production and Sale of Milk and Milk Products — to incorporate the latest version of the pasteurized milk ordinance.

October 14, 1998

- Approved Additions to the Rules and Regulations Governing Newborn Screening — to follow recommendations of the Birth Defects Registry Advisory Committee to add “generational identifier” and to add identifying information about the father of the child to the Data Report Form.
- Approved Regulations Governing Certification of Professional Art Therapists — to require training, continuing education, and standards of conduct for the certification of art therapists.

- Amended Regulations Governing Licensure of Child Care Facilities — to recognize acceptable certification for qualification as a director or care-giver and to specify toilet and hand-washing lavatory requirements for hourly child care facilities.
- Amended Emergency Medical Services Rules and Regulations — to amend the prerequisites for advanced life support programs and for required ambulance supplies and equipment.
- Amended Rules and Regulations Governing Reportable Diseases — to make infection with Mycobacterium tuberculosis in children under the age of 15 years a Class 2 reportable condition and to change notification requirements regarding third parties in the presence of a reportable disease in another person.
- Amended Regulations Governing Animal Rabies Control — to clarify and to add ferrets to the domestic animals that may be vaccinated, consistent with the 1998 Compendium of Rabies Control, written by the National Association of State Public Health Veterinarians.

January 13, 1999

- Adopted Mississippi Rural Health Care Plan — as authorized by the 1998 Legislature, in accord with federal law, to create rural health networks and designate rural nonprofit or public hospitals or facilities as critical access hospitals.
- Amended Minimum Standards of Operation of Home Health Agencies — to extend to podiatrists the privilege of writing orders for home health patients, consistent with HCFA's reimbursement regulations.

April 14, 1999

- Adopted Regulations Governing The Mississippi Trauma Care System — to establish standards for the creation of regional trauma systems.
- Adopted FY 2000 State Health Plan — to change long-term care policies and standards to encourage nursing home owners to develop Alzheimer's/Dementia Special Care Units; to change acute care policies, standards, and criteria to allow the upgrade of therapeutic radiation equipment and to require Certificate of Need applicants to stipulate the level, if any, to which that facility will participate in the statewide trauma system; to require free-standing ambulatory surgical facilities to have transfer agreements with a nearby acute care hospital, define a surgical operation, and require an average of 600 surgeries per surgical suite before another ambulatory surgical facility can be approved within an ambulatory surgical facility service area; and to provide statistical updates throughout the Plan.
- Amended Regulations Governing Licensure of Hearing Aid Specialists — to change the time of the examination and further clarify the responsibilities and standards of conduct of licensees.
- Amended Minimum Standards of Operation for Abortion Facilities — to comply with Court Order and settle ongoing litigation; the amendments included changes to the training requirements for physicians and to the physical facility requirements.

Central Office Administrative Staff

Effective June 30, 1999

State Health Officer

F. E. Thompson, MD, MPH	576-7634
Kaye Bender, RN, MS, Deputy State Health Officer	576-7951
Compliance — Walter Booker	576-7645
Field Services — Randy Caperton, CPM	576-7939
Communications and Public Relations —	
NancyKay Sullivan Wessman, MPH	576-7667
Internal Audit — Michael Vaughn, CPA	987-4191
Legal Counsel — Sanford R. Horton, Jr., JD	576-7458
Minority Affairs — Louisa Denson, LSW, MPPA	576-7950
Policy and Planning — David M. Buchanan, JD	576-7428
Public Health Nursing — Minta Uzodinma, CNM, 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 — Ingrid Williams, JD	576-7680
Planning and Resource Development — Harold Armstrong	576-7874

Community Health Services

Robert Hotchkiss, MD, Office Director	576-7725
Mary Jane Coleman, RN, Assistant Office Director	576-7725
Health Promotion/Education/Chronic Illness —	
Mary Jane Coleman, RN (Acting)	576-7725
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

Child Health — David Beck, MPPA (Acting Director)	576-7464
Home Health — David Beck, MPPA	576-7853
WIC — Curtis Jordan	987-6730
Women's Health — Hazel Gaines, MS	576-7464

The Mississippi State Department of Health central office is located in the Underwood Building at 2423 North State Street, in Jackson; the telephone number is 601/576-7400; the mailing address is P.O. Box 1700, Jackson, Mississippi 39215-1700.

Public Health District Staff

As of June 30, 1999

Northwest Public Health District I

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

Northeast Public Health District II

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 Roger Riley, MBA, Deputy Director
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 Telephone 662/841-9015 • Fax 662/841-9142

Delta Hills Public Health District III

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

Tombigbee Public Health District IV

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 Michael E. Shumaker, Deputy Director
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West Central Public Health District V

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 Charles Blount, MPPA, MBA, Deputy Director
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 Tommy Williams, Deputy Director
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Southwest Public Health District VII

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 William Hewitt, Deputy Director
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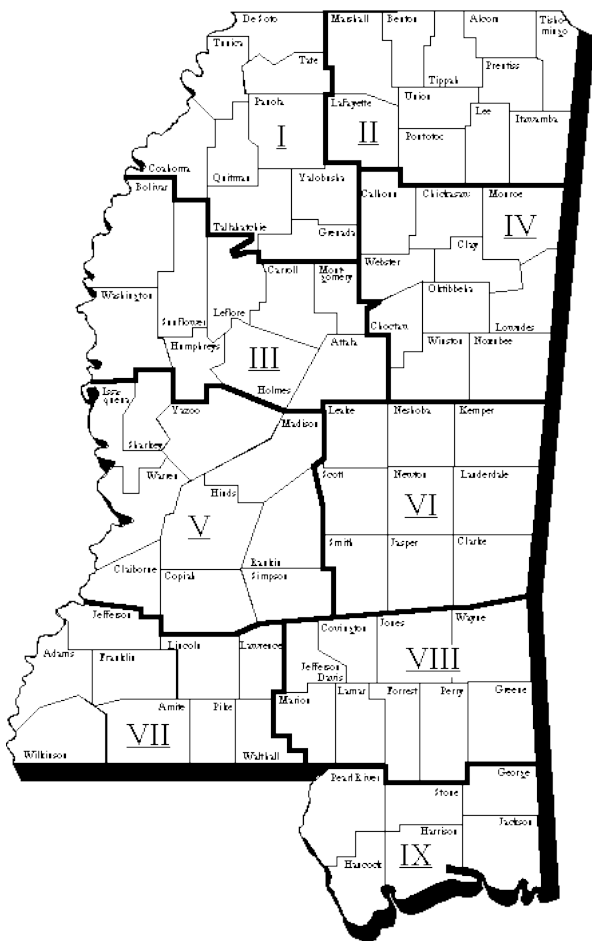
Southeast Public Health District VIII

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

Coastal Plains Public Health District IX

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

Figure 6
 Public Health Districts



County Health Department Directors

As of June 30, 1999

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.....	Donald Grillo, 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.....	Donald Grillo, MD	Noxubee.....	Thomas Waller, MD, MPH
Clarke.....	Margaret Morrison, MD	Oktibbeha.....	Thomas Waller, MD, MPH
Clay.....	Thomas Waller, MD, MPH	Panola.....	Lovetta Brown, MD, MPH
Coahoma.....	Lovetta Brown, MD, MPH	Pearl River..	Robert Travnicek, MD, MPH
Copiah.....	Donald Grillo, MD	Perry.....	Clay Hammack, MD, MPH
Covington.....	Clay Hammack, MD, MPH	Pike.....	Mary Gayle Armstrong, MD
DeSoto.....	Lovetta Brown, MD, MPH	Pontotoc	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.....	Donald Grillo, MD
Greene.....	Clay Hammack, MD, MPH	Scott.....	Margaret Morrison, MD
Grenada.....	Lovetta Brown, MD, MPH	Sharkey-Issaquena.....	Donald Grillo, MD
Hancock.....	Robert Travnicek, MD, MPH	Simpson.....	Donald Grillo, MD
Harrison.....	Robert Travnicek, MD, MPH	Smith.....	Margaret Morrison, MD
Hinds.....	Donald Grillo, MD	Stone.....	Robert Travnicek, MD, MPH
Holmes.....	Alfio Rausa, MD	Sunflower.....	Alfio Rausa, MD
Humphreys.....	Alfio Rausa, MD	Tallahatchie.....	Lovetta Brown, MD, MPH
Issaquena-Sharkey.....	Donald Grillo, MD	Tate.....	Lovetta Brown, MD, MPH
Itawamba.....	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.....	Donald Grillo, 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.....	Donald Grillo, MD

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