

the health advisor

DOH Mission:

To promote & protect the health & safety of all people in Florida.

Mar./Apr. 2003

DOH raises \$470,720 for charitable campaign

Thank you for making the 2002 Florida State Employees Charitable Campaign (FSECC) a success. And congratulations to all Department of Health employees for the best year ever!

DOH employees donated a total of \$470,720 statewide—\$20,928 more than was raised during the 2001 campaign. Department employees are making a difference in the lives of thousands of people in their communities, in Florida, throughout the country, and even the world.

A summary report on the 2002 campaign can be found on our web-

site at: http://dohiws.doh.state.fl.us/Divisions/Executive_Staff/FSECC/2002%20FSECC/FSECCIndex.htm

MQA regulates health care providers, receives and investigates consumer complaints

THE DIVISION OF MEDICAL QUALITY ASSURANCE (MQA) AT DOH REGULATES MORE THAN 750,000 HEALTH CARE PRACTITIONERS REPRESENTING 37 HEALTH CARE PROFESSIONS AND SIX TYPES OF FACILITIES THROUGHOUT THE STATE. In regulating practitioners, MQA works closely with regulatory boards, which are composed of volunteer members appointed by the Governor and confirmed by the Senate. Together, MQA and the boards hold health care practitioners accountable for maintaining standards of care that ensure safe, reliable health care services for the citizens of Florida.

One way that MQA and the boards uphold health care standards is by analyzing and investigating consumer complaints. MQA encourages health care consumers to file complaints when they think a practitioner may have acted illegally or inappropriately. In particular, allegations of sexual misconduct, gross malpractice, fraud, unlicensed activity, impairment, and inappropriate or excessive prescribing are serious and should be reported immediately.

Some complaints, such as those regarding fee and billing disputes, personality conflicts, and insurance coverage, are not within the authority of the Department of Health to resolve.

To file a complaint against a health care practitioner, consumers can download a form from the website at www.doh-mqaservices.com or call 1-888-419-3456 to request a form by mail. Complaints must be submitted in writing, with the signature of the complainant, to the Consumer Services Unit, 4052 Bald Cypress Way, Bin C-75, Tallahassee, FL, 32399-3275. All sections of the complaint form must be completed, with any supporting documentation attached to the form.

Anonymous complaints will be accepted if they contain substantial allegations. Because there is no way to contact the complainant for additional information, it is particularly important for anonymous complaints to be complete.

WHEN A COMPLAINT IS RECEIVED Once a complaint is received, it is reviewed for legal sufficiency. To be legally sufficient, the incident in question, if true, must be a violation of a health care practice act. If legal sufficiency cannot be established, then the case is closed. If legal sufficiency can be established, then the complaint is investigated for development of the evidence. The investigation is completed generally within 90 days and forwarded to the prosecution unit that prepares the case for litigation. As a first step, the case goes before a probable cause panel comprised of board members from the respective professional board. This panel determines whether there is probable cause for believing that the incident in question occurred.

If probable cause is not found, then the complaint is closed. If probable cause is found, the practitioner in question is served with a charging document and notified of his/her right to a hearing. If the practitioner disagrees with the charges, then a formal administrative hearing is held. If the practitioner in question agrees with the charges, then the respective professional board has the authority to impose discipline, which can include one or more of the following: license suspension or revocation, probation, remedial education, restriction of practice, fines, reprimands, or administrative costs.

Throughout the review process, DOH updates the complainant about the status of the complaint. The Department continues to revamp the prosecution of these cases to improve the time it takes to process a complaint from initial receipt to final board action, reduce costs, and improve health care services. Recently, the enforcement unit was transferred from the Agency for Health Care Administration to DOH resulting in a cost savings of \$1 million. A restructuring of the prosecution unit under new leadership is resulting in streamlined procedures and faster resolution of cases.

WHEN A COMPLAINT BECOMES PUBLIC RECORD Florida statutes require that the health care practitioner in question be given a copy of the complaint. The complaint remains confidential until 10 days after the probable cause panel and its board has determined a violation indeed has occurred, at which point the complaint becomes a public record. Patient identity and medical records remain confidential at all times. See **MQA**, page 3

march 24 brings tuberculosis to the spotlight each year

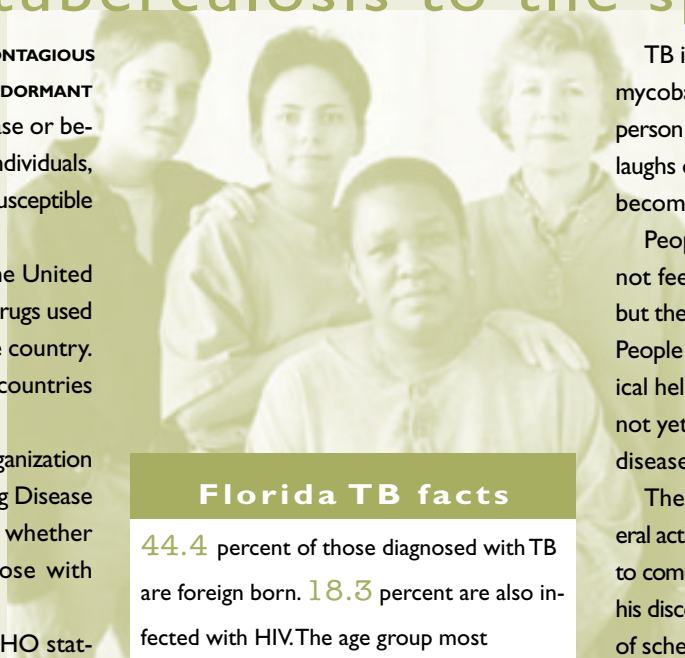
MARCH 24 IS WORLD TB DAY. TUBERCULOSIS, OR TB, IS A CONTAGIOUS DISEASE THAT MOST OFTEN AFFECTS THE LUNGS AND CAN LIE DORMANT FOR YEARS BEFORE A PERSON SHOWS SYMPTOMS OF TB DISEASE OR BECOMES SERIOUSLY ILL. IT MAY NEVER BECOME ACTIVE IN SOME INDIVIDUALS, BUT THOSE WITH WEAKENED IMMUNE SYSTEMS ARE ESPECIALLY SUSCEPTIBLE TO DEVELOPING ACTIVE TB DISEASE.

At one time, TB was the leading cause of death in the United States. But since the 1940s with the discovery of several drugs used to treat TB, the disease slowly began to disappear in the country. However, TB has been making a comeback and in many countries of the world it afflicts a majority of their populations.

World TB Day began in 1982 by the World Health Organization (WHO) and the International Union Against TB and Lung Disease to raise awareness of TB and that TB can be diagnosed whether dormant or active, treated, and cured—even for those with weakened immune systems from such things as HIV.

In its 2002 report on global tuberculosis control, WHO stated that TB is growing larger and more dangerous each year. Because Florida receives a large majority of immigrants and/or refugees from countries with endemic TB, great efforts must be taken to maintain TB control in the state and keep health professionals on the path of TB elimination.

Today, Florida ranks among the four top states for TB in the country, although the number of cases here has been declining over the past eight years to the current low of 1,086 in 2002.



Florida TB facts

44.4 percent of those diagnosed with TB are foreign born. 18.3 percent are also infected with HIV. The age group most infected is from 25 to 44. The top six Florida counties with the highest numbers of cases are: 1) Miami-Dade 2) Broward 3) Orange 4) Palm Beach 5) Duval 6) Hillsborough

TB is spread through the air from one person to another. The mycobacterium tuberculosis bacteria are put into the air when a person with active TB disease of the lungs or larynx coughs, sneezes, laughs or even talks. People nearby can breathe in the bacteria and become infected.

People who are infected with latent TB (the inactive form) do not feel sick, do not have any symptoms, and cannot spread TB, but they may develop active TB disease at some time in the future. People with TB disease can be treated and cured if they seek medical help. Even better, people who have latent TB infection but are not yet sick can take medicine so that they will never develop TB disease.

The Bureau of TB & Refugee Health at DOH is planning several activities to bring awareness to World TB Day, which also happens to commemorate the date in 1882 when Dr. Robert Koch announced his discovery of the tuberculosis bacillus. The bureau is in the process of scheduling informational exhibits around Tallahassee, and compiling informational packets on the connection between HIV & TB to community-based organizations that offer HIV testing, and information packets to legislators. For more information about TB, visit the DOH website at www.doh.state.fl.us/disease_ctrl/tb/

BUREAU OF TB AND REFUGEE HEALTH

March National Health Awareness Months/Days

Mental Retardation Awareness Month
www.thearc.org

National Colorectal Cancer Awareness Month
www.preventcancer.org

National Eye Donor Month
www.restoresight.org

National Kidney Month
www.kidney.org

National Nutrition Month
www.eatright.org/nnm

Workplace Eye Health and Safety Month
www.preventblindness.org

National Chronic Fatigue Syndrome Awareness Month

March 3–9

Save Your Vision Week www.aoanet.org

March 4–8

National School Breakfast Week www.asfsa.org

March 10–16

Pulmonary Rehabilitation Week www.aacvpr.org

March 11–17

Brain Awareness Week www.dana.org

March 17–23

National Poison Prevention Week www.cpsc.gov

March 17–23

National Inhalants and Poisons Awareness Week
www.inhalants.org

March 24

World Tuberculosis Day www.stoptb.org

March 27

American Diabetes Alert www.diabetes.org

April National Health Awareness Months/Days

Alcohol Awareness Month
www.ncadd.org

Cancer Control Month
www.cancer.org

Counseling Awareness Month
www.counseling.org

IBS (Irritable Bowel Syndrome) Month
www.iffgd.org

National Autism Awareness Month
www.autism-society.org

National Child Abuse Prevention Month
www.calib.com/nccanch

National Occupational Therapy Month
www.aota.org

National STD Awareness Month
www.ashastd.org

National Youth Sports Safety Month
www.nyssf.org

Women's Eye Health Safety Month
www.preventblindness.org

April 1–7

National Public Health Week www.apha.org

April 4

Kick Butts Day www.tobaccofreekids.org

April 5–7

Alcohol-Free Weekend www.ncadd.org

April 7

World Health Day
www.who.int/world-health-day/2003/en

April 7–13

International Building Safety Week www.ncsbcs.org

April 13

YMCA Health Kids Day www.ymca.net

April 14–20

National Infants Immunization Week
www.cdc.gov/nip

April 14–20

National Minority Cancer Awareness Week
www.cancernet.nci.nih.gov

April 21–27

National Organ and Tissue Donor Awareness Week
www.shareyourlife.org

April 27–28

2002 WalkAmerica www.modimes.org

schools urged to be more active in promoting children's health

Imagine the wafting aromas of sloppy Joes or cheesy pizza from any school cafeteria around noontime. Then imagine the numbers of children who wait ever so patiently in line for their hot lunches. Now imagine these school kids with just minutes to eat before they are escorted back to classrooms, oftentimes with little or no playground time.

In an effort to reduce the growing rates of obesity among youth across America, a national campaign was launched recently to bring awareness to this crisis and help identify ways to stimulate healthy eating and exercise habits among children while at school.

DOH has joined other agencies in the state and across the nation in promoting physical activity and healthy nutrition among school-aged children in an effort to reduce the prevalence of overweight and the onset of chronic conditions by joining the recently created *Action for Healthy Kids* Task Force.

Former U.S. Surgeon General Dr. David Satcher and more than 30 national organizations including the CDC and the National Dairy Council, launched the *Action for Healthy Kids* initiative to improve nutrition and fitness among the nation's children in an effort to reverse the alarming and escalating trends of obesity and overweight. Delegates from around the state of Florida are focusing on three goals:

Provide an adequate amount of time for students to eat school meals, and schedule lunch periods at reasonable hours around midday

Provide all children, from pre-K through grade 12, with quality daily physical education that helps develop the knowledge, attitudes, skills, behaviors and confidence needed to be physically active.

Provide daily recess periods for elementary school students, featuring time for unstructured but supervised active play.

Poor nutrition and physical inactivity together are the second leading preventable causes of death among all people in the nation—only tobacco kills more people. Overweight and obesity account for an estimated 300,000 deaths in the United States each year and are responsible for a variety of chronic diseases and conditions, including type 2 diabetes, high blood pressure, high cholesterol, coronary heart disease, stroke, osteoarthritis and some cancers. Florida is no exception to the number of residents who are suffering from chronic conditions and deaths.

In 2000, DOH surveys indicated approximately 4.3 million Florida adults were overweight and 2.3 million were obese. Even more alarming is the number of Florida youth who are overweight or at risk for becoming overweight. Surveys conducted among high school students indicated that 10.4 percent are overweight and 14.2 percent are at risk for becoming overweight. Health risks for overweight children include decreased release of growth hormone, type 2 diabetes, high blood pressure and high cholesterol. Approximately 60 percent of overweight children have at least one risk factor for cardiovascular disease while 25 percent have two or more risk factors.

Sedentary lifestyle has contributed to the overweight status among our nation's youth. A minimum of 30 to 60 minutes of physical activity on most days of the week is recommended for children; however, less than half of high school students attend physical education on one or more school days. Children watch an average 4 to 6 hours of television daily while the American Academy of Pediatrics recommends no more than 1–2 hours per day—this meaning television, computer, and video games.

In addition to declines in physical activity, children's calorie intake has increased over the past decade. The National Cancer Society recommends eating a minimum of five fruits and vegetables each day to maintain good health and reduce the onset of chronic conditions. In a survey conducted among Florida high school students, only 20 percent reported eating five fruits and vegetables each day during a seven-day period.

Adults are not doing much better. National survey results in 2000 indicated only 23 percent of Florida adults ate five fruits and vegetables every day.

For more information on the *Action for Healthy Kids* Florida team, please contact Cathy Brewton at cathy_brewton@doh.state.fl.us or Martha Grajales at Mgrajales@floridamilk.com.

CATHY BREWTON, DOH OBESITY PREVENTION PROGRAM

focus on florida infant screening program task force

DOH is responsible for screening more than 200,000 babies born each year in the state of Florida. The Bureau of Laboratories and Children's Medical Services administer the infant screening program that ensures each baby is tested for five disorders: phenylketonuria, congenital hypothyroidism, galactosemia, sickle cell disease, and congenital adrenal hyperplasia. Neonatal screening provides early diagnosis for selected disorders with potentially adverse consequences that can be identified and treated before the illness becomes apparent. The success of the program depends on the identification and treatment before the damaging effects of the disorder occur, and also the cooperation and coordination of hospitals, birthing facilities, and endocrine-metabolic, genetic and hematology referral centers. Thousands of children have been identified with a potentially devastating illnesses since the program started in 1965.

During the 2002 Legislative Session, Senator Wasserman-Schultz and Representative Sobel introduced legislation to create a task force to study the Florida Infant Screening Program. Specifically, the task force was asked to address the improvement and expansion of Florida's neonatal screening program. The Florida Infant Screening Task Force, which met six times in 2002, consisted of all members of the Genetics and Infant Screening Advisory Council of Children's Medical Services and a member from each of the following: Florida Hospital Association, Florida Statutory Teaching Hospital Council, and Florida Chapter of the March of Dimes.

The Florida Infant Screening Task Force members reviewed the findings and recommendations regarding the expansion of the screening program previously put forth by the Genetics and Infant Screening Advisory Council. In June of 2002, the Task Force met with George Cunningham, M.D., California Department of Health, and Joseph Muenzer, M.D., Ph.D., University of North Carolina, who provided information regarding their states' experiences with expanded newborn screening using tandem mass spectrometry technology. Using all the information available to them, the Task Force made the following recommendations:

- The Florida Infant Screening Program should correct deficiencies identified in the current infrastructure in order to reduce the amount of time from birth to diagnosis and treatment, thus decreasing the risk of morbidity and mortality.
- The Florida Infant Screening Program should expand the neonatal screening program from five (5) disorders to twenty-eight (28) disorders in order to identify potentially catastrophic, but treatable, illnesses that, when detected early, can preserve useful lives and reduce future costs of health care and special services.
- The improvements in, and expansion of, the Florida Infant Screening Program should be funded with state General Revenue because neonatal screening is a public health function.

You can read the full report at: <http://www.doh.state.fl.us/Cms/InfantSrnTaskfrc.html>

LOISTAYLOR, CHILDREN'S MEDICAL SERVICES

department recognizes contributions of social workers

Every day in Florida, social workers help people take charge of their lives by helping them navigate complex social systems. They connect individuals and families to appropriate resources; help people understand and use their strengths to overcome life's adversities; and shape programs and policies that contribute to healthy and successful communities.

Professional social workers are highly trained and experienced. The practice of social work requires knowledge of human development and behavior; of social, economic and cultural institutions, and of the interaction of all of these factors. Only those who have earned social work degrees at the bachelor's, master's or doctoral levels and completed a minimum number of hours in supervised fieldwork, are "professional social workers." Professional social workers assist individuals, families, groups or communities to restore or enhance their capacity for social functioning. They help people overcome some of life's most difficult challenges: poverty, discrimination, abuse, addictions, physical illness, divorce, loss, unemployment, educational problems, disability and mental illness.

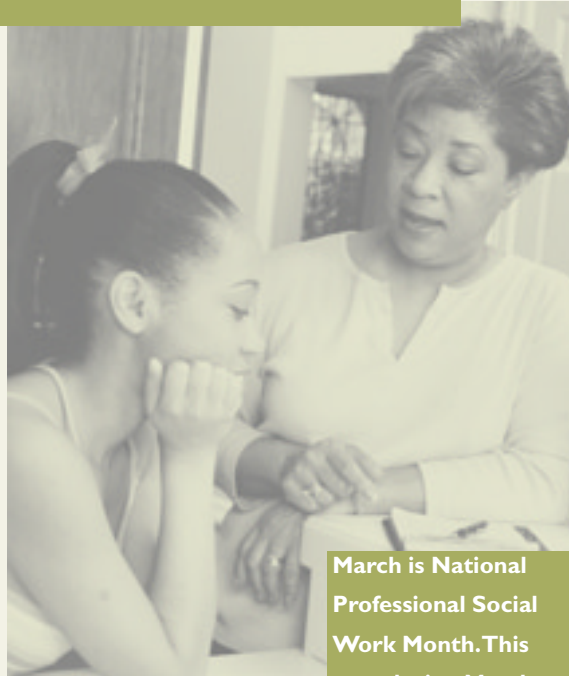
For large numbers of low-income, uninsured and vulnerable populations, social risk factors increase health and mental health problems that can interfere with recovery or treatment.

There are many professional social workers employed by the Florida Department of Health working in programs such as Maternal and Child Health, School Health, Abstinence Education, Family Planning, HIV/AIDS, and Children's Medical Services. These social workers perform a variety of activities ranging from direct service to population-based public health planning and program administration.

Social workers help individuals and their families cope with illness and access necessary treatment and follow-up services. Clinical social workers are one of five core mental health professions in the United States, essentially providing the majority of mental health services. They have special skills in assessing, treating and preventing psychological, behavioral, emotional, social and environmental problems. Social workers in the School Health program are one of the few resources in schools for addressing personal and social problems that potentially inhibit a student's ability to learn. School social workers focus on individual strengths and connect students, families and communities to resources that foster success and achievement.

To all the social workers throughout the state, thank you for all of your efforts to improve the health and well-being of Florida's citizens.

SUSAN J. POTTS, MATERNAL AND CHILD HEALTH/DIVISION OF FAMILY HEALTH SERVICES



March is National Professional Social Work Month. This year during March, DOH recognizes the invaluable contribution of social workers to the public health system.

new CHD building named for humanitarian

THE PINELLAS COUNTY HEALTH DEPARTMENT UNVEILED ITS NEW BUILDING IN DOWNTOWN ST. PETERSBURG AS THE RICHARD HOSKING

BUILDING, named in remembrance of a man dedicated to public health in the area for more than 30 years but whose life was cut short when he faced a robber with a gun in his home nearly three years ago.

Hosking's family says his name on the health department building will continue his legacy of serving the public's well being.

"We're really proud and honored," Hosking's wife, Lauren, told the *St. Petersburg Times* after the December ceremony at the new facility. "We're glad something good came out of this tragedy. I think this is a fitting tribute to Richard. He loved public health. It's just fitting that his name is on the building that serves Pinellas County."

Hosking began his career in public health more than 30 years ago and served in various roles, including acting director of the Pinellas County Health Department. He later became assistant director of the Pasco County Health Department.

Hosking was 55 years old and about three years from retirement when in May of 2001 he was shot to death after surprising the intruder at his Clearwater home. William Scott Lang, 18, a fellow church member the Hosking family previously had tried to help through the church and once had allowed him to stay at their home, was convicted of murder and sentenced to life in prison.

In addition to his wife, Hosking is survived by a daughter, Katie, and son, Michael.

gulf CHD receives grant to expand services, hours

The Gulf County Health Department recently received a \$617,500 federal grant that will be used to expand services and hours at its facility on Garrison Avenue. The two-year federal grant is part of the Health and Human Services' Federally Qualified Health Center Program and is one of 42 grants awarded nationwide and the only one in Florida.

The grants are part of a five-year federal plan to add or expand health centers in 200 communities and increase to 16 million from 10 million the number of patients served each year at those facilities.

Gulf CHD officials say their plan includes providing all the services of a medical clinic for all residents, including primary care, nutrition counseling, mental health services, and dental health services at a clinic located at the south end of the county. The services will be available regardless of age, income level or insurance coverage, and fees will be based on a sliding scale according to need.

Also, Bay Medical Center and Gulf Coast Hospital have signed agreements to handle referrals and follow-up care as necessary.

Gulf CHD Executive Director Doug Kent said one aspect of the grant application was to show collaboration from the entire community.

MQA, from front

There is a six-year time limit for filing complaints regarding incidents that occurred on or after July 1, 2001. In cases where it can be shown that fraud, concealment, or intentional misrepresentation of facts prevented the discovery of the alleged violation, the time limit is extended to 12 years after the incident. Because there was no statute of limitations prior to July 1, 2001, there is no time limit for filing complaints regarding incidents that occurred prior to that time.

The complaint process can bring to light incidents when health care practitioners violated standards of care, giving MQA and the regulatory boards the opportunity to respond appropriately and protect public health by restoring these standards. MQA also provides important information to consumers that can help them make informed decisions about health care practitioners. To learn more about MQA or to check the license and/or disciplinary record of a health care practitioner, visit online at www.DOH-MQAservices.com.

MQA COMMUNICATIONS

public health courses offered through distance learning

The University of South Florida's College of Public Health offers courses at off-campus sites throughout Florida and in Atlanta that lead to a Master's Degree of Public Health in Public Health Practice. The Distance Learning Program allows students to complete almost all degree requirements with minimal on-campus requirements at Tampa.

Students may apply for the degree program or take classes as a non-degree-seeking student. Summer semester is scheduled for May 12 to August 8. Registration deadlines for new students do apply, but university officials note they make every effort to register new students up until the first week of classes.

The summer semester graduate-level courses offered through distance learning will be "Community Partnerships with Advocacy." Course timings are typically 6 to 8:50 p.m. one night per week. Undergraduate and graduate level public health courses on the Web also are offered during the summer semester.

For more information about the Distance Learning Program in your area, the MPH degree and the upcoming summer semester, call 1-888-USF-COPH (menu option #3), or email the program for information at distance@hsc.usf.edu

arnold appointed deputy secretary

Longtime public health employee Thomas (Tom) Arnold has been appointed to the position of Deputy Secretary, Dr. Agwunobi announced recently. Arnold brings many years of administrative and leadership expertise to the position. He has served as DOH director of administration since 1998.

As Deputy Secretary, Arnold will oversee the divisions of Administration, Medical Quality Assurance, Disability Determinations, Correctional Medical Authority, and Information Technology.

A graduate of Florida State University with a degree in accounting, he also attended Yale University's School of Organization and Management Executive Program on Health Care Management. He started his public service career when he enlisted in the U. S. Marine Corps Reserve for six years, then served the State of Florida in a variety of roles, including assistant Medicaid director and assistant secretary for economic services with the Florida Department of Health and Rehabilitative Services. Arnold also served as the bureau chief of managed care, and the Medicaid operations director with the Agency for Health Care Administration before joining DOH as director of administration.

HIV/AIDS employees honored for service

Debbie Norberto and Ron Henderson, employees of the Bureau of HIV/AIDS, received "Unsung Hero" awards for their work and commitment to prevention efforts in Miami-Dade County, and HIV/AIDS Bureau Chief Tom Liberti received the Key to the City from Miami Beach Mayor David Dermer.

The three were recognized in Miami during the December World AIDS Day Event sponsored by Florida AIDS Action. The special day also featured a remembrance ceremony and presentation honoring community partners who participated in the Miami-Dade County Health Department's "Ride the Bus" campaign. Currently, 100,000 men, women and children in Florida are living with HIV.

sharon heber moves on to greener pastures

Note: This article is a condensed version of one that first appeared in the December 2002 issue of the Florida Environmental Health Association's official publication Florida Journal of Environmental Health.

From a young woman who initially didn't even consider environmental health as a career to someone supervising over 200 people in the field for DOH, Sharon Heber, Dr. P.H., has come a long way over the past 30 years.

Heber retired at the end of January 2003 as DOH Division Director of Environmental Health. Prior to her retirement, she talked about her experiences in the field and some of her future plans.

After graduating from Wittenberg University in Springfield, OH, with a Bachelor of Arts degree in physical and health education, she taught physical and health education at a Pittsburgh high school, then went on to the American Red Cross in Montgomery, AL, teaching first aid and directing the summer youth swimming program.

A move to Florida in January 1973 brought Heber to the Broward County Health Department where she found herself taking a sanitarian position. At the time, she didn't even know what a sanitarian was and had to ask what they did. During the next eight years, Heber performed inspections of institutions and food service establishments, moving from a Sanitarian I to Sanitarian II then on to Sanitarian Supervisor I and then Sanitarian Supervisor II. She supervised staff involved in these types of inspections and those inspecting septic tank installations, nuisance complaints, and other environmental health programs.

From 1973 to 1981 Heber also coordinated and participated in epidemiological investigations. In 1978 she received a Master's degree in Public Health from the University of Minnesota, in Minneapolis. With that, she moved up to the district level in 1981, with the Department of Health and Rehabilitative Services (HRS – which later became DOH). She planned, coordinated, monitored and evaluated the district's environmental health program for a 14-county area. Through 1990, she gave technical assistance in all phases of environmental health to the county public health units (now health departments), institutions, industry and the general public. Heber monitored and coordinated district level epidemiological investigations.

During 1990 to 1992, she served as Environmental Administrator for HRS, coordinating and monitoring the statewide restaurant inspection program workload and conducting continuous quality assurance activities. She provided technical and administrative assistance to program staff and interpreted federal and state laws, rules and policies related to food hygiene. She also identified a need for standardized procedures and training programs for inspectors and developed appropriate methods.

From 1992 to 1994, Heber left HRS to work as a Quality Control Administrator for the Department of Business and Professional Regulation (DBPR). She planned, developed, and provided technical and staff training programs for all division staff for food protection. She also developed written procedures to standardize program activities and provided technical assistance and interpretation of applicable laws and rules to staff and the public.

ardous waste sites, and environmental equity issues, among others. As division director, Heber was responsible for the planning, budgets, research, policy development, legislative coordination, and training for the division and over 200 positions.

In 1999, Heber received her doctorate in Environmental Health at the University of Alabama at Birmingham.

Heber and her husband, John, plan to move from their farm in Whigham, GA, to a central Florida location. They also look forward to opportunities to travel to many states, including those of the Pacific Northwest. Both plan to stay active in the Florida Environmental Health Association (FEHA).

LU GRIMM, BUREAU OF ENVIRONMENTAL EPIDEMIOLOGY



florida begins hospice for children pilot program

DOH, together with the Agency for Health Care Administration (AHCA) and Florida Hospices and Palliative Care, Inc., in November introduced a pilot program called Partners in Care-Together for Kids that will offer hospice-type support services designed especially for children diagnosed with life-threatening illnesses.

The pilot program, which will begin in eight areas of the state this year, is possible through a federal grant administered by Children's Hospice International with technical support from the Center for Medicare and Medicaid.

Florida is one of six states to receive the federal funding—

the advisor

Florida Department of Health
4052 Bald Cypress Way, Bin #A-04
Tallahassee, FL 32399-1705

Please send stories and information for the May/June issue by e-mail to [Juli Bergstrom-Wasson](mailto:Juli.Bergstrom-Wasson@doh.state.fl.us) by Apr. 1, 2003. The Health Advisor is available on the DOH intranet and internet websites. Phone: 850/245-4444, ext. 3158 Fax: 850/488-6495 e-mail: Juli_Bergstrom-Wasson@doh.state.fl.us Suncom: 205-4111; Suncom Fax: 278-6495

In 1994, Heber returned to DOH to serve as the bureau chief for environmental epidemiology for the next four years, overseeing the statewide program relating to food and waterborne disease outbreaks, the statewide birth defects registry, statewide pesticide poisoning surveillance, childhood lead poisoning surveillance, drinking water contamination, cancer cluster investigations, and other environmentally related situations that threaten human health.

During that time she oversaw an investigation of a childhood brain cancer cluster, a study involving associations between non-functioning septic systems and enteric disease and surveillance for and study of human health effects related to a pfiesteria-like species. She also administered the bureau's new Geographic Information Systems (GIS) technology program to determine spatial and temporal analysis of disease relationships.

Since 1998 and until the end of January 2003, Heber served as the director of the Division of Environmental Health. She oversaw all the programs she was responsible for as Environmental Epidemiology bureau chief, plus environmental toxicology, onsite sewage, radiation control, migrant labor camp operations, biomedical waste, haz-

\$100,000 for 2002 and \$154,770 for 2003. Other states receiving funding from the Program for All-Inclusive Care for Children (PACC) grant are Colorado, Kentucky, New York, Utah and Virginia.

The PACC grant will waive current federal law that restricts terminally ill patients from receiving hospice care until the last six months of life. Through Partners in Care, families with children receiving active medical treatment or curative care will be able to receive an overlay of hospice-type support services at any time following diagnosis.

Partners in Care will incorporate services from AHCA's Medicaid Program; DOH's Children's Medical Services; and hospice programs associated with Florida Hospices and Palliative Care. A limited number of children with life threatening conditions will participate in the pilot study, and data collected from the pilot areas will assist with planning for statewide expansion of the Partners in Care Program.