

**MISSISSIPPI STATE
DEPARTMENT OF HEALTH**

FY 2005 - 2009

STRATEGIC PLAN

**Prepared in Accordance with the
Mississippi Performance Budget
and Strategic Planning Act of 1994**

**Office of Health Policy and Planning
August 2004**

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

MISSION STATEMENT

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

VISION STATEMENT

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

VALUE STATEMENT

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

STRATEGIC DIRECTIONS

The agency has identified the following areas as overarching goals for the MSDH that guide the development of program objectives and strategies:

I. Strategic Planning and Policy Development

- A. Strategic and operational planning
- B. Community assessment
- C. Information systems
- D. Data analysis and quality review
- E. Local and state health department performance and capacity assessment
- F. Evaluation of services and policies based on 2010 health objectives

II. Healthy People in Healthy Communities

- A. Epidemiological model utilization
- B. Interventions based on causes of morbidity and mortality
- C. Environmental health
- D. Worksite health promotion
- E. Community involvement in planning and needs assessment

III. Quality Improvement and Performance Measurement

- A. Human resource development
- B. Cultural sensitivity and awareness
- C. Team approach to fulfilling mission
- D. Customer focus
- E. Program and system performance monitoring
- F. Linkages with academic centers

IV. Bioterrorism/Emergency Preparedness

- A. Statewide planning
- B. Partnership development for planning and implementation
- C. Increased surveillance
- D. Enhanced technology for training and communication
- E. Enhanced system of early detection, reporting, and response

EXTERNAL ENVIRONMENT ANALYSIS

Numerous external factors may influence the agency's ability to reach its goals and objectives. MSDH is strongly affected by changes in federal and state laws, regulations, and funding. In addition, the agency must respond to changes in the health care system, an arena that is particularly volatile at this time. The following represent a summary of major external factors that the Department must consider in its planning:

Demographic

- High poverty and unemployment rates, creating greater demands for public services
- Very rural population, creating transportation problems
- Low education levels in the general population
- Poor local tax base; diminishing state dollars

Health Status

- High mortality and morbidity rates
- High rates of behavioral risk factors
- High teen birth rates

Service Delivery System

- Increased attention to bioterrorism and other public health threats and emergencies
- Maldistribution of health care providers, especially physicians
- Shortages of nurses and other health providers
- Lack of Community Health Centers statewide
- Uncertain third party and federal reimbursement levels under recent federal initiatives
- Continuing excessive cost increases in the medical care arena: staff, equipment, and contractual items
- Changes in standard medical practice and malpractice insurance concerns
- Changes in program operations and practices mandated by state and federal legislation

INTERNAL MANAGEMENT SYSTEM

The MSDH has established a process to monitor program and service delivery activities carried out by local health departments within the centralized organizational structure. The activities are composites of all dimensions of the agency - counties, districts, programs, disciplines, and related or support units. Each major activity implemented at the local level has a corresponding component of the internal review process. The desired result is a continuous improvement in the quality of services delivered to the state's citizens. Specific components of the review process include:

- Review of the district's goals and objectives for their relationship with the agency's mission and overall plan. This review considers the Year 2010 objectives and health status indicators for the district's geographical area.
- Resource review includes an assessment of manpower, buildings, equipment, and support areas for their relationship to the overall workload. This area utilizes workload analysis, patient registration information, waiting time analyses, and planning documents used in capital improvement activities.
- Review of county level service delivery includes an on-site visit to at least two representative counties or clinics in the district prior to the management discussions. An interdisciplinary team of nurses, social workers, nutritionists, and clerical staff reviews the service delivery process using a standardized tool developed by the team. Clinical indicators for the program areas are considered to help determine whether a more detailed program review is required. The environmental health and home health program reviews also include site visits, with field and home components.
- A team of physicians, nurse practitioners, and nurses completes clinical provider audits prior to the management discussions. All physicians and nurse practitioners, both staff and contract, have records extracted for the retrospective review, which includes current standards of practice and compliance with program protocols. Staff providers are present for the review, which includes a discussion with the providers about their caseloads and specific case situations.
- Program staff at the state level, in conjunction with corresponding staff at the district level, review each county for progress toward achieving the program's goals and objectives. Items included are very specific to the program area, but may include target population information, a status report on the counties' goals and objectives, comparisons with other districts, successes and barriers to program implementation, and other related information. The program director at the state level is responsible for developing the tools used in this component of the review.

For all of the aforementioned reviews, written reports are furnished to the district, and a written reply is requested. Performance Accountability coordinates the appropriate follow-up for a status report on areas requiring intervention. More serious problems noted during the review are corrected as soon as possible.

Internal Audit

Internal Audit staff conduct financial, compliance, electronic data processing, and operational and efficiency audits of the State Department of Health. Internal Audit staff also evaluate internal controls over accounting systems, administrative systems, electronic data processing systems, and all other major systems to ensure accountability.

The audits consist of each of the nine districts and each of the offices in the Central Office. The audits are reviewed by the Internal Audit Director and the reports are sent to the Director of each office or district for

response and corrective action. When appropriate, copies of supporting documentation, such as memos or inventory forms, accompany the response. The reports, along with the response and corrective action, are issued to the State Health Officer and the Board of Health each quarter in accordance with the Mississippi Internal Audit Act.

Areas of major dispute, such as policy interpretation or disagreement, severe and immediate patient care problems, or serious discrepancies in fiscal accountability, are handled individually by the State Health Officer and the appropriate parties. Any item of a serious nature noted during the course of the audit and requiring immediate action is brought to the State Health Officer's attention at the time it is noted.

Related Reviews

The Quality Management Branch of the Division of Home Health conducts quality assurance reviews in the regions, focusing on compliance with program guidelines and patient care. Copies of the written reports from these reviews are handled in the same manner as the fiscal audits. Other offices in the agency may also receive copies as appropriate based on the content of the review.

Agency reviews include those coordinated by specific programs that have federal rules and regulations requiring an ongoing compliance review process, and quality and performance reviews conducted by county and district staff. These reviews are significant to the operations of selected programs and activities and are an important part of the agency's total quality management program. Generally, the aforementioned categories of related reviews are the responsibility of the specific program manager and are not routinely routed to the State Health Officer unless problems arise. Any reports from these reviews may, however, be considered in the program and service delivery review process as indicated.

State audit and federal program review responses are also a significant part of the agency's operations. Any responses to these reports are reviewed for consistency with other review responses, agency policies, and follow-up requirements.

Complaint Investigation

Complaints from the public or from staff are relayed to Performance Accountability for follow-up. Coordination with other offices, such as compliance or program offices, is planned as required by the nature of the complaint. All complaints are investigated and reports are filed in writing for future reference.

PROGRAM PLANS

DISEASE PREVENTION AND HEALTH PROMOTION

Disease Prevention and Health Promotion includes epidemiology, screening, surveillance, diagnosis, and treatment in areas such as tuberculosis, sexually transmitted diseases, and HIV/AIDS. Services are intended to control the disease transmission process through effective intervention and treatment and, where available, through immunization. In addition, various program initiatives are designed to reduce the rate of premature death and to improve the quality of life for Mississippians. These initiatives include activities targeted toward tobacco prevention, injury prevention, and chronic illness. The objectives of the Disease Prevention and Health Promotion programs are to control the prevalence and incidence of tuberculosis, sexually transmitted disease, and HIV/AIDS; to eliminate morbidity and mortality due to childhood vaccine-preventable diseases; and to reduce the rate of premature death and promote the quality of life for Mississippians by advocating appropriate public policy, community awareness, patient education, comprehensive school health education, and community health initiatives that promote healthy lifestyles.

EPIDEMIOLOGY

Program Description: Many diseases or conditions can cause permanent disability and even death, at great cost to the public. The Office of Epidemiology has as its primary concern the identification and control of reportable diseases and conditions through a statewide surveillance and disease detection program monitoring occurrence and trends. Staff provide consultation to the public and private sectors, and investigate outbreaks or clusters of disease or illness in coordination with public health districts. Investigation is initiated to determine etiology and implement or recommend control and preventive measures. Direct disease intervention in specific illnesses is carried out through the provision of appropriate prophylaxis.

The *Mississippi Morbidity Report* is published monthly and provided to approximately 8,300 physicians, hospitals, laboratories, and health care facilities throughout the state. In addition, education and training to the medical and lay communities is an ongoing effort. Staff provide individual consultation to health care providers and the general public on communicable disease control and prevention, environmental epidemiology, indoor air quality, vaccine preventable disease, international travel requirements and recommendations, tuberculosis, sexually transmitted diseases, AIDS, and injury statistics.

FY 2005 Objectives:

- Increase the sensitivity of the disease/condition reporting system.
- Provide consultation to the medical community and other agencies on matters of epidemiological concern on a 24-hour-a-day, 365 days-a-year basis.
- Conduct syndromic surveillance for conditions potentially related to a bioterrorism event and investigate as to cause.
- Investigate 100% of identified and confirmed disease outbreaks and provide appropriate intervention.
- Follow up on all hepatitis A cases to increase post-exposure prophylaxis.
- Initiate the provision of rifampin prophylaxis within one hour of receiving a call of confirmed meningococcal or Hemophilus influenza meningitis to ensure that contacts receive it within 24 hours.
- Publish the *Mississippi Morbidity Report* on a monthly basis.
- Coordinate rabies clinics in all public health districts (Public Health Veterinarian).
- Implement strategies to improve the accuracy and timeliness of communicable disease data reported to the MSDH as measured by 95% reporting of Class I diseases within 24 hours.
- Conduct surveillance assessment of endemic Class I diseases.
- Assess reporting of antimicrobial resistant disease.

Funding:	\$ 1,137,035	General
	901,243	Federal
	<u>1,344,270</u>	Other
	\$3,382,548	Total

FY 2006 Objectives:

- Increase the sensitivity of the disease/condition reporting system.
- Provide consultation to the medical community and other agencies on matters of epidemiological concern on a 24-hour-a-day, 365 days-a-year basis.
- Conduct syndromic surveillance for conditions potentially related to a bioterrorism event and investigate as to cause.
- Investigate 100% of identified and confirmed disease outbreaks and provide appropriate intervention.
- Follow up on all hepatitis A cases to increase post-exposure prophylaxis.
- Initiate the provision of rifampin prophylaxis within one hour of receiving a call of confirmed meningococcal or Hemophilus influenza meningitis to ensure that contacts receive it within 24 hours.
- Publish the *Mississippi Morbidity Report* on a monthly basis.

- Coordinate rabies clinics in all public health districts (Public Health Veterinarian).
- Implement strategies to improve the accuracy and timeliness of communicable disease data reported to the MSDH as measured by 95% reporting of Class I diseases within 24 hours.
- Conduct surveillance assessment of endemic Class I diseases.
- Assess reporting of antimicrobial resistant disease.

Funding:	\$ 1,152,550	General
	902,900	Federal
	<u>1,357,146</u>	Other
	\$3,412,596	Total

FY 2007 Objectives:

- Increase the sensitivity of the disease/condition reporting system.
- Provide consultation to the medical community and other agencies on matters of epidemiological concern on a 24-hour-a-day, 365 days-a-year basis.
- Conduct syndromic surveillance for conditions potentially related to a bioterrorism event and investigate as to cause.
- Investigate 100% of identified and confirmed disease outbreaks and provide appropriate intervention.
- Follow up on all hepatitis A cases to increase post-exposure prophylaxis.
- Initiate the provision of rifampin prophylaxis within one hour of receiving a call of confirmed meningococcal or Hemophilus influenza meningitis to ensure that contacts receive it within 24 hours.
- Publish the *Mississippi Morbidity Report* on a monthly basis.
- Coordinate rabies clinics in all public health districts (Public Health Veterinarian).
- Implement strategies to improve the accuracy and timeliness of communicable disease data reported to the MSDH as measured by 95% reporting of Class I diseases within 24 hours.
- Conduct surveillance assessment of endemic Class I diseases.
- Assess reporting of antimicrobial resistant disease.

Funding:	\$ 1,291,085	General
	991,884	Federal
	<u>1,424,506</u>	Other
	\$3,707,475	Total

FY 2008 Objectives:

- Increase the sensitivity of the disease/condition reporting system.
- Provide consultation to the medical community and other agencies on matters of epidemiological concern on a 24-hour-a-day, 365 days-a-year basis.
- Conduct syndromic surveillance for conditions potentially related to a bioterrorism event and investigate as to cause.
- Investigate 100% of identified and confirmed disease outbreaks and provide appropriate intervention.
- Follow up on all hepatitis A cases to increase post-exposure prophylaxis.
- Initiate the provision of rifampin prophylaxis within one hour of receiving a call of confirmed meningococcal or Hemophilus influenza meningitis to ensure that contacts receive it within 24 hours.
- Publish the *Mississippi Morbidity Report* on a monthly basis.
- Coordinate rabies clinics in all public health districts (Public Health Veterinarian).
- Implement strategies to improve the accuracy and timeliness of communicable disease data reported to the MSDH as measured by 95% reporting of Class I diseases within 24 hours.
- Conduct surveillance assessment of endemic Class I diseases.
- Assess reporting of antimicrobial resistant disease.

Funding:	\$ 1,330,210	General
	1,041,504	Federal
	<u>1,424,507</u>	Other
	\$3,796,221	Total

FY 2009 Objectives:

- Increase the sensitivity of the disease/condition reporting system.
- Provide consultation to the medical community and other agencies on matters of epidemiological concern on a 24-hour-a-day, 365 days-a-year basis.
- Conduct syndromic surveillance for conditions potentially related to a bioterrorism event and investigate as to cause.
- Investigate 100% of identified and confirmed disease outbreaks and provide appropriate intervention.
- Follow up on all hepatitis A cases to increase post-exposure prophylaxis.
- Initiate the provision of rifampin prophylaxis within one hour of receiving a call of confirmed meningococcal or Hemophilus influenza meningitis to ensure that contacts receive it within 24 hours.
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- Implement strategies to improve the accuracy and timeliness of communicable disease data reported to the MSDH as measured by 95% reporting of Class I diseases within 24 hours.
- Conduct surveillance assessment of endemic Class I diseases.
- Assess reporting of antimicrobial resistant disease.

Funding:	\$ 1,369,334	General
	1,093,579	Federal
	<u>1,424,506</u>	Other
	\$3,887,419	Total

SPINAL CORD AND TRAUMATIC BRAIN INJURY SURVEILLANCE

Program Description: Spinal cord injuries (SCIs) and traumatic brain injuries (TBIs) have a profound effect on the future of Mississippians, since they often remove an individual from study and work during the most productive ages. These injuries cause many people to become disabled, unable to work, and in need of state support for the remainder of their lives. In spite of the growing magnitude of the problem, the prevention and treatment of SCIs and TBIs have not received the attention they warrant. Mississippi ranks near the top in the percentage of individuals with severe disabilities, motor vehicle crash fatalities, and unintentional injury deaths. Because of this fact, comparing the total number of injury deaths from other causes can be misleading. Mississippi also has the lowest per capita income and the highest proportion of households living in poverty of any state, and these may be factors in Mississippi's high rate of SCIs (70 per million population per year).

Mississippi established a surveillance system in 1992 following the guidelines established by, and under the direction of, CDC's National Center for Injury Prevention and Control (NCIPC). The NCIPC's "*Guidelines for Surveillance of Central Nervous System Injury*" are the foundation for Mississippi's surveillance activities. The purpose of the surveillance system is to describe the epidemiology of SCI and TBI among Mississippi residents, with the goal of promoting and evaluating prevention programs and using the data when developing and implementing prevention strategies. The surveillance system is designed to capture data on all TBIs and SCIs occurring in Mississippi to both residents and non-residents, as well as TBIs and SCIs occurring to Mississippi residents injured outside the state. Collaborative relationships with neighboring states provide morbidity information on Mississippi residents injured out of state, while the MSDH's Vital Statistics unit provides mortality information on Mississippi residents who died as a result of TBI or SCI outside the state.

FY 2005 Objectives:

- Produce statewide incidence and prevalence rates of spinal cord injury (SCI) and traumatic brain injury (TBI) at least annually.
- Bi-annually monitor, analyze, and evaluate the completeness of the system by reviewing and cross-matching the information from the state's trauma registry and the surveillance system's registries.
- Identify and investigate SCI and TBI cases, and provide that information at least annually to the Advisory Council on SCI and TBI for the purposes of care and support for persons with SCI and TBI.
- Provide SCI and TBI data, as requested, to prevention advocates to reduce non-fatal SCIs in Mississippi.
- Disseminate SCI and TBI to all reporting sources, interested parties, and upon request.
- Disseminate the surveillance data to all nine public health districts and publish data in the Mississippi Morbidity Report annually.

Funding: Included with the Office of Epidemiology

FY 2006 Objectives:

- Produce statewide incidence and prevalence rates of spinal cord injury (SCI) and traumatic brain injury (TBI) at least annually.
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- Disseminate the surveillance data to all nine public health districts and publish data in the Mississippi Morbidity Report annually.

Funding: Included with the Office of Epidemiology

IMMUNIZATION

Program Description: The Bureau of Immunization provides and supports services designed to ultimately eliminate morbidity and mortality due to childhood vaccine-preventable diseases (i.e., diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Haemophilus influenza-type b, hepatitis A, hepatitis B, and chickenpox). The bureau also provides services to prevent morbidity and mortality related to influenza and pneumonia. Services include vaccine administration, monitoring of immunization levels, disease surveillance and outbreak control, information and education, and enforcement of immunization laws.

The Immunization Program assures that adequate supplies of vaccine are available for MSDH and Vaccines for Children providers. The program annually monitors both public and private schools and licensed child care facilities for compliance with the immunization law and regulations. The program also conducts an annual survey to determine the immunization status of children at 24 months of age, and several other surveys to determine the immunization status of other population groups. Additionally, program staff develop educational materials and provide training to immunization providers in both the public and private sector; facilitate a statewide immunization coalition; and are assisting in the development of a statewide immunization registry.

The 2004 immunization survey of two-year-old children showed that 87.9% of Mississippi's children received the recommended 4-DTaP, 3-Polio, and 1-MMR by 27 months of age. The survey indicates that nearly all infants begin immunizations on time, but do not complete them on schedule. Therefore, special emphasis must be focused on ensuring that children complete immunizations in the second year of life, through eliminating missed opportunities to immunize and an intense focus on the fourth immunization visit. Identification of pockets of need poses an additional challenge. To immunize the remaining 12.1% of children two years of age who are not up to date, it will be necessary to identify these children; locate geographic areas where they live; and develop interventions and service delivery mechanisms designed specifically to meet their needs.

Immunizations are required for all preschool and kindergarten through 12th grade students prior to school admission, and compliance rates have continued to increase. For the 2003-2004 school year, 94.7% of the children enrolled in licensed child care centers and Head Start and 99.8% of the students in kindergarten through 12th grades were in compliance with immunization requirements.

FY 2005 Objectives:

- Fully immunize 90% of the state's children with 4-DTaP, 3+ Hib, 3-polio, 1-MMR, and 3-HB by age two.
- Maintain a minimum accuracy reporting level of 95% in the statewide computerized Immunization Registry.
- Monitor the mandatory reporting of childhood immunizations administered by all providers in the state.
- Expand the Vaccines for Children (VFC) program.
- Maintain zero incidence of measles and pertussis disease.
- Support the Mississippi Statewide Immunization Coalition and solicit at least five new members.
- Ensure that all children enrolled in licensed child care facilities are age-appropriately immunized.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 5%.
- Increase immunizations of adults aged 50 and over for influenza, pneumococcal, and tetanus by 5%.
- Screen all maternity clients for hepatitis B infection and initiate appropriate intervention with their newborn infants and sexual and household contacts.
- Use school-based clinics to ensure that 99% of students in grades K-12 are age-appropriately immunized.
- Recruit five new immunization providers to expand accessibility of immunizations for minority adults age 65 and older.

- Sustain minority adult immunization rates after CDC’s Racial and Ethnic Adult Disparities Immunization Initiative (READII) program ends.

Funding:	\$1,474,884	General
	4,049,734	Federal
	<u>5,901,583</u>	Other
	\$11,426,201	Total

FY 2006 Objectives:

- Fully immunize 90% of the state's children with 4-DTaP, 3+ Hib, 3-polio, 1-MMR, and 3-HB by age two.
- Maintain a minimum accuracy reporting level of 95% in the statewide computerized Immunization Registry.
- Monitor the mandatory reporting of childhood immunizations administered by all providers in the state.
- Expand the Vaccines for Children (VFC) program.
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- Recruit five new immunization providers to expand accessibility of immunizations for minority adults age 65 and older.
- Sustain minority adult immunization rates after CDC’s Racial and Ethnic Adult Disparities Immunization Initiative (READII) program ends.

Funding:	\$ 1,495,008	General
	4,057,178	Federal
	<u>5,958,110</u>	Other
	\$11,510,296	Total

FY 2007 Objectives:

- Fully immunize 90% of the state's children with 4-DTaP, 3+ Hib, 3-polio, 1-MMR, and 3-HB by age two.
- Maintain a minimum accuracy reporting level of 95% in the statewide computerized Immunization Registry.
- Monitor the mandatory reporting of childhood immunizations administered by all providers in the state.
- Expand the Vaccines for Children (VFC) program.
- Maintain zero incidence of measles and pertussis disease.
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- Use school-based clinics to ensure that 99% of students in grades K-12 are age-appropriately immunized.
- Recruit five new immunization providers to expand accessibility of immunizations for minority adults age 65 and older.
- Sustain minority adult immunization rates after CDC’s Racial and Ethnic Adult Disparities Immunization Initiative (READII) program ends.

Funding:	\$1,674,708	General
	4,457,029	Federal
	<u>6,253,835</u>	Other
	\$12,385,572	Total

FY 2008 Objectives:

- Fully immunize 90% of the state's children with 4-DTaP, 3+ Hib, 3-polio, 1-MMR, and 3-HB by age two.
- Maintain a minimum accuracy reporting level of 95% in the statewide computerized Immunization Registry.
- Monitor the mandatory reporting of childhood immunizations administered by all providers in the state.
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- Increase immunizations of adults aged 50 and over for influenza, pneumococcal, and tetanus by 5%.
- Screen all maternity clients for hepatitis B infection and initiate appropriate intervention with their newborn infants and sexual and household contacts.
- Use school-based clinics to ensure that 99% of students in grades K-12 are age-appropriately immunized.
- Recruit five new immunization providers to expand accessibility of immunizations for minority adults age 65 and older.
- Sustain minority adult immunization rates after CDC's READII program ends.

Funding:	\$ 1,725,458	General
	4,679,994	Federal
	<u>6,253,836</u>	Other
	\$12,659,288	Total

FY 2009 Objectives:

- Fully immunize 90% of the state's children with 4-DTaP, 3+ Hib, 3-polio, 1-MMR, and 3-HB by age two.
- Maintain a minimum accuracy reporting level of 95% in the statewide computerized Immunization Registry.
- Monitor the mandatory reporting of childhood immunizations administered by all providers in the state.
- Expand the Vaccines for Children (VFC) program.
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- Use school-based clinics to ensure that 99% of students in grades K-12 are age-appropriately immunized.
- Recruit five new immunization providers to expand accessibility of immunizations for minority adults age 65 and older.
- Sustain minority adult immunization rates after CDC's READII program ends.

Funding:	\$ 1,776,206	General
	4,913,995	Federal
	<u>6,253,835</u>	Other
	\$12,944,036	Total

HIV/AIDS PREVENTION

Program Description: Acquired Immunodeficiency Syndrome (AIDS) is the result of infection caused by the Human Immunodeficiency Virus (HIV). Epidemiologic studies suggest that 50% of the people infected with HIV will develop AIDS within 18 years. The time frame can usually be slowed and the development of AIDS-defining illnesses delayed, but this care is expensive. A national study suggested that when the mean cost of inpatient care is added to outpatient care, monitoring, potent antiretroviral therapy, and community care costs, the average annual cost is \$18,000 per patient for asymptomatic HIV infection, versus \$25,000 for a patient with AIDS. The difference of \$7,000 per patient represents the annual “savings” of engaging patients with HIV infection in systems of care as early as possible.

The goals of the HIV/AIDS Prevention program are to reduce the incidence of HIV disease in Mississippi and assist in the provision of care and services to people living with HIV disease as funding permits. Program staff provide HIV disease information and data and serve as liaisons to a number of coalitions, state and federal agencies, and voluntary organizations with HIV/AIDS-related missions. The program also assists district and local health department personnel in the development, implementation, and evaluation of HIV/AIDS goals and objectives. Nearly all activities conducted by program staff are federally-funded.

Special Initiatives:

Prevention: The program participates in a cooperative agreement with the Centers for Disease Control and Prevention (CDC) to conduct HIV prevention activities, which are primarily related to counseling and testing, appropriate partner notification, and referral to available care and services. These activities are available to the public at no cost in all MSDH clinics. Staff also conduct health education/risk reduction training and culturally-sensitive variations of these activities targeted to minority populations at risk. CDC funding of the cooperative agreement remains relatively static.

Surveillance: The program participates in a cooperative agreement with CDC for surveillance of HIV infections and AIDS cases. Surveillance staff gather information for the combined HIV and AIDS Reporting System (HARS). This system transmits data, from which all personal identifiers have been removed, to CDC so that the epidemic's impact in Mississippi can be viewed with national statistics. Mississippi was one of eight states selected to participate in a program to evaluate the effect of HIV surveillance and reporting on AIDS patient outcomes through earlier referral to care and services.

Care: Funding from the Health Resources and Services Administration is provided under Title II of the Ryan White CARE Act. The CARE coordinator conducts outreach activities to inform patients and health care providers about the availability and eligibility requirements of the AIDS Drug Assistance Program, which provides a complete HIV/AIDS formulary, and the Home-Based Program, which provides injectable medication therapy in patients' homes. Additional support for Housing for People Living with AIDS is provided by funds received through a formula grant from the Department of Housing and Urban Development. These services are provided to people living with HIV/AIDS based on a diagnosis of HIV infection or AIDS-defining illness and a financial needs assessment. The services include rent and utilities assistance, emergency shelter, and supportive services (any assistance needed to conduct one or more Activities of Daily Living).

FY 2005 Objectives:

- Conduct 82,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 750 positive HIV antibody screening tests.
- Serve 1,200 persons in the AIDS drug program.
- Serve 85 persons in the home-based program.

- Fund/conduct HIV interventions for 8,000 Mississippians.
- Maintain the percentage of partner notification reports completed at 99%.
- Maintain a contact index of 2.9 as a result of partner services.

Funding:	\$ 1,024,337	General
	12,305,466	Federal
	<u>378,550</u>	Other
	\$13,708,353	Total

FY 2006 Objectives:

- Conduct 82,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 750 positive HIV antibody screening tests.
- Serve 1,200 persons in the AIDS drug program.
- Serve 85 persons in the home-based program.
- Fund/conduct HIV interventions for 8,000 Mississippians.
- Maintain the percentage of partner notification reports completed at 99%.
- Maintain a contact index of 2.9 as a result of partner services.

Funding:	\$ 1,038,314	General
	12,328,085	Federal
	<u>382,176</u>	Other
	\$13,748,575	Total

FY 2007 Objectives:

- Conduct 82,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 725 positive HIV antibody screening tests.
- Serve 1,250 persons in the AIDS drug program.
- Serve 85 persons in the home-based program.
- Fund/conduct HIV interventions for 8,000 Mississippians.
- Maintain the percentage of partner notification reports completed at 99%.
- Maintain a contact index of 2.9 as a result of partner services.

Funding:	\$ 1,163,119	General
	13,543,066	Federal
	<u>401,145</u>	Other
	\$15,107,330	Total

FY 2008 Objectives:

- Conduct 82,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 725 positive HIV antibody screening tests.
- Serve 1,250 persons in the AIDS drug program.
- Serve 85 persons in the home-based program.
- Fund/conduct STD/HIV interventions for 8,000 Mississippians.
- Maintain the percentage of partner notification reports completed at 99%.
- Maintain a contact index of 2.9 as a result of partner services.

Funding:	\$ 1,198,364	General
	14,220,568	Federal
	<u>401,145</u>	Other
	\$15,820,077	Total

FY 2009 Objectives:

- Conduct 82,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 725 positive HIV antibody screening tests.
- Serve 1,250 persons in the AIDS drug program.
- Serve 85 persons in the home-based program.
- Fund/conduct STD/HIV interventions for 8,000 Mississippians.
- Maintain the percentage of partner notification reports completed at 99%.
- Maintain a contact index of 2.9 as a result of partner services.

Funding:	\$ 1,233,611	General
	14,931,596	Federal
	<u>401,145</u>	Other
	\$16,566,352	Total

SEXUALLY TRANSMITTED DISEASES

Program Description: Sexually Transmitted Diseases (STDs) are infections spread by the transfer of organisms from one person to another person during sexual contact. During the last several years, the spectrum of sexually transmitted diseases has increased dramatically in complexity and scope; more than 50 organisms and syndromes are now recognized.

Almost 12 million cases of STDs occur annually, 86% of them in people aged 15 through 29 years. By age 21, approximately one out of every five young people has received treatment for a sexually transmitted disease. Minorities, women, and infants bear an inordinate share of the STD burden from involuntary sterility, ectopic pregnancy, fetal and infant deaths, birth defects, and mental retardation.

STD cannot be controlled by traditional public health methods – no immunization is available; there is no vector that can be eliminated; and isolation of patients is neither practical nor desirable. Several years ago the emergence of several antibiotic resistant strains of gonorrhea compromised the routine use of traditional treatment regimens. Sporadic outbreaks of STDs contributed to the difficulty of control by placing an unforeseen burden on already strained resources. The increased use of "drugs for sex" and "sex for drugs" further magnified the STD problem. The failure of high-risk individuals to alter behavior and sexual lifestyles in spite of the increase of reported cases further complicates the problem.

In calendar year 2003, there were 40 cases of primary and secondary syphilis reported to the MSDH. This figure represents a case rate of 1.4 per 100,000. During the same time period, there were 6,328 cases of gonorrhea reported, for a case rate of 220.4, and 12,195 cases of chlamydia, for a case rate of 424.7 per 100,000. The state reported two cases of congenital syphilis in CY 2003. Mississippi did not report any chancroid cases, but identified other STDs such as herpes and HPV.

The primary goal of the STD control program is the reduction and practical management of sexually transmitted disease in Mississippi. This goal can be accomplished by: detecting and intervening in new infections through comprehensive epidemiology, interviewing, and counseling; screening high-risk populations for asymptomatic STD infections and ensuring that all individuals with a positive laboratory test are followed for treatment and partner elicitation/notification; implementing prevention and education activities directed toward the general public and the population at risk, creating an awareness of sexually transmitted diseases and preventive measures available; and ensuring that proper uniform standards of health care are available to all persons in need in the public and private medical community.

FY 2005 Objectives:

- Maintain a contact index of 2.9 contacts per primary and secondary syphilis case interviewed.
- Examine 85% of the locatable in-jurisdiction contacts within seven days after the case interview.
- Maintain a treatment index of 2.00 per primary and secondary syphilis case interviewed.
- Maintain a disease intervention index of .90 for cases of early syphilis interviewed.
- Effect medical intervention in 95% of high priority STS reactors within 14 days of report.
- Ensure that 95% of all pregnant syphilis patients and 95% of infants less than one year of age with a reactive STS receive complete medical evaluation and serologic follow-up.
- Screen 75,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Ensure that 95% of all females with a positive culture receive appropriate therapy.
- Conduct a sampling of post-therapy cultures for the presence of PPNG, CMRNG, SRNG, and TRNG by the state laboratory.
- Screen 100% of third trimester maternity patients attending public health clinics for the presence of chlamydia.

Funding:	\$1,316,949	General
	2,911,702	Federal
	<u>1,159,592</u>	Other
	\$5,388,243	Total

FY 2006 Objectives:

- Maintain a contact index of 2.9 contacts per primary and secondary syphilis case interviewed.
- Examine 85% of the locatable in-jurisdiction contacts within seven days after the case interview.
- Maintain a treatment index of 2.00 per primary and secondary syphilis case interviewed.
- Maintain a disease intervention index of .90 for cases of early syphilis interviewed.
- Effect medical intervention in 95% of high priority STS reactors within 14 days of report.
- Ensure that 95% of all pregnant syphilis patients and 95% of infants less than one year of age with a reactive STS receive complete medical evaluation and serologic follow-up.
- Screen 75,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Ensure that 95% of all females with a positive culture receive appropriate therapy.
- Conduct a sampling of post-therapy cultures for the presence of PPNG, CMRNG, SRNG, and TRNG by the state laboratory.
- Screen 100% of third trimester maternity patients attending public health clinics for the presence of chlamydia.

Funding:	\$1,334,918	General
	2,917,054	Federal
	<u>1,170,699</u>	Other
	\$5,422,671	Total

FY 2007 Objectives:

- Maintain a contact index of 2.9 contacts per primary and secondary syphilis case interviewed.
- Examine 85% of the locatable in-jurisdiction contacts within seven days after the case interview.
- Maintain a treatment index of 2.00 per primary and secondary syphilis case interviewed.
- Maintain a disease intervention index of .90 for cases of early syphilis interviewed.
- Effect medical intervention in 95% of high priority STS reactors within 14 days of report.
- Ensure that 95% of all pregnant syphilis patients and 95% of infants less than one year of age with a reactive STS receive complete medical evaluation and serologic follow-up.
- Screen 75,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Ensure that 95% of all females with a positive culture receive appropriate therapy.
- Conduct a sampling of post-therapy cultures for the presence of PPNG, CMRNG, SRNG, and TRNG by the state laboratory.
- Screen 100% of third trimester maternity patients attending public health clinics for the presence of chlamydia.

Funding:	\$1,495,376	General
	3,204,541	Federal
	<u>1,228,805</u>	Other
	\$5,928,722	Total

FY 2008 Objectives:

- Maintain a contact index of 2.9 contacts per primary and secondary syphilis case interviewed.
- Examine 85% of the locatable in-jurisdiction contacts within seven days after the case interview.
- Maintain a treatment index of 2.00 per primary and secondary syphilis case interviewed.
- Maintain a disease intervention index of .90 for cases of early syphilis interviewed.

- Effect medical intervention in 90% of high priority STS reactors within 14 days of report.
- Ensure that 95% of all pregnant syphilis patients and 95% of infants less than one year of age with a reactive STS receive complete medical evaluation and serologic follow-up.
- Screen 75,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Ensure that 95% of all females with a positive culture receive appropriate therapy.
- Conduct a sampling of post-therapy cultures for the presence of PPNG, CMRNG, SRNG, and TRNG by the state laboratory.
- Screen 100% of third trimester maternity patients attending public health clinics for the presence of chlamydia.

Funding:	\$1,540,690	General
	3,364,850	Federal
	<u>1,228,805</u>	Other
	\$6,134,345	Total

FY 2009 Objectives:

- Maintain a contact index of 2.9 contacts per primary and secondary syphilis case interviewed.
- Examine 85% of the locatable in-jurisdiction contacts within seven days after the case interview.
- Maintain a treatment index of 2.00 per primary and secondary syphilis case interviewed.
- Maintain a disease intervention index of .90 for cases of early syphilis interviewed.
- Effect medical intervention in 90% of high priority STS reactors within 14 days of report.
- Ensure that 95% of all pregnant syphilis patients and 95% of infants less than one year of age with a reactive STS receive complete medical evaluation and serologic follow-up.
- Screen 75,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Ensure that 95% of all females with a positive culture receive appropriate therapy.
- Conduct a sampling of post-therapy cultures for the presence of PPNG, CMRNG, SRNG, and TRNG by the state laboratory.
- Screen 100% of third trimester maternity patients attending public health clinics for the presence of chlamydia.

Funding:	\$1,586,005	General
	3,533,093	Federal
	<u>1,228,805</u>	Other
	\$6,347,903	Total

TUBERCULOSIS

Program Description: The TB program provides early and rapid detection of persons with or at risk of developing TB; appropriate treatment and follow-up of diagnosed cases; preventive therapy to persons at risk of developing TB; and technical assistance to public and private agencies and institutions, particularly in high-risk health care settings or institutional settings such as hospitals, nursing homes, mental institutions, and penal institutions. The program also works with the public and private medical sectors to assist in promoting the latest modalities and methodologies of TB treatment and follow-up.

A six-month treatment regimen using Directly Observed Therapy (DOT) is standard in Mississippi. The regimen involves daily administration of at least three drugs for two to eight weeks, followed by two drugs twice weekly for the remainder of a six-month period. The assignment of public health nurses to Parchman Penitentiary, the South Mississippi Correctional Institution, and the Central Mississippi Correctional Facility facilitates the administration of twice weekly DOT to infected Mississippi Department of Corrections inmates and helps ensure that the treatment of infected individuals is completed before their release.

All patients enrolled in the TB program are entered into a computerized database and monitored until follow-up is complete. Patient information in the database is updated monthly by the county health departments until the patient record is closed.

Mississippi had 128 new cases of tuberculosis (TB) reported during 2003. This number translates to a case rate of 4.4 and falls below the national average for the third consecutive year. TB in high-risk populations is the greatest challenge confronting prevention and control efforts. Significant factors which may affect the projected levels of performance and impact efforts to prevent continued transmission of TB include:

- Increasing HIV infection rates;
- Increasing number of TB cases with primary resistance to one or more anti-TB drugs;
- Escalating incidence of alcohol and drug abuse in high-risk population groups for TB;
- Increasing number of individuals in institutions with inadequate staffing to maintain effective TB screening and prevention programs, particularly psychiatric/substance abuse treatment facilities, correctional facilities, and city and county jails;
- Increasing number of foreign-born residents, students, and illegal aliens in the state;
- Increasing number of persons who are homeless;
- Inadequate infection control programs in hospitals;
- Lack of cooperation from federal facilities/authorities who are not subject to state policies and fail or refuse to notify the state regarding treatment and follow-up of communicable diseases;
- Increasing number of eldercare facilities that have inadequate TB screening programs;
- Increasing number of county, state, federal, and private correctional facilities and increasing number of prisoners housed in these facilities;
- Maintaining adequate staffing levels in the county health departments and the state office.

FY 2005 Objectives:

- Reduce TB in Mississippi by 4%.
- Reduce TB morbidity among black Mississippians by 5%.
- Place 100% of latent tuberculosis infection (LTBI) patients under age 15 on Directly Observed Therapy.
- Obtain HIV status for at least 95% of new TB cases between 15-44 years of age.

Funding:	\$1,672,863	General
	1,691,933	Federal
	<u>1,559,538</u>	Other
	\$4,924,334	Total

FY 2006 Objectives:

- Reduce TB in Mississippi by 4%.
- Reduce TB morbidity among black Mississippians by 5%.
- Place 100% of latent tuberculosis infection patients under age 15 on Directly Observed Therapy.
- Obtain HIV status for at least 95% of new TB cases between 15-44 years of age.

Funding:	\$1,695,688	General
	1,695,043	Federal
	<u>1,574,475</u>	Other
	\$4,965,206	Total

FY 2007 Objectives:

- Reduce TB in Mississippi by 4%.
- Reduce TB morbidity among black Mississippians by 5%.
- Place 100% of latent tuberculosis infection patients under age 15 on Directly Observed Therapy.
- Obtain HIV status for at least 95% of new TB cases between 15-44 years of age.

Funding:	\$1,899,511	General
	1,862,096	Federal
	<u>1,652,623</u>	Other
	\$5,414,230	Total

FY 2008 Objectives:

- Reduce TB in Mississippi by 4%.
- Reduce TB morbidity among black Mississippians by 5%.
- Place 100% of latent tuberculosis infection patients under age 15 on Directly Observed Therapy.
- Obtain HIV status for at least 95% of new TB cases between 15-44 years of age.

Funding:	\$1,957,072	General
	1,955,249	Federal
	<u>1,652,623</u>	Other
	\$5,564,944	Total

FY 2009 Objectives:

- Reduce TB in Mississippi by 4%.
- Reduce TB morbidity among black Mississippians by 5%.
- Place 100% of latent tuberculosis infection patients under age 15 on Directly Observed Therapy.
- Obtain HIV status for at least 95% of new TB cases between 15-44 years of age.

Funding:	\$2,014,632	General
	2,053,011	Federal
	<u>1,652,623</u>	Other
	\$5,720,266	Total

BIOTERRORISM PREPAREDNESS AND RESPONSE

Program Description: After the events of September 11, 2001, subsequent anthrax incidents and scares nationwide, and with smallpox now considered a biological threat, Congress approved an unprecedented increase in funding for public health. The intent was to combat bioterrorism specifically, as well as to improve the public health infrastructure of the nation. The Bureau of Bioterrorism Preparedness and Response is charged with preparing public health statewide, along with other related partner agencies and stakeholders, to respond to any public health crisis, especially a bioterrorism or chemical event.

The Bureau was established to facilitate strategic leadership, direction, assessment, and coordination of related activities to ensure statewide readiness, interagency collaboration, and local and regional preparedness in the event of any public health threat or emergency. Programmatic goals are designed to:

- ensure the rapid detection of any disease that is a threat to public health via a unified surveillance system;
- expand biological laboratory capacity and establish chemical laboratory capacity to effectively analyze clinical specimens;
- ensure effective communications connectivity among the local health departments, district health offices, other health care facilities and organizations statewide, law enforcement entities throughout the state, public officials, and other related stakeholders and community partners;
- disseminate appropriate health related information to the public and key stakeholders and community partners during a perceived or actual terrorism event; and
- ensure the delivery of appropriate education and training to key public health professionals in preparedness for and response to any terrorism event, infectious disease outbreak, or other public health threat.

All these goals work in concert to facilitate a well-coordinated response plan for Mississippi. In addition, the MSDH administers a Bioterrorism Hospital Preparedness Program through its Office of Emergency Preparedness and Response. This program is to develop and coordinate regional terrorism preparedness plans and protocols for hospitals, emergency medical service systems, and other health care facilities. Objectives for this program are included in the Emergency Medical Services section of this Plan.

FY 2005 Objectives:

- Identify and implement additional planning and readiness measures to enhance public health preparedness and response for a bioterrorism event or other public health threat.
- Maintain and review the bioterrorism syndromic surveillance system and urgent disease reports for effectiveness in identifying bioterrorism events and other unexpected outbreaks.
- Communicate urgent information to public health providers statewide 24 hours a day, seven days a week.
- Conduct bioterrorism preparedness training sessions in each district for Mississippi physicians.
- Continue to expand bioterrorism laboratory testing capacity and chemical laboratory testing capacity.
- Begin implementation of national Health Alert Network standards in alerting protocols.
- Improve the information technology infrastructure of MSDH.
- Continue to implement the risk communications plan using various informative tools.
- Expand the learning management system to include and encourage web-based learning activities for public health employees.

Funding:	\$ -0-	General
	4,192,017	Federal
	<u>-0-</u>	Other
	\$4,192,017	Total

FY 2006 Objectives:

- Identify and implement additional planning and readiness measures to enhance and ensure public health preparedness and response for a bioterrorism event or other public health threat.
- Maintain and review the bioterrorism syndromic surveillance system and urgent disease reports for effectiveness in identifying bioterrorism events and other unexpected outbreaks.
- Communicate urgent information to public health providers statewide 24 hours a day, seven days a week.
- Conduct bioterrorism preparedness training sessions in each district for Mississippi physicians.
- Evaluate the Mississippi bioterrorism laboratory response network and provide local laboratory training in areas needing improvement.
- Participate in regular proficiency testing and drills to assure adequate laboratory response to chemical terrorism events.
- Continue to improve the information technology infrastructure of MSDH.
- Continue to evaluate and refine the risk communications plan using various informative tools.
- Expand the learning management system to include and encourage web-based learning activities for public health employees.

Funding:	\$ -0-	General
	4,193,332	Federal
	<u>-0-</u>	Other
	\$4,193,332	Total

FY 2007 Objectives:

- Identify and implement additional planning and readiness measures to enhance public health preparedness and response for a bioterrorism event or other public health threat.
- Maintain and review the bioterrorism syndromic surveillance system and urgent disease reports for effectiveness in identifying bioterrorism events and other unexpected outbreaks.
- Communicate urgent information to public health providers statewide 24 hours a day, seven days week.
- Conduct bioterrorism preparedness training sessions in each district for Mississippi physicians.
- Continue to monitor Mississippi laboratory response network.
- Participate in proficiency testing and drills to ensure public health laboratory preparedness.
- Review and evaluate possible Health Alert Network upgrades.
- Continue to improve the information technology infrastructure of MSDH.
- Continue to evaluate and refine the risk communications plan using various informative tools.
- Continue to expand the learning management system to encourage web-based learning activities for public health employees.

Funding:	\$ -0-	General
	4,613,621	Federal
	<u>-0-</u>	Other
	\$4,613,621	Total

FY 2008 Objectives:

- Identify and implement additional planning and readiness measures to enhance public health preparedness and response for a bioterrorism event or other public health threat.
- Maintain and review the bioterrorism syndromic surveillance system and urgent disease reports for effectiveness in identifying bioterrorism events and other unexpected outbreaks.
- Communicate urgent information to public health providers statewide 24 hours a day, seven days week.
- Conduct bioterrorism preparedness training sessions in each district for Mississippi physicians.
- Continue to monitor Mississippi laboratory response network.

- Participate in proficiency testing and drills to ensure public health laboratory preparedness.
- Implement plans for Health Alert Network upgrades.
- Continue to refine the risk communications plan using various informative tools.
- Continue to expand the learning management system to encourage web-based learning activities for public health employees.

Funding:	\$ -0-	General
	4,844,421	Federal
	<u>-0-</u>	Other
	\$4,844,421	Total

FY 2009 Objectives:

- Identify and implement additional planning and readiness measures to further enhance public health preparedness and response for any mass casualty or terrorism event.
- Maintain and update the bioterrorism syndromic surveillance system and urgent disease reports for effectiveness in identifying terrorism events and other mass outbreaks.
- Communicate urgent information with public health providers statewide 24 hours a day, seven days a week via electronic, repetitive methods.
- Provide training statewide and plan update via annual exercises.
- Continue to ensure Mississippi laboratory network response.
- Implement plans for Health Alert Network upgrades.
- Craft risk communication messages that use various informative tools to convey important public information.
- Continue to expand leadership skills of MSDH staff to ensure overall response preparedness statewide.

Funding:	\$ -0-	General
	5,086,642	Federal
	<u>-0-</u>	Other
	\$5,086,642	Total

PUBLIC HEALTH STATISTICS

Program Description: Federal and state laws require the registration of vital events occurring within Mississippi. Certification of certain events is also required to prevent fraud and to serve as proof of citizenship and family relationships. Rules and regulations governing the registration of events are developed in concert with appropriate laws and other related entities such as the State Medical Examiner's Office and the U.S. Immigration and Naturalization Service. A major emphasis in the certification process involves confidentiality and security of the records. Other responsibilities of the Vital Records unit include helping the public with problems associated with records and the filing of delayed records. Assistance is provided to those responsible for completing the records and efforts are made to ensure, as much as possible, the legal integrity of the records.

Laws also require that statistical data be tabulated from vital and related events and that the published data and analysis be made available as needed. Statistics are generated on factors related to birth, fetal death, induced termination, infant death, death, marriage, divorce, occupational related deaths, health facilities, and related data. Now housed in the Office of Health Informatics, the MSDH Public Health Statistics unit is designated as the State Center for Health Statistics.

The office performs the following functions: collects vital and health statistics for use at the local, district, state, and federal levels; provides direct vital records services to the general public; provides statistical survey methods, evaluation, and statistical computer systems expertise to district, support, and programmatic staff of the MSDH; and administers and analyzes the MSDH's time study, which is used in cost allocations and agency management.

Public Health Statistics routinely provides information and reports to other MSDH programs; generates special statistical reports or publications for various programs; and develops ad hoc statistical reports for particular initiatives, grant writing, grant administration and evaluation, and presentations. A large part of the unit's support role involves analysis of data and assisting programs with surveys and data collection efforts, as well as the computerization of statistical data systems and assistance in the maintenance of statistical data systems.

FY 2005 Objectives:

- Provide three regional training programs for those responsible for completing and reporting vital records.
- Maintain a vital records certification turnaround time of two to five days for each request.
- Maintain the average response time of one to five days for statistical data requests.
- Submit information for enumeration at birth to the Social Security Administration within 30 days of birth registration.
- Maintain a ten-month lag time in publishing vital statistics data.
- Implement a web based electronic birth registration system.

Funding:	\$ 372,954	General
	435,919	Federal
	<u>4,217,218</u>	Other
	\$5,026,091	Total

FY 2006 Objectives:

- Provide three regional training programs for those responsible for completing and reporting vital records.
- Maintain a vital records certification turnaround time of two to five days for each request.
- Maintain the average response time of one to five days for statistical data requests.

- Submit information for enumeration at birth to the Social Security Administration within 30 days of birth registration.
- Maintain a ten-month lag time in publishing vital statistics data.

Funding:	\$ 378,043	General
	436,720	Federal
	<u>4,257,611</u>	Other
	\$5,072,374	Total

FY 2007 Objectives:

- Provide three regional training programs for those responsible for completing and reporting vital records.
- Maintain a vital records certification turnaround time of two to five days for each request.
- Maintain the average response time of one to five days for statistical data requests.
- Submit information for enumeration at birth to the Social Security Administration within 30 days of birth registration.
- Maintain a ten-month lag time in publishing vital statistics data.
- Implement a pilot program for the electronic filing of death certificates.

Funding:	\$ 423,484	General
	479,761	Federal
	<u>4,468,934</u>	Other
	\$5,372,179	Total

FY 2008 Objectives:

- Provide three regional training programs for those responsible for completing and reporting vital records.
- Maintain a vital records certification turnaround time of two to five days for each request.
- Maintain the average response time of one to five days for statistical data requests.
- Submit information for enumeration at birth to the Social Security Administration within 30 days of birth registration.
- Maintain a ten-month lag time in publishing vital statistics data.

Funding:	\$ 436,317	General
	503,761	Federal
	<u>4,468,935</u>	Other
	\$5,409,013	Total

FY 2009 Objectives:

- Provide three regional training programs for those responsible for completing and reporting vital records.
- Maintain a vital records certification turnaround time of two to five days for each request.
- Maintain the average response time of one to five days for statistical data requests.
- Submit information for enumeration at birth to the Social Security Administration within 30 days of birth registration.
- Maintain a ten-month lag time in publishing vital statistics data.

Funding:	\$ 449,149	General
	528,949	Federal
	<u>4,468,934</u>	Other
	\$5,447,032	Total

PREVENTIVE HEALTH

Program Description: Mississippi's current major health problems are caused by behaviors and environmental factors rather than infectious diseases. Most of the leading causes of premature death, injury, and disability are related to only six risk factors: tobacco use, poor diet, sedentary lifestyle, intentional and unintentional injury, drug and alcohol abuse, and sexual activity. The Office of Preventive Health coordinates the agency's programs in areas that address these risks. Studies show that efforts to reduce risk factors and prevent unhealthy outcomes are more cost-effective than treating these same outcomes. The mission of community-based health promotion is to advocate community awareness, patient education, comprehensive school health education, and worksite and community health initiatives that promote healthy lifestyles. Interventions that are community-based target all members of the community rather than specific high-risk individuals. The goal of the Office of Preventive Health is to promote healthy communities and improve quality of life by fostering healthy lifestyles, environments, policies, attitudes, and behavior.

The office coordinates population-based intervention in health care settings, worksites, communities, and schools. Program staff are assigned to work in diabetes, cardiovascular disease, hypertension, arthritis, injury/violence prevention, worksite health promotion, physical activity, and community and school health. Preventive Health staff serve as the MSDH liaison with other agencies and community-based organizations working in health promotion and assist in risk factor analysis and utilization of the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Survey (YRBS), and the Youth Tobacco Survey (YTS). Public health districts and local health offices support and assist with the dissemination of health promotion programs.

The Office of Preventive Health consists of several programmatic areas found in different parts of this plan: the objectives for Community Health are included in this section, while the following sections present objectives for Injury Prevention, Cardiovascular Health, Tobacco Policy and Prevention, and Comprehensive Cancer Control. In addition, objectives for the Diabetes and Hypertension programs are located in the Chronic Disease section.

FY 2005 Objectives:

- Provide support to community-based programs that separately or together address at least two of the Healthy People 2010 priorities in at least five public health districts.
- Provide three training sessions based on community needs assessment.
- Recruit and train an additional eight churches to participate in the Partnership With African American Churches project for establishing church health ministries.
- Partner with Jackson State University's Department of Public Health Program and others on the annual Healthcare Ministry Forum for Community Leaders.
- Participate in the Mississippi Faith Summit as presenter/sponsor of the annual conference.
- Conduct and analyze the 2005 Youth Risk Behavior Survey (YRBS) in randomly selected public schools according to CDC guidelines.

Funding:	\$ 374,269	General
	1,196,900	Federal
	<u>69,265</u>	Other
	\$1,640,434	Total

FY 2006 Objectives:

- Provide support to community-based programs that separately or together address at least two of the Healthy People 2010 priorities in at least five public health districts.
- Provide four training sessions based on community needs assessment.

- Recruit and train an additional five churches to participate in the Partnership With African American Churches project for establishing church health ministries.
- Partner with Jackson State University’s Allied Health Program and others to provide health education and presentations at the annual faith-based health program.
- Serve on the statewide planning committee for the Mississippi Faith Summit as presenter/sponsor of the annual conference.
- Distribute the 2005 Youth Risk Behavior Survey (YRBS) to all public schools, private schools, public health districts, policy makers, and other interested state, local, and private organizations and agencies, and post the information on the MSDH website.

Funding:	\$ 379,376	General
	1,199,100	Federal
	<u>69,929</u>	Other
	\$1,648,405	Total

FY 2007 Objectives:

- Provide support to community-based programs that separately or together address at least two of the Healthy People 2010 priorities in at least five public health districts.
- Provide five training sessions based on community needs assessment.
- Recruit and train an additional five churches to participate in the Partnership With African American Churches project for establishing church health ministries.
- Partner with Jackson State University’s Allied Health Program and others to provide health education and presentations at the annual faith-based health program.
- Serve on the statewide planning committee for the Mississippi Faith Summit as presenter/sponsor of the annual conference.
- Conduct and analyze the 2007 Youth Risk Behavior Survey (YRBS) in randomly selected public schools according to CDC guidelines.

Funding:	\$ 424,977	General
	1,317,276	Federal
	<u>73,399</u>	Other
	\$1,815,652	Total

FY 2008 Objectives:

- Provide support to community-based programs that separately or together address at least two of the Healthy People 2010 priorities in at least five public health districts.
- Provide six training sessions based on community needs assessment.
- Recruit and train an additional five churches to participate in the Partnership With African American Churches project for establishing church health ministries.
- Partner with Jackson State University’s Allied Health Program and others to provide health education and presentations at the annual faith-based health program.
- Serve on the statewide planning committee for the Mississippi Faith Summit as presenter/sponsor of the annual conference.
- Distribute the 2007 Youth Risk Behavior Survey (YRBS) to all public schools, private schools, public health districts, policy makers, and other interested state, local, and private organizations and agencies, and post the information on the MSDH website.

Funding:	\$ 437,855	General
	1,383,174	Federal
	<u>73,399</u>	Other
	\$1,894,428	Total

FY 2009 Objectives:

- Provide support to community-based programs that separately or together address at least two of the Healthy People 2010 priorities in at least five public health districts.
- Provide six training sessions based on community needs assessment.
- Recruit and train an additional five churches to participate in the Partnership With African American Churches project for establishing church health ministries.
- Partner with Jackson State University's Allied Health Program and others to provide health education and presentations at the annual faith-based health program.
- Serve on the statewide planning committee for the Mississippi Faith Summit as presenter/sponsor of the annual conference.
- Conduct and analyze the 2009 Youth Risk Behavior Survey (YRBS) in randomly selected public schools according to CDC guidelines.

Funding:	\$ 450,733	General
	1,452,332	Federal
	<u>73,399</u>	Other
	\$1,976,464	Total

INJURY PREVENTION

Program Description: More than 146,000 Americans are killed each year as a result of injuries, and 57 million seek medical attention for injuries. As the leading cause of death for Americans from infancy to middle age, the health and social costs associated with the injuries in just one year exceed \$180 billion. Unintentional injuries are the single greatest cause of mortality in Mississippi for persons between the ages of 1 and 44. Mississippi's mortality rate is the second highest in the nation. Motor vehicle crashes are the state's leading cause of unintentional injury deaths. Other leading causes are falls, fires and flames, and drowning.

Within the Office of Preventive Health, an Injury Prevention Coordinator manages activities aimed at reducing intentional and unintentional injuries related to morbidity and mortality. Activities include coordination of the MSDH child safety seat program; injury prevention efforts in the districts, which include bicycle safety projects and fire prevention projects; collaboration with highway safety programs directed at reducing motor vehicle injuries and death; and liaison with other state and voluntary agencies whose missions involve injury prevention. The injury prevention program also works with state universities and private sector entities on initiatives to address such issues as suicide, violence, fires, falls, poison control, agricultural injuries, and drowning.

FY 2005 Objectives:

- Distribute at least 1,000 five-point harness convertible child safety seats and 500 booster seats through county health departments and community-based partners.
- Increase safety belt usage in Mississippi to 65% (based on NHTSA data).
- Increase safety seat restraint usage in Mississippi to 70% (based on NHTSA data).
- Distribute and install at least 4,000 residential smoke detectors in communities with high incidences of fire-related injuries.
- Conduct activities to increase public awareness of injury prevention activities in high-risk groups and communities.
- Implement the Fire Academy for Kids program in at least three new fire departments.
- Provide technical assistance to all nine districts on programs that address child passenger safety, motor vehicle safety, and violence.

Funding: Included with Preventive Health

FY 2006 Objectives:

- Distribute at least 1,000 five-point harness convertible child safety seats and 500 booster seats through county health departments and community-based partners.
- Increase safety belt usage in Mississippi to 67% (based on NHTSA data).
- Increase safety seat restraint usage in Mississippi to 72% (based on NHTSA data).
- Distribute and install at least 4,000 residential smoke detectors in communities with high incidences of fire-related injuries.
- Conduct activities to increase public awareness of injury prevention activities in high-risk groups and communities.
- Implement the Fire Academy for Kids program in at least three new fire departments.
- Provide technical assistance to all nine districts on programs that address child passenger safety, motor vehicle safety, and violence.

Funding: Included with Preventive Health

FY 2007 Objectives:

- Distribute at least 1,000 five-point harness convertible child safety seats and 500 booster seats through county health departments and community-based partners.
- Increase safety belt usage in Mississippi to 69% (based on NHTSA data).
- Increase safety seat restraint usage in Mississippi to 75% (based on NHTSA data).
- Distribute and install at least 4,000 residential smoke detectors in communities with high incidences of fire-related injuries.
- Conduct activities to increase public awareness of injury prevention activities in high-risk groups and communities.
- Implement the Fire Academy for Kids program in at least three new fire departments.
- Provide technical assistance to all nine districts on programs that address child passenger safety, motor vehicle safety, and violence.

Funding: Included with Preventive Health

FY 2008 Objectives:

- Distribute at least 1,000 five-point harness convertible child safety seats and 500 booster seats through county health departments and community-based partners.
- Increase safety belt usage in Mississippi to 71% (based on NHTSA data).
- Increase safety seat restraint usage in Mississippi to 77% (based on NHTSA data).
- Distribute and install at least 4,000 residential smoke detectors in communities with high incidences of fire-related injuries.
- Conduct activities to increase public awareness of injury prevention activities in high-risk groups and communities.
- Implement the Fire Academy for Kids program in at least three new fire departments.
- Provide technical assistance to all nine districts on programs that address child passenger safety, motor vehicle safety, and violence.

Funding: Included with Preventive Health

FY 2009 Objectives:

- Distribute at least 1,000 five-point harness convertible child safety seats and 500 booster seats through county health departments and community-based partners.
- Increase safety belt usage in Mississippi to 73% (based on NHTSA data).
- Increase safety seat restraint usage in Mississippi to 79% (based on NHTSA data).
- Distribute and install at least 4,000 residential smoke detectors in communities with high incidences of fire-related injuries.
- Conduct activities to increase public awareness of injury prevention activities in high-risk groups and communities.
- Implement the Fire Academy for Kids program in at least three new fire departments.
- Provide technical assistance to all nine districts on programs that address child passenger safety, motor vehicle safety, and violence.

Funding: Included with Preventive Health

CARDIOVASCULAR HEALTH

Program Description: The mission of the MSDH Cardiovascular Health (CVH) program is to reduce the health and economic burden of cardiovascular disease (CVD), which is the leading cause of death in Mississippi and costs the state over \$1 billion annually. Mississippi ranks among the highest states in age-adjusted death rates due to CVD. Modifiable risk factors for CVD include tobacco use, physical inactivity, overweight, and inappropriate nutritional habits. Although there is a national plan to reduce CVD, Mississippi has been able to devote only limited resources to this effort.

MSDH employs a full-time coordinator for a statewide CVH program, who also serves as the agency's CVH contact to the CDC. The program uses surveillance, community needs assessment, program implementation, and evaluation to reduce behavioral risks for CVD and supports heart healthy environments.

FY 2005 Objectives:

- Establish memorandums of understanding with community health centers participating in the Cardiovascular Disease Health Disparities Collaborative.
- Plan and participate in the Mississippi Chronic Illness Coalition's Capitol Day and *Know Your Numbers* campaign.
- Conduct an assessment of policies related to cardiovascular health.
- Provide professional education opportunities related to heart disease and stroke.
- Maintain the percentage of adult Mississippians reporting no leisure time physical activity at 33%.
- Promote physical fitness in the workplace by providing technical assistance in establishing physical activity programs.

Funding: Included with Preventive Health

FY 2006 Objectives:

- Plan and implement activities that address CVH policy assessment.
- Plan and participate in the Mississippi Chronic Illness Coalition's Capitol Day, *Know Your Numbers* campaign, and other programs to reduce chronic disease.
- Partner with additional community health centers in the CVD Health Disparities Collaborative.
- Assist the Mississippi Task Force on Heart Disease and Stroke Prevention and Control with implementation of a comprehensive state plan to combat cardiovascular disease.
- Reduce the percentage of adult Mississippians reporting no leisure time physical activity to 32%.
- Promote physical fitness in the workplace by providing technical assistance in establishing physical activity programs.

Funding: Included with Preventive Health

FY 2007 Objectives:

- Implement evidence-based practices to prevent and control hypertension, focusing on priority populations.
- Provide professional education opportunities related to heart disease and stroke prevention and control.
- Assess progress of the *Mississippi State Plan for Heart Disease and Stroke Prevention and Control*.
- Reduce the percentage of adult Mississippians reporting no leisure time physical activity to 31%.
- Promote physical fitness in the workplace by providing technical assistance in establishing physical activity programs.

Funding: Included with Preventive Health

FY 2008 Objectives:

- Establish additional worksite health promotion programs that address blood pressure, cholesterol, and automated external defibrillation placement.
- Partner with the American Heart Association to implement health initiatives specific to priority populations.
- Continue to implement activities that address needs identified by the CVH policy assessment.
- Reduce the percentage of adult Mississippians reporting no leisure time physical activity to 30%.
- Promote physical fitness in the workplace by providing technical assistance in establishing physical activity programs.

Funding: Included with Preventive Health

FY 2009 Objectives:

- Further develop worksite health promotion activities.
- Further develop health initiatives in partnership with the American Heart Association.
- Develop updated burden document reports on morbidity and mortality of health disease and stroke and related risk factors.
- Reduce the percentage of adult Mississippians reporting no leisure time physical activity to 29%.
- Promote physical fitness in the workplace by providing technical assistance in establishing physical activity programs.

Funding: Included with Preventive Health

COMPREHENSIVE CANCER CONTROL

Program Description: Cancer is the second leading cause of death in the United States, touching the lives of nearly everyone. It is estimated that in the year 2004 in Mississippi, 14,900 residents will be diagnosed with cancer. Another 6,200 people will die from the disease, making it the second leading cause of death in Mississippi. Sixty percent of all cancers are preventable through regular screening, diet, physical activity, or other lifestyle factors. Since the occurrence of cancer increases as people age, about 77% of all cancers are diagnosed at ages 55 and older.

MSDH employs one full-time employee to coordinate the Comprehensive Cancer Control program and serve as the agency's cancer control contact to the CDC. The program uses surveillance, community needs assessment, program implementation, and evaluation to reduce behavioral risks for cancer.

FY 2005 Objectives:

- Conduct an annual Mississippi Partners for Cancer Control conference.
- Build partnerships to promote cancer awareness.
- Establish workgroups to begin planning/writing process of state plan for the prevention and control of cancer.
- Conduct a cancer survivor/caregiver conference.
- Develop a document assessing the burden of cancer in Mississippi.

Funding: Included with Preventive Health

FY 2006 Objectives:

- Conduct an annual Mississippi Partners for Cancer Control conference.
- Build partnerships to promote cancer awareness.
- Complete and publish state plan for the prevention and control of cancer.
- Conduct a cancer survivor/caregiver conference.

Funding: Included with Preventive Health

FY 2007 Objectives:

- Implement population-based cancer prevention strategies.
- Conduct an annual Mississippi Partners for Cancer Control conference.
- Conduct a cancer survivor/caregiver conference.
- Provide training and technical assistance in all public health districts.

Funding: Included with Preventive Health

FY 2008 Objectives:

- Implement population-based cancer prevention strategies.
- Conduct an annual Mississippi Partners for Cancer Control conference.
- Conduct a cancer survivor/caregiver conference.
- Provide training and technical assistance in all public health districts.

Funding: Included with Preventive Health

FY 2009 Objectives:

- Implement population-based cancer prevention strategies.
- Conduct an annual Mississippi Partners for Cancer Control conference.

- Conduct a cancer survivor/caregiver conference.
- Provide training and technical assistance in all public health districts.

Funding: Included with Preventive Health

TOBACCO POLICY AND PREVENTION

Program Description: Smoking is the chief preventable cause of death and disability in the United States, killing more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined. Approximately 4,900 adults in Mississippi will ultimately die prematurely from smoking. Between 400 and 710 adults, children, and babies die each year from environmental tobacco smoke or pregnancy smoking. Health care costs in Mississippi directly related to smoking total nearly \$561 million annually.

The MSDH Division of Tobacco Policy and Prevention (DTPP) strives to create a healthier environment by reducing tobacco use among Mississippi's citizens. The division establishes and monitors various environmental tobacco smoke and disparity projects across the state through the nine public health districts. The division also administers the School Health Nurses for a Tobacco-Free Mississippi program, which provides grants to 51 school districts for a school nurse to provide curriculum-based tobacco prevention activities for school-age children. Additionally, the division administers the Youth Tobacco Survey (YTS) biennially to both public and private middle school and high school students across the state to monitor tobacco use among Mississippi's youth. The division also works closely with non-profit organizations such as the Lung Association, the Cancer Society, the Heart Association, and the Partnership for a Healthy Mississippi to make more Mississippians healthier by becoming tobacco free and supporting clean indoor air legislation.

FY 2005 Objectives:

- Support and/or expand community programs that link tobacco control intervention with disease prevention activities.
- Support up to 12 educational campaigns conducted through the state's nine public health districts to increase public awareness of the negative effects of environmental tobacco smoke and tobacco use.
- Administer the School Health Nurses for a Tobacco-Free Mississippi program and provide up to four training sessions for the nurses during the school year.
- Promote existing prevention and treatment models that can address cessation needs and provide the Mississippi Quitline information and toll-free number to all callers requesting such information.
- Identify and eliminate tobacco use disparities among Mississippi population groups and produce an annual report detailing progress.

Funding:	\$ -0-	General
	366,902	Federal
	<u>2,994,689</u>	Other
	\$3,361,591	Total

FY 2006 Objectives:

- Support and/or expand community programs that link tobacco control intervention with disease prevention activities.
- Support up to 12 educational campaigns conducted through the state's nine public health districts to increase public awareness of the negative effects of environmental tobacco smoke and tobacco use.
- Administer the School Health Nurses for a Tobacco-Free Mississippi program and provide up to four training sessions for the nurses during the school year.
- Promote existing prevention and treatment models that can address cessation needs and provide the Mississippi Quitline information and toll-free number to all callers requesting such information.
- Identify and eliminate tobacco use disparities among Mississippi population groups and produce an annual report detailing progress.

- Conduct a Youth Tobacco Survey in the fall of 2005 to determine the prevalence of tobacco use among public and private middle and high school students, tobacco-related knowledge and attitudes, access to tobacco, and other tobacco-related information.

Funding:	\$ -0-	General
	367,577	Federal
	<u>3,023,373</u>	Other
	\$3,390,950	Total

FY 2007 Objectives:

- Support and/or expand community programs that link tobacco control intervention with disease prevention activities.
- Support up to 12 educational campaigns conducted through the state’s nine public health districts to increase public awareness of the negative effects of environmental tobacco smoke and tobacco use.
- Administer the School Health Nurses for a Tobacco-Free Mississippi program and provide up to four training sessions for the nurses during the school year.
- Promote existing prevention and treatment models that can address cessation needs and provide the Mississippi Quitline information and toll-free number to all callers requesting such information.
- Identify and eliminate tobacco use disparities among Mississippi population groups and produce an annual report detailing progress.

Funding:	\$ -0-	General
	403,802	Federal
	<u>3,173,435</u>	Other
	\$3,577,237	Total

FY 2008 Objectives:

- Support and/or expand community programs that link tobacco control intervention with disease prevention activities.
- Support up to 12 educational campaigns conducted through the state’s nine public health districts to increase public awareness of the negative effects of environmental tobacco smoke and tobacco use.
- Administer the School Health Nurses for a Tobacco-Free Mississippi program and provide up to four training sessions for the nurses during the school year.
- Promote existing prevention and treatment models that can address cessation needs and provide the Mississippi Quitline information and toll-free number to all callers requesting such information.
- Identify and eliminate tobacco use disparities among Mississippi population groups and produce an annual report detailing progress.
- Conduct a Youth Tobacco Survey in the fall of 2007 to determine the prevalence of tobacco use among public and private middle and high school students, tobacco-related knowledge and attitudes, access to tobacco, and other tobacco-related information.

Funding:	\$ -0-	General
	424,003	Federal
	<u>3,173,435</u>	Other
	\$3,597,438	Total

FY 2009 Objectives:

- Support and/or expand community programs that link tobacco control intervention with disease prevention activities.

- Support up to 12 educational campaigns conducted through the state’s nine public health districts to increase public awareness of the negative effects of environmental tobacco smoke and tobacco use.
- Administer the School Health Nurses for a Tobacco-Free Mississippi program and provide up to four training sessions for the nurses during the school year.
- Promote existing prevention and treatment models that can address cessation needs and provide the Mississippi Quitline information and toll-free number to all callers requesting such information.
- Identify and eliminate tobacco use disparities among Mississippi population groups and produce an annual report detailing progress.

Funding:	\$ -0-	General
	445,203	Federal
	<u>3,173,435</u>	Other
	\$3,618,638	Total

BREAST AND CERVICAL (B&C) CANCER EARLY DETECTION PROGRAM

Program Description: Approximately 80,000 Mississippians have a history of cancer. The American Cancer Society estimates that 2,500 new cases of breast cancer and 200 new cases of cervical cancer will be detected in 2003, and that approximately 500 Mississippians will die of breast cancer during the year. Breast cancer is the second leading cause of cancer deaths among women age 45 to 65. The survival rate for non-invasive breast cancer approaches 100%; the survival rate for cervical cancer is 80-90%.

The goal of the MSDH Breast and Cervical Cancer Early Detection Program is to prevent premature death and undue illness through early detection and treatment of breast and cervical cancer and through public education, PAP smears, pelvic exams, clinical breast exams, and mammograms. The program works closely with the Maternal/Child Health and Family Planning programs in screening for cervical cancer in women of reproductive age. Reimbursement for diagnostic services (colposcopy directed biopsy) is provided for breast and cervical screening and mammograms. Currently, 33 contracts have been signed for breast and cervical cancer screening, and 34 contracts have been signed for mammography services. There is a limited amount of medication available for the treatment of breast cancer through the MSDH Pharmacy; public education programs are presented as requested from outside sources. Treatment funds are available via Mississippi Division of Medicaid for women detected with breast or cervical cancer enrolled in the Breast and Cervical Cancer Program.

FY 2005 Objectives:

- Increase by 5% the number of women age 50-64 who have received a mammogram within 24 months.
- Increase by 10% those women age 50-64 who have received a Pap test within 36 months.
- Provide access to educational materials for all county health departments to help educate female patients in B&C cancer prevention and early detection.

Funding:	\$ 462,582	General
	1,698,831	Federal
	<u>158,724</u>	Other
	\$2,320,137	Total

FY 2006 Objectives:

- Increase by 5% the number of women age 50-64 who have received a mammogram within 24 months.
- Increase by 10% those women age 50-64 who have received a Pap test within 36 months.
- Provide access to educational materials for all county health departments to help educate female patients in B&C cancer prevention and early detection.

Funding:	\$465,919	General
	1,703,246	Federal
	<u>161,772</u>	Other
	\$2,330,937	Total

FY 2007 Objectives:

- Increase by 5% the number of women age 50-64 who have received a mammogram within 24 months.
- Increase by 10% those women age 50-64 who have received a Pap test within 36 months.
- Provide access to educational materials for all county health departments to help educate female patients in B&C cancer prevention and early detection.

Funding:	\$525,255	General
	1,869,688	Federal
	<u>168,198</u>	Other
	\$2,563,141	Total

FY 2008 Objectives:

- Increase by 5% the number of women age 50-64 who have received a mammogram within 24 months.
- Increase by 10% those women age 50-64 who have received a Pap test within 36 months.
- Provide access to educational materials for all county health departments to help educate female patients in B&C cancer prevention and early detection.

Funding:	\$541,172	General
	1,963,220	Federal
	<u>168,198</u>	Other
	\$2,672,590	Total

FY 2009 Objectives:

- Increase by 5% the number of women age 50-64 who have received a mammogram within 24 months.
- Increase by 10% those women age 50-64 who have received a Pap test within 36 months.
- Provide access to educational materials for all county health departments to help educate female patients in B&C cancer prevention and early detection.

Funding:	\$557,089	General
	2,061,381	Federal
	<u>168,198</u>	Other
	\$2,786,668	Total

DOMESTIC VIOLENCE AND RAPE CRISIS INTERVENTION

Program Description: Physical and sexual violence against women is a public health problem of epidemic proportions: an estimated eight to twelve million women in the United States are at risk of being abused by their current or former intimate partners. Violence happens in families regardless of religion, race, economic status, sexual orientation, or age. Each year, more than one million women seek medical treatment for injuries inflicted by husbands, ex-husbands, or boyfriends. Fifteen to 25% of pregnant women become victims of a violent crime. The physical battering of a pregnant woman may result in harm to both the woman and her unborn baby and may be a factor in preterm labor and low birthweight. Available evidence from shelters and treatment programs indicates that 50% to 60% of the observers of domestic violence have been physically abused themselves. Thus, in violent homes, chances are about one in two that if child abuse is present, spouse abuse is also likely to be occurring, and vice versa.

An estimated 683,000 adult American women are raped each year; 1.3 rapes of adult women occur every minute in the United States. One out of every six adult women has been the victim of rape, according to a 1998 survey by the Centers for Disease Control. This means that more than 18 million women are survivors of sexual assault. More than six out of ten rape cases (61%) occurred before victims reached age 18. Only 22% of rape victims were assaulted by someone they had never seen or did not know well.

The MSDH provides specific resources for the prevention of family violence, rape prevention, and crisis intervention through contracts with 13 domestic violence shelters and eight rape prevention and crisis intervention programs. Each shelter and each program provide direct services to victims and their children. A public education and awareness campaign is an ongoing effort statewide. Special target populations include colleges, senior citizen groups, the disabled, and professionals who have contact with victims of assault, adult survivors, and children. A Sexual Assault Nursing Examiners (SANE) program remains successful in providing education and training in hospital emergency departments statewide. Communities are also trained on how to access nurse examiners and steps necessary to continue SANE courses.

Special Initiatives:

Mississippi Coalition Against Domestic Violence (MCADV): A statewide coalition meets monthly and links domestic violence shelter programs with each other and with professional service providers and funding sources. Recommendations are developed and initiated for improvements in the efficiency and effectiveness of the delivery of services to victims of domestic violence and for legislation to aid victims of domestic violence and sexual assault.

Mississippi Coalition Against Sexual Assault (MCASA): A statewide coalition meets monthly and links current rape crisis intervention programs with each other and with professional service providers and funding sources. Members provide ongoing training opportunities for law enforcement officers concerning sexual assault and rape prevention and the protection of victims. This training is also provided for new recruits going through the law enforcement training academy. The MCASA and the MCADV promote special activities during April (Crime Victims Awareness Month) and October (Domestic Violence Awareness Month). Activities include public speaking events, candlelight vigils, walks of remembrance, and statewide ceremonies to heighten public awareness and provide prevention information and education.

Family Violence Prevention Project (FVPP): A grant from the Office of Community Services, Administration for Children and Families, supports a project to provide public awareness and community education to reduce the incidence of family violence through a variety of outreach approaches, with an emphasis on services to children. The project is implemented through contracts with the domestic violence

shelters. Each shelter provides group and individual counseling to children and activities that encourage positive problem solving and nonviolent alternatives to conflict.

FY 2005 Objectives:

- Maintain prevention and service/assistance programs at levels consistent with available funding.
- Provide educational materials through county health departments to help educate patients on family violence and rape prevention.
- Work with the MCADV and the MCASA to develop and implement specialized training activities.

Funding:	\$ 6,301	General
	1,594,103	Federal
	<u>402,253</u>	Other
	\$2,002,657	Total

FY 2006 Objectives:

- Maintain prevention and service/assistance programs at levels consistent with available funding.
- Provide educational materials through county health departments to help educate patients on family violence and rape prevention.
- Work with the MCADV and the MCASA to develop and implement specialized training activities.

Funding:	\$ 6,387	General
	1,597,034	Federal
	<u>406,106</u>	Other
	\$2,009,527	Total

FY 2007 Objectives:

- Maintain prevention and service/assistance programs at levels consistent with available funding.
- Provide educational materials through county health departments to help educate patients on family violence and rape prevention.
- Work with the MCADV and the MCASA to develop and implement specialized training activities.

Funding:	\$ 7,155	General
	1,754,427	Federal
	<u>426,263</u>	Other
	\$2,187,845	Total

FY 2008 Objectives:

- Maintain prevention and service/assistance programs at levels consistent with available funding.
- Provide educational materials through county health departments and help educate patients on issues regarding family violence and rape prevention.
- Coordinate efforts with the MCADV and the MCASA to develop and implement specialized training activities.

Funding:	\$ 7,372	General
	1,842,194	Federal
	<u>426,263</u>	Other
	\$2,275,829	Total

FY 2009 Objectives:

- Maintain prevention and service/assistance programs at levels consistent with available funding.
- Provide educational materials through county health departments and help educate patients on issues regarding family violence and rape prevention.
- Coordinate efforts with the MCADV and the MCASA to develop and implement specialized training activities.

Funding:	\$ 7,588	General
	1,934,303	Federal
	<u>426,263</u>	Other
	\$2,368,154	Total

ENVIRONMENTAL HEALTH

Regulatory programs administered by the Bureau of Environmental Health impact the lives of all Mississippi citizens. In conjunction with county health departments, the office protects public health and safety by regulating food service establishments, water systems, radioactive materials, wastewater disposal systems, and boiler and pressure vessels. Office staff work with local, state, and federal officials at all levels to ensure the successful implementation of these cornerstone public health programs.

GENERAL ENVIRONMENTAL SERVICES

Program Description: The potential for the spread of disease through food or milk products, water, or the improper disposal of human waste has long been recognized. Environmental sanitation is the backbone of public health; the first boards and departments of health were formed to prevent the spread of disease by controlling environmental factors. In today's fast-paced society, more meals are eaten away from home, placing even more emphasis on the importance of proper food handling techniques and the safe service of food. Greater amounts of milk products are processed and packaged in central locations for distribution in markets nationwide. Emerging pathogens have the potential to contaminate food and milk supplies. As the population shifts toward suburban and rural areas, proper disposal of wastewater from individual homes grows in importance. Potential contamination of ground and surface waters is an environmental and a public health problem. Insects and rodents affect the public's health either directly by bites, stings, or contamination, or indirectly by transmitting diseases. Other environmental hazards, such as childhood lead poisoning, need to be addressed by conducting environmental assessments. The MSDH has broad statutory authority, but many times inadequate resources for addressing these problems. Priorities must be set to direct those resources toward primary prevention activities which include community environmental services.

The MSDH operates general environmental services in four broad areas: food, milk, onsite wastewater, and institutional services. Within the Bureau of General Environmental Services, a public health entomologist directs a statewide vector control effort, assisting all four programs through identification of insects and rodents, consultation on public health pest management, and prevention/control of insect-transmitted disease outbreaks. In addition, the entomologist works closely with municipalities, providing expertise and advice on mosquito control. The *Food Protection Program* develops policies, provides regulations, and gives advice and guidance to county, regional, and district environmentalists in their efforts to reduce the risk factors that contribute to foodborne illnesses. These environmentalists also provide assistance and training to the food industry to help ensure that facilities comply with state and federal laws, rules, and regulations. Food facilities must receive an annual permit from the MSDH to operate, with inspection frequency based on risk factors. Manager certification is required of all food facilities, and numerous specialized training programs are available to all of the food industry. State rating personnel provide on-going training and standardization to the districts in an effort to ensure uniformity and quality inspections. Central office staff provide program assessments and help the districts improve the quality of the food protection program from the state to the county level.

The *Milk/Bottled Water Program* develops policies to guide environmentalists in inspecting and ensuring compliance with state and federal laws, rules, and regulations regarding dairy farms, bulk milk haulers, transfer stations, receiving stations, pasteurization plants, frozen dessert plants, and bottled water plants; and conducts Milk Sanitation Compliance and Enforcement Ratings of milk supplies within the state. These efforts allow the dairy industry to participate in interstate and intrastate commerce. From design and construction of Grade A dairy farm facilities through product delivery to the retail consumer at the market, agency staff strictly regulate the safety of milk, milk products, and bottled water. Milk environmentalists inspect dairy plants, farms, and bottled water facilities before issuing a permit to sell milk and water, and take milk and water samples for laboratory analysis to ensure high sanitary quality. Uniformity in regulation results in reciprocity with other states and ensures availability and safety of milk and bottled water products. The program ensures that current and minimum public health requirements are applicable to new products and manufacturing processes within the industry.

The *Onsite Wastewater Program* develops policies/regulations and gives technical assistance to county and district environmentalists in inspecting R.V. parks, on-site wastewater disposal systems, and individual water supplies. From soil and site evaluations to final system approvals, the wastewater program is time-consuming and technical. District and county environmentalists perform soil and site evaluations and

recommend the wastewater system best adapted to the site. Program specialists provide training and technical assistance. Local environmentalists respond to requests for assistance from the public regarding nuisance complaints, unsanitary conditions, and related matters.

Staff of the *Institutional Services Program* inspect jails, prisons, and satellite facilities and review plans of public buildings for compliance with the Handicap Code. Technical assistance is given to environmentalists inspecting foster homes, public buildings, and family child care homes. Staff perform environmental assessments for lead in homes of children identified with elevated blood lead levels.

FY 2005 Objectives:

Food Protection Program

- Reduce by 5% the number of critical violations on inspections.
- Provide at least 10 hours of comprehensive training to environmentalists, the food industry, and consumers in all areas of food protection, using the most current FDA Food Code as a reference.
- Have 98% of food facilities in compliance with manager certification requirements.
- Ensure that the MSDH food program meets at least four of the FDA voluntary retail food program standards.

Milk and Bottled Water Program (Dairy Farms and Plants)

- Have the number of milk plants or milk producer groups that fail to receive satisfactory ratings on state or federal surveys remain at zero.
- Permit 100% of individual farm pickup tankers and tank operators by statewide permitting or reciprocity between states.
- Maintain a current permit on 100% of milk, frozen dessert, and bottled water plants meeting all requirements.
- Work closely with the milk industry to maintain a drug-free milk supply, with no finished products requiring recall.
- Sample 100% of in-state milk, frozen dessert, and bottled water products.

Onsite Wastewater

- Provide two continuing educational seminars in each public health district for certified installers.
- Refine Internet access for wastewater information and regulations.
- Refine electronic site evaluations and data collection.

Institutional Services Program

- Inspect 100% of correctional facilities and county jails in compliance with court order and state law.
- Review all plans submitted on public buildings and schools for compliance with state and Federal laws.
- Conduct environmental investigations of all places frequented by children with a venous blood lead level ≥ 20 ug/dl or two venous blood lead levels of 15-19 ug/dl at least three months apart.

Vector Control - Entomology Program

- Continue a public information campaign on vector-borne diseases, including at least six public speaking events.
- Monitor vector problems in the state and intervene as needed.
- Educate municipal officials on the need for appropriate training of mosquito control personnel and minimum standards for their equipment.
- Collect mosquitoes statewide and assess which species are the worse pests and where they occur.

Funding:	\$4,122,154	General
	160,641	Federal
	<u>8,257,786</u>	Other
	\$12,540,581	Total

FY 2006 Objectives:

Food Protection Program

- Reduce by 5% the number of critical violations on inspections.
- Provide at least 10 hours of comprehensive training to environmentalists, the food industry, and consumers in all areas of food protection, using the most current FDA Food Code as a reference.
- Have 98% of food facilities in compliance with manager certification requirements.
- Ensure that the MSDH food program meets at least four of the FDA voluntary retail food program standards.

Milk and Bottled Water Program (Dairy Farms and Plants)

- Have the number of milk plants or milk producer groups that fail to receive satisfactory ratings on state or Federal surveys remain at zero.
- Permit 100% of individual farm pickup tankers and tank operators by statewide permitting or reciprocity between states.
- Maintain a current permit on 100% of milk, frozen dessert, and bottled water plants meeting all requirements.
- Work closely with the milk industry to maintain a drug-free milk supply, with no finished products requiring recall.
- Sample 100% of in-state and at least 50% of out-of-state milk, frozen dessert, and bottled water products.

Onsite Wastewater

- Develop educational material pertaining to on-site wastewater disposal.
- Provide two continuing educational seminars in each public health district for certified installers.
- Expand the GIS database of onsite wastewater systems to include all districts.
- Expand educational seminars to include engineers and developers.
- Initiate grades of installer's license.

Institutional Services Program

- Inspect 100% of correctional facilities and county jails in compliance with court order and state law.
- Review all plans submitted on public buildings and schools for compliance with state and Federal laws.
- Conduct environmental investigations of all places frequented by children with a venous blood lead level ≥ 20 ug/dl or two venous blood lead levels of 15-19 ug/dl at least three months apart.

Vector Control - Entomology Program

- Continue providing educational information to municipal officials on the need for appropriate training of mosquito control personnel and minimum standards for their equipment.
- Conduct training events for municipal personnel about proper mosquito control.
- Monitor vector problems in the state and intervene as needed.
- Continue the statewide mosquito survey.

Funding:	\$4,163,795	General
	160,641	Federal
	<u>8,293,798</u>	Other
	\$12,618,234	Total

FY 2007 Objectives:

Food Protection Program

- Reduce by 5% the number of critical violations on inspections.
- Provide at least 10 hours of comprehensive training to environmentalists, the food industry, and consumers in all areas of food protection, using the most current FDA Food Code as a reference.
- Have 98% of food facilities in compliance with manager certification requirements.
- Ensure that the MSDH food program meets at least five of the FDA voluntary retail food program standards.

Milk and Bottled Water Program (Dairy Farms and Plants)

- Have the number of milk plants or milk producer groups that fail to receive satisfactory ratings on state or Federal surveys remain at zero.
- Permit 100% of individual farm pickup tankers and tank operators by statewide permitting or reciprocity between states.
- Maintain a current permit on 100% of milk, frozen dessert, and bottled water plants meeting all requirements.
- Work closely with the milk industry to maintain a drug-free milk supply, with no finished products requiring recall.
- Continue sampling 100% of in-state and 60% of out-of-state milk, frozen dessert, and bottled water facilities.

Onsite Wastewater

- Provide Internet access to educational material pertaining to on-site wastewater disposal.
- Provide two continuing educational seminars in each public health district for certified installers.
- Continue to expand the scope of the GIS database program.

Institutional Services Program

- Inspect 100% of correctional facilities and county jails in compliance with court order and state law.
- Review all plans submitted on public buildings and schools for compliance with state and Federal laws.
- Conduct environmental investigations of all places frequented by children with a venous blood lead level ≥ 20 ug/dl or two venous blood lead levels of 15-19 ug/dl at least three months apart.
- Complete 100% of all consumer product safety contracts within allotted time.

Vector Control - Entomology Program

- Continue providing educational information to municipal officials on the need for appropriate training of mosquito control personnel and minimum standards for their equipment.
- Conduct training events for municipal personnel about proper mosquito control.
- Monitor vector problems in the state and intervene as needed.
- Continue the statewide mosquito survey.

Funding:	\$4,680,645	General
	176,797	Federal
	<u>8,750,674</u>	Other
	\$13,608,116	Total

FY 2008 Objectives:

Food Protection Program

- Reduce by 5% the number of critical violations on inspections.

- Provide at least 10 hours of comprehensive training to environmentalists, the food industry, and consumers in all areas of food protection, using the most current FDA Food Code as a reference.
- Have 98% of food facilities in compliance with manager certification requirements.
- Ensure that the MSDH food program meets at least five of the FDA voluntary retail food program standards.

Milk and Bottled Water Program (Dairy Farms and Plants)

- Have the number of milk plants or milk producer groups that fail to receive satisfactory ratings on state or Federal surveys remain at zero.
- Permit 100% of individual farm pickup tankers and tank operators by statewide permitting or reciprocity between states.
- Maintain a current permit on 100% of milk, frozen dessert, and bottled water plants meeting all requirements.
- Work closely with the milk industry to maintain a drug-free milk supply, with no finished products requiring recall.
- Continue sampling on 100% of in-state and 60% of out-of-state milk, frozen dessert, and bottled water facilities.

Onsite Wastewater

- Continue developing Internet access to educational material pertaining to on-site wastewater disposal.
- Provide two continuing educational seminars in each public health district for certified installers.
- Continue to expand the scope of the GIS database program.

Institutional Services Program

- Inspect 100% of correctional facilities and county jails in compliance with court order and state law.
- Review all plans submitted on public buildings and schools for compliance with state and Federal laws.
- Conduct environmental investigations of all places frequented by children with a venous blood lead level ≥ 20 ug/dl or two venous blood lead levels of 15-19 ug/dl at least three months apart.
- Complete 100% of all consumer product safety contracts within allotted time.

Vector Control - Entomology Program

- Work with the Mississippi Department of Agriculture to establish training requirements for municipal mosquito control personnel and minimum standards for their equipment, in order to further protect public health and safety.
- Conduct training events for municipal personnel about proper mosquito control.
- Monitor vector problems in the state and intervene as needed.
- Continue the statewide mosquito survey.

Funding:	\$4,822,481	General
	185,642	Federal
	<u>8,750,674</u>	Other
	\$13,758,797	Total

FY 2009 Objectives:

Food Protection Program

- Reduce by 5% the number of critical violations on inspections.
- Provide at least 10 hours of comprehensive training to environmentalists, the food industry, and consumers in all areas of food protection, using the most current FDA Food Code as a reference.
- Have 98% of food facilities in compliance with manager certification requirements.

- Ensure that the MSDH food program meets at least six of the FDA voluntary retail food program standards.

Milk and Bottled Water Program (Dairy Farms and Plants)

- Have the number of milk plants or milk producer groups that fail to receive satisfactory ratings on state or Federal surveys remain at zero.
- Permit 100% of individual farm pickup tankers and tank operators by statewide permitting or reciprocity between states.
- Maintain a current permit on 100% of milk, frozen dessert, and bottled water plants meeting all requirements.
- Work closely with the milk industry to maintain a drug-free milk supply, with no finished products requiring recall.
- Continuing sampling on 100% of in-state and 60% of out-of-state milk, frozen dessert, and bottled water facilities.

Onsite Wastewater

- Continue developing Internet access to educational material pertaining to on-site wastewater disposal.
- Provide two continuing educational seminars in each public health district for certified installers.
- Continue to expand the scope of the GIS database program.

Institutional Services Program

- Inspect 100% of correctional facilities and county jails in compliance with court order and state law.
- Review all plans submitted on public buildings and schools for compliance with state and Federal laws.
- Conduct environmental investigations of all places frequented by children with a venous blood lead level ≥ 20 ug/dl or two venous blood lead levels of 15-19 ug/dl at least three months apart.
- Complete 100% of all consumer product safety contracts within allotted time.

Vector Control - Entomology Program

- Implement training requirements for municipal mosquito control personnel and minimum standards for their equipment, in order to further protect public health and safety.
- Conduct training events for municipal personnel about proper mosquito control.
- Monitor vector problems in the state and intervene as needed.
- Compile the statewide mosquito survey results and write a publication entitled “*The Mosquitoes of Mississippi*.”

Funding:	\$4,964,320	General
	194,923	Federal
	<u>8,750,674</u>	Other
	\$13,909,917	Total

PUBLIC WATER SUPPLY

Program Description: The Public Water Supply program ensures safe drinking water to the 2.6 million citizens of Mississippi (96% of the state's population) who utilize the state's 1,409 public water supplies, by strictly enforcing the requirements of the Safe Drinking Water Act (SDWA). The program is implemented through five major programmatic areas: (1) bacteriological, chemical, and radiological monitoring of the quality of the drinking water; (2) negotiation with consulting engineers for the final design of engineering plans and specifications for all new or substantially modified public water supplies in Mississippi; (3) annual surveys of each community public water supply to eliminate operational and maintenance problems that may potentially affect the quality of the drinking water; (4) enforcement to ensure that the standards of the federal and state SDWAs are followed; and (5) licensure and training of water supply officials and training of consulting engineers and health department field staff in the proper methods of designing, constructing, and operating public water systems.

FY 2005 Objectives:

- Ensure that 80% of Mississippi's public water systems have implemented effective cross connection control programs.
- Complete a Capacity Assessment/Rating on 95% of the state's community public water systems.
- Complete a sanitary survey of 95% of community and non-transient non-community public water supplies, giving priority to problem supplies that may directly impact public health.
- Review engineering plans and specifications for all new public water supply construction projects for compliance with Division engineering design criteria prior to beginning construction.
- Follow-up and resolve 100% of SDWA water quality violations.
- Ensure that all Mississippi public water supplies routinely comply with the Lead and Copper Rule.
- Continue emphasizing the elimination of non-viable public water supplies.
- Ensure that at least 95% of the state's population is served by community public water supplies that comply with all SDWA water quality standards.
- Administer the Drinking Water Revolving Loan Fund to help Mississippi's public water suppliers complete necessary infrastructure improvements.
- Ensure that affected citizens are immediately notified, i.e. radio and/or television, of acute drinking water contamination incidents so that consumptive use can be discontinued until the source of contamination is located and eliminated.

Funding:	\$ 303,311	General
	2,807,039	Federal
	<u>8,309,024</u>	Other
	\$11,419,374	Total

FY 2006 Objectives:

- Ensure that 85% of Mississippi's public water systems have implemented effective cross connection control programs.
- Complete a Capacity Assessment/Rating on 95% of the state's community public water systems.
- Complete a sanitary survey of 95% of community and non-transient non-community public water supplies, giving priority to problem supplies that may directly impact public health.
- Review engineering plans and specifications for all new public water supply construction projects for compliance with Division engineering design criteria prior to beginning construction.
- Follow-up and resolve 100% of SDWA water quality violations.
- Ensure that all Mississippi public water supplies routinely comply with the Lead and Copper Rule.
- Continue emphasizing the elimination of non-viable public water supplies.

- Ensure that 95% of Mississippi’s community public water supplies are operated by a waterworks operator licensed by MSDH.
- Ensure that at least 95% of the state’s population is served by community public water supplies that comply with all SDWA water quality standards.
- Administer the Drinking Water Revolving Loan Fund to help Mississippi’s public water suppliers complete necessary infrastructure improvements.
- Ensure that affected citizens are immediately notified, i.e. radio and/or television, of acute drinking water contamination incidents so that consumptive use can be discontinued until source of contamination is located and eliminated.

Funding:	\$ 306,375	General
	2,807,039	Federal
	<u>8,345,259</u>	Other
	\$11,458,673	Total

FY 2007 Objectives:

- Ensure that 90% of Mississippi’s public water systems have implemented effective cross connection control programs.
- Complete a Capacity Assessment/Rating on 95% of the state’s community public water systems.
- Complete a sanitary survey of 95% of community and non-transient non-community public water supplies, giving priority to problem supplies that may directly impact public health.
- Review engineering plans and specifications for all new public water supply construction projects for compliance with Division engineering design criteria prior to beginning construction.
- Follow-up and resolve 100% of SDWA water quality violations.
- Ensure that all Mississippi public water supplies routinely comply with the Lead and Copper Rule.
- Continue emphasizing the elimination of non-viable public water supplies.
- Ensure that 95% of Mississippi’s community public water supplies are operated by a waterworks operator licensed by MSDH .
- Ensure that at least 95% of the state’s population is served by community public water supplies that comply with all SDWA water quality standards.
- Administer the Drinking Water Revolving Loan Fund to help Mississippi’s public water suppliers complete necessary infrastructure improvements.
- Ensure that affected citizens are immediately notified, i.e. radio and/or television, of acute drinking water contamination incidents so that consumptive use can be discontinued until the source of contamination is located and eliminated.

Funding:	\$ 344,405	General
	3,089,352	Federal
	<u>8,804,972</u>	Other
	\$12,238,729	Total

FY 2008 Objectives:

- Ensure that 95% of Mississippi’s public water systems have implemented effective cross connection control programs.
- Complete a Capacity Assessment/Rating on 95% of the state’s community public water systems.
- Complete a sanitary survey of 95% of community and non-transient non-community public water supplies, giving priority to problem supplies that may directly impact public health.
- Review engineering plans and specifications for all new public water supply construction projects for compliance with Division engineering design criteria prior to beginning construction.
- Follow-up and resolve 100% of SDWA water quality violations.

- Ensure that all Mississippi public water supplies routinely comply with the Lead and Copper Rule.
- Continue emphasizing the elimination of non-viable public water supplies.
- Ensure that 95% of Mississippi’s community public water supplies are operated by a waterworks operator licensed by MSDH.
- Ensure that at least 95% of the state’s population is served by community public water supplies that comply with all SDWA water quality standards.
- Administer the Drinking Water Revolving Loan Fund to help Mississippi’s public water suppliers complete necessary infrastructure improvements.
- Ensure that affected citizens are immediately notified, i.e. radio and/or television, of acute drinking water contamination incidents so that consumptive use can be discontinued until the source of contamination is located and eliminated.

Funding:	\$ 354,842	General
	3,243,899	Federal
	8,804,971	Other
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	\$12,403,712	Total

FY 2009 Objectives:

- Ensure that 95% of Mississippi’s public water systems have implemented effective cross connection control programs.
- Complete a Capacity Assessment/Rating on 95% of the state’s community public water systems.
- Complete a sanitary survey of 95% of community and non-transient non-community public water supplies, giving priority to problem supplies that may directly impact public health.
- Review engineering plans and specifications for all new public water supply construction projects for compliance with Division engineering design criteria prior to beginning construction.
- Follow-up and resolve 100% of SDWA water quality violations.
- Ensure that all Mississippi public water supplies routinely comply with the Lead and Copper Rule.
- Continue emphasizing the elimination of non-viable public water supplies.
- Ensure that 95% of Mississippi’s community public water supplies are operated by a waterworks operator licensed by MSDH.
- Ensure that at least 95% of the state’s population is served by community public water supplies that comply with all SDWA water quality standards.
- Administer the Drinking Water Revolving Loan Fund to help Mississippi’s public water suppliers complete necessary infrastructure improvements.
- Ensure that affected citizens are immediately notified, i.e. radio and/or television, of acute drinking water contamination incidents so that consumptive use can be discontinued until the source of contamination is located and eliminated.

Funding:	\$ 365,278	General
	3,406,094	Federal
	8,804,971	Other
	<hr/>	
	\$12,576,343	Total

RADIATION CONTROL

Program Description: The Radiological Health Program is designed to identify potential radiological health hazards and develop adequate and realistic precautionary control measures. Through comprehensive monitoring and surveillance, the program determines levels of radioactivity present in the environment. The proliferation of radiation sources has involved more personnel in their handling and operation, which increases the probability of radiation exposure to workers and the general public. Levels of environmental radioactivity can be found from such sources as nuclear reactor operations (e.g. Grand Gulf Nuclear Station); radionuclides used in medicine, agriculture, and industry; past and present nuclear activities associated with the Salmon Test Site in Lamar County; and radioactive fallout from atmospheric nuclear detonations. Necessary medical and industrial uses of radioactive materials and radiation devices have become commonplace and widespread; educational institutions also utilize nuclear materials in instruction and research, thus increasing potential risk for workers, students, and the public.

Although benefits from the use of radiation are many, the scientific consensus is that there is no level of radiation below which one can be absolutely certain that harmful effects will not occur. Therefore, it is readily apparent that the uncontrolled release of these radiation-producing materials and devices could create a significant threat to public health. The Radiological Health Program is concerned with promoting the beneficial use of sources of radiation while ensuring that exposure from natural and man-made sources of radiation are As Low As Is Reasonably Achievable (ALARA) with presently available technology. The program strives to identify sources of radiation exposure; understand the biological effects of radiation; investigate and evaluate methods of detection; and formulate and apply procedures for the control and reduction of exposure. The program maintains and enforces regulatory standards to ensure that the exposure of Mississippians to biologically-harmful radiation is maintained at low levels.

Each person licensed to possess and use radioactive materials or registered to operate x-ray devices is evaluated to ensure the protection of citizens and the environment through compliance with regulations and specific license or registration conditions. Through a comprehensive monitoring and surveillance program, Radiological Health determines levels of radioactivity present in the environment, the probable effect of radioactivity pathways leading to man, and the possibility of undesirable biological effects. Staff annually collect and analyze approximately 1,900 samples, including water, milk, soil, meat, air, and vegetation, as well as direct measurements to record radiation levels in the environment.

The staff has been actively involved in implementation of the Southeast Interstate Low-Level Radioactive Waste Management Compact and coordinates radiological emergency training with the Mississippi Emergency Management Agency. The program goal is to minimize undesirable effects of radiological hazards from routine applications of radiation sources and from extraordinary incidents or accidents. The professional staff is trained and on 24-hour call to respond to a radiological emergency at the Grand Gulf Nuclear Station, a transportation accident, or other industrial emergency involving radioactive materials.

FY 2005 Objectives:

- Inspect 25 x-ray units for compliance with federal standards in accordance with the FDA/MSDH agreement.
- Maintain the rate of noncompliant x-ray registrants at 10% or less.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less.
- Continue the radon screening program of governmental buildings and schools, monitoring 25 schools and 25 government buildings.
- Continue annual inspection of all mammographic x-ray units for compliance with federal standards.
- Continue participation in the Nationwide Evaluation of X-ray Trends (NEXT).

- Collect and analyze approximately 1,200 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Analyze drinking water supplies for compliance with EPA safe drinking water standards for radioactivity.
- Revise and distribute certain sections of the Regulations for Control of Radiation in Mississippi to maintain compatibility with federal regulations.
- Train MSDH and DOT personnel and others in procedures for response to radiological emergencies and evaluate effectiveness of the training through participation in onsite drills at the Grand Gulf Nuclear Station.
- Continue environmental monitoring for radioactivity at the Salmon Test Site in accordance with the DOE grant, annually sampling 32 wells, quarterly sampling 9 wells, and changing out 25 environmental radiation monitors.

Funding:	\$ 66,486	General
	133,932	Federal
	<u>2,768,104</u>	Other
	\$2,968,522	Total

FY 2006 Objectives:

- Inspect 25 x-ray units for compliance with federal standards in accordance with the FDA/MSDH agreement.
- Maintain the rate of noncompliant x-ray registrants at 10% or less.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less.
- Continue the radon screening program of governmental buildings and schools, monitoring 25 schools and 25 government buildings.
- Train emergency response personnel in procedures for response to radiological emergencies and evaluate effectiveness of the training through participation in onsite drills at Grand Gulf Nuclear Station.
- Inspect all mammographic x-ray units for compliance with federal standards.
- Continue participation in the Nationwide Evaluation of X-ray Trends (NEXT).
- Collect and analyze approximately 1,200 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Implement the EPA safe drinking water standards for radioactivity.
- Train MSDH and DOT personnel and others in procedures for response to radiological emergencies.
- Continue environmental monitoring for the possible migration of radioactivity from the Salmon Test Site, annually sampling 32 wells, quarterly sampling 9 wells, and changing out 25 environmental radiation monitors.

Funding:	\$ 67,157	General
	133,932	Federal
	<u>2,780,175</u>	Other
	\$2,981,264	Total

FY 2007 Objectives:

- Inspect 25 x-ray units for compliance with federal standards in accordance with the FDA/MSDH agreement.
- Maintain the rate of noncompliant x-ray registrants at 10% or less.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less.
- Continue the radon screening program of governmental buildings and schools, monitoring 25 schools and 25 government buildings.

- Train MSDH and DOT personnel and others in procedures for response to radiological emergencies and evaluate effectiveness of the training through participation in onsite drills at Grand Gulf Nuclear Station.
- Inspect all mammographic x-ray units for compliance with federal standards.
- Continue participation in the Nationwide Evaluation of X-ray Trends (NEXT).
- Collect and analyze approximately 1,200 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Analyze drinking water supplies for compliance with EPA safe drinking water standards for radioactivity.
- Continue environmental monitoring for the possible migration of radioactivity from the Salmon Test Site, annually sampling 32 wells, quarterly sampling 9 wells, and changing out 25 environmental radiation monitors.

Funding:	\$ 75,494	General
	147,402	Federal
	<u>2,933,326</u>	Other
	\$3,156,222	Total

FY 2008 Objectives:

- Inspect 25 x-ray units for compliance with federal standards in accordance with the FDA/MSDH agreement.
- Maintain the rate of noncompliant x-ray registrants at 10% or less.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less.
- Continue the radon screening program of governmental buildings and schools, monitoring 25 schools and 25 government buildings.
- Train MSDH and DOT personnel and others in procedures for response to radiological emergencies and evaluate effectiveness of the training through participation in onsite drills at Grand Gulf Nuclear Station.
- Inspect all mammographic x-ray units for compliance with federal standards.
- Continue participation in the Nationwide Evaluation of X-ray Trends (NEXT).
- Collect and analyze approximately 1,200 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Analyze drinking water supplies for compliance with EPA safe drinking water standards for radioactivity.
- Continue environmental monitoring for the possible migration of radioactivity from the Salmon Test Site, annually sampling 32 wells, quarterly sampling 9 wells, and changing out 25 environmental radiation monitors.

Funding:	\$ 77,782	General
	154,776	Federal
	<u>2,933,326</u>	Other
	\$3,165,884	Total

FY 2009 Objectives:

- Inspect 25 x-ray units for compliance with federal standards in accordance with the FDA/MSDH agreement.
- Maintain the rate of noncompliant x-ray registrants at 10% or less.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less.
- Continue the radon screening program of governmental buildings and schools, monitoring 25 schools and 25 government buildings.
- Train MSDH and DOT personnel and others in procedures for response to radiological emergencies and evaluate effectiveness of the training through participation in onsite drills at Grand Gulf Nuclear Station.

- Inspect all mammographic x-ray units for compliance with federal standards.
- Continue participation in the Nationwide Evaluation of X-ray Trends (NEXT).
- Collect and analyze approximately 1,200 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Analyze drinking water supplies for compliance with EPA safe drinking water standards for radioactivity.
- Continue environmental monitoring for the possible migration of radioactivity from the Salmon Test Site, annually sampling 32 wells, quarterly sampling 9 wells, and changing out 25 environmental radiation monitors.

Funding:	\$ 80,069	General
	162,515	Federal
	<u>2,933,326</u>	Other
	\$3,175,910	Total

BOILER AND PRESSURE VESSEL SAFETY

Program Description: The goal of the Boiler and Pressure Vessel Safety Program is to reduce, through physical inspections, the incidence and severity of accidents related to boiler or pressure vessel explosions. Inspections greatly reduce the risk of deaths, injuries, and property damage due to such explosions. The program enforces Mississippi laws and the MSDH's *Rules and Regulations Governing Boilers and Pressure Vessels*. A chief boiler and pressure vessel inspector conducts state inspections, and approximately 150 commissioned insurance company representatives conduct reciprocal inspections. Through these inspections, the program certifies the use of all boilers and pressure vessels covered by Mississippi law. Some boiler and pressure vessels receive biennial inspection, while larger, more dangerous ones are inspected annually. All funding for this program is generated from inspection and certificate fees.

2005 Objectives:

- Inspect at least 14,000 boilers and pressure vessels.
- Ensure that all dangerous or hazardous conditions are corrected within 30 days.
- Ensure that at least 95% of vessels with violations are corrected and brought into compliance.
- Continue developing safety training services for the public, furthering awareness of the potential dangers associated with boiler operation.

Funding:	\$18,907	General
	10,371	Federal
	<u>720,768</u>	Other
	\$750,046	Total

2006 Objectives:

- Inspect at least 14,000 boilers and pressure vessels.
- Ensure that all dangerous or hazardous conditions are corrected within 30 days.
- Ensure that at least 95% of vessels with violations are corrected and brought into compliance.
- Continue developing safety training services for the public, furthering awareness of the potential dangers associated with boiler operation.

Funding:	\$19,098	General
	10,371	Federal
	<u>723,911</u>	Other
	\$753,380	Total

2007 Objectives:

- Inspect at least 14,000 boilers and pressure vessels.
- Ensure that all dangerous or hazardous conditions are corrected within 30 days.
- Ensure that at least 95% of vessels with violations are corrected and brought into compliance.
- Continue developing safety training services for the public, furthering awareness of the potential dangers associated with boiler operation.

Funding:	\$21,469	General
	11,414	Federal
	<u>763,789</u>	Other
	\$796,672	Total

FY 2008 Objectives:

- Inspect at least 14,000 boilers and pressure vessels.

- Ensure that all dangerous or hazardous conditions are corrected within 30 days.
- Ensure that at least 95% of vessels with violations are corrected and brought into compliance.
- Continue developing safety training services for the public, furthering awareness of the potential dangers associated with boiler operation.

Funding:	\$22,119	General
	11,985	Federal
	<u>763,789</u>	Other
	\$797,893	Total

FY 2009 Objectives:

- Inspect at least 14,000 boilers and pressure vessels.
- Ensure that all dangerous or hazardous conditions are corrected within 30 days.
- Ensure that at least 95% of vessels with violations are corrected and brought into compliance.
- Continue developing safety training services for the public, furthering awareness of the potential dangers associated with boiler operation.

Funding:	\$22,770	General
	12,584	Federal
	<u>763,789</u>	Other
	\$799,143	Total

MATERNAL AND CHILD HEALTH

The Maternal and Child Health (MCH) programs offer family planning services to teenagers and women at risk and prenatal care once pregnancy has occurred. Supplemental food and nutrition education are offered through the WIC program. Diagnosis and treatment for children with major orthopedic, neurological, and cardiac conditions and genetic disorders are offered through the Children's Medical Program (CMP). The overall objectives of the Maternal and Child Health programs are to reduce maternal and infant mortality and morbidity in Mississippi and low birth weight through provision of prenatal and postnatal care, to reduce the incidence of unplanned pregnancies, and to provide assistance to children with special health care needs.

FAMILY PLANNING

Program Description: Mississippi leads the nation in births to teens, and the state’s repeat pregnancy rate for teens is also one of the highest in the country. In 2002, 17.2% of all births in the state were to teenagers. Teen mothers are more likely to drop out of school, require long-term financial support, and be involved in child abuse. In addition, unplanned pregnancies account for a majority of the births among women with family incomes below the poverty level. The percentage of births to single mothers has more than doubled since 1965. The Guttmacher Institute calculates that for every public dollar spent on family planning services to adults, an average of \$4.40 is saved as a result of averting short-term expenditures on medical services, welfare, and nutritional services.

Family planning is a preventive health service that is much more than birth control. For many clients, family planning is the means of entering the health care system, and without it these clients would not receive any medical services. Family planning services promote women's health and allow clients to plan for the future by deciding about the importance and timing of education, jobs, children, and families.

The MSDH Family Planning Program seeks to provide convenient access to high quality services, targeting teenagers at risk and women 20-44 years of age with incomes at or below 150% of the federal poverty level. The program serves approximately 100,000 persons annually. Family planning is provided through a multidisciplinary team approach including medical, nursing, nutrition, and social services. The program provides counseling, medical examinations, education, and contraceptives to allow individuals to prevent unplanned pregnancies and to space children. Voluntary surgical sterilizations are available for men and women at risk who choose a permanent method of contraception. Infertility services are available for persons desiring pregnancy.

FY 2005 Objectives:

- Provide services to over 90,000 users through county health departments and subcontractors, including 29,000 users aged 19 and younger and 61,000 adults.
- Contract with one additional subcontractor to provide family planning services.
- Reduce teen mothers pregnant with their second child to less than 19% of teen pregnancies.
- Reduce the FY 2004 rate of increase of unintended births to girls less than 15 years of age.

Funding:	\$1,661,811	General
	7,491,343	Federal
	8,878,867	Other
	\$18,032,021	Total

FY 2006 Objectives:

- Provide services to over 90,000 users through county health departments and subcontractors, including 29,000 users aged 19 and younger and 61,000 adults.
- Contract with one additional subcontractor to provide family planning services.
- Reduce teen mothers pregnant with their second child to less than 18.8% of teen pregnancies.
- Reduce the FY 2005 rate of increase of unintended births to girls less than 15 years of age.

Funding:	\$1,712,952	General
	7,501,464	Federal
	9,429,944	Other
	\$18,644,360	Total

FY 2007 Objectives:

- Provide services to over 90,000 users through county health departments and subcontractors, including 29,000 users aged 19 and younger and 61,000 adults.
- Contract with one additional subcontractor to provide family planning services.
- Reduce teen mothers pregnant with their second child to less than 18.6% of teen pregnancies.
- Reduce the FY 2006 rate of increase of unintended births to girls less than 15 years of age.

Funding:	\$1,886,962	General
	8,244,771	Federal
	<u>9,408,827</u>	Other
	\$19,540,560	Total

FY 2008 Objectives:

- Provide services to over 90,000 users through county health departments and subcontractors, including 29,000 users aged 19 and younger and 61,000 adults.
- Assist local health departments in expanding their capacity to serve Hispanic clients in family planning clinics.
- Reduce the number of pregnancies among non-white girls aged 15-19 by 1% over the FY 2007 count.
- Reduce teen mothers pregnant with their second child to less than 18.4% of teen pregnancies.

Funding:	\$1,944,142	General
	8,657,222	Federal
	<u>9,408,827</u>	Other
	\$20,010,191	Total

FY 2009 Objectives:

- Provide services to approximately 90,000 users through county health departments and subcontractors, including 29,000 users aged 19 and younger and 61,000 adults.
- Assist local health departments in expanding their capacity to serve Hispanic clients in family planning clinics.
- Reduce teen mothers pregnant with their second child to less than 18.2% of teen pregnancies.
- Reduce the number of pregnancies among non-white girls aged 15-19 by 1% over the FY 2008 count.

Funding:	\$ 2,001,323	General
	9,090,083	Federal
	<u>9,408,828</u>	Other
	\$20,500,234	Total

MATERNITY/PERINATAL SERVICES

Program Description: Although Mississippi's infant mortality rate has declined, it remains higher than the national average. Contributing factors include late or inadequate prenatal care; unhealthy lifestyles, including inadequate prenatal nutrition, maternal smoking, or substance abuse; medical disorders; low birth weight; congenital disorders; low socio-economic status; and low educational attainment. The Institute of Medicine reports that comprehensive, appropriate, and continuous prenatal and infant care, especially for high-risk groups, reduces the incidence of low birth weight and infant mortality; thereby reducing the high costs associated with these problems. Areas of great concern are the need to reduce the number of low birthweight births and infant deaths and to increase the number of women who receive comprehensive and continuous prenatal care beginning in the first trimester of pregnancy. Low birthweight infants are more likely to die during the first year of life and are at increased risk of mental retardation, congenital anomalies, growth and developmental problems, visual and hearing defects, and abuse/neglect.

The MSDH provides maternity services statewide to more than 8,401 women through county health departments, targeting pregnant women with incomes at or below 185% of the federal poverty level. The Hollister Maternity Record is used, with risk status updated at each visit and referral to obstetricians and appropriate hospitals as indicated. Ambulatory care is provided throughout pregnancy and the postpartum period by a multidisciplinary team including physicians, nurse practitioners, nurses, nutritionists, and social workers, after which entry into family planning services for the mother and well-child care for the infant are emphasized. Close follow-up for both is a high priority for 18 months after delivery. The WIC program provides essential nutritional counseling and supplemental foods to pregnant and breast-feeding women, as well as to infants and children.

Special Initiatives:

Perinatal Regionalization: Regionalization of perinatal services is an effective strategy for decreasing neonatal and infant mortality and morbidity, with pronounced effects on mortality among Very Low Birthweight infants (<1,500 grams). Perinatal regionalization is a system of care that involves obstetric and pediatric providers, hospitals, and public health and includes outreach education, consultation, transport services, and back-transport from the Neonatal Intensive Care Unit.

The success of a perinatal regionalization system depends on identification and appropriate referral of women with high-risk pregnancies, maternal transport when indicated, and stabilization and transport of sick infants to hospitals with higher level perinatal services when indicated. Perinatal regionalization agreements that systematically promote the health of mothers and infants are usually implemented through legislation, administrative rules, guidelines, or voluntary cooperation. MSDH uses voluntary cooperation in implementing its perinatal regionalization system, although the system is not completely developed. In addition, the system is showing signs of change. The percent of expectant mothers receiving prenatal care at MSDH clinics declined from 50% in 1990 to 29% in FY 2000, and MSDH districts are reporting further decreases in maternity services.

Perinatal High Risk Management/Infant Services System (PHRM/ISS): The PHRM/ISS provides a multidisciplinary team approach to high-risk mothers and infants. Targeted case management and a team approach can better treat the whole patient, improve access to available resources, provide for early detection of risk factors, allow coordinated care, and decrease low birthweight and preterm delivery. 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. The total number of PHRM patients for FY 2004 was 55,612.

Maternal and Infant Mortality Surveillance: This surveillance system is designed to collect information on both infant and maternal deaths to identify and examine factors associated with the death of a woman who had been pregnant or the death of an infant. The information is compiled from a variety of sources such as medical and public health records and family interviews, and reviewed to determine if or how this death could have been prevented. These reviews are used to improve services, resources, and community support for pregnant women, infants, and their families.

Infant Mortality Task Force: The purpose of the task force is to foster the reduction of infant mortality and morbidity in Mississippi and to improve the health status of mothers and infants. The task force is composed of 10 voting members, one ex-officio member from the Department of Human Services, MSDH, Department of Education, Division of Medicaid, the University of Mississippi Medical Center, the Mississippi Primary Health Care Association, the chairmen of both the Senate and House Public Health and Welfare Committees, and one additional member of each committee designated by the Chair. The task force has statutory authority to: (1) serve in an advocacy and public awareness role with the public regarding maternal health issues; (2) conduct studies on maternal and infant health and related issues; (3) recommend to the Governor and Legislature appropriate policies to reduce Mississippi’s infant mortality and morbidity rates and to improve the status of maternal and infant health; and (4) report annually to the Governor and Legislature regarding the progress made toward the goals and actions taken toward recommendations.

Pregnancy Risk Assessment Monitoring System (PRAMS): PRAMS is part of a CDC initiative to reduce infant mortality and low birthweight. This risk factor surveillance system is designed to supplement vital records, generate state-specific risk factor data, and allow comparisons of data among states. PRAMS offers ongoing, population-based information on a broad spectrum of maternal behaviors and experiences, and it captures data before and during pregnancy and during a child’s early infancy. This data can be used to develop, monitor, and assess programs designed to identify high-risk pregnancies and to reduce adverse pregnancy outcomes. Components of the PRAMS system are summarized under four headings: Sampling and Stratification, Data Collection, Questionnaire, and Data Management and Weighting.

Osteoporosis Screening and Awareness: Osteoporosis is a silent disease discovered frequently when an unexpected fracture of a hip, the spine, or a wrist occurs. Recognizing the seriousness of this disease, the Mississippi Legislature authorized the MSDH to establish, maintain, and promote an osteoporosis prevention and treatment education program. The Legislature has also designated May as Osteoporosis Awareness Month. In CY 2003, MSDH screened 2,676 women and men using the Luna PIXI Densitometer; 106 of these individuals were found to be osteoporotic (osteoporosis), 726 were osteopenic (low bone mass), and 1,698 were normal (146 records had missing information).

FY 2005 Objectives:

- Reduce the incidence of low birth weight births to 10.7%.
- Reduce the fetal death rate to no more than 9.3 per 1,000 live births plus fetal deaths.
- Increase the percentage of pregnant women receiving prenatal care during the first trimester to 83.3%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70%.

Funding:	\$ 1,087,347	General
	4,372,165	Federal
	<u>8,221,129</u>	Other
	\$13,680,641	Total

FY 2006 Objectives:

- Maintain the incidence of low birth weight births at 10.7%.

- Maintain the fetal death rate at no more than 9.3 per 1,000 live births plus fetal deaths.
- Increase the percentage of pregnant women receiving prenatal care during the first trimester to 83.5%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70%.

Funding:	\$ 1,120,810	General
	4,378,071	Federal
	<u>8,731,382</u>	Other
	\$14,230,263	Total

FY 2007 Objectives:

- Maintain the incidence of low birth weight births at 10.7%.
- Reduce the fetal death rate to no more than 9.1 per 1,000 live births plus fetal deaths.
- Increase the percentage of pregnant women receiving prenatal care during the first trimester to 83.7%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70%.

Funding:	\$1,234,666	General
	4,811,887	Federal
	<u>8,711,830</u>	Other
	\$14,758,383	Total

FY 2008 Objectives:

- Maintain the incidence of low birth weight births at 10.7%.
- Maintain the fetal death rate at no more than 9.1 per 1,000 live births plus fetal deaths.
- Increase the percentage of pregnant women receiving prenatal care during the first trimester to 83.9%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70%.

Funding:	\$1,272,080	General
	5,052,606	Federal
	<u>8,711,830</u>	Other
	\$15,036,516	Total

FY 2009 Objectives:

- Maintain the incidence of low birth weight births at 10.7%.
- Reduce the fetal death rate to no more than 9.0 per 1,000 live births plus fetal deaths.
- Increase the percentage of pregnant women receiving prenatal care during the first trimester to 84%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70%.
- Increase the number of PHRM clients served by 2%.

Funding:	\$1,309,495	General
	5,305,237	Federal
	<u>8,711,830</u>	Other
	\$15,326,562	Total

CHILD/ADOLESCENT HEALTH

Program Description: The goal of the Child Health Program is to reduce mortality, morbidity, and disability rates for infants, children, and adolescents to ensure optimal growth and development, and to promote improved oral health among children and adolescents.

The MSDH provides childhood immunizations, well child assessments, limited sick child care, and tracking of infants and other high-risk children. MSDH targets its services to children with family incomes at or below 185% of the Federal poverty level. Services/programs such as Genetic Services, Early Intervention, WIC, Abstinence, and the Children's Medical Program are important components of the comprehensive child/adolescent health program. Services are provided via a multidisciplinary team including medical, nursing, nutrition, and social work. The program provides early identification of potentially disabling conditions and linkages with providers for effective treatment and management.

Special Initiatives:

Sudden Infant Death Syndrome Program: Sudden Infant Death Syndrome (SIDS) is the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and a review of the clinical history. SIDS is one of the major causes of death in infants from one month to one year of age. County health department staff initiate contact with families that have experienced a death due to SIDS (telephone, mail, or home visit) to offer support, counseling, and referral to appropriate services. SIDS literature is also available. Parents, caretakers, and pregnant women receive counseling regarding activities to reduce SIDS, such as putting the baby to sleep on its back and avoiding cigarette smoke.

FY 2005 Objectives:

- Reduce the state infant mortality rate to no more than 9.6 per 1,000 births.
- Reduce the state neonatal mortality rate to no more than 5.9 per 1,000 births.
- Maintain the state postneonatal mortality rate at no more than 3.7 per 1,000 live births.
- Provide quality health services to 75,000 infants, children, and adolescents.
- Provide SIDS prevention information to the parents of 43,000 newborn children.
- Provide “abstinence only” education to 5,700 students through selected programs.

Funding:	\$1,013,880	General
	3,692,795	Federal
	<u>3,232,425</u>	Other
	\$7,939,100	Total

FY 2006 Objectives:

- Reduce the state infant mortality rate to no more than 9.5 per 1,000 births.
- Reduce the state neonatal mortality rate to no more than 5.8 per 1,000 births.
- Reduce the state postneonatal mortality rate to no more than 3.6 per 1,000 live births.
- Provide quality health services to 80,000 infants, children, and adolescents.
- Provide SIDS prevention information to the parents of 43,000 newborn children.
- Provide “abstinence only” education to 5,900 students through selected programs.

Funding:	\$1,045,081	General
	3,697,784	Federal
	<u>3,433,049</u>	Other
	\$8,175,914	Total

FY 2007 Objectives:

- Reduce the state infant mortality rate to no more than 9.3 per 1,000 births.
- Maintain the state neonatal mortality rate at no more than 5.8 per 1,000 births.
- Maintain the state postneonatal mortality rate at no more than 3.6 per 1,000 live births.
- Provide quality health services to 85,000 infants, children, and adolescents.
- Provide SIDS prevention information to the parents of 43,000 newborn children.
- Provide “abstinence only” education to 6,000 students through selected programs.

Funding:	\$1,151,246	General
	4,064,191	Federal
	<u>3,425,361</u>	Other
	\$8,640,798	Total

FY 2008 Objectives:

- Reduce the state infant mortality rate to no more than 9.2 per 1,000 births.
- Reduce the state neonatal mortality rate to no more than 5.7 per 1,000 births.
- Reduce the state postneonatal mortality rate to no more than 3.5 per 1,000 live births.
- Provide quality health services to 90,000 infants, children, and adolescents.
- Provide SIDS prevention information to the parents of 45,000 newborn children.
- Provide “abstinence only” education to 6,100 students through selected programs.

Funding:	\$1,186,132	General
	4,267,505	Federal
	<u>3,425,361</u>	Other
	\$8,878,998	Total

FY 2009 Objectives:

- Reduce the state infant mortality rate to no more than 9.1 per 1,000 births.
- Maintain the state neonatal mortality rate at no more than 5.7 per 1,000 births.
- Maintain the state postneonatal mortality rate at no more than 3.5 per 1,000 live births.
- Provide quality health services to 92,000 infants, children, and adolescents.
- Provide SIDS prevention information to the parents of 46,000 newborn children.
- Provide “abstinence only” education to 10,000 students through selected programs.

Funding:	\$1,221,018	General
	4,480,881	Federal
	<u>3,425,362</u>	Other
	\$9,127,261	Total

SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

Program Description: Health concerns for the women, infants, and children of the state are described in the other Maternal and Child Health (MCH) sections of this plan. The nutritional status of the MCH populations directly affects their overall health and the problems other agency programs are attempting to address. WIC serves as an incentive that brings mothers and babies to the health department for integrated health services. Maintaining this incentive with the changing health care environment is essential.

WIC's specific responsibility is for the nutritional risk conditions in perinatal, infant, and pre-school child populations. Anemia is the most common problem in all three populations. Inappropriate weight gain in prenatal periods, poor growth patterns in infants and children, and inappropriate dietary patterns are risk conditions common to the populations served.

The WIC Program provides health screening, certification, and nutrition education to pregnant, breast-feeding, and postpartum women, infants, and children up to age five whose family income is at or below 185% of the Federal poverty level and who meet the nutritional risk conditions prescribed by regulations. Income eligibility is automatic for all members of a family where any member of the family has been certified eligible for food stamps or Temporary Assistance for Needy Families, and for all members of the family where a pregnant woman or infant has been certified eligible for Medicaid.

In cooperation with the purchasing office, the WIC Program solicits food bids from qualified bidders who can supply the required products and who have facilities for state-wide delivery. Monthly food packages are distributed directly to participants through 94 distribution centers located in every county in the state. More than 20% of these centers have converted to the WIC Mart concept of self-service choice, and additional WIC Marts can be implemented as districts feel they will better serve the customers.

Each participant receives nutrition education upon initial certification, with follow-up counseling scheduled at least once every six months. Counseling provides information on the use of foods in the WIC package and general nutrition for the whole family over the life cycle, as comprehensive as time and staff permit. Counseling and literature on substance abuse is provided to all participants or their caregivers. Women who are substance abusers are referred for counseling and treatment to resources within their own communities.

The WIC Program's effectiveness in increasing duration and outcome of pregnancy has been clearly demonstrated in myriad studies. Breast-feeding promotion, scheduling for the convenience of the working poor, and substance abuse are escalating issues for which Federal legislation has given the WIC Program increasing responsibility. Federal regulations require the WIC Program to address the compelling need for extended clinic and food distribution hours to serve the working poor.

The WIC Program supports special lactation counseling staff in all districts. Special breast-feeding funds are used for equipment, promotion and support literature, and workshops. For other agency programs, WIC provides nutritionists, nutritional assessments and counseling, supplemental foods, adjunct services, and patient education materials.

FY 2005 Objectives:

- Increase the percentage of potentially eligible served to 75.2%.
- Maintain the participation rate at 96.4%.
- Keep food costs below \$40.00 per participant.

Funding:	\$ 2,210,089	General
	60,016,516	Federal
	<u>12,760,794</u>	Other
	\$74,987,399	Total

FY 2006 Objectives:

- Increase the percentage of potentially eligible served to 76%.
- Increase the participation rate to 97%.
- Keep food costs below \$42.00 per participant.

Funding:	\$ 2,278,104	General
	60,097,592	Federal
	<u>13,552,807</u>	Other
	\$75,928,503	Total

FY 2007 Objectives:

- Increase the percentage of potentially eligible served to 76.5%.
- Increase the participation rate to 97.2%.
- Keep food costs below \$44.00 per participant.

Funding:	\$ 2,509,523	General
	66,052,567	Federal
	<u>13,522,458</u>	Other
	\$82,084,548	Total

FY 2008 Objectives:

- Increase the percentage of potentially eligible served to 77%.
- Increase the participation rate to 97.5%.
- Keep food costs below \$46.00 per participant.

Funding:	\$ 2,585,568	General
	69,356,898	Federal
	<u>13,522,457</u>	Other
	\$85,464,923	Total

FY 2009 Objectives:

- Maintain the percentage of potentially eligible served at 77%.
- Maintain the participation rate at 97.5%.
- Keep food costs below \$48.00 per participant.

Funding:	\$ 2,661,615	General
	72,824,743	Federal
	<u>13,522,457</u>	Other
	\$89,008,815	Total

GENETICS

Program Description: An estimated 100,000 to 150,000 babies are born in the United States each year with major birth defects. Of these babies, 6,000 die during their first 28 days of life, and another 2,000 will die before their first birthday. Children with birth defects account for 25% to 30% of pediatric hospital admissions; total costs for the care of children with birth defects exceed \$1 billion annually. Many of the approximately 30,000 cases of mental retardation in Mississippi children can be directly linked to genetic errors. It is estimated that institutionalization costs \$2.5 million per patient for 50 years of care. It is also estimated that over 30% of all mental retardation is preventable; appropriate intervention in these cases would save millions of tax dollars as well as enable those individuals to lead productive lives.

The Genetics Program provides screening, diagnosis, counseling, and follow-up for a range of genetic disorders and has developed comprehensive genetic services statewide. Preventive measures to minimize recurrence through early screening and, when appropriate, prenatal diagnosis have received priority. Professional and patient education is provided to ensure that information is readily available to the population at risk, as well as to hospitals, physicians, and other health care providers. The program provides newborn screening for phenylketonuria, hypothyroidism, hemoglobinopathies, galactosemia, congenital adrenal hyperplasia, biotinidase deficiency, cystic fibrosis, medium-chain acyl-CoA dehydrogenase deficiency, and 32 other disorders to identify these problems early and allow for immediate intervention to prevent irreversible physical and mental retardation or death. The Genetics Program began collecting data for the birth defects registry on January 1, 2000.

FY 2005 Objectives:

- Screen 99% of newborns in Mississippi.
- Provide adequate follow-up and referral for 99% of newborns with presumptive positive screen results.
- Follow at least 85% of babies with a presumptive positive newborn screen result to final diagnosis.
- Assure that at least 92% of children with genetic disorders receive case management services.
- Confirm or refute 93% of reported birth defects through hospital medical record review or other definitive methods.

Funding: Included with Child/Adolescent Health

FY 2006 Objectives:

- Screen 99% of newborns in Mississippi.
- Provide adequate follow-up and referral for 99% of newborns with presumptive positive screen results.
- Follow at least 90% of babies with a presumptive positive newborn screen result to final diagnosis.
- Assure that at least 93% of children with genetic disorders receive case management services.
- Confirm or refute 95% of reported birth defects through hospital medical record review or other definitive methods.

Funding: Included with Child/Adolescent Health

FY 2007 Objectives:

- Screen 99% of newborns in Mississippi.
- Provide adequate follow-up and referral for 99% of newborns with presumptive positive screen results.
- Follow at least 95% of babies with a presumptive positive newborn screen result to final diagnosis.
- Assure that at least 94% of children with genetic disorders receive case management services.
- Confirm or refute 97% of reported birth defects through hospital medical record review or other definitive methods.

Funding: Included with Child/Adolescent Health

FY 2008 Objectives:

- Screen 99% of newborns in Mississippi.
- Provide adequate follow-up and referral for 99% of newborns with presumptive positive screen results.
- Follow at least 95% of babies with a presumptive positive newborn screen result to final diagnosis.
- Assure that at least 94% of children with genetic disorders receive case management services.
- Confirm or refute 99% of reported birth defects through hospital medical record review or other definitive methods.

Funding: Included with Child/Adolescent Health

FY 2009 Objectives:

- Screen 99% of newborns in Mississippi.
- Provide adequate follow-up and referral for 99% of newborns with presumptive positive screen results.
- Follow at least 95% of babies with a presumptive positive newborn screen result to final diagnosis.
- Assure that at least 98% of children with genetic disorders receive case management services.
- Confirm or refute 99% of reported birth defects through hospital medical record review or other definitive methods.

Funding: Included with Child/Adolescent Health

FIRST STEPS: EARLY INTERVENTION PROGRAM

Program Description: Between 42,000 and 43,000 children are born in Mississippi each year; approximately 4% will have developmental, physical, or mental problems that require early intervention to prevent or minimize disability. These children may receive some fragmented services from public and private providers, but very few get coordinated comprehensive services to meet all their developmental needs and the related needs of their families. Developmental disabilities that go unidentified create tremendous economic and human cost.

The MSDH is lead agency for developing an interagency early intervention system, with the advice and assistance of the Mississippi Interagency Coordinating Council. Initial funding for planning came through a federal grant from the Office of Special Education Programs under the Individuals with Disabilities Education Act (IDEA). Mississippi passed legislation supporting an interagency early intervention system meeting federal standards in 1990; revised the legislation and authorized state funding for implementation in 1993; and expanded it in 1994. Development and implementation are continuing for a coordinated system of interagency early intervention services to ensure that all children with developmental needs statewide have access to appropriate services.

A variety of agencies and programs provide early intervention services, including the Department of Mental Health, local education agencies, home health agencies, private therapists, university programs, and other small programs. Interagency coordination of these services is just beginning. The MSDH has placed First Steps Early Intervention Program (FSEIP) service coordinators in each public health district to help families identify and receive needed services. These coordinators provide family-centered linkage and coordination of interagency early intervention services for all eligible children statewide.

Public Health Districts facilitate the development and implementation of district system plans for coordinated interagency services as part of a statewide system under the Early Intervention Act for Infants and Toddlers and Part C of IDEA, using the Mississippi planning process developed through central office. Needs clearly documented through district plans are supported through funding from central office. District service coordinators support the families of all eligible children through the early intervention system process, completing intake, referring for evaluation, facilitating development of a family service plan, and coordinating service delivery until transition into other service systems at age three. Central office staff support district staff in implementing local plans and interagency agreements as part of the statewide system. The Mississippi Interagency Coordinating Council (ICC) provides advice and assistance in implementing the statewide interagency system. As the district coordinators work with local ICCs, this information is provided to the state ICC so that all efforts work toward a common goal of an equitable statewide system.

FY 2005 Objectives:

- Identify the potentially eligible infants and toddlers statewide, at a minimum of 3% of the birth to three-year old population.
- Serve a minimum of 2% of birth to three-year old children and their families according to an Individualized Family Service Plan (IFSP).
- Appropriately evaluate/assess identified and located infants and toddlers and hold an IFSP meeting within 45 days of the initial referral.
- Identify the percent of services indicated as being “Not Available” at IFSP meeting date.
- Increase by 5% the proportion of infants under age one served by the program.
- Provide at least 70% of all primary early intervention services in natural environments as defined by IDEA Part C.

Funding:	\$1,964,828	General
	5,209,166	Federal
	<u>550,106</u>	Other
	\$7,724,100	Total

FY 2006 Objectives:

- Identify the potentially eligible infants and toddlers statewide, at a minimum of 3.5% of the birth to three-year old population.
- Serve a minimum of 2% of birth to three-year old children and their families according to an Individualized Family Service Plan (IFSP).
- Appropriately evaluate/assess identified and located infants and toddlers and hold an IFSP meeting within 45 days of the initial referral.
- Identify the percent of services indicated as being “Not Available” at IFSP meeting date.
- Increase by 5% the proportion of infants under age one served by the program.
- Provide at least 70% of all primary early intervention services in natural environments as defined by IDEA Part C.

Funding:	\$2,025,295	General
	5,216,203	Federal
	<u>584,248</u>	Other
	\$7,825,746	Total

FY 2007 Objectives:

- Identify the potentially eligible infants and toddlers statewide, at a minimum of 3.5% of the birth to three-year old population.
- Serve a minimum of 2% of birth to three-year old children and their families according to an Individualized Family Service Plan (IFSP).
- Appropriately evaluate/assess identified and located infants and toddlers and hold an IFSP meeting within 45 days of the initial referral.
- Identify the percent of services indicated as being “Not Available” at IFSP meeting date.
- Increase by 5% the proportion of infants under age one served by the program.
- Provide at least 70% of all primary early intervention services in natural environments as defined by IDEA Part C.

Funding:	\$2,231,033	General
	5,733,068	Federal
	<u>582,941</u>	Other
	\$8,547,042	Total

FY 2008 Objectives:

- Identify the potentially eligible infants and toddlers statewide, at a minimum of 4% of the birth to three-year old population.
- Serve a minimum of 2% of birth to three-year old children and their families according to an Individualized Family Service Plan (IFSP).
- Appropriately evaluate/assess identified and located infants and toddlers and hold an IFSP meeting within 45 days of the initial referral.
- Identify the percent of services indicated as being “Not Available” at IFSP meeting date.
- Increase by 5% the proportion of infants under age one served by the program.
- Provide at least 70% of all primary early intervention services in natural environments as defined by IDEA Part C.

Funding:	\$2,298,640	General
	6,019,870	Federal
	<u>582,941</u>	Other
	\$8,901,451	Total

FY 2009 Objectives:

- Identify the potentially eligible infants and toddlers statewide, at a minimum of 4% of the birth to three-year old population.
- Serve a minimum of 2% of birth to three-year old children and their families according to an Individualized Family Service Plan (IFSP).
- Appropriately evaluate/assess identified and located infants and toddlers and hold an IFSP meeting within 45 days of the initial referral.
- Identify the percent of services indicated as being “Not Available” at IFSP meeting date.
- Increase by 5% the proportion of infants under age one served by the program.
- Provide at least 70% of all primary early intervention services in natural environments as defined by IDEA Part C.

Funding:	\$2,366,247	General
	6,320,864	Federal
	<u>582,942</u>	Other
	\$9,270,053	Total

CHILDREN'S MEDICAL PROGRAM

Program Description: Each year, more than 10,000 children with congenital anomalies are born to middle and low income families in the United States. Children with special health care needs should have access to community-based integrated and coordinated health services. Early medical intervention and surgical care can help these children lead more productive lives. The child who does not receive early intervention and proper case management will need life-long financial assistance and will seldom live to become a productive member of society.

The Children's Medical Program (CMP) provides medical and surgical assistance to middle and low income families of children with special health care needs. The program is rehabilitative in nature and has as its goal the correction or reduction of physical handicaps. It provides hospital and surgical care, in addition to braces and seating as required by the patient's condition. The program also provides specialized assistance, such as drug therapy and a limited amount of in-patient hospital care, to hemophilia, cystic fibrosis, and sickle cell patients. In addition, the CMP provides comprehensive services including nursing, nutrition, social work, physical and speech therapy consultation, and case management.

FY 2005 Objectives:

- Process 100% of applications received for service.
- Provide transition resource information to 100% of all Children with Special Health Care Needs enrolled in the Children's Medical Program.

Funding:	\$ 246,215	General
	3,970,980	Federal
	<u>4,263,172</u>	Other
	\$8,480,367	Total

FY 2006 Objectives:

- Process 100% of applications received for service.
- Provide transition resource information to 100% of all Children with Special Health Care Needs enrolled in the Children's Medical Program.

Funding:	\$ 253,792	General
	3,976,344	Federal
	<u>4,527,770</u>	Other
	\$8,757,906	Total

FY 2007 Objectives:

- Process 100% of applications received for service.
- Provide transition resource information to 100% of all Children with Special Health Care Needs enrolled in the Children's Medical Program.

Funding:	\$ 279,573	General
	4,370,354	Federal
	<u>4,517,631</u>	Other
	\$9,167,558	Total

FY 2008 Objectives:

- Process 100% of applications received for service.

- Provide transition resource information to 100% of all Children with Special Health Care Needs enrolled in the Children’s Medical Program.

Funding:	\$ 288,045	General
	4,588,984	Federal
	<u>4,517,631</u>	Other
	\$9,394,660	Total

FY 2009 Objectives:

- Process 100% of applications received for service.
- Provide transition resource information to 100% of all Children with Special Health Care Needs enrolled in the Children’s Medical Program.

Funding:	\$ 296,517	General
	4,818,434	Federal
	<u>4,517,632</u>	Other
	\$9,632,583	Total

DENTAL HEALTH SERVICES

Program Description: The MSDH Dental Division programs promote and protect the oral health of Mississippi's citizens. Programs include:

Public Water Fluoridation is the process of adjusting the fluoride content that occurs naturally in a community's water to the best level for preventing tooth decay. Hundreds of studies conducted in the United States and other countries show that community water fluoridation is a safe and effective way to prevent tooth decay. Children and adults who are at low risk for dental decay can stay cavity-free through frequent exposure to small amounts of fluoride in drinking water. Less than 42% of Mississippi's population receives public water fluoridation, compared to 66% nationally. Since July 1, 2003, a public-private partnership with the Bower Foundation provides additional resources to increase the population in Mississippi that receives optimally fluoridated water.

Dental Sealants are a simple, safe, and effective technique to retard or prevent tooth decay. Less than half the cost of ordinary dental fillings, sealants, together with public water fluoridation, form a cost-effective strategy for improving oral health in Mississippi's communities. In FY 2000, dental sealant use in Mississippi ranged from 10 percent in Public Health District III to about 27 percent in Public Health District II while nationally the average number of children ages 8 to 10 with dental sealants was 26%. A partnership between the MSDH and the School of Nursing Mercy Delta Health Express Project at the University of Mississippi Medical Center (UMMC) provides dental sealants for the permanent first molar teeth of second-graders in public schools in 11 Mississippi counties: Attala, Bolivar, Carroll, Holmes, Humphreys, Leflore, Montgomery, Sharkey/Issaquena, Sunflower, and Washington. For the past three years, faculty from the UMMC School of Dentistry and local community dentists have provided dental screening and have applied dental sealants to children in these counties.

The *School Fluoride Mouth Rinse Program* provides free weekly fluoride mouth rinses for children in public school grades K to 5 in communities without public water fluoridation. The weekly rinses, supervised by school personnel, help prevent tooth decay and may even help reverse existing decay. During the FY 2004 school year, more than 20,000 Mississippi children participated in this program.

The *Dental Corrections Program* provides financial assistance to children under 18 with severe dental problems who lack other health care resources such as Medicaid or private insurance. Approved dental care providers administer the program's services to qualifying children and are reimbursed in full or in part, depending on need. For FY 2004, a decrease in children served was observed, possibly due to the expansion of dental services in the State Children's Health Insurance Program. The Dental Division also partners with the Children's Medical Program to assist the dental needs of children with special health care needs.

The *Daily Chewable Fluoride Program* provides daily chewable fluoride tablets for children in public school grades K to 5 in communities without public water fluoridation. The daily chewable fluoride tablet, supervised by school personnel, helps prevent tooth decay and may even help reverse existing decay. This program requires an advisory dentist's fluoride usage assessment and written prescription before a classroom is able to participate and will be implemented as a pilot project with a local Head Start program.

FY 2005 Objectives:

- Increase the proportion of Mississippi's population served by public water systems with optimally fluoridated water by 3%.
- Increase the proportion of local health departments and community-based health centers, including community, migrant, and homeless centers, which provide oral health screening and anticipatory guidance.

- Increase the proportion of children living in Public Health District III who receive dental sealants on their molar teeth by 30%.
- Increase the proportion of children in school K through sixth grade receiving oral disease prevention in areas without optimal public water fluoridation.
- Maintain and update a dental provider list from which local health departments can make referrals for special needs patients.
- Develop P.A.N.D.A. (Prevent Abuse and Neglect through Dental Awareness) to raise awareness about child abuse and neglect through early identification and reporting.
- Initiate a daily chewable fluoride tablet program in preschools located in communities without water fluoridation.

Funding: Included with Child/Adolescent Health

FY 2006 Objectives:

- Increase the proportion of Mississippi's population served by public water systems with optimally fluoridated water by 4%.
- Increase the proportion of local health departments and community-based health centers, including community, migrant, and homeless centers, which provide an oral health component.
- Increase the proportion of low-income children in Mississippi who receive dental sealants on their molar teeth by 30%.
- Increase the proportion of children in school K through sixth grade receiving oral disease prevention in areas without optimal public water fluoridation.
- Increase the proportion of adults who, in the past 12 months, received an examination to detect oral and pharyngeal cancers.
- Maintain and update a dental provider list from which local health departments can make referrals for special needs patients.
- Maintain P.A.N.D.A. (Prevent Abuse and Neglect through Dental Awareness) to raise awareness about child abuse and neglect through early identification and reporting.
- Expand participation in the daily chewable fluoride tablet program in preschools located in communities without water fluoridation by 1%.
- Develop an early childhood caries surveillance system in Mississippi.

Funding: Included with Child/Adolescent Health

FY 2007 Objectives:

- Increase the proportion of Mississippi's population served by public water systems with optimally fluoridated water by 5%.
- Increase the proportion of local health departments and community-based health centers, including community, migrant, and homeless centers, which provide an oral health component.
- Increase the proportion of low-income children in Mississippi who receive dental sealants on their molar teeth by 30%.
- Increase the proportion of children in school K through sixth grade receiving oral disease prevention in areas without optimal public water fluoridation.
- Maintain P.A.N.D.A. (Prevent Abuse and Neglect through Dental Awareness) to raise awareness about child abuse and neglect through early identification and reporting.
- Expand participation in the daily chewable fluoride tablet program in preschools located in communities without water fluoridation by 2%.
- Increase the proportion of adults who, in the past 12 months, received an examination to detect oral and pharyngeal cancers.

- Maintain and update a dental provider list from which local health departments can make referrals for special needs patients.
- Further develop an early childhood caries surveillance system in Mississippi.

Funding: Included with Child/Adolescent Health

FY 2008 Objectives:

- Increase the proportion of Mississippi's population served by public water systems with optimally fluoridated water by 5%.
- Increase the proportion of local health departments and community-based health centers, including community, migrant, and homeless centers, which provide an oral health component.
- Increase the proportion of low-income children in Mississippi who receive dental sealants on their molar teeth by 30%.
- Increase the proportion of children in school K through sixth grade receiving oral disease prevention in areas without optimal public water fluoridation.
- Increase the proportion of adults who, in the past 12 months, received an examination to detect oral and pharyngeal cancers.
- Maintain and update a dental provider list from which local health departments can make referrals for special needs patients.
- Maintain P.A.N.D.A. (Prevent Abuse and Neglect through Dental Awareness) to raise awareness about child abuse and neglect through early identification and reporting.
- Expand participation in the daily chewable fluoride tablet program in preschools located in communities without water fluoridation by 3%.
- Implement an early childhood caries surveillance system in Mississippi.

Funding: Included with Child/Adolescent Health

FY 2009 Objectives:

- Increase the proportion of Mississippi's population served by public water systems with optimally fluoridated water by 5%.
- Increase the proportion of local health departments and community-based health centers, including community, migrant, and homeless centers, which provide an oral health component.
- Increase the proportion of low-income children in Mississippi who receive dental sealants on their molar teeth by 30%.
- Increase the proportion of children in school K through sixth grade receiving oral disease prevention in areas without optimal public water fluoridation.
- Increase the proportion of adults who, in the past 12 months, received an examination to detect oral and pharyngeal cancers.
- Maintain and update a dental provider list from which local health departments can make referrals for special needs patients.
- Maintain P.A.N.D.A. (Prevent Abuse and Neglect through Dental Awareness) to raise awareness about child abuse and neglect through early identification and reporting.
- Expand participation in the daily chewable fluoride tablet program in preschools located in communities without water fluoridation by 4%.
- Implement an early childhood caries surveillance system in Mississippi.

Funding: Included with Child/Adolescent Health

HEALTH CARE PLANNING, SYSTEMS DEVELOPMENT, AND LICENSURE

The Licensure and Resource Development programs perform licensure and certification activities for facilities, services, and health manpower as required by state law or state and federal regulations, in addition to health planning activities and development of rural and primary health care delivery systems. The objectives of these programs are to provide protection to the general public from unethical and unqualified practitioners and to regulate facilities to ensure compliance with minimum standards and federal regulations.

HEALTH PLANNING & CERTIFICATE OF NEED

Program Description: Health facilities, services, and personnel in Mississippi are inadequate to meet the needs of all people at all times. Furthermore, an uneven distribution of resources relative to the population makes access to facilities and services difficult in some areas of the state. The cost of health care and the inability of some citizens to pay essentially renders health care inaccessible for these people. Additionally, quality of care must be ensured through review and approval of proposed new health services and facilities.

State law authorizes the MSDH as the sole and official agency to administer and supervise all state health planning and development responsibilities, involving the following activities:

- identifying priority health needs;
- inventorying available health facilities, services, and personnel;
- recommending corrective actions;
- establishing criteria and standards for Certificate of Need (CON) review (access, quality, and cost);
- conducting CON review of proposals for health facilities and services; and
- maintaining the state's Office of Rural Health to address rural health care needs.

The intent of health planning and regulatory activities is to improve the health of Mississippi residents; to increase the accessibility, acceptability, continuity, and quality of health services; to prevent unnecessary duplication of health resources; and to provide cost containment. No person may undertake any of the activities outlined in state statute without obtaining a CON from the MSDH. No final arrangement or commitment for financing any such activity may be made by any person unless a CON has been issued. Of the health services and proposals requiring a CON, only those determined by the MSDH to be needed may receive a CON and only those proposals granted a CON may be developed or offered in Mississippi. No CON is issued unless the proposal is determined consistent with criteria and standards established by the MSDH and unless the proposal substantially complies with the projection of need as reported in the *State Health Plan* in effect at the time the MSDH receives the CON application.

The Office of Rural Health serves as an information clearinghouse for rural health issues and activities; monitors rural health conditions and needs; engages in planning and policy development; provides technical assistance; and assists with health manpower retention and recruitment.

FY 2005 Objectives:

- Update and revise the *FY 2004 State Health Plan*.
- Update and revise, as necessary, the *Certificate of Need Review Manual*.
- Review and update the determination of priority health needs in the state.
- Conduct CON review and approval or disapproval of applications for health care services, facilities, and equipment as authorized by Section 41-7-191 of the *Mississippi Code*.
- Continue collection, analysis, and management of health facilities and services data.
- Maintain a clearinghouse of information for the public on rural health care issues.
- Coordinate the Medicare Rural Hospital Flexibility Grant Program.
- Promote the availability of Federal rural health grant programs and initiatives.
- Coordinate the collection and distribution of quarterly hospital patient origin data.
- Support the Mississippi Rural Health Association to help address rural health care needs.
- Support a statewide conference on rural health.
- Coordinate the Small Rural Hospital Improvement Program.

Funding:	\$ 168,232	General
	214,186	Federal
	<u>1,859,500</u>	Other
	\$2,241,918	Total

FY 2006 Objectives:

- Update and revise the *FY 2005 State Health Plan*.
- Update and revise, as necessary, the *Certificate of Need Review Manual*.
- Review and update the determination of priority health needs in the state.
- Conduct CON review and approval or disapproval of applications for health care services, facilities, and equipment as authorized by Section 41-7-191 of the *Mississippi Code*.
- Continue collection, analysis, and management of health facilities and services data.
- Maintain a clearinghouse of information for the public on rural health care issues.
- Coordinate the Medicare Rural Hospital Flexibility Grant Program.
- Promote the availability of Federal rural health grant programs and initiatives.
- Coordinate the collection and distribution of quarterly hospital patient origin data.
- Support the Mississippi Rural Health Association to help address rural health care needs.
- Support a statewide conference on rural health.
- Coordinate the Small Rural Hospital Improvement Program.

Funding:	\$ 175,230	General
	214,253	Federal
	<u>2,281,966</u>	Other
	\$2,671,449	Total

FY 2007 Objectives:

- Update and revise the *FY 2006 State Health Plan*.
- Update and revise, as necessary, the *Certificate of Need Review Manual*.
- Review and update the determination of priority health needs in the state.
- Conduct CON review and approval or disapproval of applications for health care services, facilities, and equipment as authorized by Section 41-7-191 of the *Mississippi Code*.
- Continue collection, analysis, and management of health facilities and services data.
- Maintain a clearinghouse of information for the public on rural health care issues.
- Coordinate the Medicare Rural Hospital Flexibility Grant Program.
- Promote the availability of Federal rural health grant programs and initiatives.
- Coordinate the collection and distribution of quarterly hospital patient origin data.
- Support the Mississippi Rural Health Association to help address rural health care needs.
- Support a statewide conference on rural health.
- Coordinate the Small Rural Hospital Improvement Program.

Funding:	\$ 191,025	General
	235,727	Federal
	<u>1,970,489</u>	Other
	\$2,397,241	Total

FY 2008 Objectives:

- Update and revise the *FY 2007 State Health Plan*.
- Update and revise, as necessary, the *Certificate of Need Review Manual*.
- Review and update the determination of priority health needs in the state.

- Conduct CON review and approval or disapproval of applications for health care services, facilities, and equipment as authorized by Section 41-7-191 of the *Mississippi Code*.
- Continue collection, analysis, and management of health facilities and services data.
- Maintain a clearinghouse of information for the public on rural health care issues.
- Coordinate the Medicare Rural Hospital Flexibility Grant Program.
- Promote the availability of Federal rural health grant programs and initiatives.
- Coordinate the collection and distribution of quarterly hospital patient origin data.
- Support the Mississippi Rural Health Association to help address rural health care needs.
- Support a statewide conference on rural health.
- Coordinate the Small Rural Hospital Improvement Program.

Funding:	\$ 196,814	General
	247,520	Federal
	<u>1,970,489</u>	Other
	\$2,414,823	Total

FY 2009 Objectives:

- Update and revise the *FY 2008 State Health Plan*.
- Update and revise, as necessary, the *Certificate of Need Review Manual*.
- Review and update the determination of priority health needs in the state.
- Conduct CON review and approval or disapproval of applications for health care services, facilities, and equipment as authorized by Section 41-7-191 of the *Mississippi Code*.
- Continue collection, analysis, and management of health facilities and services data.
- Maintain a clearinghouse of information for the public on rural health care issues.
- Coordinate the Medicare Rural Hospital Flexibility Grant Program.
- Promote the availability of Federal rural health grant programs and initiatives.
- Coordinate the collection and distribution of quarterly hospital patient origin data.
- Support the Mississippi Rural Health Association to help address rural health care needs.
- Support a statewide conference on rural health.
- Coordinate the Small Rural Hospital Improvement Program.

Funding:	\$ 202,602	General
	259,896	Federal
	<u>1,970,489</u>	Other
	\$2,432,987	Total

PRIMARY CARE DEVELOPMENT

Program Description: The availability and accessibility of primary health care services is essential to meet the needs of the state's population. Mississippi is a medically underserved state, including sparsely populated rural areas that are grossly underserved. In many of these areas, substantial portions of the population are poor, with large minority and elderly segments. Sixty-five of Mississippi's 82 counties are designated as health professional shortage areas in whole or in part, and 54 have unusually high needs for primary health care services. In addition, more than half of the state's primary care physicians live and practice in eight counties. Seventeen of 82 counties are designated as dental shortage areas, in whole or in part, and 13 of 15 catchment areas are designated for mental health.

The state's Office of Primary Care Liaison is operated under a cooperative agreement with HRSA's Bureau of Health Professions. The office is responsible for primary care needs assessment, plan development, facilitating development of systems of care, health professional manpower recruitment, coordination of National Health Service Corps and foreign providers, continuing education for primary care providers and health professional students, and promoting the coordination of activities between community health centers and local health departments.

The Office of Primary Care Liaison is now a part of the Office of Health Policy and Planning. The director works with community-based primary care centers, health departments, and other primary care entities to identify resources, minimize barriers, and strengthen clinical components within the community-based organizations. The office assists the Primary Care Association in the President's Management for Growth initiative. Efforts have been initiated to develop financial incentive programs to retain physicians. Coordination will be improved with UMC's School of Medicine, especially with the state-funded scholarship program that can assist the centers in securing physicians. The director works closely with the director of the Primary Care Association, the chief of the Division of Health Planning and Resource Development, and the Special Assistant to the Governor for Health and Human Services when situations arise which require state discussion or intervention.

The program will update primary care data to reflect the most current need for additional primary care services and additional health manpower. The program is responsible for recruiting health professionals to the state, placing NHSC providers, assisting in the placement of foreign physicians, and developing the health professional opportunities list based on health professional shortage area designations conducted by the Office of Primary Care Liaison. The program will assist the MPHCA in developing a recruitment and retention manual to assist communities in recruitment activities for medically underserved areas, especially rural sites.

The Office of Primary Care Liaison also administers the Mississippi Qualified Health Center (MQHC) grant program, established by the Mississippi Legislature in 1999 to provide increased access to preventive and primary care services for uninsured or medically indigent patients. The program is funded through Mississippi's tobacco settlement trust fund. The Legislature charged the MSDH with developing regulations and procedures, administering, and monitoring the program, with the counsel of an advisory committee.

A Mississippi Qualified Health Center is a nonprofit community health center providing comprehensive primary care services and meeting other qualifications defined in the legislation. During SFYs 2000-2004, 22 MQHCs received funds ranging from \$139,982 to \$198,538. The legislation stipulates a maximum of \$200,000 per center. Grant funds must be used to: (1) increase the number of uninsured or medically indigent patients served by the MQHC; or (2) create new services or augment Program Description provided to uninsured or medically indigent patients.

FY 2005 Objectives:

- Foster collaboration and partnerships with organizations that seek to increase access, reduce disparities, and directly impact the provision of services to the medically underserved.
- Conduct support activities for the National Health Service Corps operations in the state and assist or facilitate resources for recruitment/placement services for primary care safety net agencies and others delivering care to underserved areas/populations.
- Conduct an overall statewide primary care needs assessment that identifies communities with the greatest unmet health care needs, disparities, and health workforce shortages, and identify the key barriers to access to health care in these communities.
- Disseminate information to assist in the development of a plan to manage the growth of HRSA supported health centers and others in the state and assist in the establishment of new health centers.
- Provide data and support to the Primary Care Association in the statewide Marketplace Analysis and assist with development of strategies to diversify payor mix of safety net providers and integration of services to ensure financial viability.
- Assist statewide categorical public health programs in chronic disease and other health disparities, disseminate information, and arrange training in key areas of health status disparities to assure integration of HRSA clinical initiatives.
- Update regulations and procedures for the Mississippi Qualified Health Center program; administer and monitor the program; provide technical assistance and facilitate recommendations for the advisory council.

FY 2006 Objectives:

- Foster collaboration and partnerships with organizations that seek to increase access, reduce disparities, and directly impact the provision of services to the medically underserved.
- Conduct support activities for the National Health Service Corps operations in the state and assist or facilitate resources for recruitment/placement services for primary care safety net agencies and others delivering care to underserved areas/populations.
- Conduct an overall statewide primary care needs assessment that identifies communities with the greatest unmet health care needs, disparities, and health workforce shortages, and identify the key barriers to access to health care in these communities.
- Disseminate information to assist in the development of a plan to manage the growth of HRSA supported health centers and others in the state and assist in the establishment of new health centers.
- Provide data and support to the Primary Care Association in the statewide Marketplace Analysis and assist with development of strategies to diversify payor mix of safety net providers and integration of services to ensure financial viability.
- Assist statewide categorical public health programs in chronic disease and other health disparities, disseminate information, and arrange training in key areas of health status disparities to assure integration of HRSA clinical initiatives.
- Update regulations and procedures for the Mississippi Qualified Health Center program; administer and monitor the program; provide technical assistance and facilitate recommendations for the advisory council.

FY 2007 Objectives:

- Foster collaboration and partnerships with organizations that seek to increase access, reduce disparities, and directly impact the provision of services to the medically underserved.
- Conduct support activities for the National Health Service Corps operations in the state and assist or facilitate resources for recruitment/placement services for primary care safety net agencies and others delivering care to underserved areas/populations.

- Conduct an overall statewide primary care needs assessment that identifies communities with the greatest unmet health care needs, disparities, and health workforce shortages, and identify the key barriers to access to health care in these communities.
- Disseminate information to assist in the development of a plan to manage the growth of HRSA supported health centers and others in the state and assist in the establishment of new health centers.
- Provide data and support to the Primary Care Association in the statewide Marketplace Analysis and assist with development of strategies to diversify payor mix of safety net providers and integration of services to ensure financial viability.
- Assist statewide categorical public health programs in chronic disease and other health disparities, disseminate information, and arrange training in key areas of health status disparities to assure integration of HRSA clinical initiatives.
- Update regulations and procedures for the Mississippi Qualified Health Center program; administer and monitor the program; provide technical assistance and facilitate recommendations for the advisory council.

FY 2008 Objectives:

- Foster collaboration and partnerships with organizations that seek to increase access, reduce disparities, and directly impact the provision of services to the medically underserved.
- Conduct support activities for the National Health Service Corps (NHSC) operations in the state and assist or facilitate resources for recruitment/placement services for primary care safety net agencies and others delivering care to underserved areas/populations.
- Conduct an overall statewide primary care needs assessment that identifies communities with the greatest unmet health care needs, disparities, and health workforce shortages, and identify the key barriers to access to health care in these communities.
- Disseminate information to assist in the development of a plan to manage the growth of HRSA supported health centers and others in the state and assist in the establishment of new health centers.
- Provide data and support to the Primary Care Association in the statewide Marketplace Analysis and assist with development of strategies to diversify payor mix of safety net providers and integration of services to ensure financial viability.
- Assist statewide categorical public health programs in chronic disease and other health disparities, disseminate information, and arrange training in key areas of health status disparities to assure integration of HRSA clinical initiatives.
- Update regulations and procedures for the Mississippi Qualified Health Center (MQHC) program; administer and monitor the program; provide technical assistance and facilitate recommendations for the advisory council.

FY 2009 Objectives:

- Foster collaboration and partnerships with organizations that seek to increase access, reduce disparities, and directly impact the provision of services to the medically underserved.
- Conduct support activities for the National Health Service Corps (NHSC) operations in the state and assist or facilitate resources for recruitment/placement services for primary care safety net agencies and others delivering care to underserved areas/populations.
- Conduct an overall statewide primary care needs assessment that identifies communities with the greatest unmet health care needs, disparities, and health workforce shortages, and identify the key barriers to access to health care in these communities.
- Disseminate information to assist in the development of a plan to manage the growth of HRSA supported health centers and others in the state and assist in the establishment of new health centers.
- Provide data and support to the Primary Care Association in the statewide Marketplace Analysis and assist with development of strategies to diversify payor mix of safety net providers and integration of services to ensure financial viability.

- Assist statewide categorical public health programs in chronic disease and other health disparities, disseminate information, and arrange training in key areas of health status disparities to assure integration of HRSA clinical initiatives.
- Update regulations and procedures for the Mississippi Qualified Health Center (MQHC) program; administer and monitor the program; provide technical assistance and facilitate recommendations for the advisory council.

EMERGENCY MEDICAL SERVICES (EMS)

Program Description: Emergency Medical Services (EMS) are health care services delivered under emergency conditions that occur as a result of the patient's condition, natural disasters, or other situations. Emergency Medical Services are provided by public, private, or non-profit entities with the authority and the resources to effectively administer the services. Mississippi law charges the MSDH with ensuring an effective system of emergency medical care through a comprehensive emergency medical services program.

Housed in the agency's Office of Emergency Planning and Response (OEPR), the *Bureau of Emergency Medical Services* (BEMS) licenses all ambulance services in Mississippi; inspects and permits ambulances; tests and certifies emergency medical technicians on the basic, intermediate, and paramedic level; certifies EMS drivers; tests and certifies medical first responders; authorizes advanced life support and all other training programs; manages a statewide records program (Mississippi Emergency Medical Services Information System); and administers the EMS Operating Fund.

The *Bureau of Emergency Medical Services, Division of Trauma System Development and Injury Control* is the lead agency for development and management of the Mississippi Trauma Care System and synchronizes efforts between the staff and contracted trauma consultants for trauma inspections, programmatic audits, performance improvement for statewide trauma issues, and overall system design and participation with hospitals in Mississippi and bordering states.

Criteria for trauma center designation are based on a combination of selected criteria published by the American College of Surgeons Committee on Trauma and criteria established by the Mississippi Trauma Advisory Committee. Designation levels set specific criteria and standards of care that guide hospital and emergency personnel in determining the level of care a trauma victim needs and whether that hospital can care for the patient or transfer the patient to a Trauma Center that can administer more definitive care. Through contracts with the seven designated trauma care regions, the bureau disperses funds from the Trauma Care Trust Fund for documented indigent care rendered to qualifying trauma patients.

The bureau is also responsible for a federal program focused on improving emergency care and injury control of children. This program coordinates research, injury control programs, and behavior modification strategies and makes presentations statewide aimed at decreasing morbidity and injury to children. In addition, the program serves as a clearinghouse for information to pediatricians, schools, hospitals, parents, and others interested in reducing injury to children.

The *Bureau of Emergency Preparedness* assesses and prepares for health responses to all hazard emergencies within the state, including terrorism. The bureau houses an emergency response coordinator for each public health district and administers the U.S. Department of Health and Human Services Bioterrorism Hospital Preparedness program. The goal of this program is to develop, implement, and intensify regional terrorism preparedness plans and protocols for hospitals, outpatient facilities, EMS systems (both freestanding and fire-based), and poison control centers in a collaborative statewide and regional model. Surge capacity has been addressed by forming seven emergency preparedness regions; each can address a surge capacity of at least 500 patients presenting as a direct result of bioterrorism, weapons of mass destruction, or other public health emergency. Specific hospitals in each region have been identified as Weapons of Mass Destruction Centers of Excellence. Each of these preparedness-enhanced facilities are receiving pharmaceutical caches, personal protective equipment, decontamination units, communication upgrades, isolation capability upgrades, and training.

FY 2005 Objectives:

- Manage a comprehensive pre-hospital system that provides an adequate number of necessary ground, air, and other transportation facilities to ensure that emergency medical services are accessible in all areas of the state.
- Issue at least 700 certifications/recertifications for EMS drivers and 1,500 certifications/ recertifications for Emergency Medical Technicians (EMTs), including the basic, intermediate, and paramedic levels.
- Conduct thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Encourage recruitment and retention of EMT-Paramedics in rural areas of the state through provision of scholarships to community college EMT programs in cooperation with the Mississippi State Office of Rural Health.
- Continue development and management of an inclusive statewide trauma care system to ensure that each trauma patient is transferred to the right facility at the right time.
- Provide at least one educational safety program in each of the seven trauma care regions per year regarding injury prevention and Emergency Medical Services for Children.
- Maintain the designation of Weapons of Mass Destruction Centers for Excellence in each trauma region to handle a surge capacity of 500 patients.
- Provide standardized personal protective equipment for participants in the Hospital Preparedness Program.
- Stockpile medicines in each region for events of terrorism or weapons of mass destruction.
- Conduct at least seven exercises to validate emergency plans specific to mass casualty and/or terrorism events.
- Provide at least 10 training seminars in response activities for emergency response coordinators.

Funding:	\$ 230,406	General
	218,341	Federal
	<u>5,336,498</u>	Other
	\$5,785,245	Total

FY 2006 Objectives:

- Manage a comprehensive pre-hospital system that provides an adequate number of necessary ground, air, and other transportation facilities to ensure that emergency medical services are accessible in all areas of the state.
- Issue at least 700 certifications/recertifications for EMS drivers and 1,500 certifications/ recertifications for Emergency Medical Technicians (EMTs), including the basic, intermediate, and paramedic levels.
- Conduct thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Encourage recruitment and retention of EMT-Paramedics in rural areas of the state through provision of scholarships to community college EMT programs in cooperation with the Mississippi State Office of Rural Health.
- Continue development and management of an inclusive statewide trauma care system to ensure that each trauma patient is transferred to the right facility at the right time.
- Provide at least one educational safety program in each of the seven trauma care regions per year regarding injury prevention and Emergency Medical Services for Children.
- Maintain the designation of Weapons of Mass Destruction Centers for Excellence in each trauma region to handle a surge capacity of 500 patients.
- Provide standardized personal protective equipment for participants in the Hospital Preparedness Program.
- Stockpile medicines in each region for events of terrorism or weapons of mass destruction.

- Conduct at least seven exercises to validate emergency plans specific to mass casualty and/or terrorism events.
- Provide at least 10 training seminars in response activities for emergency response coordinators.

Funding:	\$ 239,991	General
	218,409	Federal
	<u>6,548,915</u>	Other
	\$7,007,315	Total

FY 2007 Objectives:

- Manage a comprehensive pre-hospital system that provides an adequate number of necessary ground, air, and other transportation facilities to ensure that emergency medical services are accessible in all areas of the state.
- Issue at least 700 certifications/recertifications for EMS drivers and 1,500 certifications/recertifications for Emergency Medical Technicians (EMTs), including the basic, intermediate, and paramedic levels.
- Conduct thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Encourage recruitment and retention of EMT-Paramedics in rural areas of the state through provision of scholarships to community college EMT programs in cooperation with the Mississippi State Office of Rural Health.
- Continue development and management of an inclusive statewide trauma care system to ensure that each trauma patient is transferred to the right facility at the right time.
- Provide at least one educational safety program in each of the seven trauma care regions per year regarding injury prevention and Emergency Medical Services for Children.
- Maintain the designation of Weapons of Mass Destruction Centers for Excellence in each trauma region to handle a surge capacity of 500 patients.
- Provide standardized personal protective equipment for participants in the Hospital Preparedness Program.
- Stockpile medicines in each region for events of terrorism or weapons of mass destruction.
- Conduct at least seven exercises to validate emergency plans specific to mass casualty and/or terrorism events.
- Provide at least 10 training seminars in response activities for emergency response coordinators.

Funding:	\$ 261,623	General
	240,300	Federal
	<u>5,655,024</u>	Other
	\$6,156,947	Total

FY 2008 Objectives:

- Manage a comprehensive pre-hospital system that provides an adequate number of necessary ground, air, and other transportation facilities to ensure that emergency medical services are accessible in all areas of the state.
- Issue at least 700 certifications/recertifications for EMS drivers and 1,500 certifications/recertifications for Emergency Medical Technicians (EMTs), including the basic, intermediate, and paramedic levels.
- Conduct thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Encourage recruitment and retention of EMT-Paramedics in rural areas of the state through provision of scholarships to community college EMT programs in cooperation with the Mississippi State Office of Rural Health.

- Continue development and management of an inclusive statewide trauma care system to ensure that each trauma patient is transferred to the right facility at the right time.
- Provide at least one educational safety program in each of the seven trauma care regions per year regarding injury prevention and Emergency Medical Services for Children.
- Maintain the designation of Weapons of Mass Destruction Centers for Excellence in each trauma region to handle a surge capacity of 500 patients.
- Provide standardized personal protective equipment for participants in the Hospital Preparedness Program.
- Stockpile medicines in each region for events of terrorism or weapons of mass destruction.
- Conduct at least seven exercises to validate emergency plans specific to mass casualty and/or terrorism events.
- Provide at least 10 training seminars in response activities for emergency response coordinators.

Funding:	\$ 269,551	General
	252,321	Federal
	<u>5,655,023</u>	Other
	\$6,176,895	Total

FY 2009 Objectives:

- Manage a comprehensive pre-hospital system that provides an adequate number of necessary ground, air, and other transportation facilities to ensure that emergency medical services are accessible in all areas of the state.
- Issue at least 700 certifications/recertifications for EMS drivers and 1,500 certifications/recertifications for Emergency Medical Technicians (EMTs), including the basic, intermediate, and paramedic levels.
- Conduct thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Encourage recruitment and retention of EMT-Paramedics in rural areas of the state through provision of scholarships to community college EMT programs in cooperation with the Mississippi State Office of Rural Health.
- Continue development and management of an inclusive statewide trauma care system to ensure that each trauma patient is transferred to the right facility at the right time.
- Provide at least one educational safety program in each of the seven trauma care regions per year regarding injury prevention and Emergency Medical Services for Children.

Funding:	\$ 277,478	General
	264,938	Federal
	<u>5,655,022</u>	Other
	\$6,197,438	Total

HEALTH FACILITIES LICENSURE AND CERTIFICATION

Program Description: The mission of the Bureau of Health Facilities Licensure and Certification is to promote and protect the health and safety of consumers through fair and impartial regulation of licensed and certified health care facilities. The bureau is under contracts with the federal Centers for Medicare and Medicaid Services (CMS) and the state Medicaid agency to perform initial certification and periodic inspections of all certified nursing homes, home health agencies, hospitals, rural health clinics, end stage renal disease facilities, outpatient physical therapy services, comprehensive outpatient rehabilitation facilities, hospices, abortion facilities, ambulatory surgical facilities, birthing centers, intermediate care facilities for the mentally retarded, and psychiatric residential treatment facilities. Under a separate contract with CMS, the bureau inspects any facility or clinic that performs clinical laboratory testing, regardless of source of reimbursement for the testing, to ensure compliance with the Clinical Laboratory Improvement Amendment of 1988 (CLIA).

Both federal and state laws mandate that this bureau investigate any public complaint about licensed and certified health care facilities, as well as significant events that facilities are required to report to the MSDH. The bureau maintains a toll-free 24-hour telephone line to receive complaints. Onsite inspections or surveys and investigations of complaints/incidents are conducted at intervals dictated by state and federal standards to ensure compliance with licensure and certification regulations. Trained nurses, health facility surveyors, social workers, safety consultants, laboratory technologists, dieticians, and registered record administrators perform these surveys. When health facilities are found out of compliance with regulations, the bureau's management personnel are responsible for coordinating prescribed enforcement remedies with CMS and, as applicable, with the state Medicaid agency.

The bureau also certifies nurse aide training programs and maintains a registry of certified nurse aides, including a registry of nurse aides found guilty of abuse, neglect, or exploitation.

The bureau is mandated by CMS to maintain a database that reflects the levels of care provided in nursing homes as assessed by the individual providers. Bureau personnel provide assessment training for providers and technical assistance to facilities and software vendors. The bureau maintains an additional database regarding home health patients.

FY 2005 Objectives:

- Meet the Centers for Medicare and Medicaid Services (CMS) six prescribed thresholds of performance when finalized and distributed.
- Perform 100% of the CMS-mandated Clinical Laboratory Improvement Act (CLIA) workload.
- Develop and implement time thresholds for staff performance of health facilities inspections and investigations to include required document processing by management personnel.
- Initiate collaboration with the MSDH Office of Science for full-time, consistent technical assistance to maintain existing mandated software programs and to implement new programs dictated by CMS.
- Implement employee criminal history record checks for health facilities as authorized by the Board of Health.
- Request the Health Facilities Committee of the Board of Health to initiate review and revision of the state minimum standards for hospitals, and collaborate with the committee in this effort.
- Resume routine compliance surveys of personal care homes as personnel allocations allow.
- Implement an employee-based-at-home program for designated survey staff pending successful outcome of a pilot program initiated in FY 2003.
- Offer a minimum of four educational sessions for health care providers.

Funding:	\$ 200,076	General
	461,594	Federal
	<u>698,362</u>	Other
	\$1,360,032	Total

FY 2006 Objectives:

- Meet the Centers for Medicare and Medicaid Services (CMS) prescribed performance standards.
- Perform 100% of the CMS-mandated Clinical Laboratory Improvement Amendment workload.
- Develop and implement a link to the MSDH website that enables health care facilities to electronically submit renewal applications for state licenses and annual reports.
- Request the Health Facilities Committee of the Board of Health to review and revise the state minimum standards for hospices and home health agencies, and collaborate with the committee in this effort.
- Offer a minimum of four educational sessions for health care providers.

Funding:	\$ 208,399	General
	461,739	Federal
	<u>857,025</u>	Other
	\$1,527,163	Total

FY 2007 Objectives:

- Meet the Centers for Medicare and Medicaid Services (CMS) prescribed performance standards.
- Perform 100% of the CMS-mandated Clinical Laboratory Improvement Amendment workload.
- Request the Health Facilities Committee of the Board of Health to review and revise the state minimum standards for intermediate care facilities for the mentally retarded, and collaborate with the committee in this effort.
- Offer a minimum of four educational sessions for health care providers.

Funding:	\$ 227,183	General
	508,018	Federal
	<u>740,046</u>	Other
	\$1,475,247	Total

FY 2008 Objectives:

- Meet the Centers for Medicare and Medicaid Services (CMS) prescribed performance standards.
- Perform 100% of the CMS-mandated Clinical Laboratory Improvement Amendment workload.
- Request the Health Facilities Committee of the Board of Health to review and revise the state minimum standards for ambulatory surgical facilities, and collaborate with the committee in this effort.
- Offer a minimum of four educational sessions for health care providers.

Funding:	\$ 234,068	General
	533,432	Federal
	<u>740,046</u>	Other
	\$1,507,546	Total

FY 2009 Objectives:

- Meet the Centers for Medicare and Medicaid Services (CMS) prescribed performance standards.
- Perform 100% of the CMS-mandated Clinical Laboratory Improvement Amendment workload.
- Request the Health Facilities Committee of the Board of Health to review and revise the state minimum standards for personal care homes, and collaborate with the committee in this effort.

- Offer a minimum of four educational sessions for health care providers.

Funding:	\$ 240,952	General
	560,104	Federal
	<u>740,046</u>	Other
	\$1,541,102	Total

PROFESSIONAL LICENSURE

Program Description: Professional licensure protects the public from unethical and unqualified practitioners. Licensure programs ensure that certain minimum standards are maintained in professional practice. The program licenses speech-language pathologists, audiologists, dietitians, hearing aid dealers, occupational therapists and assistants, respiratory care practitioners, art therapists, and athletic trainers; certifies eye nucleators; and registers audiology aides, apprentice athletic trainers, speech-language pathology aides, radiation technologists, body piercers, tattoo artists, and tattoo parlors. Staff process or monitor more than 9,300 license applications each year, investigate all complaints related to the disciplines licensed, and provide public information seminars to schools and professional organizations as requested.

FY 2005 Objectives:

- Continue refining the computer system to process licensure applications and communicate with licensing authorities in other states.
- Review/revise office procedures and licensing guidelines to enhance program effectiveness and reduce processing time for applications and requested information.
- Train all new staff in Level 1 and/or Level II investigative procedures and report writing through the National Certified Investigator's Training (NCIT) program.
- Review and revise professional licensing regulations for each category as necessary.
- Enhance and refine public education presentations given to potential licensees at universities, colleges, and professional organizations.
- Refine procedures for receiving and investigating complaints against licensees.
- Implement new licensure database and train all staff in appropriate use of same.
- Become part of a computer communications network with other state licensing authorities and organizations involved in monitoring licensing related activities.
- Establish web-based verification of licensure program.
- Complete transfer of physical therapist licensure program to Mississippi Board of Physical Therapy.
- Establish on-line licensure renewals.

Funding:	\$ 21,500	General
	6,792	Federal
	299,916	Other
	\$328,208	Total

FY 2006 Objectives:

- Refine the written guidelines and procedures for continuing education requirements in professional licensure programs, to expand availability and improve communication with licensees regarding approved continuing education offerings.
- Continue to develop, refine, and implement policies and procedures for administering the professional licensure programs.
- Enhance computer communications network with other state licensing authorities and organizations involved in monitoring licensing related activities.
- Further develop the system to accommodate new licensure programs as necessary.
- Reduce turnaround time on the processing of license applications and information requests.

Funding:	\$ 22,394	General
	6,794	Federal
	368,055	Other
	\$397,243	Total

FY 2007 Objectives:

- Continue refining procedures for administering the existing professional licensure programs.
- Continue developing a quality electronic database.
- Offer electronic testing on a statewide basis for all professions where MSDH has the responsibility of administering the licensing examination.

Funding:	\$ 24,413	General
	7,475	Federal
	<u>317,817</u>	Other
	\$349,705	Total

FY 2008 Objectives:

- Continue to meet, review, and expand all previously stated objectives as required.
- Enhance effectiveness of the program and reduce turnaround time for the processing of license applications and information requests.
- Establish a fully integrated computer system for communicating with other state licensing authorities, other state agencies, and professional organizations to verify licensure and report disciplinary actions.
- Monitor advances in the professions regulated and modify regulatory programs as necessary.

Funding:	\$ 25,153	General
	7,849	Federal
	<u>317,817</u>	Other
	\$350,819	Total

FY 2009 Objectives:

- Continue to develop, refine, and implement policies and procedures for administering the existing professional licensure programs.
- Establish full reciprocity agreements with other states as appropriate.
- Conduct a total reassessment of professional licensure regulatory program and legislation and establish priorities for modification as necessary.

Funding:	\$ 25,893	General
	8,241	Federal
	<u>317,817</u>	Other
	\$351,951	Total

CHILD CARE LICENSURE

Program Description: The Child Care Licensure Branch is responsible for licensing, evaluating, and monitoring facilities not exempted by law that provide care and shelter for children under 13 years of age. Staff are responsible for reviewing child care facilities to ensure that minimum health and safety standards are met. The branch licenses child care facilities, nonexempt kindergarten programs, school age extended day care programs, youth camps, and summer day camps; monitors voluntarily registered child day care homes; and maintains records on residential child care homes governed by the Residential Child Care Home Notification Act. Proposed changes in current regulations may lead to an increase in the number of homes participating in the registration program. Currently, 1,774 child care facilities are licensed in Mississippi and provide care for more than 100,000 children. There are 42 youth camps and 13 residential care homes also governed by the program. The Child Care Branch investigates complaints and works in conjunction with the Department of Human Services and local law enforcement agencies on child abuse/neglect investigations in licensed facilities.

FY 2005 Objectives:

- Review training programs provided by MSDH staff and offer at least 40 hours of continuing education training to all child care providers in the state.
- Review/revise office procedures and licensing guidelines to enhance program effectiveness and reduce processing time for applications and requested information.
- Train all licensing staff in investigative procedures and report writing through the National Certified Investigator’s Training program as appropriate.
- Review and revise child care licensing regulations as necessary for each category of facility.
- Refine the licensure database.
- Investigate all regulatory complaints within 10 working days and all complaints involving an injury to a child within two working days.
- Implement a formal desk program review process to streamline and reduce the time for site visits.

Funding:	\$ 153,731	General
	450,483	Federal
	<u>851,172</u>	Other
	\$1,455,386	Total

FY 2006 Objectives:

- Continue refining the licensure database.
- Offer at least 40 hours of continuing education training to all child care providers.
- Provide quarterly information memoranda to all licensees and interested parties.
- Make a minimum of two inspection visits per facility each licensure year.
- Train all licensing staff in investigative procedures and report writing through the National Certified Investigator’s Training program as appropriate.
- Investigate all regulatory complaints within 10 working days and all complaints involving an injury to a child within two working days.

Funding:	\$ 160,126	General
	450,624	Federal
	<u>1,044,553</u>	Other
	\$1,655,303	Total

FY 2007 Objectives:

- Offer at least 40 hours of continuing education training to all child care providers.

- Provide quarterly information memoranda to all licensees and interested parties.
- Make a minimum of two inspection visits per facility each licensure year.
- Train all licensing staff in investigative procedures and report writing through the National Certified Investigator's Training program as appropriate.
- Investigate all regulatory complaints within 10 working days and all complaints involving an injury to a child within two working days.

Funding:	\$ 174,559	General
	495,789	Federal
	<u>901,977</u>	Other
	\$1,572,325	Total

FY 2008 Objectives:

- Offer at least 40 hours of continuing education training to all child care providers.
- Provide quarterly information memoranda to all licensees and interested parties.
- Make a minimum of two inspection visits per facility each licensure year.
- Train all licensing staff in investigative procedures and report writing through the National Certified Investigator's Training program as appropriate.
- Investigate all regulatory complaints within 10 working days and all complaints involving an injury to a child within two working days.

Funding:	\$ 179,849	General
	520,592	Federal
	<u>901,977</u>	Other
	\$1,602,418	Total

FY 2009 Objectives:

- Offer at least 40 hours of continuing education training to all child care providers.
- Provide quarterly information memoranda to all licensees and interested parties.
- Make a minimum of two inspection visits per facility each licensure year.
- Train all licensing staff in investigative procedures and report writing through the National Certified Investigator's Training program as appropriate.
- Investigate all regulatory complaints within 10 working days and all complaints involving an injury to a child within two working days.

Funding:	\$ 185,139	General
	546,621	Federal
	<u>901,977</u>	Other
	\$1,633,737	Total

CHRONIC ILLNESS

The Chronic Illness program includes screening, diagnosis, treatment, and follow-up in the areas of hypertension, cardiovascular disease, and diabetes. The program's main objectives are to prevent unnecessary illness and premature death through early detection and treatment of covered illnesses and through preventive activities such as patient and professional education. Home health services, such as skilled nursing care, are provided to homebound patients consistent with physician's orders.

HOME HEALTH

Program Description: With a rapidly increasing aged population, Medicare prospective payments to hospitals, and spiraling health care costs, home care is becoming a most desirable, cost-effective, and acceptable alternative to institutional care. As a result, the home health patient population is much sicker, requiring specialized staff with knowledge of high tech procedures. In addition, the increasing use of early discharge is rapidly expanding the need for in-home services into the younger segments of the population.

In October 2000, the reimbursement mechanism changed from fee-for-service to prospective payment. The challenge with this change is to provide quality and sufficient service in a break-even to profitable manner.

The Home Health Program is designed to address the needs of individuals and families in their places of residence in order to promote or restore health or minimize the effects of illness or disability. The program emphasizes the provision of quality service in the most cost effective, efficient manner to eligible patients, regardless of ability to pay. Through a network of regional home health agencies, the MSDH provides a comprehensive program of health care in the residence of eligible 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, physical therapy, speech therapy, occupational therapy, dietary consultation, and psychosocial evaluation in counties where personnel are available. Medical supplies, oxygen, and durable medical equipment may also be provided as indicated by the patient's condition.

FY 2005 Objectives:

- Meet all state and Federal standards for licensure and certification.
- Maintain program revenue at a minimum of break-even or profit.
- Utilize the Outcomes Based Quality Improvement program to measure patient outcomes and compare to a national standard reference for continuous improvement in patient care.
- Increase the number of patients served by 1 to 2%.

Funding:	\$2,334,147	General
	535,461	Federal
	<u>6,811,186</u>	Other
	\$9,680,794	Total

FY 2006 Objectives:

- Meet all state and Federal standards for licensure and certification.
- Maintain program revenue at a minimum of break-even or profit.
- Utilize the Outcomes Based Quality Improvement program to measure patient outcomes and compare to a national standard reference for continuous improvement in patient care.
- Increase the number of patients served by 1 to 2%.

Funding:	\$ 2,350,986	General
	536,853	Federal
	<u>6,942,006</u>	Other
	\$9,829,845	Total

FY 2007 Objectives:

- Meet all state and Federal standards for licensure and certification.
- Maintain program revenue at a minimum of break-even or profit.
- Utilize the Outcomes Based Quality Improvement program to measure patient outcomes and compare to a national standard reference for continuous improvement in patient care.

- Increase the number of patients served by 1 to 2%.

Funding:	\$ 2,650,389	General
	589,314	Federal
	<u>7,217,730</u>	Other
	\$10,457,433	Total

FY 2008 Objectives:

- Meet all state and Federal standards for licensure and certification.
- Maintain program revenue at a minimum of break-even or profit.
- Utilize the Outcomes Based Quality Improvement program to measure patient outcomes and compare to a national standard reference for continuous improvement in patient care.
- Increase the number of patients served by 1 to 2%.

Funding:	\$ 2,730,704	General
	618,795	Federal
	<u>7,217,730</u>	Other
	\$10,567,229	Total

FY 2009 Objectives:

- Meet all state and Federal standards for licensure and certification.
- Maintain program revenue at a minimum of break-even or profit.
- Utilize the Outcomes Based Quality Improvement program to measure patient outcomes and compare to a national standard reference for continuous improvement in patient care.
- Increase the number of patients served by 1 to 2%.

Funding:	\$2,811,019	General
	649,735	Federal
	<u>7,217,730</u>	Other
	\$10,678,484	Total

HYPERTENSION

Program Description: Hypertension is a major contributing factor to heart disease and kidney failure, and it is the single most important risk factor for stroke. Mississippi is one of 11 states in the southeast region of the U.S. known as the “Stroke Belt”; this region has for at least 50 years had higher stroke death rates than other U.S. regions. The state’s high (and rising) prevalence of hypertension is very likely an important reason for the high coronary heart disease and stroke mortality rates in the state.

More than 640,000 adult Mississippians report having hypertension (BRFSS, 2001). Moreover, national research indicates that as many as one-third of the people with hypertension are undiagnosed, and about half of those diagnosed are untreated.

Through the local county health departments, the MSDH offers hypertension screening, diagnosis, treatment, and follow-up services, primarily through joint management with the patient’s private physician. Limited resources are available to provide nutrition education, exercise counseling, and medication to those who have no other means of obtaining it. The program targets persons in the highest risk groups, such as black males and females 18 to 55 years old, white males 25 to 55 years old, and those in rural medically unserved areas who are at or near poverty.

FY 2005 Objectives:

- Provide educational materials to 1,000 participants in the MSDH hypertension program.
- Conduct community public awareness programs on the need to control high blood pressure.
- Provide hypertension medication according to MSDH protocol to at least 1,000 individuals living at, near, or below the poverty level.
- Prevent an increase in the proportion of Mississippians who have had their blood pressure measured and told by a health care provider that it was high (31% in 2001, BRFSS).

Funding:	\$422,547	General
	269,649	Federal
	<u>477,625</u>	Other
	\$1,169,821	Total

FY 2006 Objectives:

- Provide educational materials to 1,000 participants in the MSDH hypertension program.
- Conduct community public awareness programs in four districts on the need to control high blood pressure.
- Provide hypertension medication according to MSDH protocol to at least 1,000 individuals living at, near, or below the poverty level.
- Prevent an increase in the proportion of Mississippians who have had their blood pressure measured and told by a health care provider that it was high (31% in 2001, BRFSS).

Funding:	\$425,595	General
	270,350	Federal
	<u>486,799</u>	Other
	\$1,182,744	Total

FY 2007 Objectives:

- Provide educational materials to 1,000 participants in the MSDH hypertension program.
- Conduct community public awareness programs on the need to control high blood pressure.

- Provide hypertension medication according to MSDH protocol to at least 1,000 individuals living at, near, or below the poverty level.
- Increase the proportion of health care providers who implement current evidence-based management guidelines in the care of persons with high blood pressure.

Funding:	\$479,796	General
	296,768	Federal
	<u>506,133</u>	Other
	\$1,282,697	Total

FY 2008 Objectives:

- Provide educational materials to 1,000 participants in the MSDH hypertension program.
- Conduct community public awareness programs on the need to control high blood pressure.
- Provide hypertension medication according to MSDH protocol to at least 1,000 individuals living at, near, or below the poverty level.
- Increase the proportion of Mississippians with high blood pressure who are currently taking medication to control their blood pressure to 80% (baseline 77% in 2001 BRFSS).

Funding:	\$ 494,335	General
	311,615	Federal
	<u>506,133</u>	Other
	\$1,312,083	Total

FY 2009 Objectives:

- Provide educational materials to 1,000 participants in the MSDH hypertension program.
- Conduct community public awareness programs on the need to control high blood pressure.
- Provide hypertension medication according to MSDH protocol to at least 1,000 individuals living at, near, or below the poverty level.
- Increase the proportion of Mississippians with high blood pressure who are currently taking medication to control their high blood pressure to 82% (baseline 77% in 2001 BRFSS).

Funding:	\$ 508,874	General
	327,195	Federal
	<u>506,133</u>	Other
	\$1,342,202	Total

DIABETES

Program Description: In 2003, more than 230,000 Mississippians had diagnosed diabetes; an estimated 115,000 have undiagnosed diabetes, for a total of 345,000 with this serious disease. In 2003 prevalence of diabetes in Mississippi increased to 11%, making it one of the highest states in the nation.

Diabetes is the leading cause of new cases of blindness among persons 20-74 years of age, and Mississippi has the highest incidence and prevalence of legal blindness in the nation. Individuals with diabetes are 25 times more likely to have an amputation of an extremity, two to three times more likely to die from a heart attack, and 17 times more likely to develop terminal kidney disease. Approximately 45% of people with diabetes are not able to work. The incidence of diabetes in the nonwhite population is 64% higher than in the white population.

The goal of the MSDH Diabetes Program is to prevent or postpone complications and premature death due to diabetes. The program provides supportive services, including screening and referral for definitive diagnosis and joint medical management of diabetic patients with their private physicians. Diabetic patients age 21 and under and those with gestational diabetes may also obtain insulin, syringes, and testing supplies through the program. County health department staff provide monitoring of blood glucose, health/nutritional education to address the risk factors associated with the complications of diabetes, and the need for early diagnosis and treatment. The Diabetes Program also provides professional education for physicians, nurses, nutritionists, and other health professionals.

Each county health department is encouraged to provide at least annual education to every patient enrolled in the diabetes program concerning the need for an annual eye exam, foot care, hypertension control, and control of the risk factors for diabetes. All pregnant diabetics are referred to the Maternal/Child Health high risk management program.

FY 2005 Objectives:

- Administer the statewide diabetes public health system performance assessment.
- Provide information to 90% of state legislators and policy makers on the number of Mississippians afflicted with diabetes and the impact of this disease on the state's citizens.
- Gather data on the effectiveness of the Diabetes Management Clinic.
- Provide insulin and syringes to least 125 individuals with diabetes according to MSDH protocol.
- Implement activities in the *Mississippi State Plan for Diabetes Prevention and Control* to reduce the burden of diabetes in Mississippi.
- Conduct educational programs to increase patients' knowledge and understanding of self-management behaviors to decrease chronic complications of diabetes in four public health districts

Funding:	\$ 73,996	General
	297,441	Federal
	<u>109,065</u>	Other
	\$480,502	Total

FY 2006 Objectives:

- Implement a process improvement plan (PIP) from statewide diabetes public health system performance assessment.
- Provide insulin and syringes to least 125 individuals with diabetes according to MSDH protocol.
- Gather data on the effectiveness of the Diabetes Management Clinic.
- Implement activities in the *Mississippi State Plan for Diabetes Prevention and Control* to reduce the burden of diabetes in Mississippi.

- Conduct educational programs to increase patients’ knowledge and understanding of self-management behaviors to decrease chronic complications of diabetes in four public health districts.

Funding:	\$ 74,530	General
	298,214	Federal
	<u>111,160</u>	Other
	\$483,904	Total

FY 2007 Objectives:

- Utilize the Mississippi BRFSS and IQH data to measure and document the percentage of people with diabetes who receive foot exams, eye exams, A1c testing, and vaccinations.
- Gather data from three federally qualified community health care centers participating in the Diabetes Collaborative.
- Provide insulin and syringes to least 125 individuals with diabetes according to MSDH protocol.
- Implement activities in the *Mississippi State Plan for Diabetes Prevention and Control* to reduce the burden of diabetes in Mississippi.
- Conduct educational programs to increase patients’ knowledge and understanding of self-management behaviors to decrease chronic complications of diabetes in four public health districts.

Funding:	\$ 84,021	General
	327,356	Federal
	<u>115,575</u>	Other
	\$526,952	Total

FY 2008 Objectives:

- Demonstrate success in increasing the percentage of diabetics who receive annual foot exams.
- Provide insulin and syringes to least 125 individuals with diabetes according to MSDH protocol.
- Gather data on the effectiveness of the Diabetes Management Clinic.
- Implement activities in the *Mississippi State Plan for Diabetes Prevention and Control* to reduce the burden of diabetes in Mississippi.
- Conduct educational programs to increase patients’ knowledge and understanding of self-management behaviors to decrease chronic complications of diabetes in four public health districts.

Funding:	\$ 86,567	General
	343,732	Federal
	<u>115,575</u>	Other
	\$545,874	Total

FY 2009 Objectives:

- Provide insulin and syringes to least 125 individuals with diabetes according to MSDH protocol.
- Gather data on the effectiveness of the Diabetes Management Clinic.
- Implement activities in the *Mississippi State Plan for Diabetes Prevention and Control* to reduce the burden of diabetes in Mississippi.
- Conduct educational programs to increase patients’ knowledge and understanding of self-management behaviors to decrease chronic complications of diabetes in four public health districts.

Funding:	\$ 89,114	General
	360,918	Federal
	<u>115,575</u>	Other
	\$565,607	Total

