

**MISSISSIPPI STATE
DEPARTMENT OF HEALTH**

FY 2004 - 2008

STRATEGIC PLAN

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

**Office of Policy and Planning
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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, 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 effort
- 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. The Office of Organizational Quality 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.

During FY 2001 the agency participated as a field test site for the Public Health Performance Standards project, coordinated through the Centers for Disease Control. The results of the field test indicated several areas of weakness in the public health system. Those areas were:

- Monitoring health status
- Inform, educate and empower people

- Mobilize community partnerships
- Develop policies and plans
- Enforce laws and regulations
- Link people to personal health services

In addition to the information gleaned from the performance standards field test, the agency also obtained information from an assessment of the system to deal with bioterrorism preparedness. Many of the areas of weakness noted were the same as those noted in the performance standards assessment. The only additional area of weakness was the public health laboratory's physical plant. The field test information is being used as a basis for strategic and operational planning, as well as background for federal and private foundation grant applications, aimed at strengthening the public health infrastructure in Mississippi. Evaluation of the impact of the bioterrorism/emergency preparedness funding on the public health infrastructure is planned for FY 2003-2004.

Internal Audit

Internal Audit staff review county health department operations, WIC distribution centers, and regional home health offices on a regular basis. Written reports from the county health department audits and the regional home health audits are forwarded to the State Health Officer, who requires a response from the district administrative staff within 30 days. The response to the written audit reports includes a restatement of the deficiency. Where appropriate, copies of supporting documentation, such as memos or inventory forms, accompany the response. Relevant units within the agency review the responses for general administrative content, and the corresponding program area reviews them for program guidelines and items related to patient care. Documentation regarding the review of the response is sent to the State Health Officer. 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 should be 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, quality and performance reviews conducted by county and district staff, and complete program reviews conducted by Policy and Planning upon request. 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 the Office of Organizational Quality 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 Division of Epidemiology has as its primary concern the identification and control of reportable diseases and conditions through a statewide surveillance program monitoring occurrence and trends. The staff provide consultation to the public and private sectors, and investigate outbreaks or clusters of disease or illness. Investigation is initiated to determine the 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 7,700 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 2004 Objectives:

- To increase the sensitivity of the disease/condition reporting system.
- To 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.
- To investigate 100% of identified and confirmed disease outbreaks and provide appropriate intervention.
- To follow up on all hepatitis A cases to increase post-exposure prophylaxis.
- To 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.
- To provide educational programs on communicable diseases to health department staff, the private medical community, and the general public at least once a month.
- To publish the *Mississippi Morbidity Report* on a monthly basis.
- To conduct rabies clinics in all public health districts (Public Health Veterinarian).
- To 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.
- To conduct surveillance assessment of endemic Class I diseases.
- To assess reporting of antimicrobial resistant disease.

Funding:	\$ 906,505	General
	9,306,256	Federal
	<u>537,722</u>	Other
	\$10,750,483	Total

FY 2005 Objectives:

- To increase the sensitivity of the disease/condition reporting system.
- To 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.
- To investigate 100% of identified and confirmed disease outbreaks and provide appropriate intervention.
- To follow up on all hepatitis A cases to increase post-exposure prophylaxis.
- To 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.

- To provide educational programs on communicable diseases to health department staff, the private medical community, and the general public at least once a month.
- To publish the *Mississippi Morbidity Report* on a monthly basis.
- To conduct rabies clinics in all public health districts (Public Health Veterinarian).
- To 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.
- To conduct surveillance assessment of endemic Class I diseases.
- To assess reporting of antimicrobial resistant disease.

Funding:	\$ 917,824	General
	9,639,974	Federal
	<u>538,670</u>	Other
	\$11,096,468	Total

FY 2006 Objectives:

- To increase the sensitivity of the disease/condition reporting system.
- To 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.
- To investigate 100% of identified and confirmed disease outbreaks and provide appropriate intervention.
- To follow up on all hepatitis A cases to increase post-exposure prophylaxis.
- To 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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- To publish the *Mississippi Morbidity Report* on a monthly basis.
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- To 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.
- To conduct surveillance assessment of endemic Class I diseases.
- To assess reporting of antimicrobial resistant disease.

Funding:	\$ 970,462	General
	9,461,948	Federal
	<u>575,411</u>	Other
	\$11,007,821	Total

FY 2007 Objectives:

- To increase the sensitivity of the disease/condition reporting system.
- To 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.
- To investigate 100% of identified and confirmed disease outbreaks and provide appropriate intervention.
- To follow up on all hepatitis A cases to increase post-exposure prophylaxis.
- To 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.
- To provide educational programs on communicable diseases to health department staff, the private medical community, and the general public at least once a month.
- To publish the *Mississippi Morbidity Report* on a monthly basis.
- To conduct rabies clinics in all public health districts (Public Health Veterinarian).

- To 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.
- To conduct surveillance assessment of endemic Class I diseases.
- To assess reporting of antimicrobial resistant disease.

Funding:	\$ 1,000,789	General
	9,489,681	Federal
	<u>575,411</u>	Other
	\$11,065,881	Total

FY 2008 Objectives:

- To increase the sensitivity of the disease/condition reporting system.
- To 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.
- To investigate 100% of identified and confirmed disease outbreaks and provide appropriate intervention.
- To follow up on all hepatitis A cases to increase post-exposure prophylaxis.
- To 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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- To conduct rabies clinics in all public health districts (Public Health Veterinarian).
- To 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.
- To conduct surveillance assessment of endemic Class I diseases.
- To assess reporting of antimicrobial resistant disease.

Funding:	\$ 1,031,116	General
	9,964,410	Federal
	<u>575,411</u>	Other
	\$11,570,937	Total

HAZARDOUS SUBSTANCES EMERGENCY EVENT SURVEILLANCE

Program Description: The hazardous substances emergency event surveillance system (HSEES) provides a centralized database with information needed to examine the health effects and outcomes resulting from the release of hazardous substances in Mississippi. The system was established in January 1995 through a cooperative agreement with the Agency for Toxic Substances and Disease Registry (ATSDR) to describe the public health consequences associated with the release of hazardous substances in Mississippi (excluding petroleum products). The sources used to collect information about the nature and public health impact include state environmental agencies, state emergency management agencies, local fire and police departments, civil defense/emergency planning agencies, hospitals, and the industries involved. Data collected include general information on the event; substance(s) released; injuries to employees, responders, or the general public; and evacuations. Estimates are also made of the number of people at risk of exposure for each event.

FY 2004 Objectives:

- Describe the distribution and characteristics of hazardous substance emergency events within the state.
- Describe the morbidity and mortality (injuries and deaths) experienced by employees, first responders, and the general public as a result of hazardous substance events.
- Identify the risk factors associated with the morbidity and mortality.
- Identify strategies to reduce morbidity and mortality when comparable events occur in the future.

Funding: Included with the Surveillance Branch of Epidemiology

FY 2005 Objectives:

- Describe the distribution and characteristics of hazardous substance emergency events within the state.
- Describe the morbidity and mortality (injuries and deaths) experienced by employees, first responders, and the general public as a result of hazardous substance events.
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Funding: Included with the Surveillance Branch of Epidemiology

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Funding: Included with the Surveillance Branch of Epidemiology

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- Describe the morbidity and mortality (injuries and deaths) experienced by employees, first responders, and the general public as a result of hazardous substance events.
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- Identify strategies to reduce morbidity and mortality when comparable events occur in the future.

Funding: Included with the Surveillance Branch of Epidemiology

FY 2008 Objectives:

- Describe the distribution and characteristics of hazardous substance emergency events within the state.
- Describe the morbidity and mortality (injuries and deaths) experienced by employees, first responders, and the general public as a result of hazardous substance events.
- Identify the risk factors associated with the morbidity and mortality.
- Identify strategies to reduce morbidity and mortality when comparable events occur in the future.

Funding: Included with the Surveillance Branch of Epidemiology

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 Division of Vital Statistics provides mortality information on Mississippi residents who died as a result of TBI or SCI outside the state.

FY 2004 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 to the Advisory Council on SCI and TBI for the purposes of care and support for persons with SCI and TBI at least yearly.
- 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 Surveillance Branch of Epidemiology

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- Produce statewide incidence and prevalence rates of spinal cord injury (SCI) and traumatic brain injury (TBI) at least annually.
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- Identify and investigate SCI and TBI cases, and provide that information to the Advisory Council on SCI and TBI for the purposes of care and support for persons with SCI and TBI at least yearly.
- Provide SCI and TBI data, as requested, to prevention advocates to reduce non-fatal SCIs in Mississippi.
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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 Surveillance Branch of Epidemiology

CANCER REGISTRY

Program Description: Statewide cancer prevention and control interventions, as well as academic research programs, require accurate cancer incidence and prevalence data. A population-based central cancer registry should allow accurate and complete cancer surveillance and identify areas with excessive rates of cancer and areas which require further epidemiologic study.

The Cancer Registry Program began in 1994 and initiated the data collection phase in 1996. The registry is designed to collect 100% of the expected cases of invasive cancer occurring in Mississippi residents in a diagnosis year and complies with the required data items and standard codes promulgated by the North American Association of Central Cancer Registrars. Statutes mandate the reporting of cancer data from hospitals, clinical laboratories, physician offices, cancer treatment centers, and other health care providers.

FY 2004 Objectives:

- Implement new plan to monitor quality of data submitted to Central Cancer Registry (CCR).
- Conduct 12 quality control audits (six casefinding and six reabstracting audits).
- Obtain 95% of the expected unduplicated 1999, 2000, and 2001 cases for the CCR.
- Produce a 2001 Annual Report.
- Enhance the CCR Web Site with 1999 and 2000 data.
- Complete all data requests within five days.
- Have facilities which submit more than 50 cases per year to submit electronically using Abstract Plus software.
- Meet or exceed requirements for the North American Association of Central Cancer Registries “Silver” Standard.
- Meet technical reporting requirements throughout the grant period by submitting data, progress reports, and grant by specified times.

Funding: Included with Epidemiology

FY 2005 Objectives:

- Monitor quality of data submitted to Central Cancer Registry (CCR).
- Conduct 12 quality control audits (six casefinding and six reabstracting audits).
- Obtain 95% of the expected unduplicated 2000, 2001, and 2002 cases for the Central Cancer Registry.
- Produce a 2002 Annual Report.
- Enhance the CCR Web Site with 2001 data.
- Complete all data requests within five days.
- Have facilities which submit more than 50 cases per year to submit electronically using Abstract Plus software.
- Meet or exceed requirements for the North American Association of Central Cancer Registries “Silver” Standard.
- Meet technical reporting requirements throughout the grant period by submitting data, progress reports, and grant by specified times.

Funding: Included with Epidemiology

FY 2006 Objectives:

- Monitor quality of data submitted to Central Cancer Registry (CCR).
- Conduct 12 quality control audits (six casefinding and six reabstracting audits).

- Obtain 95% of the expected unduplicated 2001, 2002, and 2003 cases for the Central Cancer Registry.
- Produce a 2003 Annual Report.
- Enhance the CCR Web Site with 2002 data.
- Complete all data requests within five days.
- Have facilities which submit more than 50 cases per year to submit electronically using Abstract Plus software.
- Meet or exceed requirements for the North American Association of Central Cancer Registries “Silver” Standard.
- Meet technical reporting requirements throughout the grant period by submitting data, progress reports, and grant by specified times.

Funding: Included with Epidemiology

FY 2007 Objectives:

- Monitor quality of data submitted to Central Cancer Registry (CCR).
- Conduct 12 quality control audits (six casefinding and six reabstracting audits).
- Obtain 95% of the expected unduplicated 2002, 2003, and 2004 cases for the Central Cancer Registry.
- Produce a 2004 Annual Report.
- Enhance the CCR Web Site with 2003 data.
- Complete all data requests within five days.
- Have facilities which submit more than 50 cases per year to submit electronically using Abstract Plus software.
- Meet or exceed requirements for the North American Association of Central Cancer Registries “Gold” Standard.
- Meet technical reporting requirements throughout the grant period by submitting data, progress reports, and grant by specified times.

Funding: Included with Epidemiology

FY 2008 Objectives:

- Monitor quality of data submitted to Central Cancer Registry (CCR).
- Conduct 12 quality control audits (six casefinding and six reabstracting audits).
- Obtain 95% of the expected unduplicated 2003, 2004, and 2005 cases for the Central Cancer Registry.
- Produce a 2005 Annual Report.
- Enhance the CCR Web Site with 2004 data.
- Complete all data requests within five days.
- Have facilities which submit more than 50 cases per year to submit electronically using Abstract Plus software.
- Meet or exceed requirements for the North American Association of Central Cancer Registries “Gold” Standard.
- Meet technical reporting requirements throughout the grant period by submitting data, progress reports, and grant by specified times.

Funding: Included with 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. These 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, the Immunization Program staff develop educational materials and provide training to immunization providers in both the public and private sector and facilitate a statewide immunization coalition. The program is assisting in the development of a statewide immunization registry.

The 2003 immunization survey of two-year-old children showed that 87.5% of Mississippi's children received the recommended 4-DTaP, 3-Polio, and 1-MMR by their second birthday. The survey also 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 identify and immunize the remaining 12.5% 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 2002-2003 school year, 93.3% of the children enrolled in licensed child care centers and Head Start and 99.6% of the students in kindergarten through 12th grades were in compliance with immunization requirements.

FY 2004 Objectives:

- To fully immunize 90% of the state's children by two years of age with 4-DTaP, 3+ Hib, 3-polio, 1-MMR, and 3-HB.
- To maintain a minimum accuracy reporting level of 95% in the statewide computerized Immunization Registry.
- To monitor the mandatory reporting of childhood immunizations administered by all providers in the state.
- To expand the Vaccines for Children (VFC) program.
- To maintain zero incidence of measles and pertussis disease.
- To support the Mississippi Statewide Immunization Coalition and solicit at least five new members.
- To ensure that all children enrolled in licensed child care facilities are age-appropriately immunized.
- To ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 5%.
- To increase immunizations of adults aged 50 and over for influenza, pneumococcal, and tetanus by 5%.
- To screen all maternity clients for hepatitis B infection and initiate appropriate intervention with their newborn infants and sexual and household contacts.

- To use school-based clinics to ensure that 99% of students in grades K-12 are age-appropriately immunized.
- To recruit five new immunization providers to expand accessibility of immunizations for minority adults age 65 and older.
- To sustain minority adult immunization rates after CDC's Racial and Ethnic Adult Disparities Immunization Initiative (READII) program ends.

Funding:	\$1,810,812	General
	2,700,861	Federal
	<u>5,468,351</u>	Other
	\$9,980,024	Total

FY 2005 Objectives:

- To fully immunize 90% of the state's children by two years of age with 4-DTaP, 3+ Hib, 3-polio, 1-MMR, and 3-HB.
- To maintain a minimum accuracy reporting level of 95% in the statewide computerized Immunization Registry.
- To monitor the mandatory reporting of childhood immunizations administered by all providers in the state.
- To expand the Vaccines for Children (VFC) program.
- To maintain zero incidence of measles and pertussis disease.
- To support the Mississippi Statewide Immunization Coalition and solicit at least five new members.
- To ensure that all children enrolled in licensed child care facilities are age-appropriately immunized.
- To ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 5%.
- To increase immunizations of adults aged 50 and over for influenza, pneumococcal, and tetanus by 5%.
- To screen all maternity clients for hepatitis B infection and initiate appropriate intervention with their newborn infants and sexual and household contacts.
- To use school-based clinics to ensure that 99% of students in grades K-12 are age-appropriately immunized.
- To recruit five new immunization providers to expand accessibility of immunizations for minority adults age 65 and older.
- To sustain minority adult immunization rates after CDC's Racial and Ethnic Adult Disparities Immunization Initiative (READII) program ends.

Funding:	\$ 1,833,423	General
	2,797,713	Federal
	<u>5,477,992</u>	Other
	\$10,109,128	Total

FY 2006 Objectives:

- To fully immunize 90% of the state's children by two years of age with 4-DTaP, 3+ Hib, 3-polio, 1-MMR, and 3-HB.
- To maintain a minimum accuracy reporting level of 95% in the statewide computerized Immunization Registry.
- To monitor the mandatory reporting of childhood immunizations administered by all providers in the state.
- To expand the Vaccines for Children (VFC) program.
- To maintain zero incidence of measles and pertussis disease.
- To support the Mississippi Statewide Immunization Coalition and solicit at least five new members.
- To ensure that all children enrolled in licensed child care facilities are age-appropriately immunized.

- To ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 5%.
- To increase immunizations of adults aged 50 and over for influenza, pneumococcal, and tetanus by 5%.
- To screen all maternity clients for hepatitis B infection and initiate appropriate intervention with their newborn infants and sexual and household contacts.
- To use school-based clinics to ensure that 99% of students in grades K-12 are age-appropriately immunized.
- To recruit five new immunization providers to expand accessibility of immunizations for minority adults age 65 and older.
- To sustain minority adult immunization rates after CDC's Racial and Ethnic Adult Disparities Immunization Initiative (READII) program ends.

Funding:	\$1,938,570	General
	2,746,046	Federal
	<u>5,851,633</u>	Other
	\$10,536,249	Total

FY 2007 Objectives:

- To fully immunize 90% of the state's children by two years of age with 4-DTaP, 3+ Hib, 3-polio, 1-MMR, and 3-HB.
- To maintain a minimum accuracy reporting level of 95% in the statewide computerized Immunization Registry.
- To monitor the mandatory reporting of childhood immunizations administered by all providers in the state.
- To expand the Vaccines for Children (VFC) program.
- To maintain zero incidence of measles and pertussis disease.
- To support the Mississippi Statewide Immunization Coalition and solicit at least five new members.
- To ensure that all children enrolled in licensed child care facilities are age-appropriately immunized.
- To ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 5%.
- To increase immunizations of adults aged 50 and over for influenza, pneumococcal, and tetanus by 5%.
- To screen all maternity clients for hepatitis B infection and initiate appropriate intervention with their newborn infants and sexual and household contacts.
- To use school-based clinics to ensure that 99% of students in grades K-12 are age-appropriately immunized.
- To recruit five new immunization providers to expand accessibility of immunizations for minority adults age 65 and older.
- To sustain minority adult immunization rates after CDC's Racial and Ethnic Adult Disparities Immunization Initiative (READII) program ends.

Funding:	\$ 1,999,151	General
	2,754,095	Federal
	<u>5,851,633</u>	Other
	\$10,604,878	Total

FY 2008 Objectives:

- To fully immunize 90% of the state's children by two years of age with 4-DTaP, 3+ Hib, 3-polio, 1-MMR, and 3-HB.
- To maintain a minimum accuracy reporting level of 95% in the statewide computerized Immunization Registry.
- To monitor the mandatory reporting of childhood immunizations administered by all providers in the state.

- To expand the Vaccines for Children (VFC) program.
- To maintain zero incidence of measles and pertussis disease.
- To support the Mississippi Statewide Immunization Coalition and solicit at least five new members.
- To ensure that all children enrolled in licensed child care facilities are age-appropriately immunized.
- To ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 5%.
- To increase immunizations of adults aged 50 and over for influenza, pneumococcal, and tetanus by 5%.
- To screen all maternity clients for hepatitis B infection and initiate appropriate intervention with their newborn infants and sexual and household contacts.
- To use school-based clinics to ensure that 99% of students in grades K-12 are age-appropriately immunized.
- To recruit five new immunization providers to expand accessibility of immunizations for minority adults age 65 and older.
- To sustain minority adult immunization rates after CDC's Racial and Ethnic Adult Disparities Immunization Initiative (READII) program ends.

Funding:	\$ 2,059,731	General
	2,891,870	Federal
	<u>5,851,633</u>	Other
	\$10,803,234	Total

HIV/AIDS PREVENTION

Program Description: Acquired Immunodeficiency Syndrome (AIDS) is the result of infection caused by the Human Immunodeficiency Virus (HIV). At the end of December 2001, 816,149 cases of confirmed AIDS were reported nationwide. Total reported deaths of persons with AIDS are 467,910, including 462,653 adults and adolescents, 5,257 children under age 15, and 388 persons whose age at death is unknown. Through December 31, 2002, the MSDH had received reports of 10,672 people with asymptomatic HIV infection or with AIDS not previously reported as HIV. Epidemiologic studies suggest that 50% of the people infected with HIV will develop AIDS within 18 years, but the time frame can usually be slowed and the development of AIDS-defining illnesses delayed; however, 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 MSDH HIV/AIDS Prevention program are to reduce the incidence of HIV disease in Mississippi and to assist in the provision of care and services to people living with HIV disease as funding permits. Headquartered in MSDH's Jackson offices, program staff serve as liaisons to a number of coalitions, state and federal agencies, and voluntary organizations with HIV/AIDS-related missions. Within the agency, the program is a resource for HIV disease information and data. It 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 (HRSA) 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 (ADAP), 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 (HOPWA) is provided by funds received through a formula grant from the Department of Housing and Urban Development (HUD). 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 (ADL)).

FY 2004 Objectives:

- To conduct 82,000 HIV antibody screening tests.
- To disclose and confirm by Western Blot 775 positive HIV antibody screening tests.
- To serve 1,100 persons in the AIDS drug program.
- To serve 85 persons in the home-based program.
- To fund/conduct HIV prevention presentations for 16,000 Mississippians.
- To increase the percentage of partner notification reports completed to 99%.
- To maintain a contact index of 2.80 as a result of partner services.

Funding:	\$ 893,960	General
	12,523,516	Federal
	<u>247,429</u>	Other
	\$13,664,905	Total

FY 2005 Objectives:

- To conduct 82,000 HIV antibody screening tests.
- To disclose and confirm by Western Blot 750 positive HIV antibody screening tests.
- To serve 1,200 persons in the AIDS drug program.
- To serve 85 persons in the home-based program.
- To fund/conduct HIV prevention presentations for 16,000 Mississippians.
- To maintain the percentage of partner notification reports completed at 99%.
- To maintain a contact index of 2.50 as a result of partner services.

Funding:	\$ 905,123	General
	12,972,604	Federal
	<u>247,865</u>	Other
	\$14,125,592	Total

FY 2006 Objectives:

- To conduct 82,000 HIV antibody screening tests.
- To disclose and confirm by Western Blot 750 positive HIV antibody screening tests.
- To serve 1,200 persons in the AIDS drug program.
- To serve 85 persons in the home-based program.
- To fund/conduct HIV prevention presentations for 16,000 Mississippians.
- To maintain the percentage of partner notification reports completed at 99%.
- To maintain a contact index of 2.50 as a result of partner services.

Funding:	\$ 957,032	General
	12,733,032	Federal
	<u>264,772</u>	Other
	\$13,954,835	Total

FY 2007 Objectives:

- To conduct 82,000 HIV antibody screening tests.
- To disclose and confirm by Western Blot 725 positive HIV antibody screening tests.
- To serve 1,250 persons in the AIDS drug program.
- To serve 85 persons in the home-based program.
- To fund/conduct HIV prevention presentations for 16,000 Mississippians.
- To maintain the percentage of partner notification reports completed at 99%.

- To maintain a contact index of 2.50 as a result of partner services.

Funding:	\$ 986,939	General
	12,770,353	Federal
	<u>264,772</u>	Other
	\$14,022,064	Total

FY 2008 Objectives:

- To conduct 82,000 HIV antibody screening tests.
- To disclose and confirm by Western Blot 725 positive HIV antibody screening tests.
- To serve 1,250 persons in the AIDS drug program.
- To serve 85 persons in the home-based program.
- To fund/conduct STD/HIV prevention presentations for 16,000 Mississippians.
- To maintain the percentage of partner notification reports completed at 99%.
- To maintain a contact index of 2.50 as a result of partner services.

Funding:	\$ 1,016,846	General
	13,409,200	Federal
	<u>264,772</u>	Other
	\$14,690,818	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 2002, there were 48 cases of primary and secondary syphilis reported to the MSDH. This figure represents a case rate of 1.7 per 100,000. During the same time period, there were 6,875 cases of gonorrhea reported, for a case rate of 241.7, and 11,799 cases of chlamydia, for a case rate of 414.8 per 100,000. The state reported seven cases of congenital syphilis in CY 2002. Mississippi also reported chancroid and treated 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 2004 Objectives:

- To maintain a contact index of 2.50 contacts per primary and secondary syphilis case interviewed.
- To examine 85% of the locatable in-jurisdiction contacts within seven days after the case interview.
- To maintain a treatment index of 2.00 per primary and secondary syphilis case interviewed.
- To maintain a disease intervention index of .90 for cases of early syphilis interviewed.
- To effect medical intervention in 95% of high priority STS reactors within seven days of report.
- To 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.
- To screen 30,000 patients for gonorrhea utilizing DNA technology.
- To ensure that 95% of all females with a positive culture receive appropriate therapy.
- To conduct a sampling of post-therapy cultures for the presence of PPNG, CMRNG, SRNG, and TRNG by the state laboratory.

- To screen 100% of third trimester maternity patients attending public health clinics for the presence of chlamydia.

Funding:	\$1,346,765	General
	2,346,376	Federal
	<u>478,603</u>	Other
	\$4,441,744	Total

FY 2005 Objectives:

- To maintain a contact index of 2.50 contacts per primary and secondary syphilis case interviewed.
- To examine 85% of the locatable in-jurisdiction contacts within seven days after the case interview.
- To maintain a treatment index of 2.00 per primary and secondary syphilis case interviewed.
- To maintain a disease intervention index of .90 for cases of early syphilis interviewed.
- To effect medical intervention in 95% of high priority STS reactors within seven days of report.
- To 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.
- To screen 30,000 patients for gonorrhea utilizing DNA technology.
- To ensure that 95% of all females with a positive culture receive appropriate therapy.
- To conduct a sampling of post-therapy cultures for the presence of PPNG, CMRNG, SRNG, and TRNG by the state laboratory.
- To screen 100% of third trimester maternity patients attending public health clinics for the presence of chlamydia.

Funding:	\$1,363,582	General
	2,430,516	Federal
	<u>749,923</u>	Other
	\$4,544,021	Total

FY 2006 Objectives:

- To maintain a contact index of 2.50 contacts per primary and secondary syphilis case interviewed.
- To examine 85% of the locatable in-jurisdiction contacts within seven days after the case interview.
- To maintain a treatment index of 2.00 per primary and secondary syphilis case interviewed.
- To maintain a disease intervention index of .90 for cases of early syphilis interviewed.
- To effect medical intervention in 95% of high priority STS reactors within seven days of report.
- To 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.
- To screen 30,000 patients for gonorrhea utilizing DNA technology.
- To ensure that 95% of all females with a positive culture receive appropriate therapy.
- To conduct a sampling of post-therapy cultures for the presence of PPNG, CMRNG, SRNG, and TRNG by the state laboratory.
- To screen 100% of third trimester maternity patients attending public health clinics for the presence of chlamydia.

Funding:	\$1,441,783	General
	2,385,630	Federal
	<u>801,073</u>	Other
	\$4,628,487	Total

FY 2007 Objectives:

- To maintain a contact index of 2.50 contacts per primary and secondary syphilis case interviewed.
- To examine 85% of the locatable in-jurisdiction contacts within seven days after the case interview.
- To maintain a treatment index of 2.00 per primary and secondary syphilis case interviewed.
- To maintain a disease intervention index of .90 for cases of early syphilis interviewed.
- To effect medical intervention in 95% of high priority STS reactors within seven days of report.
- To 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.
- To screen 30,000 patients for gonorrhea utilizing DNA technology.
- To ensure that 95% of all females with a positive culture receive appropriate therapy.
- To conduct a sampling of post-therapy cultures for the presence of PPNG, CMRNG, SRNG, and TRNG by the state laboratory.
- To screen 100% of third trimester maternity patients attending public health clinics for the presence of chlamydia.

Funding:	\$1,486,839	General
	2,392,623	Federal
	<u>801,073</u>	Other
	\$4,680,535	Total

FY 2008 Objectives:

- To maintain a contact index of 2.50 contacts per primary and secondary syphilis case interviewed.
- To examine 85% of the locatable in-jurisdiction contacts within seven days after the case interview.
- To maintain a treatment index of 2.00 per primary and secondary syphilis case interviewed.
- To maintain a disease intervention index of .90 for cases of early syphilis interviewed.
- To effect medical intervention in 90% of high priority STS reactors within seven days of report.
- To 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.
- To screen 28,000 patients for gonorrhea utilizing DNA technology.
- To ensure that 95% of all females with a positive culture receive appropriate therapy.
- To conduct a sampling of post-therapy cultures for the presence of PPNG, CMRNG, SRNG, and TRNG by the state laboratory.
- To screen 100% of third trimester maternity patients attending public health clinics for the presence of chlamydia.

Funding:	\$1,531,895	General
	2,512,316	Federal
	<u>801,073</u>	Other
	\$4,845,284	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 134 new cases of tuberculosis (TB) reported during 2002. This number translates to a case rate of 4.7 and falls below the national average for the second 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 have an impact on 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 2004 Objectives:

- To reduce TB in Mississippi by 7% annually.
- To reduce TB morbidity among black Mississippians by 10% annually.
- To place 100% of latent tuberculosis infection (LTBI) patients under 15 years of age on Directly Observed Therapy (DOT).
- To place at least 95% of HIV-positive LTBI patients on Directly Observed Therapy.

- To place at least 90% of infected inmates at major Department of Corrections institutions on Directly Observed Therapy.

Funding:	\$1,543,832	General
	1,187,144	Federal
	<u>1,140,749</u>	Other
	\$3,871,725	Total

FY 2005 Objectives:

- To reduce TB in Mississippi by 7% annually.
- To reduce TB morbidity among black Mississippians by 10% annually.
- To place 100% of latent tuberculosis infection (LTBI) patients under 15 years of age on Directly Observed Therapy (DOT).
- To place at least 95% of HIV-positive LTBI patients on Directly Observed Therapy.
- To place at least 90% of infected inmates at major Department of Corrections institutions on Directly Observed Therapy.

Funding:	\$1,563,109	General
	1,229,714	Federal
	<u>1,142,760</u>	Other
	\$3,935,583	Total

FY 2006 Objectives:

- To reduce TB in Mississippi by 7% annually.
- To reduce TB morbidity among black Mississippians by 10% annually.
- To place 100% of latent tuberculosis infection (LTBI) patients under 15 years of age on Directly Observed Therapy (DOT).
- To place at least 95% of HIV-positive LTBI patients on Directly Observed Therapy.
- To place at least 90% of infected inmates at major Department of Corrections institutions on Directly Observed Therapy.

Funding:	\$1,652,754	General
	1,207,005	Federal
	<u>1,220,705</u>	Other
	\$4,080,464	Total

FY 2007 Objectives:

- To reduce TB in Mississippi by 7% annually.
- To reduce TB morbidity among black Mississippians by 10% annually.
- To place 100% of latent tuberculosis infection (LTBI) patients under 15 years of age on Directly Observed Therapy (DOT).
- To place at least 95% of HIV-positive LTBI patients on Directly Observed Therapy.
- To place at least 90% of infected inmates at major Department of Corrections institutions on Directly Observed Therapy.

Funding:	\$1,704,403	General
	1,210,542	Federal
	<u>1,220,705</u>	Other

\$4,135,650 Total

FY 2008 Objectives:

- To reduce TB in Mississippi by 7% annually.
- To reduce TB morbidity among black Mississippians by 10% annually.
- To place 100% of latent tuberculosis infection (LTBI) patients under 15 years of age on Directly Observed Therapy (DOT).
- To place at least 95% of HIV-positive LTBI patients on Directly Observed Therapy.
- To place at least 90% of infected inmates at major Department of Corrections institutions on Directly Observed Therapy.

Funding:	\$1,756,051	General
	1,271,101	Federal
	<u>1,220,705</u>	Other
	\$4,247,857	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 2004 Objectives:

- Continue planning and readiness activities to enhance and ensure public health preparedness 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 with public health providers statewide 24 hours a day, seven days week.
- Conduct bioterrorism preparedness training sessions in each district for Mississippi physicians.
- Establish rapid reference testing in the state public health laboratory.
- Expand chemical terrorism laboratory capabilities, starting with infrastructure building for moderate-hazard chemical terrorism agents.
- Implement RedSiren Information Technology audit recommendations, install microwave broadcast system statewide, and improve overall agency connectivity.
- Implement a risk communications plan that will include creating and distributing messages to stakeholders throughout the state regarding bioterrorism, emergency preparedness, and public health emergencies.
- Implement a learning management system to educate and train public health staff.

Funding:	\$ -0-	General
	16,217,101	Federal
	<u>-0-</u>	Other
	\$16,217,101	Total

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 with public health providers statewide 24 hours a day, seven days week.
- Conduct bioterrorism preparedness training sessions in each district for Mississippi physicians.
- Continue to expand bioterrorism laboratory testing capacity.
- Continue to expand 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
	16,217,101	Federal
	<u>-0-</u>	Other
	\$16,217,101	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 with public health providers statewide 24 hours a day, seven days 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.
- Continue to expand the learning management system to encourage web-based learning activities for public health employees.

Funding:	\$ -0-	General
	16,488,410	Federal
	<u>-0-</u>	Other
	\$16,488,410	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 with 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.
- Continue to 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
	16,536,738	Federal
	<u>-0-</u>	Other
	\$16,536,738	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 with 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.
- Continue to 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
	17,364,002	Federal
	<u>-0-</u>	Other
	\$17,364,002	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 Bureau of Health Informatics, the MSDH Public Health Statistics unit is designated as the State Center for Health Statistics.

The bureau collects vital and health statistics for use at the local, district, state, and federal levels, as well as providing direct vital records services to the general public. In addition, the bureau provides statistical survey methods, evaluation, and statistical computer systems expertise to district, support, and programmatic staff of the MSDH. The bureau is responsible for the administration and analysis of the MSDH's time study, which is used in cost allocations and agency management. In carrying out its support role, the bureau functions as the quality control for all statistical materials, other than epidemiologic studies, produced by the MSDH and as consultant on surveys and studies initiated by the agency.

The bureau 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 Bureau'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 2004 Objectives:

- To provide three regional training programs for those responsible for completing and reporting vital records.
- To maintain a vital records certification turnaround time of two to four days for each request.
- To maintain the average response time of one to five days for statistical data requests.
- To submit information for enumeration at birth to the Social Security Administration within 30 days of birth registration.
- To develop a web-based system for the electronic filing of birth information from delivery hospitals.
- To maintain an eight-month lag time in publishing vital statistics data.

Funding:	\$ -0-	General
	435,452	Federal
	<u>4,065,143</u>	Other
	\$4,500,595	Total

FY 2005 Objectives:

- To provide three regional training programs for those responsible for completing and reporting vital records.
- To maintain a vital records certification turnaround time of two to four days for each request.
- To maintain the average response time of one to five days for statistical data requests.
- To submit information for enumeration at birth to the Social Security Administration within 30 days of birth registration.
- To maintain an eight-month lag time in publishing vital statistics data.
- To reduce the number of un-enterable time study encounter forms to 10% of entire returns.

Funding:	\$ -0-	General
	451,067	Federal
	<u>4,072,310</u>	Other
	\$4,523,377	Total

FY 2006 Objectives:

- To provide three regional training programs for those responsible for completing and reporting vital records.
- To maintain a vital records certification turnaround time of two to four days for each request.
- To maintain the average response time of one to five days for statistical data requests.
- To submit information for enumeration at birth to the Social Security Administration within 30 days of birth registration.
- To maintain an eight-month lag time in publishing vital statistics data.
- To develop and implement an intranet time study entry system so that employees can enter time study information.

Funding:	\$ -0-	General
	442,737	Federal
	<u>4,350,073</u>	Other
	\$4,792,810	Total

FY 2007 Objectives:

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

Funding:	\$ -0-	General
	444,035	Federal
	<u>4,350,073</u>	Other
	\$4,794,107	Total

FY 2008 Objectives:

- To provide three regional training programs for those responsible for completing and reporting vital records.

- To maintain a vital records certification turnaround time of two to four days for each request.
- To maintain the average response time of one to five days for statistical data requests.
- To submit information for enumeration at birth to the Social Security Administration within 30 days of birth registration.
- To maintain an eight-month lag time in publishing vital statistics data.

Funding:	\$	-0-	General
		466,248	Federal
		<u>4,350,073</u>	Other
		\$4,816,321	Total

HEALTH PROMOTION AND EDUCATION

Program Description: Progress toward many of the Year 2010 objectives will require widespread application of school, health care, worksite, and community-based health promotion. Mississippi's current major health problems are caused by behaviors and environmental factors rather than by 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 Bureau of Health Education within the Office of Health Promotion coordinates the agency's programs in areas that address these risks. As state efforts toward health care reform evolve, increased emphasis is placed on health promotion, health education, and prevention of chronic disease. The goal of the Office of Health Promotion is to promote healthy communities and improve quality of life by fostering healthy lifestyles, environments, policies, attitudes, and behavior.

The bureau 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. The bureau serves as the MSDH liaison with other agencies and community-based organizations working in health promotion. The bureau assists in risk factor analysis and utilizations 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.

Program objectives for the bureau may be found in the following sections: School Health, Community Health Promotion, Physical Activity, Injury Prevention, Worksite Health Promotion, and Cardiovascular Disease Prevention. Objectives for the Diabetes and Hypertension programs are located in the Chronic Disease section of this Plan.

FY 2004 Objectives:

- To develop program staff in community and school health, chronic disease, and injury/violence prevention in the areas of health promotion, education, and prevention strategies.
- To coordinate activities with the Preventive Health Advisory Committee at least twice a year.
- To coordinate activities related to the youth behavioral risk factor survey and analysis.

Funding:	\$ 228,675	General
	1,119,315	Federal
	<u>48,579</u>	Other
	\$1,396,569	Total

FY 2005 Objectives:

- To develop program staff in community and school health, chronic disease, and injury/violence prevention in the areas of health promotion, education, and prevention strategies.
- To coordinate activities with the Preventive Health Advisory Committee at least twice a year.
- To coordinate activities related to the youth behavioral risk factor survey and analysis.

Funding:	\$ 231,530	General
	1,159,453	Federal
	<u>48,665</u>	Other
	\$1,439,648	Total

FY 2006 Objectives:

- To develop program staff in community and school health, chronic disease, and injury/violence prevention in the areas of health promotion, education, and prevention strategies.
- To coordinate activities with the Preventive Health Advisory Committee at least twice a year.
- To coordinate activities related to the youth behavioral risk factor survey and analysis.

Funding:	\$ 244,809	General
	1,138,041	Federal
	<u>51,984</u>	Other
	\$1,434,834	Total

FY 2007 Objectives:

- To develop program staff in community and school health, chronic disease, and injury/violence prevention in the areas of health promotion, education, and prevention strategies.
- To coordinate activities with the Preventive Health Advisory Committee at least twice a year.
- To coordinate activities related to the youth behavioral risk factor survey and analysis.

Funding:	\$ 252,459	General
	1,141,377	Federal
	<u>51,984</u>	Other
	\$1,445,820	Total

FY 2008 Objectives:

- To develop program staff in community and school health, chronic disease, and injury/violence prevention in the areas of health promotion, education, and prevention strategies.
- To coordinate activities with the Preventive Health Advisory Committee at least twice a year.
- To coordinate activities related to the youth behavioral risk factor survey and analysis.

Funding:	\$ 260,109	General
	1,198,475	Federal
	<u>51,984</u>	Other
	\$1,510,568	Total

SCHOOL HEALTH

Program Description: Only six categories of behaviors — tobacco use, poor diet, sedentary lifestyle, injuries, substance abuse, and sexual behaviors that cause STDs, HIV, and unwanted pregnancy — account for a significant proportion of premature death, illness, and disability. School health programs address these risk factors through education, services, and counseling. However, only 11% of Mississippi public schools have a comprehensive health education program in grades K-12. Some type of physical education is taught in 83% of the schools with grades K-6. Few schools meet the health care needs of children and young adults.

Within the Bureau of Health Education, a school health coordinator directs efforts to improve school health programs. The coordinator works closely with the State Department of Education's Office of Curriculum to increase the number of schools implementing the eight components of the Coordinated School Health Program. The program coordinates initiatives with other MSDH health promotion activities such as tobacco, injury/violence, CVD, and worksite and community health.

FY 2004 Objectives:

- To distribute the 2003 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.
- To provide technical assistance to the Mississippi Alliance for School Health (MASH), the Mississippi Cancer Planning Initiative, Action for Healthy Kids, schools, and community groups.
- To provide at least one model school health program in English and Spanish in the Health Promotion clearinghouse and provide technical assistance to programs.
- To increase the proportion of schools that have a nurse-to-student ratio of at least 1:750.
- To plan and coordinate with partners a statewide training/convention for school nurses.

Funding: Included with Health Promotion

FY 2005 Objectives:

- To conduct and analyze the 2005 Youth Risk Behavior Survey according to CDC guidelines in randomly selected public schools.
- To provide technical assistance to the Mississippi Alliance for School Health, the Mississippi Cancer Planning Initiative, Action for Healthy Kids, schools, and community groups.
- To provide at least one model school health program in English and Spanish in the Health Promotion clearinghouse and provide technical assistance to programs.
- To increase the proportion of schools that have a nurse-to-student ratio of at least 1:750.
- To plan and coordinate with partners a statewide training/convention for school nurses.

Funding: Included with Health Promotion

FY 2006 Objectives:

- To distribute the 2005 Youth Risk Behavior Survey to all public health districts, school superintendents, policy makers, and interested state, local and private organizations/agencies and post the information on the MSDH website.
- To provide technical assistance to the Mississippi Alliance for School Health, the Mississippi Cancer Planning Initiative, Action for Healthy Kids, schools, and community groups.
- To provide at least one model school health program in English and Spanish in the Health Promotion clearinghouse and provide technical assistance to programs.

- To increase the proportion of schools that have a nurse-to-student ratio of at least 1:750.
- To plan and coordinate with partners a statewide training/convention for school nurses.

Funding: Included with Health Promotion

FY 2007 Objectives:

- To conduct and analyze the 2007 Youth Risk Behavior Survey according to CDC guidelines in randomly selected public schools.
- To provide technical assistance to the Mississippi Alliance for School Health, the Mississippi Cancer Planning Initiative, Action for Healthy Kids, schools, and community groups.
- To provide at least one model school health program in English and Spanish in the Health Promotion clearinghouse and provide technical assistance to programs.
- To increase the proportion of schools that have a nurse-to-student ratio of at least 1:750.
- To plan and coordinate with partners a statewide training/convention for school nurses.

Funding: Included with Health Promotion

FY 2008 Objectives:

- To distribute the 2007 Youth Risk Behavior Survey to all public health districts, school superintendents, policy makers, and interested state, local and private organizations/agencies and post the information on the MSDH website.
- To provide technical assistance to the Mississippi Alliance for School Health, the Mississippi Cancer Planning Initiative, Action for Healthy Kids, schools, and community groups.
- To provide at least one model school health program in English and Spanish in the Health Promotion clearinghouse and provide technical assistance to programs.
- To increase the proportion of schools that have a nurse-to-student ratio of at least 1:750.
- To plan and coordinate with partners a statewide training/convention for school nurses.

Funding: Included with Health Promotion

COMMUNITY HEALTH PROMOTION

Program Description: Community-based health promotion is aimed at improving health risks and promoting quality of life in Mississippi communities. Traditionally, health care advocates and/or providers have focused on curative medicine and treatment rather than on prevention. Community-based efforts have been minimal. Studies show that efforts to 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.

Within the Office of Health Promotion's Bureau of Health Education, the Community/School Health Director directs and manages community-based programs aimed at prevention and education. The director provides programmatic direction to five district community health facilitators, a school nurse coordinator, and a Partnership With African American Churches (PAAC) coordinator. The director serves as agency liaison to several coalitions, voluntary agencies, and committees.

Year 2004 Objectives:

- To provide programmatic direction to health educators in six public health districts.
- To 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.
- To provide two training sessions based on community needs assessment.
- To develop and implement the Partnership With African American Churches (PAAC) curriculum which is designed for establishing church health ministries.
- To recruit and train a minimum of five churches to participate in the PAAC project.
- To partner with Jackson State University's Allied Health Program and organizations to provide health education and presentations at the annual faith-based health initiative program.

Funding: Included with Health Promotion

Year 2005 Objectives:

- To provide programmatic direction to health educators in six public health districts.
- To provide support to community-based programs that separately or together address at least two of the Healthy People 2010 priorities in at least six public health districts.
- To provide three training sessions based on community needs assessment.
- To continue implementing the Partnership With African American Churches (PAAC) curriculum for establishing church health ministries.
- To recruit and train an additional eight churches to participate in the PAAC project.
- To partner with Jackson State University's Department of Public Health Program and others on the annual Healthcare Ministry Forum for Community Leaders.
- To participate in the Mississippi Faith Summit as presenter/sponsor of the annual conference.

Funding: Included with Health Promotion

FY 2006 Objectives:

- To provide programmatic direction to health educators in six public health districts.
- To 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.

- To provide four training sessions based on community needs assessment.
- To continue implementing the Partnership With African American Churches (PAAC) curriculum for establishing church health ministries in one additional district.
- To recruit and train five churches to participate in the PAAC project.
- To partner with Jackson State University's Allied Health Program and others to provide health education and presentations at the annual faith-based health program.
- To serve on the statewide planning committee for the Mississippi Faith Summit as presenter/sponsor of the annual conference.

Funding: Included with Health Promotion

FY 2007 Objectives:

- To provide programmatic direction to health educators in six public health districts.
- To 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.
- To provide five training sessions based on community needs assessment.
- To continue implementing the Partnership With African American Churches (PAAC) curriculum for establishing church health ministries.
- To recruit and train five churches to participate in the PAAC project.
- To partner with Jackson State University's Allied Health Program and others to provide health education and presentations at the annual faith-based health program.
- To serve on the statewide planning committee for the Mississippi Faith Summit as presenter/sponsor of the annual conference.

Funding: Included with Health Promotion

Year 2008 Objectives:

- To provide programmatic direction to health educators in six public health districts.
- To 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.
- To provide six training sessions based on community needs assessment.
- To continue implementing the Partnership With African American Churches (PAAC) curriculum for establishing church health ministries.
- To recruit and train five churches to participate in the PAAC project.
- To partner with Jackson State University's Allied Health Program and others to provide health education and presentations at the annual faith-based health program.
- To serve on the statewide planning committee for the Mississippi Faith Summit as presenter/sponsor of the annual conference.

Funding: Included with Health Promotion

PHYSICAL ACTIVITY

Program Description: A 1996 Surgeon General's Report concluded that regular, moderate physical activity can help prevent and/or manage major health concerns such as coronary heart disease (CHD), diabetes, osteoporosis, obesity, and mental health problems. CHD, a form of cardiovascular disease (CVD), is the leading cause of mortality in Mississippi and in the nation. Each year, new or recurrent CHD is diagnosed in approximately 1.1 million persons in the U.S. and accounts for \$111 billion in direct and indirect health-care costs. Physical inactivity is identified as a leading risk factor in CHD, with the risk being nearly two times greater for physically inactive persons compared to active persons. The risk for CHD due to inactivity is comparable to the risk associated with high blood pressure, cigarette smoking, and elevated cholesterol. Statistics show that neither Mississippi adults nor youth get sufficient exercise. According to the adult Behavior Risk Factor Surveillance System survey, 81% of adult Mississippians are not physically active on a regular basis. According to the 2001 Youth Risk Behavior Survey, only 18.8% of Mississippi high school students and 61.3% of middle school students get any kind of frequent exercise, defined as participating in moderate physical activity at least five days each week. In an average school week, 77.3% of Mississippi high school students and 61.3% of middle school students do not attend physical education class on a daily basis. Physical education is not mandatory in Mississippi schools.

Major activities include the coordination of projects and development of initiatives aimed at increasing the prevalence of physical activity, coordination of activities with the Governor's Commission on Physical Fitness and Sports (GCPFS), and collaboration with the Department of Education's Innovative Support Branch. Partnerships with voluntary organizations, state agencies, and coalitions promote regular, moderate physical activity for all Mississippians, and the policies and environments that support physical activity.

Year 2004 Objectives:

- To maintain the percentage of adult Mississippians reporting no leisure time physical activity at 33%.
- To increase the number of walking trails for physical activity.
- To partner with the Mississippi Alliance for School Health (MASH) to promote nutrition and physical activity programs in schools.
- To provide guidelines on establishing wellness programs for employees to worksites.

Funding: Included with Health Promotion

Year 2005 Objectives:

- To maintain the percentage of adult Mississippians reporting no leisure time physical activity at 33%.
- To promote physical fitness in the workplace by providing technical assistance to two agencies or companies in establishing physical activity programs/sites.
- To implement policy and environmental changes related to physical activity.
- To promote physical activity in grades K-12.

Funding: Included with Health Promotion

FY 2006 Objectives:

- To reduce the percentage of adult Mississippians reporting no leisure time physical activity to 32%.
- To promote physical fitness in the workplace by providing technical assistance to two agencies or companies in establishing physical activity programs/sites.
- To implement policy and environmental changes related to physical activity.
- To promote physical activity in grades K-12.

Funding: Included with Health Promotion

FY 2007 Objectives:

- To prevent an increase in the percentage of adult Mississippians reporting no leisure time physical activity.
- To promote physical fitness in the workplace by providing technical assistance to two agencies or companies in establishing physical activity programs/sites.
- To implement policy and environmental changes related to physical activity.
- To promote physical activity in grades K-12.

Funding: Included with Health Promotion

Year 2008 Objectives:

- To prevent an increase in the percentage of adult Mississippians reporting no leisure time physical activity.
- To promote physical fitness in the workplace by providing technical assistance to two agencies or companies in establishing physical activity programs/sites.
- To implement policy and environmental changes related to physical activity.
- To promote physical activity in grades K-12.

Funding: Included with Health Promotion

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 Bureau of Health Education, 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 violence, fires, falls, poison control, and drowning.

Year 2004 Objectives:

- To distribute at least 3,000 five-point harness convertible child safety seats and 1,000 booster seats through county health departments and community-based partners.
- To increase the number of National Highway Traffic Safety Administration (NHTSA) certified child passenger safety technicians in Mississippi.
- To increase safety belt usage in Mississippi to 70% (based on NHTSA data).
- To increase safety seat restraint usage in Mississippi to 75% (based on NHTSA data).
- To distribute and install at least 4,000 residential smoke detectors in communities with high incidences of fire-related injuries.
- To increase public awareness of injury prevention activities in high-risk areas and communities.
- To increase the number of fire departments implementing the Fire Academy for Kids program.
- To establish a formal mechanism to enhance coordination of injury prevention and control activities within the MSDH.
- To coordinate activities with the Injury Prevention Advisory Committee at least twice a year.
- To provide assistance to health departments that distribute car seats to ensure that two child safety checkpoints are conducted each month.
- To provide technical assistance to all nine districts on programs that address child passenger safety, bicycle safety, motor vehicle safety, and violence.

Funding: Included with Health Promotion

FY 2005 Objectives:

- To distribute at least 3,000 five-point harness convertible child safety seats and 1,000 booster seats through county health departments and community-based partners.
- To increase the number of National Highway Traffic Safety Administration (NHTSA) certified child passenger safety technicians in Mississippi.
- To increase safety belt usage in Mississippi to 73% (based on NHTSA data).
- To increase safety seat restraint usage in Mississippi to 77% (based on NHTSA data).
- To distribute and install at least 4,000 residential smoke detectors in communities with high incidences of fire-related injuries.

- To increase public awareness of injury prevention activities in high-risk areas and communities.
- To increase the number of fire departments implementing the Fire Academy for Kids program.
- To maintain and enhance coordination of injury prevention and control activities within the MSDH.
- To coordinate activities with the Injury Prevention Advisory Committee at least twice a year.
- To provide assistance to health departments that distribute car seats to ensure that two child safety checkpoints are conducted each month.
- To provide technical assistance to all nine districts on programs that address child passenger safety, bicycle safety, motor vehicle safety, and violence.

Funding: Included with Health Promotion

FY 2006 Objectives:

- To distribute at least 3,000 five-point harness convertible child safety seats and 1,000 booster seats through county health departments and community-based partners.
- To increase the number of National Highway Traffic Safety Administration (NHTSA) certified child passenger safety technicians in Mississippi.
- To increase safety belt usage in Mississippi to 76% (based on NHTSA data).
- To increase safety seat restraint usage in Mississippi to 80% (based on NHTSA data).
- To distribute and install at least 4,000 residential smoke detectors in communities with high incidences of fire-related injuries.
- To increase public awareness of injury prevention activities in high-risk areas and communities.
- To increase the number of fire departments implementing the Fire Academy for Kids program.
- To maintain and enhance coordination of injury prevention and control activities within the MSDH.
- To coordinate activities with the Injury Prevention Advisory Committee at least twice a year.
- To provide assistance to health departments that distribute car seats to ensure that two child safety checkpoints are conducted each month.
- To provide technical assistance to all nine districts on programs that address child passenger safety, bicycle safety, motor vehicle safety, and violence.

FY 2007 Objectives:

- To distribute at least 3,000 five-point harness convertible child safety seats and 1,000 booster seats through county health departments and community-based partners.
- To increase the number of National Highway Traffic Safety Administration (NHTSA) certified child passenger safety technicians in Mississippi.
- To increase safety belt usage in Mississippi to 79% (based on NHTSA data).
- To increase safety seat restraint usage in Mississippi to 83% (based on NHTSA data).
- To distribute and install at least 4,000 residential smoke detectors in communities with high incidences of fire-related injuries.
- To increase public awareness of injury prevention activities in high-risk areas and communities.
- To increase the number of fire departments implementing the Fire Academy for Kids program.
- To establish a formal mechanism to enhance coordination of injury prevention and control activities within the MSDH.
- To coordinate activities with the Injury Prevention Advisory Committee at least twice a year.
- To provide assistance to health departments that distribute car seats to ensure that two child safety checkpoints are conducted each month.
- To provide technical assistance to all nine districts on programs that address child passenger safety, bicycle safety, motor vehicle safety, and violence.

Funding: Included with Health Promotion

FY 2008 Objectives:

- To distribute at least 3,000 five-point harness convertible child safety seats and 1,000 booster seats through county health departments and community-based partners.
- To increase the number of National Highway Traffic Safety Administration (NHTSA) certified child passenger safety technicians in Mississippi.
- To increase safety belt usage in Mississippi to 82% (based on NHTSA data).
- To increase safety seat restraint usage in Mississippi to 86% (based on NHTSA data).
- To distribute and install at least 4,000 residential smoke detectors in communities with high incidences of fire-related injuries.
- To increase public awareness of injury prevention activities in high-risk areas and communities.
- To increase the number of fire departments implementing the Fire Academy for Kids program.
- To establish a formal mechanism to enhance coordination of injury prevention and control activities within the MSDH.
- To coordinate activities with the Injury Prevention Advisory Committee at least twice a year.
- To provide assistance to health departments that distribute car seats to ensure that two child safety checkpoints are conducted each month.
- To provide technical assistance to all nine districts on programs that address child passenger safety, bicycle safety, motor vehicle safety, and violence.

Funding: Included with Health Promotion

WORKSITE HEALTH PROMOTION

Program Description: Approximately 75% of adult Mississippians are receiving treatment for or are at risk of developing a chronic illness. Worksite health promotion programs are one vehicle to increase awareness of health behaviors, conduct screening and education programs, coordinate prevention strategies, improve health status and productivity, and decrease health care costs in communities.

The Worksite Health Promotion (WHP) program targets adult Mississippians through awareness, lifestyle change, and technical assistance. A coordinator manages the program for central and district offices and reviews all state agency plans in accordance with SB 2670, 1996 Legislative Session. The program provides consultation to other state agency WHPs programs and to private industry.

FY 2004 Objectives:

- To expand the MSDH WHP program so that at least two districts offer wellness programs.
- To recognize the exemplary WHP program statewide in collaboration with the GCPFS.
- To participate in at least one community event to promote worksite health and CVD prevention.
- To contact at least two state agencies without WHP programs and offer technical assistance.

Funding: Included with Health Promotion

FY 2005 Objectives:

- To maintain the MSDH WHP program so that at least two districts offer wellness programs.
- To recognize the exemplary WHP program statewide in collaboration with the GCPFS.
- To participate in at least one community event to promote worksite health and CVD prevention.
- To contact at least three state agencies without WHP programs and offer technical assistance.
- To contact at least two organizations to promote healthy behaviors through a health management program.

Funding: Included with Health Promotion

FY 2006 Objectives:

- To maintain the MSDH WHP program so that at least two districts offer wellness programs.
- To recognize the exemplary WHP program statewide in collaboration with the GCPFS.
- To participate in at least two community events to promote worksite health and CVD prevention.
- To contact at least three state agencies without WHP programs and offer technical assistance.
- To contact at least two organizations to promote healthy behaviors through a health management program.
- To conduct a second assessment of the wellness needs of at least 100 central office employees.

Funding: Included with Health Promotion

FY 2007 Objectives:

- To maintain the MSDH WHP program so that at least two districts offer wellness programs.
- To expand the central office employees WHP program based on assessment.
- To participate in at least two community events to promote worksite health and CVD prevention.
- To contact at least three state agencies without WHP programs and offer technical assistance.
- To contact at least two organizations to promote healthy behaviors through a health management program.

Funding: Included with Health Promotion

FY 2008 Objectives:

- To develop a comprehensive wellness program for MSDH central office staff.
- To develop comprehensive wellness programs in two state agencies with 100 or more employees.
- To provide technical assistance to worksites in all public health districts to increase the number of worksites offering wellness programs.
- To decrease the percentage of Mississippians reporting no leisure time physical activity, tobacco use, and inadequate nutrition by two percent as reported by the BRFSS.

Funding: Included with Health Promotion

CARDIOVASCULAR DISEASE PREVENTION

Program Description: The mission of the MSDH Cardiovascular Disease (CVD) Prevention program is to reduce the health and economic burden of 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 CVD Prevention program, who also serves as the agency's CVD contact to the CDC and ASTHO. The program will use surveillance, community needs assessment, program implementation, and evaluation to reduce behavioral risks for CVD and support heart healthy environments.

FY 2004 Objectives:

- To disseminate the CVD state plan.
- To fund six community-based agencies that develop programs to address cardiovascular health at the population level.
- To fund three worksites that implement wellness programs addressing cardiovascular health for employees.
- To continue partnership with the Mississippi Chronic Illness Coalition to implement effective programs to reduce the risk of developing heart disease.
- To disseminate CVD risk factor data using BRFSS and YRBS; disseminate CVD mortality and morbidity data by county.

Funding: Included with Health Promotion

FY 2005 Objectives:

- To implement population-based CVD prevention strategies.
- To implement policy and environmental changes related to CVD prevention.
- To continue partnership with the Mississippi Chronic Illness Coalition to implement effective programs to reduce the risk of developing heart disease.
- To disseminate CVD risk factor data using BRFSS and YRBS; disseminate CVD mortality and morbidity data by county.

Funding: Included with Health Promotion

FY 2006 Objectives:

- To implement population-based CVD prevention strategies.
- To serve as liaison between MSDH and national, regional, or local groups in CVD related issues.
- To define interventions to reduce CVD disparities in Mississippi.
- To provide technical assistance in CVD prevention education for grades K-12.
- To continue partnership with Mississippi Chronic Illness Coalition to implement effective programs to reduce the risk of developing heart disease.

Funding: Included with Health Promotion

FY 2007 Objectives:

- To implement population-based CVD prevention strategies.
- To serve as liaison between MSDH and national, regional, or local groups in CVD related issues.
- To implement policy and environmental changes related to CVD.
- To provide training and technical assistance in all public health districts.
- To continue partnership with Mississippi Chronic Illness Coalition to implement effective programs to reduce the risk of developing heart disease.

Funding: Included with Health Promotion

FY 2008 Objectives:

- To implement population-based CVD prevention strategies.
- To further develop policy and environmental strategies to address cardiovascular disease.
- To provide technical assistance in CVD prevention to health educators to address community policy and environmental needs.
- To decrease the following CVD risk factors by two percent each as reported in the BRFSS: physical inactivity, tobacco use, and inadequate nutrition.

Funding: Included with Health Promotion

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 2004 Objectives:

- To support and/or expand community programs that link tobacco control intervention with disease prevention activities.
- To support up to 12 educational and awareness 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.
- To 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.
- To 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.
- To identify and eliminate tobacco use disparities among Mississippi population groups and produce an annual report detailing progress.
- To conduct a Youth Tobacco Survey in the fall of 2003 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
		288,128	Federal
		<u>3,365,247</u>	Other
		\$3,653,375	Total

FY 2005 Objectives:

- To support and/or expand community programs that link tobacco control intervention with disease prevention activities.
- To support up to 12 educational and awareness 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.
- To 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.

- To 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.
- To identify and eliminate tobacco use disparities among Mississippi population groups and produce an annual report detailing progress.
- To conduct a Youth Tobacco Survey in the fall of 2003 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
	298,460	Federal
	<u>3,371,180</u>	Other
	\$3,669,640	Total

FY 2006 Objectives:

- To support and/or expand community programs that link tobacco control intervention with disease prevention activities.
- To support up to 12 educational and awareness 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.
- To 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.
- To 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.
- To identify and eliminate tobacco use disparities among Mississippi population groups and produce an annual report detailing progress.
- To conduct a Youth Tobacco Survey in the fall of 2003 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
	292,948	Federal
	<u>3,601,120</u>	Other
	\$3,894,069	Total

FY 2007 Objectives:

- To support and/or expand community programs that link tobacco control intervention with disease prevention activities.
- To support up to 12 educational and awareness 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.
- To 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.
- To 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.
- To identify and eliminate tobacco use disparities among Mississippi population groups and produce an annual report detailing progress.

- To conduct a Youth Tobacco Survey in the fall of 2003 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
	293,807	Federal
	<u>-0-</u>	Other
	\$3,894,927	Total

FY 2008 Objectives:

- To support and/or expand community programs that link tobacco control intervention with disease prevention activities.
- To support up to 12 educational and awareness 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.
- To 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.
- To 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.
- To identify and eliminate tobacco use disparities among Mississippi population groups and produce an annual report detailing progress.
- To conduct a Youth Tobacco Survey in the fall of 2003 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
	308,505	Federal
	<u>3,601,120</u>	Other
	\$3,909,625	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 2004 Objectives:

- To provide access to educational materials for all county health departments to help educate female patients in B&C cancer prevention and early detection.
- To maintain a medication program to provide a resource for those with no pay source.
- To provide diagnostic services for breast and cervical cancer patients with abnormal Pap smears.
- To continue to reimburse for mammograms, Pap smears, and clinical breast exams for eligible women.

Funding:	\$ 1,063,262	General
	1,973,063	Federal
	<u>195,331</u>	Other
	\$3,231,656	Total

FY 2005 Objectives:

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

Funding:	\$1,065,928	General
	1,976,261	Federal
	<u>195,553</u>	Other
	\$3,237,742	Total

FY 2006 Objectives:

- To increase by 5% the number of women age 50-64 who have received a mammogram within 24 months.
- To increase by 10% those women age 50-64 who have received a Pap test within 36 months.

- To provide access to educational materials for all county health departments to help educate female patients in B&C cancer prevention and early detection.

Funding:	\$1,138,278	General
	2,006,072	Federal
	<u>209,022</u>	Other
	\$3,353,372	Total

FY 2007 Objectives:

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

Funding:	\$1,173,850	General
	2,011,952	Federal
	<u>209,022</u>	Other
	\$3,394,823	Total

FY 2008 Objectives:

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

Funding:	\$1,209,421	General
	2,112,601	Federal
	<u>209,022</u>	Other
	\$3,531,044	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. (Source: American Medical Association; *Diagnostic and Treatment Guidelines on Domestic Violence*; June 1992).

Each year, more than one million women seek medical treatment for injuries inflicted by husbands, ex-husbands, or boyfriends. (Source: *National Coalition Against Domestic Violence; Facts on Domestic Violence*; 1993). 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. (Source: *National Coalition Against Domestic Violence; Facts on Domestic Violence*; 1993).

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. (Source: Sage Publications; *Violence Update*; August 1992; page 9).

An estimated 683,000 adult American women are raped each year; 1.3 rapes of adult women occur every minute in the U.S. 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 in the U.S. 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 12 domestic violence shelters and nine rape prevention and crisis intervention programs. Each domestic violence shelter and each rape crisis program provides direct services to victims, including their children. A public education and awareness campaign with regard to domestic violence and sexual assault is an ongoing effort on a statewide level. 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 of the coalition 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 engagements, candlelight vigils, walks of remembrance, and statewide ceremonies. The goal is to heighten public awareness and to provide information and education regarding prevention.

Family Violence Prevention Project (FVPP): A grant from the Office of Community Services, Administration for Children and Families, supports a family violence prevention project to provide public awareness and community education. The goal is 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 2004 Objectives:

- To maintain prevention and service/assistance programs at levels consistent with available funding.
- To provide educational materials through county health departments to help educate patients on family violence and rape prevention.
- To work with the MCADV and the MCASA to develop and implement specialized training activities.
- To continue to meet, review, and expand FY 2003 objectives as required.

Funding:	\$ -0-	General
	1,908,944	Federal
	<u>347,622</u>	Other
	\$2,256,566	Total

FY 2005 Objectives:

- To maintain prevention and service/assistance programs at levels consistent with available funding.
- To provide educational materials through county health departments to help educate patients on family violence and rape prevention.
- To work with the MCADV and the MCASA to develop and implement specialized training activities.
- To continue to meet, review, and expand FY 2004 objectives as required.

Funding:	\$ -0-	General
	1,977,398	Federal
	<u>348,235</u>	Other
	\$2,325,633	Total

FY 2006 Objectives:

- To maintain prevention and service/assistance programs at levels consistent with available funding.
- To provide educational materials through county health departments to help educate patients on family violence and rape prevention.
- To work with the MCADV and the MCASA to develop and implement specialized training activities.
- To continue to meet, review, and expand FY 2005 objectives as required.

Funding:	\$ -0-	General
	1,940,880	Federal
	<u>371,987</u>	Other
	\$2,312,867	Total

FY 2007 Objectives:

- To maintain prevention and service/assistance programs at levels consistent with available funding.

- To provide educational materials through county health departments and help educate patients on issues regarding family violence and rape prevention.
- To coordinate efforts with the MCADV and the MCASA to develop and implement specialized training activities.
- To continue to meet, review, and expand FY 2006 objectives as required.

Funding:	\$ -0-	General
	1,946,569	Federal
	<u>371,987</u>	Other
	\$2,318,556	Total

FY 2008 Objectives:

- To maintain prevention and service/assistance programs at levels consistent with available funding.
- To provide educational materials through county health departments and help educate patients on issues regarding family violence and rape prevention.
- To coordinate efforts with the MCADV and the MCASA to develop and implement specialized training activities.
- To continue to meet, review, and expand FY 2007 objectives as required.

Funding:	\$ -0-	General
	2,043,948	Federal
	<u>371,987</u>	Other
	\$2,415,935	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 which contribute to foodborne illnesses. These environmentalists also provide assistance and training to the food industry in an attempt to 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 which contribute to foodborne illnesses. 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. Three 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 2004 Objectives:

Food Protection Program

- To reduce by 5% the number of critical violations on inspections.
- To 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.
- To have 98% of food facilities in compliance with manager certification requirements.
- To 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)

- To have the number of milk plants or milk producer groups that fail to receive satisfactory ratings on state or federal surveys remain at zero.
- To permit 100% of individual farm pickup tankers and tanker operators statewide.
- To maintain a current permit on 100% of milk, frozen dessert, and bottled water plants meeting all permitting requirements.
- To work closely with the milk industry to maintain a drug-free milk supply, with no finished products requiring recall.
- To sample 100% of in-state milk, frozen dessert, and bottled water products.

Onsite Wastewater

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

Institutional Services Program

- To inspect 100% of correctional facilities and county jails in compliance with court order and state law.
- To review 100% of plans submitted on public buildings and schools for compliance with state and Federal laws.
- To 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 two months apart.

Vector Control - Entomology Program

- To continue a public information campaign on vector-borne diseases, including at least six public speaking events.
- To monitor vector problems in the state and intervene as needed.

- To educate municipal officials on the need for appropriate training of mosquito control personnel and minimum standards for their equipment.
- To collect mosquitoes statewide and assess which species are the worse pests and where they occur.

Funding:	\$4,771,427	General
	83,873	Federal
	<u>3,451,045</u>	Other
	\$8,306,345	Total

FY 2005 Objectives:

Food Protection Program

- To reduce by 5% the number of critical violations on inspections.
- To 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.
- To have 98% of food facilities in compliance with manager certification requirements.
- To 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)

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

Onsite Wastewater

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

Institutional Services Program

- To inspect 100% of correctional facilities and county jails in compliance with court order and state law.
- To review all plans submitted on public buildings and schools for compliance with state and Federal laws.
- To conduct environmental assessments statewide for lead hazards where children have been diagnosed with > 15 ug/dl blood lead levels.

Vector Control - Entomology Program

- To continue providing educational information to municipal officials on the need for appropriate training of mosquito control personnel and minimum standards for their equipment.
- To conduct training events for municipal personnel about proper mosquito control.

- To monitor vector problems in the state and intervene as needed.
- To continue the statewide mosquito survey.

Funding:	\$4,787,030	General
	84,304	Federal
	<u>3,885,069</u>	Other
	\$8,756,403	Total

FY 2006 Objectives:

Food Protection Program

- To reduce by 5% the number of critical violations on inspections.
- To 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.
- To have 98% of food facilities in compliance with manager certification requirements.
- To 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)

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

Onsite Wastewater

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

Institutional Services Program

- To inspect 100% of correctional facilities and county jails in compliance with court order and state law.
- To review all plans submitted on public buildings and schools for compliance with state and Federal laws.
- To conduct environmental assessments statewide for lead hazards where children have been diagnosed with > 15 ug/dl blood lead levels.
- To complete 100% of all consumer product safety contracts within allotted time.

Vector Control - Entomology Program

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

Funding:	\$5,108,066	General
	85,276	Federal
	<u>3,692,932</u>	Other
	\$8,886,274	Total

FY 2007 Objectives:

Food Protection Program

- To reduce by 5% the number of critical violations on inspections.
- To 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.
- To have 98% of food facilities in compliance with manager certification requirements.
- To 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)

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

Onsite Wastewater

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

Institutional Services Program

- To inspect 100% of correctional facilities and county jails in compliance with court order and state law.
- To review all plans submitted on public buildings and schools for compliance with state and Federal laws.
- To conduct environmental assessments statewide for lead hazards where children have been diagnosed with > 15 ug/dl blood lead levels.
- To complete 100% of all consumer product safety contracts within allotted time.

Vector Control - Entomology Program

- To establish training requirements for municipal mosquito control personnel and minimum standards for their equipment, in order to further protect public health and safety.
- To conduct training events for municipal personnel about proper mosquito control.
- To monitor vector problems in the state and intervene as needed.
- To continue the statewide mosquito survey.

Funding:	\$5,267,693	General
	85,526	Federal
	<u>3,692,932</u>	Other

\$9,046,151 Total

FY 2008 Objectives:

Food Protection Program

- To reduce by 5% the number of critical violations on inspections.
- To 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.
- To have 98% of food facilities in compliance with manager certification requirements.
- To 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)

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

Onsite Wastewater

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

Institutional Services Program

- To inspect 100% of correctional facilities and county jails in compliance with court order and state law.
- To review all plans submitted on public buildings and schools for compliance with state and Federal laws.
- To conduct environmental assessments statewide for lead hazards where children have been diagnosed with > 15 ug/dl blood lead levels.
- To complete 100% of all consumer product safety contracts within allotted time.

Vector Control - Entomology Program

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

Funding:	\$5,427,320	General
	89,805	Federal
	<u>3,692,932</u>	Other
	\$9,210,057	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 2004 Objectives:

- To ensure that 75% of Mississippi's public water systems have implemented effective cross connection control programs.
- To complete a Capacity Assessment/Rating on 95% of the state's community public water systems.
- To complete a sanitary survey of 95% of community and non-transient non-community public water supplies, giving priority to supplies with problems that may directly impact public health.
- To review engineering plans and specifications for all new public water supply construction projects for compliance with Division engineering design criteria prior to beginning construction.
- To follow-up and resolve 100% of SDWA water quality violations.
- To ensure that Mississippi public water supplies routinely comply with the Lead and Copper Rule.
- To continue emphasizing the elimination of non-viable public water supplies.
- To ensure that at least 95% of Mississippi's community public water supplies are operated by a waterworks operator licensed by the MSDH.
- To 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.
- To administer the Drinking Water Revolving Loan Fund to help Mississippi's public water suppliers complete necessary infrastructure improvements.
- To 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:	\$ 309,283	General
	2,410,770	Federal
	<u>2,391,056</u>	Other
	\$5,111,109	Total

FY 2005 Objectives:

- To ensure that 80% of Mississippi's public water systems have implemented effective cross connection control programs.
- To complete a Capacity Assessment/Rating on 95% of the state's community public water systems.
- To 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.
- To review engineering plans and specifications for all new public water supply construction projects for compliance with Division engineering design criteria prior to beginning construction.

- To follow-up and resolve 100% of SDWA water quality violations.
- To ensure that all Mississippi public water supplies routinely comply with the Lead and Copper Rule.
- To continue emphasizing the elimination of non-viable public water supplies.
- To 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.
- To administer the Drinking Water Revolving Loan Fund to help Mississippi’s public water suppliers complete necessary infrastructure improvements.
- To 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:	\$ 310,294	General
	2,423,161	Federal
	<u>2,691,770</u>	Other
	\$5,425,225	Total

FY 2006 Objectives:

- To ensure that 85% of Mississippi’s public water systems have implemented effective cross connection control programs.
- To complete a Capacity Assessment/Rating on 95% of the state’s community public water systems.
- To 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.
- To review engineering plans and specifications for all new public water supply construction projects for compliance with Division engineering design criteria prior to beginning construction.
- To follow-up and resolve 100% of SDWA water quality violations.
- To ensure that all Mississippi public water supplies routinely comply with the Lead and Copper Rule.
- To continue emphasizing the elimination of non-viable public water supplies.
- To ensure that 95% of Mississippi’s community public water supplies are operated by a MSDH licensed waterworks operator.
- To 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.
- To administer the Drinking Water Revolving Loan Fund to help Mississippi’s public water suppliers complete necessary infrastructure improvements.
- To 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:	\$ 331,104	General
	2,451,102	Federal
	<u>2,558,647</u>	Other
	\$5,340,853	Total

FY 2007 Objectives:

- To ensure that 90% of Mississippi’s public water systems have implemented effective cross connection control programs.
- To complete a Capacity Assessment/Rating on 95% of the state’s community public water systems.
- To 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.

- To review engineering plans and specifications for all new public water supply construction projects for compliance with Division engineering design criteria prior to beginning construction.
- To follow-up and resolve 100% of SDWA water quality violations.
- To ensure that all Mississippi public water supplies routinely comply with the Lead and Copper Rule.
- To continue emphasizing the elimination of non-viable public water supplies.
- To ensure that 95% of Mississippi’s community public water supplies are operated by a MSDH licensed waterworks operator.
- To 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.
- To administer the Drinking Water Revolving Loan Fund to help Mississippi’s public water suppliers complete necessary infrastructure improvements.
- To 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:	\$ 341,451	General
	2,458,286	Federal
	<u>2,558,647</u>	Other
	\$5,358,384	Total

FY 2008 Objectives:

- To ensure that 95% of Mississippi’s public water systems have implemented effective cross connection control programs.
- To complete a Capacity Assessment/Rating on 95% of the state’s community public water systems.
- To 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.
- To review engineering plans and specifications for all new public water supply construction projects for compliance with Division engineering design criteria prior to beginning construction.
- To follow-up and resolve 100% of SDWA water quality violations.
- To ensure that all Mississippi public water supplies routinely comply with the Lead and Copper Rule.
- To continue emphasizing the elimination of non-viable public water supplies.
- To ensure that 95% of Mississippi’s community public water supplies are operated by a MSDH licensed waterworks operator.
- To 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.
- To administer the Drinking Water Revolving Loan Fund to help Mississippi’s public water suppliers complete necessary infrastructure improvements.
- To 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:	\$ 351,798	General
	2,581,264	Federal
	<u>2,558,647</u>	Other
	\$5,491,709	Total

RADIATION CONTROL

Program Description: The Radiological Health Program is designed to identify potential radiological health hazards and develop adequate and realistic precautionary measures of control. Through a comprehensive monitoring and surveillance program, the program determines levels of radioactivity present in the environment. The proliferation of radiation sources in Mississippi 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 (Tatum Salt Dome area 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 to an untrained and unqualified populace 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 (MEMA). 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 2004 Objectives:

- To inspect 25 x-ray units for compliance with federal standards in accordance with the FDA/MSDH agreement.

- To maintain the rate of noncompliant x-ray registrants at 10% or less.
- To maintain the rate of noncompliant radioactive material licensees at 50% or less.
- To maintain As Low As Is Reasonably Achievable (ALARA) radiation exposure and releases of radioactive material to unrestricted areas.
- To continue the radon screening program of governmental buildings and schools.
- To continue environmental monitoring for radioactivity at the Salmon Test Site (STS) in accordance with the DOE grant.
- To continue annual inspection of all mammographic x-ray units for compliance with federal standards.
- To continue participation in the Nationwide Evaluation of X-ray Trends (NEXT).
- To collect and analyze approximately 2,000 environmental samples for radioactivity.
- To continue analyzing drinking water supplies for compliance with EPA safe drinking water standards for radioactivity.
- To continue training response personnel in procedures for response to radiological emergencies.
- To train MSDH and DOT personnel and others in procedures for response to radiological emergencies and evaluate effectiveness of the training through participation in a federally monitored exercise at Grand Gulf Nuclear Station.

Funding:	\$ 67,064	General
	159,533	Federal
	<u>1,064,430</u>	Other
	\$1,291,027	Total

FY 2005 Objectives:

- To inspect 25 x-ray units for compliance with federal standards in accordance with the FDA/MSDH agreement.
- To maintain the rate of noncompliant x-ray registrants at 10% or less.
- To maintain the rate of noncompliant radioactive material licensees at 50% or less.
- To maintain As Low As Is Reasonably Achievable (ALARA) radiation exposure and releases of radioactive material to unrestricted areas.
- To continue the radon screening program of governmental buildings and schools.
- To continue annual inspection of all mammographic x-ray units for compliance with federal standards.
- To continue participation in the Nationwide Evaluation of X-ray Trends (NEXT).
- To collect and analyze approximately 2,000 environmental samples for radioactivity.
- To continue analyzing drinking water supplies for compliance with EPA safe drinking water standards for radioactivity.
- To revise and distribute certain sections of the Regulations for Control of Radiation in Mississippi to maintain compatibility with federal regulations.
- To train MSDH and DOT personnel and others in procedures for response to radiological emergencies and evaluate effectiveness of the training through participation in a federally monitored exercise at the Grand Gulf Nuclear Station.
- To continue environmental monitoring for radioactivity at the Salmon Test Site in accordance with the DOE grant.

Funding:	\$ 67,283	General
	160,353	Federal
	<u>1,198,299</u>	Other
	\$1,425,935	Total

FY 2006 Objectives:

- To inspect 25 x-ray units for compliance with federal standards in accordance with the FDA/MSDH agreement.
- To maintain the rate of noncompliant x-ray registrants at 10% or less.
- To maintain the rate of noncompliant radioactive material licensees at 50% or less.
- To maintain As Low As Is Reasonably Achievable (ALARA) radiation exposure and releases of radioactive material to unrestricted areas.
- To continue the radon screening program of governmental buildings and schools.
- To continue training of emergency response personnel in procedures for response to radiological emergencies, and evaluate effectiveness of the training through participation in site drills at the Grand Gulf Nuclear Station.
- To continue annual inspection of all mammographic x-ray units for compliance with federal standards.
- To continue participation in the Nationwide Evaluation of X-ray Trends (NEXT).
- To collect and analyze approximately 2,000 environmental samples for radioactivity.
- To continue a radon screening program for public schools in Mississippi.
- To continue implementation of the EPA safe drinking water standards for radioactivity.
- To continue reviewing the Grand Gulf Nuclear Station environmental monitoring program.
- To train MSDH and DOT personnel and others in procedures for response to radiological emergencies.
- To continue environmental monitoring for the possible migration of radioactivity from the Salmon Test Site.

Funding:	\$ 71,796	General
	162,202	Federal
	<u>1,139,037</u>	Other
	\$1,373,034	Total

FY 2007 Objectives:

- To inspect 25 x-ray units for compliance with federal standards in accordance with the FDA/MSDH agreement.
- To maintain the rate of noncompliant x-ray registrants at 10% or less.
- To maintain the rate of noncompliant radioactive material licensees at 50% or less.
- To maintain As Low As Is Reasonably Achievable (ALARA) radiation exposure and releases of radioactive material to unrestricted areas.
- To continue the radon screening program of public health facilities and other governmental buildings.
- To 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.
- To continue annual inspection of all mammographic x-ray units for compliance with federal standards.
- To continue participation in the Nationwide Evaluation of X-ray Trends (NEXT).
- To collect and analyze approximately 2,100 environmental samples for radioactivity.
- To continue analyzing drinking water supplies for compliance with EPA safe drinking water standards for radioactivity.

Funding:	\$ 74,039	General
	162,677	Federal
	<u>1,139,037</u>	Other
	\$1,375,753	Total

FY 2008 Objectives:

- To inspect 25 x-ray units for compliance with federal standards in accordance with the FDA/MSDH agreement.
- To maintain the rate of noncompliant x-ray registrants at 10% or less.
- To maintain the rate of noncompliant radioactive material licensees at 50% or less.
- To maintain As Low As Is Reasonably Achievable (ALARA) radiation exposure and releases of radioactive material to unrestricted areas.
- To continue the radon screening program of public health facilities and other governmental buildings.
- To train MSDH and DOT personnel and others in procedures for response to radiological emergencies and evaluate effectiveness of the training through participation in a federally monitored and evaluated exercise at Grand Gulf Nuclear Station.
- To continue annual inspection of all mammographic x-ray units for compliance with federal standards.
- To continue participation in the Nationwide Evaluation of X-ray Trends (NEXT).
- To collect and analyze approximately 2,100 environmental samples for radioactivity.
- To continue analyzing drinking water supplies for compliance with EPA safe drinking water standards for radioactivity.

Funding:	\$ 76,283	General
	170,815	Federal
	<u>1,139,037</u>	Other
	\$1,386,135	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.

2004 Objectives:

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

Funding:	\$ -0-	General
	-0-	Federal
	<u>262,278</u>	Other
	\$262,278	Total

2005 Objectives:

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

Funding:	\$ -0-	General
	-0-	Federal
	<u>295,264</u>	Other
	\$295,264	Total

2006 Objectives:

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

Funding:	\$ -0-	General
	-0-	Federal
	<u>280,661</u>	Other
	\$280,661	Total

FY 2007 Objectives:

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

Funding:	\$ -0-	General
	-0-	Federal
	<u>280,661</u>	Other
	\$280,661	Total

FY 2008 Objectives:

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

Funding:	\$ -0-	General
	-0-	Federal
	<u>280,661</u>	Other
	\$280,661	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 2001, 17.8% 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 Statewide 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 2004 Objectives:

- To 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.
- To contract with one additional subcontractor to provide family planning services.
- To reduce teen mothers pregnant with their second child to less than 21% of teen pregnancies.
- To reduce the FY 2003 rate of increase of unintended births to girls less than 15 years of age.

Funding:	\$2,059,340	General
	7,248,340	Federal
	<u>8,806,222</u>	Other
	\$18,113,902	Total

FY 2005 Objectives:

- To 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.
- To contract with one additional subcontractor to provide family planning services.
- To reduce teen mothers pregnant with their second child to less than 20% of teen pregnancies.
- To reduce the FY 2004 rate of increase of unintended births to girls less than 15 years of age.

Funding:	\$2,100,310	General
	7,299,108	Federal
	<u>9,234,089</u>	Other
	\$18,633,507	Total

FY 2006 Objectives:

- To 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.
- To contract with one additional subcontractor to provide family planning services.
- To reduce teen mothers pregnant with their second child to less than 20% of teen pregnancies.
- To reduce the FY 2005 rate of increase of unintended births to girls less than 15 years of age.

Funding:	\$2,204,633	General
	7,369,603	Federal
	<u>9,423,458</u>	Other
	\$18,997,695	Total

FY 2007 Objectives:

- To provide services to over 100,000 users through county health departments and subcontractors, including 30,000 users aged 19 and younger and 70,000 adults.
- To contract with one additional subcontractor to provide family planning services.
- To reduce teen mothers pregnant with their second child to less than 20% of teen pregnancies.
- To reduce the FY 2006 rate of increase of unintended births to girls less than 15 years of age.

Funding:	\$ 2,273,528	General
	7,391,204	Federal
	<u>9,423,458</u>	Other
	\$19,088,190	Total

FY 2008 Objectives:

- To provide services to over 100,000 users through county health departments and subcontractors, including 30,000 users aged 19 and younger and 70,000 adults.
- To assist local health departments in expanding their capacity to serve Hispanic clients in family planning clinics.
- To reduce the number of pregnancies among non-white girls aged 15-19 by 1% over the FY 2007 count.
- To reduce teen mothers pregnant with their second child to less than 20% of teen pregnancies.

Funding:	\$ 2,342,422	General
	7,760,955	Federal
	<u>9,423,458</u>	Other
	\$19,526,836	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 9,738 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 (VLBW) infants (<1,500 grams). Perinatal regionalization is a system of care that involves obstetric and pediatric providers, hospitals, public health, and includes outreach education, consultation, transport services, and back-transport from the Neonatal Intensive Care Unit (NICU).

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. In 1987, the Mississippi Legislature authorized the development of a regionalized system of care and charged the Mississippi State Department of Health (MSDH) with implementing the responsibility. 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 of care, 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 percent in 1990 to 29 percent 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.

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.

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 2002, MSDH screened 1,239 women and men using the Luna PIXI Densitometer; 87 of these individuals were found to be osteoporotic (osteoporosis), 274 were osteopenic (low bone mass), and 852 were normal (26 records had missing information).

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 these 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.

FY 2004 Objectives:

- To maintain the incidence of low birth weight births at 10.7%.
- To reduce the fetal death rate to no more than 9.3 per 1,000 live births plus fetal deaths.
- To increase the percentage of pregnant women receiving prenatal care during the first trimester to 85.1%.
- To increase the number of pregnancies begun with an optimum folic acid level to 31%.

Funding:	\$ 1,565,502	General
	3,823,904	Federal
	<u>9,347,802</u>	Other
	\$14,737,208	Total

FY 2005 Objectives:

- To maintain the incidence of low birth weight births at 10.7%.
- To reduce the fetal death rate to no more than 9.1 per 1,000 live births plus fetal deaths.
- To increase the percentage of pregnant women receiving prenatal care during the first trimester to 86.1%.
- To increase the number of pregnancies begun with an optimum folic acid level to 32%.

Funding:	\$ 1,596,647	General
	3,850,687	Federal
	<u>9,801,983</u>	Other
	\$15,249,317	Total

FY 2006 Objectives:

- To maintain the incidence of low birth weight births at 10.7%.
- To reduce the fetal death rate to no more than 9.0 per 1,000 live births plus fetal deaths.
- To increase the percentage of pregnant women receiving prenatal care during the first trimester to 87%.
- To maintain the number of pregnancies begun with an optimum folic acid level at 32%.

Funding:	\$1,675,953	General
	3,887,877	Federal
	<u>10,002,998</u>	Other
	\$15,566,829	Total

FY 2007 Objectives:

- To maintain the incidence of low birth weight births at 10.7%.
- To reduce the fetal death rate to no more than 8.8 per 1,000 live births plus fetal deaths.
- To increase the percentage of pregnant women receiving prenatal care during the first trimester to 88%.
- To increase the number of pregnancies begun with an optimum folic acid level to 33%.

Funding:	\$1,728,327	General
	3,899,273	Federal
	<u>10,002,998</u>	Other
	\$15,630,598	Total

FY 2008 Objectives:

- To maintain the incidence of low birth weight births at 10.7%.
- To reduce the fetal death rate to no more than 8.6 per 1,000 live births plus fetal deaths.
- To increase the percentage of pregnant women receiving prenatal care during the first trimester to 89%.
- To maintain the number of pregnancies begun with an optimum folic acid level at 33%.

Funding:	\$1,780,700	General
	4,094,337	Federal
	<u>10,002,998</u>	Other
	\$15,878,035	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 through school fluoride mouthrinse.

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 2004 Objectives:

- To reduce the state infant mortality rate to no more than 9.7 per 1,000 births.
- To reduce the state neonatal mortality rate to no more than 6.0 per 1,000 births.
- To reduce the state postneonatal mortality rate to no more than 3.7 per 1,000 live births.
- To provide quality health services to 70,000 infants, children, and adolescents.
- To provide SIDS prevention information to the parents of 43,000 newborn children.
- To provide “abstinence only” education to 5,500 students through selected programs.

Funding:	\$ 795,417	General
	3,067,161	Federal
	<u>3,108,917</u>	Other
	\$6,971,495	Total

FY 2005 Objectives:

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

Funding:	\$ 811,242	General
	3,088,644	Federal
	<u>3,259,970</u>	Other
	\$7,159,856	Total

FY 2006 Objectives:

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

Funding:	\$ 851,536	General
	3,118,474	Federal
	<u>3,326,824</u>	Other
	\$7,296,834	Total

FY 2007 Objectives:

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

Funding:	\$ 878,147	General
	3,127,614	Federal
	<u>3,326,824</u>	Other
	\$7,332,585	Total

FY 2008 Objectives:

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

Funding:	\$ 904,757	General
	3,284,076	Federal
	<u>3,326,824</u>	Other
	\$7,515,657	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 Aid to Families with Dependent Children, 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 products that WIC buys 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 during each six-month period. 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, patient education materials, and a bimonthly nutrition newsletter.

FY 2004 Objectives:

- To increase the percentage of potentially eligible served to 75.2%.

- To increase the participation rate to 96.4%.
- To keep food costs below \$37.00 per participant.

Funding:	\$ 2,464,667	General
	68,646,546	Federal
	<u>11,718,984</u>	Other
	\$82,830,197	Total

FY 2005 Objectives:

- To increase the percentage of potentially eligible served to 75.5%.
- To maintain the participation rate at 96.4%.
- To keep food costs below \$38.00 per participant.

Funding:	\$ 2,513,701	General
	69,127,351	Federal
	<u>12,288,373</u>	Other
	\$83,929,425	Total

FY 2006 Objectives:

- To increase the percentage of potentially eligible served to 76%.
- To increase the participation rate to 97%.
- To keep food costs below \$39.00 per participant.

Funding:	\$ 2,638,557	General
	69,794,990	Federal
	<u>12,540,379</u>	Other
	\$84,973,926	Total

FY 2007 Objectives:

- To increase the percentage of potentially eligible served to 76.5%.
- To increase the participation rate to 97.2%.
- To keep food costs below \$40.00 per participant.

Funding:	\$ 2,721,012	General
	69,999,562	Federal
	<u>12,540,379</u>	Other
	\$85,260,952	Total

FY 2008 Objectives:

- To increase the percentage of potentially eligible served to 77%.
- To increase the participation rate to 97.5%.
- To keep food costs below \$40.00 per participant.

Funding:	\$ 2,803,467	General
	73,501,345	Federal
	<u>12,540,379</u>	Other
	\$88,845,190	Total

GENETICS

Program Description: An estimated 100,000 to 150,000 babies are born in the U.S. 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 program also tests at-risk health department patients for maternal serum alpha-fetoprotein. The Genetics Program began collecting data for the birth defects registry on January 1, 2000.

FY 2004 Objectives:

- To screen 99% of newborns in Mississippi.
- To provide adequate follow-up and referral for 99% of newborns with presumptive positive screen results.
- To follow at least 80% of babies with a presumptive positive newborn screen result to final diagnosis.
- To assure that at least 91% of children with genetic disorders receive case management services.
- To confirm or refute 90% of reported birth defects through hospital medical record review or other definitive methods.

Funding: Included with Child/Adolescent Health

FY 2005 Objectives:

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

FY 2006 Objectives:

- To screen 99% of newborns in Mississippi.
- To provide adequate follow-up and referral for 99% of newborns with presumptive positive screen results.
- To follow at least 90% of babies with a presumptive positive newborn screen result to final diagnosis.
- To assure that at least 93% of children with genetic disorders receive case management services.
- To 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:

- To screen 99% of newborns in Mississippi.
- To provide adequate follow-up and referral for 99% of newborns with presumptive positive screen results.
- To follow at least 95% of babies with a presumptive positive newborn screen result to final diagnosis.
- To assure that at least 94% of children with genetic disorders receive case management services.
- To 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:

- To screen 99% of newborns in Mississippi.
- To provide adequate follow-up and referral for 99% of newborns with presumptive positive screen results.
- To follow at least 95% of babies with a presumptive positive newborn screen result to final diagnosis.
- To assure that at least 94% of children with genetic disorders receive case management services.
- To 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 2004 Objectives:

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

Funding:	\$2,201,655	General
	3,713,341	Federal
	<u>261,695</u>	Other
	\$6,176,691	Total

FY 2005 Objectives:

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

Funding:	\$2,245,456	General
	3,739,349	Federal
	<u>274,410</u>	Other
	\$6,259,215	Total

FY 2006 Objectives:

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

Funding:	\$2,356,989	General
	3,775,465	Federal
	<u>280,037</u>	Other
	\$6,412,491	Total

FY 2007 Objectives:

- To identify the potentially eligible infants and toddlers statewide, at a minimum of 3.5% of the birth to three-year old population.
- To serve a minimum of 2% of birth to three-year old children and their families according to an Individualized Family Service Plan (IFSP).
- To appropriately evaluate/assess identified and located infants and toddlers and hold an IFSP meeting within 45 days of the initial referral.

- To identify the percent of services indicated as being “Not Available” at IFSP meeting date.
- To increase by 5% the proportion of infants under age one referred to the program.
- To provide at least 70% of all primary early intervention services in natural environments as defined by IDEA Part C.

Funding:	\$2,430,644	General
	3,786,531	Federal
	<u>280,037</u>	Other
	\$6,497,212	Total

FY 2008 Objectives:

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

Funding:	\$2,504,300	General
	3,975,955	Federal
	<u>280,037</u>	Other
	\$6,760,293	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 U.S. 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 2004 Objectives:

- To process 100% of applications received for service.
- To maintain an average cost of patients served at or below a 5% increase.
- To provide transition resource information to 100% of all Children with Special Health Care Needs enrolled in the Children's Medical Program.

Funding:	\$ 328,484	General
	3,546,603	Federal
	<u>2,352,706</u>	Other
	\$6,227,793	Total

FY 2005 Objectives:

- To process 100% of applications received for service.
- To maintain an average cost of patients served at or below a 5% increase.
- To provide transition resource information to 100% of all Children with Special Health Care Needs enrolled in the Children's Medical Program.

Funding:	\$ 335,019	General
	3,571,444	Federal
	<u>2,467,017</u>	Other
	\$6,373,480	Total

FY 2006 Objectives:

- To process 100% of applications received for service.
- To maintain an average cost of patients served at or below a 5% increase.
- To provide transition resource information to 100% of all Children with Special Health Care Needs enrolled in the Children's Medical Program.

Funding:	\$ 351,660	General
	3,605,937	Federal
	<u>2,517,609</u>	Other

\$6,475,206 Total

FY 2007 Objectives:

- To process 100% of applications received for service.
- To maintain an average cost of patients served at or below a 5% increase.
- To provide transition resource information to 100% of all Children with Special Health Care Needs enrolled in the Children's Medical Program.

Funding:	\$ 362,649	General
	3,616,506	Federal
	<u>2,517,609</u>	Other
	\$6,496,764	Total

FY 2008 Objectives:

- To process 100% of applications received for service.
- To maintain an average cost of patients served at or below a 5% increase.
- To provide transition resource information to 100% of all Children with Special Health Care Needs enrolled in the Children's Medical Program.

Funding:	\$ 373,638	General
	3,797,425	Federal
	<u>2,517,609</u>	Other
	\$6,688,672	Total

DENTAL HEALTH SERVICES

Program Description: The MSDH Dental Division programs promote and protect the oral health of Mississippi's citizens. When possible, the Dental Division applies the essential public health services to promote oral health as adopted by the Association of State and Territorial Dental Directors. The division also supports the U.S. Surgeon General's 2003 National Call to Action to Promote Oral Health, to promote activities that assure good oral health. Programs include:

Public Water Fluoridation adjusts the amount of fluoride in drinking water for those communities whose natural water fluoride level is low. Fifty years of public water fluoridation demonstrates impressive safety and effectiveness; optimal fluoridation levels can reduce the amount of cavities children get in their baby teeth by as much as 60%, and as much as 35% in their permanent adult teeth. However, only about 65% of the U.S. population receives water with optimal water fluoridation. Less than 42% of Mississippi's population receives optimal water fluoridation, about 1,621,061 people. Compared with the neighboring states of Alabama, Tennessee, Arkansas, and Louisiana, Mississippi has a historically lower participation in public water fluoridation. The annual cost of community water fluoridation in the U.S. is approximately 50 cents per person, usually less than the cost for one dental filling. The average cost in Mississippi to implement a new system for each water source is less than \$10,000. Beginning August 1, 2003, a public/private partnership with the Bower Foundation will provide additional resources to increase the number of water fluoridation systems in Mississippi that have optimal fluoridation.

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 fluoridation, form a cost-effective strategy for improving oral health in Mississippi's communities. In FY 2001, the MSDH approved a contract with the University of Mississippi School of Dentistry to administer a preventive dental sealant program for second grade children in Public Health District III, which consists of Attala, Bolivar, Carroll, Holmes, Humphreys, Leflore, Montgomery, Sunflower, and Washington counties. The program is called the Adopt-A-School Sealant Program, and licensed dentists are recruited to place sealants on the permanent first molars of participating school children. As of May 31, 2003, a total of 870 children in Leflore, Washington, and Sunflower counties had received 2,477 sealants.

The *School Fluoride Mouth Rinse Program* is a collaboration of the MSDH and local school districts to provide weekly, one-minute fluoride rinses for children in grades K through six. The weekly rinses, supervised by school personnel, help prevent tooth decay and can even help reverse existing decay. For the 2002-2003 school year, more than 13,900 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. The number of children served decreased in FY 2003, possibly due to the expansion of dental services in the State Children's Health Insurance Program during FY 2002. The MSDH Dental Division also partners with the Children's Medical Program to assist with the dental needs of children with special health care needs served by the CMP.

The Dental Division provides a consumer-oriented web page that contains information about health department dental programs, FY 2000 public water system fluoridation levels, links to other related web services, and a listing of dental providers that serve special needs patients.

FY 2004 Objectives:

- To increase by 2% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- To 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.
- To increase by 25% the proportion of children living in Public Health District III who receive dental sealants on their molar teeth.
- To maintain and update a dental provider list from which local health departments can make referrals for special needs patients.

Funding: Included with Child/Adolescent Health

FY 2005 Objectives:

- To increase by 3% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- To 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.
- To increase by 30% the proportion of children living in Public Health District III who receive dental sealants on their molar teeth.
- To increase the proportion of children in kindergarten through sixth grade receiving oral disease prevention in areas without optimal public water fluoridation.
- To maintain and update a dental provider list from which local health departments can make referrals for special needs patients.
- To 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.

Funding: Included with Child/Adolescent Health

FY 2006 Objectives:

- To increase by 4% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- To increase the proportion of local health departments and community-based health centers, including community, migrant, and homeless centers, which provide an oral health component.
- To increase by 30% the proportion of low-income children in Mississippi who receive dental sealants on their molar teeth.
- To increase the proportion of children in kindergarten through sixth grade receiving oral disease prevention in areas without optimal public water fluoridation.
- To increase the proportion of adults who, in the past 12 months, received an examination to detect oral and pharyngeal cancers.
- To maintain and update a dental provider list from which local health departments can make referrals for special needs patients.
- To 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.
- To develop an early childhood caries surveillance system in Mississippi.

Funding: Included with Child/Adolescent Health

FY 2007 Objectives:

- To increase by 5% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- To increase the proportion of local health departments and community-based health centers, including community, migrant, and homeless centers, which provide an oral health component.
- To increase by 30% the proportion of low-income children in Mississippi who receive dental sealants on their molar teeth.
- To increase the proportion of children in kindergarten through sixth grade receiving oral disease prevention in areas without optimal public water fluoridation.
- To increase the proportion of adults who, in the past 12 months, received an examination to detect oral and pharyngeal cancers.
- To maintain and update a dental provider list from which local health departments can make referrals for special needs patients.
- To 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.
- To further develop an early childhood caries surveillance system in Mississippi.

Funding: Included with Child/Adolescent Health

FY 2008 Objectives:

- To increase by 5% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- To increase the proportion of local health departments and community-based health centers, including community, migrant, and homeless centers, which provide an oral health component.
- To increase by 30% the proportion of low-income children in Mississippi who receive dental sealants on their molar teeth.
- To increase the proportion of children in kindergarten through sixth grade receiving oral disease prevention in areas without optimal public water fluoridation.
- To increase the proportion of adults who, in the past 12 months, received an examination to detect oral and pharyngeal cancers.
- To maintain and update a dental provider list from which local health departments can make referrals for special needs patients.
- To 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.
- To 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. 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 those health services and other proposals which require 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 within Mississippi. No CON is issued unless the proposal has been reviewed for consistency with specifications and criteria 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 2004 Objectives:

- To update and revise the *FY 2003 State Health Plan*.
- To update and revise, as necessary, the *Certificate of Need Review Manual*.
- To review and update the determination of priority health needs in the state.
- To 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*.
- To continue collection, analysis, and management of health facilities and services data.
- To maintain a clearinghouse of information for the public on rural health care issues.
- To publish and distribute a quarterly newsletter on rural health issues and concerns.
- To coordinate the Medicare Rural Hospital Flexibility Grant Program.
- To promote the availability of Federal rural health grant programs and initiatives.
- To coordinate the collection and distribution of quarterly hospital patient origin data.
- To support the Mississippi Rural Health Association to help address rural health care needs.
- To support a statewide conference on rural health.
- To coordinate the Small Rural Hospital Improvement Program.

Funding:	\$ 143,719	General
	1,738,570	Federal
	<u>5,650,926</u>	Other
	\$7,533,215	Total

FY 2005 Objectives:

- To update and revise the FY 2004 State Health Plan.
- To update and revise, as necessary, the *Certificate of Need Review Manual*.
- To review and update the determination of priority health needs in the state.
- To 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*.
- To continue collection, analysis, and management of health facilities and services data.
- To maintain a clearinghouse of information for the public on rural health care issues.
- To publish and distribute a quarterly newsletter on rural health issues and concerns.
- To coordinate the Medicare Rural Hospital Flexibility Grant Program.
- To promote the availability of Federal rural health grant programs and initiatives.
- To coordinate the collection and distribution of quarterly hospital patient origin data.
- To support the Mississippi Rural Health Association to help address rural health care needs.
- To support a statewide conference on rural health.
- To coordinate the Small Rural Hospital Improvement Program.

Funding:	\$ 145,379	General
	1,741,889	Federal
	<u>6,725,190</u>	Other
	\$8,612,458	Total

FY 2006 Objectives:

- To update and revise the FY 2005 State Health Plan.
- To update and revise, as necessary, the *Certificate of Need Review Manual*.
- To review and update the determination of priority health needs in the state.
- To 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*.
- To continue collection, analysis, and management of health facilities and services data.
- To maintain a clearinghouse of information for the public on rural health care issues.
- To publish and distribute a quarterly newsletter on rural health issues and concerns.
- To coordinate the Medicare Rural Hospital Flexibility Grant Program.
- To promote the availability of Federal rural health grant programs and initiatives.
- To coordinate the collection and distribution of quarterly hospital patient origin data.
- To support the Mississippi Rural Health Association to help address rural health care needs.
- To support a statewide conference on rural health.
- To coordinate the Small Rural Hospital Improvement Program.

Funding:	\$ 153,859	General
	1,767,656	Federal
	<u>6,047,005</u>	Other
	\$7,968,520	Total

FY 2007 Objectives:

- To update and revise the FY 2006 State Health Plan.
- To update and revise, as necessary, the *Certificate of Need Review Manual*.
- To review and update the determination of priority health needs in the state.
- To 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*.
- To continue collection, analysis, and management of health facilities and services data.
- To maintain a clearinghouse of information for the public on rural health care issues.
- To publish and distribute a quarterly newsletter on rural health issues and concerns.
- To coordinate the Medicare Rural Hospital Flexibility Grant Program.
- To promote the availability of Federal rural health grant programs and initiatives.
- To coordinate the collection and distribution of quarterly hospital patient origin data.
- To support the Mississippi Rural Health Association to help address rural health care needs.
- To support a statewide conference on rural health.
- To coordinate the Small Rural Hospital Improvement Program.

Funding:	\$ 158,667	General
	1,772,837	Federal
	<u>6,047,005</u>	Other
	\$7,978,509	Total

FY 2008 Objectives:

- To update and revise the FY 2007 State Health Plan.
- To update and revise, as necessary, the *Certificate of Need Review Manual*.
- To review and update the determination of priority health needs in the state.
- To 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*.
- To continue collection, analysis, and management of health facilities and services data.
- To maintain a clearinghouse of information for the public on rural health care issues.
- To publish and distribute a quarterly newsletter on rural health issues and concerns.
- To coordinate the Medicare Rural Hospital Flexibility Grant Program.
- To promote the availability of Federal rural health grant programs and initiatives.
- To coordinate the collection and distribution of quarterly hospital patient origin data.
- To support the Mississippi Rural Health Association to help address rural health care needs.
- To support a statewide conference on rural health.
- To coordinate the Small Rural Hospital Improvement Program.

Funding:	\$ 163,475	General
	1,861,525	Federal
	<u>6,047,005</u>	Other
	\$8,072,004	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-eight of Mississippi's 82 counties are designated as health professional shortage areas in whole or in part, and 56 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. Thirty-one 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 jointly sponsored cooperative agreement with HRSA's Bureau Primary of Health Care Assistance and 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 coordination of activities between community health centers and local health departments.

The Office of Primary Care Liaison is now a part of the MSDH Office of Science and is staffed with a full-time director, health program specialist, and an administrative assistant. The director works with community based primary care centers, health departments, and other primary care entities to identify resources and minimize barriers. The program works with the Mississippi Primary Care Association to ensure that the concerns of the community based organizations and their defining marketplaces are heard by the appropriate legislators and committees. Another major focus of the program is the strengthening of 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. Expansion of the education and training component of the cooperative agreement will include more clinical emphasis. The program will assume the role of coordinating general problem solving activities with the regional field office. The director will work 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 as well as for additional health manpower based upon the relative need index. New or expanded primary care services, including the placement of additional NHSC personnel, will conform to the plan. 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 (HPOL). The HPOL will be based on health professional shortage area designations conducted by the Office of Primary Care Liaison. The program will actively participate with the Health Resources and Services Administration Office of Workforce Analysis in developing the health placement opportunities list. Primary Care Liaison will assist the MPHCA in developing a recruitment and retention manual to assist the community in their 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 at \$4 million per year for SFY 2000 through 2004. 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 2000-2003, 22 MQHCs received funds ranging from \$139,981 to \$198,558. 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 2004 Objectives:

- To foster collaboration and partnerships with organizations that seek to increase access, reduce disparities, and directly impact the provision of services to the medically underserved.
- To 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.
- To 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.
- To 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.
- To 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.
- To 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.

Funding: Included with Office of Science

FY 2005 Objectives:

- To foster collaboration and partnerships with organizations that seek to increase access, reduce disparities, and directly impact the provision of services to the medically underserved.
- To 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.
- To 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.
- To 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.
- To 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.

- To 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.

Funding: Included with Office of Science

FY 2006 Objectives:

- To foster collaboration and partnerships with organizations that seek to increase access, reduce disparities, and directly impact the provision of services to the medically underserved.
- To 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.
- To 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.
- To 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.
- To 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.
- To 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.

Funding: Included with Office of Science

FY 2007 Objectives:

- To foster collaboration and partnerships with organizations that seek to increase access, reduce disparities, and directly impact the provision of services to the medically underserved.
- To 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.
- To 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.
- To 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.
- To 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.
- To 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.

Funding: Included with Office of Science

FY 2008 Objectives:

- To foster collaboration and partnerships with organizations that seek to increase access, reduce disparities, and directly impact the provision of services to the medically underserved.
- To 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.
- To 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.
- To 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.
- To 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.
- To 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.

Funding: Included with Office of Science

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 newly-created Office of Emergency Planning and Response (OEPR), the *Bureau of Emergency Medical Services* 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 OEPR *Bureau 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 2004 Objectives:

- To 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.
- To 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.
- To conduct thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- To 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.
- To 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.
- To 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.
- To maintain the designation of Weapons of Mass Destruction Centers for Excellence in each trauma region to handle a surge capacity of 500 patients.
- To provide standardized personal protective equipment for participants in the Hospital Preparedness Program.
- To stockpile medicines in each region for events of terrorism or weapons of mass destruction.
- To conduct at least seven exercises to validate emergency plans specific to mass casualty and/or terrorism events.
- To provide at least 10 training seminars in response activities for emergency response coordinators.

Funding:	\$ 443,256	General
	483,673	Federal
	<u>14,270,457</u>	Other
	\$15,197,386	Total

FY 2005 Objectives:

- To 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.
- To 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.
- To conduct thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- To 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.
- To 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.
- To 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.
- To maintain the designation of Weapons of Mass Destruction Centers for Excellence in each trauma region to handle a surge capacity of 500 patients.

- To provide standardized personal protective equipment for participants in the Hospital Preparedness Program.
- To stockpile medicines in each region for events of terrorism or weapons of mass destruction.
- To conduct at least seven exercises to validate emergency plans specific to mass casualty and/or terrorism events.
- To provide at least 10 training seminars in response activities for emergency response coordinators.

Funding:	\$ 448,375	General
	484,596	Federal
	<u>16,983,330</u>	Other
	\$17,916,301	Total

FY 2006 Objectives:

- To 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.
- To 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.
- To conduct thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- To 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.
- To 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.
- To 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.
- To maintain the designation of Weapons of Mass Destruction Centers for Excellence in each trauma region to handle a surge capacity of 500 patients.
- To provide standardized personal protective equipment for participants in the Hospital Preparedness Program.
- To stockpile medicines in each region for events of terrorism or weapons of mass destruction.
- To conduct at least seven exercises to validate emergency plans specific to mass casualty and/or terrorism events.
- To provide at least 10 training seminars in response activities for emergency response coordinators.

Funding:	\$ 474,529	General
	491,765	Federal
	<u>15,270,687</u>	Other
	\$16,236,981	Total

FY 2007 Objectives:

- To 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.
- To 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.

- To conduct thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- To 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.
- To 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.
- To 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.
- To maintain the designation of Weapons of Mass Destruction Centers for Excellence in each trauma region to handle a surge capacity of 500 patients.
- To provide standardized personal protective equipment for participants in the Hospital Preparedness Program.
- To stockpile medicines in each region for events of terrorism or weapons of mass destruction.
- To conduct at least seven exercises to validate emergency plans specific to mass casualty and/or terrorism events.
- To provide at least 10 training seminars in response activities for emergency response coordinators.

Funding:	\$ 489,358	General
	493,206	Federal
	<u>15,270,687</u>	Other
	\$16,253,251	Total

FY 2008 Objectives:

- To 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.
- To 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.
- To conduct thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- To 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.
- To 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.
- To 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.
- To maintain the designation of Weapons of Mass Destruction Centers for Excellence in each trauma region to handle a surge capacity of 500 patients.
- To provide standardized personal protective equipment for participants in the Hospital Preparedness Program.
- To stockpile medicines in each region for events of terrorism or weapons of mass destruction.
- To conduct at least seven exercises to validate emergency plans specific to mass casualty and/or terrorism events.
- To provide at least 10 training seminars in response activities for emergency response coordinators.

Funding:	\$ 504,187	General
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517,879	Federal
<u>15,270,687</u>	Other
\$16,292,753	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, dietitians, 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 2004 Objectives:

- To meet the Centers for Medicare and Medicaid Services (CMS) six prescribed thresholds of performance when finalized and distributed.
- To perform 100% of the CMS-mandated Clinical Laboratory Improvement Act (CLIA) workload.
- To develop and implement time thresholds for staff performance of health facilities inspections and investigations to include required document processing by management personnel.
- To 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.
- To implement employee criminal history record checks for health facilities as authorized by the Board of Health.
- To 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.
- To resume routine compliance surveys of personal care homes as personnel allocations allow.

- To implement an employee-based-at-home program for designated survey staff pending successful outcome of a pilot program initiated in FY 2003.
- To offer a minimum of four educational sessions for health care providers.

Funding:	\$ 406,006	General
	2,628,588	Federal
	<u>164,885</u>	Other
	\$3,199,479	Total

FY 2005 Objectives:

- To meet the Centers for Medicare and Medicaid Services (CMS) prescribed performance standards.
- To perform 100% of the CMS-mandated Clinical Laboratory Improvement Amendment workload.
- To 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.
- To 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.
- To offer a minimum of four educational sessions for health care providers.

Funding:	\$ 410,695	General
	2,633,606	Federal
	<u>196,230</u>	Other
	\$3,240,531	Total

FY 2006 Objectives:

- To meet the Centers for Medicare and Medicaid Services (CMS) prescribed performance standards.
- To perform 100% of the CMS-mandated Clinical Laboratory Improvement Amendment workload.
- To 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.
- To offer a minimum of four educational sessions for health care providers.

Funding:	\$ 434,651	General
	2,672,564	Federal
	<u>176,442</u>	Other
	\$3,283,657	Total

FY 2007 Objectives:

- To meet the Centers for Medicare and Medicaid Services (CMS) prescribed performance standards.
- To perform 100% of the CMS-mandated Clinical Laboratory Improvement Amendment workload.
- To 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.
- To offer a minimum of four educational sessions for health care providers.

Funding:	\$ 448,234	General
	2,680,397	Federal
	<u>176,442</u>	Other
	\$3,305,073	Total

FY 2008 Objectives:

- To meet the Centers for Medicare and Medicaid Services (CMS) prescribed performance standards.
- To perform 100% of the CMS-mandated Clinical Laboratory Improvement Amendment workload.
- To 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.
- To offer a minimum of four educational sessions for health care providers.

Funding:	\$ 461,817	General
	2,814,486	Federal
	<u>176,442</u>	Other
	\$3,452,745	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 9,000 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 2004 Objectives:

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

Funding:	\$ -0-	General
	-0-	Federal
	<u>259,456</u>	Other
	\$259,456	Total

FY 2005 Objectives:

- To 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.
- To continue to develop, refine, and implement policies and procedures for administering the professional licensure programs.
- To enhance computer communications network with other state licensing authorities and organizations involved in monitoring licensing related activities.
- To further develop the system to accommodate new licensure programs as necessary.
- To reduce turnaround time on the processing of license applications and information requests.

Funding:	\$ -0-	General
	-0-	Federal
	<u>308,780</u>	Other
	\$308,780	Total

FY 2006 Objectives:

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

Funding:	\$ -0-	General
	-0-	Federal
	<u>277,641</u>	Other
	\$277,641	Total

FY 2007 Objectives:

- To continue to meet, review, and expand all previously stated objectives as required.
- To enhance effectiveness of the program and reduce turnaround time for the processing of license applications and information requests.
- To 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.
- To monitor advances in the professions regulated and modify regulatory programs as necessary.

Funding:	\$ -0-	General
	-0-	Federal
	<u>277,641</u>	Other
	\$277,641	Total

FY 2008 Objectives:

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

Funding:	\$ -0-	General
	-0-	Federal
	<u>277,641</u>	Other
	\$277,641	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, 1,790 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 2004 Objectives:

- To 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.
- To review/revise office procedures and licensing guidelines to enhance program effectiveness and reduce processing time for applications and requested information.
- To train all licensing staff in investigative procedures and report writing through the National Certified Investigator's Training program as appropriate.
- To review and revise child care licensing regulations as necessary for each category of facility.
- To refine the licensure database.
- To investigate all regulatory complaints within 10 working days and all complaints involving an injury to a child within two working days.
- To implement a formal desk program review process to streamline and reduce the time for site visits.

Funding:	\$ 547,244	General
	1,159,092	Federal
	-0-	Other
	\$1,706,336	Total

FY 2005 Objectives:

- To continue refining the licensure database.
- To offer at least 40 hours of continuing education training to all child care providers.
- To provide monthly information memoranda to all licensees and interested parties.
- To make a minimum of two inspection visits per facility each licensure year.
- To train all licensing staff in investigative procedures and report writing through the National Certified Investigator's Training program as appropriate.
- To investigate all regulatory complaints within 10 working days and all complaints involving an injury to a child within two working days.

Funding:	\$ 553,564	General
	1,161,305	Federal
	-0-	Other
	\$1,714,869	Total

FY 2006 Objectives:

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

Funding:	\$ 585,854	General
	1,178,483	Federal
	<u>-0-</u>	Other
	\$1,764,337	Total

FY 2007 Objectives:

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

Funding:	\$ 604,162	General
	1,181,938	Federal
	<u>-0-</u>	Other
	\$1,786,099	Total

FY 2008 Objectives:

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

Funding:	\$ 622,470	General
	1,241,065	Federal
	<u>-0-</u>	Other
	\$1,863,535	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 2004 Objectives:

- To meet all state and Federal standards for licensure and certification.
- To maintain program revenue at a minimum of break-even or profit.
- To utilize the Outcomes Based Quality Improvement program to measure patient outcomes and compare to a national standard reference for continuous improvement in patient care.
- To increase the number of patients served to 2,500.

Funding:	\$ -0-	General
	-0-	Federal
	<u>9,200,800</u>	Other
	\$9,200,800	Total

FY 2005 Objectives:

- To meet all state and Federal standards for licensure and certification.
- To maintain program revenue at a minimum of break-even or profit.
- To utilize the Outcomes Based Quality Improvement program to measure patient outcomes and compare to a national standard reference for continuous improvement in patient care.
- To increase the number of patients served by an annual rate of 3 to 4%.

Funding:	\$ -0-	General
	-0-	Federal
	<u>9,211,253</u>	Other
	\$9,211,253	Total

FY 2006 Objectives:

- To meet all state and Federal standards for licensure and certification.
- To maintain program revenue at a minimum of break-even or profit.

- To utilize the Outcomes Based Quality Improvement program to measure patient outcomes and compare to a national standard reference for continuous improvement in patient care.
- To increase the number of patients served by an annual rate of 3 to 4%.

Funding:	\$	-0-	General
		-0-	Federal
		<u>9,845,693</u>	Other
		\$9,845,693	Total

FY 2007 Objectives:

- To meet all state and Federal standards for licensure and certification.
- To maintain program revenue at a minimum of break-even or profit.
- To utilize the Outcomes Based Quality Improvement program to measure patient outcomes and compare to a national standard reference for continuous improvement in patient care.
- To increase the number of patients served by an annual rate of 3 to 4%.

Funding:	\$	-0-	General
		-0-	Federal
		<u>9,845,693</u>	Other
		\$9,845,693	Total

FY 2008 Objectives:

- To meet all state and Federal standards for licensure and certification.
- To maintain program revenue at a minimum of break-even or profit.
- To utilize the Outcomes Based Quality Improvement program to measure patient outcomes and compare to a national standard reference for continuous improvement in patient care.
- To increase the number of patients served by an annual rate of 3 to 4%.

Funding:	\$	-0-	General
		-0-	Federal
		<u>9,845,693</u>	Other
		\$9,845,693	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 2004 Objectives:

- To provide educational materials to 1,000 participants in the MSDH hypertension program.
- To conduct community public awareness programs in four districts on the need to control high blood pressure.
- To provide hypertension medication according to MSDH protocol to at least 2,000 individuals living at, near, or below the poverty level.
- To conduct educational programs in four districts on receiving annual eye exams, which can detect an underlying condition of hypertension and other diseases.

Funding:	\$652,514	General
	607,381	Federal
	<u>231,125</u>	Other
	\$1,491,020	Total

FY 2005 Objectives:

- To provide educational materials to 1,000 participants in the MSDH hypertension program.
- To conduct community public awareness programs in four districts on the need to control high blood pressure.
- To provide hypertension medication according to MSDH protocol to at least 2,000 individuals living at, near, or below the poverty level.
- To conduct educational programs in four districts on receiving annual eye exams, which can detect an underlying condition of hypertension and other diseases.

Funding:	\$654,150	General
	608,366	Federal
	<u>231,388</u>	Other
	\$1,493,904	Total

FY 2006 Objectives:

- To provide educational materials to 1,000 participants in the MSDH hypertension program.
- To conduct community public awareness programs in four districts on the need to control high blood pressure.
- To provide hypertension medication according to MSDH protocol to at least 2,000 individuals living at, near, or below the poverty level.
- To conduct educational programs in four districts on receiving annual eye exams, which can detect an underlying condition of hypertension and other diseases.

Funding:	\$698,551	General
	617,542	Federal
	<u>247,325</u>	Other
	\$1,563,418	Total

FY 2007 Objectives:

- To provide educational materials to 1,000 participants in the MSDH hypertension program.
- To conduct community public awareness programs in four districts on the need to control high blood pressure.
- To provide hypertension medication according to MSDH protocol to at least 2,000 individuals living at, near, or below the poverty level.
- To conduct educational programs in four districts on receiving annual eye exams, which can detect an underlying condition of hypertension and other diseases.

Funding:	\$ 720,381	General
	619,352	Federal
	<u>247,325</u>	Other
	\$1,587,058	Total

FY 2008 Objectives:

- To provide educational materials to 1,000 participants in the MSDH hypertension program.
- To conduct community public awareness programs in four districts on the need to control high blood pressure.
- To provide hypertension medication according to MSDH protocol to at least 2,000 individuals living at, near, or below the poverty level.
- To conduct educational programs in four districts on receiving annual eye exams, which can detect an underlying condition of hypertension and other diseases.

Funding:	\$ 742,210	General
	650,336	Federal
	<u>247,325</u>	Other
	\$1,639,871	Total

DIABETES

Program Description: In 2002, approximately 180,000 Mississippians had diagnosed diabetes, and another 90,000 were estimated to have undiagnosed diabetes, for a total of 270,000 with this serious disease. The 2002 prevalence of diabetes in Mississippi was 8.6 percent; the state's prevalence ranked highest in the nation in 2000 (most recent national comparisons available), with a rate about 21 percent higher than the national average.

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. Persons 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 2004 Objectives:

- To provide health education materials to at least 75% of the participants in the MSDH Diabetes Program.
- To conduct educational programs on prevention and control of diabetes and its associated risk factors in at least four public health districts.
- To provide insulin and syringes to least 125 individuals with diabetes aged 21 and under according to MSDH protocol.
- To distribute 500 copies of the *Mississippi State Plan for Diabetes Prevention and Control* to partners and others.
- To gather data on the effectiveness of the Diabetes Management Clinic.

Funding:	\$275,036	General
	665,152	Federal
	<u>97,912</u>	Other
	\$1,038,100	Total

FY 2005 Objectives:

- To provide health education materials to at least 75% of the participants in the MSDH Diabetes Program.
- To conduct educational programs on prevention and control of diabetes and its associated risk factors in at least four public health districts.

- To provide insulin and syringes to least 125 individuals with diabetes aged 21 and under according to MSDH protocol.
- To gather data on the effectiveness of the Diabetes Management Clinic.
- To implement activities in the *Mississippi State Plan for Diabetes Prevention and Control* to reduce the burden of diabetes in Mississippi.
- To identify and convene stakeholders in an effort to promote the establishment of additional diabetes management clinics across the state.

Funding:	\$275,726	General
	666,230	Federal
	<u>98,023</u>	Other
	\$1,039,979	Total

FY 2006 Objectives:

- To provide health education materials to at least 75% of the participants in the MSDH Diabetes Program.
- To conduct educational programs on prevention and control of diabetes and its associated risk factors in at least four public health districts.
- To provide insulin and syringes to least 125 individuals with diabetes aged 21 and under according to MSDH protocol.
- To gather data on the effectiveness of the Diabetes Management Clinic.
- To continue to implement activities in the *Mississippi State Plan for Diabetes Prevention and Control* to reduce the burden of diabetes in Mississippi.
- To develop an action plan towards establishing additional diabetes management clinics across the state.

Funding:	\$294,441	General
	676,280	Federal
	<u>104,775</u>	Other
	\$1,075,495	Total

FY 2007 Objectives:

- To provide health education materials to at least 75% of the participants in the MSDH Diabetes Program.
- To conduct educational programs on prevention and control of diabetes and its associated risk factors in at least four public health districts.
- To provide insulin and syringes to least 125 individuals with diabetes aged 21 and under according to MSDH protocol.
- To gather data on the effectiveness of the Diabetes Management Clinic.
- To continue to implement activities in the *Mississippi State Plan for Diabetes Prevention and Control* to reduce the burden of diabetes in Mississippi.
- To implement the action plan towards establishing additional diabetes management clinics across the state.

Funding:	\$303,642	General
	678,262	Federal
	<u>104,775</u>	Other
	\$1,086,679	Total

FY 2008 Objectives:

- To provide health education materials to at least 75% of the participants in the MSDH Diabetes Program.

- To conduct educational programs on prevention and control of diabetes and its associated risk factors in at least four public health districts.
- To provide insulin and syringes to least 125 individuals with diabetes aged 21 and under according to MSDH protocol.
- To gather data on the effectiveness of the Diabetes Management Clinic.
- To continue to implement activities in the *Mississippi State Plan for Diabetes Prevention and Control* to reduce the burden of diabetes in Mississippi.
- To continue to implement the action plan towards establishing additional diabetes management clinics across the state.

Funding:	\$312,843	General
	712,193	Federal
	<u>104,775</u>	Other
	\$1,129,811	Total