

**Mississippi Department of Health**

**Fiscal Years 2006 - 2010**

**Strategic Plan**

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

**Office of Health Policy and Planning  
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# Table of Contents

<b>Mission Statement</b> .....	1
<b>Strategic Directions</b> .....	1
<b>External Environment Analysis</b> .....	2
<b>Internal Management System</b> .....	2
<b>Chronic Illness Program Plans</b>	
Home Health .....	8
Hypertension .....	10
Diabetes .....	10
<b>Maternal and Child Health Program Plans</b>	
Family Planning .....	13
Maternity/Perinatal Services .....	15
Child/Adolescent Health .....	18
Supplemental Food Program for Women, Infants, and Children (WIC) .....	20
Genetics .....	22
First Steps: Early Intervention Program .....	24
Children's Medical Program .....	27
Dental Health Services .....	29
<b>Environmental Health Program Plans</b>	
General Environmental Services, Vector Control, Institutional Services .....	35
Onsite Wastewater .....	38
Food Protection .....	40
Milk Protection .....	42
Public Water Supply .....	44
Radiation Control .....	47
Boiler and Pressure Vessel Safety .....	51
<b>Disease Prevention Program Plans</b>	
Epidemiology .....	55
Immunization .....	57
HIV/AIDS Prevention .....	60
Sexually Transmitted Diseases .....	63
Tuberculosis .....	65
Public Health Statistics .....	68
Preventive Health .....	70
Tobacco Policy and Prevention .....	76
Breast and Cervical Cancer .....	78

Domestic Violence/Rape Crisis Intervention .....	80
<b>Health Care Planning, Systems Development, and Licensure Program Plans</b>	
Health Planning & Certificate of Need .....	85
Primary Care Development .....	87
Rural Health Care Development .....	90
Emergency Medical Services .....	92
Health Facilities Licensure and Certification .....	96
Professional Licensure .....	99
Child Care Licensure .....	101
<b>Bioterrorism Preparedness and Response Program Plans .....</b>	<b>105</b>

# Mississippi Department of Health

## Mission Statement

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

## Vision Statement

The MDH strives for excellence in government, cultural competence in carrying out its mission, and local solutions to local problems.

## Value Statement

The MDH identifies its values as applied scientific knowledge, teamwork, and customer service.

## Strategic Directions

The MDH has identified the following areas to guide 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. Community health promotion

### **III. Quality Improvement and Performance Measurement**

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

### **IV. Bioterrorism/Emergency Preparedness**

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

## **External Environment Analysis**

Numerous external factors may influence the agency's ability to reach its goals and objectives. MDH 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 remains particularly volatile. 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 and service delivery problems
- Low education levels in the general population
- Poor local tax base; diminishing state dollars
- Increasing Spanish-speaking population

### **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 care providers
- Lack of Community Health Centers statewide
- Uncertain third party and federal reimbursement levels
- 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 MDH 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.

### **Internal Audit**

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

Audits consist of all nine public health districts and each office unit in the Central Office. The Internal Audit Director reviews all audits, and the director of each office or district receives a copy of the report for

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

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

### **Related Reviews**

The Quality Management Branch of the Division of Home Health conducts quality assurance reviews in the home health 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.

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

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

### **Complaint Investigation**

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



# **Program Plans**



## **Chronic Illness**

Chronic Illness programs include 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 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 often a desirable, cost-effective, and acceptable alternative to institutional care. The increasing use of early discharge is rapidly expanding the need for in-home services into younger segments of the population, in addition to the elderly. As a result, the home health patient population is much sicker than in past years, and requires specialized staff with knowledge of high tech procedures.

The Home Health Program is designed to address the needs of persons who are homebound and in need of skilled care. The program emphasizes effective, cost-efficient service to eligible patients in their residence. Through a network of regional home health agencies, the MDH provides comprehensive care to 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, nutritional consultation, and psychosocial evaluation in all counties, with physical, speech, and occupational therapy also provided in counties where personnel are available. Medical supplies may also be provided as indicated by the patient's condition.

## **FY 2006 Objectives:**

- Achieve 100% compliance with state and federal standards for licensure and certification.
- Achieve a rate of 10% better than the national reference values for continuous improvement in patient care, in accordance with the Outcome Based Quality Improvement Program.

<b>Funding:</b>	\$	666	General
		44,068	Federal
		<u>5,252,508</u>	Other
		\$5,297,242	Total

## **FY 2007 Objectives:**

- Achieve 100% compliance with state and federal standards for licensure and certification.
- Achieve a rate of 10% better than the national reference values for continuous improvement in patient care, in accordance with the Outcome Based Quality Improvement Program.

<b>Funding:</b>	\$	776	General
		46,827	Federal
		<u>5,399,252</u>	Other
		\$5,446,855	Total

## **FY 2008 Objectives:**

- Achieve 100% compliance with state and federal standards for licensure and certification.
- Achieve a rate of 10% better than the national reference values for continuous improvement in patient care, in accordance with the Outcome Based Quality Improvement Program.

<b>Funding:</b>	\$	815	General
		46,038	Federal
		<u>5,805,258</u>	Other
		\$5,852,111	Total

## **FY 2009 Objectives:**

- Achieve 100% compliance with state and federal standards for licensure and certification.

- Achieve a rate of 10% better than the national reference values for continuous improvement in patient care, in accordance with the Outcome Based Quality Improvement Program.

<b>Funding:</b>	\$	840	General
		48,340	Federal
		<u>5,827,544</u>	Other
		\$5,876,724	Total

**FY 2010 Objectives:**

- Achieve 100% compliance with state and federal standards for licensure and certification.
- Achieve a rate of 10% better than the national reference values for continuous improvement in patient care, in accordance with the Outcome Based Quality Improvement Program.

<b>Funding:</b>	\$	865	General
		50,757	Federal
		<u>5,850,118</u>	Other
		\$5,901,740	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 United States known as the “Stroke Belt”; this region has for at least 50 years had higher stroke death rates than other U.S. regions. Mississippi’s high prevalence of hypertension is likely an important reason for the high coronary heart disease and stroke mortality rates in the state.

The MDH offers limited hypertension services through county health departments. These services primarily consist of monitoring blood pressure for specific patients referred by their private physician and providing hypertension medication to existing patients who have no other means of obtaining it.

**Note:** Objectives for hypertension are included with Cardiovascular Health in the Preventive Health section. In future Strategic Plans, hypertension will be completely incorporated within Preventive Health.

## Diabetes

**Program Description:** In 2003, the prevalence of diabetes in Mississippi was 11%, among the highest in the nation. The goal of the MDH Diabetes Program is to prevent or postpone complications and premature death due to diabetes. The program provides services to prevent and detect diabetes; improve the quality of diabetic care through professional education for health care providers; reduce health disparities regarding diabetic screening and care; and raise public awareness of diabetes risk factors, complications, and the need for early diagnosis and treatment. County health department staff monitor diabetic patients referred by their private physician, and offer education, informational materials, and diet counseling to these patients. A limited number of diabetic patients age 21 and under and those with gestational diabetes may also obtain insulin, syringes, and testing supplies. All pregnant diabetics are referred to the Maternal/Child Health Perinatal High Risk Management Program.

**Note:** Objectives for diabetes are included in the Preventive Health section. In future Strategic Plans, diabetes will be completely incorporated within Preventive Health.

## **Maternal and Child Health**

The Maternal and Child Health programs seek 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; to provide assistance to children with special health care needs; to minimize the effects of genetic disorders through early detection and timely medical evaluation, diagnosis, and treatment; and to promote oral health among Mississippi's children.



## Family Planning

**Program Description:** Mississippi leads the nation in births to teens, and the state's repeat pregnancy rate for teens is also among the country's highest. In 2003, 16% 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, a majority of the births among women with family incomes below the poverty level are unplanned. The percentage of births to single mothers has more than doubled since 1965. The Guttmacher Institute calculates that every public dollar spent on family planning services to adults saves an average of \$4.40 as a result of averting short-term expenditures on medical services, welfare, and nutritional services.

The goal of the Family Planning Program is to improve maternal and infant health and reduce the incidence of teenage pregnancy by preventing unintended pregnancies. However, family planning is a preventive health service that is much more than birth control. For many clients, it 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 MDH Family Planning Program seeks to provide convenient access to high quality services, targeting sexually active teenagers and women 20-44 years of age with incomes at or below 150% of the federal poverty level. The program served 70,867 unduplicated persons in FY 2005 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 2006 Objectives:**

- Provide services to over 90,000 users through county health departments and subcontractors, including 29,000 users aged 19 and younger and 61,000 adults.
- Increase the number of males receiving family planning services.
- Reduce teen mothers pregnant with their second child to less than 18.8% of teen pregnancies.
- Reduce the FY 2005 percent of births to girls less than 15 years of age.
- Reduce the FY 2005 pregnancy rate among non-white girls age 15-19 by 2%.

<b>Funding:</b>	\$1,047,507	General
	6,999,670	Federal
	<u>6,383,445</u>	Other
	14,430,622	Total

### **FY 2007 Objectives:**

- Provide services to over 90,000 users through county health departments and subcontractors, including 29,000 users aged 19 and younger and 61,000 adults.
- Increase the number of males receiving family planning services.
- Reduce teen mothers pregnant with their second child to less than 18.6% of teen pregnancies.
- Reduce the FY 2006 percent of births to girls less than 15 years of age.
- Reduce the FY 2006 pregnancy rate among non-white girls age 15-19 by 2%.

<b>Funding:</b>	\$1,156,577	General
	7,213,013	Federal
	<u>6,822,097</u>	Other
	\$15,191,687	Total

**FY 2008 Objectives:**

- Provide services to over 90,000 users through county health departments and subcontractors, including 29,000 users aged 19 and younger and 61,000 adults.
- Increase the number of males receiving family planning services.
- Reduce teen mothers pregnant with their second child to less than 18.4% of teen pregnancies.
- Reduce the FY 2007 percent of births to girls less than 15 years of age.
- Reduce the FY 2007 pregnancy rate among non-white girls age 15-19 by 2%.

<b>Funding:</b>	\$1,282,043	General
	7,312,601	Federal
	<u>7,055,209</u>	Other
	\$15,649,853	Total

**FY 2009 Objectives:**

- Provide services to over 90,000 users through county health departments and subcontractors, including 29,000 users aged 19 and younger and 61,000 adults.
- Increase the number of males receiving family planning services.
- Reduce teen mothers pregnant with their second child to less than 18.2% of teen pregnancies.
- Reduce the FY 2008 percent of births to girls less than 15 years of age.
- Reduce the FY 2008 pregnancy rate among non-white girls age 15-19 by 2%.

<b>Funding:</b>	\$1,320,893	General
	7,678,231	Federal
	<u>7,082,294</u>	Other
	\$16,081,418	Total

**FY 2010 Objectives:**

- Provide services to over 90,000 users through county health departments and subcontractors, including 29,000 users aged 19 and younger and 61,000 adults.
- Increase the number of males receiving family planning services.
- Reduce teen mothers pregnant with their second child to less than 18.0% of teen pregnancies.
- Reduce the FY 2009 percent of births to girls less than 15 years of age.
- Reduce the FY 2009 pregnancy rate among non-white girls age 15-19 by 2%.

<b>Funding:</b>	\$1,359,742	General
	8,062,143	Federal
	<u>7,109,730</u>	Other
	\$16,531,615	Total

## Maternity/Perinatal Services

**Program Description:** Mississippi's infant mortality rate 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 birthweight; 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 include 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 goal of the MDH Maternity Program is to provide and ensure access to comprehensive health services that affect positive outcomes for women. In FY 2005, the MDH provided maternity services statewide to 7,750 women through county health departments, targeting those with incomes at or below 185% of the federal poverty level. The department uses the Hollister Maternity Record, with risk status updated at each visit and referral to obstetricians and appropriate hospitals as indicated. A multidisciplinary team including physicians, nurse practitioners, nurses, nutritionists, and social workers provides ambulatory care throughout pregnancy and the postpartum period, and emphasizes entry into family planning services for the mother and well-child care for the infant following birth. Close follow-up is a high priority for 18 months after delivery. The percent of expectant mothers receiving prenatal care at MDH clinics declined from a high of 50% in 1990 to 18.3% in FY 2005, and MDH districts report continued decreases in the number of patients.

### **Special Initiatives:**

**Perinatal Regionalization** is a system of care that involves obstetric and pediatric providers, hospitals, and public health and includes outreach education, consultation, transport services, and back-transport from the Neonatal Intensive Care Unit. Regionalization of perinatal services is an effective strategy for decreasing neonatal and infant mortality and morbidity, with pronounced effects on mortality among Very Low Birthweight infants (<1,500 grams). The success of such a 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 services when needed. Implemented through voluntary cooperation, Mississippi's system is not completely developed.

The **Perinatal High Risk Management/Infant Services System (PHRM)** provides multidisciplinary services to high-risk mothers and infants, using nurses, social workers, and nutritionists. Targeted case management 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. This team of professionals provides risk screening assessments, counseling, health education, home visiting, and monthly case management. MDH served a total of 24,546 unduplicated PHRM patients in FY 2005.

The **Maternal and Infant Mortality Surveillance System** collects information on infant and maternal deaths to identify and examine factors associated with the death of a woman who had been pregnant or with 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 the death could have been prevented. These reviews are used to improve services, resources, and community support for pregnant women, infants, and their families.

The **Infant Mortality Task Force** has statutory authority to: (1) serve an advocacy and public awareness role regarding maternal health issues; (2) conduct studies on maternal and infant health; (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 progress made toward the goals and actions taken toward recommendations. The task force consists of 10 voting members and one ex-officio member from the Department of Human Services, Education, Health, Medicaid, University Medical Center, Primary Health Care Association, chairmen of the Senate and House Public Health and Welfare Committees, and one additional member of each committee.

The **Pregnancy Risk Assessment Monitoring System (PRAMS)** is a risk factor surveillance system designed to supplement vital records, generate state-specific risk factor data, and allow comparison of data among states. PRAMS is part of a CDC initiative to reduce infant mortality and low birthweight. It offers ongoing, population-based information on a broad spectrum of maternal behaviors and experiences and captures data before and during pregnancy and during a child’s early infancy. With a sample size of 70% in each category of birthweight, the data can be analyzed and used to improve programs and policies that impact the health of Mississippi women and infants.

**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 MDH to establish, maintain, and promote an osteoporosis prevention and treatment education program. The Legislature has also designated May as Osteoporosis Awareness Month. In CY 2004, MDH screened 1,768 women and men using the Luna PIXI Densitometer; 72 of these individuals were found to be osteoporotic (osteoporosis); 427 were osteopenic (low bone mass); and 1,122 were normal (147 records had missing information).

**FY 2006 Objectives:**

- Maintain the incidence of low birthweight births at 11.5%.
- Maintain the fetal death rate at no more than 9.8 per 1,000 live births plus fetal deaths.
- Maintain the percentage of pregnant women receiving prenatal care during the first trimester at 84.3%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70%.
- Increase the number of PHRM clients served by 2%.

<b>Funding:</b>	\$2,894,151	General
	3,124,170	Federal
	<u>8,036,834</u>	Other
	\$14,055,155	Total

**FY 2007 Objectives:**

- Reduce the incidence of low birth weight births to 11.2%.
- Reduce the fetal death rate to no more than 9.7 per 1,000 live births plus fetal deaths.
- Increase the percentage of pregnant women receiving prenatal care during the first trimester to 85%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70%.
- Increase the number of PHRM clients served by 2%.

<b>Funding:</b>	\$3,195,501	General
	3,219,391	Federal
	<u>8,589,102</u>	Other
	\$15,003,994	Total

**FY 2008 Objectives:**

- Maintain the incidence of low birthweight births at 11.2%.
- Maintain the fetal death rate at no more than 9.7 per 1,000 live births plus fetal deaths.
- Maintain the percentage of pregnant women receiving prenatal care during the first trimester at 85%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70%.
- Increase the number of PHRM clients served by 2%.

<b>Funding:</b>	\$3,542,148	General
	3,263,841	Federal
	<u>8,882,593</u>	Other
	\$15,688,582	Total

**FY 2009 Objectives:**

- Reduce the incidence of low birthweight births to 11.1%.
- Reduce the fetal death rate to no more than 9.6 per 1,000 live births plus fetal deaths.
- Maintain the percentage of pregnant women receiving prenatal care during the first trimester at 85%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70%.
- Increase the number of PHRM clients served by 2%.

<b>Funding:</b>	\$3,649,486	General
	3,427,033	Federal
	<u>8,916,693</u>	Other
	\$15,993,212	Total

**FY 2010 Objectives:**

- Maintain the incidence of low birth weight births at 11.1%.
- Maintain the fetal death rate at no more than 9.6 per 1,000 live births plus fetal deaths.
- Maintain the percentage of pregnant women receiving prenatal care during the first trimester at 85%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70%.
- Increase the number of PHRM clients served by 2%.

<b>Funding:</b>	\$3,756,824	General
	3,598,386	Federal
	<u>8,951,234</u>	Other
	\$16,306,444	Total

## Child/Adolescent Health

**Program Description:** The goal of the MDH Child Health Program is to reduce mortality, morbidity, and disability rates for infants, children, and adolescents to ensure optimal growth and development. The MDH provides childhood immunizations, well child assessments, limited sick child care, and tracking of infants and other high-risk children. MDH targets services to children with family incomes at or below 185% of the federal poverty level. Comprehensive services offered to children and adolescents include Genetics (newborn screening), Early Intervention, WIC, Abstinence Education, Early and Periodic Screening, Diagnosis, and Treatment (preventive screening), Early Hearing Detection and Intervention, and the Children's Medical Program (services for children with special health care needs). A multidisciplinary team includes physicians, nurse practitioners, nurses, nutritionists, and social workers. The program provides early identification of serious conditions and linkages with resources for effective treatment and management.

Sudden Infant Death Syndrome (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 (by telephone, mail, or home visit) to offer support, counseling, and referral to appropriate services. Parents, caretakers, and pregnant women receive literature and counseling regarding activities to reduce the risk of SIDS.

### **FY 2006 Objectives:**

- Provide health services to 70,000 infants, children, and adolescents.
- Provide “abstinence only” education to 15,000 students through selected programs.
- Increase EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening provided in county health departments by 5%.
- Provide adolescent health education and awareness information to approximately 5,000 youth through community initiatives.
- Offer counseling and referral services to at least 95% of families who have experienced a death due to SIDS, as identified from death certificates.

<b>Funding:</b>	\$312,479	General
	3,427,214	Federal
	<u>1,869,829</u>	Other
	\$5,609,522	Total

### **FY 2007 Objectives:**

- Provide health services to 70,000 infants, children, and adolescents.
- Provide “abstinence only” education to 15,000 students through selected programs.
- Increase EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening provided in county health departments by 5%.
- Provide adolescent health education and awareness information to approximately 5,000 youth through community initiatives.
- Offer counseling and referral services to at least 95% of families who have experienced a death due to SIDS, as identified from death certificates.

<b>Funding:</b>	\$345,015	General
	3,531,672	Federal
	<u>1,998,318</u>	Other
	\$5,875,005	Total

**FY 2008 Objectives:**

- Provide health services to 70,000 infants, children, and adolescents.
- Provide “abstinence only” education to 15,000 students through selected programs.
- Increase EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening provided in county health departments by 5%.
- Provide adolescent health education and awareness information to approximately 5,000 youth through community initiatives.
- Offer counseling and referral services to at least 95% of families who have experienced a death due to SIDS, as identified from death certificates.

<b>Funding:</b>	\$382,443	General
	3,580,433	Federal
	<u>2,066,601</u>	Other
	\$6,029,477	Total

**FY 2009 Objectives:**

- Provide health services to 70,000 infants, children, and adolescents.
- Provide “abstinence only” education to 15,000 students through selected programs.
- Increase EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening provided in county health departments by 5%.
- Provide adolescent health education and awareness information to approximately 5,000 youth through community initiatives.
- Offer counseling and referral services to at least 95% of families who have experienced a death due to SIDS, as identified from death certificates.

<b>Funding:</b>	\$394,032	General
	3,759,455	Federal
	<u>2,074,535</u>	Other
	\$6,228,022	Total

**FY 2010 Objectives:**

- Provide health services to 70,000 infants, children, and adolescents.
- Provide “abstinence only” education to 15,000 students through selected programs.
- Increase EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening provided in county health departments by 5%.
- Provide adolescent health education and awareness information to approximately 5,000 youth through community initiatives.
- Offer counseling and referral services to at least 95% of families who have experienced a death due to SIDS, as identified from death certificates.

<b>Funding:</b>	\$405,621	General
	3,947,427	Federal
	<u>2,082,572</u>	Other
	\$6,435,620	Total

## **Supplemental Food Program for Women, Infants, and Children (WIC)**

**Program Description:** The nutritional status of the Maternal and Child Health populations directly affects their overall health and the problems other agency programs are attempting to address. The specific goal of the WIC Program is to reduce mortality and the incidence of physical and mental deficiencies associated with inadequate nutrient intake during pregnancy, infancy, and early childhood. 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. Anemia is the most common problem in all three populations.

The program provides nutrition education and supplemental food to pregnant, breastfeeding, 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 have nutrition-related risk conditions. Income eligibility is automatic for all members of a family where any member is certified eligible for food stamps or Temporary Assistance for Needy Families, and for all members of the family where a pregnant woman or infant is certified eligible for Medicaid.

In addition, 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. Participants receive monthly food packages through distribution centers located in every county. The program operates a total of 94 distribution centers; 29% have converted to the WIC Mart concept of self-service choice, and additional WIC Marts will be implemented as needed to better serve the customers.

Myriad studies have clearly demonstrated that the WIC Program improves the outcome of pregnancy and the cognitive performance of children. Studies also prove that WIC reduces infant mortality and the incidence of low birthweight babies. Each participant receives nutrition education upon initial certification, with follow-up counseling scheduled at least every six months. Counseling provides information on the use of foods in the WIC package and general nutrition for the whole family over the life cycle.

Federal legislation has given the WIC program increasing responsibility for such issues as breastfeeding promotion, substance abuse, and the compelling need for extended clinic and food distribution hours to serve the working poor. To address these issues, all participants or their caregivers receive counseling and literature on substance abuse, and women who are substance abusers are referred for counseling and treatment to resources within their communities. The program supports lactation counseling staff to encourage and support women in breastfeeding. Special breastfeeding funds provide equipment, promotion and support literature, and workshops. In an effort to be more accessible to working participants, health departments and distribution centers in various parts of the state are offering extended hours on certain days each week.

### **FY 2006 Objectives:**

- Increase the potentially eligible population served to at least 80%.
- Increase the participation rate to 96%.
- Maintain food costs below \$40.00 per participant.
- Increase the breastfeeding rates for infants in the WIC program to 12%.
- Increase participant satisfaction with the WIC Program to at least 95.5%.

<b>Funding:</b>	\$ 549,222	General
	63,463,104	Federal
	<u>2,584,737</u>	Other
	\$66,597,063	Total

**FY 2007 Objectives:**

- Increase the potentially eligible population served to at least 82%.
- Increase the participation rate to 96.5%.
- Maintain food costs below \$42.00 per participant.
- Increase the breastfeeding rates for infants in the WIC program to 13%.
- Increase participant satisfaction with the WIC Program to at least 96%.

<b>Funding:</b>	\$ 606,409	General
	65,397,391	Federal
	<u>2,762,352</u>	Other
	\$68,766,152	Total

**FY 2008 Objectives:**

- Increase the potentially eligible population served to at least 84%.
- Increase the participation rate to 97%.
- Maintain food costs below \$44.00 per participant.
- Increase the breastfeeding rates for infants in the WIC program to 14%.
- Increase participant satisfaction with the WIC Program to at least 96.5%.

<b>Funding:</b>	\$ 672,192	General
	66,300,324	Federal
	<u>2,856,743</u>	Other
	\$69,829,259	Total

**FY 2009 Objectives:**

- Increase the potentially eligible population served to at least 86%.
- Increase the participation rate to 97.5%.
- Maintain food costs below \$46.00 per participant.
- Increase the breast-feeding rates for infants in the WIC program to 15%.
- Increase participant satisfaction with the WIC Program to at least 97%.

<b>Funding:</b>	\$ 692,562	General
	69,615,339	Federal
	<u>2,867,710</u>	Other
	\$73,175,611	Total

**FY 2010 Objectives:**

- Increase the potentially eligible population served to at least 88%.
- Increase the participation rate to 98%.
- Maintain food costs below \$48.00 per participant.
- Increase the breast-feeding rates for infants in the WIC program to 16%.
- Increase participant satisfaction with the WIC Program to at least 97.5%.

<b>Funding:</b>	\$ 712,931	General
	73,096,106	Federal
	<u>2,878,818</u>	Other
	\$76,687,855	Total

## Genetics (Newborn Screening)

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

The MDH Genetics Program provides screening, diagnosis, counseling, and follow-up for a range of genetic disorders. Preventive measures to minimize the effects of these disorders through early detection and timely medical evaluation, diagnosis, and treatment receive priority. The program provides professional and patient education to ensure that information is readily available to the population at risk and to hospitals, physicians, and other health care providers. Newborn screening includes phenylketonuria, hypothyroidism, hemoglobinopathies, galactosemia, congenital adrenal hyperplasia, biotinidase deficiency, cystic fibrosis, medium-chain acyl-CoA dehydrogenase deficiency, and 32 other disorders. Identifying these problems early allows immediate intervention and can prevent irreversible physical conditions, development disabilities, or death. Upon diagnosis, the patient receives referral to the Early Intervention Program, Children's Medical Program, other health department programs, and community resources. Since January 1, 2000, the program has collected data for a statewide birth defects registry.

### **FY 2006 Objectives:**

- Screen 99% of newborns in Mississippi for genetic disorders.
- Provide adequate follow-up and referral for 99% of newborns with inconclusive or presumptive positive screen results.
- Assure that at least 95% of children diagnosed with genetic disorders receive medical care/treatment and case management services.
- Increase the number of hospitals reporting to the state birth defects registry to 30.

**Funding:** Included with Child/Adolescent Health

### **FY 2007 Objectives:**

- Screen 99% of newborns in Mississippi for genetic disorders.
- Provide adequate follow-up and referral for 99% of newborns with inconclusive or presumptive positive screen results.
- Assure that at least 95% of children diagnosed with genetic disorders receive medical care/treatment and case management services.
- Increase the number of hospitals reporting to the state birth defects registry by 10%, to 33 hospitals.

**Funding:** Included with Child/Adolescent Health

### **FY 2008 Objectives:**

- Screen 99% of newborns in Mississippi for genetic disorders.
- Provide adequate follow-up and referral for 99% of newborns with inconclusive or presumptive positive screen results.
- Assure that at least 97% of children diagnosed with genetic disorders receive medical care/treatment and case management services.
- Increase the number of hospitals reporting to the state birth defects registry by 10%, to 36 hospitals.

**Funding:** Included with Child/Adolescent Health

**FY 2009 Objectives:**

- Screen 99% of newborns in Mississippi for genetic disorders.
- Provide adequate follow-up and referral for 99% of newborns with inconclusive or presumptive positive screen results.
- Assure that at least 98% of children diagnosed with genetic disorders receive medical care/treatment and case management services.
- Increase the number of hospitals reporting to the state birth defects registry by 10%, to 39 hospitals.

**Funding:** Included with Child/Adolescent Health

**FY 2010 Objectives:**

- Screen 99% of newborns in Mississippi for genetic disorders.
- Provide adequate follow-up and referral for 99% of newborns with inconclusive or presumptive positive screen results.
- Assure that at least 98% of children diagnosed with genetic disorders receive medical care/treatment and case management services.
- Increase the number of hospitals reporting to the state birth defects registry by 10%, to 43 hospitals.

**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 need 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 MDH is lead agency for implementing Part C of Public Law 108-446, the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA), which supports states in the development of an interagency comprehensive system of early intervention services for children with disabilities from birth to three years of age and their families. "First Steps" is the name for the statewide, interagency early intervention system. MDH is responsible for providing the infrastructure for the system of interagency services and providing technical assistance for planning and implementation of the system.

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. The MDH 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 support the families of all eligible children through the early intervention system process, completing intake, referring for evaluation, facilitating development of an individualized 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.

### **FY 2006 Objectives:**

- Identify the potentially eligible infants and toddlers statewide, at a minimum of 2% of the birth to three-year old population.
- Increase by 10% the number of children referred to the Early Intervention Program.
- Increase by 10% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Increase by 10% the number of "at risk" children tracked for developmental surveillance purposes.
- Ensure that 95% of IFSPs are written within 45 days of the initial referral.
- Ensure that 100% of justifications for missing 45-day timeline for IFSP are child-based.
- Increase by 10% the percentage of children receiving services who entered the system prior to their first birthday.
- Provide at least 85% of all primary early intervention services in natural environments as defined by IDEIA Part C.
- Ensure that 100% of justifications for services provided outside the natural environment are child-based.
- Expand the number of local interagency coordinating councils by two.
- Ensure that 60% of services outlined on the IFSP are provided within 30 days of implementation date.

<b>Funding:</b>	\$2,674,793	General
	5,112,923	Federal
	<u>392,631</u>	Other
	\$8,180,347	Total

**FY 2007 Objectives:**

- Identify the potentially eligible infants and toddlers statewide, at a minimum of 2% of the birth to three-year old population.
- Increase by 10% the number of children referred to the Early Intervention Program.
- Increase by 10% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Increase by 10% the number of “at risk” children tracked for developmental surveillance purposes.
- Ensure that 95% of IFSPs are written within 45 days of the initial referral.
- Ensure that 100% of justifications for missing 45-day timeline for IFSP are child-based.
- Increase by 10% the percentage of children receiving services who entered the system prior to their first birthday.
- Provide at least 85% of all primary early intervention services in natural environments as defined by IDEIA Part C.
- Ensure that 100% of justifications for services provided outside the natural environment are child-based.
- Expand the number of local interagency coordinating councils by two.
- Ensure that 75% of services outlined on the IFSP are provided within 30 days of implementation date.

<b>Funding:</b>	\$2,953,303	General
	5,268,759	Federal
	<u>419,612</u>	Other
	\$8,641,674	Total

**FY 2008 Objectives:**

- Identify the potentially eligible infants and toddlers statewide, at a minimum of 2% of the birth to three-year old population.
- Increase by 10% the number of children referred to the Early Intervention Program.
- Increase by 10% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Increase by 10% the number of “at risk” children tracked for developmental surveillance purposes.
- Ensure that 95% of IFSPs are written within 45 days of the initial referral.
- Ensure that 100% of justifications for missing 45-day timeline for IFSP are child-based.
- Increase by 10% the percentage of children receiving services who entered the system prior to their first birthday.
- Provide at least 85% of all primary early intervention services in natural environments as defined by IDEIA Part C.
- Ensure that 100% of justifications for services provided outside the natural environment are child-based.
- Expand the number of local interagency coordinating councils by two.
- Ensure that 95% of services outlined on the IFSP are provided within 30 days of implementation date.

<b>Funding:</b>	\$3,273,676	General
	5,341,504	Federal
	<u>433,950</u>	Other
	\$9,049,130	Total

**FY 2009 Objectives:**

- Identify the potentially eligible infants and toddlers statewide, at a minimum of 2% of the birth to three-year old population.
- Increase by 10% the number of children referred to the Early Intervention Program.
- Increase by 10% the number of children who are being served according to an Individualized Family Service Plan (IFSP).

- Increase by 10% the number of “at risk” children tracked for developmental surveillance purposes.
- Ensure that 95% of IFSPs are written within 45 days of the initial referral.
- Ensure that 100% of justifications for missing 45-day timeline for IFSP are child-based.
- Increase by 10% the percentage of children receiving services who entered the system prior to their first birthday.
- Provide at least 85% of all primary early intervention services in natural environments as defined by IDEIA Part C.
- Ensure that 100% of justifications for services provided outside the natural environment are child-based.
- Expand the number of local interagency coordinating councils by two.
- Ensure that 95% of services outlined on the IFSP are provided within 30 days of implementation date.

<b>Funding:</b>	\$3,372,879	General
	5,608,580	Federal
	<u>435,616</u>	Other
	\$9,417,075	Total

**FY 2010 Objectives:**

- Identify the potentially eligible infants and toddlers statewide, at a minimum of 2% of the birth to three-year old population.
- Increase by 10% the number of children referred to the Early Intervention Program.
- Increase by 10% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Increase by 10% the number of “at risk” children tracked for developmental surveillance purposes.
- Ensure that 95% of IFSPs are written within 45 days of the initial referral.
- Ensure that 100% of justifications for missing 45-day timeline for IFSP are child-based.
- Increase by 10% the percentage of children receiving services who entered the system prior to their first birthday.
- Provide at least 85% of all primary early intervention services in natural environments as defined by IDEIA Part C.
- Ensure that 100% of justifications for services provided outside the natural environment are child-based.
- Expand the number of local interagency coordinating councils by two.
- Ensure that 95% of services outlined on the IFSP are provided within 30 days of implementation date.

<b>Funding:</b>	\$3,472,081	General
	5,889,010	Federal
	<u>437,304</u>	Other
	\$9,798,395	Total

# Children's Medical Program

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

The Children's Medical Program (CMP) provides access to medical care and assistance to children with certain chronic conditions and physical handicaps whose parents cannot afford all or part of the medical costs of caring for their children. CMP provides care for many children who have severe problems which may lead to permanent disability if left untreated. More than 6,000 patients are enrolled in the program; approximately 3,000 of these are active patients receiving services.

CMP offers clinic services, hospitalization, corrective surgery, physical and speech therapy consultation, and case management. The program provides specialized assistance to hemophilia, cystic fibrosis, and sickle cell patients, and limited services for dental corrections. The program also offers counseling for problems relating to social services and nutritional needs and attempts to make appropriate referrals for services the program does not offer. Transition services are provided for children with special health care needs through all developmental stages based on needs and available resources. Particular efforts are made to transition patients from pediatric/adolescent providers to adult specialty providers and other adult-centered resources.

The CMP operates field clinics in 13 locations throughout the state, staffed by health department personnel and contract physicians in various specialties. Field clinics provide a variety of services including orthopedics, neurology, cardiology, genetics, and specialty clinics for cleft lip/cleft palate patients. As a result of the specialty services in these satellite clinics, patients may receive surgery or other inpatient services in the local community. In certain complex cases where multi-disciplinary care is required, the patients may be referred to Jackson, Memphis, or other major tertiary care centers for surgery or related care.

## **FY 2006 Objectives:**

- Increase by 2% the number of children enrolled in the program who have identified a medical home for ongoing, comprehensive care.
- Increase by 3% the number of children who receive medical assistance through the program.
- Increase the patient/family satisfaction rate by 2%.
- Determine the number of CMP patients with an identified dental home.

<b>Funding:</b>	\$126,308	General
	3,198,044	Federal
	<u>3,033,613</u>	Other
	\$6,357,965	Total

## **FY 2007 Objectives:**

- Increase by 2% the number of children enrolled in the program who have identified a medical home for ongoing, comprehensive care.
- Increase by 3% the number of children who receive medical assistance through the program.
- Increase the patient/family satisfaction rate by 2%.
- Increase by 2% the number of CMP patients with an identified dental home.

<b>Funding:</b>	\$139,459	General
	3,295,517	Federal
	<u>3,242,074</u>	Other
	\$6,677,050	Total

**FY 2008 Objectives:**

- Increase by 2% the number of children enrolled in the program who have identified a medical home for ongoing, comprehensive care.
- Increase by 3% the number of children who receive medical assistance through the program.
- Increase the patient/family satisfaction rate by 2%.
- Increase by 2% the number of CMP patients with an identified dental home.

<b>Funding:</b>	\$154,588	General
	3,341,018	Federal
	<u>3,352,856</u>	Other
	\$6,848,462	Total

**FY 2009 Objectives:**

- Increase by 2% the number of children enrolled in the program who have identified a medical home for ongoing, comprehensive care.
- Increase by 3% the number of children who receive medical assistance through the program.
- Increase the patient/family satisfaction rate by 2%.
- Increase by 2% the number of CMP patients with an identified dental home.

<b>Funding:</b>	\$159,273	General
	3,508,069	Federal
	<u>3,365,728</u>	Other
	\$7,033,070	Total

**FY 2010 Objectives:**

- Increase by 2% the number of children enrolled in the program who have identified a medical home for ongoing, comprehensive care.
- Increase by 3% the number of children who receive medical assistance through the program.
- Increase the patient/family satisfaction rate by 2%.
- Increase by 2% the number of CMP patients with an identified dental home.

<b>Funding:</b>	\$163,957	General
	3,683,472	Federal
	<u>3,378,767</u>	Other
	\$7,226,196	Total

## Dental Health Services

**Program Description:** The goal of the MDH Dental Program is to promote oral health among children, adolescents, and their families through screening, counseling, and the use of proven preventive strategies. These strategies include providing fluoride mouth rinse and preventive dental sealants to school children, fluoridation of community water systems, and health education and prevention services. The program also assists with access to dental care for indigent children and children with special health care needs through the Dental Corrections Program and the Children's Medical Program.

### **Special Initiatives:**

**Public Water Fluoridation** adjusts the fluoride content that occurs naturally in a community's water to the best level for preventing tooth decay. Hundreds of studies during the past 50 years show that community water fluoridation is a safe and effective way to prevent tooth decay. Children and adults who are at low risk for dental decay can stay cavity-free through frequent exposure to small amounts of fluoride in drinking water. Less than 42% of Mississippi's population receives public water fluoridation, compared to 66% nationally. Since July 1, 2003, a public-private partnership with the Bower Foundation provides additional resources to increase the population in Mississippi that receives optimally fluoridated water.

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

A **School Fluoride Mouth Rinse Program** provides free weekly fluoride mouth rinses for children in public school grades K to 5 in communities without public water fluoridation. The weekly rinses, supervised by school personnel, help prevent tooth decay and may even help reverse existing decay. During the FY 2005 school year, more than 11,000 Mississippi children participated in this voluntary 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 receive full or partial reimbursement, depending on need. The number of children served decreased in FY 2005, possibly due to the expansion of dental services in the State Children's Health Insurance Program. The Dental Division also partners with the Children's Medical Program to assist the dental needs of children with special health care needs.

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

**Cross Roads Dental Services** is a new collaboration between the Dental Health Program and the University of Mississippi School of Dentistry to provide dental care to persons living with HIV Disease who are enrolled in the AIDS Drug Assistance Program. The clinic began providing dental services in July 2005.

**FY 2006 Objectives:**

- Increase by 2% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Increase by 2% the number of low-income children living in targeted areas (based on needs assessment outcomes) who received dental sealants on their molar teeth.
- Increase by 5% the number of children in school K through sixth grade receiving oral disease prevention in areas without optimal public water fluoridation.
- Expand participation by 1% in the daily chewable fluoride tablet program in preschools located in communities without water fluoridation.
- Increase by 1% the percentage of children seen in MDH clinics who receive dental caries risk assessment and surveillance.

**Funding:** Included with Child/Adolescent Health

**FY 2007 Objectives:**

- Increase by 2% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Increase by 2% the number of low-income children living in targeted areas (based on needs assessment outcomes) who received dental sealants on their molar teeth.
- Increase by 5% the number of children in school K through sixth grade receiving oral disease prevention in areas without optimal public water fluoridation.
- Expand participation by 1% in the daily chewable fluoride tablet program in preschools located in communities without water fluoridation.
- Increase by 5% the percentage of children seen in MDH clinics who receive dental caries risk assessment and surveillance.

**Funding:** Included with Child/Adolescent Health

**FY 2008 Objectives:**

- Increase by 4% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Increase by 2% the number of low-income children living in targeted areas (based on needs assessment outcomes) who received dental sealants on their molar teeth.
- Increase by 5% the number of children in school K through sixth grade receiving oral disease prevention in areas without optimal public water fluoridation.
- Expand participation by 1% in the daily chewable fluoride tablet program in preschools located in communities without water fluoridation.
- Increase by 5% the percentage of children seen in MDH clinics who receive dental caries risk assessment and surveillance.

**Funding:** Included with Child/Adolescent Health

**FY 2009 Objectives:**

- Increase by 5% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Increase by 2% the number of low-income children living in targeted areas (based on needs assessment outcomes) who received dental sealants on their molar teeth.
- Increase by 5% the number of children in school K through sixth grade receiving oral disease prevention in areas without optimal public water fluoridation.

- Expand participation by 1% in the daily chewable fluoride tablet program in preschools located in communities without water fluoridation.
- Increase by 5% the percentage of children seen in MDH clinics who receive dental caries risk assessment and surveillance.

**Funding:** Included with Child/Adolescent Health

**FY 2010 Objectives:**

- Increase by 2% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Increase by 2% the number of low-income children living in targeted areas (based on needs assessment outcomes) who received dental sealants on their molar teeth.
- Increase by 5% the number of children in school K through sixth grade receiving oral disease prevention in areas without optimal public water fluoridation.
- Expand participation by 1% in the daily chewable fluoride tablet program in preschools located in communities without water fluoridation.
- Increase by 5% the percentage of children seen in MDH clinics who receive dental caries risk assessment and surveillance.

**Funding:** Included with Child/Adolescent Health



## **Environmental Health**

Regulatory programs administered by the Office 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 and processing establishments, water systems, radioactive materials, onsite wastewater disposal systems, and boiler and pressure vessels. Staff work with local, state, and federal officials to ensure the successful implementation of these cornerstone public health programs.



## **General Environmental Services Vector Control Institutional 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. 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.

The MDH operates environmental services in the following areas: vector control, institutional services, onsite wastewater, food protection, milk, public water supply, radiation control, and boiler and pressure vessel safety. These programs are detailed in the following sections. The General Environmental Services budget includes administration for Environmental Health and vector control.

**Vector Control:** Insects and rodents directly affect human health through bites, stings, and contamination of food products. In addition, they indirectly impact public health by transmitting disease agents such as West Nile virus, Rocky Mountain spotted fever, and Lyme disease. Therefore, controlling or preventing insects and rodents is a public health function that contributes to overall community health.

A medical entomologist within the Office of Environmental Health is available to the public and the health care community for consultation and advice concerning public health pest management and prevention/control of insect-transmitted disease outbreaks. The entomologist also works closely with municipalities, providing expertise and assistance regarding mosquito control.

**Institutional Services:** Federal court orders require the inspection of all Mississippi jails for health and safety standards. Staff of the Institutional Services Program inspect 106 correctional facilities; state prisons receive annual inspection while regional prisons and county jails are inspected twice each year. This program also reviews plans of all public buildings to ensure compliance with the Americans With Disabilities Act regarding designated handicapped parking, wheelchair ramps for building access, wheelchair accessible restroom facilities and drinking fountains, and elevators. The program provides technical assistance to environmentalists inspecting foster homes, public buildings, and family child care homes.

Upon assignment of the Consumer Product Safety Commission, the program also ensures that recalled products have been removed from store shelves or appropriate action taken in accordance with Commission directives. In addition, the program receives referrals from the MDH Child Health Program of children identified through screening as having elevated blood lead levels. An Institutional Services Program staff member conducts environmental assessments for lead in the homes of these children or in any location the child spends six hours or more each day and makes recommendations for reducing lead exposure.

### **FY 2006 Objectives:**

#### **Vector Control**

- Respond to 100% of requests for assistance, information, or presentations concerning insects, rodents, or other vectors.

**Institutional Services**

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

<b>Funding:</b>	\$1,853,985	General
	135,253	Federal
	<u>962,017</u>	Other
	\$2,951,255	Total

**FY 2007 Objectives:**

**Vector Control**

- Respond to 100% of requests for assistance, information, or presentations concerning insects, rodents, or other vectors.

**Institutional Services**

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

<b>Funding:</b>	\$2,524,204	General
	158,343	Federal
	<u>1,093,289</u>	Other
	\$3,775,836	Total

**FY 2008 Objectives:**

**Vector Control**

- Respond to 100% of requests for assistance, information, or presentations concerning insects, rodents, or other vectors.

**Institutional Services**

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

<b>Funding:</b>	\$2,269,090	General
	141,300	Federal
	<u>1,063,255</u>	Other
	\$3,473,645	Total

**FY 2009 Objectives:**

**Vector Control**

- Respond to 100% of requests for assistance, information, or presentations concerning insects, rodents, or other vectors.

**Institutional Services**

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

<b>Funding:</b>	\$2,337,851	General
	148,365	Federal
	<u>1,067,337</u>	Other
	\$3,553,553	Total

**FY 2010 Objectives:**

**Vector Control**

- Respond to 100% of requests for assistance, information, or presentations concerning insects, rodents, or other vectors.

**Institutional Services**

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

<b>Funding:</b>	\$2,406,611	General
	155,782	Federal
	<u>1,071,471</u>	Other
	\$3,633,864	Total

## Onsite Wastewater

The Onsite Wastewater Program seeks to reduce, as much as possible, the potential for the spread of disease through improper disposal of human waste. The program develops policies/regulations and gives technical assistance to county and district environmentalists in inspecting R.V. parks, onsite wastewater disposal systems, and individual water supplies. Engineers and program specialists provide technical assistance and training in individual onsite wastewater disposal. Program staff conduct bi-monthly seminars for certification of new wastewater system installers and biannual seminars for continuing education to installers; inspect manufacturers of septic tanks and perform quality tests of tanks; and evaluate and improve computer modeling programs to aid in the design of onsite wastewater systems.

District and county environmentalists perform soil and site evaluations of proposed building lots and provide the property owner with a list of systems suitable for installation on the site. They also approve and collect samples from private wells and investigate general environmental complaints. Efforts continue to locate onsite wastewater systems and establish a GIS database on these systems.

### **FY 2006 Objectives:**

- Provide two continuing education seminars in each public health district for onsite wastewater system installers as a licensure requirement.
- Provide a response to secondary soil and site evaluation requests within five days.
- Provide individual onsite wastewater disposal system recommendations with 98% accuracy.
- Provide and collect geospatial data for 98% of the sites visited by the county environmentalists.
- Provide educational seminars to 15 engineers and developers.
- Initiate investigation of complaints within five days of receipt.
- Increase the percentage of installers receiving a graded license to 50%.

<b>Funding:</b>	\$1,120,544	General
	116,489	Federal
	<u>795,978</u>	Other
	\$2,033,011	Total

### **FY 2007 Objectives:**

- Provide two continuing education seminars in each public health district for onsite wastewater system installers as a licensure requirement.
- Provide a response to secondary soil and site evaluation requests within four days.
- Provide individual onsite wastewater disposal system recommendations with 99% accuracy.
- Provide and collect geospatial data for 98% of the sites visited by the county environmentalists.
- Provide educational seminars to 20 engineers and developers.
- Initiate investigation of complaints within four days of receipt.
- Increase the percentage of installers receiving a graded license to 75%.

<b>Funding:</b>	\$1,525,622	General
	136,376	Federal
	<u>904,594</u>	Other
	\$2,566,592	Total

### **FY 2008 Objectives:**

- Provide two continuing education seminars in each public health district for onsite wastewater system installers as a licensure requirement.
- Provide a response to secondary soil and site evaluation requests within three days.

- Provide individual onsite wastewater disposal system recommendations with 100% accuracy.
- Provide and collect geospatial data for 99% of the sites visited by the county environmentalists.
- Provide educational seminars to 30 engineers and developers.
- Initiate investigation of complaints within three days of receipt.
- Increase the percentage of installers receiving a graded license to 100%.

<b>Funding:</b>	\$1,371,433	General
	121,697	Federal
	<u>879,743</u>	Other
	\$2,372,873	Total

**FY 2009 Objectives:**

- Provide two continuing education seminars in each public health district for onsite wastewater system installers as a licensure requirement.
- Provide a response to secondary soil and site evaluation requests within three days.
- Provide individual onsite wastewater disposal system recommendations with 100% accuracy.
- Provide and collect geospatial data for 99% of the sites visited by the county environmentalists.
- Provide educational seminars to 30 engineers and developers.
- Initiate investigation of complaints within three days of receipt.
- Ensure that 100% of installers receive a graded license.

<b>Funding:</b>	\$1,412,990	General
	127,782	Federal
	<u>883,120</u>	Other
	\$2,423,892	Total

**FY 2010 Objectives:**

- Provide two continuing education seminars in each public health district for onsite wastewater system installers as a licensure requirement.
- Provide a response to secondary soil and site evaluation requests within three days.
- Provide individual onsite wastewater disposal system recommendations with 100% accuracy.
- Provide and collect geospatial data for 99% of the sites visited by the county environmentalists.
- Provide educational seminars to 30 engineers and developers.
- Initiate investigation of complaints within three days of receipt.
- Ensure that 100% of installers receive a graded license.

<b>Funding:</b>	\$1,454,550	General
	134,171	Federal
	<u>886,541</u>	Other
	\$2,475,262	Total

## Food Protection

The MDH Food Protection Program seeks to reduce the potential for the spread of disease through food establishments in the state. The program develops policies, provides regulations, and gives advice and guidance to county, regional, and district environmentalists in their efforts to reduce the risk factors that contribute to foodborne illnesses. Environmentalists also provide assistance and training to the food service and processing industry to help ensure that facilities comply with state and federal laws, rules, and regulations. Food service facilities must receive an annual permit from the MDH to operate, with inspection frequency based on risk factors. Manager certification is required of all food service facilities, and numerous specialized training programs are available to all of the food industry. In addition, the Food Protection Program inspects processing facilities such as food manufacturers, soft drink bottling plants, bakeries, bottled water plants, ice plants, and warehouses. 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.

### **FY 2006 Objectives:**

- Ensure that 95% of critical violations are corrected within 10 days.
- Ensure that 95% of food facilities comply with manager certification requirements.
- Provide comprehensive training to 100% of public health environmentalists.
- Inspect 100% of food facilities at frequency required by risk category.

<b>Funding:</b>	\$ 924,987	General
	538	Federal
	<u>1,350,162</u>	Other
	\$2,275,687	Total

### **FY 2007 Objectives:**

- Ensure that 95% of critical violations are corrected within 10 days.
- Ensure that 95% of food facilities comply with manager certification requirements.
- Provide comprehensive training to 100% of public health environmentalists.
- Inspect 100% of food facilities at frequency required by risk category.

<b>Funding:</b>	\$1,259,370	General
	630	Federal
	<u>1,534,400</u>	Other
	\$2,794,400	Total

### **FY 2008 Objectives:**

- Ensure that 95% of critical violations are corrected within 10 days.
- Ensure that 95% of food facilities comply with manager certification requirements.
- Provide comprehensive training to 100% of public health environmentalists.
- Inspect 100% of food facilities at frequency required by risk category.

<b>Funding:</b>	\$1,132,091	General
	562	Federal
	<u>1,492,247</u>	Other
	\$2,624,900	Total

### **FY 2009 Objectives:**

- Ensure that 95% of critical violations are corrected within 10 days.
- Ensure that 95% of food facilities comply with manager certification requirements.

- Provide comprehensive training to 100% of public health environmentalists.
- Inspect 100% of food facilities at frequency required by risk category.

<b>Funding:</b>	\$1,166,396	General
	590	Federal
	<u>1,497,975</u>	Other
	\$2,664,961	Total

**FY 2010 Objectives:**

- Ensure that 95% of critical violations are corrected within 10 days.
- Ensure that 95% of food facilities comply with manager certification requirements.
- Provide comprehensive training to 100% of public health environmentalists.
- Inspect 100% of food facilities at frequency required by risk category.

<b>Funding:</b>	\$1,200,702	General
	620	Federal
	<u>1,503,778</u>	Other
	\$2,705,100	Total

## Milk Protection

The Milk Program aims to reduce the potential for the spread of disease through milk and milk products. The program regulates milk production, the milk industry, and distribution of milk and milk products in Mississippi through inspection and sampling. The goal is to ensure compliance with state and federal laws, rules, and regulations regarding dairy farms, bulk milk haulers, transfer stations, receiving stations, and pasteurization plants. The program also 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. The program also regulates frozen dessert plants.

Milk environmentalists inspect dairy farms and plants before issuing a permit to sell milk, and take milk 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 products. The program ensures that public health requirements are applied to new products and manufacturing processes within the industry.

### **FY 2006 Objectives:**

- Achieve an overall average state rating score of at least 85% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the USDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the USDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from Grade A milk supplies.

<b>Funding:</b>	\$722,759	General
	-0-	Federal
	<u>59,216</u>	Other
	\$781,975	Total

### **FY 2007 Objectives:**

- Achieve an overall average state rating score of at least 85% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the USDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the USDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from Grade A milk supplies.

<b>Funding:</b>	\$ 984,037	General
	-0-	Federal
	<u>67,297</u>	Other
	\$1,051,334	Total

### **FY 2008 Objectives:**

- Achieve an overall average state rating score of at least 85% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the USDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the USDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from Grade A milk supplies.

<b>Funding:</b>	\$884,584	General
	-0-	Federal
	<u>65,448</u>	Other
	\$950,032	Total

**FY 2009 Objectives:**

- Achieve an overall average state rating score of at least 85% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the USDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the USDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from Grade A milk supplies.

<b>Funding:</b>	\$911,390	General
	-0-	Federal
	<u>65,699</u>	Other
	\$977,089	Total

**FY 2010 Objectives:**

- Achieve an overall average state rating score of at least 85% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the USDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the USDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from Grade A milk supplies.

<b>Funding:</b>	\$ 938,195	General
	-0-	Federal
	<u>65,953</u>	Other
	\$1,004,148	Total

## Public Water Supply

**Program Description:** The Public Water Supply program ensures safe drinking water to the 2.8 million citizens of Mississippi (97% of the state’s population) who utilize community public water supplies, by strictly enforcing the requirements of the Safe Drinking Water Act (SDWA). The program includes five programmatic areas: (1) bacteriological, chemical, and radiological monitoring of drinking water quality; (2) negotiation with consulting engineers on the final design of engineering plans and specifications for all new or substantially modified public water supplies; (3) annual surveys of each community public water supply to eliminate operational and maintenance problems that may potentially affect drinking water quality; (4) enforcement to ensure that the standards of federal and state SDWAs are followed; and (5) licensure of waterworks operators and training of water supply officials, consulting engineers, and MDH environmental staff in the proper methods of designing, constructing, and operating public water systems.

**FY 2006 Objectives:**

- Ensure that 80% of Mississippi’s public water systems have implemented effective cross connection control programs.
- Complete a Capacity Assessment/Rating on 95% of the state’s community public water systems.
- Complete a sanitary survey of 95% of public water supplies.
- Review and comment on 85% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Ensure that 98% of community public water supplies utilize a waterworks operator licensed by MDH.
- Follow up and resolve 100% of SDWA water quality violations.
- Ensure that affected citizens are immediately notified, i.e. radio and/or television, of potential acute drinking water contamination incidents so that consumptive use can be discontinued until the source of contamination is located and eliminated.

<b>Funding:</b>	\$ 122,094	General
	1,752,106	Federal
	<u>2,118,329</u>	Other
	\$3,992,529	Total

**FY 2007 Objectives:**

- Ensure that 85% of Mississippi’s public water systems have implemented effective cross connection control programs.
- Complete a Capacity Assessment/Rating on 95% of the state’s community public water systems.
- Complete a sanitary survey of 95% of public water supplies.
- Review and comment on 90% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Ensure that 98% of community public water supplies utilize a waterworks operator licensed by MDH.
- Follow up and resolve 100% of SDWA water quality violations.
- Ensure that affected citizens are immediately notified, i.e. radio and/or television, of potential acute drinking water contamination incidents so that consumptive use can be discontinued until the source of contamination is located and eliminated.

<b>Funding:</b>	\$ 166,231	General
	2,051,222	Federal
	<u>2,407,389</u>	Other
	\$4,624,842	Total

**FY 2008 Objectives:**

- Ensure that 90% of Mississippi’s public water systems have implemented effective cross connection control programs.
- Complete a Capacity Assessment/Rating on 95% of the state’s community public water systems.
- Complete a sanitary survey of 95% of public water supplies.
- Review and comment on 95% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Ensure that 98% of community public water supplies utilize a waterworks operator licensed by MDH.
- Follow up and resolve 100% of SDWA water quality violations.
- Ensure that affected citizens are immediately notified, i.e. radio and/or television, of potential acute drinking water contamination incidents so that consumptive use can be discontinued until the source of contamination is located and eliminated.

<b>Funding:</b>	\$ 149,431	General
	1,830,437	Federal
	<u>2,341,253</u>	Other
	\$4,321,121	Total

**FY 2009 Objectives:**

- Ensure that 95% of Mississippi’s public water systems have implemented effective cross connection control programs.
- Complete a Capacity Assessment/Rating on 95% of the state’s community public water systems.
- Complete a sanitary survey of 95% of public water supplies.
- Review and comment on 95% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Ensure that 98% of community public water supplies utilize a waterworks operator licensed by MDH.
- Follow up and resolve 100% of SDWA water quality violations.
- Ensure that affected citizens are immediately notified, i.e. radio and/or television, of potential acute drinking water contamination incidents so that consumptive use can be discontinued until the source of contamination is located and eliminated.

<b>Funding:</b>	\$ 153,959	General
	1,921,959	Federal
	<u>2,350,240</u>	Other
	\$4,426,158	Total

**FY 2010 Objectives:**

- Ensure that 95% of Mississippi’s public water systems have implemented effective cross connection control programs.
- Complete a Capacity Assessment/Rating on 95% of the state’s community public water systems.
- Complete a sanitary survey of 95% of public water supplies.
- Review and comment on 95% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Ensure that 98% of community public water supplies utilize a waterworks operator licensed by MDH.
- Follow up and resolve 100% of SDWA water quality violations.
- Ensure that affected citizens are immediately notified, i.e. radio and/or television, of potential acute drinking water contamination incidents so that consumptive use can be discontinued until the source of contamination is located and eliminated.

<b>Funding:</b>	\$ 158,487	General
	2,018,056	Federal
	<u>2,359,344</u>	Other
	\$4,535,887	Total

# Radiation Control

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

Although benefits from the use of radiation are many, the scientific consensus is that there is no level of radiation below which one can be absolutely certain that harmful effects will not occur. Therefore, it is readily apparent that the uncontrolled release of radiation-producing materials and devices could create a significant threat to public health. The Radiological Health Program is concerned with promoting the beneficial use of sources of radiation while ensuring that exposure from natural and man-made sources of radiation are As Low As Is Reasonably Achievable (ALARA) with presently available technology.

The program strives to identify sources of radiation exposure; understand the biological effects of radiation; investigate and evaluate methods of detection; and formulate and apply procedures for the control and reduction of exposure. Program staff participate in national studies such as the Nationwide Evaluation of X-Ray Trends sponsored by the Food and Drug Administration Center for Devices and Radiological Health to characterize the radiation doses patients receive during x-ray diagnostic examinations. 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.

In addition, the Radiological Health Division maintains emergency response capabilities in the event of an incident or accident at the Grand Gulf Nuclear Station, a transportation accident, or a terrorist act involving radioactive materials. The professional staff are trained and on 24-hour call to respond to radiological emergencies. The division participates in quarterly exercises with Grand Gulf Nuclear Station and with other state agencies during bi-annual Federal Emergency Management Agency exercises.

The Mississippi Legislature also designated the MDH Radiological Health Program to review and comment on technical information regarding radioactive waste issues. Accordingly, the staff actively participated in the implementation of the Southeast Interstate Low-Level Radioactive Waste Management Compact.

## **FY 2006 Objectives:**

- Inspect 25 newly-installed x-ray units for compliance with federal standards in accordance with the FDA/MDH agreement.

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor health and safety violations and 5% for major violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor health and safety violations and 5% for major violations.
- Analyze 900 occupied areas for radon levels above Environmental Protection Agency standards in 25 schools and 25 government buildings.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 (MQSA) in accordance with FDA/MDH contract.
- Collect and analyze approximately 1,200 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Analyze approximately 800 public drinking water samples for compliance with EPA safe drinking water standards for radioactivity.
- Monitor for radioactivity at the Salmon Test Site in accordance with the DOE grant, annually sampling 32 wells, quarterly sampling 9 wells, and changing out 25 environmental radiation monitors.
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five working days of receipt.

<b>Funding:</b>	\$ 2,459	General
	158,309	Federal
	<u>859,311</u>	Other
	\$1,020,079	Total

**FY 2007 Objectives:**

- Inspect 25 newly-installed x-ray units for compliance with federal standards in accordance with the FDA/MDH agreement.
- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor health and safety violations and 5% for major violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor health and safety violations and 5% for major violations.
- Analyze 900 occupied areas for radon levels above Environmental Protection Agency standards in 25 schools and 25 government buildings.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 (MQSA) in accordance with FDA/MDH contract.
- Collect and analyze approximately 1,200 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Analyze approximately 800 public drinking water samples for compliance with EPA safe drinking water standards for radioactivity.
- Monitor for radioactivity at the Salmon Test Site in accordance with the DOE grant, annually sampling 32 wells, quarterly sampling 9 wells, and changing out 25 environmental radiation monitors.
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five working days of receipt.

<b>Funding:</b>	\$ 3,348	General
	185,335	Federal
	<u>976,569</u>	Other
	\$1,165,252	Total

**FY 2008 Objectives:**

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor health and safety violations and 5% for major violations.

- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor health and safety violations and 5% for major violations.
- Analyze 900 occupied areas for radon levels above Environmental Protection Agency standards in 25 schools and 25 government buildings.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 (MQSA) in accordance with FDA/MDH contract.
- Collect and analyze approximately 1,200 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Analyze approximately 800 public drinking water samples for compliance with EPA safe drinking water standards for radioactivity.
- Monitor for radioactivity at the Salmon Test Site in accordance with the DOE grant, annually sampling 32 wells, quarterly sampling 9 wells, and changing out 25 environmental radiation monitors.
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five working days of receipt.

<b>Funding:</b>	\$ 3,010	General
	165,386	Federal
	<u>949,741</u>	Other
	\$1,118,137	Total

**FY 2009 Objectives:**

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor health and safety violations and 5% for major violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor health and safety violations and 5% for major violations.
- Analyze 900 occupied areas for radon levels above Environmental Protection Agency standards in 25 schools and 25 government buildings.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 (MQSA) in accordance with FDA/MDH contract.
- Collect and analyze approximately 1,200 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Analyze approximately 800 public drinking water samples for compliance with EPA safe drinking water standards for radioactivity.
- Monitor for radioactivity at the Salmon Test Site in accordance with the DOE grant, annually sampling 32 wells, quarterly sampling 9 wells, and changing out 25 environmental radiation monitors.
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five working days of receipt.

<b>Funding:</b>	\$ 3,101	General
	173,656	Federal
	<u>953,387</u>	Other
	\$1,130,144	Total

**FY 2010 Objectives:**

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor health and safety violations and 5% for major violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor health and safety violations and 5% for major violations.
- Analyze 900 occupied areas for radon levels above Environmental Protection Agency standards in 25 schools and 25 government buildings.

- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 (MQSA) in accordance with FDA/MDH contract.
- Collect and analyze approximately 1,200 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Analyze approximately 800 public drinking water samples for compliance with EPA safe drinking water standards for radioactivity.
- Monitor for radioactivity at the Salmon Test Site in accordance with the DOE grant, annually sampling 32 wells, quarterly sampling 9 wells, and changing out 25 environmental radiation monitors.
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five working days of receipt.

<b>Funding:</b>	\$	3,192	General
		182,339	Federal
		<u>957,080</u>	Other
		\$1,142,611	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 MDH's *Rules and Regulations Governing Boilers and Pressure Vessels*. An MDH chief inspector and two deputy inspectors inspect all uninsured objects, while approximately 100 commissioned insurance company representatives inspect the remainder. Through these inspections, the MDH certifies the use of all boiler and pressure vessels covered by the law. There are currently 30,844 objects certified under the program. Some boiler and pressure vessels receive biennial inspection, while larger, more dangerous (high pressure) ones are inspected twice a year. All funding for this program is generated from inspection and certificate fees.

### **2006 Objectives:**

- Inspect at least 14,000 boilers and pressure vessels.
- Ensure that 100% of dangerous or hazardous conditions are corrected within 30 days.
- Conduct 100% of state inspections within 90 days of certificate expiration date.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>241,979</u>	Other
	\$241,979	Total

### **2007 Objectives:**

- Inspect at least 14,000 boilers and pressure vessels.
- Ensure that 100% of dangerous or hazardous conditions are corrected within 30 days.
- Conduct 100% of state inspections within 90 days of certificate expiration date.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>274,998</u>	Other
	\$274,998	Total

### **2008 Objectives:**

- Inspect at least 14,000 boilers and pressure vessels.
- Ensure that 100% of dangerous or hazardous conditions are corrected within 30 days.
- Conduct 100% of state inspections within 90 days of certificate expiration date.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>267,444</u>	Other
	\$267,444	Total

### **FY 2009 Objectives:**

- Inspect at least 14,000 boilers and pressure vessels.
- Ensure that 100% of dangerous or hazardous conditions are corrected within 30 days.
- Conduct 100% of state inspections within 90 days of certificate expiration date.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>268,470</u>	Other
	\$268,470	Total

**FY 2010 Objectives:**

- Inspect at least 14,000 boilers and pressure vessels.
- Ensure that 100% of dangerous or hazardous conditions are corrected within 30 days.
- Conduct 100% of state inspections within 90 days of certificate expiration date.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>269,510</u>	Other
	\$269,510	Total

## **Disease Prevention**

Disease Prevention programs are designed to reduce the rate of premature death and improve the quality of life for Mississippians in a variety of areas. Some programs seek to reduce the prevalence and incidence of tuberculosis, sexually transmitted diseases, and HIV/AIDS through screening, diagnosis, surveillance, effective intervention, and treatment. The Immunization Program strives to eliminate morbidity and mortality due to childhood vaccine-preventable diseases and to increase adult immunizations for influenza and pneumonia. Other programs target tobacco prevention, diabetes control, cardiovascular health, cancer control, and domestic violence. These programs direct activities toward public awareness, patient education, and community health initiatives that promote healthy lifestyles.



## Epidemiology

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

The Mississippi Department of Health is transitioning to a greater reliance on electronic and web-based information distribution, including monthly and annual disease information summaries posted on the MDH web site. In addition, the Office of the State Epidemiologist conducts periodic mailings to physicians regarding selected diseases of seasonal interest. 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, vaccine preventable disease, international travel requirements and recommendations, tuberculosis, sexually transmitted diseases, and AIDS.

### **FY 2006 Objectives:**

- Investigate 100% of identified and confirmed disease outbreaks within 24 hours and provide appropriate intervention.
- Follow up 100% of reported cases of acute Hepatitis A and provide post-exposure prophylaxis to all identified contacts of acute Hepatitis A cases within two-week post-exposure window.
- Initiate the provision of rifampin prophylaxis within one hour of receiving a call of confirmed meningococcal invasive disease to ensure that contacts receive it within 24 hours.
- Initiate provision of rifampin prophylaxis within one hour of receiving a call of confirmed *Haemophilus influenzae* invasive disease to ensure that contacts receive it within 24 hours.

<b>Funding:</b>	\$1,635,497	General
	1,931,422	Federal
	<u>1,615,752</u>	Other
	\$5,182,671	Total

### **FY 2007 Objectives:**

- Investigate 100% of identified and confirmed disease outbreaks within 24 hours and provide appropriate intervention.
- Follow up 100% of reported cases of acute Hepatitis A and provide post-exposure prophylaxis to all identified contacts of acute Hepatitis A cases within two-week post-exposure window.
- Initiate the provision of rifampin prophylaxis within one hour of receiving a call of confirmed meningococcal invasive disease to ensure that contacts receive it within 24 hours.
- Initiate provision of rifampin prophylaxis within one hour of receiving a call of confirmed *Haemophilus influenzae* invasive disease to ensure that contacts receive it within 24 hours.

<b>Funding:</b>	\$1,714,575	General
	1,973,081	Federal
	<u>1,657,578</u>	Other
	\$5,345,234	Total

**FY 2008 Objectives:**

- Investigate 100% of identified and confirmed disease outbreaks within 24 hours and provide appropriate intervention.
- Follow up 100% of reported cases of acute Hepatitis A and provide post-exposure prophylaxis to all identified contacts of acute Hepatitis A cases within two-week post-exposure window.
- Initiate the provision of rifampin prophylaxis within one hour of receiving a call of confirmed meningococcal invasive disease to ensure that contacts receive it within 24 hours.
- Initiate provision of rifampin prophylaxis within one hour of receiving a call of confirmed *Haemophilus influenza* invasive disease to ensure that contacts receive it within 24 hours.

<b>Funding:</b>	\$2,001,682	General
	2,017,769	Federal
	<u>1,785,786</u>	Other
	\$5,805,237	Total

**FY 2009 Objectives:**

- Investigate 100% of identified and confirmed disease outbreaks within 24 hours and provide appropriate intervention.
- Follow up 100% of reported cases of acute Hepatitis A and provide post-exposure prophylaxis to all identified contacts of acute Hepatitis A cases within two-week post-exposure window.
- Initiate the provision of rifampin prophylaxis within one hour of receiving a call of confirmed meningococcal invasive disease to ensure that contacts receive it within 24 hours.
- Initiate provision of rifampin prophylaxis within one hour of receiving a call of confirmed *Haemophilus influenza* invasive disease to ensure that contacts receive it within 24 hours.

<b>Funding:</b>	\$2,062,340	General
	2,118,658	Federal
	<u>1,792,643</u>	Other
	\$5,973,641	Total

**FY 2010 Objectives:**

- Investigate 100% of identified and confirmed disease outbreaks within 24 hours and provide appropriate intervention.
- Follow up 100% of reported cases of acute Hepatitis A and provide post-exposure prophylaxis to all identified contacts of acute Hepatitis A cases within two-week post-exposure window.
- Initiate the provision of rifampin prophylaxis within one hour of receiving a call of confirmed meningococcal invasive disease to ensure that contacts receive it within 24 hours.
- Initiate provision of rifampin prophylaxis within one hour of receiving a call of confirmed *Haemophilus influenza* invasive disease to ensure that contacts receive it within 24 hours.

<b>Funding:</b>	\$2,122,997	General
	2,224,591	Federal
	<u>1,799,586</u>	Other
	\$6,147,174	Total

# Immunization

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

The Immunization Program assures that adequate supplies of vaccine are available for MDH and Vaccines for Children providers. The program annually monitors both public and private schools and licensed child care facilities for compliance with 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, staff develop educational materials and provide training to immunization providers in the public and private sector; facilitate a statewide immunization coalition; and assist in the development of a statewide immunization registry.

The 2005 immunization survey of two-year-old children showed that 89.7% of Mississippi's children received the recommended 4-DTaP, 3-Polio, and 1-MMR by 27 months of age. The survey indicates that nearly all infants begin immunizations on time, but do not complete them on schedule. Therefore, special emphasis must be focused on ensuring that children complete immunizations in the second year of life, through eliminating missed opportunities to immunize and an intense focus on the fourth immunization visit. Identification of pockets of need poses an additional challenge. To immunize the remaining 10.3% 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 2004-2005 school year, 97.7% of the children enrolled in licensed child care centers and Head Start and 99.7% of the students in kindergarten through 12<sup>th</sup> grades were in compliance with immunization requirements.

## **FY 2006 Objectives:**

- Fully immunize 90% of the state's children with 4-DTaP, 3+ Hib, 3-polio, 1-MMR, and 3-HB by age two.
- Maintain zero incidence of measles and pertussis disease.
- Ensure that all children enrolled in licensed child care facilities are age-appropriately immunized.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 5%.
- Increase immunizations of adults aged 65 and over for influenza and pneumococcal by 5%.
- Use school-based clinics to ensure that 99% of students in grades K-12 are age-appropriately immunized.

<b>Funding:</b>	\$ 1,283,428	General
	3,690,155	Federal
	<u>9,650,403</u>	Other
	\$14,623,986	Total

## **FY 2007 Objectives:**

- Fully immunize 90% of the state's children with 4-DTaP, 3+ Hib, 3-polio, 1-MMR, and 3-HB by age two.

- Maintain zero incidence of measles and pertussis disease.
- Ensure that all children enrolled in licensed child care facilities are age-appropriately immunized.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 5%.
- Increase immunizations of adults aged 65 and over for influenza and pneumococcal by 5%.
- Use school-based clinics to ensure that 99% of students in grades K-12 are age-appropriately immunized.

<b>Funding:</b>	\$1,345,482	General
	3,769,748	Federal
	<u>9,900,217</u>	Other
	\$15,015,447	Total

**FY 2008 Objectives:**

- Fully immunize 90% of the state's children with 4-DTaP, 3+ Hib, 3-polio, 1-MMR, and 3-HB by age two.
- Maintain zero incidence of measles and pertussis disease.
- Ensure that all children enrolled in licensed child care facilities are age-appropriately immunized.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 5%.
- Increase immunizations of adults aged 65 and over for influenza and pneumococcal by 5%.
- Use school-based clinics to ensure that 99% of students in grades K-12 are age-appropriately immunized.

<b>Funding:</b>	\$1,570,785	General
	3,855,129	Federal
	<u>10,665,967</u>	Other
	\$16,091,881	Total

**FY 2009 Objectives:**

- Fully immunize 90% of the state's children with 4-DTaP, 3+ Hib, 3-polio, 1-MMR, and 3-HB by age two.
- Maintain zero incidence of measles and pertussis disease.
- Ensure that all children enrolled in licensed child care facilities are age-appropriately immunized.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 5%.
- Increase immunizations of adults aged 65 and over for influenza and pneumococcal by 5%.
- Use school-based clinics to ensure that 99% of students in grades K-12 are age-appropriately immunized.

<b>Funding:</b>	\$1,618,386	General
	4,047,885	Federal
	<u>10,706,914</u>	Other
	\$16,373,185	Total

**FY 2010 Objectives:**

- Fully immunize 90% of the state's children with 4-DTaP, 3+ Hib, 3-polio, 1-MMR, and 3-HB by age two.
- Maintain zero incidence of measles and pertussis disease.
- Ensure that all children enrolled in licensed child care facilities are age-appropriately immunized.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 5%.
- Increase immunizations of adults aged 65 and over for influenza and pneumococcal by 5%.

- Use school-based clinics to ensure that 99% of students in grades K-12 are age-appropriately immunized.

<b>Funding:</b>	\$1,665,985	General
	4,250,280	Federal
	<u>10,748,389</u>	Other
	\$16,664,654	Total

## HIV/AIDS Prevention

**Program Description:** Acquired Immunodeficiency Syndrome (AIDS) is the result of infection caused by the Human Immunodeficiency Virus (HIV). The length of time from infection to the development of AIDS-defining illnesses varies from person to person, largely because of access to and compliance with clinical services. The time frame can usually be slowed and the development of AIDS-defining illnesses delayed, but this care is expensive. A national study suggested that when the mean cost of inpatient care is added to outpatient care, monitoring, potent antiretroviral therapy, and community care costs, the average annual cost is \$18,000 per patient for asymptomatic HIV infection, versus \$25,000 for a patient with AIDS. The difference of \$7,000 per patient represents the annual “savings” of engaging patients with HIV infection in systems of care as early as possible.

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

### **Special Initiatives:**

***Prevention:*** The program participates in a cooperative agreement with the Centers for Disease Control and Prevention (CDC) to conduct HIV prevention activities, which are primarily related to counseling and testing, appropriate partner notification, and referral to available care and services. These activities are available to the public at no cost in all MDH 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:*** The Health Resources and Services Administration provides funding under Title II of the Ryan White CARE Act. The CARE coordinator conducts outreach activities to inform patients and health care providers about the availability and eligibility requirements of the AIDS Drug Assistance Program, which provides a complete HIV/AIDS formulary, and the Home-Based Program, which provides injectable medication therapy in patients' homes. A formula grant from the Department of Housing and Urban Development funds the Housing for People Living with AIDS program, which serves people living with HIV/AIDS based on a diagnosis of HIV infection or AIDS-defining illness and a financial needs assessment. The services include rent and utilities assistance, emergency shelter, and supportive services (any assistance needed to conduct one or more Activities of Daily Living).

### **FY 2006 Objectives:**

- Conduct 78,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 765 positive HIV antibody screening tests.
- Serve 1,450 persons in the AIDS drug program.
- Serve 90 persons in the home-based program.

- Increase the percentage of partner notification reports completed and returned within 14 days to 68%.
- Maintain a contact index of 2.8 as a result of partner services.

<b>Funding:</b>	\$ 893,989	General
	15,073,006	Federal
	<u>331,643</u>	Other
	\$16,298,638	Total

**FY 2007 Objectives:**

- Conduct 80,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 785 positive HIV antibody screening tests.
- Serve 1,500 persons in the AIDS drug program.
- Serve 90 persons in the home-based program.
- Increase the percentage of partner notification reports completed and returned within 14 days to 70%.
- Increase the contact index to 2.9 as a result of partner services.

<b>Funding:</b>	\$ 937,213	General
	15,398,118	Federal
	<u>340,229</u>	Other
	\$16,675,560	Total

**FY 2008 Objectives:**

- Conduct 80,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 785 positive HIV antibody screening tests.
- Serve 1,500 persons in the AIDS drug program.
- Serve 90 persons in the home-based program.
- Increase the percentage of partner notification reports completed and returned within 14 days to 72%.
- Maintain a contact index of 2.9 as a result of partner services.

<b>Funding:</b>	\$ 1,094,152	General
	15,746,869	Federal
	<u>366,544</u>	Other
	\$17,207,565	Total

**FY 2009 Objectives:**

- Conduct 80,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 785 positive HIV antibody screening tests.
- Serve 1,500 persons in the AIDS drug program.
- Serve 90 persons in the home-based program.
- Increase the percentage of partner notification reports completed and returned within 14 days to 74%.
- Maintain a contact index of 2.9 as a result of partner services.

<b>Funding:</b>	\$ 1,127,307	General
	16,534,212	Federal
	<u>367,951</u>	Other
	\$18,029,470	Total

**FY 2010 Objectives:**

- Conduct 80,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 785 positive HIV antibody screening tests.

- Serve 1,500 persons in the AIDS drug program.
- Serve 90 persons in the home-based program.
- Increase the percentage of partner notification reports completed and returned within 14 days to 76%.
- Maintain a contact index of 2.9 as a result of partner services.

<b>Funding:</b>	\$ 1,160,464	General
	17,360,923	Federal
	<u>369,376</u>	Other
	\$18,890,763	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 2004, 59 cases of primary and secondary syphilis were reported to the MDH, representing a case rate of 2.1 per 100,000. During the same time period, there were 7,163 cases of gonorrhea reported, for a case rate of 251.8, and 18,863 cases of chlamydia, for a case rate of 633.1 per 100,000. The state reported three cases of congenital syphilis in CY 2004. Mississippi did not report any chancroid cases, but identified and facilitated treatment for 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 2006 Objectives:**

- Increase the contact index to 2.0 contacts per primary and secondary syphilis case interviewed.
- Maintain a treatment index of 1.1 per primary and secondary syphilis case interviewed.
- Increase the disease intervention index to .7 for cases of primary and secondary syphilis interviewed.
- Screen 80,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Increase percent of new primary and secondary syphilis contacts interviewed within seven days to 56%.
- Increase percent of primary and secondary syphilis cases interviewed within seven days to 83%.

<b>Funding:</b>	\$ 859,575	General
	3,650,570	Federal
	<u>645,919</u>	Other
	\$5,156,064	Total

### **FY 2007 Objectives:**

- Increase the contact index to 2.1 contacts per primary and secondary syphilis case interviewed.

- Increase the treatment index to 1.2 per primary and secondary syphilis case interviewed.
- Increase the disease intervention index to .75 for cases of primary and secondary syphilis interviewed.
- Screen 80,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Increase percent of new primary and secondary syphilis contacts interviewed within seven days to 58%.
- Increase percent of primary and secondary syphilis cases interviewed within seven days to 85%.

<b>Funding:</b>	\$ 901,135	General
	3,729,310	Federal
	<u>662,640</u>	Other
	\$5,293,085	Total

**FY 2008 Objectives:**

- Maintain the contact index at 2.1 contacts per primary and secondary syphilis case interviewed.
- Increase the treatment index to 1.3 per primary and secondary syphilis case interviewed.
- Maintain a disease intervention index of .75 for cases of primary and secondary syphilis interviewed.
- Screen 80,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Increase percent of new primary and secondary syphilis contacts interviewed within seven days to 59%.
- Maintain percent of primary and secondary syphilis cases interviewed within seven days at 85%.

<b>Funding:</b>	\$1,052,033	General
	3,813,775	Federal
	<u>713,893</u>	Other
	\$5,579,701	Total

**FY 2009 Objectives:**

- Increase the contact index to 2.2 contacts per primary and secondary syphilis case interviewed.
- Increase the treatment index to 1.4 per primary and secondary syphilis case interviewed.
- Maintain a disease intervention index of .75 for cases of primary and secondary syphilis interviewed.
- Screen 80,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Increase percent of new primary and secondary syphilis contacts interviewed within seven days to 60%.
- Maintain percent of primary and secondary syphilis cases interviewed within seven days at 85%.

<b>Funding:</b>	\$1,083,913	General
	4,004,462	Federal
	<u>716,633</u>	Other
	\$5,805,008	Total

**FY 2010 Objectives:**

- Maintain the contact index at 2.2 contacts per primary and secondary syphilis case interviewed.
- Maintain a treatment index of 1.4 per primary and secondary syphilis case interviewed.
- Maintain a disease intervention index of .75 for cases of primary and secondary syphilis interviewed.
- Screen 80,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Maintain percent of new primary and secondary syphilis contacts interviewed within seven days at 60%.
- Maintain percent of primary and secondary syphilis cases interviewed within seven days at 85%.

<b>Funding:</b>	\$1,115,793	General
	4,204,686	Federal
	<u>719,409</u>	Other
	\$6,039,888	Total

# Tuberculosis

**Program Description:** The Tuberculosis (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. The county health departments update patient information in the database monthly until the patient record is closed.

Mississippi verified 119 new cases of tuberculosis during 2004. This number translates to a case rate of 4.1 and falls below the national average for the fourth consecutive year. Of these cases, 99% received directly observed therapy.

TB in high-risk populations is the greatest challenge confronting prevention and control efforts. Significant factors which may affect the projected levels of performance and impact efforts to prevent continued transmission of TB include:

- Increasing HIV infection rates;
- Increasing number of TB cases with primary resistance to one or more anti-TB drugs;
- Escalating incidence of alcohol and drug abuse in high-risk population groups;
- Increasing number of individuals in institutions with inadequate staffing to maintain effective 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 2006 Objectives:**

- Reduce the number of TB cases in Mississippi by 4%.
- Reduce the number of TB cases among black Mississippians by 5%.
- Place at least 46% of latent tuberculosis infection (LTBI) patients on Directly Observed Therapy.
- Place 100% of LTBI patients incarcerated in South Mississippi Correctional Institution, Central Mississippi Correctional Facility, and Parchman Penitentiary on Directly Observed Therapy.
- Place 95% of LTBI patients under age 15 on Directly Observed Therapy.

- Place at least 80% of HIV-positive LTBI patients on Directly Observed Therapy.

<b>Funding:</b>	\$1,416,453	General
	1,372,733	Federal
	<u>1,669,325</u>	Other
	\$4,458,511	Total

**FY 2007 Objectives:**

- Reduce the number of TB cases in Mississippi by 4%.
- Reduce the number of TB cases among black Mississippians by 5%.
- Place at least 46% of latent tuberculosis infection (LTBI) patients on Directly Observed Therapy.
- Place 100% of LTBI patients incarcerated in South Mississippi Correctional Institution, Central Mississippi Correctional Facility, and Parchman Penitentiary on Directly Observed Therapy.
- Place 95% of LTBI patients under age 15 on Directly Observed Therapy.
- Place at least 85% of HIV-positive LTBI patients on Directly Observed Therapy.

<b>Funding:</b>	\$1,484,940	General
	1,402,341	Federal
	<u>1,712,537</u>	Other
	\$4,599,818	Total

**FY 2008 Objectives:**

- Reduce the number of TB cases in Mississippi by 4%.
- Reduce the number of TB cases among black Mississippians by 5%.
- Place at least 46% of latent tuberculosis infection (LTBI) patients on Directly Observed Therapy.
- Place 100% of LTBI patients incarcerated in South Mississippi Correctional Institution, Central Mississippi Correctional Facility, and Parchman Penitentiary on Directly Observed Therapy.
- Place 95% of LTBI patients under age 15 on Directly Observed Therapy.
- Place at least 90% of HIV-positive LTBI patients on Directly Observed Therapy.

<b>Funding:</b>	\$1,733,595	General
	1,434,103	Federal
	<u>1,844,997</u>	Other
	\$5,012,695	Total

**FY 2009 Objectives:**

- Reduce the number of TB cases in Mississippi by 4%.
- Reduce the number of TB cases among black Mississippians by 5%.
- Place at least 46% of latent tuberculosis infection (LTBI) patients on Directly Observed Therapy.
- Place 100% of LTBI patients incarcerated in South Mississippi Correctional Institution, Central Mississippi Correctional Facility, and Parchman Penitentiary on Directly Observed Therapy.
- Place 95% of LTBI patients under age 15 on Directly Observed Therapy.
- Place at least 95% of HIV-positive LTBI patients on Directly Observed Therapy.

<b>Funding:</b>	\$1,786,129	General
	1,505,808	Federal
	<u>1,852,080</u>	Other
	\$5,144,017	Total

**FY 2010 Objectives:**

- Reduce the number of TB cases in Mississippi by 4%.
- Reduce the number of TB cases among black Mississippians by 5%.
- Place at least 46% of latent tuberculosis infection (LTBI) patients on Directly Observed Therapy.
- Place 100% of LTBI patients incarcerated in South Mississippi Correctional Institution, Central Mississippi Correctional Facility, and Parchman Penitentiary on Directly Observed Therapy.
- Place 95% of LTBI patients under age 15 on Directly Observed Therapy.
- Place at least 95% of HIV-positive LTBI patients on Directly Observed Therapy.

<b>Funding:</b>	\$1,838,661	General
	1,581,099	Federal
	<u>1,859,254</u>	Other
	\$5,279,014	Total

## Public Health Statistics

**Program Description:** Federal and state laws require the registration of vital events occurring within Mississippi, such as births, deaths, marriages, and divorces. 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. Confidentiality and security of the records is a major emphasis in the certification process. The Vital Records unit of Public Health Statistics helps the public with problems associated with records and the filing of delayed records; provides training to those responsible for completing records; and ensures the legal integrity of the records to the greatest extent possible. Upon request, the unit also issues certified copies of vital records to members of the public who have a direct and tangible interest in specific 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. Housed in the Office of Health Informatics, the MDH Public Health Statistics unit is designated as the State Center for Health Statistics. The office collects vital and health statistics for use at the local, district, state, and federal levels; provides direct vital records services to the general public; and provides statistical survey methods, evaluation, and statistical computer systems expertise to district, support, and programmatic staff of the MDH.

### **FY 2006 Objectives:**

- Process vital records requests in two to five days.
- Publish vital statistics data within 10 months of the end of the calendar year.
- Submit information for enumeration at birth to the Social Security Administration within 30 days of birth registration.
- Conduct a customer service satisfaction survey four times each year.

<b>Funding:</b>	\$ -0-	General
	215,920	Federal
	<u>5,307,458</u>	Other
	\$5,523,378	Total

### **FY 2007 Objectives:**

- Process vital records requests in two to five days.
- Publish vital statistics data within 10 months of the end of the calendar year.
- Submit information for enumeration at birth to the Social Security Administration within 30 days of birth registration.
- Conduct a customer service satisfaction survey four times each year.

<b>Funding:</b>	\$ -0-	General
	220,577	Federal
	<u>5,444,849</u>	Other
	\$5,665,426	Total

### **FY 2008 Objectives:**

- Process vital records requests in two to five days.
- Publish vital statistics data within 10 months of the end of the calendar year.

- Submit information for enumeration at birth to the Social Security Administration within 30 days of birth registration.
- Conduct a customer service satisfaction survey four times each year.

<b>Funding:</b>	\$ -0-	General
	225,573	Federal
	<u>5,865,990</u>	Other
	\$6,091,563	Total

**FY 2009 Objectives:**

- Process vital records requests in two to five days.
- Publish vital statistics data within 10 months of the end of the calendar year.
- Submit information for enumeration at birth to the Social Security Administration within 30 days of birth registration.
- Conduct a customer service satisfaction survey four times each year.

<b>Funding:</b>	\$ -0-	General
	236,852	Federal
	<u>5,888,511</u>	Other
	\$6,125,363	Total

**FY 2010 Objectives:**

- Process vital records requests in two to five days.
- Publish vital statistics data within 10 months of the end of the calendar year.
- Submit information for enumeration at birth to the Social Security Administration within 30 days of birth registration.
- Conduct a customer service satisfaction survey four times each year.

<b>Funding:</b>	\$ -0-	General
	248,694	Federal
	<u>5,911,320</u>	Other
	\$6,160,014	Total

## Preventive Health

**Program Description:** 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 Office of Preventive Health coordinates the agency's programs in areas that address these risks, emphasizing health promotion, health education, and prevention of chronic disease. The goal is to promote healthy communities and improve quality of life by fostering healthy lifestyles, environments, policies, attitudes, and behavior.

The office coordinates population-based intervention in six program areas: diabetes, cardiovascular health, cancer control, tobacco policy and prevention, injury prevention, and community health. Program staff collaborate with other agencies and organizations on a variety of health promotion and education efforts. Examples include public awareness campaigns, educational presentations, conferences and training sessions, health screening events, and local community-based initiatives. The office assists in risk factor analysis and utilization of the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Survey (YRBS), and the Youth Tobacco Survey (YTS). Public health districts and local health offices support and assist with the implementation of various health promotion programs.

In addition, the MDH offers limited hypertension services through county health departments. These services primarily consist of monitoring blood pressure for specific patients referred by their private physician and providing hypertension medication to existing patients who have no other means of obtaining it.

**Diabetes:** The Diabetes Prevention and Control Program provides services to prevent and detect diabetes; improve the quality of diabetic care through professional education for health care providers; reduce health disparities regarding diabetic screening and care; and raise public awareness of diabetes risk factors, complications, and the need for early diagnosis and treatment. County health department staff monitor diabetic patients referred by their private physician, and offer education, informational materials, and diet counseling to these patients. A limited number of diabetic patients age 21 and under and those with gestational diabetes may also obtain insulin, syringes, and testing supplies. All pregnant diabetics are referred to the Maternal/Child Health Perinatal High Risk Management Program.

**Cardiovascular Health (CVH):** The CVH Program is charged with coordinating statewide activities to prevent and control heart disease, stroke, and related complications. To improve cardiovascular health in Mississippi, the CVH program partners with other organizations to improve the provision and quality of medical care for optimal health outcomes, implement program services that encourage healthy communities, increase public awareness of cardiovascular disease risk factors and prevention, and impact policies that help build healthy lifestyles and communities. These activities are accomplished through collaboration, health communication, professional education, community-based training, and education on health policies.

**Cancer:** The Comprehensive Cancer Control Program established and collaborates with a statewide broad-based comprehensive cancer coalition to assess the burden of cancer, determine priorities for cancer prevention and control, provide educational awareness, and develop and implement a State Cancer Plan. The plan will focus on state cancer objectives through enhancing infrastructure, partnership collaboration, addressing the cancer burden, and evaluating the planning process.

**Injury Prevention:** The Injury Prevention Program promotes initiatives to reduce injury morbidity and mortality, through collaborative relationships. Activities include collecting and disseminating certain injury-related data; providing accessibility to resources and materials, providing technical assistance to MDH

district offices, county health departments, and local coalitions; collaborating with public and private entities on various initiatives; and coordinating development and evaluation of specific targeted programs.

**Community Health:** The Community Health Division coordinates population-based intervention strategies in health care settings, worksites, communities, and schools. The division provides programmatic direction to Health Educators in each of the nine public health districts and coordinates health screening events.

### **FY 2006 Objectives:**

#### **Diabetes Prevention and Control**

- Provide insulin and syringes to 125 individuals according to MDH protocol.
- Provide Level I and Level II Lower Extremity Amputation Prevention (LEAP) training to at least 50 healthcare providers in an effort to increase routine diabetic foot examinations and decrease the number of lower extremity amputations as a result of diabetes.
- Provide continuing education to at least 200 healthcare providers to increase utilization of the American Diabetes Association's standards of care for persons with diabetes mellitus.
- Provide mini-grants to 10 churches and community-based organizations that focus on diabetes prevention and management.

#### **Cardiovascular Health**

- Serve 1,515 persons in the hypertension program through county health departments.
- Increase the number of paramedics and emergency medical technicians trained in acute treatment of stroke by 3%.
- Provide mini-grants to seven Community Health Centers that focus on control of cardiovascular disease risk factors.
- Increase by two the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

#### **Comprehensive Cancer Control**

- Develop and publish a state Comprehensive Cancer Control Plan.
- Increase membership in the Mississippi Partnership for Comprehensive Cancer Control (MP3C) Coalition by 10% to enhance infrastructure for cancer control planning.

#### **Injury Prevention**

- Distribute 1,000 child safety car seats through county health departments and community-based partners.
- Increase by 20% the number of child passenger safety technicians in Mississippi certified by the National Highway Traffic Safety Administration (NHTSA).
- Increase child safety restraint use by 2%.
- Distribute and install at least 4,050 residential smoke detector alarms in communities with high incidences of fire-related injuries and provide fire safety education to households where smoke detector alarms are installed.

#### **Community Health**

- Conduct at least 30 health screening events in cooperation with public health districts and community partners.

<b>Funding:</b>	\$717,514	General
	2,094,169	Federal
	<u>443,073</u>	Other
	\$3,254,756	Total

**FY 2007 Objectives:**

**Diabetes Prevention and Control**

- Provide insulin and syringes to 125 individuals according to MDH protocol.
- Provide Level I and Level II Lower Extremity Amputation Prevention (LEAP) training to at least 50 healthcare providers in an effort to increase routine diabetic foot examinations and decrease the number of lower extremity amputations as a result of diabetes.
- Provide continuing education to at least 200 healthcare providers to increase utilization of the American Diabetes Association’s standards of care for persons with diabetes mellitus.
- Provide mini-grants to 10 churches and community-based organizations that focus on diabetes prevention and management.

**Cardiovascular Health**

- Serve 1,515 persons in the hypertension program through county health departments.
- Increase the number of paramedics and emergency medical technicians trained in acute treatment of stroke by 3%.
- Provide mini-grants to 10 Community Health Centers that focus on control of cardiovascular disease risk factors.
- Increase by two the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

**Comprehensive Cancer Control**

- Increase membership in the Mississippi Partnership for Comprehensive Cancer Control (MP3C) Coalition by 10% to enhance infrastructure for cancer control planning.

**Injury Prevention**

- Distribute 1,000 child safety car seats through county health departments and community-based partners.
- Increase by 20% the number of child passenger safety technicians in Mississippi certified by the National Highway Traffic Safety Administration (NHTSA).
- Increase child safety restraint use by 2%.
- Distribute and install at least 4,050 residential smoke detector alarms in communities with high incidences of fire-related injuries and provide fire safety education to households where smoke detector alarms are installed.

**Community Health**

- Conduct at least 30 health screening events in cooperation with public health districts and community partners.

<b>Funding:</b>	\$ 788,397	General
	2,176,934	Federal
	<u>455,071</u>	Other
	\$3,420,402	Total

**FY 2008 Objectives:**

**Diabetes Prevention and Control**

- Provide insulin and syringes to 125 individuals according to MDH protocol.
- Provide Level I and Level II Lower Extremity Amputation Prevention (LEAP) training to at least 50 healthcare providers in an effort to increase routine diabetic foot examinations and decrease the number of lower extremity amputations as a result of diabetes.
- Provide continuing education to at least 200 healthcare providers to increase utilization of the American Diabetes Association’s standards of care for persons with diabetes mellitus.
- Provide mini-grants to 10 churches and community-based organizations that focus on diabetes prevention and management.

**Cardiovascular Health**

- Serve 1,515 persons in the hypertension program through county health departments.
- Increase the number of paramedics and emergency medical technicians trained in acute treatment of stroke by 3%.
- Provide mini-grants to 10 Community Health Centers that focus on control of cardiovascular disease risk factors.
- Increase by two the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

**Comprehensive Cancer Control**

- Increase membership in the Mississippi Partnership for Comprehensive Cancer Control (MP3C) Coalition by 10% to enhance infrastructure for cancer control planning.

**Injury Prevention**

- Distribute 1,000 child safety car seats through county health departments and community-based partners.
- Increase by 20% the number of child passenger safety technicians in Mississippi certified by the National Highway Traffic Safety Administration (NHTSA).
- Increase child safety restraint use by 2%.
- Distribute and install at least 4,050 residential smoke detector alarms in communities with high incidences of fire-related injuries and provide fire safety education to households where smoke detector alarms are installed.

**Community Health**

- Conduct at least 30 health screening events in cooperation with public health districts and community partners.

<b>Funding:</b>	\$ 878,164	General
	2,187,792	Federal
	<u>489,700</u>	Other
	\$3,555,656	Total

**FY 2009 Objectives:**

**Diabetes Prevention and Control**

- Provide insulin and syringes to 125 individuals according to MDH protocol.

- Provide Level I and Level II Lower Extremity Amputation Prevention (LEAP) training to at least 50 healthcare providers in an effort to increase routine diabetic foot examinations and decrease the number of lower extremity amputations as a result of diabetes.
- Provide continuing education to at least 200 healthcare providers to increase utilization of the American Diabetes Association’s standards of care for persons with diabetes mellitus.
- Provide mini-grants to 10 churches and community-based organizations that focus on diabetes prevention and management.

**Cardiovascular Health**

- Serve 1,515 persons in the hypertension program through county health departments.
- Increase the number of paramedics and emergency medical technicians trained in acute treatment of stroke by 3%.
- Provide mini-grants to 10 Community Health Centers that focus on control of cardiovascular disease risk factors.
- Increase by two the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

**Comprehensive Cancer Control**

- Increase membership in the Mississippi Partnership for Comprehensive Cancer Control (MP3C) Coalition by 10% to enhance infrastructure for cancer control planning.

**Injury Prevention**

- Distribute 1,000 child safety car seats through county health departments and community-based partners.
- Increase by 20% the number of child passenger safety technicians in Mississippi certified by the National Highway Traffic Safety Administration (NHTSA).
- Increase child safety restraint use by 2%.
- Distribute and install at least 4,050 residential smoke detector alarms in communities with high incidences of fire-related injuries and provide fire safety education to households where smoke detector alarms are installed.

**Community Health**

- Conduct at least 30 health screening events in cooperation with public health districts and community partners.

<b>Funding:</b>	\$ 904,776	General
	2,297,182	Federal
	<u>491,580</u>	Other
	\$3,693,538	Total

**FY 2010 Objectives:**

**Diabetes Prevention and Control**

- Provide insulin and syringes to 125 individuals according to MDH protocol.
- Provide Level I and Level II Lower Extremity Amputation Prevention (LEAP) training to at least 50 healthcare providers in an effort to increase routine diabetic foot examinations and decrease the number of lower extremity amputations as a result of diabetes.
- Provide continuing education to at least 200 healthcare providers to increase utilization of the American Diabetes Association’s standards of care for persons with diabetes mellitus.

- Provide mini-grants to 10 churches and community-based organizations that focus on diabetes prevention and management.

**Cardiovascular Health**

- Serve 1,515 persons in the hypertension program through county health departments.
- Increase the number of paramedics and emergency medical technicians trained in acute treatment of stroke by 3%.
- Provide mini-grants to 10 Community Health Centers that focus on control of cardiovascular disease risk factors.
- Increase by two the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

**Comprehensive Cancer Control**

- Increase membership in the Mississippi Partnership for Comprehensive Cancer Control (MP3C) Coalition by 10% to enhance infrastructure for cancer control planning.

**Injury Prevention**

- Distribute 1,000 child safety car seats through county health departments and community-based partners.
- Increase by 20% the number of child passenger safety technicians in Mississippi certified by the National Highway Traffic Safety Administration (NHTSA).
- Increase child safety restraint use by 2%.
- Distribute and install at least 4,050 residential smoke detector alarms in communities with high incidences of fire-related injuries and provide fire safety education to households where smoke detector alarms are installed.

**Community Health:**

- Conduct at least 30 health screening events in cooperation with public health districts and community partners.

<b>Funding:</b>	\$ 931,386	General
	2,412,042	Federal
	<u>493,484</u>	Other
	\$3,836,912	Total

## 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 Tobacco Control Program works with numerous partners around the state to increase awareness of the dangers of tobacco use; provides anti-tobacco education to empower communities to form clean indoor air policies that eliminate nonsmokers' exposure to environmental smoke; funds cessation services through Mississippi's Quitline; and works with key partners to identify and eliminate tobacco-related health disparities. The program also administers the School Health Nurses for a Tobacco Free Mississippi program, which awards grants to 51 school districts for a nurse who provides curriculum-based tobacco prevention activities. This project is nationally recognized and duplicated in other states.

### **FY 2006 Objectives:**

- Support at least one tobacco prevention project in each of the state's nine public health districts.
- Provide education, awareness, and counseling regarding the dangers of tobacco use to students in 51 public school districts through the School Health Nurses for a Tobacco-Free Mississippi program.
- Provide at least 25 educational sessions to doctors and health care professionals on the 5A cessation and counseling approach (ask, advise, assess, assist, and arrange) and to school staff and the general public on the dangers of tobacco use and second-hand smoke.
- Increase the number of smoke-free communities by one.

<b>Funding:</b>	\$ 2,155	General
	583,206	Federal
	<u>8,708,963</u>	Other
	\$9,294,324	Total

### **FY 2007 Objectives:**

- Support at least one tobacco prevention project in each of the state's nine public health districts.
- Provide education, awareness, and counseling regarding the dangers of tobacco use to students in 51 public school districts through the School Health Nurses for a Tobacco-Free Mississippi program.
- Provide at least 25 educational sessions to doctors and health care professionals on the 5A cessation and counseling approach (ask, advise, assess, assist, and arrange) and to school staff and the general public on the dangers of tobacco use and second-hand smoke.
- Increase the number of smoke-free communities by one.

<b>Funding:</b>	\$ 2,259	General
	595,785	Federal
	<u>8,804,975</u>	Other
	\$9,403,019	Total

### **FY 2008 Objectives:**

- Support at least one tobacco prevention project in each of the state's nine public health districts.
- Provide education, awareness, and counseling regarding the dangers of tobacco use to students in 51 public school districts through the School Health Nurses for a Tobacco-Free Mississippi program.

- Provide at least 25 educational sessions to doctors and health care professionals on the 5A cessation and counseling approach (ask, advise, assess, assist, and arrange) and to school staff and the general public on the dangers of tobacco use and second-hand smoke.
- Increase the number of smoke-free communities by one.

<b>Funding:</b>	\$ 2,638	General
	609,279	Federal
	<u>9,625,454</u>	Other
	\$10,237,371	Total

**FY 2009 Objectives:**

- Support at least one tobacco prevention project in each of the state's nine public health districts.
- Provide education, awareness, and counseling regarding the dangers of tobacco use to students in 51 public school districts through the School Health Nurses for a Tobacco-Free Mississippi program.
- Provide at least 25 educational sessions to doctors and health care professionals on the 5A cessation and counseling approach (ask, advise, assess, assist, and arrange) and to school staff and the general public on the dangers of tobacco use and second-hand smoke.
- Increase the number of smoke-free communities by one.

<b>Funding:</b>	\$ 2,717	General
	639,743	Federal
	<u>9,662,406</u>	Other
	\$10,304,866	Total

**FY 2010 Objectives:**

- Support at least one tobacco prevention project in each of the state's nine public health districts.
- Provide education, awareness, and counseling regarding the dangers of tobacco use to students in 51 public school districts through the School Health Nurses for a Tobacco-Free Mississippi program.
- Provide at least 25 educational sessions to doctors and health care professionals on the 5A cessation and counseling approach (ask, advise, assess, assist, and arrange) and to school staff and the general public on the dangers of tobacco use and second-hand smoke.
- Increase the number of smoke-free communities by one.

<b>Funding:</b>	\$ 2,797	General
	671,730	Federal
	<u>9,699,835</u>	Other
	\$10,374,362	Total

## Breast and Cervical Cancer

**Program Description:** Approximately 80,000 Mississippians have a history of cancer. The American Cancer Society estimates that 2,350 new cases of breast cancer and 140 new cases of cervical cancer will be detected in 2005, and that approximately 450 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 MDH Breast and Cervical Cancer Program is to prevent premature death and undue illness through early detection and treatment of breast and cervical cancer. Efforts include public education, PAP smears, pelvic exams, clinical breast exams, and mammograms. The program works closely with the MDH Maternal/Child Health and Family Planning programs in screening for cervical cancer in women of reproductive age. The program also provides reimbursement for diagnostic services (colposcopy directed biopsy) for breast and cervical screening and for mammograms. Currently, the program has 39 contracts for breast and cervical cancer screening and 44 contracts for mammography services.

A limited amount of medication is available through the MDH Pharmacy for the treatment of breast cancer. Treatment funds are available via the Mississippi Division of Medicaid for women detected with breast or cervical cancer and enrolled in the Breast and Cervical Cancer Program. The program also provides educational programs upon request and access to educational materials for all county health departments to help educate female patients in breast and cervical cancer prevention and early detection.

### **FY 2006 Objectives:**

- Increase by 2% the percentage of women age 50-64 who have received a mammogram within the last 24 months.
- Ensure that 80% of women with abnormal breast or cervical findings receive appropriate follow-up services within 60 days.
- Ensure that 75% of patients with a diagnosis of malignancy receive treatment within 60 days.
- Ensure that at least 90% of records that are submitted to the Breast and Cervical Cancer Program from providers are complete.
- Ensure that at least 80% of records for women with abnormal breast and cervical findings are submitted within 60 days of diagnosis.

<b>Funding:</b>	\$ 176,857	General
	1,593,041	Federal
	<u>38,423</u>	Other
	\$1,808,321	Total

### **FY 2007 Objectives:**

- Increase by 2% the percentage of women age 50-64 who have received a mammogram within the last 24 months.
- Ensure that 80% of women with abnormal breast or cervical findings receive appropriate follow-up services within 60 days.
- Ensure that 75% of patients with a diagnosis of malignancy receive treatment within 60 days.
- Ensure that at least 90% of records that are submitted to the Breast and Cervical Cancer Program from providers are complete.
- Ensure that at least 80% of records for women with abnormal breast and cervical findings are submitted within 60 days of diagnosis.

<b>Funding:</b>	\$ 206,191	General
	1,692,781	Federal
	<u>39,496</u>	Other
	\$1,938,468	Total

**FY 2008 Objectives:**

- Increase by 2% the percentage of women age 50-64 who have received a mammogram within the last 24 months.
- Ensure that 80% of women with abnormal breast or cervical findings receive appropriate follow-up services within 60 days.
- Ensure that 75% of patients with a diagnosis of malignancy receive treatment within 60 days.
- Ensure that at least 90% of records that are submitted to the Breast and Cervical Cancer Program from providers are complete.
- Ensure that at least 80% of records for women with abnormal breast and cervical findings are submitted within 60 days of diagnosis.

<b>Funding:</b>	\$ 216,455	General
	1,664,260	Federal
	<u>42,466</u>	Other
	\$1,923,181	Total

**FY 2009 Objectives:**

- Increase by 2% the percentage of women age 50-64 who have received a mammogram within the last 24 months.
- Ensure that 80% of women with abnormal breast or cervical findings receive appropriate follow-up services within 60 days.
- Ensure that 75% of patients with a diagnosis of malignancy receive treatment within 60 days.
- Ensure that 90% of records submitted from providers are complete.
- Ensure that at least 80% of records for women with abnormal breast and cervical findings are submitted within 60 days of diagnosis.

<b>Funding:</b>	\$ 223,014	General
	1,747,473	Federal
	<u>42,629</u>	Other
	\$2,013,116	Total

**FY 2010 Objectives:**

- Increase by 2% the percentage of women age 50-64 who have received a mammogram within the last 24 months.
- Ensure that 80% of women with abnormal breast or cervical findings receive appropriate follow-up services within 60 days.
- Ensure that 75% of patients with a diagnosis of malignancy receive treatment within 60 days.
- Ensure that 90% of records submitted from providers are complete.
- Ensure that at least 80% of records for women with abnormal breast and cervical findings are submitted within 60 days of diagnosis.

<b>Funding:</b>	\$ 229,574	General
	1,834,847	Federal
	<u>42,795</u>	Other
	\$2,107,216	Total

## Domestic Violence and Rape Crisis Intervention

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

An estimated 683,000 adult American women are raped each year; 1.3 adult women are raped every minute in the United States. One out of every six adult women has been the victim of rape, according to a 1998 survey by the Centers for Disease Control. More than six out of ten rape cases (61%) occurred to victims under age 18. Only 22% of rape victims are assaulted by someone they do not know.

The MDH provides specific resources for the prevention of family violence, rape prevention, and crisis intervention through contracts with 14 domestic violence shelters and nine rape prevention/crisis intervention programs. Each shelter and program provide direct services to victims and their children. A public education and awareness campaign is an ongoing effort statewide. Special target populations include colleges, senior citizen groups, the disabled, and professionals who have contact with victims of assault, adult survivors, and children. A Sexual Assault Nursing Examiners (SANE) program provides education and training to hospital emergency departments statewide. Communities are also trained on how to access nurse examiners.

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

**Family Violence Prevention Project (FVPP):** A grant from the Office of Community Services, Administration for Children and Families, supports a project to provide public awareness and community education to reduce the incidence of family violence through a variety of outreach approaches, with an emphasis on services to children. The project is implemented through contracts with the domestic violence shelters. Each shelter provides group and individual counseling to children and activities that encourage positive problem solving and nonviolent alternatives to conflict.

**FY 2006 Objectives:**

- Provide direct and preventive services to 6,800 victims of domestic or sexual violence statewide through 14 shelter programs.
- Provide education on prevention of sexual assault to 30,000 participants through nine rape crisis centers.
- Provide specialized staff training to 50 trainees in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault.
- Provide Sexual Assault Nurse Examiner (SANE) training to 25 nurse examiners through three adult and one pediatric clinical workshop statewide.
- Evaluate 100% of domestic violence and rape crisis centers through at least one site visit each 12 months in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault.

<b>Funding:</b>	\$ -0-	General
	1,793,464	Federal
	<u>392,227</u>	Other
	\$2,185,691	Total

**FY 2007 Objectives:**

- Provide direct and preventive services to 6,900 victims of domestic or sexual violence statewide through 14 shelter programs.
- Provide education on prevention of sexual assault to 30,000 participants through nine rape crisis centers.
- Provide specialized staff training to 50 trainees in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault.
- Provide Sexual Assault Nurse Examiner (SANE) training to 25 nurse examiners through three adult and one pediatric clinical workshop statewide.
- Evaluate 100% of domestic violence and rape crisis centers through at least one site visit each 12 months in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault.

<b>Funding:</b>	\$ -0-	General
	1,832,147	Federal
	<u>402,381</u>	Other
	\$2,234,528	Total

**FY 2008 Objectives:**

- Provide direct and preventive services to 7,000 victims of domestic or sexual violence statewide through 14 shelter programs.
- Provide education on prevention of sexual assault to 30,000 participants through nine rape crisis centers.
- Provide specialized staff training to 50 trainees in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault.
- Provide Sexual Assault Nurse Examiner (SANE) training to 25 nurse examiners through three adult and one pediatric clinical workshop statewide.
- Evaluate 100% of domestic violence and rape crisis centers through at least one site visit each 12 months in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault.

<b>Funding:</b>	\$ -0-	General
	1,873,644	Federal
	<u>433,503</u>	Other
	\$2,307,147	Total

**FY 2009 Objectives:**

- Provide direct and preventive services to 7,100 victims of domestic or sexual violence statewide through 14 shelter programs.
- Provide education on prevention of sexual assault to 30,000 participants through nine rape crisis centers.
- Provide specialized staff training to 50 trainees in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault.
- Provide Sexual Assault Nurse Examiner (SANE) training to 25 nurse examiners through three adult and one pediatric clinical workshop statewide.
- Evaluate 100% of domestic violence and rape crisis centers through at least one site visit each 12 months in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault.

<b>Funding:</b>	\$ -0-	General
	1,967,326	Federal
	<u>435,167</u>	Other
	\$2,402,493	Total

**FY 2010 Objectives:**

- Provide direct and preventive services to 7,200 victims of domestic or sexual violence statewide through 14 shelter programs.
- Provide education on prevention of sexual assault to 30,000 participants through nine rape crisis centers.
- Provide specialized staff training to 50 trainees in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault.
- Provide Sexual Assault Nurse Examiner (SANE) training to 25 nurse examiners through three adult and one pediatric clinical workshop statewide.
- Evaluate 100% of domestic violence and rape crisis centers through at least one site visit each 12 months in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault.

<b>Funding:</b>	\$ -0-	General
	2,065,692	Federal
	<u>436,853</u>	Other
	\$2,502,545	Total

## **Health Care Planning, Systems Development, and Licensure**

The Health Care Planning, Systems Development, and Licensure programs conduct licensure and certification activities for facilities, services, and health manpower as required by state law or state and federal regulations, in addition to health planning activities and development of rural and primary health care delivery systems. These programs seek to protect 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 MDH 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); and
- conducting CON review of proposals for health facilities and services.

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 nor make final arrangement or commitment for financing any such activity without first obtaining a CON from the Department of Health. Of the health services and proposals requiring a CON, only those determined by the MDH to be needed may receive a CON and only those proposals granted a CON may be developed or offered in Mississippi. No CON is issued unless the proposal substantially complies with the projection of need as reported in the *State Health Plan* in effect at the time the MDH receives the CON application.

### **FY 2006 Objectives:**

- Collect statistical and programmatic information on health care facilities, services, and needs in Mississippi to develop and publish the *FY 2007 State Health Plan*.
- Conduct Certificate of Need (CON) review of applications for health care services, facilities, and equipment as authorized by Section 41-7-191 of the *Mississippi Code*.
- Issue 90% of CON declaratory rulings within 10 days of receipt of complete information.
- Publish CON staff analysis within 45 days after receipt of complete application information.
- Publish, by electronic means, a weekly report detailing CON activities within five days of week's end.
- Issue 100% of CON final orders within 10 days of decision.

<b>Funding:</b>	\$ 554,262	General
	6,023,782	Federal
	<u>6,337,025</u>	Other
	\$12,915,069	Total

### **FY 2007 Objectives:**

- Collect statistical and programmatic information on health care facilities, services, and needs in Mississippi to develop and publish the *FY 2008 State Health Plan*.
- Conduct Certificate of Need (CON) review of applications for health care services, facilities, and equipment as authorized by Section 41-7-191 of the *Mississippi Code*.
- Issue 90% of CON declaratory rulings within 10 days of receipt of complete information.
- Publish CON staff analysis within 45 days after receipt of complete application information.
- Publish, by electronic means, a weekly report detailing CON activities within five days of week's end.
- Issue 100% of CON final orders within 10 days of decision.

<b>Funding:</b>	\$ 577,751	General
	6,116,683	Federal
	<u>6,796,729</u>	Other
	\$13,491,163	Total

**FY 2008 Objectives:**

- Collect statistical and programmatic information on health care facilities, services, and needs in Mississippi to develop and publish the *FY 2009 State Health Plan*.
- Conduct Certificate of Need (CON) review of applications for health care services, facilities, and equipment as authorized by Section 41-7-191 of the *Mississippi Code*.
- Issue 90% of CON declaratory rulings within 10 days of receipt of complete information.
- Publish CON staff analysis within 45 days after receipt of complete application information.
- Publish, by electronic means, a weekly report detailing CON activities within five days of week's end.
- Issue 100% of CON final orders within 10 days of decision.

<b>Funding:</b>	\$ 678,361	General
	6,293,085	Federal
	<u>7,003,904</u>	Other
	\$13,975,350	Total

**FY 2009 Objectives:**

- Collect statistical and programmatic information on health care facilities, services, and needs in Mississippi to develop and publish the *FY 2010 State Health Plan*.
- Conduct Certificate of Need (CON) review of applications for health care services, facilities, and equipment as authorized by Section 41-7-191 of the *Mississippi Code*.
- Issue 90% of CON declaratory rulings within 10 days of receipt of complete information.
- Publish CON staff analysis within 45 days after receipt of complete application information.
- Publish, by electronic means, a weekly report detailing CON activities within five days of week's end.
- Issue 100% of CON final orders within 10 days of decision.

<b>Funding:</b>	\$ 698,917	General
	6,607,739	Federal
	<u>7,030,792</u>	Other
	\$14,337,448	Total

**FY 2010 Objectives:**

- Collect statistical and programmatic information on health care facilities, services, and needs in Mississippi to develop and publish the *FY 2011 State Health Plan*.
- Conduct Certificate of Need (CON) review of applications for health care services, facilities, and equipment as authorized by Section 41-7-191 of the *Mississippi Code*.
- Issue 90% of CON declaratory rulings within 10 days of receipt of complete information.
- Publish CON staff analysis within 45 days after receipt of complete application information.
- Publish, by electronic means, a weekly report detailing CON activities within five days of week's end.
- Issue 100% of CON final orders within 10 days of decision.

<b>Funding:</b>	\$ 719,473	General
	6,938,126	Federal
	<u>7,058,027</u>	Other
	\$14,715,626	Total

## Primary Care Development

**Program Description:** 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 extremely underserved. In many areas, substantial portions of the population are poor, with large minority and elderly segments. In 2005, 67 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, 61 counties are designated as dental shortage areas, in whole or in part, and 13 of 15 catchment areas are designated for mental health.

The MDH operates an Office of Primary Care Liaison (OPCL) under a cooperative agreement with the Health Resources and Services Administration (HRSA) Bureau of Health Professions. The office is responsible for: (a) primary care needs assessment and plan development; (b) facilitating development of systems of care; (c) health professional manpower recruitment; (d) coordination of National Health Service Corps and foreign health care providers; (e) continuing education for primary care providers and health professional students; and (f) promoting the coordination of activities between community health centers and local health departments.

OPCL staff work with community-based primary care centers, county health departments, and other primary care entities to identify resources, minimize barriers, and strengthen clinical components within the community-based centers. The office seeks to ensure compliance with the President's Management for Growth initiative for community health centers and participates in joint planning and sharing of best practices with the Mississippi Primary Health Care Association (MPHCA) and other HRSA-sponsored programs.

Efforts have been initiated to develop financial incentive programs to retain physicians and other primary health care staff. 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 HRSA cooperative agreement will include more clinical emphasis. The OPCL coordinates general problem-solving activities with the HRSA regional field office, including workforce analysis. In 2005, the OPCL assisted the MPHCA in developing a recruitment and retention manual to assist community health centers with recruitment for medically underserved areas, especially rural sites.

The Office of Primary Care Liaison also administers the Mississippi Qualified Health Center (MQHC) grant program, established by the Mississippi Legislature in 1999 to provide increased access to preventive and primary care services for uninsured or medically indigent patients. The program is funded through Mississippi's tobacco settlement trust fund. The Legislature charged the MDH 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 state Fiscal Years 2000-2004, 21 MQHCs received funds ranging from \$139,981 to \$198,538. The legislation stipulates a maximum of \$200,000 per center. Grant funds must be used to: (1) increase the number of uninsured or medically indigent patients served by the MQHC; or (2) create new services or augment existing services provided to uninsured or medically indigent patients.

### **FY 2006 Objectives:**

- Conduct assessment of the number of primary health care providers and needs in all 82 counties within 90 days of request.
- Designate National Health Service Corps practice sites in health professional shortage areas and recruit providers to at least five sites.

- Conduct health professional shortage area designation reviews (primary care, dental, mental health) for all 82 counties.
- Conduct site predetermination application reviews for potential J-1 Visa physicians in at least 30 sites.
- Develop and monitor contracts with 100% of qualified Mississippi Qualified Health Centers serving medically indigent and uninsured patients and compile annual report of the number of patients served.
- Participate in at least 40 health professional career fairs/residency programs to recruit primary care providers (primary care, dental, mental health).

**Funding:** Included with Health Planning & Certificate of Need

**FY 2007 Objectives:**

- Conduct assessment of the number of primary health care providers and needs in all 82 counties within 90 days of request.
- Designate National Health Service Corps practice sites in health professional shortage areas and recruit providers to at least five sites.
- Conduct health professional shortage area designation reviews (primary care, dental, mental health) for all 82 counties.
- Conduct site predetermination application reviews for potential J-1 Visa physicians in at least 30 sites.
- Develop and monitor contracts with 100% of qualified Mississippi Qualified Health Centers serving medically indigent and uninsured patients and compile annual report of the number of patients served.
- Participate in at least 40 health professional career fairs/residency programs to recruit primary care providers (primary care, dental, mental health).

**Funding:** Included with Health Planning & Certificate of Need

**FY 2008 Objectives:**

- Conduct assessment of the number of primary health care providers and needs in all 82 counties within 90 days of request.
- Designate National Health Service Corps practice sites in health professional shortage areas and recruit providers to at least five sites.
- Conduct health professional shortage area designation reviews (primary care, dental, mental health) for all 82 counties.
- Conduct site predetermination application reviews for potential J-1 Visa physicians in at least 30 sites.
- Develop and monitor contracts with 100% of qualified Mississippi Qualified Health Centers serving medically indigent and uninsured patients and compile annual report of the number of patients served.
- Participate in at least 40 health professional career fairs/residency programs to recruit primary care providers (primary care, dental, mental health).

**Funding:** Included with Health Planning & Certificate of Need

**FY 2009 Objectives:**

- Conduct assessment of the number of primary health care providers and needs in all 82 counties within 90 days of request.
- Designate National Health Service Corps practice sites in health professional shortage areas and recruit providers to at least five sites.
- Conduct health professional shortage area designation reviews (primary care, dental, mental health) for all 82 counties.
- Conduct site predetermination application reviews for potential J-1 Visa physicians in at least 30 sites.
- Develop and monitor contracts with 100% of qualified Mississippi Qualified Health Centers serving medically indigent and uninsured patients and compile annual report of the number of patients served.

- Participate in at least 40 health professional career fairs/residency programs to recruit primary care providers (primary care, dental, mental health).

**Funding:** Included with Health Planning & Certificate of Need

**FY 2010 Objectives:**

- Conduct assessment of the number of primary health care providers and needs in all 82 counties within 90 days of request.
- Designate National Health Service Corps practice sites in health professional shortage areas and recruit providers to at least five sites.
- Conduct health professional shortage area designation reviews (primary care, dental, mental health) for all 82 counties.
- Conduct site predetermination application reviews for potential J-1 Visa physicians in at least 30 sites.
- Develop and monitor contracts with 100% of qualified Mississippi Qualified Health Centers serving medically indigent and uninsured patients and compile annual report of the number of patients served.
- Participate in at least 40 health professional career fairs/residency programs to recruit primary care providers (primary care, dental, mental health).

**Funding:** Included with Health Planning & Certificate of Need

## Rural Health Care Development

**Program Description:** Mississippi includes many rural areas that have an insufficient supply of health care facilities and personnel. This fact makes access to health care services difficult for many residents, especially the poor and elderly who may not have transportation to more populated areas with a larger supply of services. The goal of the MDH Rural Health Program is to promote development of a health care system that assures the availability and accessibility of quality health care services to meet the needs of rural Mississippians. State law authorizes the Office of Rural Health to engage in the following activities: (a) collect and evaluate data on rural health conditions and needs; (b) engage in rural health policy analysis and development; (c) provide technical assistance to rural community health systems; (d) assist in professional recruitment and retention of medical and health care professionals; and (e) establish a rural health care information clearinghouse.

The office disseminates information concerning rural health issues to providers and others concerned with rural health; supports the Rural Health Association; maintains the Rural Health Care Plan; and assists small rural hospitals through the federal SHIP and FLEX programs. The SHIP (Small Hospital Improvement Program) provides federal funds to help small hospitals maximize benefit from the Medicare Prospective Payment System, comply with HIPAA regulations, and improve the quality of health care provided.

The FLEX (Rural Hospital Flexibility) program is aimed at development of Critical Access Hospitals (CAH) in the state. These hospitals operate no more than 25 beds and keep inpatients a maximum average of 96 hours; provide emergency room services; and have transfer agreements with larger hospitals for patients who need a longer stay or more intensive care. This program includes a contract with the Mississippi Hospital Association to help CAHs with quality improvement activities and financial performance through proper billing and coding procedures. As an additional component of the FLEX program, the Office of Rural Health cooperates with the MDH Bureau of Emergency Medical Services (EMS) to strengthen EMS in rural areas through a rural paramedic scholarship program and computer systems to help small rural hospitals participate in the Mississippi Trauma Care System.

### **FY 2006 Objectives:**

- Produce three newsletters to disseminate information on rural health care issues and needs and distribute to 500 individuals and organizations concerned with rural health.
- Assist two communities with local health care system needs assessments and planning efforts.
- Assist 100% of eligible small rural hospitals through the Small Rural Hospital Improvement Program to maximize benefits from the Medicare Prospective Payment System, comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA), and improve patient outcomes.
- Respond to all requests for technical assistance and information within three days of receipt.
- Assist 21 Critical Access Hospitals (100%) through the Rural Hospital Flexibility Program with such initiatives as reviews to ensure proper billing and coding procedures, pharmacy management programs, and other quality improvement efforts.

**Funding:** Included with Health Planning & Certificate of Need

### **FY 2007 Objectives:**

- Produce three newsletters to disseminate information on rural health care issues and needs and distribute to 500 individuals and organizations concerned with rural health.
- Assist two communities with local health care system needs assessments and planning efforts.
- Assist 100% of eligible small rural hospitals through the Small Rural Hospital Improvement Program to maximize benefits from the Medicare Prospective Payment System, comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA), and improve patient outcomes.

- Respond to all requests for technical assistance and information within three days of receipt.
- Assist 21 Critical Access Hospitals (100%) through the Rural Hospital Flexibility Program with such initiatives as reviews to ensure proper billing and coding procedures, pharmacy management programs, and other quality improvement efforts.

**Funding:** Included with Health Planning & Certificate of Need

**FY 2008 Objectives:**

- Produce three newsletters to disseminate information on rural health care issues and needs and distribute to 500 individuals and organizations concerned with rural health.
- Assist two communities with local health care system needs assessments and planning efforts.
- Assist 100% of eligible small rural hospitals through the Small Rural Hospital Improvement Program to maximize benefits from the Medicare Prospective Payment System, comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA), and improve patient outcomes.
- Respond to all requests for technical assistance and information within three days of receipt.
- Assist 21 Critical Access Hospitals (100%) through the Rural Hospital Flexibility Program with such initiatives as reviews to ensure proper billing and coding procedures, pharmacy management programs, and other quality improvement efforts.

**Funding:** Included with Health Planning & Certificate of Need

**FY 2009 Objectives:**

- Produce three newsletters to disseminate information on rural health care issues and needs and distribute to 500 individuals and organizations concerned with rural health.
- Assist two communities with local health care system needs assessments and planning efforts.
- Assist 100% of eligible small rural hospitals through the Small Rural Hospital Improvement Program to maximize benefits from the Medicare Prospective Payment System, comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA), and improve patient outcomes.
- Respond to all requests for technical assistance and information within three days of receipt.
- Assist 21 Critical Access Hospitals (100%) through the Rural Hospital Flexibility Program with such initiatives as reviews to ensure proper billing and coding procedures, pharmacy management programs, and other quality improvement efforts.

**Funding:** Included with Health Planning & Certificate of Need

**FY 2010 Objectives:**

- Produce three newsletters to disseminate information on rural health care issues and needs and distribute to 500 individuals and organizations concerned with rural health.
- Assist two communities with local health care system needs assessments and planning efforts.
- Assist 100% of eligible small rural hospitals through the Small Rural Hospital Improvement Program to maximize benefits from the Medicare Prospective Payment System, comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA), and improve patient outcomes.
- Respond to all requests for technical assistance and information within three days of receipt.
- Assist 21 Critical Access Hospitals (100%) through the Rural Hospital Flexibility Program with such initiatives as reviews to ensure proper billing and coding procedures, pharmacy management programs, and other quality improvement efforts.

**Funding:** Included with Health Planning & Certificate of Need

## 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 MDH with ensuring an effective system of emergency medical care through a comprehensive emergency medical services program.

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

The MDH is lead agency for development and management of the Mississippi Trauma Care System and synchronizes efforts between BEMS staff and contracted 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.

Trauma center designation is 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 standards 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 to a Trauma Center that can administer more definitive care. Through contracts with the seven designated trauma care regions, the BEMS 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 Weapons of Mass Destruction Emergency Preparedness program assesses and prepares for health responses to all hazard emergencies within the state, including terrorism. The goal of this program is to develop and implement plans and protocols for EMS services during a WMD or other hazard emergency. The bureau has developed a comprehensive training plan to provide staff with the resources to support any disaster event within the state.

### **FY 2006 Objectives:**

- Issue at least 700 certifications/recertifications for EMS drivers and 1,250 certifications/recertifications for Emergency Medical Technicians (EMTs), including the basic, intermediate, and paramedic levels.
- Conduct thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Increase the number of EMT-Paramedic students participating in the Rural Paramedic Scholarship program by 5%.
- Address technical assistance requests from trauma regions and trauma care centers for regional system development and trauma program development within three working days of receipt.
- Finalize inspection reports and provide plan of correction to trauma centers within five working days of inspection.

- Collect trauma registry data bi-annually from the trauma care regions for 100% of participating trauma care centers.
- Provide a minimum of 40 educational safety programs to schools/organizations regarding injury prevention and Emergency Medical Services for children.
- Inspect 100% of permitted ambulances twice each year to ensure minimum specified equipment, staffing, and insurance.
- Increase the availability of Automated External Defibrillators (AEDs) in rural areas for first response and public access by placing 60 AEDs in selected locations throughout the state.
- Increase the number of persons trained in the life-saving skills of CPR and use of an AED by 10%.
- Process data into MEMSIS (Mississippi Emergency Medical Services Information System) by the 15<sup>th</sup> day of each month for patient encounters of the previous month from all licensed ambulance services.
- Provide educational programs to a minimum of 150 EMS personnel at random locations throughout the state regarding WMD EMS emergency preparedness.

<b>Funding:</b>	\$ 21,433	General
	353,863	Federal
	<u>13,955,824</u>	Other
	\$14,331,120	Total

**FY 2007 Objectives:**

- Issue at least 700 certifications/recertifications for EMS drivers and 1,250 certifications/recertifications for Emergency Medical Technicians (EMTs), including the basic, intermediate, and paramedic levels.
- Conduct thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Increase the number of EMT-Paramedic students participating in the Rural Paramedic Scholarship program by 5%.
- Address technical assistance requests from trauma regions and trauma care centers for regional system development and trauma program development within three working days of receipt.
- Finalize inspection reports and provide plan of correction to trauma centers within five working days of inspection.
- Collect trauma registry data bi-annually from the trauma care regions for 100% of participating trauma care centers.
- Provide a minimum of 40 educational safety programs to schools/organizations regarding injury prevention and Emergency Medical Services for children.
- Inspect 100% of permitted ambulances twice each year to ensure minimum specified equipment, staffing, and insurance.
- Increase the availability of Automated External Defibrillators (AEDs) in rural areas for first response and public access by placing 60 AEDs in selected locations throughout the state.
- Increase the number of persons trained in the life-saving skills of CPR and use of an AED by 10%.
- Process data into MEMSIS (Mississippi Emergency Medical Services Information System) by the 15<sup>th</sup> day of each month for patient encounters of the previous month from all licensed ambulance services.
- Provide educational programs to a minimum of 150 EMS personnel at random locations throughout the state regarding WMD EMS emergency preparedness.

<b>Funding:</b>	\$ 22,341	General
	359,320	Federal
	<u>14,968,211</u>	Other
	\$15,349,872	Total

**FY 2008 Objectives:**

- Issue at least 700 certifications/recertifications for EMS drivers and 1,250 certifications/recertifications for Emergency Medical Technicians (EMTs), including the basic, intermediate, and paramedic levels.
- Conduct thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Increase the number of EMT-Paramedic students participating in the Rural Paramedic Scholarship program by 5%.
- Address technical assistance requests from trauma regions and trauma care centers for regional system development and trauma program development within three working days of receipt.
- Finalize inspection reports and provide plan of correction to trauma centers within five working days of inspection.
- Collect trauma registry data bi-annually from the trauma care regions for 100% of participating trauma care centers.
- Provide a minimum of 40 educational safety programs to schools/organizations regarding injury prevention and Emergency Medical Services for children.
- Inspect 100% of permitted ambulances twice each year to ensure minimum specified equipment, staffing, and insurance.
- Increase the availability of Automated External Defibrillators (AEDs) in rural areas for first response and public access by placing 60 AEDs in selected locations throughout the state.
- Increase the number of persons trained in the life-saving skills of CPR and use of an AED by 10%.
- Process data into MEMSIS (Mississippi Emergency Medical Services Information System) by the 15<sup>th</sup> day of each month for patient encounters of the previous month from all licensed ambulance services.
- Provide educational programs to a minimum of 150 EMS personnel at random locations throughout the state regarding WMD EMS emergency preparedness.

<b>Funding:</b>	\$ 26,232	General
	369,683	Federal
	<u>15,424,472</u>	Other
	\$15,820,387	Total

**FY 2009 Objectives:**

- Issue at least 700 certifications/recertifications for EMS drivers and 1,250 certifications/recertifications for Emergency Medical Technicians (EMTs), including the basic, intermediate, and paramedic levels.
- Conduct thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Increase the number of EMT-Paramedic students participating in the Rural Paramedic Scholarship program by 5%.
- Address technical assistance requests from trauma regions and trauma care centers for regional system development and trauma program development within three working days of receipt.
- Finalize inspection reports and provide plan of correction to trauma centers within five working days of inspection.
- Collect trauma registry data bi-annually from the trauma care regions for 100% of participating trauma care centers.
- Provide a minimum of 40 educational safety programs to schools/organizations regarding injury prevention and Emergency Medical Services for children.
- Inspect 100% of permitted ambulances twice each year to ensure minimum specified equipment, staffing, and insurance.
- Increase the availability of Automated External Defibrillators (AEDs) in rural areas for first response and public access by placing 60 AEDs in selected locations throughout the state.
- Increase the number of persons trained in the life-saving skills of CPR and use of an AED by 10%.

- Process data into MEMSIS (Mississippi Emergency Medical Services Information System) by the 15<sup>th</sup> day of each month for patient encounters of the previous month from all licensed ambulance services.
- Provide educational programs to a minimum of 150 EMS personnel at random locations throughout the state regarding WMD EMS emergency preparedness.

<b>Funding:</b>	\$ 27,027	General
	388,167	Federal
	<u>15,483,685</u>	Other
	\$15,898,879	Total

**FY 2010 Objectives:**

- Issue at least 700 certifications/recertifications for EMS drivers and 1,250 certifications/recertifications for Emergency Medical Technicians (EMTs), including the basic, intermediate, and paramedic levels.
- Conduct thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Increase the number of EMT-Paramedic students participating in the Rural Paramedic Scholarship program by 5%.
- Address technical assistance requests from trauma regions and trauma care centers for regional system development and trauma program development within three working days of receipt.
- Finalize inspection reports and provide plan of correction to trauma centers within five working days of inspection.
- Collect trauma registry data bi-annually from the trauma care regions for 100% of participating trauma care centers.
- Provide a minimum of 40 educational safety programs to schools/organizations regarding injury prevention and Emergency Medical Services for children.
- Inspect 100% of permitted ambulances twice each year to ensure minimum specified equipment, staffing, and insurance.
- Increase the availability of Automated External Defibrillators (AEDs) in rural areas for first response and public access by placing 60 AEDs in selected locations throughout the state.
- Increase the number of persons trained in the life-saving skills of CPR and use of an AED by 10%.
- Process data into MEMSIS (Mississippi Emergency Medical Services Information System) by the 15<sup>th</sup> day of each month for patient encounters of the previous month from all licensed ambulance services.
- Provide educational programs to a minimum of 150 EMS personnel at random locations throughout the state regarding WMD EMS emergency preparedness.

<b>Funding:</b>	\$ 27,822	General
	407,576	Federal
	<u>15,543,664</u>	Other
	\$15,979,062	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 responsible for initial state licensure, issuance of annual licenses, and periodic inspections of 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, ambulatory surgical facilities, intermediate care facilities for the mentally retarded, and psychiatric residential treatment facilities. Trained nurses, health facility surveyors, social workers, safety consultants, laboratory technologists, dietitians, and registered record administrators conduct onsite inspections or surveys at intervals dictated by state and federal standards to ensure compliance with licensure and certification regulations. When health facilities are found out of compliance with regulations, the bureau's management personnel coordinate prescribed enforcement remedies with CMS and the state Medicaid agency, as applicable.

The bureau also investigates complaints or incidents of alleged violations of federal requirements or state licensure regulations in health care facilities. The bureau maintains a toll-free 24-hour telephone line to receive complaints. Staff triage complaints into various categories of risk to patients and initiate investigations according to timeframes mandated by CMS.

Under an additional 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). 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.

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

### **FY 2006 Objectives:**

- Survey 100% of licensed personal care homes.
- Review 100% of certified nurse aide training and testing programs due for biennial review.
- Perform 100% of biennial clinical laboratory on-site inspections during the federal fiscal year (October-September) in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements.
- Perform 100% of home health agency surveys (33 1/3% of total) during the federal fiscal year (October-September) in accordance with CMS requirements.
- Perform 100% of hospital validation surveys selected by CMS as part of required 1% sample during federal fiscal year.
- Recertify 100% of intermediate care facilities for the mentally retarded before the expiration date of the existing time-limited agreement.
- Perform 100% of standard surveys of certified nursing homes within 15 months of the previous survey.
- Initiate investigation of 100% of complaints or incidents triaged as Immediate Jeopardy or Non-Immediate Jeopardy-High within the timeframes required by CMS.

<b>Funding:</b>	\$ 22,827	General
	1,127,258	Federal
	<u>521,010</u>	Other
	\$1,671,095	Total

**FY 2007 Objectives:**

- Survey 100% of licensed personal care homes.
- Review 100% of certified nurse aide training and testing programs due for biennial review.
- Perform 100% of biennial clinical laboratory on-site inspections during the federal fiscal year (October-September) in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements.
- Perform 100% of home health agency surveys (33 1/3% of total) during the federal fiscal year (October-September) in accordance with CMS requirements.
- Perform 100% of hospital validation surveys selected by CMS as part of required 1% sample during federal fiscal year.
- Recertify 100% of intermediate care facilities for the mentally retarded before the expiration date of the existing time-limited agreement.
- Perform 100% of standard surveys of certified nursing homes within 15 months of the previous survey.
- Initiate investigation of 100% of complaints or incidents triaged as Immediate Jeopardy or Non-Immediate Jeopardy-High within the timeframes required by CMS.

<b>Funding:</b>	\$ 23,794	General
	1,144,643	Federal
	<u>558,805</u>	Other
	\$1,727,242	Total

**FY 2008 Objectives:**

- Survey 100% of licensed personal care homes.
- Review 100% of certified nurse aide training and testing programs due for biennial review.
- Perform 100% of biennial clinical laboratory on-site inspections during the federal fiscal year (October-September) in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements.
- Perform 100% of home health agency surveys (33 1/3% of total) during the federal fiscal year (October-September) in accordance with CMS requirements.
- Perform 100% of hospital validation surveys selected by CMS as part of required 1% sample during federal fiscal year.
- Recertify 100% of intermediate care facilities for the mentally retarded before the expiration date of the existing time-limited agreement.
- Perform 100% of standard surveys of certified nursing homes within 15 months of the previous survey.
- Initiate investigation of 100% of complaints or incidents triaged as Immediate Jeopardy or Non-Immediate Jeopardy-High within the timeframes required by CMS.

<b>Funding:</b>	\$ 27,938	General
	1,177,654	Federal
	<u>575,839</u>	Other
	\$1,781,431	Total

**FY 2009 Objectives:**

- Survey 100% of licensed personal care homes.
- Review 100% of certified nurse aide training and testing programs due for biennial review.

- Perform 100% of biennial clinical laboratory on-site inspections during the federal fiscal year (October-September) in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements.
- Perform 100% of home health agency surveys (33 1/3% of total) during the federal fiscal year (October-September) in accordance with CMS requirements.
- Perform 100% of hospital validation surveys selected by CMS as part of required 1% sample during federal fiscal year.
- Recertify 100% of intermediate care facilities for the mentally retarded before the expiration date of the existing time-limited agreement.
- Perform 100% of standard surveys of certified nursing homes within 15 months of the previous survey.
- Initiate investigation of 100% of complaints or incidents triaged as Immediate Jeopardy or Non-Immediate Jeopardy-High within the timeframes required by CMS.

<b>Funding:</b>	\$ 28,785	General
	1,236,537	Federal
	<u>578,049</u>	Other
	\$1,843,371	Total

**FY 2010 Objectives:**

- Survey 100% of licensed personal care homes.
- Review 100% of certified nurse aide training and testing programs due for biennial review.
- Perform 100% of biennial clinical laboratory on-site inspections during the federal fiscal year (October-September) in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements.
- Perform 100% of home health agency surveys (33 1/3% of total) during the federal fiscal year (October-September) in accordance with CMS requirements.
- Perform 100% of hospital validation surveys selected by CMS as part of required 1% sample during federal fiscal year.
- Recertify 100% of intermediate care facilities for the mentally retarded before the expiration date of the existing time-limited agreement.
- Perform 100% of standard surveys of certified nursing homes within 15 months of the previous survey.
- Initiate investigation of 100% of complaints or incidents triaged as Immediate Jeopardy or Non-Immediate Jeopardy-High within the timeframes required by CMS.

<b>Funding:</b>	\$ 29,631	General
	1,298,363	Federal
	<u>580,289</u>	Other
	\$1,908,283	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 specialists, 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, medical radiation technologists, body piercers, tattoo artists, tattoo parlors, and hair braiders. Staff processed, issued, and monitored 7,745 license, certification, and registration applications in FY 2005. The division is currently working to establish a system that will allow licensees to renew their license online over the internet. The division is also working to establish a system whereby one can verify an individual's license to practice in Mississippi over the internet.

Staff also investigate all complaints related to the disciplines regulated; revoke or deny licenses when necessary; and provide public information seminars regarding various licensure requirements at community colleges, state and private universities, and professional organizations. Licensing personnel receive training in Level I and/or Level II investigative procedures and report writing through the National Certified Investigator's Training (NCIT) program.

### **FY 2006 Objectives:**

- Initiate investigation of 100% of complaints involving non-injury within four working days of receipt.
- Initiate investigation of 100% of complaints involving injury within two working days of receipt.
- Provide 10 license application orientation presentations to potential licensees at universities, colleges, and professional organizations.
- Issue 100% of all licenses, certifications, and registrations within 30 days after receipt of all required documentation.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>268,456</u>	Other
	\$268,456	Total

### **FY 2007 Objectives:**

- Initiate investigation of 100% of complaints involving non-injury within four working days of receipt.
- Initiate investigation of 100% of complaints involving injury within two working days of receipt.
- Provide 10 license application orientation presentations to potential licensees at universities, colleges, and professional organizations.
- Issue 100% of all licenses, certifications, and registrations within 30 days after receipt of all required documentation.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>287,931</u>	Other
	\$287,931	Total

### **FY 2008 Objectives:**

- Initiate investigation of 100% of complaints involving non-injury within four working days of receipt.
- Initiate investigation of 100% of complaints involving injury within two working days of receipt.
- Provide 10 license application orientation presentations to potential licensees at universities, colleges, and professional organizations.

- Issue 100% of all licenses, certifications, and registrations within 30 days after receipt of all required documentation.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>296,707</u>	Other
	\$296,707	Total

**FY 2009 Objectives:**

- Initiate investigation of 100% of complaints involving non-injury within four working days of receipt.
- Initiate investigation of 100% of complaints involving injury within two working days of receipt.
- Provide 10 license application orientation presentations to potential licensees at universities, colleges, and professional organizations.
- Issue 100% of all licenses, certifications, and registrations within 30 days after receipt of all required documentation.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>297,846</u>	Other
	\$297,846	Total

**FY 2010 Objectives:**

- Initiate investigation of 100% of complaints involving non-injury within four working days of receipt.
- Initiate investigation of 100% of complaints involving injury within two working days of receipt.
- Provide 10 license application orientation presentations to potential licensees at universities, colleges, and professional organizations.
- Issue 100% of all licenses, certifications, and registrations within 30 days after receipt of all required documentation.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>299,000</u>	Other
	\$299,000	Total

## Child Care Licensure

**Program Description:** The goal of the Child Care Licensure Program is to protect the health and safety of children by licensing, evaluating, and monitoring all child care facilities not exempted by law that provide care and shelter for children under 13 years of age. The division licenses child care facilities, nonexempt kindergarten programs, school age extended day care programs, hourly child care programs, summer day camps, and youth camps. Currently, MDH licenses 1,713 child care facilities that provide care for more than 100,000 children.

The division also monitors voluntarily registered child day care homes and registers child residential homes governed by the Child Residential Home Notification Act. The program governs 41 youth camps and 12 child residential homes. In addition, the Child Care Licensure Division investigates complaints and works with the Department of Human Services and local law enforcement agencies on child abuse/neglect investigations in licensed facilities.

### **FY 2006 Objectives:**

- Provide training in licensure regulations, playground safety, and new director's orientation to 100% of new providers prior to or within 90 days of the facility opening.
- Initiate investigation on 100% of complaints involving minor regulatory violations within 30 days of receipt.
- Initiate investigation on 100% of complaints involving alleged abuse, neglect, injury to a child, or other serious occurrence within three working days of receipt.
- Provide a quarterly information memorandum to 100% of licensed providers, pending applicants, and interested parties.
- Conduct 100% of child care facilities renewal inspections prior to license expiration.
- Conduct 100% of youth camp renewal inspections prior to opening for camping season.
- Conduct 100% of child residential home inspections prior to registration expiration.

<b>Funding:</b>	\$ 63,625	General
	107,076	Federal
	<u>1,790,533</u>	Other
	\$1,961,234	Total

### **FY 2007 Objectives:**

- Provide training in licensure regulations, playground safety, and new director's orientation to 100% of new providers prior to or within 90 days of the facility opening.
- Initiate investigation on 100% of complaints involving minor regulatory violations within 30 days of receipt.
- Initiate investigation on 100% of complaints involving alleged abuse, neglect, injury to a child, or other serious occurrence within three working days of receipt.
- Provide a quarterly information memorandum to 100% of licensed providers, pending applicants, and interested parties.
- Conduct 100% of child care facilities renewal inspections prior to license expiration.
- Conduct 100% of youth camp renewal inspections prior to opening for camping season.
- Conduct 100% of child residential home inspections prior to registration expiration.

<b>Funding:</b>	\$ 66,322	General
	108,727	Federal
	<u>1,920,422</u>	Other
	\$2,095,471	Total

**FY 2008 Objectives:**

- Provide training in licensure regulations, playground safety, and new director’s orientation to 100% of new providers prior to or within 90 days of the facility opening.
- Initiate investigation on 100% of complaints involving minor regulatory violations within 30 days of receipt.
- Initiate investigation on 100% of complaints involving alleged abuse, neglect, injury to a child, or other serious occurrence within three working days of receipt.
- Provide a quarterly information memorandum to 100% of licensed providers, pending applicants, and interested parties.
- Conduct 100% of child care facilities renewal inspections prior to license expiration.
- Conduct 100% of youth camp renewal inspections prior to opening for camping season.
- Conduct 100% of child residential home inspections prior to registration expiration.

<b>Funding:</b>	\$ 77,871	General
	111,863	Federal
	<u>1,978,960</u>	Other
	\$2,168,694	Total

**FY 2009 Objectives:**

- Provide training in licensure regulations, playground safety, and new director’s orientation to 100% of new providers prior to or within 90 days of the facility opening.
- Initiate investigation on 100% of complaints involving minor regulatory violations within 30 days of receipt.
- Initiate investigation on 100% of complaints involving alleged abuse, neglect, injury to a child, or other serious occurrence within three working days of receipt.
- Provide a quarterly information memorandum to 100% of licensed providers, pending applicants, and interested parties.
- Conduct 100% of child care facilities renewal inspections prior to license expiration.
- Conduct 100% of youth camp renewal inspections prior to opening for camping season.
- Conduct 100% of child residential home inspections prior to registration expiration.

<b>Funding:</b>	\$ 80,230	General
	117,456	Federal
	<u>1,986,558</u>	Other
	\$2,184,244	Total

**FY 2010 Objectives:**

- Provide training in licensure regulations, playground safety, and new director’s orientation to 100% of new providers prior to or within 90 days of the facility opening.
- Initiate investigation on 100% of complaints involving minor regulatory violations within 30 days of receipt.
- Initiate investigation on 100% of complaints involving alleged abuse, neglect, injury to a child, or other serious occurrence within three working days of receipt.
- Provide a quarterly information memorandum to 100% of licensed providers, pending applicants, and interested parties.
- Conduct 100% of child care facilities renewal inspections prior to license expiration.
- Conduct 100% of youth camp renewal inspections prior to opening for camping season.
- Conduct 100% of child residential home inspections prior to registration expiration.

<b>Funding:</b>	\$ 82,590	General
	123,329	Federal
	<u>1,994,253</u>	Other
	\$2,200,172	Total



## **Bioterrorism Preparedness and Response**

Since 2001, Congress has provided funds to each state to combat bioterrorism and to prepare for any mass casualty event. Mississippi has used those funds to ensure statewide and local/regional readiness for any public health threat or emergency.

## Bioterrorism Preparedness and Response

**Program Description:** In 1998, the Centers for Disease Control and Prevention (CDC) began funding to the state health departments nationwide to prepare for and respond to bioterrorism events. The Mississippi Department of Health has used those funds to expand and upgrade its capabilities to respond to all public health threats, including all terrorism-related and mass casualty events. After the events of September 11, 2001, Congress approved an unprecedented increase in funding to combat bioterrorism specifically and to improve the public health infrastructure of the nation. Mississippi's response efforts are based on the overarching principal that all response is local.

During the first five-year grant cycle, the MDH established a Bureau of Emergency Preparedness and Planning (BEPP) under the Office of Emergency Planning and Response to facilitate strategic leadership, direction, assessment, and coordination of related activities to ensure statewide readiness, interagency collaboration, and local/regional preparedness in the event of any public health threat or emergency. Programmatic goals were 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 local, district, and state public health offices; other healthcare facilities and organizations; law enforcement; public officials; and other community partners;
- disseminate appropriate health related information to the public, 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 any other public health threat.

All these goals worked to establish a well-trained, well-coordinated response plan for Mississippi.

During the next five-year grant cycle beginning August 31, 2005, activities are geared toward integration of state and local public health jurisdictions' preparedness for and response to terrorism and other public health emergencies with federal, state, local, and tribal governments; the private sector; and non-governmental organizations. These emergency preparedness and response efforts are intended to support the National Response Plan and the National Incident Management System (NIMS). Now that the infrastructure is in place, focus areas were dissolved and preparedness goals were established that are in sync with the Office of Homeland Security Target Capabilities List (TCL). TCLs provide state and local jurisdictions with nationally accepted preparedness levels of first responder capabilities and serve as an established uniform method of response for the nation.

The primary intent for the first year of the second five-year grant cycle is to fund the active participation in the immediate establishment, use, and continuous improvement of a national system using the CDC preparedness goals to measure all public health system response performance. Urgent public health responses include terrorism events and non-terrorism events such as infectious disease, environmental, and occupational-related emergencies.

The Bureau of Emergency Preparedness and Planning has oversight for the terrorism and mass casualty event related emergency response. Programmatic goals are carried out through the placement of trained emergency response professionals statewide and supported prepared personnel which represent the interests of public health in all facets. The bureau continues to provide technical assistance, training, seminars, workshops, and exercises to ensure the response capabilities for regional, district, and local response teams as well as the Governor's State Emergency Response Team.

**FY 2006 Objectives:**

- Provide competency-based preparedness education, testing, and training for all disciplines and classifications for 40% of all public health employees.
- Conduct a minimum of two functional and/or full-scale National Incident Management System exercises.
- Expand electronic syndromic surveillance to 17 hospitals statewide.
- Increase percentage of district environmentalists trained in food and water safety to 45%.
- Ensure that 65% of key laboratory stakeholders can electronically send and receive health alerts 24/7.

<b>Funding:</b>	\$ 7,895	General
	14,280,000	Federal
	<u>753</u>	Other
	\$14,288,648	Total

**FY 2007 Objectives:**

- Provide competency-based preparedness education, testing, and training for all disciplines and classifications for 60% of all public health employees.
- Conduct a minimum of two functional and/or full-scale National Incident Management System exercises.
- Expand electronic syndromic surveillance to 25 hospitals statewide.
- Increase percentage of district environmentalists trained in food and water safety to 60%.
- Ensure that 70% of key laboratory stakeholders can electronically send and receive health alerts 24/7.

<b>Funding:</b>	\$ 8,230	General
	14,150,000	Federal
	<u>807</u>	Other
	\$14,159,037	Total

**FY 2008 Objectives:**

- Provide competency-based preparedness education, testing, and training for all disciplines and classifications for 70% of all public health employees.
- Conduct a minimum of two functional and/or full-scale National Incident Management System exercises.
- Expand electronic syndromic surveillance to 33 hospitals statewide.
- Increase percentage of district environmentalists trained in food and water safety to 65%.
- Ensure that 80% of key laboratory stakeholders can electronically send and receive health alerts 24/7.

<b>Funding:</b>	\$ 9,663	General
	14,918,410	Federal
	<u>832</u>	Other
	\$14,928,905	Total

**FY 2009 Objectives:**

- Provide competency-based preparedness education, testing, and training for all disciplines and classifications for 80% of all public health employees.
- Conduct a minimum of two functional and/or full-scale National Incident Management System exercises.
- Expand electronic syndromic surveillance to 41 hospitals statewide.
- Increase percentage of district environmentalists trained in food and water safety to 75%.
- Ensure that 90% of key laboratory stakeholders can electronically send and receive health alerts 24/7.

<b>Funding:</b>	\$ 9,955	General
	15,664,331	Federal
	<u>835</u>	Other
	\$15,675,121	Total

**FY 2010 Objectives:**

- Provide competency-based preparedness education, testing, and training for all disciplines and classifications for 90% of all public health employees.
- Conduct a minimum of two functional and/or full-scale National Incident Management System exercises.
- Expand electronic syndromic surveillance to 50 hospitals statewide.
- Increase percentage of district environmentalists trained in food and water safety to 90%.
- Ensure that 95% of key laboratory stakeholders can electronically send and receive health alerts 24/7.

<b>Funding:</b>	\$ 10,248	General
	16,447,547	Federal
	<u>839</u>	Other
	\$16,458,634	Total