Mississippi State Department of Health

Fiscal Years 2010 - 2014

Strategic Plan

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

Office of Health Administration
August 2009

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Mississippi State Department of Health

Mission Statement

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

Vision Statement

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

Value Statement

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

Strategic Directions

The MSDH 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. Public Health 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 Environmental Analysis

Numerous external factors may influence the agency's ability to reach its goals and objectives. MSDH is strongly affected by changes in federal and state laws, regulations, and funding. In addition, the agency must respond to changes in the health care system, an arena that remains 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 MSDH has established a process to monitor program and service delivery activities carried out by local health departments within the centralized organizational structure. The activities are composites of all dimensions of the agency ― counties, districts, programs, disciplines, and related or support units. The desired result is a continuous improvement in the quality of services delivered to the state’s citizens.

Internal Audit

Internal Audit is independent of the Department of Health; the Internal Audit director is hired by and reports directly to the State Board of Health. Internal Audit staff conduct financial, compliance, electronic data processing, and operational and efficiency audits of the agency. 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 or the Board of Health 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 attention of the Board of Health and/ or the State Health Officer 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 with 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 are an important part of the agency's total quality management program.

State audit and federal program reviews 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 Field Services 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 receive investigation and written reports are filed.

Program Plans

Chronic Illness

The mission of the Chronic Illness Program is to prevent unnecessary sickness and premature death due to hypertension and diabetes and to offer comprehensive home care services to eligible patients who need these services. The Home Health Program provides quality, cost-efficient, skilled care to home-bound persons under the care of a physician and often provides care to those unserved by other entities. The Hypertension and Diabetes Programs provide monitoring and treatment for a limited number of patients who have no other means of obtaining it.

FY 2010 Funding:	$ 1,688,869	General
	4,585,003	Federal
	8,873,272	Other
	$15,147,144	Total
FY 2011 Funding:	$ 2,004,349	General
	4,617,751	Federal
	9,055,831	Other
	$15,677,931	Total
FY 2012 Funding:	$ 2,064,479	General
	4,756,284	Federal
	9,327,506	Other
	$16,148,269	Total
FY 2013 Funding:	$ 2,126,413	General
	4,898,973	Federal
	9,607,331	Other
	$16,632,717	Total
FY 2014 Funding:	$ 2,190,205	General
	5,045,942	Federal
	9,895,551	Other
	$17,131,698	Total

Home Health

Need: Home care is often a desirable, cost-effective, and acceptable alternative to institutional care and is particularly needed with a rapidly increasing aged and medically disabled population, Medicare prospective payments, Medicaid cost reductions, and spiraling health care costs. The increasing use of early discharge has expanded 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.

Program Description: The Home Health Program is designed to address the needs of persons who are homebound and in need of medically supervised care. The program emphasizes effective, cost-efficient service to eligible patients in their residence. Through a statewide network of regional offices, the MSDH 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.

Program Goal: The goal of the Home Health Program is to provide quality, cost-efficient, skilled care to meet the medical and therapeutic needs of home-bound persons in Mississippi.

FY 2009 Program Outputs

Number of patients served	626[1]
Number of billed registered nurse visits	3,762[1]
Number of non-billed nurse visits	2,492[1]
Number of billed home health aide visits	54,386[1]
Number of other billed visits (including physical, speech, and occupational therapy)	1,070[1]
Number of non-billed evaluations by a social worker and/or nutritionist	45[1]

[1] Preliminary, FY 2009 data is not yet complete.

FY 2009 Outcome Measures

Percentage of patients who stay at home after an episode of home health care ends:	
MSDH Home Health	59.1%
All Mississippi Home Health Agencies	68.0%
Percentage of patients who are admitted to the hospital during a home health care episode:	
MSDH Home Health	21.3%
All Mississippi Home Health Agencies	29.0%

FY 2010 Objectives:

- Increase by 1% the percentage of patients who stay at home after an episode of home health care ends.
- Decrease by .8% the percentage of patients who are admitted to the hospital during a home health care episode.

Funding: Included with Chronic Illness totals

FY 2011 Objectives:

- Increase by 1% the percentage of patients who stay at home after an episode of home health care ends.
- Decrease by .8% the percentage of patients who are admitted to the hospital during a home health care episode.

Funding: Included with Chronic Illness totals

FY 2012 Objectives:

- Increase by 1% the percentage of patients who stay at home after an episode of home health care ends.
- Decrease by 1% the percentage of patients who are admitted to the hospital during a home health care episode.

Funding: Included with Chronic Illness totals

FY 2013 Objectives:

- Increase by 1% the percentage of patients who stay at home after an episode of home health care ends.
- Decrease by 1% the percentage of patients who are admitted to the hospital during a home health care episode.

Funding: Included with Chronic Illness totals

FY 2014 Objectives:

- Increase by 1% the percentage of patients who stay at home after an episode of home health care ends.
- Decrease by 1% the percentage of patients who are admitted to the hospital during a home health care episode.

Funding: Included with Chronic Illness totals

External Factors Affecting Program: Several other home health agencies provide services in some areas of the state. In many cases, private agencies are able to advertise and provide referral source incentives, which the MSDH does not. Therefore, the MSDH often finds it difficult to attract patients with sufficient alternative payment sources in some areas of the state. However, the MSDH attempts to assure services to those who need them, and provides care to those whom other entities do not wish to provide services for or cannot accommodate, as well as being a first-choice provider for some patients.

Hypertension

Need: 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." For more than 50 years this region has had higher stroke death rates than other U.S. regions. Mississippi's high prevalence of hypertension is likely an important reason for the state's high coronary heart disease and stroke mortality rates.

Program Description: The State Department of Health 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.

Program Goal: The goal of the Hypertension Program is to prevent premature death and undue illness due to hypertension.

FY 2009 Program Outputs

Number of patients served	578
Number of hypertension treatment visits	1,018
Number of monitoring visits	257

FY 2010 Objectives:

- Provide hypertension services according to MSDH protocol to at least 500 patients who are living at, near, or below the poverty level.

Funding: Included with Chronic Illness totals

FY 2011 Objectives:

- Provide hypertension services according to MSDH protocol to at least 500 patients who are living at, near, or below the poverty level.

Funding: Included with Chronic Illness totals

FY 2012 Objectives:

- Provide hypertension services according to MSDH protocol to at least 500 patients who are living at, near, or below the poverty level.

Funding: Included with Chronic Illness totals

FY 2013 Objectives:

- Provide hypertension services according to MSDH protocol to at least 500 patients who are living at, near, or below the poverty level.

Funding: Included with Chronic Illness totals

FY 2014 Objectives:

- Provide hypertension services according to MSDH protocol to at least 500 patients who are living at, near, or below the poverty level.

Funding: Included with Chronic Illness totals

Diabetes Treatment

Need: More than 200,000 Mississippians are estimated to have diabetes; approximately 2,200 suffer significant diabetes-related complications each year. Diabetes is a significant risk factor for coronary heart disease, stroke, and various complications of pregnancy.

Program Description: The Diabetes Treatment Program provides supportive services that include joint medical management of diabetic patients with their private physicians. County health department staff monitor patients referred by their physician and offer education, informational materials, and diet counseling. Each patient receives annual counseling on the need for an annual eye exam, foot care, the need to control hypertension, and the need to control the risk factors for diabetes. A limited number of patients age 21 and under and those with gestational diabetes may obtain insulin, syringes, and testing supplies. All pregnant diabetics are referred to the Perinatal High Risk Management Program.

Program Goal: The goal of the Diabetes Treatment Program is to prevent or postpone complications and premature death due to diabetes.

FY 2009 Program Outputs

Number of patients served (provided insulin and syringes)	11
Number of diabetes treatment visits	30
Number of diabetes monitoring visits	54

FY 2010 Objectives:

- Provide insulin and syringes according to MSDH protocol to at least 11 patients with diabetes.

Funding: Included with Chronic Illness totals

FY 2011 Objectives:

- Provide insulin and syringes according to MSDH protocol to at least 11 patients with diabetes.

Funding: Included with Chronic Illness totals

FY 2012 Objectives:

- Provide insulin and syringes according to MSDH protocol to at least 11 patients with diabetes.

Funding: Included with Chronic Illness totals

FY 2013 Objectives:

- Provide insulin and syringes according to MSDH protocol to at least 11 patients with diabetes.

Funding: Included with Chronic Illness totals

FY 2014 Objectives:

- Provide insulin and syringes according to MSDH protocol to at least 11 patients with diabetes.

Funding: Included with Chronic Illness totals

Maternal and Child Health

The mission of MSDH Maternal and Child Health programs is to reduce maternal and infant mortality, morbidity, and low birth weight through 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.

FY 2010 Funding:	$ 8,106,580	General
	122,186,478	Federal
	46,441,890	Other
	$176,734,948	Total
FY 2011 Funding:	$ 8,990,592	General
	123,693,694	Federal
	48,710,317	Other
	$181,394,603	Total
FY 2012 Funding:	$ 9,260,310	General
	125,234,427	Federal
	51,799,185	Other
	$186,293,922	Total
FY 2013 Funding:	$ 9,538,119	General
	128,991,460	Federal
	53,353,161	Other
	$191,882,740	Total
FY 2014 Funding:	$ 9,824,263	General
	132,861,204	Federal
	54,953,756	Other
	$197,639,223	Total

Family Planning

Need: Mississippi has one of the nation's highest percentages of births to teens ─ in 2007, 17.1% of all births in the state were to teenagers. Mississippi's rate of births to teenagers age 15-19 was 71.8 per 1,000 births, compared to a national rate of 42 per 1,000 births. Teen mothers are more likely to drop out of school, require long-term financial support, and be involved in child abuse.

Almost 54% of the total births in 2007 were to unmarried mothers. In addition, a majority of the births among women with family incomes below the poverty level are unplanned. The Alan Guttmacher Institute estimates that every public dollar spent on family planning services to adults saves an average of $4.02 as a result of averting short-term expenditures on medical services, welfare, and nutritional services.

Moreover, the Family Planning Program often serves as an entry point into the health care system for people seeking care. The program provides access to annual physicals, screening for cancer and sexually transmitted diseases, and other services that many clients would not otherwise receive. Through encouraging individuals to make choices regarding the spacing and number of their children and to increase the interval between births, family planning plays an integral role in efforts to improve the health of women and children in Mississippi. Prevention of unintended pregnancy has a significant positive impact on the physical, emotional, financial, and social well-being of parents and their children.

Program Description: The MSDH Family Planning Program provides comprehensive reproductive health care for low-income women, men, and adolescents. The program provides services through a statewide network of more than 120 health care facilities including local health departments, community health centers, and certain contracted agencies that provide contraceptives without other services. Family Planning targets sexually active teenagers (age 19 and younger) at or below 100% of the federal poverty level and women 20-44 years of age with incomes at or below 150% of the federal poverty level. A multidisciplinary team provides services that include medical examinations involving pap smears and pelvic exams, confidential counseling, nutrition education, social services, and contraceptive supplies. Voluntary surgical sterilizations are available for men and women at risk who choose a permanent method of contraception, and infertility services are available for persons desiring pregnancy.

Program Goal: The goal of the Family Planning Program is to improve maternal and infant health, prevent unintended pregnancies, and reduce the incidence of teenage pregnancy.

FY 2009 Program Outputs

Number of unduplicated users	61,855
Number of users 19 years of age or younger	18,341
Number of male users	341
Number of family planning waiver clients served	10,486

FY 2009 Outcome Measures

Estimated total number of unplanned pregnancies prevented	10,082
Estimated number of unplanned pregnancies prevented to women 19 years of age and younger	2,989
Percentage of adolescents served receiving enhanced counseling	100%
Percent of teen mothers pregnant with their second child[1]	27.6%
Percent of births to girls less than 15 years of age[1]	1.9%
Pregnancy rate among non-white girls aged 15-19 (per 100,000 population)[1]	101.8%

[1] Based on CY 2007 live birth data (most recent available)

FY 2010 Objectives:

- Provide services to approximately 62,000 users through county health departments and subcontractors, including 18,600 users aged 19 and younger.
- Serve at least 10,800 clients through the Medicaid family planning waiver program.
- Increase the number of males receiving family planning services by 3%.
- Reduce the percent of teen mothers pregnant with their second child to 27.4%.
- Reduce the percent of births to girls less than 15 years of age to 1.8%.
- Reduce the pregnancy rate among non-white girls age 15-19 to 99.8 per 100,000 population.

Funding: Included with MCH totals

FY 2011 Objectives:

- Provide services to approximately 62,000 users through county health departments and subcontractors, including 18,600 users aged 19 and younger.
- Serve at least 11,124 clients through the Medicaid family planning waiver program.
- Increase the number of males receiving family planning services by 3%.
- Reduce the percent of teen mothers pregnant with their second child to 27.2%.
- Reduce the percent of births to girls less than 15 years of age to 1.7%.
- Reduce the pregnancy rate among non-white girls age 15-19 to 99.3 per 100,000 population.

Funding: Included with MCH totals

FY 2012 Objectives:

- Provide services to approximately 62,000 users through county health departments and subcontractors, including 18,600 users aged 19 and younger.
- Serve at least 11,200 clients through the Medicaid family planning waiver program.
- Increase the number of males receiving family planning services above 2011 levels.
- Reduce the percent of teen mothers pregnant with their second child below 27% .
- Reduce the percent of births to girls less than 15 years of age below 1.6%.
- Reduce the pregnancy rate among non-white girls age 15-19 below 99.0.

Funding: Included with MCH totals

FY 2013 Objectives:

- Provide services to approximately 62,000 users through county health departments and subcontractors, including 18,600 users aged 19 and younger.
- Serve at least 11,200 clients through the Medicaid family planning waiver program.
- Increase the number of males receiving family planning services.
- Reduce the percent of teen mothers pregnant with their second child below 27%.
- Reduce the percent of births to girls less than 15 years of age below 1.5%.
- Reduce the pregnancy rate among non-white girls age 15-19 below 99.0.

Funding: Included with MCH totals

FY 2014 Objectives:

- Provide services to approximately 62,000 users through county health departments and subcontractors, including 18,600 users aged 19 and younger.
- Serve at least 11,200 clients through the Medicaid family planning waiver program.
- Increase the number of males receiving family planning services.
- Reduce the percent of teen mothers pregnant with their second child below 27%.
- Reduce the percent of births to girls less than 15 years of age below 1.5%.
- Reduce the pregnancy rate among non-white girls age 15-19 below 99.0.

Funding: Included with MCH totals

Maternity/Perinatal Services

Need: Much of Mississippi is rural, and many areas have a population income below the federal poverty level. This population does not always have access to quality health care and needs a "safety net" provider to assure appropriate care for pregnant women, particularly those in high-risk categories.

In addition, Mississippi's infant mortality rate remains higher than the national average. Many factors contribute to this problem, including late or inadequate prenatal care; unhealthy maternal lifestyles, such as improper prenatal nutrition, smoking, or substance abuse; low socio-economic status and/or low educational attainment of families; and medical disorders, low birthweight, or congenital disorders of infants. 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 for the MSDH 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.

Program Description: The MSDH provides maternity services through county health departments, targeting pregnant women whose income is at or below 185 percent of the federal poverty level. The Maternity Program strives to provide accessible and continuous quality maternity services based on risk status, with referral to appropriate physicians and 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 delivery. Close follow-up for both is a high priority for 12 months after delivery.

The ***Perinatal High Risk Management/Infant Services System (PHRM)*** uses nurses, social workers, and nutritionists to provide multidisciplinary services to high-risk mothers and infants. Targeted case management can better treat the whole patient, improve access to available resources, provide 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.

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 ***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.

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 MSDH Women's Health Program is also responsible for an ***Osteoporosis Screening and Awareness Program.*** Osteoporosis is a silent disease frequently discovered when an unexpected fracture of a hip, the spine, or a wrist occurs. Recognizing the seriousness of this disease, the Mississippi Legislature authorized the MSDH to establish, maintain, and promote a prevention and treatment education program. In CY 2008, MSDH screened 1,332 women and men using a Luna PIXI Densitometer; 67 of these individuals were found to be osteoporotic (osteoporosis); 382 were osteopenic (low bone mass); and 883 were normal.

Program Goal: The goal of the Maternity/Perinatal Services Program is to reduce maternal and infant mortality and morbidity and ensure access to comprehensive health services that affect positive outcomes for women through risk-appropriate prenatal care.

FY 2009 Program Outputs

Number of maternity patients served	7,509
Number of Maternity Visits (nurse, physician, nurse practitioner, social worker, nutritionist, field nursing visits)	46,854
Number of PHRM/ISS patients served	29,118
PHRM/ISS encounters	
Initial case management (maternity only)	4,057
Monthly case management	37,783

CY 2007 Outcome Measures

State infant mortality rate (per 1,000 live births)	10.1
State neonatal mortality rate (per 1,000 live births)	5.8
State postneonatal mortality rate (per 1,000 live births)	4.2
State fetal death rate (per 1,000 live births)	10.2

Percentage response rate of mothers surveyed through PRAMS with birth strata for very low birthweight, low birthweight, and normal birthweight	53.7%
Percentage of women who received prenatal care in first trimester	81.1%
Incidence of low-birthweight births	12.3%

Note: *Outcome measures are based on Vital Statistics data, which are published each fall for the previous year. CY 2007 is currently the most recent data available; CY 2008 data will be available in the fall of 2009. Therefore, objectives are presented by calendar year and begin with 2009.*

CY 2009 Objectives:

- Maintain the incidence of low birthweight births below 12.5%.
- Reduce the fetal death rate to no more than 9.1 per 1,000 live births plus fetal deaths.
- Assure that at least 80.7% of pregnant women receive prenatal care during the first trimester.
- Increase the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) to 70% to allow analysis of risk factor data for low birthweight.
- Increase the number of PHRM patients served to 29,400 (FY 2010).

Funding: Included with MCH totals

CY 2010 Objectives:

- Maintain the incidence of low birthweight births below 12.5%.
- Maintain the fetal death rate at no more than 9.1 per 1,000 live births plus fetal deaths.
- Increase the percentage of pregnant women receiving prenatal care during the first trimester to 82%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70% to allow analysis of risk factor data for low birthweight.
- Increase the number of PHRM patients served to 29,488 (FY 2011).

Funding: Included with MCH totals

CY 2011 Objectives:

- Maintain the incidence of low birthweight births below 12.5%.
- Reduce the fetal death rate below that of CY 2010.
- Increase the percentage of pregnant women receiving prenatal care during the first trimester above 82%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70% to allow analysis of risk factor data for low birthweight.
- Increase the number of PHRM patients served to 29,500 (FY 2012).

Funding: Included with MCH totals

CY 2012 Objectives:

- Maintain the incidence of low birthweight births below 12.5%.
- Reduce the fetal death rate below that of CY 2011.

- Maintain the percentage of pregnant women receiving prenatal care during the first trimester above 82%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70% to allow analysis of risk factor data for low birthweight.
- Increase the number of PHRM patients served above 29,500 (FY 2013).

Funding: Included with MCH totals

CY 2013 Objectives:

- Maintain the incidence of low birthweight births below 12.5%.
- Reduce the fetal death rate below that of CY 2012.
- Maintain the percentage of pregnant women receiving prenatal care during the first trimester above 82%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70% to allow analysis of risk factor data for low birthweight.
- Increase the number of PHRM patients served (FY 2014).

Funding: Included with MCH totals

Child/Adolescent Health

Need: Periodic preventive health screenings of children and adolescents are critical for early identification of health conditions and problems, which allows linkage to resources for effective management of those problems and promotion of optimal health and well-being. Mississippi has a large population of uninsured and under-insured families. Without insurance coverage, many families delay seeking health care, which significantly impacts health outcomes.

Program Description: The MSDH provides childhood immunizations, well child assessments, limited sick child care, and tracking of high-risk children, especially for families with incomes at or below 185% of the federal poverty level. Many county health departments provide services through a multidisciplinary team including physicians, nurse practitioners, nurses, nutritionists, and social workers. Child Health programs discussed in other sections of this Plan include Genetics (newborn screening), Early Intervention, WIC (Supplemental Food Program for Women, Infants, and Children), and the Children's Medical Program (services for children with special health care needs). In addition, the MSDH provides preventive health screenings for children through the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) and the Early Hearing Detection and Intervention Program. EPSDT is a Medicaid-funded program for eligible children birth to age 21. It includes physical examination; immunizations; hearing, vision, and developmental screening; nutritional assessment and counseling; lab work; health education; and referral to other providers as needed. All of these programs provide early identification of serious conditions in children and help link families with resources for effective treatment and management.

Sudden Infant Death Syndrome (SIDS) is a major cause of death in infants from one month to one year of age. County health department staff contact families who have experienced a death due to SIDS (by mail, telephone, or 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.

Adolescents are in a transition period between childhood and adulthood, and therefore experience problems associated with both life stages. MSDH staff partner with other state agencies, non-profit organizations, and community/faith-based organizations to address adolescent health issues, promote youth development, and build service capacity.

Program Goal: The goal of the Office of Child/Adolescent Health is to reduce mortality, morbidity, and disability rates for infants, children, and adolescents to ensure optimal growth and development.

FY 2009 Program Outputs

Number of well child encounters (nursing, physician, and nurse practitioner)	51,801
Number of sick child encounters (nursing, physician, and nurse practitioner)	4,044
Number of EPSDT screens	44,086
Number of adolescents receiving health education and information through community initiatives	29,072
Number of SIDS families contacted for follow-up counseling and referral services	34

FY 2009 Outcome Measures

Percentage change in EPSDT screens	2.8%
Percentage of families experiencing a SIDS death who were offered counseling and referral services	100%

FY 2010 Objectives:

- Provide health service encounters to 56,402 infants, children, and adolescents.
- Increase EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening provided to Medicaid-eligible children in county health departments by 1%.
- Provide adolescent health education and awareness information to approximately 20,000 adolescents through community initiatives.
- Offer counseling and referral services to 99% of families who have experienced a death due to SIDS, as identified from death certificates.

Funding: Included with MCH totals

FY 2011 Objectives:

- Provide health service encounters to 56,966 infants, children, and adolescents.
- Increase EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening provided to Medicaid-eligible children in county health departments by 1%.
- Provide adolescent health education and awareness information to approximately 20,000 adolescents through community initiatives.
- Offer counseling and referral services to 99% of families who have experienced a death due to SIDS, as identified from death certificates.

Funding: Included with MCH totals

FY 2012 Objectives:

- Provide health service encounters to 57,535 infants, children, and adolescents.
- Increase EPSDT screening for Medicaid-eligible children in county health departments by 1%.
- Provide adolescent health education and awareness information to approximately 20,000 adolescents through community initiatives.
- Offer counseling and referral services to 99% of families who have experienced a death due to SIDS, as identified from death certificates.

Funding: Included with MCH totals

FY 2013 Objectives:

- Provide health service encounters to 58,110 infants, children, and adolescents.
- Increase EPSDT screening for Medicaid-eligible children in county health departments by 1%.
- Provide adolescent health education and awareness information to approximately 20,000 adolescents through community initiatives.

- Offer counseling and referral services to 99% of families who have experienced a death due to SIDS, as identified from death certificates.

Funding: Included with MCH totals

FY 2014 Objectives:

- Provide health service encounters to 58,692 infants, children, and adolescents.
- Increase EPSDT screening for Medicaid-eligible children in county health departments by 1%.
- Provide adolescent health education and awareness information to approximately 20,000 adolescents through community initiatives.
- Offer counseling and referral services to 99% of families who have experienced a death due to SIDS, as identified from death certificates.

Funding: Included with MCH totals

External Factors Affecting Program: Inadequate Department of Health staffing, in all disciplines, remains a barrier in addressing the comprehensive needs of patients. Many areas are seeing more diverse populations which require more time to serve due to language and cultural barriers. The additional time required per patient decreases the number of patients that staff can see in a given time period. Adding additional screenings and testing to MSDH services also requires more time with each patient, and in turn impacts the number of patients seen. In addition, more providers accept Medicaid and CHIP (Children's Health Insurance Program) than in previous years. As provider selections increase, some families choose to receive their preventive health services, such as EPSDT, and acute care from private providers.

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

Need: The nutritional status of the Maternal and Child Health populations directly affects their overall health and the problems that other agency programs are attempting to address. Inappropriate weight gain in prenatal periods, poor growth patterns in infants and children, and improper dietary patterns are all risk conditions common to the populations served. Anemia and obesity are the most common problems in all three populations. 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 helps to reduce infant mortality and the incidence of low birthweight babies. In addition, WIC serves as an incentive that brings women, infants, and children into health department clinics for integrated health services.

Program Description: The WIC program provides nutrition education and supplemental food packages 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 categorically eligible members of the family where a pregnant woman or infant is certified eligible for Medicaid. Participants receive monthly food packages through food distribution centers located in every county. The program operates a total of 95 food centers; 50% have converted to the WIC Mart concept of self-service choice, and additional WIC Marts will be implemented as needed. Each participant receives nutrition education upon initial certification, with follow-up counseling scheduled at least every three 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 responsibility for such issues as breastfeeding promotion, nutrition education, and the need for extended clinic and food distribution hours to serve the working poor. The program supports lactation counseling staff to encourage and support women in breastfeeding, and breastfeeding funds provide equipment, promotional literature, and workshops. Health departments and food distribution centers in various parts of the state offer extended hours on certain days each week in an effort to be more accessible to working participants.

Program Goal: The goal of the WIC Program is to reduce mortality and incidence of physical and mental deficiencies associated with inadequate nutrient intake during pregnancy, infancy, and early childhood.

FY 2009 Program Outputs

Average number of clients served per month (includes certification, nutrition education, review of immunization records, and referral to other services as needed)	116,112
Number of MSDH and Community Health Center staff trained and tested in WIC policies and procedures	966
Number of monitoring visits	41

FY 2009 Outcome Measures

Percent of potentially eligible population served	93.2%
Participation rate (percentage of those enrolled who actually pick up food packages)	95.57%
Overall satisfaction with WIC Program (based on responses to participant surveys)	95%
Breastfeeding rate for infants in the WIC program	13%

FY 2010 Objectives:

- Increase the potentially eligible population served to at least 94%.
- Increase the participation rate to 95.8%.
- Maintain food costs below $63 per participant.
- Increase the breastfeeding rates for infants in the WIC program to 15%.
- Increase participant satisfaction with the WIC Program to at least 98%.
- Conduct at least 32 monitoring visits to county health departments and community health centers to ensure compliance with federal regulations.
- Conduct training sessions and competency testing for MSDH and Community Health Center clerical staff, medical aides, nurses, nutritionists, and breastfeeding staff to ensure that all certifying professionals are current in policies and procedures related to the WIC certification process.

Funding: Included with MCH totals

FY 2011 Objectives:

- Increase the potentially eligible population served to at least 95%.
- Increase the participation rate to 96%.
- Maintain food costs below $65 per participant.
- Increase the breastfeeding rates for infants in the WIC program to 16%.
- Increase participant satisfaction with the WIC Program to 98.5%.
- Conduct at least 32 monitoring visits to county health departments and community health centers to ensure compliance with federal regulations.
- Conduct training sessions and competency testing for MSDH and Community Health Center nurses, nutritionists, and breastfeeding staff to ensure that all certifying professionals are current in policies and procedures related to the WIC certification process.

Funding: Included with MCH totals

FY 2012 Objectives:

- Increase the potentially eligible population served to at least 95.5%.
- Increase the participation rate to 96.5%.
- Maintain food costs below $66 per participant.
- Increase the breastfeeding rates for infants in the WIC program to 17%.
- Increase participant satisfaction with the WIC Program to 99%.

- Conduct at least 32 monitoring visits to county health departments and community health centers to ensure compliance with federal regulations.
- Conduct training sessions and competency testing for MSDH and Community Health Center (CHC) staff to ensure that all certifying professionals are current in policies and procedures related to the WIC certification process.

Funding: Included with MCH totals

FY 2013 Objectives:

- Increase the potentially eligible population served to at least 96%.
- Increase the participation rate to 96.6%.
- Maintain food costs below $67 per participant.
- Increase the breast-feeding rates for infants in the WIC program to 18%.
- Achieve a participant satisfaction rate of 99%.
- Conduct at least 32 monitoring visits to county health departments and community health centers to ensure compliance with federal regulations.
- Conduct training sessions and competency testing for MSDH and CHC staff to ensure that all certifying professionals are current in policies and procedures related to WIC certification.

Funding: Included with MCH totals

FY 2014 Objectives:

- Increase the potentially eligible population served to at least 96.5%.
- Increase the participation rate to 96.8%.
- Maintain food costs below $68 per participant.
- Increase the breast-feeding rates for infants in the WIC program to 19%.
- Achieve a participant satisfaction rate of 99%.
- Conduct at least 32 monitoring visits to county health departments and community health centers to ensure compliance with federal regulations.
- Conduct training sessions and competency testing for MSDH and CHC staff to ensure that all certifying professionals are current in policies and procedures for WIC certification.

Funding: Included with MCH totals

Genetics (Newborn Screening)

Need: Each year approximately 100,000 to 150,000 babies in the United States are born with major birth defects; 6,000 of these babies die during their first 28 days of life, and another 2,000 die before their first birthday. Children with birth defects account for 25 to 30% of pediatric hospital admissions; total annual costs for the care of these children exceed $1 billion.

Program Description: The Genetics Program provides screening, diagnosis, counseling, and follow-up services for a range of genetic disorders. Priorities include preventive measures to minimize the effects of disorders through early detection and timely medical evaluation, diagnosis, and treatment. The program also collects data from medical providers for a statewide Birth Defects Registry. Staff provide 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 40 genetic 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 other health department programs such as Early Intervention or Children's Medical Program and to community resources.

Program Goal: The goal of the Genetics Program is to reduce morbidity and mortality of Mississippi newborns with genetic disorders through early detection and treatment accompanied by genetic counseling and appropriate referrals. The objective of the Birth Defects Registry is to increase reporting of birth defects from medical providers to ensure follow-up, connect families with resources, and ensure that children are placed in a system of care.

FY 2009 Program Outputs

Number of newborns screened	44,962
Number of screens with positive or inconclusive results	623
Number of screens repeated due to inadequate specimen collection or laboratory rejection of specimen (2.2%)	984

FY 2009 Outcome Measures

Percent of newborns screened	100%
Percent of newborns with positive or inconclusive screens that received recommended follow-up	100%
Number of newborns diagnosed with a genetic disorder	108[1]
Percent of newborns diagnosed with a genetic disorder who received medical care/treatment and case management services	100%
Percent (number) of hospitals reporting to State Birth Defects Registry	79% (41)

[1] Provisional data as of June 30, 2009

FY 2010 Objectives:

- Screen 100% of newborns in Mississippi for genetic disorders.
- Provide adequate follow-up and referral for 100% of newborns with inconclusive or presumptive positive screen results.
- Maintain the rate of repeat screens due to inadequate or rejected specimens at less than 5%.
- Assure that at least 99% 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 45 (87% of birthing hospitals).

Funding: Included with MCH totals

FY 2011 Objectives:

- Screen 100% of newborns in Mississippi for genetic disorders.
- Provide adequate follow-up and referral for 100% of newborns with inconclusive or presumptive positive screen results.
- Maintain the rate of repeat screens due to inadequate or rejected specimens at less than 5%.
- Assure that at least 99% 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 52 (100% of birthing hospitals).

Funding: Included with MCH totals

FY 2012 Objectives:

- Screen 100% of newborns in Mississippi for genetic disorders.
- Provide adequate follow-up and referral for 100% of newborns with inconclusive or presumptive positive screen results.
- Maintain the rate of repeat screens due to inadequate or rejected specimens at less than 5%.
- Assure that at least 99% of children diagnosed with genetic disorders receive medical care/treatment and case management services.
- Maintain 100% of birthing hospitals in the state reporting to the birth defects registry (52 hospitals).

Funding: Included with MCH totals

FY 2013 Objectives:

- Screen 100% of newborns in Mississippi for genetic disorders.
- Provide adequate follow-up and referral for 100% of newborns with inconclusive or presumptive positive screen results.
- Maintain the rate of repeat screens due to inadequate or rejected specimens at less than 5%.
- Assure that at least 99% of children diagnosed with genetic disorders receive medical care/treatment and case management services.
- Maintain 100% of birthing hospitals in the state reporting to the birth defects registry (52 hospitals).

Funding: Included with MCH totals

FY 2014 Objectives:

- Screen 100% of newborns in Mississippi for genetic disorders.
- Provide adequate follow-up and referral for 100% of newborns with inconclusive or presumptive positive screen results.
- Maintain the rate of repeat screens due to inadequate or rejected specimens at less than 5%.
- Assure that at least 99% of children diagnosed with genetic disorders receive medical care/treatment and case management services.
- Maintain 100% of birthing hospitals in the state reporting to the birth defects registry (52 hospitals).

Funding: Included with MCH totals

First Steps: Early Intervention Program

Need: Approximately 42,000 children are born in Mississippi each year. Some of these children will have developmental, physical, or social/adaptive problems that require early intervention to prevent or minimize disability, and they 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.

Program Description: The MSDH is lead agency for implementing Part C of Public Law 108-446, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), 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. MSDH is responsible for providing the infrastructure for the system of interagency services and providing technical assistance for planning and implementation of the system. Medicaid pays for the majority of early intervention services; insurance pays for some services, and federal grant funds are used to pay for services for which there is no other funding source. Services are offered at no cost to families.

State statute authorizes First Steps to administer the Early Hearing Detection and Intervention Program, which coordinates the early identification and appropriate referral to services for infants and toddlers with identified hearing impairments. Newborn screening is performed in Mississippi hospitals with 100 or more deliveries per year. Non-screening hospitals arrange for referral for hearing screens. A tracking and follow-up system monitors referrals, missed screens, and out-of-hospital births to ensure that hearing screening is completed.

A variety of agencies and programs provide early intervention services, including the Department of Mental Health, Mississippi Schools for the Deaf and Blind, local education agencies, home health agencies, private therapists, university programs, and other small programs. The MSDH has placed First Steps Early Intervention Program 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 provides advice and assistance in implementing the statewide interagency system.

Program Goal: The goal of the Early Intervention Program is to assure that all eligible infants and toddlers with developmental disabilities receive necessary and appropriate early intervention services through a fully implemented, comprehensive, and coordinated interagency system of services throughout the state.

CY 2008 Program Outputs

Number of children referred to the Early Intervention Program	3,524
Number of children served according to an Individualized Family Service Plan	3,517

CY 2008 Outcome Measures

Percentage of early intervention services being delivered in the natural environment	97%
Percentage of children receiving services who entered the system prior to their first birthday	46%
Percentage of families participating in the Early Intervention System who report that early intervention services have helped the family to:	
Know their rights	86%
Effectively communicate their children's need	87%
Help their children develop and learn	87%
Percentage of children exiting the Early Intervention System who have transition steps and services on their Individualized Family Service Plan	100%

***Note**: Early Intervention measures are collected by calendar year rather than fiscal year; therefore, objectives are presented by calendar year.*

CY 2009 Objectives:

- Increase by 3% the number of children referred to the Early Intervention Program.
- Increase by 5% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Ensure that 86% of IFSPs are written within 45 days of the initial referral.
- Ensure that 74% of justifications for missing 45-day timeline for IFSP are child-based.
- Increase by 5% the percentage of children receiving services who entered the system prior to their first birthday.
- Ensure that at least 97% of children receive early intervention services primarily in their natural environment as defined by IDEA Part C.
- Ensure that 70% of services outlined on the IFSP are provided within 30 days of the implementation date.
- Increase the percentage of families participating in the Early Intervention System who report that early intervention services have helped the family to:
  Know their rights: 86%
  Effectively communicate their children's need: 87%
  Help their children develop and learn: 87%
- Ensure that 100% of the children exiting the Early Intervention System have transition steps and services in their ISFP to support transition to preschool and other appropriate community services.

Funding: Included with MCH totals

CY 2010 Objectives:

- Increase by 3% the number of children referred to the Early Intervention Program.
- Increase by 5% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Ensure that 87% of IFSPs are written within 45 days of the initial referral.

- Ensure that 75% of justifications for missing 45-day timeline for IFSP are child-based.
- Increase by 3% the percentage of children receiving services who entered the system prior to their first birthday.
- Ensure that at least 97% of children receive early intervention services primarily in their natural environment as defined by IDEA Part C.
- Ensure that 73% of services outlined on the IFSP are provided within 30 days of the implementation date.
- Increase the percentage of families participating in the Early Intervention System who report that early intervention services have helped the family to:
  Know their rights: 90%
  Effectively communicate their children's need: 90%
  Help their children develop and learn: 90%
- Ensure that 100% of the children exiting the Early Intervention System have transition steps and services in their ISFP to support transition to preschool and other appropriate community services.

Funding: Included with MCH totals

CY 2011 Objectives:

- Increase by 2% the number of children referred to the Early Intervention Program.
- Increase by 4% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Ensure that 90% of IFSPs are written within 45 days of the initial referral.
- Ensure that 80% of justifications for missing 45-day timeline for IFSP are child-based.
- Increase by 2% the percentage of children receiving services who entered the system prior to their first birthday.
- Ensure that at least 98% of children receive early intervention services primarily in their natural environment as defined by IDEA Part C.
- Ensure that 75% of services outlined on the IFSP are provided within 30 days of the implementation date.
- Increase the percentage of families participating in the Early Intervention System who report that early intervention services have helped the family to:
  Know their rights: 92%
  Effectively communicate their children's need: 92%
  Help their children develop and learn: 92%
- Ensure that 100% of the children exiting the Early Intervention System have transition steps and services in their ISFP to support transition to preschool and other appropriate community services.

Funding: Included with MCH totals

CY 2012 Objectives:

- Increase by 1% the number of children referred to the Early Intervention Program.
- Increase by 3% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Ensure that 92% of IFSPs are written within 45 days of the initial referral.
- Ensure that 82% of justifications for missing 45-day timeline for IFSP are child-based.

- Increase by 2% the percentage of children receiving services who entered the system prior to their first birthday.
- Ensure that at least 98% of children receive early intervention services primarily in their natural environment as defined by IDEA Part C.
- Ensure that 77% of services outlined on the IFSP are provided within 30 days of the implementation date.
- Maintain the percentage of families participating in the Early Intervention System who report that early intervention services have helped the family to:
  Know their rights: 92%
  Effectively communicate their children's need: 92%
  Help their children develop and learn: 92%
- Ensure that 100% of the children exiting the Early Intervention System have transition steps and services in their ISFP to support transition to preschool and other appropriate community services.

Funding: Included with MCH totals

CY 2013 Objectives:

- Increase by 1% the number of children referred to the Early Intervention Program.
- Increase by 3% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Ensure that 93% of IFSPs are written within 45 days of the initial referral.
- Ensure that 83% of justifications for missing 45-day timeline for IFSP are child-based.
- Increase by 2% the percentage of children receiving services who entered the system prior to their first birthday.
- Ensure that at least 98% of children receive early intervention services primarily in their natural environment as defined by IDEA Part C.
- Ensure that 78% of services outlined on the IFSP are provided within 30 days of the implementation date.
- Increase the percentage of families participating in the Early Intervention System who report that early intervention services have helped the family to:
  Know their rights: 93%
  Effectively communicate their children's need: 93%
  Help their children develop and learn: 93%
- Ensure that 100% of the children exiting the Early Intervention System have transition steps and services in their ISFP to support transition to preschool and other appropriate community services.

Funding: Included with MCH totals

External Factors Affecting Program: MSDH contracts with professionals in various disciplines to provide direct services to enrolled infants and toddlers with disabilities. Specialized skills are needed to work with the infant/toddler population. In many areas of the state, there is a lack of qualified providers to deliver services designed to meet the unique needs of these children. In addition, federal regulations require the program to provide services in natural settings where children without disabilities spend time, including daycare settings, Early Head Start Centers, and homes. Many providers see clinic-based services as more cost-effective for their companies, safer for their employees, and more convenient than meeting families in community settings. The major problem for this program is an inadequate number of trained and qualified professionals willing to provide services in the child's natural environment.

Children's Medical Program

Need: Children with special health care needs should have consistent access to a range of community-based integrated and coordinated health services. These children need a medical home in their community where providers and families work as partners to meet the needs of the child and family. The medical home assists in the early identification of special needs, provides ongoing primary care, and coordinates with a broad range of other specialty and related services. It is critical for families of children with special health care needs to have insurance coverage to care for their children; but even with insurance, many such families find themselves under-insured and require assistance to meet their special needs. According to the latest available data from the National Survey of Children with Special Health Care Needs (2005), the prevalence of children for special health care needs for Mississippi was 15%.

Program Description: The Children's Medical Program (CMP) is Mississippi's Title V program for Children With Special Health Care Needs, defined as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who require health and related services of a type or amount beyond that required by children generally." This definition includes children with a broad range of conditions or chronic illnesses such as cerebral palsy, cystic fibrosis, sickle cell anemia, metabolic disorders, mental and emotional disorders, or asthma, as well as children who develop significant medical problems expected to last at least 12 months.

The CMP offers clinic services, corrective surgery, consultation for physical and speech therapy, and case management. The program provides specialized assistance to hemophilia, cystic fibrosis, and sickle cell patients, and limited services for dental corrections. In addition, the program offers counseling for problems relating to social services and nutritional needs and attempts to make appropriate referrals for services the program does not offer. Children receive transition services through all developmental stages based on needs and available resources, and staff attempt to transition patients from pediatric/adolescent providers to adult specialists and other adult-centered resources.

The CMP operates field clinics in 14 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 program may refer patients to Jackson, Memphis, or other major tertiary care centers for surgery or related care.

Program Goal: The goal of the CMP is to provide medical services, surgical care, and assistance to middle and low income families of children with special health care needs to help these children reach their optimal potential.

FY 2009 Program Outputs

Number of children:	
Enrolled in CMP	3,105
Receiving assistance	3,083
With an identified medical home	2,891
With an identified dental home	1,599

Number of patients receiving medical assistance or services:	
With sickle cell disease	478
With cystic fibrosis	141
With hemophilia	105
Number of patients receiving dental assistance	248
Number of patients served in Blake Clinic and satellite clinics	1,914
Number of applications received:	
New	715
Renewal	2,424

FY 2009 Outcome Measures

Percentage of children enrolled in CMP who have an identified medical home	93%
Percentage of children enrolled in CMP who have an identified dental home	52%
Patient/family satisfaction rate (Blake Clinic patients)	93%

FY 2010 Objectives:

- Increase the children who have an identified medical home for ongoing, comprehensive care to 94% of those enrolled in the program.
- Increase the children who have an identified dental home to 53% of those enrolled in the program.
- Achieve a patient/family satisfaction rate of 94% (Blake Clinic patients).

Funding: Included with MCH totals

FY 2011 Objectives:

- Increase the children who have an identified medical home for ongoing, comprehensive care to 95% of those enrolled in the program.
- Increase the children who have an identified dental home to 54% of those enrolled in the program.
- Achieve a patient/family satisfaction rate of 95% (Blake Clinic patients).

Funding: Included with MCH totals

FY 2012 Objectives:

- Increase the children who have an identified medical home for ongoing, comprehensive care to 96% of those enrolled in the program.
- Increase the children who have an identified dental home to 55% of those enrolled in the program.
- Achieve a patient/family satisfaction rate of 96% (Blake Clinic patients).

Funding: Included with MCH totals

FY 2013 Objectives:

- Increase the children who have an identified medical home for ongoing, comprehensive care to 97% of those enrolled in the program.
- Increase the children who have an identified dental home to 56% of those enrolled in the program.
- Achieve a patient/family satisfaction rate of 97% (Blake Clinic patients).

Funding: Included with MCH totals

FY 2014 Objectives:

- Increase the children who have an identified medical home for ongoing, comprehensive care to 98% of those enrolled in the program.
- Increase the children who have an identified dental home to 57% of those enrolled in the program.
- Achieve a patient/family satisfaction rate of 98% (Blake Clinic patients).

Funding: Included with MCH totals

External Factors Affecting Program: The number of patients seen in CMP specialty clinics throughout the state is impacted by a lack of medical providers available to staff these clinics. Pediatric specialty providers associated with the University of Mississippi Medical Center have traditionally served many CMP clinics. However, UMMC has experienced staff shortages and other unforeseen events in recent years, which affect the availability of service providers at CMP's primary site, Blake Clinic in Jackson, as well as at satellite sites.

Oral Health Services

Need: Substantial disparities in access to oral health services exist throughout Mississippi. A majority of Mississippians live in rural areas and face tremendous shortages, particularly in dentists who specialize in pediatric dentistry and periodontics. Only 56 actively licensed pediatric dentists practiced in Mississippi as of June 30, 2009, and 52 of the state's 82 counties were designated as dental health professional shortage areas. Disparities in access to care are even greater for Medicaid-eligible children. In FY 2006 (most recent information available), only 31% of Medicaid-eligible children received any preventive dental services, and only 26% received any treatment service. The Division of Medicaid reported having only 483 dentists with at least one paid claim in the first half of FY 2009.

A survey of children's oral health conducted during the 2004-2005 school year at 48 randomly selected public elementary schools showed that:

- 69% of the children assessed had experience with dental decay;
- 39% had untreated dental decay or "cavities,"
- 10% attended school with infection or pain from dental disease, which indicates that more than 3,800 third-grade children have pain or infection because of dental decay; and
- only 26% of third grade children have dental sealants, even though sealants are a proven method for preventing decay.

In FY 2008, an oral health survey of children aged three to five years enrolled in Head Start revealed that 55% have decay experience. Many children have pain or infection because of tooth decay; 41% have untreated decay, and 7% need urgent dental care. Mississippi Head Start children have more decay experience and untreated decay than Head Start children in other states.

Planning for the state oral health program is based on the conviction that improvements in the oral health of under-served racial and ethnic minorities, low-income groups, and persons with special needs requires a coalition of professionals to build partnerships, develop systems of accountability, and emphasize evidence-based interventions.

Program Description: The MSDH Oral Health Program is targeted toward improving the health of Mississippi's children and families. The program encompasses fluoridation of community water systems, provision of preventive dental sealants to school children, and oral 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 Strategies:

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 60 years show that community water fluoridation is a safe and effective way to help prevent tooth decay. Less than 51% of Mississippi's population received public water fluoridation, compared to 69% nationally, in 2006. A public-private partnership with the Bower Foundation has resulted in 66 new water systems approved for fluoridation, increasing the proportion of population that receives fluoridated water to 54.6%.

Dental Sealants are a simple, safe, and effective technique to retard or prevent tooth decay. A school-based preventive dental sealants program was managed using a non-traditional partner, the University of Mississippi School of Nursing, from October 2004 to May 2008. Beginning August 1, 2009, the UMMC

School of Dentistry will coordinate the sealant program. The dental school hired a part-time dental sealant coordinator who is recruiting federally-qualified community health centers to participate in the program statewide using school-based health centers.

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. The program also partners with the MSDH Children's Medical Program to assist the dental needs of children with special health care needs.

A ***Fluoride Varnish Program*** began in FY 2008 for eligible children in Head Start and day care centers, targeting children with a high risk for tooth decay or limited access to dental care. The Cochrane Collaborative published an evidence-based study in 2009 showing that fluoride varnish prevents 33% of teeth decay in the primary teeth when used a minimum of two times per year.

Regional Oral Health Consultants provide dental health education, perform oral health screening, collect clinical survey data, and promote the benefits of community water fluoridation through the nine public health districts.

Program Goal: The goal of the Oral Health Program is to promote oral health among children, adolescents, and their families through screening, counseling, and the use of proven preventive strategies.

FY 2009 Program Outputs

Number of low-income school-age children in targeted communities receiving dental sealants	209[1]
Number of public water systems that implemented a new water fluoridation program	7
Number of pre-school children receiving fluoride varnish	3,400
Number of oral health training sessions conducted	379
Number of oral health screenings conducted through community-based outreach[2]	5,248
Number of public water systems that perform fluoride testing in accordance with MSDH recommendations	84

[1]Four schools participated in the dental sealant program in FY 2009; in 2010 and future years this program will be conducted through Community Health Centers.

[2] These screenings are conducted in conjunction with the Office of Preventive Health

FY 2009 Outcome Measures

Percentage of population receiving optimally fluoridated water	54.6%
Percentage of fluoridated water systems that submit monthly fluoride content reports	32%

FY 2010 Objectives:

- Increase by 1.7% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Provide dental sealants on molar teeth to at least 1,500 low-income second-grade children living in targeted communities identified as moderate to high risk for tooth decay.
- Provide fluoride varnish to at least 4,500 preschool children in targeted communities identified as moderate to high risk for tooth decay.
- Provide oral health screening to at least 6,500 people through community-based outreach.
- Provide at least 350 oral health training sessions in community-based settings through oral health consultants.

Funding: Included with MCH totals

FY 2011 Objectives:

- Increase by 2% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Provide dental sealants on molar teeth to at least 3,500 low-income second-grade children living in targeted communities identified as moderate to high risk for tooth decay.
- Provide fluoride varnish to at least 5,000 preschool children in targeted communities identified as moderate to high risk for tooth decay.
- Provide oral health screening to at least 5,500 people through community-based outreach.
- Provide at least 400 oral health training sessions in community-based settings through oral health consultants.

Funding: Included with MCH totals

FY 2012 Objectives:

- Increase by 2% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Provide dental sealants on molar teeth to at least 3,500 low-income second-grade children living in targeted communities identified as moderate to high risk for tooth decay.
- Provide fluoride varnish to at least 5,500 preschool children in targeted communities identified as moderate to high risk for tooth decay.
- Provide oral health screening to at least 5,500 people through community-based outreach.
- Provide at least 400 oral health training sessions in community-based settings through oral health consultants.

Funding: Included with MCH totals

FY 2013 Objectives:

- Increase by 2% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Provide dental sealants on molar teeth to at least 3,500 low-income second-grade children living in targeted communities identified as moderate to high risk for tooth decay.

- Provide fluoride varnish to at least 5,500 preschool children in targeted communities identified as moderate to high risk for tooth decay.
- Provide oral health screening to at least 5,500 people through community-based outreach.
- Provide at least 400 oral health training sessions in community-based settings through oral health consultants.

Funding: Included with MCH totals

FY 2014 Objectives:

- Increase by 2% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Provide dental sealants on molar teeth to at least 4,000 low-income second-grade children living in targeted communities identified as moderate to high risk for tooth decay.
- Provide fluoride varnish to at least 6,000 preschool children in targeted communities identified as moderate to high risk for tooth decay.
- Provide oral health screening to at least 6,500 people through community-based outreach.
- Provide at least 400 oral health training sessions in community-based settings through oral health

Funding: Included with MCH totals

Environmental Health

The mission of Environmental Health is to protect the health of all Mississippi citizens through regulation of environmental factors that can spread disease. Central office program staff work with district and county health department staff to implement programs that protect lives and property. Areas of concern include food service and processing establishments, milk and dairy products and distribution systems, the public water supply, onsite wastewater disposal systems, boiler and pressure vessel safety, and radiological health hazards. MSDH staff cooperate with local, state, and federal officials to ensure the success of these cornerstone public health programs.

FY 2010 Funding:	$ 8,011,250	General
	2,266,122	Federal
	10,162,925	Other
	$20,440,297	Total
FY 2011 Funding:	$ 8,710,433	General
	2,334,170	Federal
	10,616,552	Other
	$21,661,155	155al
FY 2012 Funding:	$ 8,971,746	General
	2,404,195	Federal
	10,935,049	Other
	$22,310,990	Total
FY 2013 Funding:	$ 9,240,898	General
	2,476,321	Federal
	11,263,100	Other
	$22,980,319	Total
FY 2014 Funding:	$ 9,518,125	General
	2,550,611	Federal
	11,600,993	Other
	$23,669,729	Total

Onsite Wastewater

Need: Environmental sanitation is the backbone of public health; the first departments of health were formed to prevent the spread of disease by controlling environmental factors. Potential contamination of ground and surface waters is both an environmental and a public health concern. As the population shifts toward suburban and rural areas, proper disposal of wastewater from individual homes grows in importance.

Program Description: The Onsite Wastewater Program develops policies and regulations and provides technical assistance to county and district environmentalists in inspecting R.V. campgrounds, onsite wastewater disposal systems, and individual water supplies. Program specialists offer technical assistance and training in individual onsite wastewater disposal. Program staff conduct bi-monthly seminars for new wastewater system installers to receive certification 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. Staff review and approve subdivisions and individual onsite wastewater disposal systems designed by engineers. 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.

Program Goal: The goal of the Onsite Wastewater Program is to reduce the potential for the spread of disease through improper disposal of human waste.

FY 2009 Program Outputs

Number of engineering plans reviewed for onsite wastewater systems	133
Number of final approvals	53
Number of subdivision plans reviewed	66
Number of final approvals	46
Number of individual onsite wastewater disposal system inspections conducted:	
Soil and Site evaluations	9,729
Approvals	3,087
Number of RV campgrounds permitted	74
Number of commercial development plans reviewed	127
Number of private water well systems sampled/resampled	1,065
Number of continuing education seminars provided for onsite wastewater system installers	18
Number of onsite wastewater system installer certifications issued	493
Number of technical assistance and consultation site visits conducted	375
Number of wastewater complaints investigated	2,800

FY 2009 Efficiency and Outcome Measures

Response time for referred soil and site evaluations	3 days
Response time for review of engineering plans for onsite wastewater disposal systems	15 days
Response time for review of subdivision plans	25 days
Response time to complaints	3 days
Percentage of certified wastewater system installers receiving continuing education	90%
Percentage of resolved complaints:	
Resolved	63%
Remanded to courts	20%
Unsubstantiated	17%

Note: *Onsite Wastewater is a preventive health program, and there is no way to measure the amount of disease prevented by regulating the proper disposal of human waste. However, it is recognized that proper disposal of onsite wastewater reduces the incidence of fecal-oral transmitted diseases such as typhoid, salmonellosis, shigellosis, E coli, and many others.*

FY 2010 Objectives:

- Provide 63 continuing education seminars for certified individual onsite wastewater system installers as a licensure requirement.
- Provide a response to referred soil and site evaluation requests within four days.
- Initiate investigation of wastewater complaints within four days of receipt.

Funding: Included with Environmental Health totals

FY 2011 Objectives:

- Provide 72 continuing education seminars for certified individual onsite wastewater system installers as a licensure requirement.
- Provide a response to referred soil and site evaluation requests within four days.
- Initiate investigation of wastewater complaints within four days of receipt.

Funding: Included with Environmental Health totals

FY 2012 Objectives:

- Provide 72 continuing education seminars for certified individual onsite wastewater system installers as a licensure requirement.
- Provide a response to referred soil and site evaluation requests within four days.
- Initiate investigation of wastewater complaints within four days of receipt.

Funding: Included with Environmental Health totals

FY 2013 Objectives:

- Provide 72 continuing education seminars for certified individual onsite wastewater system installers as a licensure requirement.
- Provide a response to referred soil and site evaluation requests within four days.
- Initiate investigation of wastewater complaints within four days of receipt.

Funding: Included with Environmental Health totals

FY 2014 Objectives:

- Provide 72 continuing education seminars for certified individual onsite wastewater system installers as a licensure requirement.
- Provide a response to referred soil and site evaluation requests within four days.
- Initiate investigation of wastewater complaints within four days of receipt.

Funding: Included with Environmental Health totals

Food Protection

Need: Inspection of food establishments is vital in today's society to reduce the factors that cause food-borne illness. This goal is best accomplished by achieving active managerial control of the risk factors in each establishment. For that reason, manager certification of all food service facilities and continuing education of managers is essential. The major risk factors are improper holding temperatures, inadequate cooking, contaminated equipment, food from unsafe sources, and poor personal hygiene.

Program Description: The MSDH Food Protection Program inspects food establishments (other than those regulated by another agency) to ensure that the establishments comply with state and federal laws, rules, and regulations. Mississippi ranks in the top 10% of states in meeting the federal Food and Drug Administration's Retail Food Program Standards.

Public Health environmentalists at the district and county level inspect food service establishments at frequencies based on risk factor assessments and issue annual permits for the facilities to operate. Central office staff conduct program assessments, develop policies and regulations, and give technical assistance and guidance to county, regional, and district environmentalists in their efforts to reduce the risk factors that contribute to foodborne illnesses. Numerous specialized training programs are available to food industry personnel, and inservice technical training is provided to county health department staff to promote uniformity.

The Food Protection Program also inspects processing facilities such as food manufacturers, soft drink bottling plants, bakeries, bottled water plants, ice plants, and warehouses, and investigates foodborne illness outbreaks in cooperation with the Epidemiology staff.

Program Goal: The goal of the Food Protection Program is to reduce the potential for the spread of food-borne illness through regulation of food establishments and industry/consumer education.

FY 2009 Program Outputs

Number of food establishments permitted (food service facilities and processors)	13,500
Number of inspections of food establishments	33,713
Number of complaints investigated	629
Number of food-borne outbreaks reported/investigated	74
Number of training sessions provided to district and county staff	26

FY 2009 Outcome Measures

Percent of district and county environmentalists certified (standardized) according to FDA Food Program requirements	88%

Percent of district and county environmentalists meeting FDA continuing education requirements	96%
Percent of food facilities inspected at frequency required by risk assessment category	95%
Percent of critical violations corrected at time of inspection	85%
Percent of critical violations corrected within 10 days (as required by FDA Food Code)	91%
Number of FDA Food Program standards achieved (national goal: 1 by 2010)	5

FY 2010 Objectives:

- Provide at least 25 training sessions for public health environmentalists and other district and county staff to assure compliance with FDA Food Program standards.
- Inspect 100% of food facilities at frequency required by risk category.
- Ensure that 92% of critical violations are corrected within 10 days.
- Respond to 98% of consumer complaints within three days.
- Respond to 100% of food-borne illness complaints within 24 hours.
- Achieve six of the nine FDA Food Program standards (FDA national goal is one standard by 2010).

Funding: Included with Environmental Health totals

FY 2011 Objectives:

- Provide at least 25 training sessions for public health environmentalists and other district and county staff to assure compliance with FDA Food Program standards.
- Inspect 100% of food facilities at frequency required by risk category.
- Ensure that 95% of critical violations are corrected within 10 days.
- Respond to 98% of consumer complaints within three days.
- Respond to 100% of food-borne illness complaints within 24 hours.
- Achieve eight of the nine FDA Food Program standards (FDA national goal is one standard by 2010).

Funding: Included with Environmental Health totals

FY 2012 Objectives:

- Provide at least 25 training sessions for public health environmentalists and other district and county staff to assure compliance with FDA Food Program standards.
- Inspect 100% of food facilities at frequency required by risk category.
- Ensure that 95% of critical violations are corrected within 10 days.
- Respond to 98% of consumer complaints within three days.
- Respond to 100% of food-borne illness complaints within 24 hours.
- Achieve eight of the nine FDA Retail Food Program standards (national goal is one standard by 2010).

Funding: Included with Environmental Health totals

FY 2013 Objectives:

- Provide at least 25 training sessions for public health environmentalists and other district and county staff to assure compliance with FDA Food Program standards.
- Inspect 100% of food facilities at frequency required by risk category.
- Ensure that 95% of critical violations are corrected within 10 days.
- Respond to 98% of consumer complaints within three days.
- Respond to 100% of food-borne illness complaints within 24 hours.
- Achieve all of the nine FDA Retail Food Program standards (national goal is one standard by 2010).

Funding: Included with Environmental Health totals

FY 2014 Objectives:

- Provide at least 25 training sessions for public health environmentalists and other district and county staff to assure compliance with FDA Food Program standards.
- Inspect 100% of food facilities at frequency required by risk category.
- Ensure that 95% of critical violations are corrected within 10 days.
- Respond to 98% of consumer complaints within three days.
- Respond to 100% of food-borne illness complaints within 24 hours.
- Achieve all of the nine FDA Retail Food Program standards (national goal is one standard by 2010).

Funding: Included with Environmental Health totals

Milk and Dairy Protection

Need: Inspection and sampling of milk from dairy farms, bulk milk haulers, transfer stations, receiving stations, and pasteurization plants is necessary to ensure that milk producers are in compliance with all state and federal laws, rules, and regulations regarding the production, storage, and transporting of milk and milk products. Ensuring the safety of the milk supply allows Mississippi's dairy industry to participate in interstate and intrastate commerce.

Program Description: The Milk and Dairy Program regulates milk production, the milk industry, and distribution of milk and milk products in Mississippi. The program also conducts Milk Sanitation Compliance and Enforcement Ratings of milk supplies within the state and 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. The state rating score measures compliance with the FDA Pasteurized Milk Ordinance, and it must be at least 90% for milk producers to participate in interstate commerce.

Program Goal: The goals of the Milk and Dairy Program are to: (1) reduce the potential for the spread of disease through milk and milk products by inspection, sampling, and regulation, and (2) ensure that Mississippi's producer marketing organizations and milk industry have the option to participate in interstate commerce by ensuring that every producer marketing group and milk plant maintains a satisfactory score on state and federal ratings.

FY 2009 Program Outputs

Number of dairy farms permitted	141
Number of dairy farm inspections	846
Number of raw milk samples collected (includes farm and plant)	2,086
Number of milk plants permitted	76
Number of processed milk samples collected	563
Number of frozen dessert plants permitted	41

FY 2009 Outcome Measures

State Milk Rating score	95%
Percentage of milk plants inspected at frequency required by Pasteurized Milk Ordinance	100%

Percentage of dairy farms inspected at frequency required by Pasteurized Milk Ordinance	100%
Percentage of bulk tank units scoring 90 or above on FDA compliance rating	100%
Percentage of milk plants scoring 90 or above on FDA compliance rating.	100%
Percentage of milk from tankers positive for antibiotics removed from milk supply	100%
Corrective actions taken as a result of inspection and sampling of milk plants and dairy farms:	
Warning	67
Suspension of permit	21
Removing bulk tank unit from interstate sales	0

FY 2010 Objectives:

- Achieve an overall average state rating score of at least 95% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the FDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the FDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from milk supplies.
- Assure that all raw and finished milk samples are collected as required by the FDA Pasteurized Milk Ordinance.
- Assure that all corrective actions are taken in accordance with the FDA Pasteurized Milk Ordinance.

Funding: Included with Environmental Health totals

FY 2011 Objectives:

- Achieve an overall average state rating score of at least 95% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the FDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the FDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from milk supplies.
- Assure that all raw and finished milk samples are collected as required by the FDA Pasteurized Milk Ordinance.
- Assure that all corrective actions are taken in accordance with the FDA Pasteurized Milk Ordinance.

Funding: Included with Environmental Health totals

FY 2012 Objectives:

- Achieve an overall average state rating score of at least 95% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the FDA Pasteurized Milk Ordinance.

- Inspect 100% of milk processing plants at least four times in accordance with the FDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from milk supplies.
- Assure that all raw and finished milk samples are collected as required by the FDA Pasteurized Milk Ordinance.
- Assure that all corrective actions are taken in accordance with the FDA Pasteurized Milk Ordinance.

Funding: Included with Environmental Health totals

FY 2013 Objectives:

- Achieve an overall average state rating score of at least 95% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the FDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the FDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from milk supplies.
- Assure that all raw and finished milk samples are collected as required by the FDA Pasteurized Milk Ordinance.
- Assure that all corrective actions are taken in accordance with the FDA Pasteurized Milk Ordinance.

Funding: Included with Environmental Health totals

FY 2014 Objectives:

- Achieve an overall average state rating score of at least 95% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the FDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the FDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from milk supplies.
- Assure that all raw and finished milk samples are collected as required by the FDA Pasteurized Milk Ordinance.
- Assure that all corrective actions are taken in accordance with the FDA Pasteurized Milk Ordinance.

Funding: Included with Environmental Health totals

General Environmental Services

Need: General Environmental Services encompasses administration for the Office of Environmental Health, vector control, and institutional services. Vector Control is an important public health function, as insects and rodents affect human health by transmitting disease agents and contamination of food products. Institutional Services inspection is necessary to ensure compliance with federal and state laws in correctional facilities, public buildings, and schools. In addition, the homes of children identified with elevated blood lead levels must be assessed for lead content to identify exposure and ensure the health and safety of the children.

Program Description: A medical entomologist is available to provide consultation and advice to the public and the health care community 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.

Staff of the Institutional Services Program inspect Mississippi correctional facilities for health and safety standards in accordance with federal court orders and state law. State prisons receive annual inspection, while regional prisons and county jails housing state inmates are inspected twice each year. Program staff also review plans for public buildings and schools 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. An Institutional Services Program staff member conducts environmental assessments for lead in the homes of children identified through screening as having elevated blood lead levels and makes recommendations for reducing lead exposure. In addition, the program conducts product recall effectiveness checks in randomly selected stores as requested by the Consumer Product Safety Commission to ensure that recalled products have been removed from store shelves and that stores where recalled products were sold have posted notices to inform consumers of the recall.

Program Goal: The goals of the General Environmental Services Program are to assure health and safety standards in correctional facilities, compliance with the Americans With Disabilities Act in public buildings, reduction of environmental lead exposure for children with elevated blood lead levels, and to reduce potential for the spread of insect and rodent transmitted disease.

FY 2009 Program Outputs

Number of state correctional facilities and county jails housing state inmates inspected	176
Number of plan reviews conducted for public buildings and schools	9
Number of environmental lead assessments conducted	43
Number of product recall effectiveness checks conducted for Consumer Product Safety Commission	35

FY 2009 Outcome Measures

Percentage of correctional facility inspections completed	100%
Percentage of public building plan reviews completed for compliance with Americans With Disabilities Act	99%
Percentage of product recall effectiveness checks completed as requested by Consumer Product Safety Commission	100%

FY 2010 Objectives:

- Inspect 100% of state correctional facilities and county jails housing state inmates in compliance with court order and state law.
- Review all plans submitted on public buildings and schools for compliance with the Americans With Disabilities Act.
- Conduct environmental investigations of all places frequented by children with a venous blood lead level ≥ 20 ug/dl or two venous blood lead levels of 15-19 ug/dl at least three months apart.
- Conduct all product recall effectiveness checks in randomly selected stores by target dates requested by the Consumer Product Safety Commission.

Funding: Included with Environmental Health totals

FY 2011 Objectives:

- Inspect 100% of state correctional facilities and county jails housing state inmates in compliance with court order and state law.
- Review all plans submitted on public buildings and schools for compliance with the Americans With Disabilities Act.
- Conduct environmental investigations of all places frequented by children with a venous blood lead level ≥ 20 ug/dl or two venous blood lead levels of 15-19 ug/dl at least three months apart.
- Conduct all product recall effectiveness checks in randomly selected stores by target dates requested by the Consumer Product Safety Commission.

Funding: Included with Environmental Health totals

FY 2012 Objectives:

- Inspect 100% of state correctional facilities and county jails housing state inmates in compliance with court order and state law.
- Review all plans submitted on public buildings and schools for compliance with the Americans With Disabilities Act.
- Conduct environmental investigations of all places frequented by children with a venous blood lead level ≥ 20 ug/dl or two venous blood lead levels of 15-19 ug/dl at least three months apart.
- Conduct all product recall effectiveness checks in randomly selected stores by target dates requested by the Consumer Product Safety Commission.

Funding: Included with Environmental Health totals

FY 2013 Objectives:

- Inspect 100% of state correctional facilities and county jails housing state inmates in compliance with court order and state law.
- Review all plans submitted on public buildings and schools for compliance with the Americans With Disabilities Act.
- Conduct environmental investigations of all places frequented by children with a venous blood lead level ≥ 20 ug/dl or two venous blood lead levels of 15-19 ug/dl at least three months apart.
- Conduct all product recall effectiveness checks in randomly selected stores by target dates requested by the Consumer Product Safety Commission.

Funding: Included with Environmental Health totals

FY 2014 Objectives:

- Inspect 100% of state correctional facilities and county jails housing state inmates in compliance with court order and state law.
- Review all plans submitted on public buildings and schools for compliance with the Americans With Disabilities Act.
- Conduct environmental investigations of all places frequented by children with a venous blood lead level ≥ 20 ug/dl or two venous blood lead levels of 15-19 ug/dl at least three months apart.
- Conduct all product recall effectiveness checks in randomly selected stores by target dates requested by the Consumer Product Safety Commission.

Funding: Included with Environmental Health totals

Public Water Supply

Need: Community public water systems provide drinking water to 2.8 million Mississippians (97% of the state's population). Many of these 1,257 systems utilize groundwater, which is susceptible to contamination. Strict enforcement of the federal and state Safe Drinking Water Acts (SDWAs) is critical to ensure safety of the state's drinking water supplies.

Program Description: The MSDH Public Water Supply Program includes five programmatic areas: (1) microbiological, 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 MSDH environmental staff in the proper methods of designing, constructing, and operating public water systems.

Program Goal: The goal of the MSDH Public Water Supply Program is to assure that public water supplies routinely provide safe drinking water to the citizens of Mississippi.

FY 2009 Program Outputs

Number of public water systems surveyed annually:	
Community systems	1,098
Non-transient non-community	83
Transient non-community	76
Number of water quality samples analyzed for compliance with SDWAs:	
Microbiological/public	63,262
Radiological	252
Chemical	13,074
Number of "Boil Water Notices" issued on Public Water Systems to protect public health:	
State issued	36
Self imposed	481
State assisted	117
Number of reviews of engineering plans and specifications for new water supply projects	1,054

FY 2009 Outcome Measures

Percentage of public water supplies surveyed	100%
Percentage of community public water systems receiving a capacity assessment/rating	100%
Percentage of public water supplies with water quality violations to SDWA	10%
Percentage of public water supplies that are persistent violators of SDWA	3%
Percentage of community public water supplies with MSDH certified operator	99%
Percentage of public water systems that have implemented effective cross connection control programs	87%
Percentage of acute water quality violations corrected within five days	100%
Percentage of non-acute water quality violations corrected within 90 days	100%

FY 2010 Objectives:

- Review and comment on 100% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Complete a sanitary survey on 100% of public water supplies.
- Complete a Capacity Assessment/Rating on 100% of the state's community public water systems.
- Assure that 98% of community public water supplies utilize a waterworks operator licensed by MSDH.
- Assure that 95% of Mississippi's public water systems have implemented effective cross connection control programs.
- Follow up and resolve 100% of Safe Drinking Water Act (SDWA) water quality violations within time frames required by statute.
- Assure 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.

Funding: Included with Environmental Health totals

FY 2011 Objectives:

- Review and comment on 100% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Complete a sanitary survey on 100% of public water supplies.
- Complete a Capacity Assessment/Rating on 100% of the state's community public water systems.
- Assure that 98% of community public water supplies utilize a waterworks operator licensed by MSDH.

- Assure that 95% of Mississippi's public water systems have implemented effective cross connection control programs.
- Follow up and resolve 100% of SDWA water quality violations within time frames required by statute.
- Assure 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.

Funding: Included with Environmental Health totals

FY 2012 Objectives:

- Review and comment on 100% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Complete a sanitary survey of 100% of public water supplies.
- Complete a Capacity Assessment/Rating on 100% of the state's community public water systems.
- Assure that 98% of community public water supplies utilize a waterworks operator licensed by MSDH.
- Assure that 95% of Mississippi's public water systems have implemented effective cross connection control programs.
- Follow up and resolve 100% of SDWA water quality violations within time frames required by statute.
- Assure 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.

Funding: Included with Environmental Health totals

FY 2013 Objectives:

- Review and comment on 100% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Complete a sanitary survey of 100% of public water supplies.
- Complete a Capacity Assessment/Rating on 100% of the state's community public water systems.
- Assure that 98% of community public water supplies utilize a waterworks operator licensed by MSDH.
- Assure that 95% of Mississippi's public water systems have implemented effective cross connection control programs.
- Follow up and resolve 100% of SDWA water quality violations within time frames required by statute.
- Assure 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.

Funding: Included with Environmental Health totals

FY 2014 Objectives:

- Review and comment on 100% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Complete a sanitary survey of 100% of public water supplies.
- Complete a Capacity Assessment/Rating on 100% of the state's community public water systems.
- Assure that 98% of community public water supplies utilize a waterworks operator licensed by MSDH.
- Assure that 95% of Mississippi's public water systems have implemented effective cross connection control programs.
- Follow up and resolve 100% of SDWA water quality violations within time frames required by statute.
- Assure 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.

Funding: Included with Environmental Health totals

Radiation Control

Need: Medical and industrial uses of radioactive materials and radiation devices are commonplace and widespread in today's society, and educational institutions use nuclear materials in instruction and research. This proliferation of radiation sources has involved more personnel in their handling and operation, which increases the risk of radiation exposure for workers, students, and the public. Many sources result in various levels of radioactivity in the environment, such as nuclear reactor operations (Grand Gulf Nuclear Station); radionuclides used in medicine, agriculture, and industry; nuclear activities associated with the Salmon Test Site in Lamar County; and radioactive fallout from atmospheric nuclear detonations.

Although there are many benefits from the use of radiation, 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 manmade sources of radiation are As Low As Is Reasonably Achievable (ALARA) with presently available technology.

Program Description: The MSDH Radiation Control Program is designed to identify sources of radiation exposure, understand the biological effects of radiation, investigate and evaluate exposures, and formulate and apply regulations for the control and reduction of exposure. Through comprehensive monitoring and surveillance, the program determines levels of radioactivity present in the environment. Staff annually collect and analyze approximately 2,300 samples, including water, soil, meat, air, and vegetation, as well as direct measurements to record radiation levels in the environment. 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.

Radiological Health Program staff participate in national studies, including the Nationwide Evaluation of X-Ray Trends sponsored by the Food and Drug Administration's 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.

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 MSDH 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.

Program Goal: The goal of the Radiological Health Program is to identify potential radiological health hazards and develop adequate and realistic precautionary control measures.

FY 2009 Program Outputs

Number of inspections:	
Healing arts X-ray tubes	2,333
Non-healing arts X-ray registrants	18
Specific radioactive material licensees	64
General radioactive material licensees	0
Mammography Units	113
Specific radioactive material licenses issued:	
Total	331
New	13
Amendments	283
Terminations	11
General radioactive material licenses issued:	
Total	77
New	2
Amendments	0
Terminations	2
Tanning facilities:	
Number of facility inspections	119
Number of registrations	361
Number of tanning beds	1,428
Non-healing arts X-ray tube registrations:	
Total	136
New	7
Amendments	62
Tubes registered	231
Terminations	1
Healing arts X-ray tube registrations:	
Total	6,116
New	150
Environmental samples analyzed for radioactivity around Salmon Test Site	85
Environmental samples analyzed for radioactivity around Grand Gulf Nuclear Station	884

FY 2009 Outcome Measures

Percentage of required environmental monitoring for radioactivity completed at Salmon Test Site in accordance with DOE requirements	100%
Non-compliance rate with regulations:	
Major Health/Safety Violations:	
Non-healing arts X-ray registrants	0%
Healing arts X-ray registrants	0%
Specific radioactive material licensees	0%
General radioactive material licensees	0%
Minor Health/Safety Violations:	
Non-healing arts X-ray registrants	0%
Healing arts X-ray registrants	0%
Specific radioactive material licensees	22%
General radioactive material licensees	0%
Percentage of mammographic units inspected	100%

FY 2010 Objectives:

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor regulatory violations and 5% for major health and safety violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor regulatory violations and 5% for major health and safety violations.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 in accordance with FDA/MSDH contract.
- Collect and analyze approximately 975 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Collect and analyze 100% of required samples to monitor for radioactivity at the Salmon Test Site in accordance with Department of Energy requirements (approximately 200 samples).
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five days of receipt.

Funding: Included with Environmental Health totals

FY 2011 Objectives:

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor regulatory violations and 5% for major health and safety violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor regulatory violations and 5% for major health and safety violations.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 in accordance with FDA/MSDH contract.
- Collect and analyze approximately 975 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Collect and analyze 100% of required samples to monitor for radioactivity at the Salmon Test Site in accordance with Department of Energy requirements (approximately 200 samples).

- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five days of receipt.

Funding: Included with Environmental Health totals

FY 2012 Objectives:

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor regulatory violations and 5% for major health and safety violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor regulatory violations and 5% for major health and safety violations.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 in accordance with FDA/MSDH contract.
- Collect and analyze approximately 975 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Collect and analyze 100% of required samples to monitor for radioactivity at the Salmon Test Site in accordance with Department of Energy requirements (approximately 200 samples).
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five working days of receipt.

Funding: Included with Environmental Health totals

FY 2013 Objectives:

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor regulatory violations and 5% for major health and safety violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor regulatory violations and 5% for major health and safety violations.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 in accordance with FDA/MSDH contract.
- Collect and analyze approximately 975 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Collect and analyze 100% of required samples to monitor for radioactivity at the Salmon Test Site in accordance with Department of Energy requirements (approximately 200 samples).
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five days of receipt.

Funding: Included with Environmental Health totals

FY 2014 Objectives:

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor regulatory violations and 5% for major health and safety violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor regulatory violations and 5% for major health and safety violations.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 in accordance with FDA/MSDH contract.
- Collect and analyze approximately 975 environmental samples for radioactivity around Grand Gulf Nuclear Station.

- Collect and analyze 100% of required samples to monitor for radioactivity at the Salmon Test Site in accordance with Department of Energy requirements (approximately 200 samples).
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five days of receipt.

Funding: Included with Environmental Health totals

Boiler and Pressure Vessel Safety

Need: Inspection of boiler and pressure vessels and assuring the correction of any hazardous conditions found through the inspections greatly reduces the risk of deaths, injuries, and property damage due to boiler and pressure vessel explosions. There are currently 29,578 objects certified under the Boiler and Pressure Vessel Safety Program.

Program Description: The MSDH Boiler and Pressure Vessel Safety Program enforces state laws, rules, and regulations and certifies the use of all vessels covered by the law. MSDH staff inspect the boiler and pressure vessels that are uninsured (30-35% of the total), and approximately 100 reciprocally-commissioned insurance company representatives inspect the vessels that are insured (65-70% of the total). Some vessels receive biennial inspection, while larger, more dangerous (high pressure) ones are inspected twice each year. All funding for this program is generated from inspection and certificate fees.

Program Goal: 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.

FY 2009 Program Outputs

Number of boiler and pressure vessels inspected	3,187
Number of violations detected:	
Dangerous violations	44
Non-dangerous violations	123

FY 2009 Outcome Measures

Percentage of dangerous violations corrected within 30 days	90%

2010 Objectives:

- Inspect at least 5,500 boilers and pressure vessels.
- Assure that 100% of dangerous or hazardous conditions are corrected within 30 days.
- Conduct 70% of state inspections within 90 days of certificate expiration date (For more than five years, the MSDH has been unable to replace a certified inspector who retired, which resulted in fewer inspections conducted. The position has now been filled and inspections should be conducted in a more timely manner in the future.)

Funding: Included with Environmental Health totals

2011 Objectives:

- Inspect at least 6,000 boilers and pressure vessels.
- Assure that 100% of dangerous or hazardous conditions are corrected within 30 days.
- Conduct 80% of state inspections within 90 days of certificate expiration date.

Funding: Included with Environmental Health totals

2012 Objectives:

- Inspect at least 6,000 boilers and pressure vessels.
- Assure that 100% of dangerous or hazardous conditions are corrected within 30 days.
- Conduct 80% of state inspections within 90 days of certificate expiration date.

Funding: Included with Environmental Health totals

FY 2013 Objectives:

- Inspect at least 6,500 boilers and pressure vessels.
- Assure that 100% of dangerous or hazardous conditions are corrected within 30 days.
- Conduct 100% of state inspections within 90 days of certificate expiration date.

Funding: Included with Environmental Health totals

FY 2014 Objectives:

- Inspect at least 6,500 boilers and pressure vessels.
- Assure that 100% of dangerous or hazardous conditions are corrected within 30 days.
- Conduct 100% of state inspections within 90 days of certificate expiration date.

Funding: Included with Environmental Health totals

Disease Prevention

The mission of Disease Prevention programs is 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 disease through screening, diagnosis, surveillance, 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.

FY 2010 Funding:	$ 7,926,506	General
	28,372,582	Federal
	27,941,109	Other
	$64,240,197	Total
FY 2011 Funding:	$ 8,682,429	General
	28,692,488	Federal
	28,647,087	Other
	$66,022,004	Total
FY 2012 Funding:	$ 8,942,902	General
	29,553,263	Federal
	29,506,500	Other
	$68,002,665	Total
FY 2013 Funding:	$ 9,211,189	General
	30,439,861	Federal
	30,391,695	Other
	$70,042,745	Total
FY 2014 Funding:	$ 9,487,525	General
	31,353,057	Federal
	31,303,446	Other
	$72,144,028	Total

Epidemiology

Need: State law requires reporting of certain diseases to the Department of Health so that the agency can initiate appropriate intervention and preventive measures. A statewide surveillance program is essential to control these diseases that can cause permanent disability or death.

Program Description: The Office of Epidemiology monitors the occurrence and trends of reportable diseases and conditions throughout the state. Staff provide consultation to the medical community and to other agencies on matters of epidemiological concern 24 hours a day, 365 days a year, and investigate outbreaks or clusters of disease or illness in coordination with MSDH public health districts. The purpose of investigation is to determine etiology and implement or recommend control and preventive measures. Direct disease intervention in specific illnesses is carried out through providing appropriate prophylaxis.

Epidemiology staff periodically mail information to physicians regarding selected diseases of seasonal interest and provide education and training to the medical and lay communities as an ongoing effort. Staff offer individual consultation to health care providers and the public on communicable disease control and prevention, environmental epidemiology, vaccine preventable disease, international travel requirements and recommendations, tuberculosis, sexually transmitted diseases, and HIV disease.

Program Goal: The goals of Epidemiology are to carry out disease surveillance, implement control measures around reportable diseases and conditions, and provide information back to the health care community and the public.

FY 2009 Program Outputs

Number of outbreaks investigated	10
Number of educational programs, presentations, and trainings conducted	223
Number of H. Flu cases investigated	8
Number of West Nile Virus and other arboviral disease lab samples tested	1,721
Number of H1N1 (swine flu) lab samples tested	1,181
Number of after-hours epidemiological calls handled	210
Number of weekly reports from private providers reviewed in CDC influenza-like-illness surveillance system	12,531

FY 2009 Outcome Measures

Secondary cases of H. Flu Disease	0
Secondary cases of Meningococcal Disease	0

Second outbreaks from source already investigated	0
MS case rate for Hepatitis A per 100,000 population	.37
Number of cases of West Nile Virus Number in southeastern region (CY 2008)	71 120
Number of H1N1 (swine flu) cases confirmed	166

FY 2010 Objectives:

- Initiate investigation of 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 offer post-exposure prophylaxis to all identified appropriate contacts of confirmed cases within two-week post-exposure window.
- Initiate the provision of rifampin prophylaxis within one hour of confirmation of a case of meningococcal invasive disease to ensure that contacts receive it within 24 hours.
- Initiate provision of rifampin prophylaxis within one hour of confirmation of a case of *Haemophilus influenza* invasive disease to ensure that contacts receive it within 24 hours.
- Follow up 100% of reported cases of Pertussis and offer post-exposure prophylaxis to all identified appropriate contacts of confirmed cases within two-week post-exposure window.
- Investigate 100% of reported cases of West Nile virus and other arboviral diseases.

Funding: Included with Disease Prevention totals

FY 2011 Objectives:

- Initiate investigation of 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 offer post-exposure prophylaxis to all identified appropriate contacts of confirmed cases within two-week post-exposure window.
- Initiate the provision of rifampin prophylaxis within one hour of confirmation of a case of meningococcal invasive disease to ensure that contacts receive it within 24 hours.
- Initiate provision of rifampin prophylaxis within one hour of confirmation of a case of *Haemophilus influenza* invasive disease to ensure that contacts receive it within 24 hours.
- Follow up 100% of reported cases of Pertussis and offer post-exposure prophylaxis to all identified appropriate contacts of confirmed cases within two-week post-exposure window.
- Investigate 100% of reported cases of West Nile virus and other arboviral diseases.

Funding: Included with Disease Prevention totals

FY 2012 Objectives:

- Initiate investigation of 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 offer post-exposure prophylaxis to all identified appropriate contacts of confirmed cases within two-week post-exposure window.

- Initiate the provision of rifampin prophylaxis within one hour of confirmation of a case of meningococcal invasive disease to ensure that contacts receive it within 24 hours.
- Initiate provision of rifampin prophylaxis within one hour of confirmation of a case of *Haemophilus influenza* invasive disease to ensure that contacts receive it within 24 hours.
- Follow up 100% of reported cases of Pertussis and offer post-exposure prophylaxis to all identified appropriate contacts of confirmed cases within two-week post-exposure window.
- Investigate 100% of reported cases of West Nile virus and other arboviral diseases.

Funding: Included with Disease Prevention totals

FY 2013 Objectives:

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- Initiate provision of rifampin prophylaxis within one hour of confirmation of a case of *Haemophilus influenza* invasive disease to ensure that contacts receive it within 24 hours.
- Follow up 100% of reported cases of Pertussis and offer post-exposure prophylaxis to all identified appropriate contacts of confirmed cases within two-week post-exposure window.
- Investigate 100% of reported cases of West Nile virus and other arboviral diseases.

Funding: Included with Disease Prevention totals

FY 2014 Objectives:

- Initiate investigation of 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 offer post-exposure prophylaxis to all identified appropriate contacts of confirmed cases within two-week post-exposure window.
- Initiate the provision of rifampin prophylaxis within one hour of confirmation of a case of meningococcal invasive disease to ensure that contacts receive it within 24 hours.
- Initiate provision of rifampin prophylaxis within one hour of confirmation of a case of *Haemophilus influenza* invasive disease to ensure that contacts receive it within 24 hours.
- Follow up 100% of reported cases of Pertussis and offer post-exposure prophylaxis to all identified appropriate contacts of confirmed cases within two-week post-exposure window.
- Investigate 100% of reported cases of West Nile virus and other arboviral diseases.

Funding: Included with Disease Prevention totals

Immunization

Need: Vaccines are a safe and effective measure for preventing infectious and communicable diseases. The MSDH Immunization Program provides and supports services that are designed to eliminate morbidity and mortality due to vaccine-preventable diseases, such as diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Haemophilus influenza-type b, hepatitis A, hepatitis B, and chickenpox. The program also provides services to prevent morbidity and mortality related to influenza and pneumonia.

Program Description: Immunization Program services include vaccine administration, monitoring of immunization levels, disease surveillance and outbreak control, information and education, and enforcement of immunization laws. The program assures that adequate supplies of vaccine are available for MSDH clinics and other public and private providers participating in the Vaccines for Children program. MSDH administers approximately 40% of childhood immunizations; private providers administer the other 60%. The program conducts an annual survey to determine the immunization status of children at 24 and 27 months of age and carries out various activities throughout the year to increase immunization rates. Program staff develop immunization educational materials and provide training to immunization providers in the public and private sector and assist in management of the statewide Immunization Registry.

State law requires immunizations for all preschool and kindergarten through 12th grade students prior to school admission. Immunization Program staff annually monitor both public and private schools and licensed child care facilities to ensure compliance with immunization laws and regulations. The program also strives to increase the number of senior adults receiving influenza and pneumonia immunizations each year. Surveys, special clinics, provider educational seminars conducted by the Immunization medical consultant, and public awareness campaigns are integral parts of the Immunization Program's plan to increase vaccination coverage across the life span.

Partnership and collaboration with other public agencies and private providers is extremely important to maintaining and increasing immunization rates for children, adolescents, and adults. Provider education is an integral part of ensuring age-appropriate immunizations. Therefore, a key strategy of the program is distribution of educational materials and providing training to immunization providers in both the public and private sector. Additionally, staff conduct vaccine-preventable disease surveillance and establish disease outbreak control measures as necessary.

Program Goal: The goal of the Immunization Program is to eliminate morbidity and mortality due to vaccine-preventable diseases in children, adolescents, and adults.

FY 2009 Program Outputs

Doses of vaccine administered (includes all vaccines recommended by the national Advisory Committee on Immunization Practices – ACIP)	459,261[1]
Number of providers enrolled in Vaccines for Children Program	382
Number of doses of flu vaccine administered through MSDH to adults age 65 and older	41,358
Number of doses of pneumonia vaccine administered through MSDH to adults age 65 and older	3,240

[1] Does not include vaccine administered by Vaccine for Children private providers and considers Comvax and Trihibit combination vaccine as one dose.

FY 2009 Efficiency and Outcome Measures

Percentage of vaccine unaccounted for or wasted (includes all vaccines recommended by ACIP; does not reflect wastage from Vaccine for Children private providers)	1%
Children fully immunized by two years of age (all vaccines recommended by the ACIP)	81.7%
Immunization levels of children 24-27 months of age in licensed child care facilities	77.5%
Immunization levels in Grades K through 12	99.7%
Incidence rate: Measles Pertussis	 0 2.7
Percentage of adults age 65 and older who are immunized against influenza (BRFSS, 2008)	67.4%
Percentage of adults age 65 and older who are immunized against pneumonia (BRFSS, 2008)	66.4%

FY 2010 Objectives:

- Fully immunize 90% of the state's children by two years of age with all vaccines recommended by the national Advisory Committee on Immunization Practices.
- Ensure that all children 24-27 months of age enrolled in licensed child care facilities are fully immunized.
- Increase the number of providers in the Vaccines for Children program by 10.
- Maintain a zero incidence rate of measles.
- Achieve a pertussis incidence rate of 1.0 or less.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 4%.
- Increase influenza and pneumococcal immunizations of adults aged 65 and over.
- Use school-based clinics to ensure that all students in grades K-12 are age-appropriately immunized.

Funding: Included with Disease Prevention totals

FY 2011 Objectives:

- Fully immunize 90% of the state's children by two years of age with all vaccines recommended by the national Advisory Committee on Immunization Practices.
- Ensure that all children 24-27 months of age enrolled in licensed child care facilities are fully immunized.
- Increase the number of providers in the Vaccines for Children program by 10.
- Maintain a zero incidence rate of measles.
- Maintain incidence rate of pertussis at 1.0 or less.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 4%.
- Increase influenza and pneumococcal immunizations of adults aged 65 and over.
- Use school-based clinics to ensure that all students in grades K-12 are age-appropriately immunized.

Funding: Included with Disease Prevention totals

FY 2012 Objectives:

- Fully immunize 90% of the state's children by two years age with all vaccines recommended by the national Advisory Committee on Immunization Practices.
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- Increase influenza and pneumococcal immunizations of adults aged 65 and over.
- Use school-based clinics to ensure that all students in grades K-12 are age-appropriately immunized.

Funding: Included with Disease Prevention totals

FY 2013 Objectives:

- Fully immunize 90% of the state's children by two years age with all vaccines recommended by the national Advisory Committee on Immunization Practices.
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- Use school-based clinics to ensure that all students in grades K-12 are age-appropriately immunized.

Funding: Included with Disease Prevention totals

FY 2014 Objectives:

- Fully immunize 90% of the state's children by two years age with all vaccines recommended by the national Advisory Committee on Immunization Practices.
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- Maintain incidence rate of pertussis at 1.0 or less.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 4%.
- Increase influenza and pneumococcal immunizations of adults aged 65 and over.
- Use school-based clinics to ensure that all students in grades K-12 are age-appropriately immunized.

Funding: Included with Disease Prevention totals

HIV Disease Prevention and Control
Sexually Transmitted Disease

Need: HIV Disease, formerly referred to as either HIV or AIDS, is the result of infection with the Human Immunodeficiency Virus (HIV). The revised nomenclature more accurately reflects the continuum of illness experienced as the disease progresses through a range from mild to moderate to severe, and frequently back and forth due to the availability of advanced medications and the compliance of patients to their health care provider's instructions. In Mississippi HIV is transmitted primarily through unprotected sexual activity.

The CDC estimates that there may be as many as one million people living with HIV Disease in the United States, and that 21% of them do not know their status. Recent behavioral data affirms that people who know their status alter their sexual behaviors, at least temporarily. In addition, patients diagnosed and engaged in care early are more likely to respond well to treatment. Therefore, the need for routine screening is increasingly important. One recent study estimates that the average length of time from diagnosis to death due to HIV Disease is 23 years ─ at a cost of nearly $650,000. There is clearly a need to prevent HIV transmission and to diagnose and treat as many patients as quickly as possible.

Sexually Transmitted Diseases (STDs) are caused by infections spread by transfer of organisms from one person to another through sexual contact. More than 50 organisms and syndromes are now recognized. The Centers for Disease Control and Prevention (CDC) estimates that 19 million new infections occur each year, almost half of them among young people aged 15 to 24. Minorities, women, and children bear a disproportionate share of the STD burden from sterility, ectopic pregnancy, fetal and infant deaths, birth defects, and mental retardation. STDs cannot be controlled by traditional public health methods ─ only one immunization (for human papillomavirus) is available; there is no vector that can be eliminated; and isolation of patients is neither practical nor desirable. Due to growing resistance of certain microorganisms, medical science is continually challenged to find effective treatments. The failure of high-risk individuals to alter their behaviors despite ample information further complicates the problem.

Program Description: The HIV Disease/STD Prevention and Control Office conducts prevention and surveillance activities that are funded through cooperative agreements with the CDC and administers funds for care and services to people living with HIV Disease.

HIV Disease Prevention: Activities include counseling, testing, partner counseling, and referral services offered through local health departments at no charge to the public. The program contracts with community-based organizations to implement culturally-competent health education and risk reduction strategies in populations at risk for transmission of HIV and collaborates with federal, state, and private organizations on strategies to modify risk-associated behaviors.

HIV Disease Surveillance: Staff members monitor laboratory testing, solicit and receive health care provider reports, and conduct treatment facility medical record reviews. The program also participates in a number of additional surveillance projects with the CDC.

Care and Services: The Health Resources and Services Administration provides funding under the Ryan White CARE Act for the AIDS Drug Assistance Program and the Home-Based Program. The Drug Program provides selected medications purchased at a discount by the MSDH Pharmacy and shipped via courier to the health department sites chosen by eligible clients; the Home-Based Program functions as a payor of last resort for authorized services provided to eligible clients in their homes. These services

afford physicians the option of allowing eligible clients to avoid expensive hospital stays while receiving life-sustaining therapies.

HIV Housing Services: A formula grant from the Department of Housing and Urban Development provides support for Housing for People Living with AIDS (HOPWA), based on a diagnosis of HIV infection or AIDS-defining illness and a financial needs assessment. Services include rent assistance for 21 weeks per year. Some long-term housing assistance is available for patients who are hospice-eligible.

The ***STD Control Program*** strives to reduce disease incidence (number of cases) and duration and thereby reduce disease complications and their attendant costs. The STD program interrupts the natural course of STDs in individuals and communities by: (a) detecting and preventing new infections through comprehensive epidemiology; (b) interviewing and counseling; (c) screening the high risk population for asymptomatic STD infections and ensuring that all with a positive laboratory test are followed and adequately treated; (d) implementing educational programs directed toward people at risk for STDs; and (e) ensuring that uniform standards of health care are available to all persons in both the public and private medical communities.

Because of the large number of different STDs, the program concentrates its limited resources toward the traditional bacterial STDs, syphilis and congenital syphilis. The program also screens for Chlamydia and gonorrehea in all MSDH maternity, family planning, and STD clinics. Other sexually transmitted diseases (Chancroid, Genital Herpes, Human Papilloma virus) are diagnosed, and treatment is facilitated based on need and sporadic increases in reported cases.

Program Goals: The goal of the STD Control Program is to reduce the prevalence and incidence of sexually transmitted disease among Mississippians. The goals of the HIV Disease 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.

CY 2008 Program Outputs[1]

Number of HIV antibody screening tests conducted by MSDH	85,695
Number of MSDH HIV antibody screening tests confirmed positive by Western-Blot	1,161
Number of persons served by AIDS Drug Program	1,330
Number of persons served by home-based program	61
Number of MSDH patients screened for gonorrhea and chlamydia using DNA technology	83,928
Number of STD diagnostic, treatment, and follow-up services (FY 2009)	55,083

[1]***Note***: STD and HIV measures are compiled on a calendar year basis with the exception of STD diagnostic, treatment, and follow-up services.

CY 2008 Efficiency and Outcome Measures[1]

HIV Disease contact index (number of contacts named divided by number of original patients)	2.1
Primary and secondary syphilis treatment index (number of contacts treated divided by number of original cases)	1.1
Primary and secondary disease intervention index (number of cases found and treated divided by number interviewed)	0.6
Primary and secondary syphilis contact index (number of contacts named divided by number of original patients)	2.3
Number of newly reported HIV disease cases	606
Primary and Secondary Syphilis:	
Number of cases	185
Case rate per 100,000	6.3
Congenital Syphilis:	
Number of cases	0
Case rate per 100,000	0
Gonorrhea:	
Number of cases	7,497
Case rate per 100,000	255.1
Chlamydia	
Number of cases	21,261
Case rate per 100,000	723.5

[1]***Note***: STD and HIV measures are compiled on a calendar year basis with the exception of STD diagnostic, treatment, and follow-up services. Therefore objectives are presented on a calendar basis as well and begin with 2009.

CY 2009 Objectives:

HIV/AIDS Prevention, Care, and Surveillance

- Conduct 85,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 1,100 positive HIV antibody screening tests.
- Serve 1,300 persons in the AIDS drug program.
- Serve 65 persons in the home-based program.
- Increase partner notification reports completed and returned within 14 days to 70%.
- Achieve a contact index of 2.2 as a result of partner services.

STD Control

- Achieve a contact index of 2.4 contacts per primary and secondary syphilis case interviewed.
- Achieve a treatment index of 1.2 per primary and secondary syphilis case interviewed.
- Achieve a disease intervention index of 0.8 for cases of primary and secondary syphilis examined.
- Screen 84,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Interview at least 70% of new primary and secondary syphilis contacts within seven days.
- Interview at least 78% of primary and secondary syphilis cases within seven days.

Funding: Included with Disease Prevention totals

CY 2010 Objectives:

HIV/AIDS Prevention, Care, and Surveillance

- Conduct 86,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 1,200 positive HIV antibody screening tests.
- Serve 1,300 persons in the AIDS drug program.
- Serve 65 persons in the home-based program.
- Maintain partner notification reports completed and returned within 14 days at 70%.
- Achieve a contact index of 2.3 as a result of partner services.

STD Control

- Achieve a contact index of 2.4 contacts per primary and secondary syphilis case interviewed.
- Achieve a treatment index of 1.2 per primary and secondary syphilis case interviewed.
- Achieve a disease intervention index of 0.8 for cases of primary and secondary syphilis examined.
- Screen 84,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Maintain new primary and secondary syphilis contacts interviewed within seven days at 70%.
- Interview at least 79% of primary and secondary syphilis cases within seven days.

Funding: Included with Disease Prevention totals

CY 2011 Objectives:

HIV/AIDS Prevention, Care, and Surveillance

- Conduct 86,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 1,100 positive HIV antibody screening tests.
- Serve 1,300 persons in the AIDS drug program.
- Serve 65 persons in the home-based program.
- Maintain the percentage of partner notification reports completed and returned within 14 days at 70%.
- Achieve a contact index of 2.3 as a result of partner services.

STD Control

- Maintain the contact index at 2.4 contacts per primary and secondary syphilis case interviewed.
- Achieve a treatment index of 1.2 per primary and secondary syphilis case interviewed.
- Maintain a disease intervention index of 0.8 for cases of primary and secondary syphilis examined.
- Screen 84,000 patients for gonorrhea and chlamydia utilizing DNA technology.

- Maintain new primary and secondary syphilis contacts interviewed within seven days at 70%.
- Maintain percent of primary and secondary syphilis cases interviewed within seven days at 79%.

Funding: Included with Disease Prevention totals

CY 2012 Objectives:

HIV/AIDS Prevention, Care, and Surveillance

- Conduct 86,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 1,100 positive HIV antibody screening tests.
- Serve 1,300 persons in the AIDS drug program.
- Serve 65 persons in the home-based program.
- Maintain the percentage of partner notification reports completed and returned within 14 days at 70%.
- Maintain a contact index of 2.3 as a result of partner services.

STD Control

- Maintain the contact index at 2.4 contacts per primary and secondary syphilis case interviewed.
- Maintain the treatment index at 1.2 per primary and secondary syphilis case interviewed.
- Maintain a disease intervention index of 0.8 for cases of primary and secondary syphilis examined.
- Screen 84,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Maintain new primary and secondary syphilis contacts interviewed within seven days at 70%.
- Maintain percent of primary and secondary syphilis cases interviewed within seven days at 79%.

Funding: Included with Disease Prevention totals

CY 2012 Objectives:

HIV/AIDS Prevention, Care, and Surveillance

- Conduct 86,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 1,100 positive HIV antibody screening tests.
- Serve 1,300 persons in the AIDS drug program.
- Serve 65 persons in the home-based program.
- Maintain the percentage of partner notification reports completed and returned within 14 days at 70%.
- Maintain a contact index of 2.3 as a result of partner services.

STD Control

- Maintain the contact index at 2.4 contacts per primary and secondary syphilis case interviewed.
- Maintain the treatment index at 1.2 per primary and secondary syphilis case interviewed.
- Maintain a disease intervention index of 0.8 for cases of primary and secondary syphilis interviewed.
- Screen 84,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Maintain new primary and secondary syphilis contacts interviewed within seven days at 70%.
- Maintain percent of primary and secondary syphilis cases interviewed within seven days at 79%.

Funding: Included with Disease Prevention totals

Tuberculosis (TB)

Need: Tuberculosis is an air-borne disease which is one of the world's leading killers among infectious diseases. Following 15 years of declining morbidity and case rate figures, TB is on the rise in Mississippi; the state is again above the national average. The latest year for which national data are available is calendar year 2008, when Mississippi's rate was 4.0 per 100,000 population and the national rate was 4.2 per 100,000. The rate for black Mississippians in 2008 was 7.4 per 100,000, compared to a national rate of 6.1.

Challenges to eliminating tuberculosis continue to grow, including HIV, immigration and travel from tuberculosis-endemic areas, high-risk populations in the United States, substance abuse, increasing disease-resistance to TB medications, and decreasing funding for public health infrastructure. The goal of elimination can only be achieved through a systematic method of identifying, testing, and treating persons for TB across the state, particularly in the high-risk, minority, and hard-to-reach populations.

Program Description: The Tuberculosis Program provides early and rapid detection of persons with or at risk of developing TB; appropriate treatment and follow-up of diagnosed cases; latent tuberculosis infection therapy to persons at risk of developing TB disease; and technical assistance to public and private agencies and institutions. There is a particular focus on high-risk health care settings or institutional settings, such as hospitals, nursing homes, mental institutions, and penal institutions. One example of this focus is the assignment of public health nurses to Mississippi Department of Corrections prisons to facilitate the administration of twice weekly directly observed therapy to infected inmates. 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.

Persons diagnosed with TB are classified as either a TB case or a person with latent tuberculosis infection (LTBI). A TB case is someone with active TB disease; this person can be infectious and requires multi-drug antibiotic therapy for at least six months. An LTBI patient is someone with TB infection, who is not infectious; this person needs preventive, single-drug antibiotic therapy over a nine to 12 month period to prevent progression to active TB.

A six-month treatment regimen using Directly Observed Therapy (DOT) is standard in Mississippi for active TB. 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 the six-month period or longer if necessary. All patients enrolled in the TB program are entered into an electronic patient management system (ERS) and monitored until follow-up is complete. The county health departments update patient information in the ERS monthly until the patient record is closed.

Program Goal: The goal of the TB Program is to reduce the incidence of TB in Mississippi.

FY 2009 Program Outputs

Number of evaluated TB: (CY 2008)	
Cases	117
Suspects	487
Contacts to verified cases	2,720
Number of latent tuberculosis infection (LTBI) patients started on therapy	2,170
Number of medical and nursing diagnostic visits	7,725
Number of medical and nursing case management clinic visits	18,250
Number of case management field visits	9,152
Number of MD/RN case conferences	3,232
Number of tuberculin testings	28,850

FY 2009 Efficiency and Outcome Measures

Completion rate of therapy for patients with active TB within 12 months (CY 2007 data; most recent available)	99%
Completion rate of nine months latent tuberculosis infection (LTBI) therapy within a 12-month period (CY 2007 data; most recent available)	72%
Sputum conversion rate within three months (CY 2008 data)	100%
Percentage of TB cases on directly observed therapy (DOT)	100%
Percentage of LTBI patients incarcerated in Parchman, Central MS, and South MS Correctional Institutions on DOT (CY 2008 data)	100%
Percent of LTBI patients under age 15 on DOT (CY 2008 data)	90%
Percent of HIV+/LTBI patients on DOT (CY 2008 data)	100%
TB case rate per 100,000 (CY 2008 data) Number of TB cases (CY 2008 data)	4.0 117
Black TB case rate per 100,000 (CY 2008 data) Number of cases in Black Mississippians (CY 2008 data)	7.4 80

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 99% of active tuberculosis cases on Directly Observed Therapy.
- Place at least 90% of latent tuberculosis infection (LTBI) patients incarcerated in South Mississippi Correctional Institution, Central Mississippi Correctional Facility, and Parchman Penitentiary on Directly Observed Therapy.
- Place at least 98% of LTBI patients under age 15 on Directly Observed Therapy.
- Place at least 98% of HIV-positive LTBI patients on Directly Observed Therapy.

Funding: Included with Disease Prevention totals

FY 2011 Objectives:

- Reduce the number of TB cases in Mississippi by 4%.
- Reduce the number of TB cases among black Mississippians by 5%.
- Place 99% of active tuberculosis cases on Directly Observed Therapy.
- Place at least 90% of latent tuberculosis infection (LTBI) patients incarcerated in South Mississippi Correctional Institution, Central Mississippi Correctional Facility, and Parchman Penitentiary on Directly Observed Therapy.
- Place 98% of LTBI patients under age 15 on Directly Observed Therapy.
- Place at least 98% of HIV-positive LTBI patients on Directly Observed Therapy.

Funding: Included with Disease Prevention totals

FY 2012 Objectives:

- Reduce the number of TB cases in Mississippi by 4%.
- Reduce the number of TB cases among black Mississippians by 5%.
- Place 99% of active tuberculosis cases on Directly Observed Therapy.
- Place at least 90% of latent tuberculosis infection (LTBI) patients incarcerated in South Mississippi Correctional Institution, Central Mississippi Correctional Facility, and Parchman Penitentiary on Directly Observed Therapy.
- Place 100% of LTBI patients under age 15 on Directly Observed Therapy.
- Place 100% of HIV-positive LTBI patients on Directly Observed Therapy.

Funding: Included with Disease Prevention totals

FY 2013 Objectives:

- Reduce the number of TB cases in Mississippi by 4%.
- Reduce the number of TB cases among black Mississippians by 5%.
- Place 99% of active tuberculosis cases on Directly Observed Therapy.
- Place at least 90% of latent tuberculosis infection (LTBI) patients incarcerated in state correctional facilities on Directly Observed Therapy.
- Place 100% of LTBI patients under age 15 on Directly Observed Therapy.
- Place at least 100% of HIV-positive LTBI patients on Directly Observed Therapy.

Funding: Included with Disease Prevention totals

FY 2014 Objectives:

- Reduce the number of TB cases in Mississippi by 4%.
- Reduce the number of TB cases among black Mississippians by 5%.
- Place 99% of active tuberculosis cases on Directly Observed Therapy.
- Place at least 90% of latent tuberculosis infection (LTBI) patients incarcerated in state correctional facilities on Directly Observed Therapy.
- Place 100% of LTBI patients under age 15 on Directly Observed Therapy.
- Place 100% of HIV-positive LTBI patients on Directly Observed Therapy.

Funding: Included with Disease Prevention totals

External Factors Affecting the Program: 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 lead to increased co-infection with TB. An HIV positive person is 800 times more likely to develop TB than someone not HIV-positive.
- The increasing incidence of alcohol and drug abuse in high-risk population groups means that cases are more complicated and need more social service intervention to successfully complete therapy.
- The increasing number of homeless patients requires more staff, social, and financial resources to successfully complete therapy.
- Increasing populations of foreign-born residents, international students, and illegal aliens present multi-drug resistant potential and tracking and control difficulties.
- Cases with primary resistance to one or more TB drugs place a high demand on staff time and program resources.
- Many types of institutions have inherent problems with TB control and have inadequate staffing for solid screening programs – correctional facilities and eldercare facilities hold populations in close environments; hospital infection control programs often have inadequate response to suspicious TB; and federal facilities/authorities not subject to state policies fail to notify the state regarding treatment and follow-up of communicable diseases.

Public Health Statistics

Need: 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 required to prevent fraud and to serve as proof of citizenship and family relationships. 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.

Program Description: The MSDH Bureau of Public Health Statistics develops rules and regulations governing the registration of events in concert with appropriate laws and other related entities, such as the State Medical Examiner's Office and the U.S. Department of Homeland Security. 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 individuals throughout the state who are 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.

Housed in the MSDH Office of Health Informatics, the Bureau of Public Health Statistics is designated as the State Center for Health Statistics. The bureau collects vital and health statistics for use at the local, district, state, and federal levels, including statistics related to birth, fetal death, induced termination, infant death, death, marriage, divorce, occupational related deaths, health facilities, and related data. The bureau provides direct services related to vital records for the general public and provides statistical survey methods, evaluation, and statistical computer systems expertise to MSDH staff at the district, support, and programmatic levels.

Program Goal: The overall goals of Public Health Statistics are to (1) collect and maintain accurate and timely vital and health statistics and to provide prompt and accurate services to organizations and individuals interested in accessing these data; and (2) register and certify vital events in a timely and legal manner.

CY 2008 Program Outputs

Certified copies of vital records issued	444,002
Number of births registered	44,142
Number of deaths registered	28,380
Number of marriages registered	15,056
Number of divorces registered	12,366
Volume of incoming calls for information	119,479

CY 2008 Program Efficiency and Outcome Measures

Average processing time for vital records requests	2.4 days
Average response time to requests for statistical data	< 1 day
Average time for submission of identifying information for enumeration at birth to Social Security Administration	17 days
Percentage of customers satisfied with service provided by Vital Records unit	96%
Vital statistics information published and available for public use for previous calendar year	100%

***Note**: Public Health Statistics are collected by calendar year rather than fiscal year; therefore, objectives are presented by calendar year and begin with CY 2009.*

CY 2009 Objectives:

- Process vital records requests within two days.
- Process statistical data requests within two days.
- Publish vital statistics data within nine months of the end of the calendar year.
- Submit information for enumeration at birth to the Social Security Administration within 15 days of birth registration.
- Achieve a customer service satisfaction rating of 98%.

Funding: Included with Disease Prevention totals

CY 2010 Objectives:

- Process vital records requests within two days.
- Process statistical data requests within two days.
- Publish vital statistics data within eight months of the end of the calendar year.
- Submit information for enumeration at birth to the Social Security Administration within 15 days of birth registration.
- Achieve a customer service satisfaction rating of 98%.

Funding: Included with Disease Prevention totals

CY 2011 Objectives:

- Process vital records requests within two days.
- Process statistical data requests within two days.
- Publish vital statistics data within seven months of the end of the calendar year.
- Submit information for enumeration at birth to the Social Security Administration within 15 days of birth registration.
- Achieve a customer service satisfaction rating of 98%.

Funding: Included with Disease Prevention totals

CY 2012 Objectives:

- Process vital records requests within two days.
- Process statistical data requests within two days.
- Publish vital statistics data within six months of the end of the calendar year.
- Submit information for enumeration at birth to the Social Security Administration within 15 days of birth registration.
- Achieve a customer service satisfaction rating of 98%.

Funding: Included with Disease Prevention totals

CY 2013 Objectives:

- Process vital records requests within two days.
- Process statistical data requests within two days.
- Publish vital statistics data within six months of the end of the calendar year.
- Submit information for enumeration at birth to the Social Security Administration within 15 days of birth registration.
- Achieve a customer service satisfaction rating of 98%.

Funding: Included with Disease Prevention totals

Preventive Health

Need: Most of Mississippi's current major health problems are caused by behaviors and environmental factors rather than by infectious diseases. The leading causes of premature death, injury, and disability are related to six risk factors: tobacco use, poor diet, sedentary lifestyle, intentional and unintentional injury, drug and alcohol abuse, and sexual activity. The MSDH 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.

Program Description: Preventive Health addresses population-based intervention in five areas: diabetes prevention and control, cardiovascular health, injury prevention, community health, and comprehensive cancer control. 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 county offices support and assist with implementation of various health promotion programs.

Program Goal: The goal of Preventive Health is to promote healthy communities and improve quality of life by fostering healthy lifestyles, environments, policies, attitudes, and behavior. Specific program goals are as follows:

Diabetes: The goal of Diabetes Prevention and Control is to reduce the incidence, complications, and burden of diabetes. Program activities focus on prevention, early detection, and management. The program provides services to improve diabetic care through professional education for health care providers; reduce disparities in diabetic screening and care; and raise public awareness of diabetes risk factors, complications, and the need for early diagnosis and treatment.

Heart Disease and Stroke Prevention: The goal of the Heart Disease and Stroke Prevention Program is to prevent and control heart disease, stroke, and related complications such as hypertension and diabetes. This goal is accomplished through partnerships, collaboration, health communication, professional education, and community based training.

Injury Prevention: The goal of the Injury Prevention Program is to reduce injury-related morbidity and mortality. The program collaborates with public and private entities on various initiatives and coordinates development and evaluation of specific targeted programs to promote injury prevention and safety.

Community Health: The goal of Community Health is to foster healthy lifestyles, environments, policies, attitudes, and behavior through population-based intervention strategies in health care settings, worksites, communities, and schools. The program also gives programmatic direction to the Health Educators located in each of the nine public health districts.

Cancer: The goal of the Comprehensive Cancer Control Program is to reduce the incidence of cancer and decrease cancer mortality rates through prevention, education, and collaboration. The pro gram works with a statewide comprehensive coalition to assess the burden of cancer, determine priorities for cancer prevention and control, provide educational awareness, and implement a State Cancer Plan.

FY 2009 Program Outputs

Number of healthcare providers receiving Lower Extremity Amputation Prevention (LEAP) training	40
Number of foot screens conducted by LEAP program providers	314
Number of healthcare providers receiving continuing education regarding the American Diabetes Association's standards of care for persons with diabetes mellitus	422
Number of churches and community-based organizations provided mini-grants on diabetes prevention and management	11
Number of paramedics and emergency medical technicians (EMTs) and nurses provided training in acute treatment of stroke	225
Number of training sessions provided for paramedics and EMTs in acute treatment of stroke	4
Number of child safety car seats distributed and installed	5,261
Number of residential smoke detector alarms installed	3,695
Number of partnerships with city, county, and volunteer fire departments to promote fire safety throughout Mississippi	33
Number of households receiving fire safety education	1,717
Number of Mississippi Partnership for Comprehensive Cancer Control Coalition activities conducted	18
Number of educational sessions and events conducted regarding cancer prevention and early detection and treatment	7
Number of collaborative projects with other agencies and organizations interested in reducing cancer incidence, morbidity, and mortality	13

FY 2009 Outcome Measures

Percentage of adult Mississippians who did not participate in any physical activity during the past 30 days (2008 BRFSS Report)	32.5%
Percentage of persons with diabetes who receive A1c testing (2008 BRFSS Report)	69.9%
Percentage of persons with diabetes who receive dilated eye exams at least annually (2008 BRFSS Report)	62.8%

Percentage of persons with diabetes who receive annual foot exams (2008 BRFSS Report)	62.3%
Number of hospitals certified as primary stroke centers (total in state)	1 (2)
Percentage of Mississippians with high blood pressure who currently take blood pressure medication (2007 BRFSS Report)	84.7%
Percentage of adult Mississippians who have had cholesterol checked within the last five years (2007 BRFSS Report)	72.4%
Child safety restraint usage rate	75.5%
Percentage of households in compliance with fire safety program guidelines after one year (working smoke alarm and fire escape plan)	98%
Cancer mortality rate per 100,000 population (Source: MSDH Public Health Statistics; CY 2007)	208.5

FY 2010 Objectives:

Diabetes Prevention and Control

- Provide Lower Extremity Amputation Prevention (LEAP) training to 10 health care providers in an effort to increase the number of foot examinations and decrease amputations as a result of diabetes.
- Provide at least 334 diabetic foot screens through trained LEAP providers.
- Provide continuing education to at least 300 healthcare providers to increase utilization of the American Diabetes Association's standards of care for persons with diabetes mellitus.
- Provide mini-grants to 16 churches and community-based organizations that focus on diabetes prevention and management.

Heart Disease and Stroke Prevention

- Train 235 paramedics, emergency medical technicians, and nurses in the acute treatment of stroke.
- Increase by one the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

Injury Prevention

- Distribute 5,000 child safety car seats through county health departments and community partners.
- Achieve a child safety restraint use rate of 81%.
- Distribute and install 3,650 residential smoke detector alarms in communities with high incidences of fire-related injuries.
- Provide fire safety education to at least 1,500 households.
- Increase the number of partnerships with city, county, and volunteer fire departments to promote fire safety throughout Mississippi by five.

Comprehensive Cancer Control

- Coordinate 22 Mississippi Partnership for Comprehensive Cancer Control Coalition activities, including membership recruitment, Coalition meetings, and statewide cancer control conference.
- Conduct 13 collaborative projects with other agencies and organizations interested in reducing cancer incidence, morbidity, and mortality.
- Conduct 13 educational sessions and events to increase public awareness of the importance of cancer prevention and early detection and treatment.

Funding: Included with Disease Prevention totals

FY 2011 Objectives:

Diabetes Prevention and Control

- Provide Lower Extremity Amputation Prevention (LEAP) training to 10 health care providers in an effort to increase the number of foot examinations and decrease amputations as a result of diabetes.
- Provide at least 354 diabetic foot screens through trained LEAP providers.
- Provide continuing education to at least 300 healthcare providers to increase utilization of the American Diabetes Association's standards of care for persons with diabetes mellitus.
- Provide mini-grants to 16 churches and community-based organizations that focus on diabetes prevention and management.

Heart Disease and Stroke Prevention

- Train 235 paramedics, emergency medical technicians, and nurses in the acute treatment of stroke.
- Increase by one the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

Injury Prevention

- Distribute 5,000 child safety car seats through county health departments and community partners.
- Achieve a child safety restraint use rate of 83%.
- Distribute and install at least 3,700 residential smoke detector alarms in communities with high incidences of fire-related injuries.
- Provide fire safety education to at least 1,500 households.
- Increase the number of partnerships with city, county, and volunteer fire departments to promote fire safety throughout Mississippi by five.

Comprehensive Cancer Control

- Coordinate at least 25 Mississippi Partnership for Comprehensive Cancer Control Coalition activities, including membership recruitment events, Coalition meetings, and statewide annual Comprehensive Cancer Control Conference.
- Conduct 14 collaborative projects with other agencies and organizations interested in reducing cancer incidence, morbidity, and mortality.
- Conduct 14 educational sessions and events to increase public awareness of the importance of cancer prevention and early detection and treatment.

Funding: Included with Disease Prevention totals

FY 2012 Objectives:

Diabetes Prevention and Control

- Provide Lower Extremity Amputation Prevention (LEAP) training to at least 10 health care providers in an effort to increase the number of routine diabetic foot examinations and decrease amputations as a result of diabetes.
- Provide at least 354 diabetic foot screens through trained LEAP providers.
- Provide continuing education to at least 300 healthcare providers to increase utilization of the American Diabetes Association's standards of care for persons with diabetes mellitus.
- Provide mini-grants to 16 churches and community-based organizations that focus on diabetes prevention and management.

Heart Disease and Stroke Prevention

- Train 235 paramedics, emergency medical technicians, and nurses in the acute treatment of stroke.
- Increase by one the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

Injury Prevention

- Distribute 5,000 child safety car seats through county health departments and community partners.
- Achieve a child safety restraint use rate of 85%.
- Distribute and install at least 3,700 residential smoke detector alarms in communities with high incidences of fire-related injuries.
- Provide fire safety education to at least 1,500 households.
- Increase the number of partnerships with city, county, and volunteer fire departments to promote fire safety throughout Mississippi by five.

Comprehensive Cancer Control

- Coordinate at least 25 Mississippi Partnership for Comprehensive Cancer Control Coalition activities, including membership recruitment events, Coalition meetings, and statewide annual Comprehensive Cancer Control Conference.
- Conduct 14 collaborative projects with other agencies and organizations interested in reducing cancer incidence, morbidity, and mortality.
- Conduct 14 educational sessions and events to increase public awareness of the importance of cancer prevention and early detection and treatment.

Funding: Included with Disease Prevention totals

FY 2013 Objectives:

Diabetes Prevention and Control

- Provide Lower Extremity Amputation Prevention (LEAP) training to at least 10 health care providers in an effort to increase the number of routine diabetic foot examinations and decrease amputations as a result of diabetes.
- Provide at least 354 diabetic foot screens through trained LEAP providers.
- Provide continuing education to at least 300 healthcare providers to increase utilization of the American Diabetes Association's standards of care for persons with diabetes mellitus.

- Provide mini-grants to 16 churches and community-based organizations that focus on diabetes prevention and management.

Heart Disease and Stroke Prevention
- Train 235 paramedics, emergency medical technicians, and nurses in the acute treatment of stroke.
- Increase by one the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

Injury Prevention
- Distribute 5,000 child safety car seats through county health departments and community partners.
- Achieve a child safety restraint use rate of 86%.
- Distribute and install at least 3,700 residential smoke detector alarms in communities with high incidences of fire-related injuries.
- Provide fire safety education to at least 1,500 households.
- Increase the number of partnerships with city, county, and volunteer fire departments to promote fire safety throughout Mississippi by five.

Comprehensive Cancer Control
- Coordinate at least 25 Mississippi Partnership for Comprehensive Cancer Control Coalition activities, including membership recruitment events, Coalition meetings, and statewide annual Comprehensive Cancer Control Conference.
- Conduct 14 collaborative projects with other agencies and organizations interested in reducing cancer incidence, morbidity, and mortality.
- Conduct 14 educational sessions and events to increase public awareness of the importance of cancer prevention and early detection and treatment.

Funding: Included with Disease Prevention totals

FY 2014 Objectives:

Diabetes Prevention and Control
- Provide Lower Extremity Amputation Prevention (LEAP) training to at least 10 health care providers in an effort to increase the number of routine diabetic foot examinations and decrease amputations as a result of diabetes.
- Provide at least 354 diabetic foot screens through trained LEAP providers.
- Provide continuing education to at least 300 healthcare providers to increase utilization of the American Diabetes Association's standards of care for persons with diabetes mellitus.
- Provide mini-grants to 16 churches and community-based organizations that focus on diabetes prevention and management.

Heart Disease and Stroke Prevention
- Train 235 paramedics, emergency medical technicians, and nurses in the acute treatment of stroke.
- Increase by one the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

Injury Prevention

- Distribute 5,000 child safety car seats through county health departments and community partners.
- Achieve a child safety restraint use rate of 88%.
- Distribute and install at least 3,700 residential smoke detector alarms in communities with high incidences of fire-related injuries.
- Provide fire safety education to at least 1,500 households.
- Increase the number of partnerships with city, county, and volunteer fire departments to promote fire safety throughout Mississippi by five.

Comprehensive Cancer Control

- Coordinate at least 25 Mississippi Partnership for Comprehensive Cancer Control Coalition activities, including membership recruitment events, Coalition meetings, and statewide annual Comprehensive Cancer Control Conference.
- Conduct 14 collaborative projects with other agencies and organizations interested in reducing cancer incidence, morbidity, and mortality.
- Conduct 14 educational sessions and events to increase public awareness of the importance of cancer prevention and early detection and treatment.

Funding: Included with Disease Prevention totals

Breast and Cervical Cancer

Need: The American Cancer Society estimates that 1,820 new cases of breast cancer and 130 new cases of cervical cancer will be diagnosed in Mississippi in 2009, and that approximately 430 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. Early detection and treatment is essential in reducing mortality from these diseases; the survival rate for non-invasive breast cancer approaches 100%, and the survival rate for cervical cancer is 80-90%.

Program Description: The MSDH Breast and Cervical Cancer Program focuses on two major areas: 1) targeted screening for breast and cervical cancer and 2) referral, follow-up, and reimbursement for outpatient diagnostic services. The program works with the MSDH Maternal/Child Health and Family Planning programs in screening for cervical cancer in women of reproductive age and provides reimbursement for diagnostic services (colposcopy directed biopsy) for breast and cervical screening and mammograms. Currently, the program has 44 contracts for breast and cervical cancer screening and 41 contracts for mammography.

The program also offers educational programs and provides educational materials for all providers to help educate patients in breast and cervical cancer prevention and early detection. In addition, a limited amount of medication is available through the MSDH Pharmacy for treatment of breast cancer. Treatment funds are available via the Division of Medicaid for women detected with breast or cervical cancer and enrolled in the Breast and Cervical Cancer Program.

Program Goal: The goal of the Breast and Cervical Cancer Program is to prevent premature death and undue illness through early detection and treatment of breast and cervical cancer. Strategies employed to accomplish this goal include public education, Pap smears, pelvic exams, clinical breast exams, and mammograms.

FY 2009 Program Outputs

Number of colposcopies (preliminary; reports are not complete)	226
Number of cervical biopsies (preliminary; reports are not complete)	2,343
Number of breast biopsies (preliminary; reports are not complete)	301
Number of women referred to Medicaid for treatment	121
Number screened in Breast & Cervical Cancer Program (preliminary; reports are not complete)	5,824
Number of prevention education programs conducted	66

FY 2009 Outcome Measures

MS Rate of cervical cancer deaths (age-adjusted) (CY 2007, *Vital Statistics, Mississippi*)	4.1
MS Rate of female breast cancer deaths (age-adjusted) (CY 2007, *Vital Statistics, Mississippi*)	23.1
Percentage of women aged 50-59 who have received a mammogram within the last 24 months (2008 BRFSS)	69.3%
Percentage of women aged 55-64 who have received a Pap test within the last 36 months (2008 BRFSS)	75.2%
Percentage of women with a diagnosis of breast cancer who receive treatment within 60 days (Breast and Cervical Cancer Program [BCCP] reports)	92.1%
Percentage of women with a diagnosis of cervical cancer who receive treatment within 60 days (BCCP reports)	80%
Percentage of women with abnormal breast findings who receive complete follow-up services within 60 days (BCCP reports)	93.2%
Percentage of women with abnormal cervical findings who receive complete follow-up services within 60 days (BCCP reports)	86.8%

FY 2010 Objectives:

- Conduct at least 70 breast and cervical cancer education presentations.
- Facilitate screening of 6,500 women for breast and cervical cancer through contracts with county health departments, community health centers, and private providers.
- Ensure that 100% of women with abnormal breast findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of breast cancer receive treatment within 60 days.
- Ensure that 100% of women with abnormal cervical findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of cervical cancer receive treatment within 60 days.

Funding: Included with Disease Prevention totals

FY 2011 Objectives:

- Conduct at least 75 breast and cervical cancer education presentations.
- Facilitate screening of 7,000 women for breast and cervical cancer through contracts with county health departments, community health centers, and private providers.
- Ensure that 100% of women with abnormal breast findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of breast cancer receive treatment within 60 days.

- Ensure that 100% of women with abnormal cervical findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of cervical cancer receive treatment within 60 days.

Funding: Included with Disease Prevention totals

FY 2012 Objectives:

- Conduct at least 80 breast and cervical cancer education presentations.
- Facilitate screening of 7,000 women for breast and cervical cancer through contracts with county health departments, community health centers, and private providers.
- Ensure that 100% of women with abnormal breast findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of breast cancer receive treatment within 60 days.
- Ensure that 100% of women with abnormal cervical findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of cervical cancer receive treatment within 60 days.

Funding: Included with Disease Prevention totals

FY 2013 Objectives:

- Conduct at least 90 breast and cervical cancer education presentations.
- Facilitate screening of 7,000 women for breast and cervical cancer through contracts with county health departments, community health centers, and private providers.
- Ensure that 100% of women with abnormal breast findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of breast cancer receive treatment within 60 days.
- Ensure that 100% of women with abnormal cervical findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of cervical cancer receive treatment within 60 days.

Funding: Included with Disease Prevention totals

FY 2014 Objectives:

- Conduct at least 100 breast and cervical cancer education presentations.
- Facilitate screening of 7,000 women for breast and cervical cancer through contracts with county health departments, community health centers, and private providers.
- Ensure that 100% of women with abnormal breast findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of breast cancer receive treatment within 60 days.
- Ensure that 100% of women with abnormal cervical findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of cervical cancer receive treatment within 60 days.

Funding: Included with Disease Prevention totals

Domestic and Sexual Violence Prevention and Education

Need: 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. According to the National Violence Against Women Survey in 2000, approximately 1.3 million women and 835,000 men are physically assaulted by an intimate partner annually in the United States.

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.

Program Description: The MSDH provides specific resources for the prevention of family violence, rape prevention, and crisis intervention through contracts with 14 domestic violence shelters and nine sexual assault/rape crisis centers. Each domestic violence shelter provides 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.

A ***Family Violence Prevention Project***, funded through the Office of Community Services, Administration for Children and Families, supports public awareness and community education to reduce the incidence of family violence. The project uses a variety of outreach approaches, emphasizing services to children, and is implemented through the domestic violence shelters. The shelters provide group and individual counseling to children and activities that encourage positive problem solving and nonviolent alternatives to conflict.

Two statewide coalitions, the ***Mississippi Coalition Against Domestic Violence (MCADV)*** and the ***Mississippi Coalition Against Sexual Assault (MCASA)***, meet at least quarterly and link domestic violence shelter programs and rape crisis intervention programs with each other and with professional service providers and funding sources. Recommendations are developed and initiated to improve the efficiency and effectiveness of services to victims and for legislation to aid victims of domestic violence and sexual assault. Members of MCASA 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 coalitions promote special activities during April and October to heighten public awareness and provide prevention information and education.

Program Goal: The goal of the Domestic Violence Program is to reduce the incidence of domestic violence through prevention education and direct intervention with victims. The goal of the Sexual Violence Prevention and Education Program is to reduce the incidence of sexual assault through primary prevention and education.

FY 2009 Program Outputs[1]

Number served in Domestic Violence shelters:	
Women	1,016
Children	1,113
Number served but not housed in Domestic Violence shelters:	
Women	1,047
Children	677
Number served in Sexual Assault Crisis Centers:	
Women	641
Children	741
Number of domestic violence Crisis Line calls (not including information/referrals)	16,986
Number of educational programs regarding prevention of domestic violence	1,760
Number of shelter staff and volunteers trained to assist victims in conjunction with MCADV and MCASA (441 training sessions):	
Domestic Violence	401
Sexual Assault	963
Number of nurse examiners receiving SANE training	45
Number of victims of sexual assault provided crisis intervention	4,065
Number of victims of sexual assault and their families provided counseling services	983
Number of educational program participants in primary prevention of sexual assault	45,866

[1] Data from March 1, 2008, to February 28, 2009 (most recent complete year data available)

FY 2009 Outcome Measures

Percentage of domestic violence shelters in full compliance with MSDH monitoring/site visit criteria	100%
Percentage of counties covered by domestic violence shelters	100%
Percentage of sexual assault/rape crisis centers in full compliance with MSDH monitoring/site visit criteria	100%
Number of domestic violence cases reported in Mississippi	2,129[1]
Number of sexual assault cases reported in Mississippi	1,382[1]

[1] Data from March 1, 2008, to February 28, 2009 (most recent complete year data available)

FY 2010 Objectives:

- Provide direct and preventive services to 6,957 victims of domestic or sexual violence statewide through 14 shelters and nine sexual assault/rape crisis centers.
- Provide education on primary prevention of sexual assault to 46,000 participants through nine sexual assault/rape crisis centers.
- Provide training for approximately 1,400 shelter staff and volunteers in conjunction with the Mississippi Coalition Against Domestic Violence (MCADV) and the Mississippi Coalition Against Sexual Assault (MCASA).
- Provide Sexual Assault Nurse Examiner (SANE) training to 51 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.

Funding: Included with Disease Prevention totals

FY 2011 Objectives:

- Provide direct and preventive services to 6,288 victims of domestic or sexual violence statewide through 14 shelters and nine sexual assault/rape crisis centers.
- Provide education on primary prevention of sexual assault to 46,500 participants through nine sexual assault/rape crisis centers.
- Provide training for approximately 1,500 shelter staff and volunteers in conjunction with the MCADV and the MCASA.
- Provide Sexual Assault Nurse Examiner (SANE) training to 58 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 MCADV and the MCASA.

Funding: Included with Disease Prevention totals

FY 2012 Objectives:

- Provide direct and preventive services to 6,300 victims of domestic or sexual violence statewide through 14 shelters and nine sexual assault/rape crisis centers.
- Provide education on primary prevention of sexual assault to 46,500 participants through nine sexual assault/rape crisis centers.
- Provide training for approximately 1,500 shelter staff and volunteers in conjunction with the MCADV and the MCASA.
- Provide Sexual Assault Nurse Examiner (SANE) training to 58 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 MCADV and the MCASA.

Funding: Included with Disease Prevention totals

FY 2013 Objectives:

- Provide direct and preventive services to 6,300 victims of domestic or sexual violence statewide through 14 shelters and nine sexual assault/rape crisis centers.
- Provide education on primary prevention of sexual assault to 46,500 participants through nine sexual assault/rape crisis centers.
- Provide training for approximately 1,500 shelter staff and volunteers in conjunction with the MCADV and the MCASA.
- Provide Sexual Assault Nurse Examiner (SANE) training to 58 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 MCADV and the MCASA.

Funding: Included with Disease Prevention totals

FY 2014 Objectives:

- Provide direct and preventive services to 6,300 victims of domestic or sexual violence statewide through 14 shelters and nine sexual assault/rape crisis centers.
- Provide education on primary prevention of sexual assault to 46,500 participants through nine sexual assault/rape crisis centers.
- Provide training for approximately 1,500 shelter staff and volunteers in conjunction with the MCADV and the MCASA.
- Provide Sexual Assault Nurse Examiner (SANE) training to 58 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 MCADV and the MCASA.

Funding: Included with Disease Prevention totals

Health Care Planning, Systems Development, and Licensure

The mission of Health Care Planning is to assure the necessity of proposed new health care facilities and services through statewide health planning and Certificate of Need review. Systems Development programs strive to assure adequate access to primary health care and the availability of an appropriate health care system throughout Mississippi, including its rural areas. The mission of Licensure programs is to assure that designated health care facilities, child care facilities, and certain types of practitioners meet minimum standards and comply with state and federal laws and regulations.

FY 2010 Funding:	$ 514,872	General
	8,425,393	Federal
	36,431,254	Other
	$45,371,519	Total
FY 2011 Funding:	$ 831,344	General
	8,582,105	Federal
	36,624,253	Other
	$46,037,702	Total
FY 2012 Funding:	$ 854,573	General
	8,841,279	Federal
	37,722,981	Other
	$47,418,833	Total
FY 2013 Funding:	$ 880,210	General
	9,106,517	Federal
	38,854,670	Other
	$48,841,397	Total
FY 2014 Funding:	$ 906,616	General
	9,379,713	Federal
	40,020,310	Other
	$50,306,639	Total

Health Planning & Certificate of Need

Need: Health facilities, services, and personnel in Mississippi are inadequate to meet the needs of all people at all times. Furthermore, an uneven distribution 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 render health care inaccessible for these people. Additionally, there is a need to ensure quality of care through review and approval of proposed new health services and facilities.

Program Description: State law authorizes the MSDH as the sole 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.

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 MSDH to be needed may receive a CON and only those proposals granted a CON may be developed or offered in Mississippi. No CON is issued unless the proposal substantially complies with the projection of need as reported in the *State Health Plan* in effect at the time the MSDH receives the CON application.

Program Goal: The goals of the Health Planning Program are to improve the health of Mississippi residents; increase the accessibility, acceptability, continuity, availability, and quality of health services; prevent unnecessary duplication of health resources; and provide some cost containment.

FY 2009 Program Outputs

Number of declaratory rulings for CON review	99
Number of Health Planning & CON weekly reports published	52
Number of CON applications reviewed	28
Number of State Health Plans distributed	50

FY 2009 Efficiency and Outcome Measures

Percentage of declaratory rulings issued within 10 days	90%
Percentage of staff analyses published within 45 days after receipt of complete application information	95%
Percentage of CON Final Orders issued within 10 days of decision	99%
Amount of approved capital investment in health care facilities and equipment	$209,112,312

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 analyses within 45 days after receipt of complete application information.
- Publish, by electronic means, a weekly report detailing CON activities by Wednesday of each week.
- Issue 100% of CON final orders within 10 days of decision.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

FY 2011 Objectives:

- Collect statistical and programmatic information on health care facilities, services, and needs in Mississippi to develop and publish the *FY 2012 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*.
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Funding: Included with Health Care Planning, Systems Development, and Licensure totals

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- Collect statistical and programmatic information on health care facilities, services, and needs in Mississippi to develop and publish the *FY 2013 State Health Plan*.
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Funding: Included with Health Care Planning, Systems Development, and Licensure totals

FY 2013 Objectives:

- Collect statistical and programmatic information on health care facilities, services, and needs in Mississippi to develop and publish the *FY 2014 State Health Plan*.
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- Publish, by electronic means, a weekly report detailing CON activities by Wednesday of each week.
- Issue 100% of CON final orders within 10 days of decision.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

FY 2014 Objectives:

- Collect statistical and programmatic information on health care facilities, services, and needs in Mississippi to develop and publish the *FY 2015 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 analyses within 45 days after receipt of complete application information.
- Publish, by electronic means, a weekly report detailing CON activities by Wednesday of each week.
- Issue 100% of CON final orders within 10 days of decision.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

Primary Care Development

Need: 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 2009, 74 of Mississippi's 82 counties are designated as health professional shortage areas in whole or in part, and 18 have unusually high needs for primary health care services. In addition, 52 counties are designated as dental shortage areas, in whole or in part, and 13 of 15 catchment areas are designated as shortage areas for mental health services.

Program Description: The MSDH operates an Office of Primary Care Development (Primary Care) under a cooperative agreement with the Health Resources and Services Administration (HRSA), Bureau of Health Professions. The office is responsible for the following activities: (a) assess the need for primary care services, resources, and professionals in each locality of the state; (b) recruit health care professionals to areas of need and develop retention programs; (c) coordinate National Health Service Corps and foreign-trained (J-1 Visa) health care providers; (d) prepare information for Health Professional Shortage Area designation; (e) assist in developing strategies for reducing health care disparities; and (f) administer the Mississippi Qualified Health Center grant program.

Primary Care 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 and other HRSA-sponsored programs.

The office administers the Mississippi J-1 Visa Program to improve access to primary health care and specialty care in physician shortage areas by sponsoring foreign-trained physicians holding J-1 Visas. If approved, J-1 Visa holders may waive their two-year foreign residency requirement in exchange for providing primary or specialty medical care in designated health professional shortage areas.

The Office of Primary Care 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. An MQHC is a nonprofit community health center providing comprehensive primary care services and meeting other qualifications defined in the legislation. 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. Mississippi has 21 MQHCs, and the legislation stipulates an annual maximum of $200,000 per center. The program is funded through Mississippi’s tobacco settlement trust fund.

Program Goal: The goal of the Primary Care Development Program is to assure access to primary care services and resources through assessment and recruitment of health care professionals, development of programs, and reduction of health disparities.

FY 2009 Program Outputs

Number of National Health Service Corps recruitment assistance requests processed	113
Number of J-1 Visa site pre-determination applications processed	7
Participation by program staff at professional career fairs/workshops	5
Number of requests for information processed	660
Number of Health Professional Shortage Area designation ratio reviews conducted:	
Primary Care	82
Dental	82
Mental Health (by catchment area)	13
Number of Community Health Centers assisted through the Mississippi Qualified Health Center (MQHC) program	21

FY 2009 Outcome Measures

J-1 Visa physician placements	7
Number of medically indigent and uninsured patients served through MQHC program	56,781[1]
National Health Service Corps placements/matches	11
Health Professional Shortage Area designations:	
Primary Care	74
Dental	52
Mental Health	13

[1] State FY 2008; MQHC grants end June 30 each year and reports are due to the program August 15. Therefore information reported by state fiscal year is one year behind.

FY 2010 Objectives:

- Conduct county primary health care needs assessments 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 ratio reviews for all 82 counties.
- Conduct site predetermination application reviews for potential J-1 Visa physicians in at least 25 sites.
- Participate in at least five health professional career fairs/residency programs to recruit primary care providers.
- Assist 21 Community Health Centers in serving medically indigent and uninsured patients through the Mississippi Qualified Health Center (MQHC) grant program.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

FY 2011 Objectives:

- Conduct county primary health care needs assessments 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 ratio reviews for all 82 counties.
- Conduct site predetermination application reviews for potential J-1 Visa physicians in at least 25 sites.
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Funding: Included with Health Care Planning, Systems Development, and Licensure totals

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Funding: Included with Health Care Planning, Systems Development, and Licensure totals

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- 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 ratio reviews for all 82 counties.
- Conduct site predetermination application reviews for potential J-1 Visa physicians in at least 25 sites.
- Participate in at least five health professional career fairs/residency programs to recruit primary care providers.
- Assist 21 Community Health Centers in serving medically indigent and uninsured patients through the Mississippi Qualified Health Center (MQHC) grant program.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

FY 2014 Objectives:

- Conduct county primary health care needs assessments 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 ratio reviews for all 82 counties.
- Conduct site predetermination application reviews for potential J-1 Visa physicians in at least 25 sites.
- Participate in at least five health professional career fairs/residency programs to recruit primary care providers.
- Assist 21 Community Health Centers in serving medically indigent and uninsured patients through the Mississippi Qualified Health Center (MQHC) grant program.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

Rural Health Care Development

Need: 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 Mississippi Legislature created the MSDH 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.

Program Description: The Office of Rural Health disseminates information on 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 purchase computer hardware and software, educate and train hospital staff on computer information systems, and offset costs related to implementation of prospective payment systems. Currently, 45 hospitals are eligible to participate in this program.

The FLEX (Rural Hospital Flexibility) program is aimed at development of Critical Access Hospitals 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. Mississippi has 28 small rural hospitals meeting the federal criteria for assistance through the FLEX program. FLEX program efforts include a contract with the Mississippi Hospital Association to help Critical Access Hospitals with quality improvement activities, such as electronic Pharmacy Management Programs, and financial performance, such as assistance with proper billing and coding procedures. As an additional component of the FLEX program, the Office of Rural Health cooperates with the MSDH Bureau of Emergency Medical Services (EMS) to strengthen EMS in rural areas by funding EMS training and other activities.

The program assists at least one community each year with comprehensive health care needs assessments and planning efforts. These community engagement projects help identify and highlight current health care resources, as well as needs that are unmet or not sufficiently met. The process includes: (1) an economic impact analysis of the local health care industry; (2) a survey of area residents to obtain insight into their perception of the quality of health care available; (3) a survey of area health care providers; (4) development of a health resource directory to promote health services; (5) a report summarizing the survey findings; (6) community forums; and in some cases (7) a strategic planning retreat to develop an action plan to address health concerns.

Program Goal: The goal of the MSDH 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.

FY 2009 Program Outputs

Number of communities assisted with local health care system needs assessments and planning efforts	2
Number of requests for information responded to	141
Number of communities/facilities provided technical assistance	7
Number of Critical Access Hospitals assisted through Rural Hospital Flexibility Program	28
Number of quarterly rural health newsletter recipients	700
Number of hospitals assisted through the Small Rural Hospital Improvement Program	45
Number of conferences sponsored to provide education and training on rural health issues and programs	5
Number of presentations to stakeholder groups	2
Number of stakeholder meetings attended	14

FY 2009 Outcome Measures

Percentage of eligible small rural hospitals helped to purchase computer software and hardware, educate and train hospital staff on computer information systems, and offset costs related to implementation of prospective payment systems	100%
Percentage of Small Rural Hospital Improvement Program (SHIP) hospitals utilizing health information technology to improve the quality of patient care	71%
Percent of decrease in medication error rate in Critical Access Hospitals participating in Pharmacy Management Program	10%

FY 2010 Objectives:

- Produce four newsletters to disseminate information on rural health care issues and needs for distribution to approximately 800 individuals and organizations concerned with rural health.
- Assist one community with local health care planning efforts.
- Assist 45 (100%) eligible small rural hospitals through the Small Rural Hospital Improvement Program to purchase computer software and hardware, educate and train hospital staff on computer information systems, and offset costs related to implementation of prospective payment systems.
- Respond to 95% of requests for technical assistance and information within three days of receipt.
- Assist 29 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, health information technology, and other quality improvement efforts.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

FY 2011 Objectives:

- Produce four newsletters to disseminate information on rural health care issues and needs for distribution to approximately 800 individuals and organizations concerned with rural health.
- Assist one community with local health care planning efforts.
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Funding: Included with Health Care Planning, Systems Development, and Licensure totals

FY 2012 Objectives:

- Produce four newsletters to disseminate information on rural health care issues and needs for distribution to approximately 700 individuals and organizations concerned with rural health.
- Assist one community with local health care planning efforts.
- Assist 45 (100%) eligible small rural hospitals through the Small Rural Hospital Improvement Program to purchase computer software and hardware, educate and train hospital staff on computer information systems, and offset costs related to implementation of prospective payment systems.
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Funding: Included with Health Care Planning, Systems Development, and Licensure totals

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- Produce four newsletters to disseminate information on rural health care issues and needs for distribution to approximately 700 individuals and organizations concerned with rural health.
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Funding: Included with Health Care Planning, Systems Development, and Licensure totals

FY 2014 Objectives:

- Produce four newsletters to disseminate information on rural health care issues and needs for distribution to approximately 700 individuals and organizations concerned with rural health.
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Funding: Included with Health Care Planning, Systems Development, and Licensure totals

Emergency Medical Services (EMS)

Need: In case of accident or sudden serious illness, individuals often need appropriate pre-hospital medical care to provide life-saving measures during transport to a hospital. A comprehensive pre-hospital system must include an adequate number of transportation providers with emergency vehicles that meet prescribed standards, along with properly trained and certified emergency personnel. In addition, Mississippi's rural nature emphasizes the need for an organized, inclusive statewide trauma system to ensure that emergency patients are transported in the least amount of time to a hospital with the necessary capabilities to care for that patient's injuries. Mississippi law charges the MSDH with ensuring an effective system of emergency medical care through licensure and inspection of emergency medical vehicles and certification of emergency medical personnel. In addition, the MSDH is lead agency to develop and manage a statewide Trauma Care System for Mississippi.

Program Description: The Bureau of Emergency Medical Services (EMS) licenses all ambulance services in Mississippi; inspects and permits ambulances; certifies EMS drivers; tests and certifies medical first responders and emergency medical technicians, including testing EMTs on the basic and paramedic levels; authorizes advanced life support and other training programs; manages a statewide EMS information system; and administers the EMS Operating Fund.

The Bureau of EMS administers the Mississippi Trauma Care System, including design of the system, inspection of trauma care centers, programmatic audits, collection and management of data for a statewide Trauma Registry, and monitoring of system performance such as hospital transfer times. The Trauma System is designed to ensure that each trauma patient in Mississippi arrives at the most appropriate hospital for his injury as quickly as possible.

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 Bureau of EMS disperses funds from the Trauma Care Trust Fund for documented indigent care rendered to qualifying trauma patients.

In 2008 the Mississippi Legislature amended the Emergency Medical Services Act to require the MSDH to develop regulations making the Trauma System a requirement of licensed acute care hospitals rather than a voluntary system. Additionally, the Board of Health approved regulations changing the Trauma Care Trust Fund from reimbursement for uncompensated care to a block grant model that will including funding for EMS providers.

The Bureau of EMS also administers a federal Emergency Medical Services for Children program that focuses on improving emergency care and injury control for children. Program staff conduct safety and injury prevention programs statewide aimed at behavior modification and decreasing morbidity and injury to children. The program serves as a clearinghouse for information to pediatricians, schools, hospitals, parents, and others interested in reducing injury to children.

In addition, the bureau is responsible for a Weapons of Mass Destruction Emergency Preparedness program. The goal of this program is to develop and implement plans and protocols for EMS services during an act of

terrorism 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.

Program Goal: The goal of the EMS Program is to ensure a quality, effective system of emergency medical care through a comprehensive emergency medical services system. The goal encompasses assuring maximum availability of well-equipped and trained pre-hospital providers to Mississippians who need emergency care.

FY 2009 Program Outputs

Licensure:	
Ambulance services licensed	138
Ambulances permitted	423
Certifications/recertifications issued:	
EMT - Paramedics	617
EMT - Basics	901
EMS – Drivers	1,137
Number of Emergency Medical Services for Children educational safety programs	45

FY 2009 Outcome Measures

Percentage of ambulances inspected twice per year	100%
Transfer time of Level IV trauma centers to appropriate facilities for treatment	167 mins.

FY 2010 Objectives:

- Issue at least 700 certifications or recertifications for EMS drivers and 1,250 certifications or recertifications for Emergency Medical Technicians, including the basic and paramedic levels.
- Conclude thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Address technical assistance requests from trauma regions and trauma care centers for system and program development within three working days of receipt.
- Finalize inspection reports and provide plan of correction to trauma centers within ten working days of inspection.
- Collect trauma registry data monthly from the trauma care regions for 95% of participating trauma care centers.
- Ensure data submission into MEMSIS (Mississippi Emergency Medical Services Information System) by the 15th day of each month for patient encounters of the previous month from all licensed ambulance services to assure effective evaluation of the state EMS system.
- Inspect 100% of permitted ambulances twice each year to ensure minimum specified equipment, staffing, and insurance.

- Decrease transfer times to a system average of 110 minutes from complete designated Level IV trauma centers to complete designated trauma centers most appropriate for the patient's injuries.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

FY 2011 Objectives:

- Issue at least 700 certifications or recertifications for EMS drivers and 1,250 certifications or recertifications for Emergency Medical Technicians, including the basic and paramedic levels.
- Conclude thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Address technical assistance requests from trauma regions and trauma care centers for system and program development within three working days of receipt.
- Finalize inspection reports and provide plan of correction to trauma centers within ten working days of inspection.
- Collect trauma registry data monthly from the trauma care regions for 95% of participating trauma care centers.
- Ensure data submission into MEMSIS (Mississippi Emergency Medical Services Information System) by the 15th day of each month for patient encounters of the previous month from all licensed ambulance services to assure effective evaluation of the state EMS system.
- Inspect 100% of permitted ambulances twice each year to ensure minimum specified equipment, staffing, and insurance.
- Maintain transfer times at a system average of 110 minutes from complete designated Level IV trauma centers to complete designated trauma centers most appropriate for the patient's injuries.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

FY 2012 Objectives:

- Issue at least 700 certifications or recertifications for EMS drivers and 1,250 certifications or recertifications for Emergency Medical Technicians, including the basic and paramedic levels.
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- Inspect 100% of permitted ambulances twice each year to ensure minimum specified equipment, staffing, and insurance.
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- Inspect 100% of permitted ambulances twice each year to ensure minimum specified equipment, staffing, and insurance.
- Maintain transfer times at a system average of 110 minutes from complete designated Level IV trauma centers to complete designated trauma centers most appropriate for the patient's injuries.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

Health Facilities Licensure and Certification

Need: Licensure and certification of health care facilities is necessary to assure that certain standards are maintained in the facilities and that patients receive appropriate, high-quality care. Inspection is also necessary to allow facilities to participate in the Medicare and Medicaid programs.

Program Description: The MSDH Bureau of Health Facilities Licensure and Certification (HFLC) 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 licensure or certification surveys (inspections) and periodic recertification 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, portable x-ray suppliers, 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. When health facilities are found out of compliance with licensure and certification 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, Bureau of HFLC staff inspect 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 approves nurse aide training programs and maintains a registry of certified nurse aides, including a registry of nurse aides found guilty of abuse, neglect, or misappropriation of resident property against a vulnerable adult. An administrative hearing (due process) is granted to those aides through a Nurse Aide hearing process.

HFLC houses the state Minimum Data Set (MDS) system. All certified nursing homes in Mississippi encode and transmit MDS records after completing an assessment on a nursing home resident. 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 through the OASIS project, which is similar to the MDS project but is specific for home health agencies. To date, all providers are actively and routinely sending data to the system.

Program Goal: The goal 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.

FY 2009 Program Outputs

Number of licensed personal care homes surveyed (inspected)[1]	177
Number of licensed hospices surveyed/inspected[1]	187
Number of nurse aide training programs inspected[1]	56
Number of biennial clinical laboratory on-site inspections performed in accordance with CMS requirements (includes Certificate of Waiver laboratories).[1, 2, 3]	Waiver 23 CLIA 187
Number of certified nursing homes surveyed (inspected)[1,3]	155
Number of intermediate care facilities for the mentally retarded (ICFMR) recertified[1, 3]	10
Number of home health agencies recertified[1, 3]	23
Number of validation surveys conducted on hospitals selected by CMS as part of the required 1% sample[1, 3]	1

[1] Federal funding provides for surveys, inspections, or recertifications of various health care facilities as follows: ICF/MRs every year; nursing homes within 15 months of previous survey; hospitals 1% each year; nurse aide training programs and clinical labs every two years; and home health agencies every three years. State funding provides for surveys and inspections of licensed personal care homes and licensed hospices every year, including satellite/branch locations.

[2] Includes initial survey inspections, resurveys, validations, and/or complaints.

[3]The data for these performance measures are based on the federal fiscal year, October 1 through September 30; therefore, the data presented here represent nine months of data for state FY 2009.

FY 2009 Outcome Measures

Number of deficiencies cited and corrected at personal care homes	1,680
Number of deficiencies cited and corrected in hospices	909
Number of nurse aide training program withdrawn due to non-compliance with State and Federal Nurse Aide Training Program requirements	9
Number of deficiencies cited and corrected at clinical laboratories[1,]	561
Number of deficiencies cited and corrected at nursing homes[1]	1,652
Number of deficiencies cited and corrected at intermediate care facilities for the mentally retarded[1]	34
Number of deficiencies cited and corrected at home health agencies[1]	54

Number of deficiencies cited and corrected at hospitals[1]	381
Number of deficiencies cited and corrected at other non-long term care facilities[1, 2]	81
Percentage of complaint and standard surveys of long-term care facilities (certified nursing homes) resulting in citations at Severity Level:[1]	
Level I (least severe)	9%
Level II	86%
Level III	2%
Level IV (most severe)	3%

[1]The data for these performance measures are based on the federal fiscal year, October 1 through September 30; therefore, the data presented here represent nine months of data for state FY 2009.

[2] Other non-long term care facilities includes: rural health clinics, end stage renal disease facilities, ambulatory surgical clinics, outpatient physical therapy/speech pathology facilities, and comprehensive outpatient rehabilitation facilities.

FY 2010 Objectives:

- Survey (inspect) 100% of licensed personal care homes.
- Survey (inspect) 100% of licensed hospices.
- Inspect 100% of certified nurse aide training 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.
- Survey (inspect) 100% of certified nursing homes within 15 months of the previous survey in accordance with CMS requirements.
- Recertify 100% of intermediate care facilities for the mentally retarded before the expiration date of the existing 12-month agreement.
- Perform 100% of required home health agency surveys (approximately one-third of total) during the federal fiscal year in accordance with CMS requirements.
- Perform 100% of hospital validation surveys selected by CMS as part of required sample (approximately 1%) during the federal fiscal year.
- Initiate investigation of 100% of complaints or incidents triaged as Immediate Jeopardy or Non-Immediate Jeopardy-High within the timeframes required by CMS.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

FY 2011 Objectives:

- Survey (inspect) 100% of licensed personal care homes.
- Survey (inspect) 100% of licensed hospices.
- Inspect 100% of certified nurse aide training 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.

- Survey (inspect) 100% of certified nursing homes within 15 months of the previous survey in accordance with CMS requirements.
- Recertify 100% of intermediate care facilities for the mentally retarded before the expiration date of the existing 12-month agreement.
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Funding: Included with Health Care Planning, Systems Development, and Licensure totals

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- Survey (inspect) 100% of licensed personal care homes.
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Funding: Included with Health Care Planning, Systems Development, and Licensure totals

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- Survey (inspect) 100% of licensed hospices.
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- 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.
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Funding: Included with Health Care Planning, Systems Development, and Licensure totals

FY 2014 Objectives:

- Survey (inspect) 100% of licensed personal care homes.
- Survey (inspect) 100% of licensed hospices.
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- Initiate investigation of 100% of complaints or incidents triaged as Immediate Jeopardy or Non-Immediate Jeopardy-High within the timeframes required by CMS.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

Professional Licensure

Need: Professional licensure programs help to protect the public by ensuring that certain minimum standards are maintained in professional practice. Mississippi law designates the MSDH as the regulatory agency for certain health-related professions; independent boards of licensure regulate other professions.

Program Description: The Professional Licensure Program licenses speech-language pathologists, audiologists, dietitians, hearing aid specialists, occupational therapists and assistants, respiratory care practitioners, art therapists, and athletic trainers; certifies eye enucleators; and registers audiology aides, apprentice athletic trainers, speech-language pathology aides, medical radiation technologists, body piercers, tattoo artists, tattoo parlors, and hair braiders. The program has established a system that allows licensees to renew their license online over the internet and is working toward 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 Level II investigative procedures and report writing through the National Certified Investigator's Training program.

Program Goal: The goal of the Professional Licensure Program is to protect the public from unethical and unqualified practitioners.

FY 2009 Program Outputs

Number of licenses issued/renewed:	
Art Therapists	10
Athletic Trainers	261
Audiologists	150
Dietitians	656
Hearing Aid Specialists	63
Occupational Therapists	792
OT Assistants	342
Respiratory Care Practitioners	2,347
Speech-Language Pathologists	1,054
Number of professional certifications issued:	
Eye Enucleators	1
Registration:	
Radiation Technologists	3,092
Speech-Language Pathologists/Audiology Aides	16
Tattoo Artists	225
Body Piercers	74
Hair Braiders	552
Number of licensure process orientation presentations	18
Number of complaints received and investigated	21

FY 2009 Outcome Measures

Number of administrative hearings	1
Number of agreed orders	1
Number of denials of license, certification, or registration	0
Number of revocations of license, certification, or registration	5
Number of suspensions of license, certification, or registration	0
Number of complaint investigations resulting in:	
Required disciplinary action	0
No required disciplinary action	21

FY 2010 Objectives:

- Triage and begin investigation of 100% of complaints involving non-injury within four days of receipt.
- Triage and begin investigation of 100% of complaints involving injury within two days of receipt.
- Conduct 18 license application orientation presentations for potential licensees at universities, colleges, and professional organizations.
- Issue 100% of licenses, certifications, and registrations within 30 days after receipt of all required documentation.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

FY 2011 Objectives:

- Triage and begin investigation of 100% of complaints involving non-injury within four days of receipt.
- Begin investigation of 100% of complaints involving injury within two days of receipt.
- Conduct 18 license application orientation presentations for potential licensees at universities, colleges, and professional organizations.
- Issue 100% of licenses, certifications, and registrations within 30 days after receipt of all required documentation.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

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- Triage and begin investigation of 100% of complaints involving injury within two days of receipt.
- Conduct 18 license application orientation presentations for 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.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

FY 2013 Objectives:

- Triage and begin investigation of 100% of complaints involving non-injury within working days of receipt.
- Triage and begin investigation of 100% of complaints involving injury within two days of receipt.
- Conduct 18 license application orientation presentations for 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.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

FY 2014 Objectives:

- Triage and begin investigation of 100% of complaints involving non-injury within four days of receipt.
- Triage and begin investigation of 100% of complaints involving injury within two days of receipt.
- Conduct 18 license application orientation presentations for potential licensees at universities, colleges, and professional organizations.
- Issue 100% of licenses, certifications, and registrations within 30 days after receipt of all required documentation.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

Child Care Facility Licensure

Need: Licensing, periodic inspection, and monitoring of child care facilities is necessary to assure that these facilities maintain prescribed health and safety standards. Child Care Facility Licensure staff visit each facility to conduct initial licensure inspections, follow-up and renewal inspections, program reviews, and to investigate complaints regarding the facility.

Program Description: The MSDH Child Care Facility Licensure Program licenses child care facilities, nonexempt kindergarten programs, school age extended day care programs, hourly child care programs, summer day camps, and youth camps. The program also registers child residential homes governed by the Child Residential Home Notification Act and monitors voluntarily registered child day care homes. In addition, program staff investigate complaints and work with the Mississippi Department of Human Services and local law enforcement agencies on child abuse or neglect investigations in licensed facilities.

Program Goal: The goal of the Child Care Facility 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.

FY 2009 Program Outputs

Number of child care facility licenses issued/renewed	1,782
Number of child residential homes registered	12
Number of youth camp licenses issued	42
Total staff development hours conducted	685
Number of completed site visits for:	
General/Renewal Inspections	2,834
Site visits for new licenses	257
Follow-up inspections (all types)	1,092
Number of youth camp inspections	84
Number of child residential home inspections	12
Number of child care facility complaints investigated	654
Number of youth camp complaints investigated	0
Number of child residential home complaints investigated	1
Number of Quarterly Information Memoranda published for licensed providers, pending applicants, and other interested parties (approximately 2,000 recipients)	6
Number of technical assistance consultations provided	24,679

FY 2009 Outcome Measures

Number of child care facilities closed for violations	0
Number of child residential homes closed for violations	0
Number of youth camps closed for violations	0
Number of complaint investigations resulting in:	
Required disciplinary action	93
No required disciplinary action	561

FY 2010 Objectives:

- Triage and begin investigation on 100% of complaints involving minor regulatory violations within 30 days of receipt.
- Triage and begin investigation on 100% of complaints involving alleged abuse, neglect, injury to a child, or other serious occurrence within three days of receipt.
- Provide a quarterly information memorandum to licensed providers, pending applicants, and interested parties (approximately 2,000 recipients).
- Conduct 100% of child care facility 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.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

FY 2011 Objectives:

- Triage and begin investigation on 100% of complaints involving minor regulatory violations within 30 days of receipt.
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Funding: Included with Health Care Planning, Systems Development, and Licensure totals

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- Conduct 100% of youth camp renewal inspections prior to opening for camping season.
- Conduct 100% of child residential home inspections prior to registration expiration.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

Emergency Preparedness and Response

Since 2001, Congress has provided funds to each state to combat bioterrorism and to prepare for any mass casualty event. The mission of Emergency Preparedness and Response is to ensure readiness for any public health threat or emergency at the state and local/regional levels.

FY 2010 Funding:	$ 0	General
	19,617,144	Federal
	117,970	Other
	$19,735,114	Total
FY 2011 Funding:	$ 0	General
	19,758,046	Federal
	132,650	Other
	$19,890,696	Total
FY 2012 Funding:	$ 0	General
	20,350,787	Federal
	136,630	Other
	$20,487,417	Total
FY 2013 Funding:	$ 0	General
	20,961,311	Federal
	140,729	Other
	$21,102,040	Total
FY 2014 Funding:	$ 0	General
	21,590,150	Federal
	144,951	Other
	$21,735,101	Total

Public Health Emergency Preparedness and Response

Need: After the events of September 11, 2001, and the subsequent anthrax incidents, Congress approved an unprecedented increase in funding to state health departments to combat bioterrorism and to improve the nation's basic public health infrastructure. The MSDH has used those funds to expand and upgrade its capacity to respond to all public health threats, including terrorism-related and mass casualty events. Current needs involve integration of state and local emergency preparedness and response efforts with federal, state, local, and tribal governments; the private sector; and non-governmental organizations. Activities are based on and will support the National Response Plan, the National Incident Management System, and the Homeland Security Exercise and Evaluation Program. Use of these systems ensures that all entities that may have to respond to any mass casualty event are equipped and prepared to do so.

Program Description: The MSDH Public Health Emergency Preparedness and Response Program has oversight for emergency response related to terrorism or mass casualty events. Programmatic goals are carried out through placement of trained emergency response professionals statewide and support of prepared personnel representing all facets of public health. The program provides technical assistance, training, and exercises to ensure the response capabilities for regional, district, and local response teams as well as the Governor's State Emergency Response Team.

In accordance with CDC performance measures, public health emergency preparedness and response goals are designed to:

Prevent:
(1) Increase the use and development of interventions known to prevent human illness from any kind of mass casualty threat.
(2) Decrease the time needed to classify health events as terrorism or naturally occurring, in partnership with other agencies.

Detect/Report:
(3) Decrease the time needed to detect and report any agent in tissue, food, or environmental samples that threatens the public's health.
(4) Improve the timeliness and accuracy of information regarding threats to the public's health.

Investigate:
(5) Decrease the time needed to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.

Control:
(6) Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.

Recover:
(7) Decrease the time needed to restore health services and environmental safety to pre-event levels.
(8) Increase the long-term follow-up provided to those affected by threats to the public's health.

Improve:
(9) Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

The program's focus has now expanded to include the Cities Readiness Initiative (CRI) and Pandemic Influenza. The CRI applies the Strategic National Stockpile program to metropolitan statistical areas nationwide to assure prompt distribution of vaccines or medication in the event of a public health emergency. The program has provided education, training, and exercises for the Jackson Metropolitan Statistical Area (MSA), including Hinds, Madison, Rankin, Copiah, and Simpson counties, with activities for other MSAs to follow.

As lead agency for statewide Pandemic Influenza (Pan Flu) response, the MSDH Emergency Preparedness program has provided education and training to agency staff, other state agency partners, and external stakeholders. The next phase consists of completing and exercising a statewide comprehensive Pan Flu plan and facilitating the development of individual plans at the county and local level.

Program Goal: The goal of the Public Health Emergency Preparedness and Response Program is to establish, maintain, and test plans and procedures to protect Mississippians in the event of natural or human-caused disasters.

FY 2009 Program Outputs

Number of people (MSDH employees and other) trained in National Incident Management System	627
Number of statewide National Incident Management System and Homeland Security Exercise and Evaluation Program preparedness exercises conducted (full scale, table top, or functional)	7
Number of hospitals participating in Bioterrorism Hospital Preparedness Program	120
Number of emergency preparedness and Strategic National Stockpile training sessions (number of people trained)	36 (745)
Number of training sessions held for Pandemic Flu preparedness (number of people trained):	
Public Information Officers	3 (112)
Other	19 (402)
Number of Cities Readiness Initiative training sessions (number of people trained)	52 (1,968)
Number of laboratory site visits	85
Number of lab-related workshops and seminars	8
Number of bioterrorism samples tested	13
Number of electronic syndromic surveillance hospital sites	25

FY 2009 Outcome Measures

Percentage of clinical labs statewide that have received bioterrorism/chemical terrorism suspect sample training	100%
Percentage of readiness for chemical terrorism testing by public health laboratory	90%
Percentage of district and local county health departments prepared to respond to any public health related mass casualty event	100%
Percentage of district and local county health departments prepared to respond to an influenza pandemic	75%
Designated regional centers of excellence for emergency response statewide	22
Percentage at which key stakeholders can electronically send and receive health alerts 24/7	95%

FY 2010 Objectives:

- Conduct a minimum of four functional and/or full-scale National Incident Management System and Homeland Security Exercise and Evaluation Program exercises.
- Expand electronic syndromic surveillance to 45 acute care hospitals statewide.
- Provide and/or facilitate bioterrorism/chemical terrorism suspect sample training to 100% of clinical laboratories statewide.
- Assure that 100% of district and local county health departments are prepared to respond to any public health mass casualty event.
- Assure that district and local county health departments are prepared to respond to pandemic influenza.
- Coordinate with Mississippi Hospital Association to designate regional centers of excellence for emergency preparedness.
- Ensure that 95% of key laboratory stakeholders can electronically send and receive health alerts 24/7.

Funding: Presented with Emergency Preparedness and Response mission

FY 2011 Objectives:

- Conduct a minimum of four functional and/or full-scale National Incident Management System and Homeland Security Exercise and Evaluation Program exercises.
- Expand electronic syndromic surveillance to 90 acute care hospitals statewide.
- Provide and/or facilitate bioterrorism/chemical terrorism suspect sample training to 100% of clinical laboratories statewide.
- Assure that 100% of district and local county health departments are prepared to respond to any public health mass casualty event.
- Assure that 100% of district and local county health departments are prepared to respond to pandemic influenza.
- Coordinate with Mississippi Hospital Association to designate regional centers of excellence for emergency preparedness.

- Ensure that 95% of key laboratory stakeholders can electronically send and receive health alerts 24/7.

Funding: Presented with Emergency Preparedness and Response mission

FY 2012 Objectives:

- Conduct a minimum of five functional and/or full-scale National Incident Management System and Homeland Security Exercise and Evaluation Program exercises.
- Expand electronic syndromic surveillance to 95 acute care hospitals (100%).
- Provide and/or facilitate bioterrorism/chemical terrorism suspect sample training to 100% of clinical laboratories statewide.
- Assure that 100% of district and local county health departments are prepared to respond to any public health mass casualty event.
- Assure that 100% of district and local county health departments are prepared to respond to pandemic influenza.
- Coordinate with Mississippi Hospital Association to designate regional centers of excellence for emergency preparedness.
- Ensure that 95% of key laboratory stakeholders can electronically send and receive health alerts 24/7.

Funding: Presented with Emergency Preparedness and Response mission

FY 2013 Objectives:

- Conduct a minimum of five functional and/or full-scale National Incident Management System and Homeland Security Exercise and Evaluation Program exercises.
- Maintain electronic syndromic surveillance at 95 acute care hospitals (100%)
- Provide and/or facilitate bioterrorism/chemical terrorism suspect sample training to 100% of clinical laboratories statewide.
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Funding: Presented with Emergency Preparedness and Response mission

Tobacco Control

The 2007 session of the Mississippi Legislature created a special Tobacco Control Fund and appropriated a portion of those funds to the MSDH, to be used solely for tobacco prevention and control efforts. The mission of the Tobacco Control Program is to develop and implement a statewide comprehensive tobacco education, prevention, and cessation program.

FY 2010 Funding:	$ 0	General
	0	Federal
	20,000,000	Other
	$20,000,000	Total
FY 2011 Funding:	$ 0	General
	0	Federal
	20,000,000	Other
	$20,000,000	Total
FY 2012 Funding:	$ 0	General
	0	Federal
	20,000,000	Other
	$20,000,000	Total
FY 2013 Funding:	$ 0	General
	0	Federal
	20,000,000	Other
	$20,000,000	Total
FY 2014 Funding:	$ 0	General
	0	Federal
	20,000,000	Other
	$20,000,000	Total

Tobacco Control

Need: Tobacco is the chief preventable cause of death and disease in the United States. Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined; thousands more die from other tobacco-related causes, such as smokeless tobacco and fires caused by smoking. Each year approximately 4,700 Mississippi adults die from smoking, and between 410 and 730 adults, children, and babies die from secondhand smoke or pregnancy smoking. Health care costs in Mississippi directly related to smoking total nearly $719 million annually.

Program Description: The MSDH is working to address tobacco use through the programs of the Office of Tobacco Control. Established in July 2007 by Section 41-113-3 of the *Mississippi Code 1972*, as amended, the Office is charged with developing and implementing a statewide comprehensive tobacco education, prevention, and cessation program based on the CDC's *Best Practices for Comprehensive Tobacco Control Programs*. The legislation also created a 13-member Advisory Council, appointed by state and university officials, which maintains an active role in the development and implementation of programs. The legislation appropriated funds to MSDH to be used solely for tobacco prevention and control efforts. In addition, the program receives funds through a cooperative agreement with the CDC.

The program supports state and local networking opportunities through its administrative role in the Mississippi Tobacco Control Network and has provided funding for developing and implementing the following program components: community coalitions and targeted interventions, a statewide youth tobacco use prevention program, statewide tobacco cessation services, a mass media campaign addressing youth tobacco use and promotion of tobacco cessation services, and surveillance and evaluation.

Program Goal: The goal of the Tobacco Policy and Prevention Program is to reduce the prevalence of tobacco use among youth and adults in Mississippi.

FY 2009 Program Outputs

Number of calls to Tobacco Quitline	8,129
Number of presentations to doctors, health care providers, school staff, and the public on 5A cessation and counseling approach and dangers of tobacco use and second-hand smoke	43
Number of patients receiving two or more sessions of treatment at ACT Center (clinical UMMC site)	461
Number of tobacco prevention projects in public health districts	63

FY 2009 Outcome Measures

Prevalence of current smokers among public high school students (2008 Mississippi Youth Tobacco Survey)	20.2%
Prevalence of current smokers among public middle school students (2008 Mississippi Youth Tobacco Survey)	8.9%
Prevalence of current smokers among adults 18 years and older (2008 BRFSS)	22.7%

FY 2010 Objectives:

- Expand participation in Tobacco Quitline by increasing call volume 10%.
- Provide at least 42 educational sessions to doctors, health care providers, school staff, and the general public on the 5A cessation and counseling approach (ask, advise, assess, assist, and arrange) on the dangers of tobacco use and second-hand smoke.
- Provide tobacco treatment including two or more sessions to at least 500 patients through the ACT Center for Comprehensive Tobacco Treatment, Education, and Research at the University of Mississippi Medical Center.
- Support at least 65 tobacco prevention projects throughout the state.

Funding: Presented with Tobacco Control mission

FY 2011 Objectives:

- Expand participation in Tobacco Quitline by increasing call volume 4%.
- Provide at least 42 educational sessions to doctors, health care providers, school staff, and the general public on the 5A cessation and counseling approach (ask, advise, assess, assist, and arrange) on the dangers of tobacco use and second-hand smoke.
- Provide tobacco treatment including two or more sessions to at least 500 patients through the ACT Center for Comprehensive Tobacco Treatment, Education, and Research at the University of Mississippi Medical Center.
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