

2024 ANNUAL REPORT



The Mississippi State Department of Health's mission is to protect and advance the health, well-being and safety of everyone in Mississippi.

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ADMINISTRATIVE

LETTER *from* DR. EDNEY

MSDH EXECUTIVE DIRECTOR AND MISSISSIPPI STATE HEALTH OFFICER

We have one mission at the Mississippi State Department of Health: **“To protect and advance the health, well-being and safety of everyone in Mississippi, with no exceptions.”**

I am proud to say we have made great strides over the past year to live by and implement that mission as our programs touch the lives of all 2.9 million residents and visitors here in the state every day. From environmental health, which includes food protection and water quality, to the work of county health departments and preventive health programs, to vital records that provide birth and death certificates, to everything in between, our services are wide ranging.

Ultimately our goal is to improve health outcomes by educating everyone on risk factors, encouraging them to “know their numbers” for early detection and potential treatment, and saving lives in maternal, prenatal and infant care. Public health is indeed public wealth. The longer and healthier Mississippians live, the more productive our workforce and economy will be.

We are transforming our operations to align with a business model to ensure we are spending state and federal funds with fiscal responsibility and accountability to provide evidence-based data to prove a positive return on investment.

I encourage you to take time and really dive into this annual report, which showcases the tremendous work being done by our staff around the state. I invite all of you to support our efforts that will lead Mississippi off the bottom of national health rankings to one of, if not the healthiest states in the country.

Sincerely,

Dr. Dan Edney

Daniel P. Edney, M.D., FACP, FASAM

MSDH Executive Director and Mississippi State Health Officer



MISSISSIPPI STATE DEPARTMENT OF HEALTH

MISSISSIPPI STATE BOARD *of* HEALTH MEMBERS

ELAYNE H. ANTHONY, PHD

Madison, MS

Term Expires: June 30, 2025

LEE ANN GRIFFIN, PHARM.D.

Jackson, MS

Term Expires: June 30, 2027

FREDERICK BARNETT CARLTON, JR., MD

Oxford, MS

Term Expires: June 30, 2027

LUCIUS M. LAMPTON, MD, FAFAP

Magnolia, MS

Term Expires: June 30, 2025

JAMES P. "PAT" CHANEY, MD

Amory, MS

Term Expires: June 30, 2027

ROBERT "BOBBY" J. MOODY

Louisville, MS

Term Expires: June 30, 2025

JOHN DAVIS IV, MD

Flowood, MS

Term Expires: June 30, 2029

JIM PERRY

Jackson, MS

Term Expires: June 30, 2025

BETH EDMISTON, PT

Ocean Springs, MS

Term Expires: June 30, 2029

THAD WAITES, MD, MACC

Hattiesburg, MS

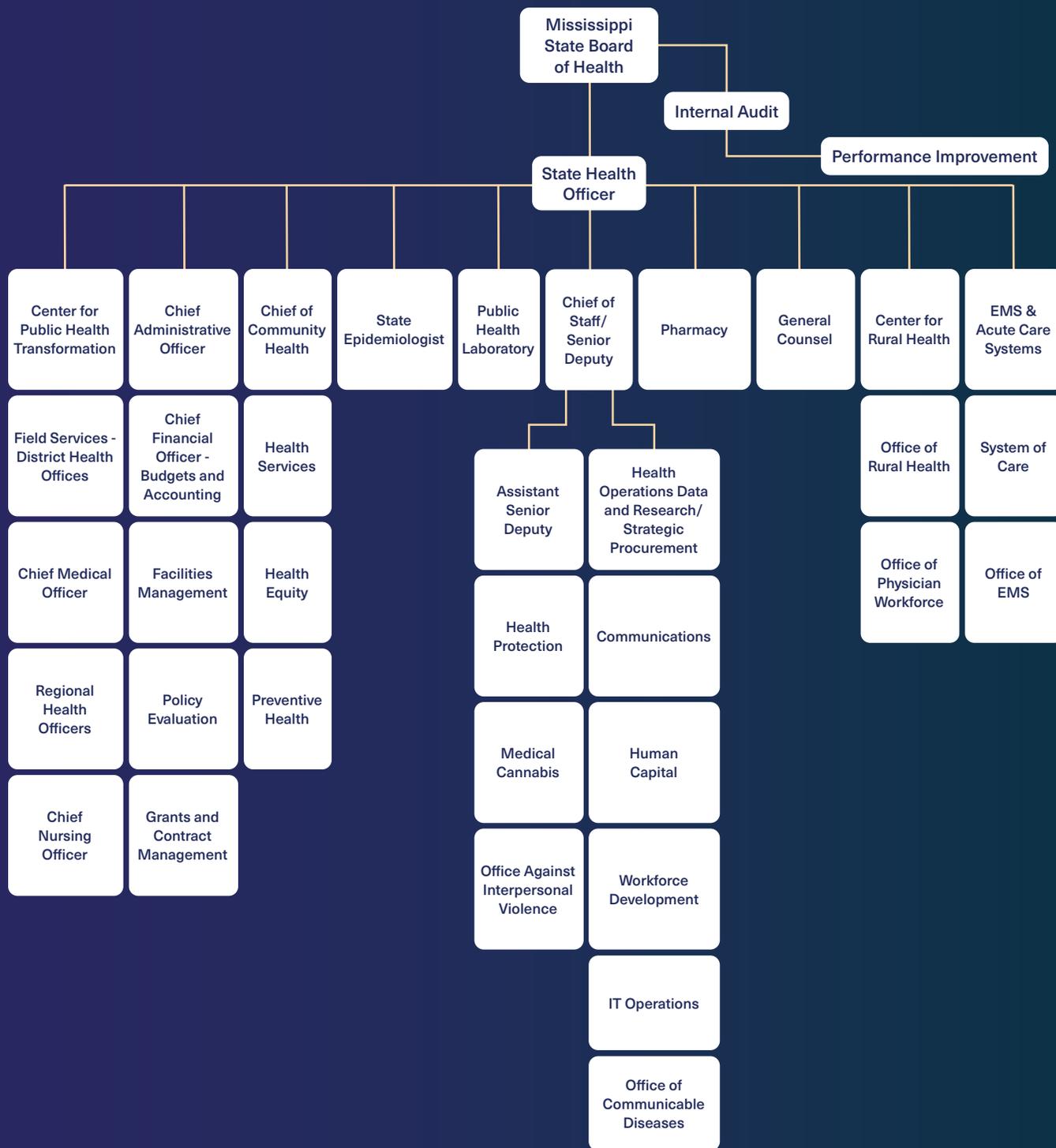
Term Expires: June 30, 2027

GENE BENNETT (BENNY) HUBBARD, JR.

Magee, MS

Term Expires: June 30, 2029

MSDH FUNCTIONAL ORGANIZATIONAL CHART



Approved March 2024

PUBLIC HEALTH REGIONS

NORTHERN PUBLIC HEALTH REGION

532 South Church St.
Tupelo, MS 38804
Phone: (662) 841-9015

DELTA PUBLIC HEALTH REGION

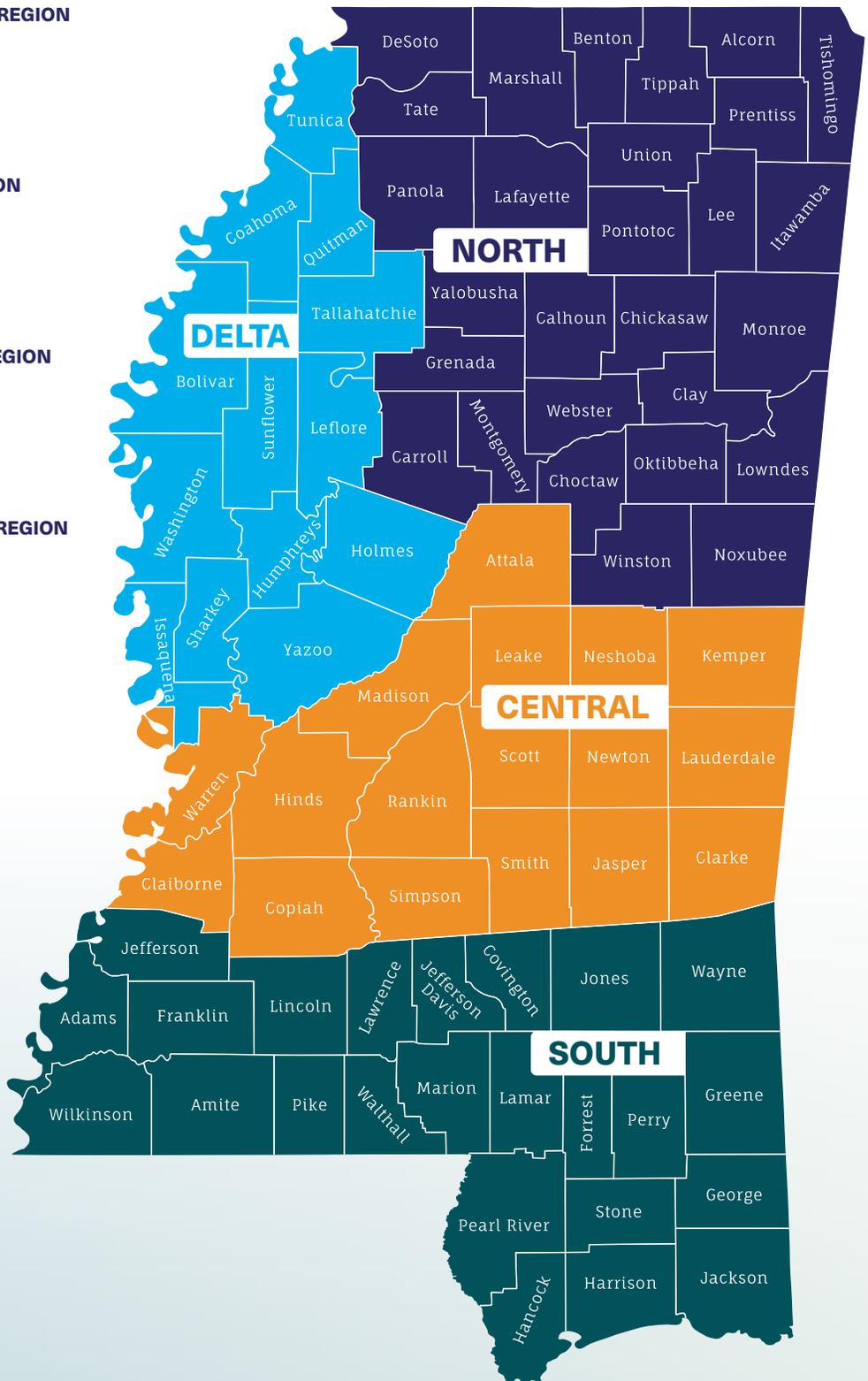
1633 Hospital Street
Greenville, MS 38703
Phone: (662) 332-8177

CENTRAL PUBLIC HEALTH REGION

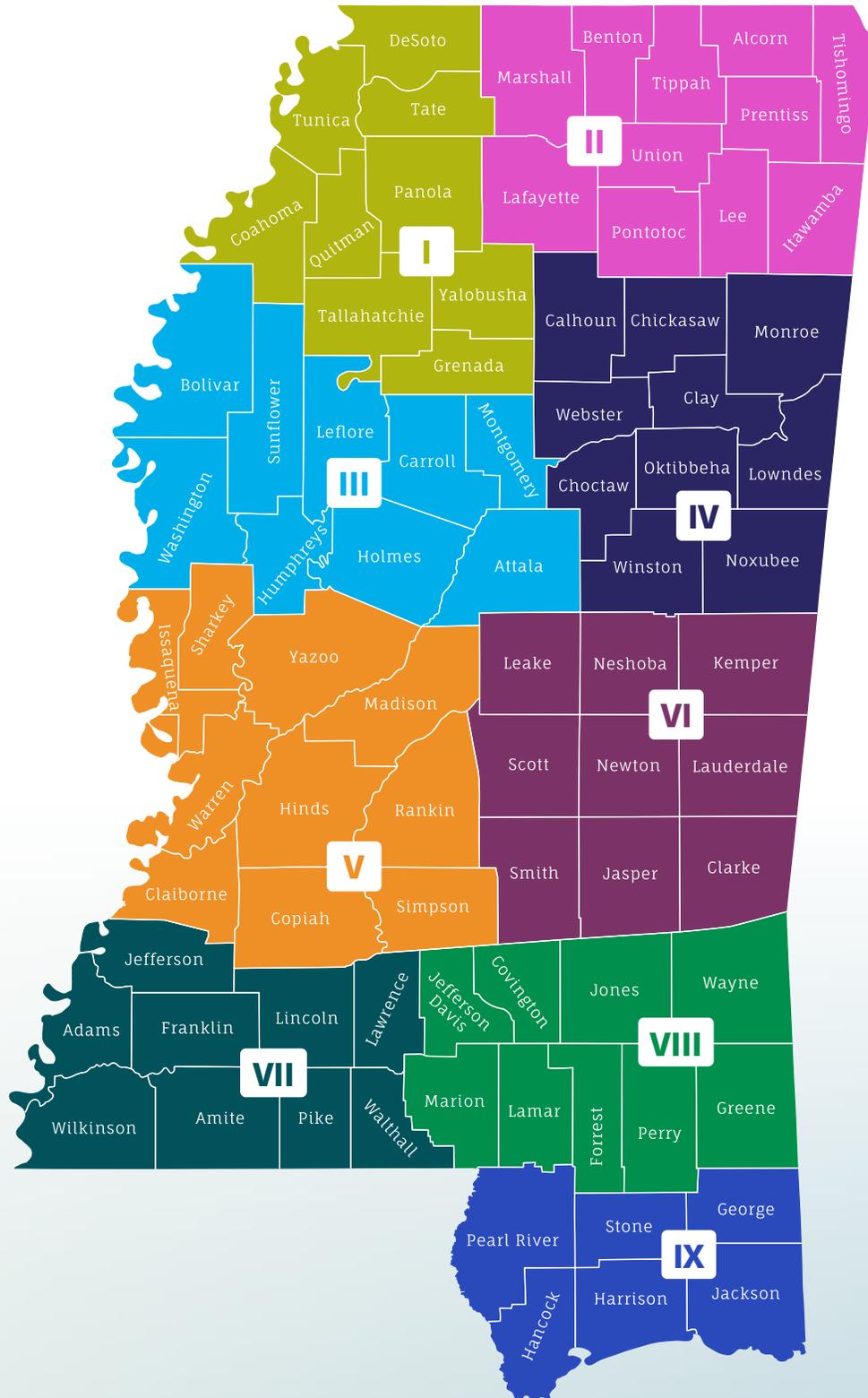
4800 McWillie Circle
Jackson, MS 39206
Phone: (601) 981-2304

SOUTHERN PUBLIC HEALTH REGION

208 West Pine St, Suite 100
Hattiesburg, MS 39401
Phone: (601) 584-4174



PUBLIC HEALTH DISTRICTS



MSDH ADMINISTRATION

STATE HEALTH OFFICER

Dr. Daniel Edney (601) 206-1540

CHIEF OF STAFF / SENIOR DEPUTY

Kris Adcock (601) 206-1540

CHIEF ADMINISTRATIVE OFFICER / CHIEF FINANCIAL OFFICER

Sharon Dowdy, CPA 601) 576-7359

CHIEF OF COMMUNITY HEALTH AND CLINICAL SERVICES

Victor Sutton, Ph.D. (601) 206-1559

STATE EPIDEMIOLOGIST

Dr. Renia Dotson (601) 576-7725

CHIEF MEDICAL OFFICER

Dr. Justin Turner (601) 576-7634

CHIEF OF PHARMACY

Meg Pearson, Pharm. D. (601) 713-3457

PUBLIC HEALTH LABORATORY DIRECTOR

Daphne Ware, Ph.D. (601) 576-7582

ACUTE CARE SYSTEMS DIRECTOR

Teresa Windham (601) 933-2445

GENERAL COUNSEL

Christin Williams (601) 576-7419

CENTER FOR PUBLIC HEALTH TRANSFORMATION DIRECTOR

Dr. Renia Dotson 601-576-7943

CENTER FOR RURAL HEALTH DIRECTOR

Jennifer Gholson, MD (601) 576-7874

INTERNAL AUDITOR

Wayne Jerome (601) 576-7903

ASSISTANT SENIOR DEPUTY

Melissa Parker (601) 576-7633

COMMUNICATIONS

Lauren Hegwood, Director (601) 576-7667

EXTERNAL AFFAIRS/MEDIA RELATIONS

Greg Flynn (601) 576-7667

HEALTH DATA, OPERATIONS & RESEARCH

Dorothy K. Young, Ph.D. (601) 576-7954

HUMAN CAPITAL

Vicki Dodd (601) 576-7642

HEALTH INFORMATICS TECHNOLOGY

Kane Tomlin 601) 576-7467

HEALTH PROTECTION

Marshall Horn (601) 576-7680

MEDICAL CANNABIS

Laura Goodson (601) 206-1540

INTERPERSONAL VIOLENCE

Joy Jones (601) 206-1543

GOVERNMENTAL AFFAIRS

Logan Dillon (601) 576-7634

HEALTH ADMINISTRATION

CHIEF ADMINISTRATIVE OFFICER

Sharon Dowdy, CPA (601) 576-7359

FINANCIAL MANAGEMENT

Geeta Foreman (601) 576-7544

SUPPORT SERVICES (PURCHASING/AP)

Jennifer Dotson (601) 576-7635

REVENUE CYCLE

Miranda Hillman (601) 576-7886

HEALTH DATA, OPERATIONS AND RESEARCH

CHIEF HDOR OFFICER

Dorothy K. Young, PhD (601) 576-7954

DATA GOVERNANCE

David Trewolla (601) 576-7855

DATA MODERNIZATION

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EPIC AND TELEHEALTH

Christina Graham (601) 576-7085

OFFICE OF STRATEGIC PROCUREMENT

Dorothy K. Young, Ph.D. (601) 576-7954
or Procurement@msdh.ms.gov

REVENUE CYCLE

Miranda Hillman (601) 576-7886

VITAL RECORDS AND STATISTICS

Judy Moulder (601) 206-8265

MSDH ADMINISTRATION

COMMUNITY HEALTH AND CLINICAL SERVICES

CHIEF OF COMMUNITY HEALTH

Victor Sutton, Ph.D. (601) 576-7634

FIELD SERVICES

David Caulfield (601) 576-7634

CHIEF NURSING OFFICER

Katherine Farrington, RN (601) 576-7907

PREVENTIVE HEALTH

Cassandra Brown (601) 206-1559

HEALTH EQUITY

Nikki Johnson, Dr.P.H. (601) 206-1050

HEALTH SERVICES

AnnaLyn Whitt, DHA (601) 576-7472

WIC (SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS & CHILDREN)

Jameshya Ballard, Ph.D. (601) 991-6000

REGIONAL HEALTH OFFICERS

NORTHERN REGION

Dr. Crystal L. Tate (662) 841-9015

DELTA REGION

Dr. Renia Dotson

CENTRAL REGION

Dr. Justin Turner (601) 981-2304

SOUTHERN REGION

Dr. Christy S. Barnett (601) 584-4174

EPIDEMIOLOGY

STATE EPIDEMIOLOGIST

Dr. Renia Dotson (601) 576-7725

EPIDEMIOLOGY

Theresa Kittle (601) 576-7725

STD/HIV

Dr. Rajinder Khanna (601) 576-7723

TUBERCULOSIS

Donald Franklin (601) 576-7700

COMMUNICABLE DISEASES

COMMUNICABLE DISEASES

Kendra Johnson, MPH (601) 576-7725

IMMUNIZATION

Amanda Netadj (601) 576-7751

RYAN WHITE PROGRAM

VaLencia Evans 601-362-4879

PUBLIC HEALTH PHARMACY

DIRECTOR

Meg Pearson, Pharm. D. (601) 713-3457

OPIOID AND SUBSTANCE USE DISORDER PROGRAM

Jon Hubanks

PUBLIC HEALTH LABORATORY

DIRECTOR

Daphne Ware, Ph.D. (601) 576-7582

EMS AND ACUTE CARE SYSTEMS

EMERGENCY MEDICAL SERVICES

Teresa Windham (601) 933-2445

ACUTE CARE SYSTEMS

Teresa Windham (601) 933-2445

CHANGES *in* REGULATIONS FISCAL YEAR 2024

JULY 2023

- ~ Final Adoption of Modifications to the Rules and Regulations Governing Reportable Diseases and Conditions
- ~ Final Adoption of Modifications to the Minimum Standards of Operations for County Health Departments

OCTOBER 2023

- ~ Final Adoption of Amendments to the Certificate of Need (CON) Review Manual
- ~ Final Adoption of Changes to SARS-CoV-2 Reporting Requirements in the Rules and Regulations Governing Reportable Diseases and Conditions Required in Mississippi
- ~ Final Adoption of Amendments to the Minimum Standards for Personal Care Homes Assisted Living
- ~ Final Adoption of Amendments to the Minimum Standards for Personal Care Homes Residential Living
- ~ Final Adoption of Amendments to the Minimum Standards of Operation for Mississippi Hospitals
- ~ Final Adoption of Amendments to the Rules Governing the Mississippi Healthcare Data Registry System
- ~ Final Adoption of Amendments to the Regulations Governing the Registration of Individuals Performing Tattooing and Individuals Performing Body Piercing
- ~ Final Adoption of Amendments to the Regulations of Licensure of Speech Language Pathologists and Audiologists
- ~ Final Adoption of Amendments to the Administrative Regulations MS Medical Cannabis Program

JANUARY 2024

- ~ Final Adoption of Amendments to the Mississippi Hospital Sustainability Grant Program Regulations

APRIL 2024

- ~ Final Adoption of Modifications to 15 Miss. Admin. Code Pt 2, Subpt. 11, R.1.17.12 Related to the National Erythromycin Shortage Impacting Neonatal Ocular Prophylaxis
- ~ Final Adoption of Modifications to Title 15: MSDH: Part 4 Office of Health Services: Subpart 1 Bureau of Genetics

CHANGES *in* STATE LAW

LEGISLATIVE UPDATES *for the* 2024

MISSISSIPPI LEGISLATIVE SESSION

HB 313

~

An Act to merge the State Board of Cosmetology and the State Board of Barbering into the State Board of Cosmetology and Barbering.

HB 315

~

To amend sections 25-15-13, 37-13-91, 37-23-63, 41-4-18, 41-7-173, 41-7-191, 43-7-61 and 43-18-1, Mississippi Code of 1972, to modernize the terminology that is used in State Statutes to refer to persons with an intellectual disability.

HB 317

~

An Act to provide that the State Department of Health shall design and cause to be constructed and maintained an emergency medical services memorial to honor those emergency medical services personnel who have given their lives.

HB 539

~

To provide that pregnant women shall be deemed to be presumptively eligible for ambulatory prenatal care under Medicaid for up to 60 days.

HB 728

~

An Act to be known as the Defending Affordable Prescription Drug Costs Act.

HB 760

~

To extend the date by which the State Department of Health may award grants to Mississippi Qualified Health Centers for purposes of increasing access to services for uninsured and medically indigent patients.

HB 764

~

To reenact sections 41-3-1.1, 41-3-3, 41-3-4, 41-3-5.1, 41-3-6, 41-3-15, 41-3-16, 41-3-17, 41-3-18 and 41-3-19, which create the State Board of Health, its Executive Officer, and prescribe its powers and duties.

HB 1037

~

To revise the process for state agencies to avoid or limit the need for any additional, deficit or supplemental appropriations.

HB 1068

~

To add the death of any person under the age of eighteen to the list of deaths categorized as "affecting public interest".

HB 1129

~

To transfer the Office of Mississippi Physician Workforce from the University of Mississippi Medical Center to the State Department of Health.

HB 1137

~

To define the term "community organization".

HB 1213

~

An Act to create the "Living Donor Protection Act".

HB 1489

An Act to be known as the Mississippi Triage, Treat and Transport to Alternative Destination Act.

HB 1685

~

To include seven substances as schedule I controlled substances because these drugs have no legitimate medical use and have a high potency with great potential to cause harm.

HB 1796

~

An Act making an appropriation for the purpose of defraying the expenses of the State Department of Health for the fiscal year 2025.

CHANGES *in* STATE LAW

LEGISLATIVE UPDATES *for the* 2024

MISSISSIPPI LEGISLATIVE SESSION

HB 1830

~

An Act making an additional appropriation of capital expense funds and special funds for fiscal years 2024 and 2025 to defray the expenses of the Mississippi State Board of Dental Examiners, MEMA, MDA, Sec. of State, wireless communication, Health Dept.

HB 1951

~

An Act making an additional appropriation to the State Department of Health for the purpose of funding the ARPA Rural Water Associations Infrastructure Grant Program for the period beginning upon the passage of this act and ending June 30, 2025.

SB 2072

~

To revise the circumstances and criteria under which a physical therapist may implement physical therapy treatment without a referral from another health care provider.

SB 2140

~

An Act to enact the Mississippi prior authorization reform act.

SB 2170

~

An Act making an additional appropriation of capital expense funds to the Department of Health for the purpose of funding disbursements to Mississippi hospitals for the fiscal year 2024.

SB 2340

~

To extend the date of the repealer on Harper Grace's law, which authorizes research and the dispensing, possession and use of cannabidiol (CBD oil) for medical purposes.

SB 2727

~

An Act to establish the Mississippi k-12 and post-secondary mental health task force drawing on available data to determine challenges in Mississippi as it relates to the mental health of students.

SB 2857

~

To provide additional authorizations and requirements related to performing background checks as part of the medical cannabis act.

SB 2862

~

To provide that the state board of health may collect licensing and administration fees for certain radiological health services in congruence with federal regulations.

SB 2873

~

To provide medical records retention requirements for hospitals, physicians and dentists.

SB 2888

~

An Act to create the Center for Mississippi Medical Cannabis Research at the National Center for Cannabis Research and Education at the University of Mississippi.

SB 3059

~

An Act to provide an additional appropriation of capital expense funds, and special funds to defray the expenses of the State Board of Cosmetology, State Board of Dental Examiners, Department of Health, Wireless Communications Commission for FY 24/25.

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PUBLIC HEALTH INDICATORS

MISSISSIPPI HEALTH STATISTICS

2023 MISSISSIPPI VITAL STATISTICS

OFFICE/PROGRAM ACTIVITIES

In-state Occurrences	Number
Births	33,310
Deaths	34,040
Marriages	16,226
Divorces	8,444
Fetal Deaths	334
Induced Terminations	5
Adoptions	1,437
Certified copies of records/certificates issued	476,447

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics

INFANT MORTALITY BY RACE IN MISSISSIPPI, 2014-2023

U.S. INFANT MORTALITY RATE (2022): 5.6 PER 1,000 BIRTHS

MISSISSIPPI RANK IN 50 STATES (2022): 50TH

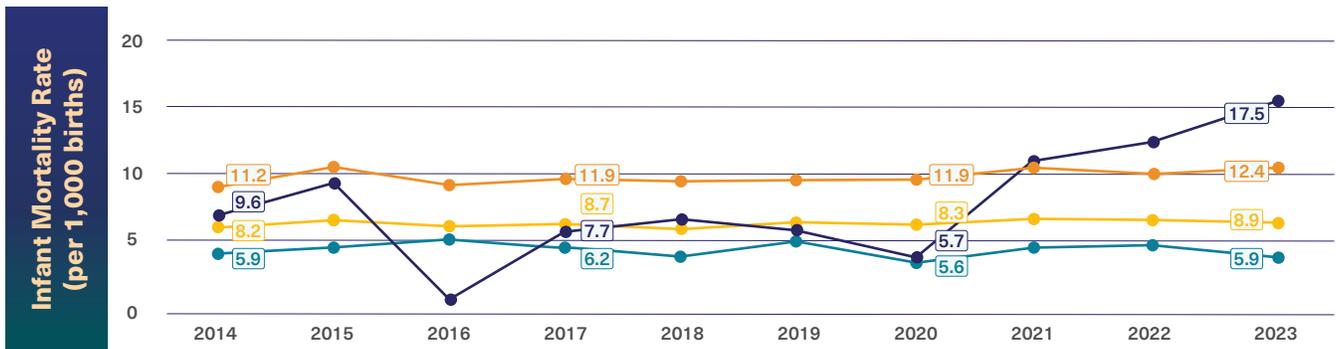
Year	Infant Death Count				Infant Mortality Rate (per 1,000 births)			
	Black	White	Other	Total	Black	White	Other	Total
2014	185	125	9	319	11.2	5.9	9.6	8.2
2015	212	131	11	354	13.0	6.2	11.8	9.2
2016	182	142	3	327	11.4	6.8	3.0	8.6
2017	191	126	8	326	11.9	6.2	7.7	8.7
2018	183	120	9	312	11.6	5.9	9.3	8.4
2019	186	128	8	322	11.8	6.4	7.9	8.8
2020	180	107	6	293	11.9	5.6	5.7	8.3
2021	185	128	14	327	12.6	6.6	13.7	9.3
2022	172	131	16	319	12.2	6.7	15.1	9.2
2023	172	115	20	307	12.4	5.9	17.5	8.9

Note: "Other" races include American Indian or Alaska Native, Chinese, Japanese, Hawaiian, Filipino, other Asian or Pacific Islander, or other races than those specified.

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics, CDC WONDER, Centers for Disease Control and Prevention, National Center for Health Statistics

INFANT MORTALITY RATES BY RACE IN MISSISSIPPI, 2014-2023

MISSISSIPPI RESIDENTS, INFANT DEATHS PER 1,000 BIRTHS



Note: "Other" races include American Indian or Alaska Native, Chinese, Japanese, Hawaiian, Filipino, other Asian or Pacific Islander, or other races than those specified.

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics



TEEN BIRTHS BY RACE IN MISSISSIPPI, 2014-2023

U.S. TEEN FERTILITY RATE (2022): 13.6 PER 1,000 FEMALES 15-19

MISSISSIPPI RANK IN 50 STATES (2022): 50TH

Year	Teen Birth Count				Teen Fertility Rate (per 1,000 females 15-19)			
	Black	White	Other	Total	Black	White	Other	Total
2014	2,045	1,730	76	3,851	45.3	32.6	22.6	37.9
2015	1,885	1,577	75	3,537	41.8	29.8	21.3	34.8
2016	1,697	1,547	82	3,326	37.5	29.1	22.4	32.6
2017	1,636	1,423	78	3,137	36.7	26.9	20.7	31.0
2018	1,463	1,282	64	2,809	33.0	24.3	16.7	27.8
2019	1,481	1,313	75	2,869	34.5	25.4	18.8	29.1
2020	1,440	1,197	74	2,711	34.3	23.3	18.3	27.9
2021	1,329	1,148	69	2,546	31.1	21.9	16.2	25.6
2022	1,370	1,222	91	2,683	31.6	22.8	20.1	26.4
2023	1,320	1,189	87	2,596	29.5	21.7	18.5	24.9

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics, CDC WONDER, Centers for Disease Control and Prevention, National Center for Health Statistics

LEADING CAUSES OF DEATH, COUNTS BY YEAR, 2014-2023

Count					
Year	Heart Diseases	Malignant Neoplasms	Accidents	Emphysema and Other Chronic Lower Respiratory Diseases	Cerebrovascular Disease
2014	7,539	6,530	1,717	1,738	1,587
2015	7,965	6,490	1,799	1,926	1,733
2016	7,876	6,569	1,801	2,118	1,705
2017	7,936	6,528	1,718	2,037	1,717
2018	7,753	6,513	1,699	2,134	1,804
2019	7,993	6,586	1,892	2,079	1,851
2020	8,810	6,585	2,212	2,198	1,948
2021	8,841	6,619	2,436	2,131	1,982
2022	8,864	6,668	2,371	2,214	1,943
2023	8,442	6,525	2,371	2,101	1,847

Note: Causes of death include the following ICD-10 underlying cause of death codes: I00-I09, I11, I13, I20-I51 (heart diseases); C00-C97 (malignant neoplasms); I60-I69 (cerebrovascular diseases); V01-X59, Y85, Y86 (accidents); J40-J47 (emphysema and other chronic lower respiratory diseases).

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics

LEADING CAUSES OF DEATH, MORTALITY RATES, 2014-2023

Rates per 100,000					
Year	Heart Diseases	Malignant Neoplasms	Accidents	Emphysema and Other Chronic Lower Respiratory Diseases	Cerebrovascular Disease
2014	251.8	218.1	57.3	58.0	53.0
2015	266.2	216.9	60.1	64.4	57.9
2016	263.5	219.8	60.3	70.9	57.0
2017	265.9	218.8	57.6	68.3	57.5
2018	259.6	218.1	56.9	71.5	60.4
2019	268.6	221.3	63.6	69.9	62.2
2020	297.0	222.0	74.6	74.1	65.7
2021	299.7	224.4	82.6	72.2	67.2
2022	301.5	226.8	80.6	75.3	66.1
2023	287.2	222.0	80.7	71.5	62.8

Note: Causes of death include the following ICD-10 underlying cause of death codes: I00-I09, I11, I13, I20-I51 (heart diseases); C00-C97 (malignant neoplasms); I60-I69 (cerebrovascular diseases); V01-X59, Y85, Y86 (accidents); J40-J47 (emphysema and other chronic lower respiratory diseases).

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics

LEADING CAUSES OF DEATH, U.S. RATE AND RANK IN 50 STATES (2022)

1=Best / 50=Worst					
U.S. Rank/ Rate (2022)	Heart Diseases	Malignant Neoplasms	Accidents	Emphysema and Other Chronic Lower Respiratory Diseases	Cerebrovascular Disease
MS Rank in 50 States (2022)	48	45	36	47	48
U.S. Rate (2022)	210.9	182.5	68.1	44.2	49.6

Note: Causes of death include the following ICD-10 underlying cause of death codes: I00-I09, I11, I13, I20-I51 (heart diseases); C00-C97 (malignant neoplasms); I60-I69 (cerebrovascular diseases); V01-X59, Y85, Y86 (accidents); J40-J47 (emphysema and other chronic lower respiratory diseases).

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics, CDC WONDER, Centers for Disease Control and Prevention, National Center for Health Statistics

LEADING CAUSES OF YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75

The table below includes the Years of Potential Life (YPLL) as the cumulative year difference between the age of death and age 75 for all deaths attributed to each cause.

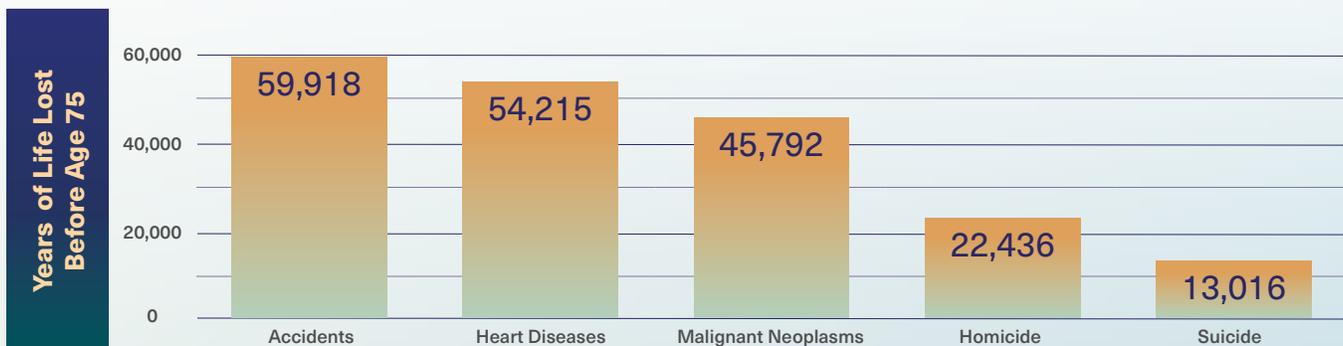
Years Lost Before Age 75					
Year	Accidents	Heart Diseases	Malignant Neoplasms	Homicide	Suicide
2014	45,405	52,533	56,828	13,370	11,006
2015	47,445	52,780	53,031	11,840	12,336
2016	45,842	52,057	54,582	14,302	11,496
2017	42,572	51,992	51,711	13,974	13,153
2018	41,503	50,529	51,301	15,279	12,052
2019	46,214	53,656	50,675	17,745	12,754
2020	58,985	60,508	50,682	23,330	12,334
2021	65,523	62,594	51,128	27,033	14,162
2022	61,008	60,287	50,116	23,779	11,882
2023	59,918	54,215	45,792	22,436	13,016

Note: Causes of death include the following ICD-10 underlying cause of death codes: I00-I09, I11, I13, I20-I51 (heart diseases); C00-C97 (malignant neoplasms); U03, X60-X84, Y87.0 (suicide); V01-X59, Y85, Y86 (accidents); X85-Y09, Y87.1 (homicide).

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics

LEADING CAUSES OF POTENTIAL LIFE LOST BEFORE AGE 75

The table below includes the Years of Potential Life (YPLL) as the cumulative year difference between the age of death and age 75 for all deaths attributed to each cause.



Note: Causes of death include the following ICD-10 underlying cause of death codes: I00-I09, I11, I13, I20-I51 (heart diseases); C00-C97 (malignant neoplasms); U03, X60-X84, Y87.0 (suicide); V01-X59, Y85, Y86 (accidents); X85-Y09, Y87.1 (homicide).

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics

STATUS OF SELECTED HEALTH INDICATORS, 2013-2022

Year	Infant Mortality Rate ¹	Heart Disease Mortality Rate ²	Teen (15-19) Fertility Rate ³
2013	9.7	258.1	42.6
2014	8.2	251.8	37.9
2015	9.2	266.2	34.8
2016	8.6	263.5	32.6
2017	8.7	265.9	31.0
2018	8.4	259.6	27.8
2019	8.8	268.6	29.1
2020	8.3	297.0	27.9
2021	9.3	299.7	25.6
2022	9.2	301.5	26.4
U.S. Rate (year)	5.6 (2022)	210.9 (2022)	13.6 (2022)
MS Rank ⁴	50	48	50

¹ Infant deaths per 1,000 live births

² Deaths per 100,000 population

³ Births among 15–19-year-olds per 1,000 females 15-19

⁴ Rank: 1=best/50=worst

Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics

STATUS OF SELECTED PREVALENCE INDICATORS FOR MISSISSIPPI, 2013-2023

Year	Obesity Prevalence Rate ¹	Diabetes Prevalence Rate ¹	Self-Reported Fair or Poor Health Status Prevalence Rate ¹
2013	35.2	12.9	24.4
2014	35.5	13.0	22.1
2015	35.6	14.8	23.6
2016	37.4	13.7	23.2
2017	37.5	14.4	25.3
2018	39.5	14.3	23.3
2019	40.8	14.8	23.6
2020	39.7	14.6	19.9
2021	39.1	15.2	22.5
2022	39.5	15.3	24.6
2023	40.1	17.0	24.4
U.S. Rate (year) ²	34.3 (2023)	11.5 (2023)	18.2 (2023)
MS Rank ³	48 out of 49	48 out of 49	47 out of 49

¹ Percent ² Median, all states (except KY and PA) and DC

³ Rank: 1=best/49=worst (KY and PA data not included in 2023 BRFSS national data set)

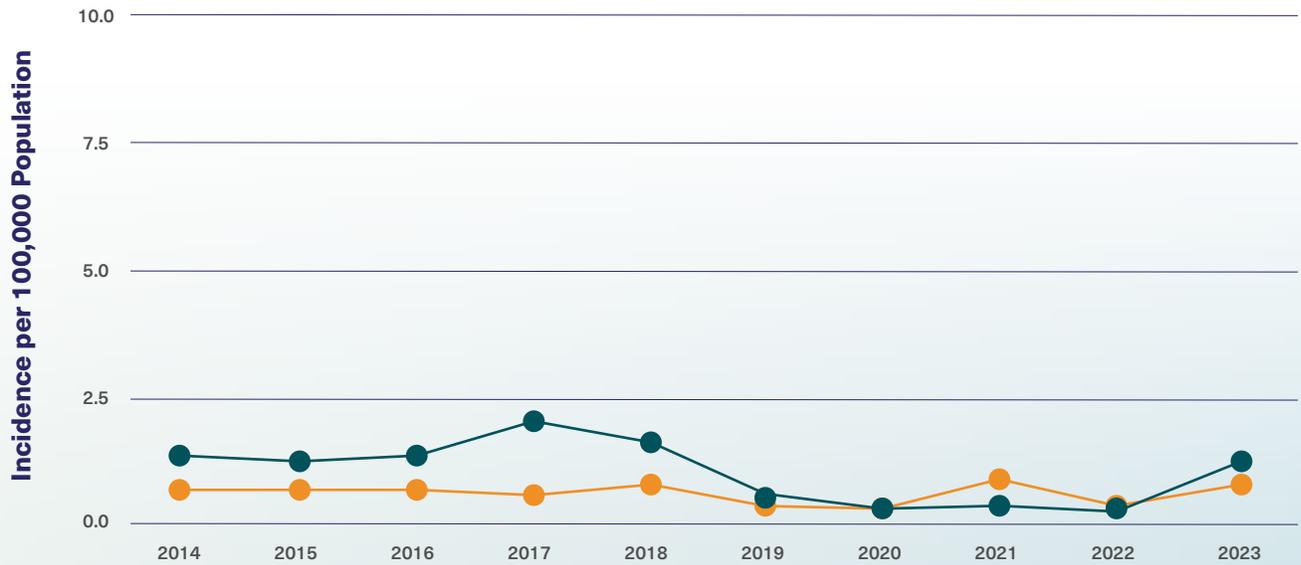
Source: Mississippi State Department of Health, Office of Vital Records and Public Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS)

TUBERCULOSIS RATES BY YEAR, US AND MS 2014-2023



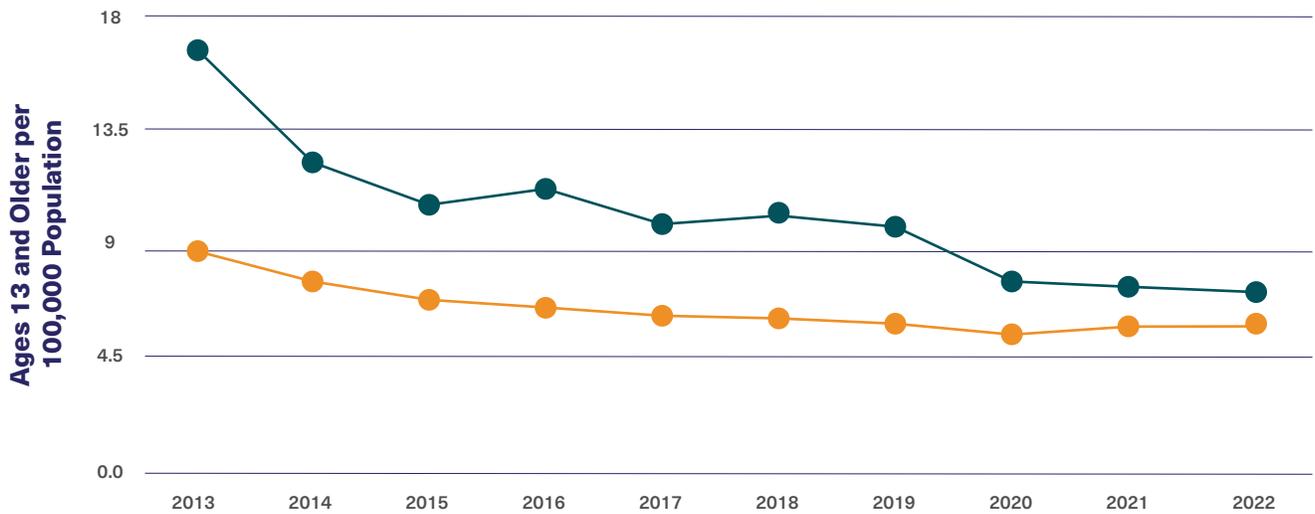
U.S. Rates	2.9	3.0	2.9	2.8	2.8	2.7	2.2	2.4	2.5	2.9
MS Rates	2.5	2.4	2	1.8	2.7	1.9	1.4	1.5	1.8	1.4

WEST NILE VIRUS RATES BY YEAR, US AND MS 2014-2023



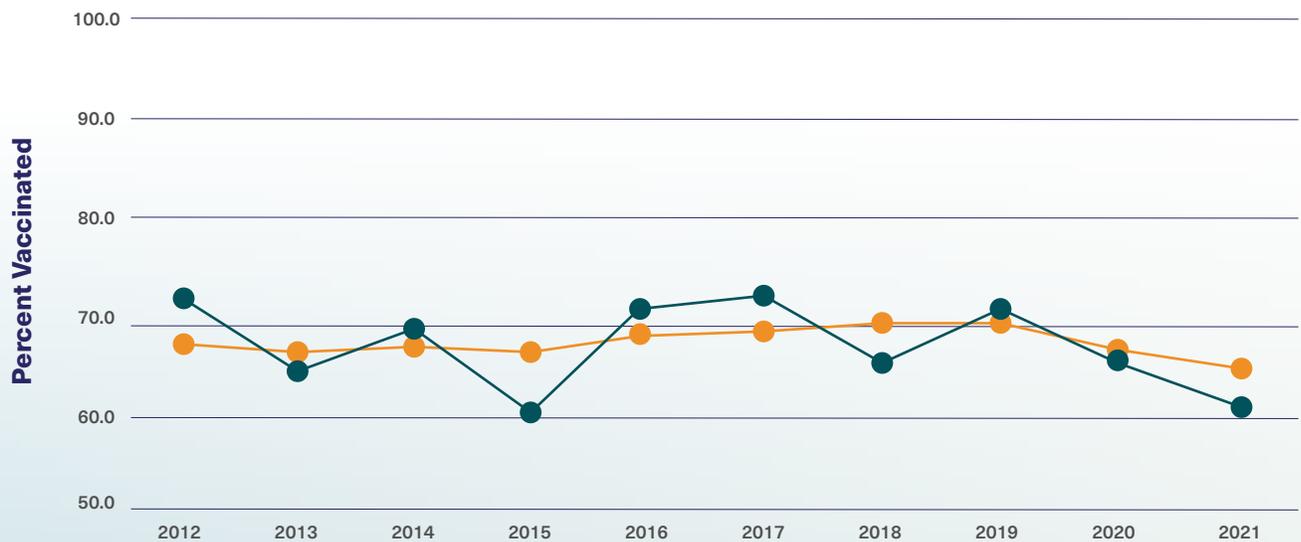
U.S. Rates	0.7	0.7	0.7	0.6	0.8	0.3	0.2	0.9	0.3	0.8
MS Rates	1.4	1.3	1.4	2.1	1.7	0.5	0.2	0.3	0.2	1.3

AIDS RATES BY YEAR, UNITED STATES AND MISSISSIPPI, 2013-2022



U.S. Rates	9	7.3	6.9	6.8	6.5	6.2	6	5.1	5.7	5.9
MS Rates	16.2	12.2	10.8	11	9.8	10.5	9.6	7.5	7	6.6

VACCINATION COVERAGE RATE BY AGE 24 MONTHS*, BY BIRTH YEAR, MISSISSIPPI AND UNITED STATES, 2012-2021



U.S. Rates	69.0	68.3	68.5	68.3	69.7	69.8	70.1	70.1	67.8	66.1
MS Rates	72.0	65.6	69.9	60.8	71.1	72.3	67.4	71.0	67.5	61.8

CDC National Immunization Survey. CDC has transitioned to reporting NIS-Child data by birth year rather than survey year. This survey data is for children born 2012-2021 (2021 preliminary) were surveyed between 2013-2023.

* 4+ DTaP, 3+ polio, 1+ MMR, 3 or 4 doses Hib, depending on vaccine type, 3+ HepB, 1+ varicella, and 4+ PCV.

The background is a solid teal color with several large, overlapping, organic shapes in a slightly darker shade of teal. These shapes resemble stylized human profiles or abstract forms, creating a layered, textured effect.

PHARMACY



PHARMACY PROGRAM DESCRIPTIONS *and* OVERVIEW

WORKFLOW AND OPERATIONS

The MSDH Pharmacy is permitted through the Mississippi Board of Pharmacy as a limited closed-door pharmacy. Medications supplied from the MSDH Pharmacy meet the needs of clients enrolled in specific programs offered through public health including the AIDS Drug Assistance Program (ADAP), Breast Cancer Program, Disease Outbreak, Medications for Substance Use Disorder (MSUD), Reproductive Health and Tuberculosis Program. The MSDH Pharmacy is also a fully operational warehouse. Supply orders are received daily from county health departments (CHDs) to service several programs including Child Health, Emergency Kits, HIV prevention, Immunizations, MSUD, Reproductive Health and Sexually Transmitted diseases (STD), and Tuberculosis. Currently, the MSDH pharmacy processes approximately 10,300

prescriptions and supply orders monthly. The pharmacy staff is also responsible for formulary management, procurement, third party reimbursement, and inventory control for medications and supplies.

REGIONAL CONSULTANT PHARMACISTS

The MSDH Pharmacy has established a team of six Regional Consultant Pharmacists who conduct regular visits to each county health department (CHD) throughout the state. **The responsibilities of this team include:**

- ~ Complete inventory control processes within each assigned CHD twice monthly.
- ~ Complete self-audits for each CHD and the MSDH Pharmacy for 340B compliance within each of the MSDH 340B program areas.

- ~ Conduct self-audits for CHDs and the MSDH Pharmacy to ensure compliance with MSDH Policies and Procedures and applicable federal and state laws and to ensure program integrity.
- ~ As applicable, conduct ad hoc training of CHD staff on data entry into EPIC.

Additional duties assumed by the Regional Consultant Pharmacist team in fiscal year 2024 included:

- ~ Supported CHDs with Reproductive Health product inventory, assisted with new billing and distribution processes for long-acting contraceptives, and reallocated family planning medications and supplies to reduce waste and promote sustainability.
- ~ Promoted the implementation of a clinical-based telehealth model across multiple program areas. This included providing comprehensive hands-on training and continuous support in CHDs and coordination with the Office of Health Information and Technology (OHIT) to troubleshoot and correct technology related issues to improve access to care and expand the reach of our healthcare services.

health insurance for eligible clients, and (2) provide services that improve access to, adherence to, and monitoring of drug treatments. Per pharmacy prescription data, ADAP assisted approximately 2,100 clients with medication and provided insurance to roughly 400 clients during fiscal year 2024.

RESIDENCY PROGRAM AND STUDENT EXPERIENTIAL EDUCATION

The MSDH Public Health Pharmacy offers a twelve-month Postgraduate Year One (PGY1) Community-Based Pharmacy Residency Program, accredited by the American Society of Health- System Pharmacists (ASHP) in partnership with the American Pharmacists Association (APhA). The resident is a full-time professional staff member working within an academic curriculum program through the Public Health Pharmacy and various other MSDH programs such as Health Services, Opioid and Substance Use Program, Communicable Disease, Preventive Health, and Strategic Planning and Response. Graduates of this program will have the clinical competence and skills necessary to manage a community and/or public health practice; counsel, educate, and



- ~ Facilitated the expanded roll out of the Medications for Substance Use Disorder (MSUD) program by providing education on program details, coordinating with program staff to streamline appointment processes, and guiding staff through encounters to ensure they were confident and knowledgeable about the process.
- ~ Completed additional projects throughout the year including comprehensive cleanouts of CHDs and development of inventory catalogs for the mobile health unit.

ADAP

The AIDS Drug Assistance Program (ADAP) operates under the Ryan White HIV/AIDS Program (RWHAP) Part B. It provides FDA-approved medications to low-income clients with HIV. These clients have limited or no health insurance. The program can also use funds to: (1) buy

evaluate patients; manage multiple disease states such as HIV, Tuberculosis, Diabetes, Hypertension, Dyslipidemia, etc.; educate pharmacy students; and provide pharmaceutical care services to various multidisciplinary teams and programs. In addition, graduates will be skilled in applying for, leading, managing, and providing deliverables for grants/public health initiatives and be well versed in advocacy and public health policy.

OPIOID AND SUBSTANCE USE PROGRAM

The MSDH Opioid and Substance Use Disorder Program has taken multiple steps to address the epidemic of drug use, such as establishing a comprehensive drug abuse surveillance system, expanding access to naloxone, providing a variety of trainings for healthcare professionals, developing a novel approach to expand access to outpatient opioid use disorder treatment, and

improving public awareness and education on the scope of the drug epidemic. Public health efforts also have led to a significant improvement in drug categorization and accurate reporting on drug categories.

In Fiscal Year 2024, the Medications for Substance Use Disorder (MSUD) program, which offers no-cost treatment for opioid use disorders, demonstrated its commitment to expanding access to healthcare by enrolling 129 new patients in outpatient care services. These patients hailed from 43 counties across the state, showcasing the program's broad geographic reach and its ability to support individuals in diverse communities.

Among the enrolled patients, 62.1% had insurance coverage, ensuring their medical needs were addressed through existing health plans. However, 37.9% of the patients lacked financial resources or health insurance to cover their treatment costs. For these individuals, the MSUD program acted as a vital safety net, providing free treatment options that allowed them to access necessary care without facing financial hardship.

By serving both insured and uninsured patients, the MSUD program illustrates its dedication to equitable healthcare delivery, ensuring that vulnerable populations can receive the support they need regardless of their financial circumstances.

During the 2024 legislative session, two opioid-related bills were passed and signed into law. HB1137 expanded access to naloxone by authorizing community organizations and high-risk opioid overdose touchpoints to store, distribute, and administer opioid antagonists. A high-risk opioid overdose touchpoint is defined as a health care entity, public health program, criminal justice system, or hospitality industry that may interact with individuals that are considered high risk of experiencing or witnessing an opioid overdose, deliver harm reduction services, or engage in treatment of substance use disorders. HB1068 requires county medical examiners to enter the information for all deaths and all associated toxicology reports electronically in a manner prescribed by the State Medical Examiner, which improved the MSDH Opioid & Substance Use Program's overdose death surveillance and reporting.

NALOXONE DISTRIBUTION

The MSDH Pharmacy continued to provide an innovative approach to provide individuals with naloxone to increase accessibility and availability of this life-saving drug throughout Mississippi. Utilizing a REDCap survey on the ODFree.org website, individuals can request naloxone from the MSDH Pharmacy to be shipped directly to their home. These requests are processed using the naloxone statewide standing order. Each naloxone kit contains two doses of naloxone nasal spray and educational materials

that provide information on opioid overdose recognition, opioid overdose emergency management, and naloxone nasal spray administration. By offering these naloxone kits at no cost to Mississippians by mail, we have helped mitigate barriers to access and play an important role in decreasing fatal opioid overdoses. Through social media campaigns, news articles, and word-of-mouth, the number of naloxone kits distributed continues to increase. In FY 2024, a naloxone kit was distributed to every county in Mississippi!

340B

The 340B Drug Pricing Program was created in 1992 under Section 340B of the Public Health Service Act and was designed to help certain safety net providers stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services. MSDH has maintained three 340B Programs: Tuberculosis, Sexually Transmitted Disease, and Ryan White/AIDS Drug Assistance Program. Participation in the 340B Program gives these programs access to purchasing drugs at significantly discounted prices from the average wholesale price (AWP). All 340B savings and revenue are then reinvested back into the program from which they were generated to help sustain and expand the program.



PHARMACY SERVICES

MSDH Pharmacy offers specialty pharmacy services with a goal to provide exceptional personalized care and increased access to generate healthier outcomes for Mississippians. There are three focus areas. The first is Medication Therapy Management (MTM) services provided by pharmacists that include patient counseling for medications and disease state education, drug utilization review, and medication adherence counseling and monitoring. The second focus area includes continuous quality improvement and quality assurance. The third area of focus is overall pharmacy performance and is measured by metrics including consumer satisfaction, medication errors, telephone answer rates and speeds, patient adherence measures, and others.

PHARMACY PROGRAM STATISTICS *for* FISCAL YEAR 2024

WORKFLOW AND OPERATIONS

Items on MSDH Pharmacy formulary.....	548
Prescriptions and supply orders processed monthly.....	~ 10,300

PRESCRIPTIONS BROKEN DOWN BY PROGRAM FROM FISCAL YEAR 2024

Total.....	115,841
Tuberculosis.....	5,493
Reproductive Health.....	24,492
Maternal Health.....	279
Disease Outbreak.....	74
Breast Cancer.....	6
AIDS Drug Assistance Program (ADAP).....	77,009
Naloxone kits.....	8,008
Medications for Substance Use Disorder (MSUD).....	751

SUPPLY ORDERS BROKEN DOWN BY PROGRAM FROM FISCAL YEAR 2024

Total.....	8,188
Child health.....	87
Tuberculosis.....	920
Sexually Transmitted Diseases (STD).....	3,949
Immunizations.....	656
Reproductive Health.....	1,301
Emergency kits.....	800

REGIONAL CONSULTANT PHARMACISTS

COUNTY HEALTH DEPARTMENT SITE VISITS CONDUCTED BY REGIONAL PHARMACISTS IN FISCAL YEAR 2024

Total.....	1,259
Northern.....	562
Central.....	372
Southern.....	325

AIDS DRUG ASSISTANCE PROGRAM (ADAP)/ MISSISSIPPI MEDICATION ASSISTANCE PROGRAM (MMAP)

Drugs added to ADAP formulary in Fiscal Year 2024.....	36 (ADAP)
--	-----------

RESIDENCY PROGRAM AND STUDENT EXPERIENTIAL EDUCATION

Postgraduate Year One (PGY1) Residents hosted since resident program inception.....	19
PGY1 Residents hosted in fiscal year 2024.....	4

~ 3 business plans created (1 by each resident)

~ 3 quality improvement projects completed (1 by each resident)

~ 4 IRB approved research projects conducted (1 by each resident)

Pharmacy professional conferences attended by residents and residency program coordinators.....	6
---	---

Presentations of pharmacy continuing education and training resource.....	12
---	----

Poster presentations..... 4 posters at 2 events/conferences

PHARMACY STUDENTS HOSTED FOR EXPERIENTIAL EDUCATION ROTATIONS IN FISCAL YEAR 2024

Total.....	16
------------	----

Public Health Elective Advanced Pharmacy

Practice Experience (APPE).....	12
---------------------------------	----

Public Health Elective Introductory Pharmacy Practice Experience (IPPE).....	4
--	---

Dual Enrolled Doctor of Pharmacy and Master of Public Health Students.....	2
--	---

Pharmacy student projects completed.....	40
--	----

OPIOID AND SUBSTANCE USE PROGRAM

Federal grants secured and ongoing in Fiscal Year 2024.....	5
---	---

TRAININGS PROVIDED TO HEALTHCARE PROFESSIONALS RELATED TO SUBSTANCE USE DISORDERS

Total training sessions provided.....	8
---------------------------------------	---

Healthcare professionals trained.....	378
---------------------------------------	-----

340B

MSDH Programs that are 340B eligible.....	3
---	---

SPECIALTY PHARMACY

Patients who have qualified for Patient Management Program (PMP) services.....	2,496
--	-------

Quality Improvement Projects initiated, ongoing and/or completed in Fiscal Year 2024.....	4
---	---

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PUBLIC HEALTH LABORATORY



PUBLIC HEALTH LABORATORY

The Mississippi Public Health Laboratory (MPHL) is the state's only public health laboratory. The mission of the MPHL is to provide quality and innovative laboratory testing services for the diagnosis, prevention and surveillance of infectious and chronic diseases and environmental contaminants to reduce the incidence of illness and death and to improve the quality of life among Mississippians. The MPHL currently has a 60-member staff that performs approximately 125 different tests on a variety of sample types, from blood and body fluids collected from patients, to drinking water and food. The lab is staffed by highly trained scientists and equipped with state-of-the-art instrumentation that would be unavailable or cost-prohibitive elsewhere. The MPHL is always ready and available to locally respond to novel strains of disease, natural disasters, chemical spills, foodborne outbreaks, and other health emergencies as needed. The lab provides results that monitor and detect health threats ranging from rabies and foodborne illness to antibiotic-resistant bacteria, cases and outbreaks of sexually transmitted infections, influenza, tuberculosis, and arboviruses in

humans and mosquitoes. The facility is a first responder for terrorism events by being a Level 3 chemical terrorist response laboratory and a Laboratory Response Network (LRN) reference laboratory for biological threats. The lab also tests all of the state's drinking water, bottled water, raw milk, and dairy products for bacteriological and chemical agents.



MPHL testing and support functions by service area:

Administration Services	Clinical Services	Environmental Services	Outreach Services	Informatics Services
Logistics	Quality Assurance	Quality Assurance	Lab Training	Laboratory Information System
	Mycobacteriology			
	STI/Immunology			
Records and Data Entry	Special Microbiology	Chemistry Organic	Terrorism Response Coordination	
	Chemistry/Hematology			
Procurement	Molecular Diagnostics	Chemistry Inorganic	Lab Safety	
	Biochemistry			
	Core Sequencing	Environmental Microbiology	Biosafety Outreach	
	Clinical Chemistry			

LABORATORY QUALITY

Laboratorians work diligently and are committed to ensure testing that supports public health. The MPHL is accredited by the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, the U.S. Environmental Protection Agency (EPA), and the U.S Food and Drug Administration (FDA) for all testing performed. To maintain accreditation, the MPHL is inspected by the above federal agencies every two or three years.

DISTRIBUTION OF SPECIMENS RECEIVED AND TESTS PERFORMED AT MPHL

	Environmental	Clinical	Lab Total
Total Samples	62,112	140,893	203,005
Total Tests	223,435	152,851	376,286

MPHL Section	Number
Biochemistry	262
Clinical Chemistry	9,160
Immunology	32,687
Molecular Diagnostics	6,514
Special Microbiology	4,242
Sexually Transmitted Infections	90,825
Mycobacteriology	21,997
Core Sequencing	2,829
Organic Chemistry	34,148
Inorganic Chemistry	37,994
Environmental Microbiology	109,030

INFECTIOUS DISEASE SURVEILLANCE

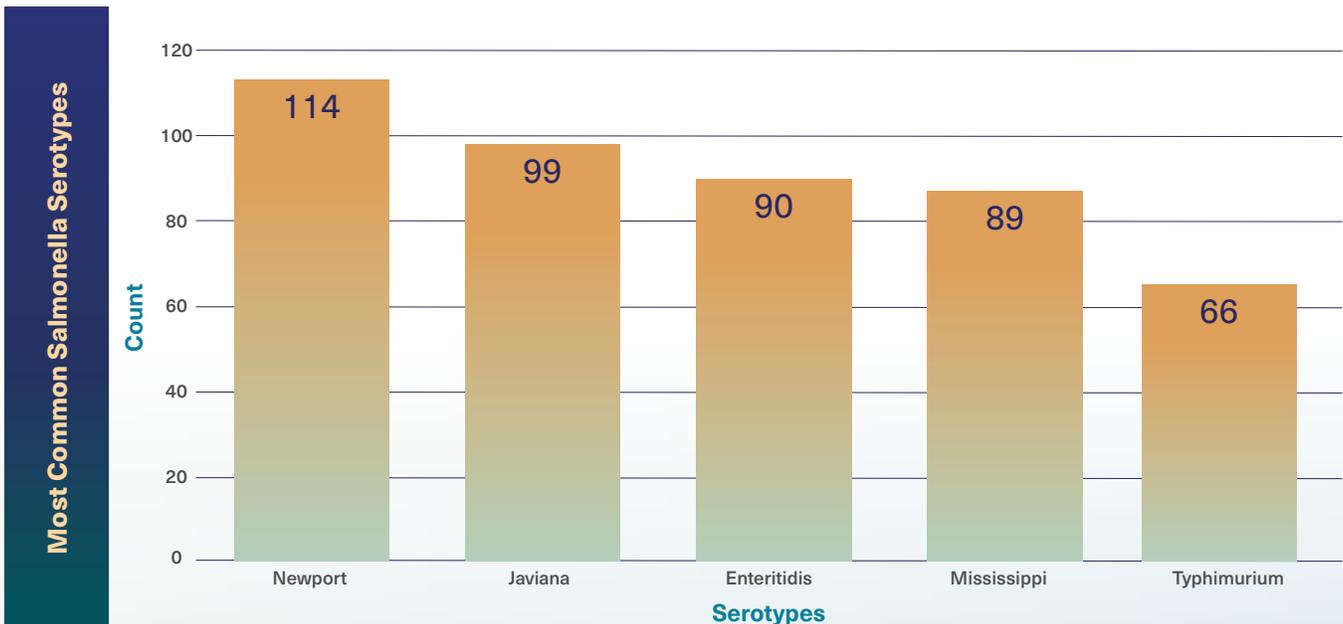
The MPHLS serves as the state’s representative in the following national laboratory surveillance networks:

- ~ Pulse Net - a national laboratory foodborne illness surveillance network
- ~ AR Lab Network - a national laboratory network to rapidly detect antimicrobial resistance and inform local responses to prevent spread and protect people.

The MPHLS received 1046 total specimens for the AR Lab Network and 697 total specimens for Pulse Net. All specimens were tested using general microbiological and molecular methods. The MPHLS further characterized the specimens to the right by using whole genomic sequencing to identify outbreak clusters and new resistance mechanisms.

Organism	Total Number Sequenced
Salmonella	655
E.coli 0157	7
E.coli non-0157	15
Shigella	9
Listeria	1
AR bacteria	287

Out of 655 Salmonella isolates sequenced, 21 were identified as associated with national outbreaks. In total, 9 unique national outbreak codes were assigned to samples in Mississippi by PulseNet, a national system for enteric disease outbreaks surveillance. PulseNet also identifies strains of interest which are suspected to be “reoccurring, emerging or persistent” (REP) and assigns REP codes to these isolates. 4 unique REP codes were assigned to a total of 27 samples. Below is a graph of the most common serotypes of Salmonella identified by sequencing in Mississippi.



In the MPHLS’s whole genome sequencing surveillance of AR bacteria, 33 samples submitted with suspected healthcare-associated infections (HAI) were identified to carry the New Delhi Metallo-β-Lactamase (NDM) gene. The NDM gene is a carbapenem-resistant gene of global concern. Additionally, whole genome sequencing can enable cluster detection in these samples. By comparing core genome single-nucleotide polymorphisms, transmission of antimicrobial-resistant genes can be traced, and the data can be used to aid epidemiological

investigations and inform infection prevention. WGS also identified one AR sample which had the presence of the imipenemase (IMP) gene, a relatively rare gene which gives resistance to imipenem which is a drug of last resort. This is the first sample identified in Mississippi with this gene and one of very few nationally. Early detection of these resistant genes is crucial for preventing their spread among dangerous pathogens.

PREPAREDNESS

The MPHL serves as the state’s laboratory response network reference laboratory for biological and chemical threats. The MPHL tested 18 samples for biological threat determination, including the following samples submitted for rule-out testing: 6 for *Bacillus anthrax*, 3 for *Brucella* species, 6 for *Burkholderia* species, and 3 for *Francisella tularensis*.

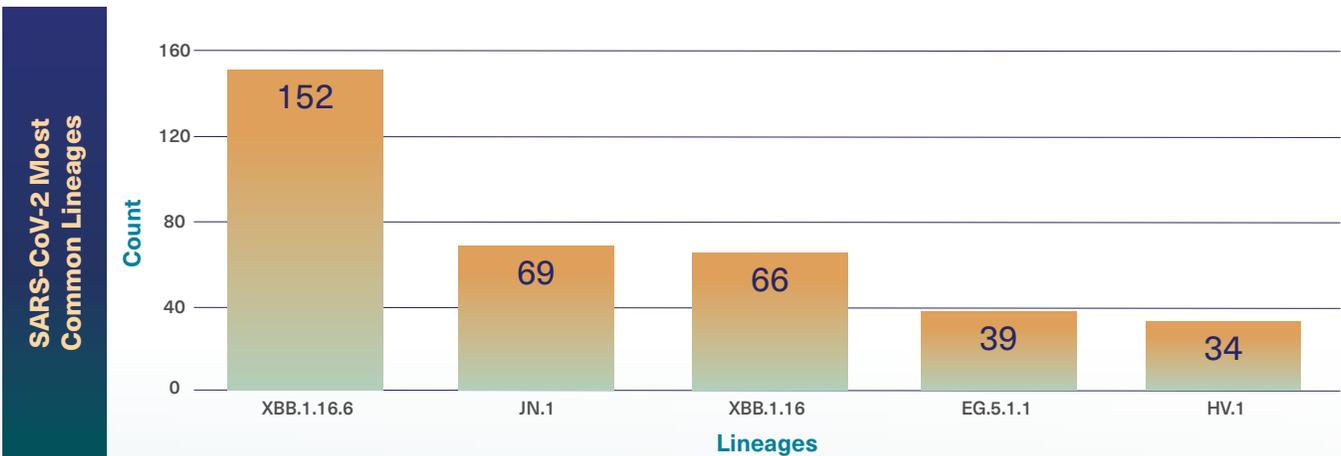
RESPIRATORY VIRUS SURVEILLANCE

The MPHL tests specimens using molecular methods that are submitted from Emergency Rooms, pediatric clinics and family practice clinics throughout the state for influenza and COVID-19 virological surveillance. This testing identifies what types of viruses are circulating in our state and assists with influenza vaccine production. The MPHL performed the tests to the right for respiratory virus surveillance.



Virus	Total Tests Performed
SARS-CoV-2 only	4,445
Influenza A and B only	69
Influenza and SARS-CoV-2	228

The MPHL further characterized 1,855 SARS-COV-2 specimens using next-generation sequencing to identify the specific variants affecting MS citizens as well as which variants were more associated with hospitalization. A total of 96 new unique lineages of SARS-COV-2 were detected. Below is a graph of the most common lineages detected.



SEXUALLY TRANSMITTED INFECTION (STI) TESTING

The MPHL also supported STI surveillance and outbreak response by performing testing on specimens submitted from MSDH clinics, MS jails and detection centers, and community health clinics. The MPHL performed the number of STI tests to the right using serology and molecular methods and obtained the corresponding positivity rates.

DRINKING WATER RESPONSE

The MPHL tests drinking water samples for compliance with EPA safety standards. Additionally, the MPHL tests drinking water samples in response to water system issues, including pressure issues or system leaks. To assist MS water systems, the MPHL tested 3,678 water samples.

STI Type	Total Tests Performed	Positivity Rate
HIV Testing Summary	32,687	0.85%
Chlamydia	47,358	7.66 %
Gonorrhea	47,358	7.45%
Trichomonas Vaginalis	3,512	13.59%
Syphilis	34,538	10.44%

The background is a solid teal color with several large, overlapping, organic shapes in a slightly darker shade of teal. These shapes are irregular and resemble liquid or smoke, creating a layered, abstract effect.

COMMUNICATIONS

MEDIA METRICS

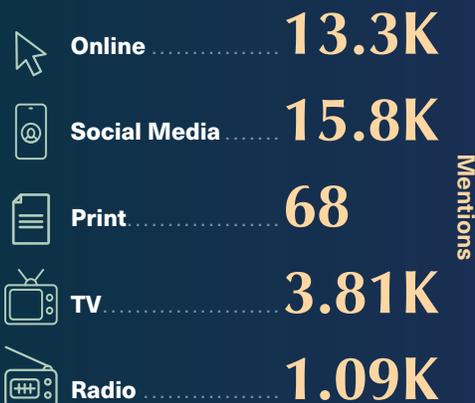
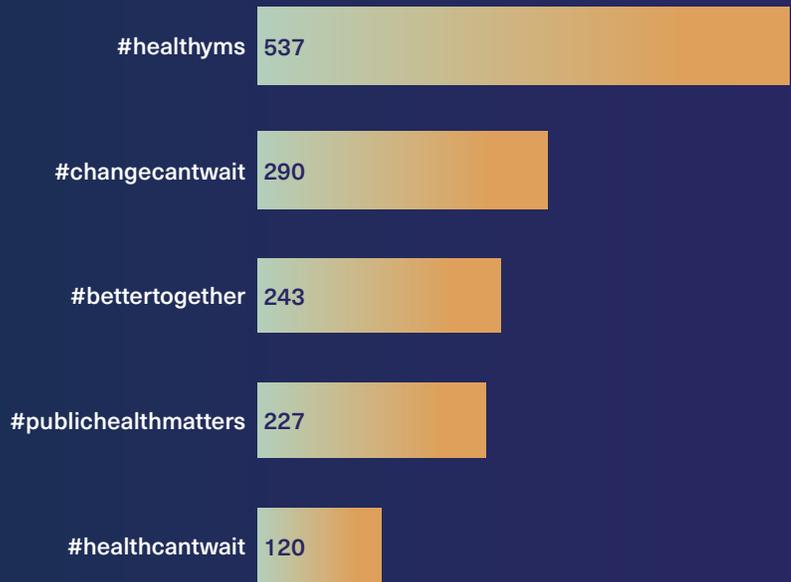
Between July 1, 2023 and June 30, 2024, we recorded

Total Social Media Mentions 34K	Total Social Media Reach 34.5B	Total Potential Social Reach 74.7M	Total Social Media Engagement 231K
Website Users 1,688,126	Website Visits 2,810,806	Website Page Views 5,834,84	
 Total Number of Media Inquiries 316		 News Releases Produced 48	

Top Keywords

Pharmacies Prenatal Care Money
Specialists Highest Rate
Sexually Transmitted Diseases
Public Health Investigator Manager
Community Health Workers
Local Health Departments
Access Patients Care
Program Community
Center Health Officials
Public Health Health Person
Hospital Department Children
Infectious Disease
Health Care Babies Deaths
Congenital Syphilis City Funding
Infectious Disease Care for Syphilis

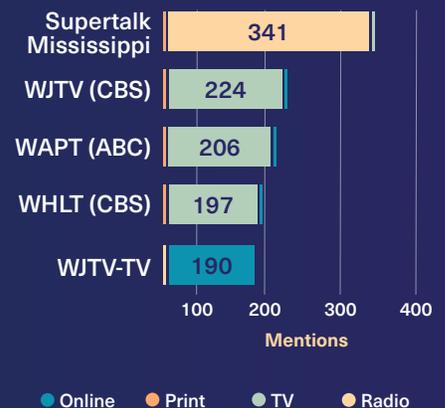
Top Hashtags



Most Viewed Publications



Top Publications by News Media Type



Reporting Period	Followers	Impressions	Engagements	Engagement Rate
7/1/23 - 7/31/23				
Total	162,900	627,883	13,394	2.1%
X	Not Available	42,152	850	2%
Instagram	Not Available	12,053	168	1.4%
Facebook	162,900	573,678	12,376	2.2%
8/1/23 - 8/31/23				
Total	163,100	441,832	5,081	1.1%
X	Not Available	57,666	1,652	2.9%
Instagram	Not Available	16,777	335	2%
Facebook	163,100	367389	3094	0.8%
9/1/23 - 9/30/24				
Total	163,213	338,712	3,857	1.1%
X	Not Available	48,142	1,971	4.1%
Instagram	Not Available	23,920	358	1.5%
Facebook	163,213	266,650	1,528	0.6%
10/1/23 - 10/31/23				
Total	163,305	802,324	2,991	0.4%
X	Not Available	71,600	1,009	1.4%
Instagram	Not Available	54,265	276	0.5%
Facebook	163,305	676,459	1,706	0.3%
11/1/23 - 11/30/23				
Total	163,432	6,687,860	14,969	0.2%
X	Not Available	64,547	5,598	8.7%
Instagram	Not Available	323,534	485	0.1%
Facebook	163,432	6,299,779	8,886	0.1%
12/1/23 - 12/31/23				
Total	163,627	18,482,092	38,626	0.2%
X	Not Available	45,867	2,300	5%
Instagram	Not Available	1,116,403	373	0%
Facebook	163,627	17,319,822	35,953	0.2%

Reporting Period	Followers	Impressions	Engagements	Engagement Rate
1/1/24 - 1/31/24				
Total	174,581	649,124	14,791	2.3%
X	Not Available	84,036	2,567	3.1%
Instagram	10,684	44,620	808	1.8%
Facebook	163,897	520,468	11,416	2.2%
2/1/24 - 2/29/24				
Total	205,802	284,443	4,454	1.6%
X	31,064	28,696	533	1.9%
Instagram	10,745	19,684	655	3.3%
Facebook	163,993	236,063	3,266	1.4%
3/1/24 - 3/31/24				
Total	205,849	487,642	7,868	1.6%
X	31,210	39,424	930	2.4%
Instagram	10,753	18,041	525	2.9%
Facebook	163,886	430,177	6,413	1.5%
4/1/24 - 4/30/24				
Total	205,816	598,049	10,430	1.7%
X	31,253	61,098	911	1.5%
Instagram	10,761	26,301	638	2.4%
Facebook	163,802	510,650	8,881	1.7%
5/1/24 - 5/31/24				
Total	205,660	500,189	5,004	1%
X	31,326	69,335	1,368	2%
Instagram	10,760	24,399	472	1.9%
Facebook	163,574	406,455	3,164	0.8%
6/1/24 - 6/30/24				
Total	205,534	1,026,964	6,992	0.7%
X	31,467	47,289	4,839	10.2%
Instagram	10,743	15,442	259	1.7%
Facebook	163,324	964,233	1,894	0.2%

TOP-PERFORMING CAMPAIGNS

The Office of Communications worked closely with several programs throughout the fiscal year to create ambitious campaigns designed to improve the state's public health. Here's a look at some of our most successful campaigns.

SYPHILIS AWARENESS

THAT RASH MIGHT BE SYPHILIS.



FREE TESTING AVAILABLE - 1-800-456-2323



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GET TESTED
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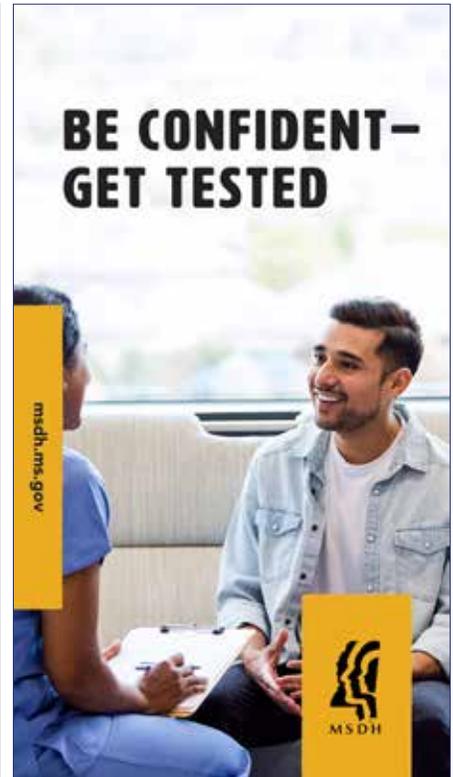
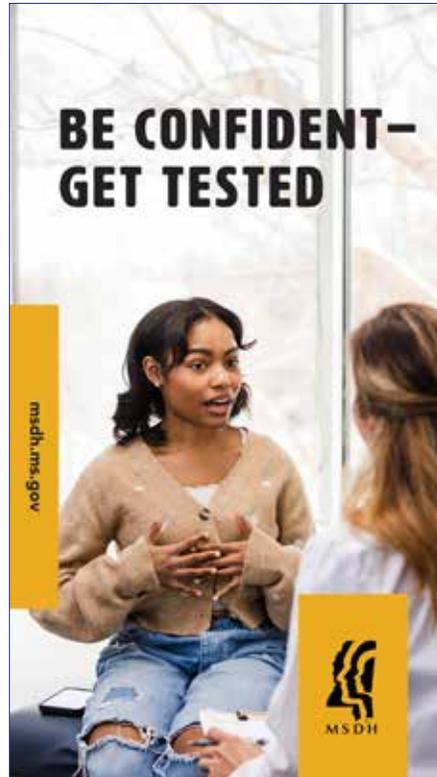
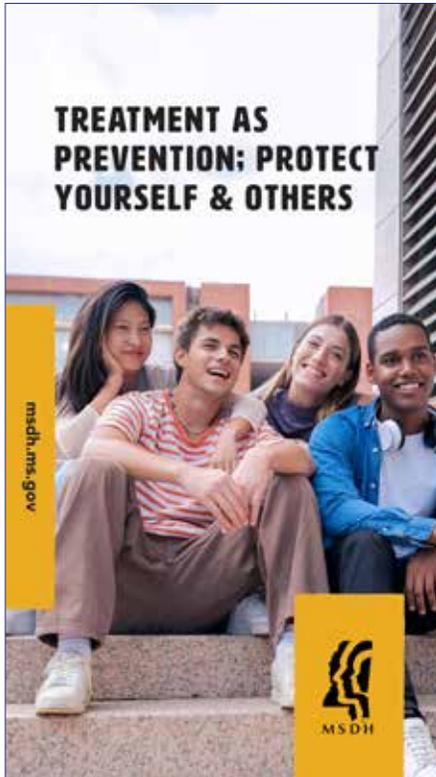


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HIV TESTING AND PREVENTION



OPIOID AWARENESS



VAPING



PUBLIC HEALTH WEEK

FOLLOW US:     

APRIL 1-7TH

PUBLIC HEALTH WEEK

Join us this week as we discuss what "Public Health" really means and how we, at the Mississippi State Department of Health, can help you out and what services we provide!

Follow us for updates and join the conversation.



#NPHW

OFFICES OF PREVENTIVE HEALTH AND HEALTH EQUITY

The Office of Preventive Health at the Mississippi Department of Health (MSDH) is dedicated to improving the health and well-being of Mississippians by partnering with community, state, and national organizations.

OUR PROGRAMS:

- Chronic Disease Prevention
- Healthy Living
- Tobacco Control
- School Health



FOLLOW US:     



Your Health, Our Priority!

#NPHW

MATERNAL AND INFANT HEALTH

At the Mississippi Department of Health, our Maternal-Infant Health initiatives are designed to prioritize the well-being of both mothers and babies across the state. Through a range of comprehensive services and programs, we aim to support healthy pregnancies, births, and early childhood development.

- Early Intervention
- Healthy Moms, Healthy Babies
- Special Health Care Needs
- Breastfeeding
- Hemoglobin Diseases & Sickle Cell Anemia
- Safe Sleep & SIDS/SUIDS



FOLLOW US:     



#NPHW

REGULATORY SERVICES:

ENVIRONMENTAL HEALTH, LICENSURE AND CERTIFICATION

At the Mississippi Department of Health, our commitment to Licensure, Certifications, and Environmental health is paramount to protecting all Mississippians. We establish and enforce standards for licensed health professionals and healthcare facilities, ensuring the delivery of high-quality care and safety for all residents.




FOLLOW US:     



#NPHW

COMMUNICABLE DISEASE PREVENTION

At the Mississippi Department of Health (MSDH), our commitment to combating communicable diseases is unwavering. Through our robust vaccination programs and comprehensive testing services, we strive to protect the health and well-being of all Mississippians.

- Comprehensive Testing
- Tuberculosis Control
- STD Testing Initiatives
- HIV/AIDS Initiatives



FOLLOW US:     



#NPHW

EMERGENCY SERVICES, DISASTER RESPONSE & PLANNING

At the Mississippi Department of Health, our Emergency Services programs are at the forefront of disaster planning, response, and radiological preparedness. Working closely with Emergency Medical Services (EMS) and the Trauma Care System, we ensure effective coordination during emergencies, prioritizing community safety.

Through comprehensive disaster preparedness efforts and ongoing training, we enhance our state's resilience and ability to respond swiftly to any emergency, including radiological incidents.



FOLLOW US:     



#NPHW

COUNTY HEALTH DEPARTMENTS- HEALTH SERVICES

At the Mississippi Department of Health (MSDH), our County Health Departments serve as vital hubs for delivering essential public health services to communities across the state.

With 66 health department locations strategically positioned throughout Mississippi, we ensure that residents have convenient access to critical healthcare resources and support.

Our County Health Departments offer a wide range of services aimed at promoting and protecting the health and well-being of individuals and families. These services include:

- Immunizations to prevent the spread of vaccine-preventable diseases.
- Family planning assistance to empower individuals with reproductive health choices.
- Communicable disease testing and treatment to control the spread of infectious illnesses.
- Comprehensive screenings for various health conditions, including diabetes, hypertension, and cancer.



FOLLOW US:     



The background is a solid teal color with several large, overlapping, organic shapes in a slightly darker shade of teal. These shapes are irregular and resemble liquid splashes or abstract patterns, creating a layered, textured effect.

PROGRAM ACTIVITIES AND STATISTICS

HEALTH SERVICES DATA

OFFICE OF HEALTH DATA AND RESEARCH

The Office of Health Data and Research (OHDR) advances the MSDH mission by upholding scientific integrity, conducting data analysis, reporting, and program evaluation of the Title V MCH Block Grant and other Health Services Programs. OHDR provides non-communicable epidemiological and biostatistical support to health services programs. It supports public health surveillance, grant proposal writing, and applied public health research to ensure the programs are evidence-based.

The Fiscal Year 2024 Report of Activities by Health Services Programs		
Child Health	Newborns screened for phenylketonuria, hypothyroidism, galactosemia, hemoglobinopathies, congenital adrenal hyperplasia, and other genetic disorders	32,427
	Mississippi Lead Poisoning Prevention and Healthy Homes	
	Number of children screened for lead	31,395
	Number of children with elevated blood lead levels of 3.5 and above	2,379
Women's Health	Healthy Moms/Healthy Babies (HM/HB) Maternity Patients	589
	Number of HM/HB participants	5,467
	Healthy Moms/Healthy Babies (HM/HB) Infant Patients	
	Number of HM/HB participants	427
	Number of professional visits	3,911
	Women with Cervical Cancer Diagnostic/ screening service	1,007
	Women with Breast Cancer Diagnostic/ screening	3,011
	Total Cancer Diagnostic/ screening services	4,018
	Total number of women referred to Medicaid for cancer treatment	46
	Total number of breast and cervical cancer prevention education programs conducted	34
Reproductive Health (Family Planning)		
Adult patients served	15,895	
Teens	3,308	
Total	19,203	
WIC – Special Supplemental Nutrition Program for Women, Infants, and Children (Average monthly participation)	Women	13,486
	Infants	18,274
	Children	28,584
	Total	60,044

HEALTH PROTECTION

Environmental Health FY 2024	
Boilers and pressure vessels inspected (including inspections done by insurance representatives, which are insured by MSDH)	18,206
Food establishments permitted	12,386
Inspections of food establishments	16,416
Wastewater complaints investigated	754 ¹
Water system inspections	973 ²
Sewage disposal inspections and soil/site evaluations	11,087
Dairy farm inspections	198
Dairy samples collected for evaluation	1336
Jail inspections performed	51 ³

¹ Fewer wastewater complaints were received in SFY2024, but all received complaints were investigated.

² Fewer water system inspections conducted due to staffing vacancies. 82% of the state's 1189 unique water systems were still inspected. Efforts are underway to return program to full staffing.

³ Fewer jail sanitation inspections conducted due to reduction in number of inspection requests. Statutory sanitation inspection of MS State Penitentiary at Parchman conducted.

Tobacco Control FY 2024	
Number of counties with Tobacco-Free Coalitions implementing evidence-based programs consistent with CDC best practice guidelines	78 (with funding support for 82)
Number of cities in Mississippi with comprehensive smoke-free air ordinances	189
Number of unduplicated individuals who have completed the intake process for OTC-funded tobacco cessation treatment programs	3,719
Number of unduplicated individuals who have contacted OTC-funded tobacco cessation treatment programs via phones	6,967
Number of unduplicated individuals who have contacted OTC-funded tobacco cessation treatment programs via website	454
Number of unduplicated individuals who utilized the OTC-funded specialized tobacco cessation treatment program for Mississippians with behavioral health conditions	1,144

STRATEGIC PLANNING AND RESPONSE

SPR Preparedness Efforts	
Tabletop Exercises	1
Functional Exercises	2
Full Scale Exercise	1
Emergency Response	
Full ICS Responses	2
Incidents SPR staff responded to and/or supported	7
EMAC deployments to other states	1
Healthcare Coalition Support	
Exercises SPR field staff assisted healthcare facilities/ community partners with	55
SPR Staff Support to Healthcare Facilities and Community Partners	
Annual MRSE	46 facilities participated
Establishment and expansion of regional coalitions to support overall MEHC growth	

RADIOLOGICAL HEALTH

National Materials Program	
Specific Licenses inspected	80
Non-Healing Arts X-Ray (Industrial, Academic)	23
Reciprocity	6
General License	5
License Amendments	146
New Licenses	2
New X-Ray registrations	7
X-Ray / Mammography	
X-Ray Facilities Inspected	557
MQSA Inspections	96
New Registrants	73
Environmental Sampling Missions Completed	
Nuclear Facility	48
Salmon Site	6
Samples Analyzed	
GGNS	492
STS	66
Emergency Response	
Basic Radiation Classes	4
Full Scale Nuclear Plant Drills	4
Rad Health Training	2
Responses / Assists	7

Health Protection—Office of Licensure	FY 2024	FY 2023
Ambulatory surgical centers (licensed/certified)	74	72
Community mental health centers (certified only)	4	4
Comprehensive outpatient rehabilitation facilities (certified)	0	0
End stage renal disease facilities (certified)	96	97
Home health agencies (licensed/certified)	43	45
Hospice (licensed/certified)(includes branches/satellites)	123	129
Hospitals - accredited (licensed/certified)	70	68
Hospitals - non-accredited (licensed/certified)	44	44
Nursing Homes/Skilled Nursing facilities (licensed and certified)	209	211
Outpatient physical therapy (certified)	21	4
Portable x-ray (certified)	4	4
Post acute residential brain injury rehabilitation (licensed only)	1	1
Psychiatric residential treatment facilities (licensed/certified)	8	8
Rural emergency hospital treatment facilities (no inpatient beds)	6	2
Rural health clinics (certified)	217	208
Life Safety Code Emergency Preparedness Surveys completed	223	n/a
Total health facility surveys (licensure and recertification)(7/1/23-6/30/24) ACC,LTC,ICF,PPEC,PCH,CLIA,LSC	971	410
Total complaint/FRI surveys (7/1/23-6/20/24)	1,222	771
Licenses issued for athletic trainers, audiologists, dietitians, hearing aid specialists, occupational therapists and occupational therapy assistants, respiratory care practitioners, speech-language pathologists, and professional art therapists	5,275	8,125
Total number of registered or certified radiation technologists, audiology aides, eye enucleators, speech language pathology aides, tattoo artists, body piercers, and hair braiders	15,141	14,323
CLIA laboratories (excluding VA labs) (certified only)	3,559	3,595
Utilization review agents - Program moved to MS Insurance Department on 7/1/2024	35	58
Intermediate care facilities for individuals with intellectual disabilities (ICF_IID) (licensed)	14	14
Personal care homes (licensed)	196	202
Prescribed pediatric extended care facilities (licensed)	20	18
Number of inspections of youth camps	75	73
Child residential care homes monitored per notification Act X	17	27
Number of general/renewal inspections of daycare facilities	4,214	4,133
Daycare complaints investigated	1,057	848
Total number of background checks processed for healthcare facilities	70,451	72,758
Total number of background checks processed for child care facilities	12,256	14,422
Total number of background checks processed for medical cannabis facilities	2,196	2,831

Office of Health Planning and Resource Development	2024
Certificate of Need (CON) applications reviewed	13
Capital Expenditures Authorized through Issued CONs	\$35,111,002
Declaratory Rulings (DR) issued	33
Capital Expenditures Authorized through Issued DRs	\$246,503,485.51
Total Capital Expenditures Authorized through Issued CONs and DRs	\$281,614,487.51

RURAL HEALTH AND PRIMARY CARE

Subprogram Outputs	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected
Number of Health Professional Shortage Area (HPSA) designation reviews conducted:	82	82	82
Primary Care	82	82	82
Dental	11	11	11
Mental Health (11 catchment areas plus One (1) single Mental Health County)	1	1	1
Number of National Health Service Corps site applications processed	59	59	59
Number of National Health Service Corps site applications processed	59	59	59
Number of National Interest Waiver applications processed	2	2	10
Number of health care professionals placed in areas of need:			
Primary Care Practitioners	110	135	140
Specialists	7	19	20
Dentists	3	7	10
Core Mental Health Professionals	22	42	54

HRSA currently automatically designates all 21 Federally Qualified Community Health Centers and their satellite locations as a HPSA; therefore, these facilities do not receive a designation review by the Mississippi Primary Care Office.

Subprogram Efficiencies	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected
Percentage of HPSA designation reviews completed by federal deadline ¹	100%	100%	100%
Percentage of National Health Service Corps site applications processed within 21 days as required by Federal Health Resources and Services Administration	100%	100%	100%
Percentage of J-1 Visa Waiver applications for 2 physician placements completed within 180 days	100%	100%	100%
Percentage of J-1 Visa and National Interest Waiver applications approved by U.S. Department of State	100%	100%	100%

¹ HPSA federal deadline is a calendar date that can change annually.

² J-1 Waiver applications for FY 2023 have been recommended and approved by the MS State Department of Health SHO and shipped to the US Department of State awaiting their recommendation letters.

Subprogram Outcomes	FY 2024 Actual	FY 2025 Estimated	FY 2026 Projected
Number of Health Professional Shortage Areas designated: ^{1, 3, 4}			
Primary Care	153	153	155
Dental	148	148	150
12 Mental Health-Catchment Areas One (1) Single Mental Health Counties	85	85	87
Number of entire counties designated as Health Professional Shortage Areas:			
Primary Care	79	79	79
Dental	77	77	77
Mental Health	76	76	76
Percentage of Mississippi population living in an area designated as a Health Professional Shortage Area:			
Primary Care	47%	47%	50%
Dental	74%	74%	74%
Number of practitioners needed to remove HPSA designations: ^{2, 3}			
Primary Care	251	251	251
Dental	178	178	178
Mental Health	93	93	93
Number of approved National Health Service Corps sites ⁴	400	405	410

¹ Entire counties, portions of counties or population centers, and individual facilities can be designated as HPSAs; therefore, one county can include several HPSAs. All 21 Federally Qualified Community Health Centers are designated as HPSAs.

² Statewide totals in each category.

³ Health Professional Shortage Area designation qualifies an area for various federal resource incentives, including a 10% Medicare bonus payment for primary care providers, loan repayment programs through the National Health Service Corps, and site approval for J-1 Visa Waiver physicians.

⁴ National Health Service Corps designation provides incentives to help attract physicians, such as federal loan repayment programs.

Reference:

HRSA.gov <https://data.hrsa.gov/>

Reference Information HRSA Data Warehouse (Quick Facts) Region IV

Bureau Health Workforce Portal: Shortage Designation Management Systems (Providers Data Base)

Bureau Health Workforce: BHW Management Information System Solution (BMISS) National Health Service Corps Site Application Portal Data Base

HRSA-Health Workforce Shortage Areas: <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

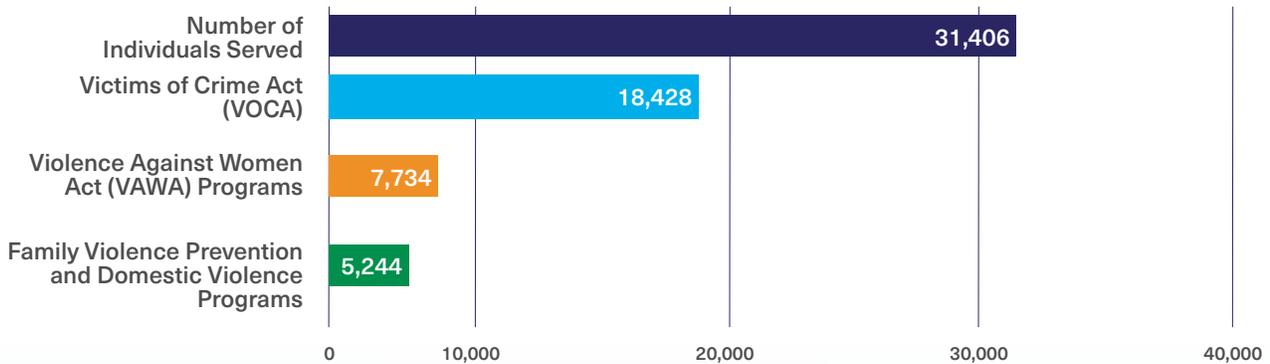
Bureau Health Workforce Portal: National Health Service Corps Field Strength

<https://data.hrsa.gov/topics/health-workforce/field-strength>

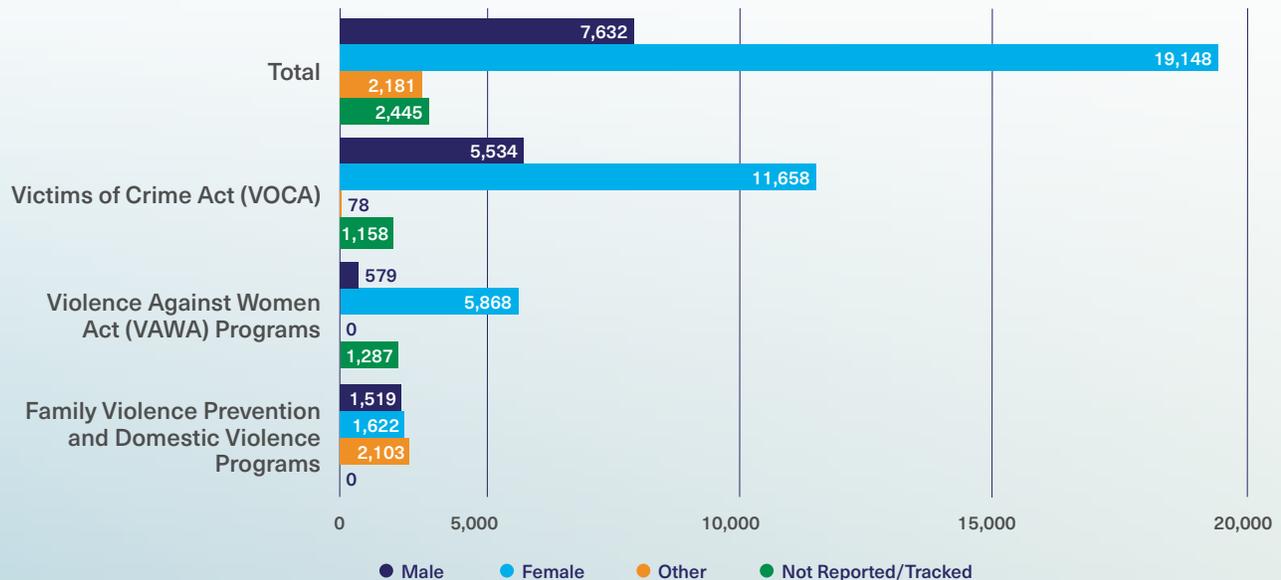
Designated Health Professional Shortage Areas Statistics: Second Quarter of Fiscal Year 2024 Designated HPSA Quarterly Summary: As of March 31, 2024

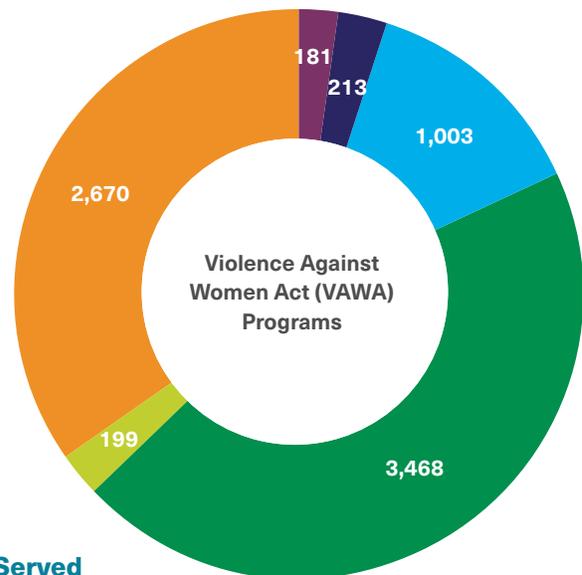
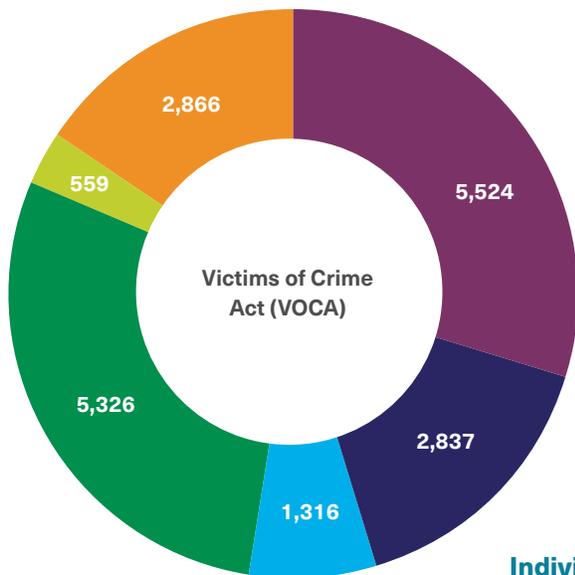
OFFICE AGAINST INTERPERSONAL VIOLENCE

Total Number of Individuals Served in 2024

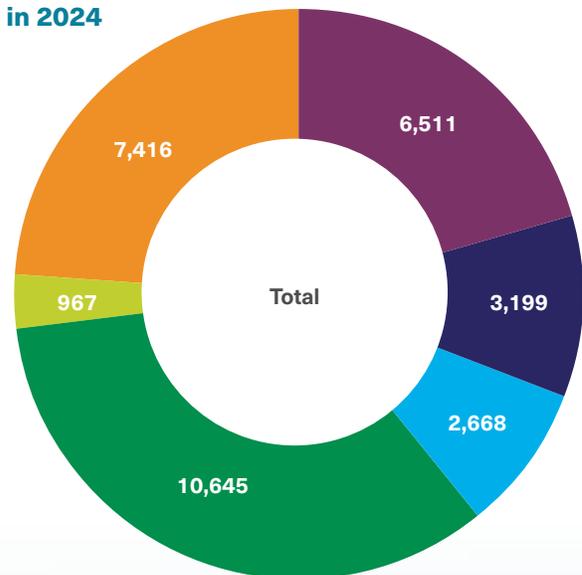
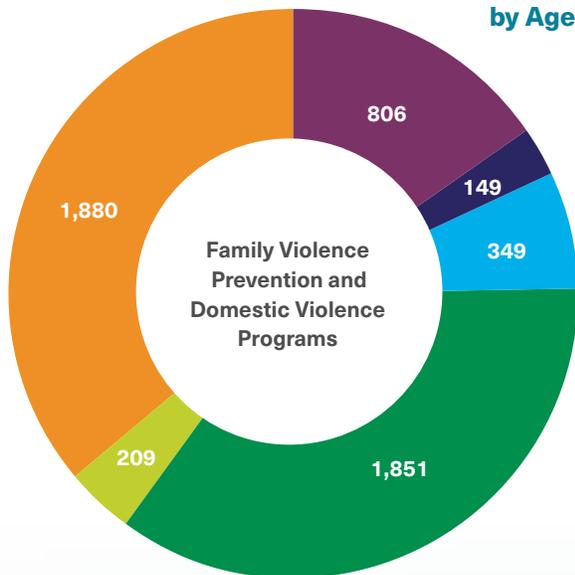


Genders of Individuals Served in 2024





Individuals Served by Age Range in 2024



● 0-12 ● 13-17 ● 18-24 ● 25-59 ● 60+ ● Not Reported/Tracked

Individuals Served by Race in 2024

Individuals Served by Race	Victims of Crime Act (VOCA)	Violence Against Women Act (VAWA) Programs	Family Violence Prevention and Domestic Violence Programs	Total
American Indian or Alaska Native	108	31	32	171
Asian	60	115	13	188
Black or African American	7,157	2,394	1,668	11,219
Hispanic or Latino	890	327	182	1,399
Native Hawaiian or Other Pacific Islander	24	10	22	56
White Non-Latino or Caucasian	7,597	2,456	1,585	11,638
Other Race	129	-	0	129
Multiple Races Reported	489	2,401	216	3,106
Not Reported/Tracked	1,974	-	1,526	3,500

EMERGENCY MEDICAL SERVICES/ACUTE CARE SYSTEMS

Ambulance permits issued	772
Emergency Medical Technicians/ Paramedics	2,363
EMS Drivers	237
Emergency services licensed/relicensed	147
Designated trauma centers (includes burn centers)	90
Designated stroke centers	15
Designation STEMI centers	19

PUBLIC RECORDS & DATA REQUESTS

- ~ 267 data requests
- ~ 654 public records requests
- ~ 120 other (may include medical records requests)

Data and records requested cover a wide range of topics including (but not limited to):

- ~ COVID
- ~ STD/HIV
- ~ Medical Cannabis
- ~ Child blood lead testing
- ~ Childcare Facilities Regulation
- ~ Healthcare Facilities Regulation
- ~ Professional Licensure
- ~ Onsite Wastewater
- ~ Public Water Supply
- ~ WIC (Women, Infants and Children) Program
- ~ Food service facility inspections
- ~ Drug overdoses

Purposes for the requests include:

- ~ Formal research
- ~ Academic assignments
- ~ Environmental site assessments
- ~ Public health surveillance and activities
- ~ Medical records requests
- ~ Seeking results of childcare facility and healthcare facility investigations
- ~ Market research by businesses
- ~ Professional training marketing
- ~ Water supply test results

CHILDREN & YOUTH WITH SPECIAL HEALTHCARE NEEDS (CYSHCN)

Total Number of CYSHCN Served	14,243
Total with Insurance	11,879
Medicaid	7,648
CHIP	787
Medicare	0
Private Insurance	3,403
Other Insurance	41
Uninsured	2,364

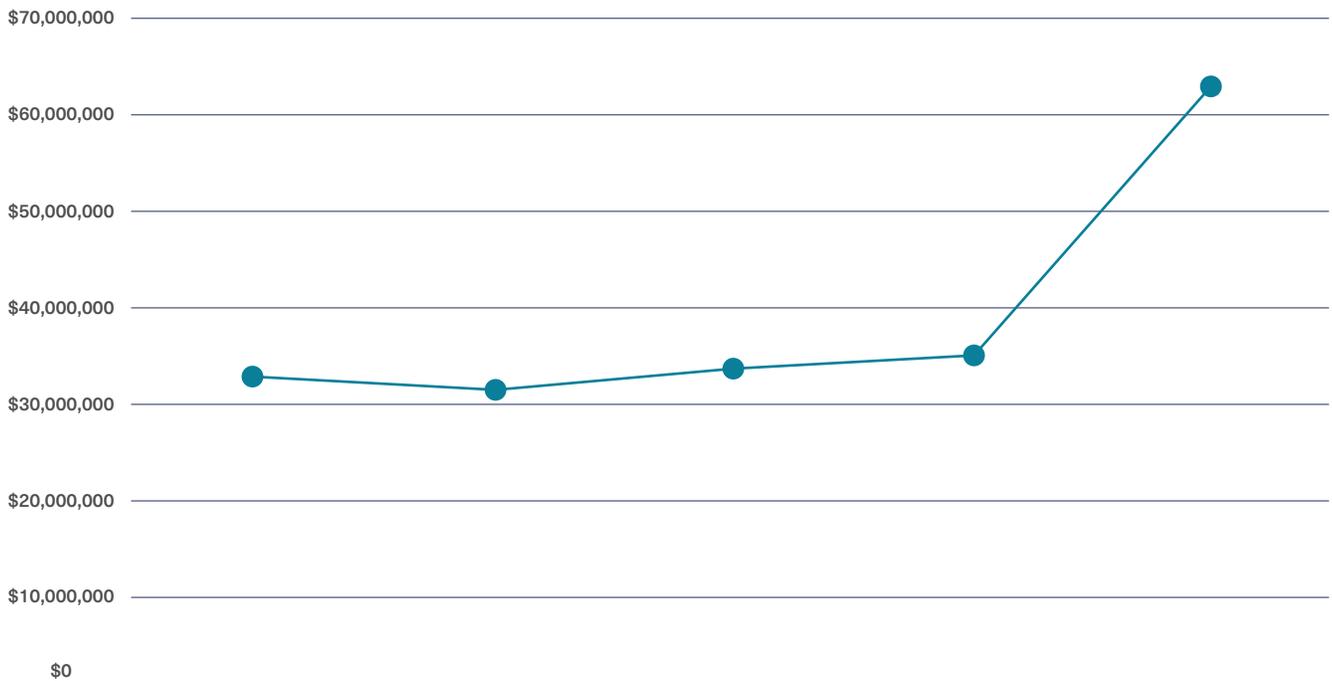
FISCAL YEAR 2024: EXPENDITURES

FISCAL YEAR 2024

EXPENDITURE FUNDING SOURCES FOR FISCAL YEARS 2020 THROUGH 2024

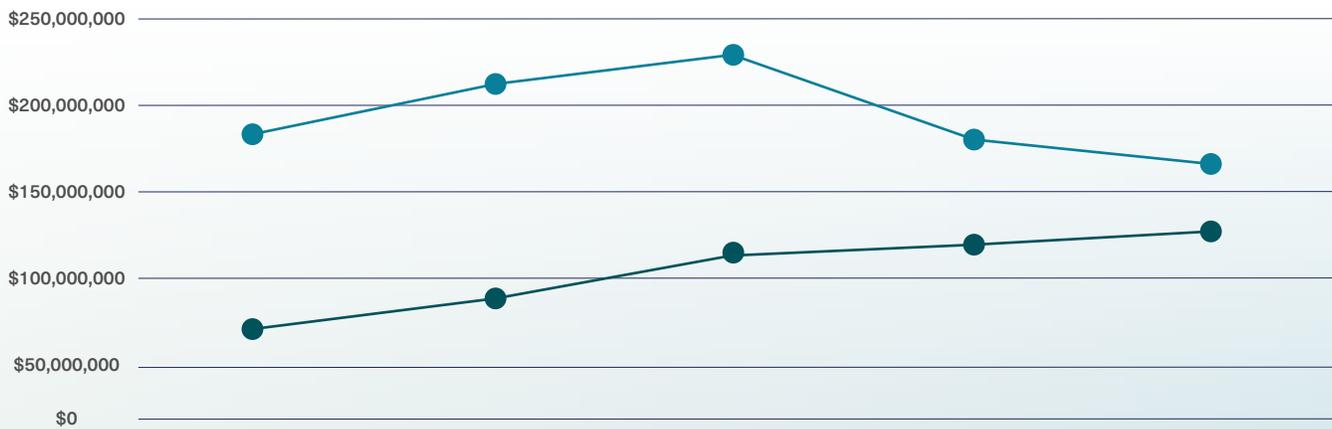
	2020	2021	2022	2023	2024
General Funds	\$32,726,458	\$31,552,980	\$33,274,222	\$34,555,535	\$63,234,697
Federal	182,006,049	218,686,629	227,797,238	180,705,763	162,288,926
Fees and Other	77,300,495	91,630,642	101,473,202	114,494,408	127,027,589
Health Care Expendable	8,176,157	5,988,103	5,655,982	11,793,667	12,151,810
Tobacco Control	18,984,810	17,556,778	17,918,040	16,023,296	19,171,873
Capital Expense Fund	0	0	7,359,806	1,877,794	2,986,365
Coronavirus State Fiscal Recovery Fund	0	0	0	1,131,903	73,371,600
Budget Contingency Fund	0	87,900,000	0	0	0
ICU Infrastructure Fund	0	10,000,000	0	0	0
Burn Care Fund	500,000	1,000,000	1,000,000	999,904	3,514,261
Local Government & Rural Water	19,783,208	13,596,581	30,502,425	34,508,536	29,196,328
Rural Water Associations Infrastructure	0	0	0	451,641	49,463,543
Medical Cannabis	0	0	116,605	5,106,934	6,415,518
Total	\$339,477,177	\$477,911,713	\$434,097,520	\$401,649,381	\$548,822,510

GENERAL FUND EXPENDITURES



Fiscal Years	2020	2021	2022	2023	2024
Expenditures	\$32,726,458	\$31,552,980	\$33,274,222	\$34,555,535	\$63,234,697

SPECIAL FUND EXPENDITURES

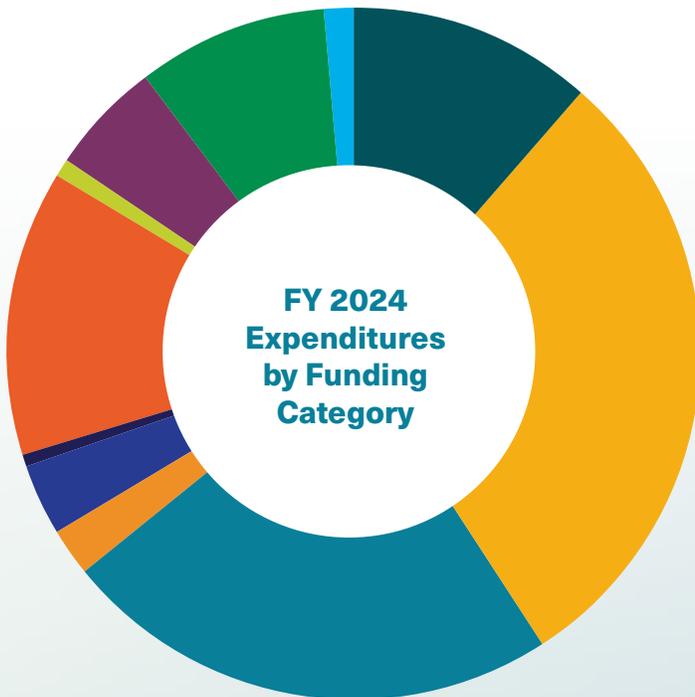
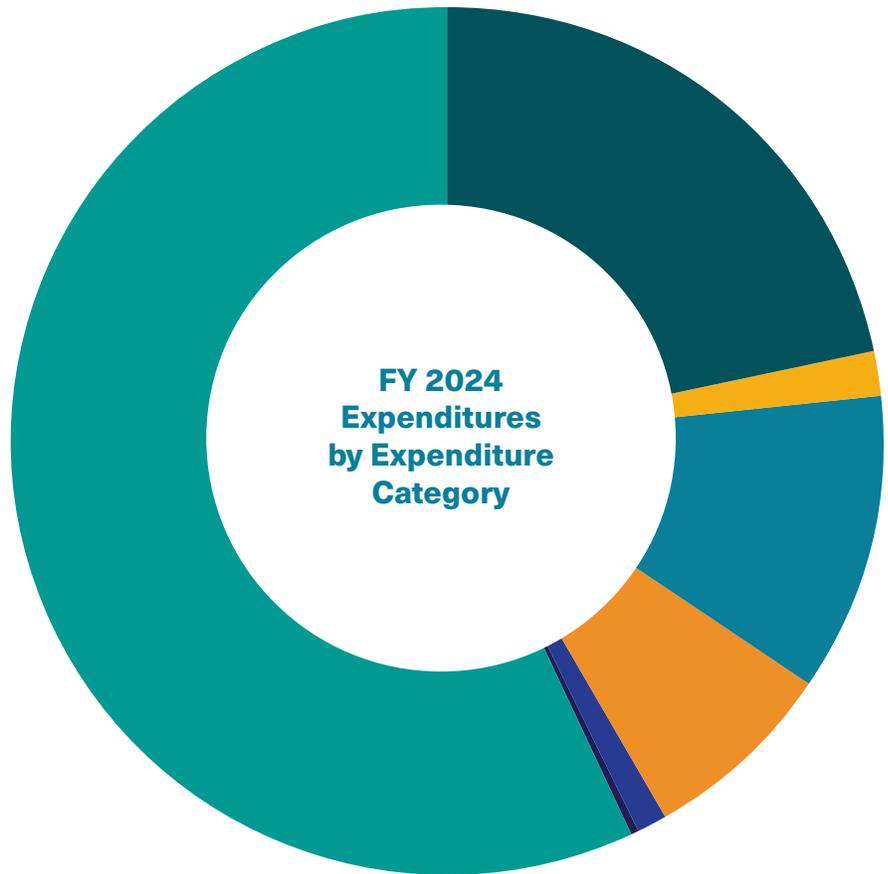


Fiscal Years	2020	2021	2022	2023	2024
Federal	\$182,006,049	\$218,686,629	\$227,797,238	\$180,705,763	\$162,288,926
Fees and other	\$77,300,495	\$91,630,643	\$110,473,202	\$114,494,408	\$127,027,589

EXPENDITURES BY MAJOR CATEGORY FOR FISCAL YEARS 2020 THROUGH 2024

	2020	2021	2022	2023	2024
Salaries	\$103,798,547	\$115,434,916	\$107,333,053	\$113,252,901	\$119,825,818
Travel	5,035,655	3,631,780	3,704,651	5,397,704	9,207,835
Contractual Services	42,971,193	60,129,950	87,812,739	72,978,204	60,744,475
Commodities	40,369,399	69,965,237	59,455,053	34,941,386	39,557,597
Capital Outlay - Equipment	2,974,428	2,931,221	5,845,460	4,302,736	5,996,929
Vehicles	52,574	0	105,370	454,531	1,040,224
Wireless Comm. Devices	61,957	326,240	50,836	138,601	82,384
Subsidies, Loans and Grants	144,213,424	225,492,369	169,790,358	170,183,318	312,367,248
Total	\$339,477,177	\$477,911,713	\$434,097,520	\$401,649,381	\$548,822,510

- Salaries
119,825,818 | 21.83%
- Travel
9,207,835 | 1.68%
- Contractual Services
60,744,475 | 11.07%
- Commodities
39,557,597 | 7.21%
- Capital Outlay - Equipment
5,996,929 | 1.09%
- Vehicles
1,040,224 | 0.19%
- Wireless
82,384 | 0.02%
- Subsidies, Loans & Grants
312,367,248 | 56.92%



- General Funds
63,234,697 | 21.83%
- Federal
9,207,835 | 1.68%
- Fees and Other
60,744,475 | 11.07%
- Health Care Expendable
39,557,597 | 7.21%
- Tobacco Control
5,996,929 | 1.09%
- Capital Expense Fund
1,040,224 | 0.19%
- Coronavirus State Fiscal Recovery Fund
82,384 | 0.02%
- Burn Care
312,367,248 | 56.92%
- Local Government & Rural Water
29,196,328 | 5.32%
- Rural Water Associations Infrastructure
49,463,543 | 9.01%
- Medical Cannabis
6,415,518 | 1.17%

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PROGRAM HIGHLIGHTS



HIGHLIGHTS SUMMARY

The Mississippi State Department of Health strives daily to advance and protect the health of all our residents. While we can't document every accomplishment from our more than 50 program areas, we have shared some selected success stories from FY 2024.

ADVERSE CHILDHOOD EXPERIENCES SCREENER, DATA SURVEILLANCE, AND TASK FORCE CREATION

In response to the high prevalence of Adverse Childhood Experiences and the need for more systematic monitoring, MSDH initiated the ACEs Task Force, a diverse coalition that includes public health officials, educators, pediatricians, community organizations, and child advocacy groups, all dedicated to mitigating the adverse effects of ACEs across the state.

The ACES Task Force developed the ACEs Screener, tailored for Mississippi, drawing from evidence-based practices and the CDC's guidance on childhood trauma assessment. The screener, which targets the state's key

risk factors, is intended for various settings, from pediatric clinics to early childhood programs, and should increase early detection, allowing for timely interventions that can alter the trajectory of at-risk children's lives.

- ~ The ACEs Screener should result in earlier identification and intervention for at-risk youth by equipping educators, healthcare providers, and community workers with the means to effectively assess and respond to ACEs. It will also enable Mississippi to identify emerging trends and pivot strategies as needed.
- ~ ACEs can profoundly impact a child's development, leading to increased risks of physical and mental health issues, educational setbacks, and social difficulties. Data indicated that nearly 1 in 4 children in the state had experienced multiple ACEs, underscoring the urgent need for intervention.

ALTER DEMENTIA INITIATIVE

Alzheimer's disease and related dementias pose significant public health challenges, particularly among

vulnerable populations. The Mississippi Alzheimer's Disease and Related Dementias Program (MS BOLD) is dedicated to advancing strategies for dementia risk reduction through a comprehensive public health approach, focusing on mitigating modifiable risk factors associated with dementia and related chronic conditions.

- ~ By engaging faith communities, MS BOLD leverages the strengths of social and spiritual connectedness and has partnered with Alter Dementia, LLC, to recruit 10 African American churches. This collaboration aims to educate congregations about the impact of dementia and the importance of community support, enabling them to serve as vital resources for families navigating these challenges. MSDH became the first public health agency in 2023 to enroll in and implement the Alter Dementia Initiative.
- ~ Dementia Friendly Congregation workshops, designed to empower faith ministry leaders, are hands-on trainings that equip leaders with the tools to create inclusive environments for individuals living with dementia and their caregivers. Participants learn effective communication strategies, the significance of patience and understanding, and ways to foster a supportive community.

BUREAU OF PUBLIC WATER SUPPLY

The Bureau of Public Water Supply in Environmental Health received an Honorable Mention for Most Improved Data Quality for 2024 from the Association for State Drinking Water Administrators and the Environmental Protection Agency's Office of Ground Water and Drinking Water.

EMERGENCY MEDICAL SERVICES & ACUTE CARE SYSTEMS

- ~ Awarded 153 schools with Automated External Defibrillators (AEDs) with \$1 million received from the state legislature. Schools applied for the AEDs, which were disbursed on a first-come/first-served basis. AEDs provide an immediate, life-saving response, dramatically improving the chances of survival, as every minute without defibrillation reduces survival rates by about 10%. Undiagnosed heart issues and sports-related incidents can trigger cardiac arrest, even in children. In many cases, EMS may take several minutes to arrive, especially in rural or large school settings. An on-site AED allows for immediate intervention, significantly increasing survival chances before EMS arrives.
- ~ Updated EMS Rules & Regulations to National Scope of Practice
- ~ Developed process for EMS to submit concerns online
- ~ Reorganized office to improve reporting structure and span of control
- ~ Developed EMS Advisory Council Bylaws



MSDH partnered with the Mississippi Public Health Association and the AARP state chapter in hosting the state's 2nd Annual Healthy Aging Summit, connecting health professionals, caregivers, policy makers and seniors in helping build age-friendly communities. State Health Officer Dr. Dan Edney delivered a keynote on "Mississippi's Health Status Scorecard."





Batson Children's Hospital Donations



- ~ Standardized process for ambulance inspections, which are completed twice each year (with additional as needed)
- ~ Improved National Emergency Medical Services Information System submissions, the national database used to store EMS data, from 5.17% failed submissions to 1.11% failed submissions, representing a significant improvement in data quality and accuracy
- ~ Transitioning to a new registry platform for enhanced integration with EMS and trauma records

GO NAPSACC/GOLDEN MAGNOLIA RECOGNITION PROGRAM

The Go NAPSACC program is making a remarkable impact across early care and education (ECE) programs in Mississippi by empowering them to improve nutrition and physical activity standards. An evidence-based tool available statewide, Go NAPSACC has already benefited 17,440 children through the dedicated efforts of trained providers and enrolled 305 ECE programs across the state and 105 ECE programs in low-income communities. With a 22% increase in the physical activity module, a 13% increase in the child nutrition module, an 18% increase in the breastfeeding module, and a 6% increase in the screen time module, ECE programs are embracing new standards that lead to healthier outcomes for children. Mississippi's ECE providers are going beyond enrollment in Go NAPSACC by actively enhancing their environments through substantial improvements, such as establishing breastfeeding areas and implementing policy changes in critical areas like physical activity, child nutrition, screen time management, outdoor play, farm-to-ECE initiatives, and oral health. More than 1,528 baseline self-assessments have been conducted, over 1,000 action plans have been created, and the program's registration goals have been exceeded. Mississippi is also a proud participant in the pilot for Go NAPSACC's upcoming seventh module on social and emotional health, showcasing the state's commitment to fostering holistic well-being in ECE settings.

MISSISSIPPI DELTA HEALTH COLLABORATIVE

The Mississippi Delta Health Collaborative (MDHC), a CDC-funded initiative, is dedicated to improving health outcomes in the Mississippi Delta region. In partnership with the Delta Alliance for Congregational Health and Mayoral Health Councils, MDHC focuses on reducing chronic disease risks, particularly cardiovascular disease, through accessible community-based services and clinical care.

HYPERTENSION CONTROL

In response to the prevalence of hypertension in the Delta, MDHC launched the American Heart Association's Check. Change. Control program, a proven, evidence-

based initiative designed to help individuals manage their hypertension through self-monitoring and lifestyle changes. Between January 2022 and September 2023, MDHC trained 847 individuals from 60 faith-based organizations and health councils on blood pressure management. Participants were guided through a structured process, completing regular health assessments and receiving follow-up support.

TRAINING PHARMACY TECHNICIANS

In 2024, the MDHC and the Community Pharmacy Enhanced Services Network Mississippi expanded the reach of community pharmacies by training pharmacy technicians to become Community Health Workers (CHWs). This pilot project brought together 13 pharmacy technicians from high-burden areas of the state. The curriculum, designed and led by the MSDH's Office of Community Health Workers, included a 160-hour Core Competency Course. These newly trained pharmacy-based CHWs will bridge critical gaps in healthcare access, linking patients to both clinical and community resources to address social determinants of health, and connecting at-risk individuals with our Medication Therapy Management initiative, lifestyle support programs, and other vital resources.

CHWS AND TEAM-BASED CARE

The Clinical Community Health Worker Initiative (CCHWI) was established to address healthcare disparities, improve care coordination and the quality of care for patients at the greatest risk of having cardiovascular disease. Currently, there are 12 CHWs housed within eight participating healthcare systems, for a total of 23 satellite sites in 16 of the 18 Mississippi Delta counties. The CHWs are advocates for their patients, and liaisons to their healthcare providers. Through home, clinic, and phone encounters, they empower patients to self-manage their chronic conditions with an emphasis on hypertension control. Between September 2019 and September 2023, 1,374 patients enrolled in CCHWI. Upon enrollment, 1,267 patients were diagnosed with high blood pressure. Approximately 75 percent of patients remained active in CCHWI. In comparison to the baseline data, there was a 22 percent increase in hypertension control.

OFFICE OF ACADEMIC AFFAIRS

The Office of Academic Affairs was created in January 2024. Its key role is to maintain, strengthen and establish relationships with academic centers throughout our state and beyond. Through these connections, we can increase clinical, educational, and informational experiences for students of all degree paths to learn more about Public Health. Through this office, we plan to grow student involvement across the agency and introduce students to the Public Health field. This not only increases knowledge about the Public Health Department and what we do, but



The Office of Preventive Health and Health Equity's Comprehensive Cancer Control program takes its traveling giant inflatable colon exhibit throughout the state, spreading awareness about colorectal cancer risk factors, symptoms, and the importance of screenings in saving lives. At 10 feet tall, 32 feet long, 12 feet wide, and 220 pounds, the inflatable takes three staff members about 30 minutes to set up. Purchased in 2023, the exhibit's destinations have included universities, churches, and community outreach festivals throughout the state.





The Office of Health Equity and the Community Engagement Center of the Jackson Heart Study hosted the Be in Good Health Symposium and Gospel Choir Competition in April at the Jackson Convention Complex. The first-of-its-kind event brought together informative TED-style talks from health experts, free on-site health screenings and a Who's Who of gospel choirs for a day designed to inform, entertain, enlighten, and empower.



it can also be used as an avenue to build relationships with future employees of our agency. In 2024, our office was able to solidify placement for 47 students across the agency and establish 23 Memoranda of Understanding with academic institutions across our state and Southeastern Region.

OFFICE OF LICENSURE

All facility types are transitioning to an online payment system for license renewals.

PROFESSIONAL LICENSURE

- ~ Contracted with a new company to register and test CNAs
- ~ Updated the Hearing Aid Specialist regulations

LICENSURE FINANCE TEAM

- ~ Streamlined the Office of Licensure budgeting processes
- ~ Implemented strategies to enhance the accuracy of financial forecasting

FINGERPRINTING

- ~ Implemented MS SAFER, a new background check interface to streamline the process, resulting in more efficient processing and faster delivery of results
- ~ Deployed 60 live scan machines to county health departments
- ~ Launched an online appointment scheduling system for live scan fingerprinting

CHILD CARE LICENSURE

- ~ Created a new regulation set for Child Care Family Homes for 5 or fewer children
- ~ Drafted updates to regulations governing licensure of Child Care Facilities

HEALTH FACILITIES LICENSURE

- ~ Provided over 3,414 Certificates to providers to ensure that lab testing is done in compliance with federal and state standards
- ~ Completed 198 Emergency Preparedness surveys in health facilities to ensure safety compliance in the event of emergencies
- ~ Provided training to over 2,500 personnel on topics related to improving patient care, safety, and emergency preparedness
- ~ Reduced the number of COVID backlog surveys by 40% this year and is on track to meet all required performance measures in Long-Term Care programs
- ~ Investigated over 1,036 complaints and cited those facilities in violation of compliance

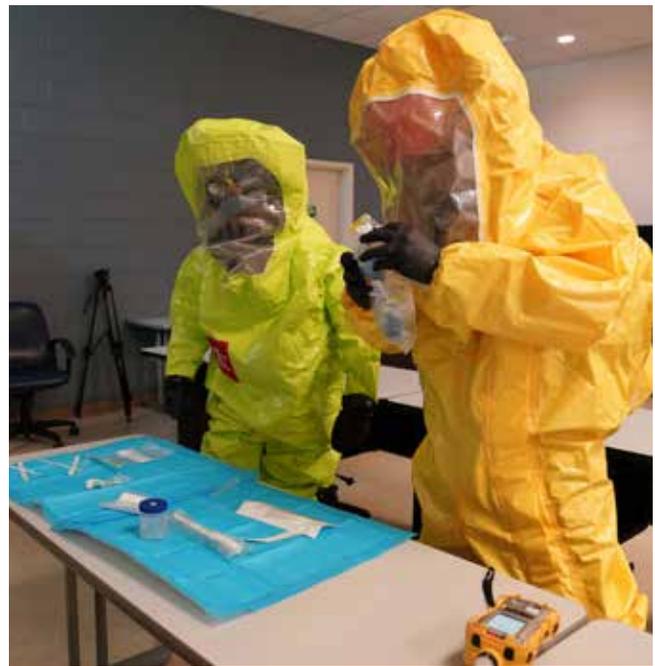
- ~ Issued a new Pediatric Prescribed Extended Care (PPEC) Provider license, bringing the number to 20 providing day care to medically fragile children
- ~ Increased to 54 the number of staff certified in Mental Health First Aid
- ~ Converted 5 hospitals to Rural Emergency Hospital status
- ~ 3 staff members completed course work to become Certified Public Managers through the State Personnel Board; 4 more are currently in the program.

OFFICE OF ORAL HEALTH

The Office of Oral Health has established a new collaboration with the Mississippi Department of Education Early Learning Collaboratives and State-Invested Pre-K programs to conduct dental screenings. The Make a Child's Smile program is free and staffed by licensed dental hygienists. These screenings are used to identify problems or disease conditions that need further evaluation by a dentist. The MSDH Oral Health Division eagerly seeks to team up with early learning centers to provide these services and give smiles back to kids.

SAFE RIDERS MAGNOLIA

The MSDH Occupant Protection team is the lead education and outreach program for child passenger safety in the state, partnering with local law enforcement, healthcare providers, and community organizations to promote proper car seat installation and usage. The mission of Safe Riders Magnolia remains unwavering: to reduce the risk of injury and fatalities among child occupants through comprehensive education, innovative outreach strategies, and collaborative partnerships. Our rebranding efforts aim to increase visibility, accessibility, and engagement, ultimately driving down the alarming statistics of child passenger fatalities. Having certified over 200 individuals in the last few years, our technicians continue to provide expert guidance, resources, and support to caregivers, parents, and professionals, empowering them to make informed decisions about child passenger safety. We've developed and disseminated educational materials on child passenger safety to schools and community centers across the state. By expanding our reach and deepening our impact, we strive to create a safer, more informed community, where every child can ride safely. Last year, we collaborated with over 20 agencies on highway safety campaigns, presentations, and courses all over Mississippi, including our "Car Seat Check-Up" events, which inspected and corrected over 500 car seats. Our team is committed to staying at the forefront of child passenger safety education and research. We regularly participate in national conferences and training sessions to stay updated on the latest best practices and



The Mississippi State Department of Health helped organize a full-scale HAZMAT Exercise in April at the Mississippi State Fire Academy in Pearl. The exercise was coordinated in partnership with local, state and federal agencies to test the capabilities of first responders to a deadly hazardous materials incident.





The Forrest County Health Department held its grand reopening on May 9 following a \$5 million remodeling project coordinated by the Forrest County Board of Supervisors and MSDH. State Health Officer Dr. Dan Edney, who attended the ribbon cutting, called the new building a true world-class medical facility.



technological advancements in car seat design and safety. We are also dedicated to supporting families in need. Our seat distribution program has provided over 6,000 car seats to low-income families, ensuring that all children have access to a safe and properly installed car seat.

SYPHILIS TASK FORCE

Because of a dramatic increase in syphilis cases in the state, State Health Officer Dr. Daniel Edney created the Syphilis Task Force at the end of FY 2023. The Task Force, comprising STD/HIV staff and agency administrators, strategizes to develop innovative approaches to reduce syphilis, including congenital syphilis, statewide.

- ~ Based on surveillance data, priority areas include Hinds/Rankin, Jones/Forrest, DeSoto, and Harrison counties. College and university towns were also prioritized.
- ~ Syphilis testing is performed in all health department clinics. Pregnant women and individuals with HIV are prioritized for follow-up to ensure treatment and partner notification.
- ~ Immediate actions included increasing Disease Investigator Specialists (DIS) capacity within priority areas by engaging with existing Community Health Worker networks, hiring additional DISs, and shifting existing DISs to priority areas. The Agency sought partnerships with private providers, emergency departments, and rural health clinics to increase syphilis awareness, testing, and treatment; additional partnerships with Community Based Organizations (CBOs) were explored to increase capacity for community testing events, treatment, and linkage to medical services.
- ~ Strategies include informing/educating the medical and lay community, increasing access to testing, and ensuring that syphilis cases are appropriately treated. We will strive to create new partnerships that are reflective of communities that we serve and support innovative approaches for testing and treatment.
- ~ The Task Force is also exploring establishing Bicillin MOUs/Agreements with partnering private physicians.

TOBACCO FREE ORDINANCES

Mississippi has the fourth highest rate of smoking in the country, but a comprehensive law to prohibit smoking in public spaces has never been passed. The MSDH Office of Tobacco Control (OTC) is working with passionate community-based organizations at the grassroots level to make a difference.

Since 2008, OTC has worked to bring communities the opportunity to breathe smoke-free air. It all started with the municipality of Metcalfe and has grown to include 189

smoke-free municipalities and counting. Seven counties have also passed ordinances to protect their citizens.

In 2024, four new municipalities adopted a smoke-free ordinance: Glen, Beaumont, Osyka and Tunica. Every community is unique. The passage of an ordinance is a tedious process and is done incrementally. Within these steps, there are city meetings, community presentations, and sadly, often denials. Relationship building is at the core of this process. This involves bringing awareness, education, and a persistent love for the community to achieve success.

MSDH couldn't have made these great strides without the help of other programs and partners, including the Mississippi Tobacco-Free Coalitions. OTC works with 34 Mississippi Tobacco-Free Coalitions statewide with directors that are passionate about ensuring that the communities that they live and work in are healthy. The important work they do impacts their environment, their health, and the health and well-being of their families and friends.

RURAL HEALTH AND POPULATION STUDIES

The Mississippi Center for Rural Health and Population Studies was established in 2024 under the leadership of State Health Officer Dr. Dan Edney, signifying a strong commitment and focus on the issues affecting rural Mississippi. It currently houses three offices: the Office of

Rural Health, the Office of Mississippi Physician Workforce, and the Office of State Health Planning and Research. The Office of Rural Health focuses on administering federal grants and loan programs and collects data on rural health needs. It coordinates support for rural health facilities and health interests statewide through the State Offices of Rural Health Grant Program, MS Qualified Health Centers, the Medicare Rural Hospital Flexibility Grant Program, the Small Rural Hospital Improvement Program, and the Mississippi Rural Hospital Loan Program.

The Office of Mississippi Physician Workforce was moved to The Mississippi Center for Rural Health and Population Studies/Mississippi State Department of Health during the 2024 legislative session. It continues its focus on recruitment and retention of physicians to the State of Mississippi. It supports the creation and sustainability of residency programs in Mississippi. The Office of Primary Care and Graduate Medical Education is housed in the Office of Mississippi Physician Workforce.

The Office of State Health Planning and Research was created to assist in reimagining the State Health Plan, providing a comprehensive living document to help guide the State to better health outcomes. In addition, the Office is creating the Rural Health Research Consortium, bringing together the major Mississippi universities to undertake research pertinent to rural health issues utilizing public health data.



100% SMOKE-FREE COMMUNITIES in MISSISSIPPI

UPDATED IN JUNE 2024

There Are **189** Smoke-Free Municipalities

***159** of which have ordinances that include restrictions on electronic cigarettes

and **7** Smoke-Free Counties in Mississippi

- ~ Coahoma County
- ~ Yalobusha County
- ~ Madison County
- ~ Sharkey County
- ~ Issaquena County
- ~ Quitman County
- ~ Washington County

37% of Mississippi's Population is Protected



2024 MISSISSIPPI TOBACCO DATA

100% SMOKE-FREE COMMUNITIES *in* MISSISSIPPI

TIMELINE DATA

YEAR	LOCAL ORDINANCES	DATE IMPLEMENTED	% MS POP. PROTECTED
2002	Metcalfe	September 3	0.03%

2002	Metcalfe	September 3rd	0.03%
2005	Mayersville	September 16th	0.04%
2006	Starkville	May 20th	0.86%
2006	Tupelo	October 5th	2.15%
2006	Mantachie	November 4th	2.18%
2006	Oxford	November 16th	3.04%
2007	Hattiesburg	January 1st	4.69%
2007	Hernando	March 8th	5.27%
2007	Aberdeen	March 22nd	5.43%
2007	Mathiston	April 15th	5.46%
2007	Ridgeland	July 19th	6.28%
2007	Greenwood	August 16th	6.77%
2007	Kosciusko	November 1st	7.01%
2007	Amory	November 1st	7.24%
2007	Corinth	November 6th	7.73%
2007	Flora	December 13th	7.79%
2007	Petal	December 20th	8.16%
2008	Ecru	March 12th	8.19%
2008	Pontotoc	May 1st	8.38%
2008	Collins	June 6th	8.46%
2008	Clinton	August 14th	9.41%
2008	Laurel	December 4th	9.99%
2009	Grenada	April 8th	10.42%
2009	Hollandale	December 3rd	10.49%
2010	Meridian	February 18th	11.68%
2010	Batesville	March 4th	11.93%

- Amended definition of smoking to include e-cigarettes within original ordinance.
- Created a new ordinance that prohibited e-cigarette use in places where original ordinance prohibited smoking.
- Original ordinance included e-cigarettes.

100% SMOKE-FREE COMMUNITIES *in* MISSISSIPPI

TIMELINE DATA

YEAR	LOCAL ORDINANCES	DATE IMPLEMENTED	% MS POP. PROTECTED
2002	Metcalfe	September 3	0.03%

2010	Bassfield	March 10th	11.94%
2010	Prentiss	April 17th	11.97%
2010	Madison	June 3rd	12.91%
2010	Crystal Springs	June 15th	13.07%
2010	Jackson	July 1st	18.26%
2010	Wesson	July 1st	18.33%
2010	Belzoni	July 1st	18.39%
2010	Lumberton	July 3rd	18.45%
2010	Sumrall	July 3rd	18.51%
2010	Pearl	September 1st	19.42%
2010	Jonestown	October 13th	19.45%
2011	Okolona	April 15th	19.54%
2011	Centreville	April 17th	19.58%
2011	Flowood	May 4th	19.93%
2011	Marks	July 14th	19.97%
2011	Calhoun City	September 1st	20.03%
2011	New Albany	December 1st	20.28%
2011	Byram	December 10th	20.71%
2011	Rolling Fork	December 15th	20.77%
2012	Monticello	January 18th	20.82%
2012	Canton	January 19th	21.19%
2012	Georgetown	March 12th	21.20%
2012	Duncan	April 5th	21.21%
2012	Anguilla	April 27th	21.23%
2012	Durant	May 3rd	21.30%
2012	Verona	May 3rd	21.40%
2012	Arcola	May 10th	21.41%
2012	Shuqualak	May 31st	21.42%
2012	Booneville	21.73%	21.73%
2012	New Augusta	June 12th	21.75%

2012	Moss Point	June 14th	22.16%
2012	Sumner	July 5th	22.17%
2012	Alligator	July 5th	22.17%
2012	Forest	September 6th	22.35%
2012	Florence	September 19th	22.51%
2012	Ethel	November 1st	22.52%
2012	Indianola	November 7th	22.85%
2012	Coahoma County	November 15th	22.98%
2012	Cary	December 8th	22.99%
2013	Moorhead	January 11th	23.05%
2013	Wiggins	January 17th	23.20%
2013	Lucedale	February 1st	23.29%
2013	Baldwyn	July 5th	23.40%
2013	Plantersville	July 6th	23.43%
2013	Pascagoula	July 18th	24.17%
2013	Carthage	September 21st	24.34%
2013	Morton	October 31st	24.46%
2013	Walnut	December 5th	24.49%
2013	Woodville	December 30th	24.52%
2014	Bruce	January 1st	24.57%
2014	Friars Point	January 8th	24.60%
2014	Itta Bena	January 16th	24.66%
2014	Farmington	February 20th	24.73%
2014	Louisville	April 3rd	24.94%
2014	Mendenhall	April 4th	25.01%
2014	Duck Hill	April 9th	25.03%
2014	Weir	April 10th	25.05%
2014	Noxapater	May 1st	25.06%
2014	Sledge	June 4th	25.07%
2014	Coahoma	July 3rd	25.08%
2014	Picayune	July 17th	25.48%
2014	Southaven	August 4th	27.33%

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100% SMOKE-FREE COMMUNITIES *in* MISSISSIPPI

TIMELINE DATA

YEAR	LOCAL ORDINANCES	DATE IMPLEMENTED	% MS POP. PROTECTED
2002	Metcalfe	September 3	0.03%

2014	Crawford	September 2nd	27.34%
2014	Beulah	September 4th	27.35%
2014	Isola	September 4th	27.37%
2014	Clarksdale	September 10th	27.87%
2014	Poplarville	November 5th	27.97%
2014	Senatobia	November 20th	28.25%
2015	Iuka	January 1st	28.36%
2015	Nettleton	February 5th	28.42%
2015	Sidon	February 5th	28.43%
2015	Charleston	March 7th	28.50%
2015	Meadville	March 12th	28.51%
2015	Tutwiler	April 2nd	28.59%
2015	Courtland	April 2nd	28.61%
2015	Drew	April 2nd	28.67%
2015	Walnut Grove	April 3rd	28.69%
2015	Pittsboro	May 5th	28.70%
2015	Brandon	June 3rd	29.54%
2015	Fayette	June 11th	29.59%
2015	Brooksville	July 2nd	29.62%
2015	State Line	July 2nd	29.64%
2015	Pickens	July 2nd	29.67%
2015	Eden	August 13th	29.68%
2015	Macon	September 17th	29.76%
2015	Saltillo	September 18th	29.93%
2015	Holly Springs	October 1st	30.16%
2015	Louise	October 1st	30.17%
2015	Lyon	October 2nd	30.18%
2015	Lexington	October 11th	30.23%
2015	Shaw	October 30th	30.28%
2015	Ellisville	November 5th	30.44%

2015	Shubuta	December 2nd	30.45%
2015	Lula	December 4th	30.46%
2016	Diamondhead	January 2nd	30.78%
2016	Coldwater	March 3rd	30.83%
2016	Falkner	March 3rd	30.97%
2016	Leakesville	March 3rd	30.97%
2016	Cruger	April 6th	30.98%
2016	Artesia	May 5th	30.99%
2016	Tchula	August 13th	31.05%
2016	Houston	September 1st	31.17%
2016	Sebastopol	September 1st	31.18%
2016	Renova	September 2nd	31.21%
2016	Magnolia	September 6th	31.27%
2016	Utica	September 8th	31.29%
2016	Woodland	November 3rd	31.30%
2016	Belmont	December 1st	31.36%
2016	Edwards	December 14th	31.39%
2017	Oakland	March 9th	31.41%
2017	Webb	March 9th	31.42%
2017	Summit	March 16th	31.47%
2017	Quitman	March 23rd	31.54%
2017	Heidelberg	June 4th	31.56%
2017	Yalobusha County	July 5th	31.83%
2017	Water Valley	July 5th	31.94%
2017	Roxie	July 6th	31.96%
2017	Madison County	July 19th	33.34%
2017	Glendora	September 7th	33.35%
2017	Scooba	October 14th	33.37%
2017	Richland	November 2nd	33.61%
2017	Blue Mountain	December 27th	33.64%
2018	Vaiden	January 4th	33.67%
2018	Sharkey County	March 7th	33.71%

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100% SMOKE-FREE COMMUNITIES *in* MISSISSIPPI

TIMELINE DATA

YEAR	LOCAL ORDINANCES	DATE IMPLEMENTED	% MS POP. PROTECTED
2002	Metcalfe	September 3	0.03%

2018	Lambert	March 7th	33.76%
2018	Goodman	March 8th	33.80%
2018	Falcon	April 13th	33.80%
2018	Gunnison	May 3rd	33.81%
2018	Issaquena County	June 6th	33.85%
2018	Hatley	September 6th	33.86%
2018	Coffeeville	September 28th	33.89%
2018	Crenshaw	October 17th	33.91%
2019	Hazlehurst	January 19th	34.03%
2019	Tremont	February 2nd	34.05%
2019	Yazoo City	March 5th	34.40%
2019	Philadelphia	April 4th	34.64%
2019	Sunflower	May 9th	34.67%
2019	Brookhaven	May 22nd	35.06%
2019	Crowder	June 1st	35.08%
2019	Newton	July 18th	35.19%
2019	French Camp	August 1st	35.20%
2019	Rienzi	August 6th	35.21%
2019	Pace	October 3rd	35.22%
2019	Gattman	October 31st	35.22%
2019	Bude	November 1st	35.24%
2019	Smithville	November 8th	35.26%
2020	Ripley	January 2nd	35.45%
2020	Gloster	January 2nd	35.48%
2020	Eupora	March 4th	35.54%
2020	Silver City	March 5th	35.55%
2020	Terry	June 6th	35.60%
2020	Quitman County	July 31st	35.68%
2020	Guntown	October 23rd	35.76%
2020	Maben	November 6th	35.79%

2020	Washington County	November 18th	36.05%
2021	New Houlka	February 4th	36.08%
2022	Leland	March 15th	36.21%
2022	Mount Olive	June 7th	36.24%
2022	Shelby	July 9th	36.31%
2022	Mound Bayou	December 1st	36.36%
2023	Mantee	January 4th	36.37%
2023	West	February 2nd	36.37%
2023	Beauregard	March 4th	36.38%
2023	Gluckstadt	March 16th	36.49%
2023	North Carrollton	April 9th	36.51%
2023	Fulton	April 17th	36.66%
2023	Crosby	June 1st	36.67%
2023	Glen	September 1st	36.68%
2024	Beaumont	March 14th	36.70%
2024	Osyka	June 1st	36.72%

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Partial Smoke-Free Communities *in Mississippi*

- ~ October 2007 | Greenville
- ~ November 15, 2007 | McComb
- ~ May 1, 2008 | Gulfport
- ~ July 31, 2008 | Walls
- ~ January 6, 2010 | Columbus
- ~ June 2011 | Olive Branch
- ~ November 19, 2013 | Magee
- ~ July 3, 2014 | Gautier
- ~ March 18, 2017 | Fulton
- ~ January 19, 2019 | Hazlehurst
- ~ June 8, 2023 | Ruleville

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