

**Mississippi Department of Health**

**Fiscal Years 2007 - 2011**

**Strategic Plan**

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

**Office of Health Policy and Planning  
August 2006**



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# Mississippi Department of Health

## Mission Statement

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

## Vision Statement

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

## Value Statement

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

## Strategic Directions

The MDH has identified the following areas to guide development of program objectives and strategies:

### **I. Strategic Planning and Policy Development**

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

### **II. Healthy People in Healthy Communities**

- A. Epidemiological model utilization
- B. Interventions based on causes of morbidity and mortality
- C. Environmental health
- D. Community health promotion

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

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

### **IV. Public Health Emergency Preparedness**

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

## **External Environmental Analysis**

Numerous external factors may influence the agency's ability to reach its goals and objectives. MDH is strongly affected by changes in federal and state laws, regulations, and funding. In addition, the agency must respond to changes in the health care system, an arena that remains particularly volatile. In Fiscal Year 2006, Hurricane Katrina had a major impact on the public health infrastructure and on the delivery of services to patients. The following represent a summary of major external factors that the Department must consider in its planning:

### **Demographic**

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

### **Health Status**

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

### **Service Delivery System**

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

## **Internal Management System**

The MDH has established a process to monitor program and service delivery activities carried out by local health departments within the centralized organizational structure. The activities are composites of all dimensions of the agency - counties, districts, programs, disciplines, and related or support units. The desired result is a continuous improvement in the quality of services delivered to the state's citizens.

### **Internal Audit**

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

Audits consist of all nine public health districts and each office unit in the Central Office. The Internal Audit Director reviews all audits, and the director of each office or district receives a copy of the report for response and corrective action. When appropriate, copies of supporting documentation, such as memos or inventory forms, accompany the response. The reports, along with the response and corrective action, are issued to the State Health Officer and the Board of Health each quarter in accordance with the Mississippi Internal Audit Act.

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

### **Service, Efforts, and Accomplishments Report**

Policy Evaluation staff are working toward implementation of the Service, Efforts, and Accomplishments Report (SEAR). This report encompasses performance measurement and compares the results of processes, subprograms, and programs to qualitative and quantitative standards in order to determine the level of success. SEAR serves as an accountability tool that focuses on true service efforts, utilization of resources, and accomplishments by programs.

### **Related Reviews**

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

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

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

### **Complaint Investigation**

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



# **Program Plans**



## **Chronic Illness**

Chronic Illness programs provide monitoring and treatment for a limited number of hypertension and diabetes patients. The program also provides home health services, including skilled nursing care, to homebound patients consistent with physician's orders. The objective of the Chronic Illness Program is to prevent unnecessary illness and premature death due to hypertension and diabetes and to provide quality, cost-efficient, skilled care to home-bound patients.



# Home Health

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

The Home Health Program is designed to address the needs of persons who are homebound and in need of skilled care. The program emphasizes effective, cost-efficient service to eligible patients in their residence. Through a statewide network of regional offices, the MDH provides comprehensive care to patients who are under the care of a physician and who require the skills of health professionals on an intermittent basis. Comprehensive services include skilled nursing and aide visits, nutritional consultation, and psychosocial evaluation in all counties, with physical, speech, and occupational therapy also provided in counties where personnel are available. Medical supplies may also be provided as indicated by the patient's condition.

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

## **FY 2007 Objectives:**

- Achieve 100% compliance with state and federal standards for licensure and certification.
- Achieve a rate of 1% better than the average of other Mississippi home health agencies for the percentage of patients who stay at home after an episode of home health care ends.
- Achieve a rate of 1% better than the average of other Mississippi home health agencies for the percentage of patients who are admitted to the hospital during a home health episode.

<b>Funding:</b>	\$	960	General
		38,547	Federal
		<u>4,152,601</u>	Other
		\$4,192,108	Total

## **FY 2008 Objectives:**

- Achieve 100% compliance with state and federal standards for licensure and certification.
- Achieve a rate of 1% better than the average of other Mississippi home health agencies for the percentage of patients who stay at home after an episode of home health care ends.
- Achieve a rate of 1% better than the average of other Mississippi home health agencies for the percentage of patients who are admitted to the hospital during a home health episode.

<b>Funding:\$</b>		1,503	General
		38,663	Federal
		<u>4,152,601</u>	Other
		\$4,192,767	Total

**FY 2009 Objectives:**

- Achieve 100% compliance with state and federal standards for licensure and certification.
- Achieve a rate of 1% better than the average of other Mississippi home health agencies for the percentage of patients who stay at home after an episode of home health care ends.
- Achieve a rate of 1% better than the average of other Mississippi home health agencies for the percentage of patients who are admitted to the hospital during a home health episode.

<b>Funding:</b>	\$ 1,499	General
	39,774	Federal
	<u>5,720,312</u>	Other
	\$5,761,585	Total

**FY 2010 Objectives:**

- Achieve 100% compliance with state and federal standards for licensure and certification.
- Achieve a rate of 1% better than the average of other Mississippi home health agencies for the percentage of patients who stay at home after an episode of home health care ends.
- Achieve a rate of 1% better than the average of other Mississippi home health agencies for the percentage of patients who are admitted to the hospital during a home health episode.

<b>Funding:</b>	\$ 1,514	General
	40,291	Federal
	<u>5,720,312</u>	Other
	\$5,762,117	Total

**FY 2011 Objectives:**

- Achieve 100% compliance with state and federal standards for licensure and certification.
- Achieve a rate of 1% better than the average of other Mississippi home health agencies for the percentage of patients who stay at home after an episode of home health care ends.
- Achieve a rate of 1% better than the average of other Mississippi home health agencies for the percentage of patients who are admitted to the hospital during a home health episode.

<b>Funding:</b>	\$ 1,528	General
	41,585	Federal
	<u>5,720,312</u>	Other
	\$5,763,425	Total

# Hypertension

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

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

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

## **FY 2007 Objectives:**

- Provide hypertension services according to MDH protocol to at least 1,227 patients who are living at, near, or below the poverty level.

**Funding:** Included with Preventive Health

## **FY 2008 Objectives:**

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- Provide hypertension services according to MDH protocol to at least 1,227 patients who are living at, near, or below the poverty level.

**Funding:** Included with Preventive Health

# Diabetes Treatment

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

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

**FY 2007 Objectives:**

- Provide insulin and syringes according to MDH protocol to at least 139 patients with diabetes.

**Funding:** Included with Preventive Health

**FY 2008 Objectives:**

- Provide insulin and syringes according to MDH protocol to at least 139 patients with diabetes.

**Funding:** Included with Preventive Health

**FY 2009 Objectives:**

- Provide insulin and syringes according to MDH protocol to at least 139 patients with diabetes.

**Funding:** Included with Preventive Health

**FY 2010 Objectives:**

- Provide insulin and syringes according to MDH protocol to at least 139 patients with diabetes.

**Funding:** Included with Preventive Health

**FY 2011 Objectives:**

- Provide insulin and syringes according to MDH protocol to at least 139 patients with diabetes.

**Funding:** Included with Preventive Health

## **Maternal and Child Health**

The Maternal and Child Health programs seek to reduce maternal and infant mortality, morbidity, and low birth weight through prenatal and postnatal care; to reduce the incidence of unplanned pregnancies; to provide assistance to children with special health care needs; to minimize the effects of genetic disorders through early detection and timely medical evaluation, diagnosis, and treatment; and to promote oral health among Mississippi's children.



# Family Planning

**Program Description:** Mississippi leads the nation in births to teens, and the state's repeat pregnancy rate for teens is also among the country's highest. In 2004, 15.7% of all births in the state were to teenagers. Teen mothers are more likely to drop out of school, require long-term financial support, and be involved in child abuse. In addition, a majority of the births among women with family incomes below the poverty level are unplanned. The percentage of births to single mothers has more than doubled since 1965. The Guttmacher Institute calculates that every public dollar spent on family planning services to adults saves an average of \$4.40 as a result of averting short-term expenditures on medical services, welfare, and nutritional services.

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

The MDH Family Planning Program provides services through a statewide network of more than 100 local health departments and community health centers, targeting sexually active teenagers and women 20-44 years of age with incomes at or below 150% of the federal poverty level. The program served 65,316 unduplicated persons in FY 2006 through a multidisciplinary team approach including medical, nursing, nutrition, and social services. Services include confidential counseling, medical examinations including pap smears and pelvic exams, education, and contraceptives for all Mississippians who need subsidized family planning services. Voluntary surgical sterilizations are available for men and women at risk who choose a permanent method of contraception. Infertility services are available for persons desiring pregnancy.

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

## **FY 2007 Objectives:**

- Provide services to over 90,000 users through county health departments and subcontractors, including 19,518 users aged 19 and younger and 70,487 adults.
- Increase the number of males receiving family planning services.
- Reduce the FY 2006 percent of teen mothers pregnant with their second child.
- Reduce the FY 2006 percent of births to girls less than 15 years of age.
- Reduce the FY 2006 pregnancy rate among non-white girls age 15-19.

<b>Funding:</b>	\$ 1,059,356	General
	7,483,598	Federal
	<u>6,670,756</u>	Other
	\$15,213,710	Total

## **FY 2008 Objectives:**

- Provide services to approximately 72,011 users through county health departments and subcontractors, including 20,494 users aged 19 and younger and 51,517 adults.
- Increase the number of males receiving family planning services.

- Reduce the FY 2007 percent of teen mothers pregnant with their second child.
- Reduce the FY 2007 percent of births to girls less than 15 years of age.
- Reduce the FY 2007 pregnancy rate among non-white girls age 15-19.

<b>Funding:</b>	\$ 2,168,158	General
	7,628,076	Federal
	<u>6,670,756</u>	Other
	\$16,466,990	Total

**FY 2009 Objectives:**

- Provide services to approximately 75,000 users through county health departments and subcontractors, including 22,518 users aged 19 and younger and 52,482 adults.
- Increase the number of males receiving family planning services.
- Reduce the FY 2008 percent of teen mothers pregnant with their second child.
- Reduce the FY 2008 percent of births to girls less than 15 years of age.
- Reduce the FY 2008 pregnancy rate among non-white girls age 15-19.

<b>Funding:</b>	\$ 1,653,990	General
	7,721,826	Federal
	<u>9,189,134</u>	Other
	\$18,564,950	Total

**FY 2010 Objectives:**

- Provide services to approximately 78,750 users through county health departments and subcontractors, including 23,649 users aged 19 and younger and 55,101 adults.
- Increase the number of males receiving family planning services.
- Reduce the FY 2009 percent of teen mothers pregnant with their second child.
- Reduce the FY 2009 percent of births to girls less than 15 years of age.
- Reduce the FY 2009 pregnancy rate among non-white girls age 15-19.

<b>Funding:</b>	\$ 1,670,206	General
	7,822,255	Federal
	<u>9,189,134</u>	Other
	\$18,681,595	Total

**FY 2011 Objectives:**

- Provide services to approximately 82,657 users through county health departments and subcontractors, including 24,831 users aged 19 and younger and 57,826 adults.
- Increase the number of males receiving family planning services.
- Reduce the FY 2010 percent of teen mothers pregnant with their second child.
- Reduce the FY 2010 percent of births to girls less than 15 years of age.
- Reduce the FY 2010 pregnancy rate among non-white girls age 15-19.

<b>Funding:</b>	\$ 1,686,422	General
	8,073,327	Federal
	<u>9,189,135</u>	Other
	\$18,948,884	Total

## Maternity/Perinatal Services

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

In FY 2006, the MDH provided maternity services statewide to 8,167 women through county health departments, targeting pregnant women whose income is at or below 185 percent of the federal poverty level. The Maternity Program strives to provide accessible and continuous quality maternity services based on risk status, with referral to appropriate physicians and hospitals as indicated. A multidisciplinary team including physicians, nurse practitioners, nurses, nutritionists, and social workers provides ambulatory care throughout pregnancy and the postpartum period, and emphasizes entry into family planning services for the mother and well-child care for the infant following delivery. Close follow-up for both is a high priority for 12 months after delivery.

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

### **Special Initiatives:**

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

The **Perinatal High Risk Management/Infant Services System (PHRM)** uses nurses, social workers, and nutritionists to provide multidisciplinary services to high-risk mothers and infants. Targeted case management can better treat the whole patient, improve access to available resources, provide early detection of risk factors, allow coordinated care, and decrease low birthweight and preterm delivery. This team of professionals provides risk screening assessments, counseling, health education, home visiting, and monthly case management. MDH served a total of 25,835 unduplicated PHRM patients in FY 2006.

The **Maternal and Infant Mortality Surveillance System** collects information on infant and maternal deaths to identify and examine factors associated with the death of a woman who had been pregnant or with the death of an infant. The information is compiled from a variety of sources, such as

medical and public health records and family interviews, and reviewed to determine if or how the death could have been prevented. These reviews are used to improve services, resources, and community support for pregnant women, infants, and their families.

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

***Osteoporosis Screening and Awareness:*** Osteoporosis is a silent disease discovered frequently when an unexpected fracture of a hip, the spine, or a wrist occurs. Recognizing the seriousness of this disease, the Mississippi Legislature authorized the MDH to establish, maintain, and promote an osteoporosis prevention and treatment education program. The Legislature has also designated May as Osteoporosis Awareness Month. In CY 2005, MDH screened 1,865 women and men using the Luna PIXI Densitometer; 37 of these individuals were found to be osteoporotic (osteoporosis); 397 were osteopenic (low bone mass); and 1,306 were normal (125 records had missing information).

**FY 2007 Objectives:**

- Maintain the incidence of low birthweight births at 11.6%.
- Reduce the fetal death rate to no more than 9.2 per 1,000 live births plus fetal deaths.
- Increase the percentage of pregnant women receiving prenatal care during the first trimester to 85.1%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70%.
- Maintain the number of PHRM patients served at 24,036.

<b>Funding:</b>	\$ 4,054,711	General
	4,317,405	Federal
	<u>8,550,428</u>	Other
	\$16,922,544	Total

**FY 2008 Objectives:**

- Maintain the incidence of low birth weight births at 11.6%.
- Reduce the fetal death rate to no more than 9.1 per 1,000 live births plus fetal deaths.
- Increase the percentage of pregnant women receiving prenatal care during the first trimester to 86%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70%.
- Increase the number of PHRM patients served by 1%.

<b>Funding:</b>	\$ 8,298,675	General
	4,400,757	Federal
	<u>8,550,428</u>	Other
	\$21,249,860	Total

**FY 2009 Objectives:**

- Reduce the incidence of low birthweight births to 11.5%.
- Maintain the fetal death rate at no more than 9.1 per 1,000 live births plus fetal deaths.
- Maintain the percentage of pregnant women receiving prenatal care during the first trimester at 86%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70%.
- Increase the number of PHRM patients served by 1%.

<b>Funding:</b>	\$ 6,330,688	General
	4,454,842	Federal
	<u>11,778,429</u>	Other
	\$22,563,959	Total

**FY 2010 Objectives:**

- Maintain the incidence of low birthweight births at 11.5%.
- Maintain the fetal death rate at no more than 9.1 per 1,000 live births plus fetal deaths.
- Maintain the percentage of pregnant women receiving prenatal care during the first trimester at 86%.
- Maintain the PRAMS sample size of births based on weight (Very Low Birthweight, Low Birthweight, or Normal Birthweight) at 70%.
- Increase the number of PHRM patients served by 1%.

<b>Funding:</b>	\$ 6,392,754	General
	4,512,781	Federal
	<u>11,778,429</u>	Other
	\$22,683,964	Total

**FY 2011 Objectives:**

- Reduce the incidence of low birth weight births to 11.4%.
- Maintain the fetal death rate at no more than 9.1 per 1,000 live births plus fetal deaths.
- Maintain the percentage of pregnant women receiving prenatal care during the first trimester at 86%.
- Maintain the PRAMS sample size of births based on weight at 70%.
- Maintain the number of PHRM patients served.

<b>Funding:</b>	\$ 6,454,820	General
	4,657,630	Federal
	<u>11,778,429</u>	Other
	\$22,890,879	Total

## Child/Adolescent Health

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

Sudden Infant Death Syndrome (SIDS) is one of the major causes of death in infants from one month to one year of age. County health department staff initiate contact with families that have experienced a death due to SIDS (by telephone, mail, or home visit) to offer support, counseling, and referral to appropriate services. Parents, caretakers, and pregnant women receive literature and counseling regarding activities to reduce the risk of SIDS.

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

### **FY 2007 Objectives:**

- Provide health service encounters to 53,000 infants, children, and adolescents.
- Increase EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening provided to Medicaid-eligible children in county health departments by 1%.
- Provide adolescent health education and awareness information to approximately 5,500 youth through community initiatives.
- Offer counseling and referral services to 99% of families who have experienced a death due to SIDS, as identified from death certificates.

<b>Funding:</b>	\$ 463,945	General
	4,183,612	Federal
	<u>1,883,509</u>	Other
	\$6,531,066	Total

### **FY 2008 Objectives:**

- Provide health service encounters to 53,000 infants, children, and adolescents.
- Increase EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening provided to Medicaid-eligible children in county health departments by 1%.
- Provide adolescent health education and awareness information to approximately 6,000 youth through community initiatives.
- Offer counseling and referral services to 99% of families who have experienced a death due to SIDS, as identified from death certificates.

<b>Funding:</b>	\$ 949,545	General
	4,264,380	Federal
	<u>1,883,509</u>	Other
	\$7,097,434	Total

**FY 2009 Objectives:**

- Provide health service encounters to 53,000 infants, children, and adolescents.
- Increase EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening provided to Medicaid-eligible children in county health departments by 2%.
- Provide adolescent health education and awareness information to approximately 6,000 youth through community initiatives.
- Offer counseling and referral services to 99% of families who have experienced a death due to SIDS, as identified from death certificates.

<b>Funding:</b>	\$ 724,365	General
	4,316,790	Federal
	<u>2,594,581</u>	Other
	\$7,635,736	Total

**FY 2010 Objectives:**

- Provide health service encounters to 53,000 infants, children, and adolescents.
- Increase EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening provided to Medicaid-eligible children in county health departments by 2%.
- Provide adolescent health education and awareness information to approximately 6,000 youth through community initiatives.
- Offer counseling and referral services to 99% of families who have experienced a death due to SIDS, as identified from death certificates.

<b>Funding:</b>	\$ 731,467	General
	4,372,934	Federal
	<u>2,594,581</u>	Other
	\$7,698,982	Total

**FY 2011 Objectives:**

- Provide health service encounters to 53,000 infants, children, and adolescents.
- Increase EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening provided to Medicaid-eligible children in county health departments by 2%.
- Provide adolescent health education and awareness information to approximately 6,000 youth through community initiatives.
- Offer counseling and referral services to 99% of families who have experienced a death due to SIDS, as identified from death certificates.

<b>Funding:</b>	\$ 738,568	General
	4,513,293	Federal
	<u>2,594,582</u>	Other
	\$7,846,443	Total

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

**Program Description:** The nutritional status of the Maternal and Child Health populations directly affects their overall health and the problems other agency programs are attempting to address. Inappropriate weight gain in prenatal periods, poor growth patterns in infants and children, and inappropriate dietary patterns are risk conditions common to the populations served. Anemia is the most common problem in all three populations.

The WIC program provides nutrition education and supplemental food to pregnant, breastfeeding, and postpartum women, infants, and children up to age five whose family income is at or below 185% of the federal poverty level and who have nutrition-related risk conditions. Income eligibility is automatic for all members of a family where any member is certified eligible for food stamps or Temporary Assistance for Needy Families and for all members of the family where a pregnant woman or infant is certified eligible for Medicaid.

In addition, WIC serves as an incentive that brings women, infants, and children into health department clinics for integrated health services. Participants receive monthly food packages through distribution centers located in every county. The program operates a total of 94 distribution centers; 29% have converted to the WIC Mart concept of self-service choice, and additional WIC Marts will be implemented as needed to better serve the customers.

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

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

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

### **FY 2007 Objectives:**

- Increase the potentially eligible population served to at least 85%.
- Increase the participation rate to 95.5%.
- Maintain food costs below \$44 per participant.
- Increase the breastfeeding rates for infants in the WIC program to 12%.
- Increase participant satisfaction with the WIC Program to at least 97%.

- Conduct at least 38 monitoring visits to county health departments and community health centers to ensure compliance with federal regulations.
- Ensure that all certifying professionals are current in policies and procedures related to the WIC certification process through training sessions for MDH and Community Health Center clerical staff, medical aides, nurses, and nutritionists.

<b>Funding:</b>	\$ 1,123,465	General
	63,771,578	Federal
	<u>2,559,450</u>	Other
	\$67,454,493	Total

**FY 2008 Objectives:**

- Increase the potentially eligible population served to at least 86%.
- Increase the participation rate to 96%.
- Maintain food costs below \$46 per participant.
- Increase the breastfeeding rates for infants in the WIC program to 13%.
- Increase participant satisfaction with the WIC Program to at least 98%.
- Conduct at least 38 monitoring visits to county health departments and community health centers to ensure compliance with federal regulations.
- Ensure that all certifying professionals are current in policies and procedures related to the WIC certification process through training sessions for MDH and Community Health Center clerical staff, medical aides, nurses, and nutritionists.

<b>Funding:</b>	\$ 2,299,368	General
	65,002,749	Federal
	<u>2,559,450</u>	Other
	\$69,861,567	Total

**FY 2009 Objectives:**

- Increase the potentially eligible population served to at least 87%.
- Increase the participation rate to 97%.
- Maintain food costs below \$48 per participant.
- Increase the breastfeeding rates for infants in the WIC program to 14%.
- Increase participant satisfaction with the WIC Program to at least 98.3%.
- Conduct at least 38 monitoring visits to county health departments and community health centers to ensure compliance with federal regulations.
- Ensure that all certifying professionals are current in policies and procedures related to the WIC certification process through training sessions for MDH and Community Health Center clerical staff, medical aides, nurses, and nutritionists.

<b>Funding:</b>	\$ 1,754,085	General
	65,801,641	Federal
	<u>3,525,707</u>	Other
	\$71,081,433	Total

**FY 2010 Objectives:**

- Increase the potentially eligible population served to at least 88%.

- Increase the participation rate to 97.5%.
- Maintain food costs below \$50 per participant.
- Increase the breast-feeding rates for infants in the WIC program to 15%.
- Increase participant satisfaction with the WIC Program to at least 98.5%.
- Conduct at least 40 monitoring visits to county health departments and community health centers to ensure compliance with federal regulations.
- Ensure that all certifying professionals are current in policies and procedures related to the WIC certification process through training sessions for MDH and Community Health Center clerical staff, medical aides, nurses, and nutritionists.

<b>Funding:</b>	\$ 1,771,282	General
	66,657,447	Federal
	<u>3,525,707</u>	Other
	\$71,954,436	Total

**FY 2011 Objectives:**

- Increase the potentially eligible population served to at least 89%.
- Increase the participation rate to 98%.
- Maintain food costs below \$50 per participant.
- Increase the breast-feeding rates for infants in the WIC program to 16%.
- Increase participant satisfaction with the WIC Program to at least 99%.
- Conduct at least 40 monitoring visits to county health departments and community health centers to ensure compliance with federal regulations.
- Ensure that all certifying professionals are current in policies and procedures related to the WIC certification process through training sessions for MDH and Community Health Center clerical staff, medical aides, nurses, and nutritionists.

<b>Funding:</b>	\$ 1,788,479	General
	68,796,965	Federal
	<u>3,525,707</u>	Other
	\$74,111,151	Total

## Genetics (Newborn Screening)

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

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

**Program Goal:** The goal of the Newborn Screening Program is to reduce morbidity and mortality of Mississippi newborns with genetic disorders through early detection and treatment accompanied by genetic counseling and appropriate referrals.

### **FY 2007 Objectives:**

- Screen 99% of newborns in Mississippi for genetic disorders.
- Provide adequate follow-up and referral for 99% of newborns with inconclusive or presumptive positive screen results.
- Assure that at least 99% of children diagnosed with genetic disorders receive medical care/treatment and case management services.
- Increase the number of hospitals reporting to the state birth defects registry to 25.

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

### **FY 2008 Objectives:**

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

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

**FY 2009 Objectives:**

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

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

**FY 2010 Objectives:**

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

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

**FY 2011 Objectives:**

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

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

## First Steps: Early Intervention Program

**Program Description:** Each year, 42,000 to 43,000 children are born in Mississippi. Some will have developmental, physical, or social/adaptive problems that require early intervention to prevent or minimize disability. These children need coordinated comprehensive services to meet all their developmental needs and the related needs of their families. Developmental disabilities that go unidentified create tremendous economic and human cost.

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

A variety of agencies and programs provide early intervention services, including the Department of Mental Health, Mississippi Schools for the Deaf and Blind, local education agencies, home health agencies, private therapists, university programs, and other small programs. The MDH has placed First Steps Early Intervention Program (FSEIP) service coordinators in each public health district to help families identify and receive needed services. These coordinators support the families of all eligible children through the early intervention system process, completing intake, referring for evaluation, facilitating development of an individualized family service plan, and coordinating service delivery until transition into other service systems at age three. Central office staff support district staff in implementing local plans and interagency agreements as part of the statewide system. The Mississippi Interagency Coordinating Council provides advice and assistance in implementing the statewide interagency system.

**Program Goal:** The goal of the Early Intervention Program is to fully implement a statewide interagency comprehensive coordinated system of early intervention services for children with developmental disabilities, birth to age three. All eligible infants and toddlers will receive necessary and appropriate early intervention services.

### **FY 2007 Objectives:**

- Identify the infants and toddlers statewide, at a minimum of 2.99% of the birth to three-year old population, potentially eligible to receive Early Intervention Program services.
- Increase by 10% the number of children referred to the Early Intervention Program.
- Increase by 8% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Increase by 8% the number of "at risk" children tracked for developmental surveillance purposes.
- Ensure that 85% of IFSPs are written within 45 days of the initial referral.
- Ensure that 50% of justifications for missing 45-day timeline for IFSP are child-based.
- Increase by 2.5% the percentage of children receiving services who entered the system prior to their first birthday.
- Ensure that at least 92% of children receive early intervention services primarily in their natural environment as defined by IDEA Part C.
- Ensure that 25% of justifications for services provided outside the natural environment are child-based.

- Expand the number of local interagency coordinating councils by one.
- Ensure that 83% of services outlined on the IFSP are provided within 30 days of the implementation date.

<b>Funding:</b>	\$2,901,765	General
	4,731,172	Federal
	<u>1,694,557</u>	Other
	\$9,327,494	Total

**FY 2008 Objectives:**

- Identify the infants and toddlers statewide, at a minimum of 3.22% of the birth to three-year old population, potentially eligible to receive Early Intervention Program services.
- Increase by 10% the number of children referred to the Early Intervention Program.
- Increase by 8% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Increase by 10% the number of “at risk” children tracked for developmental surveillance purposes.
- Ensure that 95% of IFSPs are written within 45 days of the initial referral.
- Ensure that 75% of justifications for missing 45-day timeline for IFSP are child-based.
- Increase by 3% the percentage of children receiving services who entered the system prior to their first birthday.
- Ensure that at least 95% of children receive early intervention services primarily in their natural environments as defined by IDEA Part C.
- Ensure that 50% of justifications for services provided outside the natural environment are child-based.
- Expand the number of local interagency coordinating councils by one.
- Ensure that 90% of services outlined on the IFSP are provided within 30 days of implementation date.

<b>Funding:</b>	\$ 5,938,969	General
	4,822,512	Federal
	<u>1,694,557</u>	Other
	\$12,456,038	Total

**FY 2009 Objectives:**

- Identify the infants and toddlers statewide, at a minimum of 3.5% of the birth to three-year old population, potentially eligible to receive Early Intervention Program services.
- Increase by 5% the number of children referred to the Early Intervention Program.
- Increase by 5% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Increase by 5% the number of “at risk” children tracked for developmental surveillance purposes.
- Ensure that 95% of IFSPs are written within 45 days of the initial referral.
- Ensure that 90% of justifications for missing 45-day timeline for IFSP are child-based.
- Increase by 3% the percentage of children receiving services who entered the system prior to their first birthday.
- Ensure that at least 95% of children receive early intervention services primarily in their natural environment as defined by IDEA Part C.

- Ensure that 75% of justifications for services provided outside the natural environment are child-based.
- Expand the number of local interagency coordinating councils by one.
- Ensure that 95% of services outlined on the IFSP are provided within 30 days of implementation date.

<b>Funding:</b>	\$ 4,530,574	General
	4,881,781	Federal
	<u>2,334,295</u>	Other
	\$11,746,650	Total

**FY 2010 Objectives:**

- Identify the infants and toddlers statewide, at a minimum of 3.5% of the birth to three-year old population, potentially eligible to receive Early Intervention Program Services.
- Increase by 3% the number of children referred to the Early Intervention Program.
- Increase by 3% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Increase by 3% the number of “at risk” children tracked for developmental surveillance purposes.
- Ensure that 95% of IFSPs are written within 45 days of the initial referral.
- Ensure that 99% of justifications for missing 45-day timeline for IFSP are child-based.
- Increase by 3% the percentage of children receiving services who entered the system prior to their first birthday.
- Ensure that at least 95% of children receive early intervention services primarily in their natural environment as defined by IDEA Part C.
- Ensure that 99% of justifications for services provided outside the natural environment are child-based.
- Expand the number of local interagency coordinating councils by one.
- Ensure that 95% of services outlined on the IFSP are provided within 30 days of implementation date.

<b>Funding:</b>	\$ 4,574,992	General
	4,945,273	Federal
	<u>2,334,295</u>	Other
	\$11,854,560	Total

**FY 2011 Objectives:**

- Identify the infants and toddlers statewide, at a minimum of 3.5% of the birth to three-year old population, potentially eligible to receive Early Intervention Program services.
- Increase by 3% the number of children referred to the Early Intervention Program.
- Increase by 3% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Increase by 3% the number of “at risk” children tracked for developmental surveillance purposes.
- Ensure that 95% of IFSPs are written within 45 days of the initial referral.
- Ensure that 99% of justifications for missing 45-day timeline for IFSP are child-based.
- Increase by 3% the percentage of children receiving services who entered the system prior to their first birthday.

- Ensure that at least 95% of children receive early intervention services primarily in their natural environment as defined by IDEA Part C.
- Ensure that 99% of justifications for services provided outside the natural environment are child-based.
- Expand the number of local interagency coordinating councils by one.
- Ensure that 95% of services outlined on the IFSP are provided within 30 days of implementation date.

<b>Funding:</b>	\$ 4,619,409	General
	5,104,003	Federal
	<u>2,334,296</u>	Other
	\$12,057,708	Total

# Children's Medical Program

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

The Children's Medical Program (CMP) provides access to medical care and assistance to children with certain chronic conditions and physical handicaps whose parents cannot afford all or part of the medical costs of caring for their children. CMP provides care for many children who have severe problems which may lead to permanent disability if left untreated. More than 7,042 patients are enrolled in the program; approximately 3,120 of these are active patients receiving services.

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

The CMP operates field clinics in 10 locations throughout the state, staffed by health department personnel and contract physicians in various specialties. Field clinics provide a variety of services including orthopedics, neurology, cardiology, genetics, and specialty clinics for cleft lip/cleft palate patients. As a result of the specialty services in these satellite clinics, patients may receive surgery or other inpatient services in the local community. In certain complex cases where multi-disciplinary care is required, the patients may be referred to Jackson, Memphis, or other major tertiary care centers for surgery or related care.

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

## **FY 2007 Objectives:**

- Increase by 2% the number of children enrolled in the program who have an identified medical home for ongoing, comprehensive care.
- Increase by 3% the number of children who receive medical assistance through the program.
- Increase the patient/family satisfaction rate by 2%.
- Increase by 1% the number of CMP patients with an identified dental home.

<b>Funding:</b>	\$ 159,346	General
	3,365,412	Federal
	<u>3,565,003</u>	Other
	\$7,089,761	Total

**FY 2008 Objectives:**

- Increase by 2% the number of children enrolled in the program who have an identified medical home for ongoing, comprehensive care.
- Increase by 3% the number of children who receive medical assistance through the program.
- Increase the patient/family satisfaction rate by 2%.
- Increase by 1% the number of CMP patients with an identified dental home.

<b>Funding:</b>	\$ 326,129	General
	3,430,384	Federal
	<u>3,565,003</u>	Other
	\$7,321,516	Total

**FY 2009 Objectives:**

- Increase by 1% the number of children enrolled in the program who have an identified medical home for ongoing, comprehensive care.
- Increase by 3% the number of children who receive medical assistance through the program.
- Increase the patient/family satisfaction rate by 1%.
- Increase by 1% the number of CMP patients with an identified dental home.

<b>Funding:</b>	\$ 248,790	General
	3,472,544	Federal
	<u>4,910,881</u>	Other
	\$8,632,215	Total

**FY 2010 Objectives:**

- Maintain the number of children enrolled in the program who have an identified medical home for ongoing, comprehensive care.
- Increase by 3% the number of children who receive medical assistance through the program.
- Increase the patient/family satisfaction rate by 1%.
- Increase by 1% the number of CMP patients with an identified dental home.

<b>Funding:</b>	\$ 251,229	General
	3,517,708	Federal
	<u>4,910,881</u>	Other
	\$8,679,818	Total

**FY 2011 Objectives:**

- Maintain the number of children enrolled in the program who have an identified medical home for ongoing, comprehensive care.
- Increase by 3% the number of children who receive medical assistance through the program.
- Increase the patient/family satisfaction rate by 1%.
- Increase by 1% the number of CMP patients with an identified dental home.

<b>Funding:</b>	\$ 253,668	General
	3,630,616	Federal
	<u>4,910,882</u>	Other
	\$8,795,166	Total

## Dental Health Services

**Program Description:** The Dental Health Program is targeted toward improving the health of Mississippi's children and their families. The program encompasses the provision of fluoride mouth rinse and preventive dental sealants to school children, fluoridation of community water systems, and health education and prevention services. The program also assists with access to dental care for indigent children and children with special health care needs through the Dental Corrections Program and the Children's Medical Program.

### **Special Initiatives:**

**Public Water Fluoridation** adjusts the fluoride content that occurs naturally in a community's water to the best level for preventing tooth decay. Hundreds of studies during the past 60 years show that community water fluoridation is a safe and effective way to prevent tooth decay. Children and adults who are at low risk for dental decay can stay cavity-free through frequent exposure to small amounts of fluoride in drinking water. Less than 40% of Mississippi's population received public water fluoridation, compared to 66% nationally, in 2002. Since July 1, 2003, a public-private partnership with the Bower Foundation provides additional resources to increase the population in Mississippi that receives optimally fluoridated water. Subsequently, 26 new water systems have been approved for fluoridation, increasing the proportion of population that receives fluoridated water to 50.5%.

**Dental Sealants** are a simple, safe, and effective technique to retard or prevent tooth decay. Less than half the cost of ordinary dental fillings; sealants, together with public water fluoridation, form a cost-effective strategy for improving oral health. A partnership between the MDH and the University of Mississippi School of Nursing Mercy Delta Health Express Project provides sealants for the permanent first molar teeth of second-graders in public schools in 11 Mississippi counties: Attala, Bolivar, Carroll, Holmes, Humphreys, Leflore, Montgomery, Sharkey/Issaquena, Sunflower, and Washington. For the past four years, local community dentists have provided dental screening and applied dental sealants to children in these counties.

A **School Fluoride Mouth Rinse Program** provides free weekly fluoride mouth rinses for children in public school grades 1 to 5 in communities without public water fluoridation. Weekly rinses, supervised by school personnel, help prevent tooth decay and may even help reverse existing decay. During the FY 2006 school year, more than 26,700 Mississippi children participated in this voluntary program.

The **Dental Corrections Program** provides financial assistance to children under 18 with severe dental problems who lack other health care resources such as Medicaid or private insurance. Approved dental care providers administer the program's services to qualifying children and receive full or partial reimbursement, depending on need. The Dental Division also partners with the Children's Medical Program to assist the dental needs of children with special health care needs.

The **Daily Chewable Fluoride Program** will provide daily chewable fluoride tablets for preschool children in Head Start programs in communities without public water fluoridation. The daily chewable fluoride tablet helps prevent tooth decay and may even help reverse existing decay. This program requires a fluoride usage assessment and written prescription before a classroom is able to participate. A pilot project with a local Head Start program will begin during the 2006-2007 school year. Planning is ongoing to implement standing orders for fluoride supplements at county health departments.

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

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

**FY 2007 Objectives:**

- Increase by 3% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Increase by 50% the number of low-income school-age children living in targeted areas (based on needs assessment outcomes) who received dental sealants on their molar teeth.
- Increase by 50% the number of school-age children receiving fluoride mouthrinse in areas without optimal public water fluoridation.
- Increase by 35% the number of preschool children receiving oral disease prevention in communities without water fluoridation.
- Increase by 50% the number of school and community-based oral health screenings conducted.
- Provide at least 190 oral health training sessions in community-based settings through oral health consultants.

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

**FY 2008 Objectives:**

- Increase by 3% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Increase by 25% the number of low-income school-age children living in targeted areas (based on needs assessment outcomes) who received dental sealants on their molar teeth.
- Increase by 10% the number of school-age children receiving fluoride mouthrinse in areas without optimal public water fluoridation.
- Increase by 30% the number of preschool children receiving oral disease prevention in communities without water fluoridation.
- Increase by 40% the number of school and community-based oral health screenings conducted.
- Provide at least 300 oral health training sessions in community-based settings through oral health consultants.

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

**FY 2009 Objectives:**

- Increase by 2% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Increase by 10% the number of low-income school-age children living in targeted areas (based on needs assessment outcomes) who received dental sealants on their molar teeth.
- Increase by 5% the number of school-age children receiving fluoride mouthrinse in areas without optimal public water fluoridation.
- Increase by 15% the number of preschool children receiving oral disease prevention in communities without water fluoridation.
- Increase by 10% the number of school and community-based oral health screenings conducted.

- Provide at least 250 oral health training sessions in community-based settings through oral health consultants.

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

**FY 2010 Objectives:**

- Increase by 2% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Increase by 10% the number of low-income school-age children living in targeted areas (based on needs assessment outcomes) who received dental sealants on their molar teeth.
- Increase by 5% the number of school-age children receiving fluoride mouthrinse in areas without optimal public water fluoridation.
- Increase by 10% the number of preschool children receiving oral disease prevention in communities without water fluoridation.
- Increase by 10% the number of school and community-based oral health screenings conducted.
- Provide at least 250 oral health training sessions in community-based settings through oral health consultants.

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

**FY 2011 Objectives:**

- Increase by 2% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Increase by 10% the number of low-income school-age children living in targeted areas (based on needs assessment outcomes) who received dental sealants on their molar teeth.
- Increase by 5% the number of school-age children receiving fluoride mouthrinse in areas without optimal public water fluoridation.
- Increase by 10% the number of preschool children receiving oral disease prevention in communities without water fluoridation.
- Increase by 10% the number of school and community-based oral health screenings conducted.
- Provide at least 250 oral health training sessions in community-based settings through oral health consultants.

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



## **Environmental Health**

Regulatory programs administered by the Office of Environmental Health impact the lives of all Mississippi citizens. In conjunction with county health departments, the office performs numerous activities directed at protection of property and lives. Areas of concern include food service and processing establishments, milk products and distribution systems, the public water supply, onsite wastewater disposal systems, and boiler and pressure vessel safety. Staff work with local, state, and federal officials to ensure the successful implementation of these cornerstone public health programs.



## Onsite Wastewater

**Program Description:** The Onsite Wastewater Program develops policies and regulations, and gives technical assistance to county and district environmentalists in inspecting R.V. parks, onsite wastewater disposal systems, and individual water supplies. Engineers and program specialists provide technical assistance and training in individual onsite wastewater disposal. Program staff conduct bi-monthly seminars for certification of new wastewater system installers and biannual seminars for continuing education to installers; inspect manufacturers of septic tanks and perform quality tests of tanks; and evaluate and improve computer modeling programs to aid in the design of onsite wastewater systems. Staff review and approve subdivisions and engineer-designed onsite wastewater disposal systems.

District and county environmentalists perform soil and site evaluations of proposed building lots and provide the property owner with a list of systems suitable for installation on the site. They also approve and collect samples from private wells and investigate general environmental complaints.

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

**FY 2007 Objectives:**

- Provide two continuing education seminars in each public health district for onsite wastewater system installers as a licensure requirement.
- Provide a response to secondary soil and site evaluation requests within four days.
- Provide individual onsite wastewater disposal system recommendations with 99% accuracy.
- Provide educational seminars to nine engineers and developers.
- Initiate investigation of complaints within five days of receipt.

<b>Funding:</b>	\$1,674,238	General
	47,344	Federal
	<u>2,672,692</u>	Other
	\$4,394,274	Total

**FY 2008 Objectives:**

- Provide two continuing education seminars in each public health district for onsite wastewater system installers as a licensure requirement.
- Provide a response to secondary soil and site evaluation requests within three days.
- Provide individual onsite wastewater disposal system recommendations with 100% accuracy.
- Provide educational seminars to 17 engineers and developers.
- Initiate investigation of complaints within four days of receipt.

<b>Funding:</b>	\$1,882,220	General
	47,344	Federal
	<u>2,672,692</u>	Other
	\$4,602,256	Total

**FY 2009 Objectives:**

- Provide two continuing education seminars in each public health district for onsite wastewater system installers as a licensure requirement.

- Provide a response to secondary soil and site evaluation requests within three days.
- Provide individual onsite wastewater disposal system recommendations with 100% accuracy.
- Provide educational seminars to 20 engineers and developers.
- Initiate investigation of complaints within three days of receipt.

<b>Funding:</b>	\$2,614,016	General
	48,851	Federal
	<u>3,681,700</u>	Other
	\$6,344,567	Total

**FY 2010 Objectives:**

- Provide two continuing education seminars in each public health district for onsite wastewater system installers as a licensure requirement.
- Provide a response to secondary soil and site evaluation requests within three days.
- Provide individual onsite wastewater disposal system recommendations with 100% accuracy.
- Provide educational seminars to 30 engineers and developers.
- Initiate investigation of complaints within three days of receipt.

<b>Funding:</b>	\$2,639,643	General
	49,486	Federal
	<u>3,681,700</u>	Other
	\$6,370,829	Total

**FY 2011 Objectives:**

- Provide two continuing education seminars in each public health district for onsite wastewater system installers as a licensure requirement.
- Provide a response to secondary soil and site evaluation requests within three days.
- Provide individual onsite wastewater disposal system recommendations with 100% accuracy.
- Provide educational seminars to 30 engineers and developers.
- Initiate investigation of complaints within three days of receipt.

<b>Funding:</b>	\$2,665,271	General
	51,075	Federal
	<u>3,681,700</u>	Other
	\$6,398,046	Total

## Food Protection

**Program Description:** The Food Protection Program inspects food establishments (except those regulated by another agency) to ensure compliance with state and federal laws, rules, and regulations. The program develops policies, provides regulations, and gives advice and guidance to county, regional, and district environmentalists in their efforts to reduce the risk factors that contribute to foodborne illnesses. Environmentalists at the district and county level inspect food service establishments at frequencies based on risk factor assessments and issue annual permits for facilities to operate. Manager certification is required of all food service facilities. Central office staff provide program assessments and help the districts improve the quality of the food protection program from the state to the county level. Numerous specialized training programs are available to food industry personnel, and inservice technical training is provided to county health department staff to promote uniformity. In addition, the Food Protection Program inspects processing facilities such as food manufacturers, soft drink bottling plants, bakeries, bottled water plants, ice plants, and warehouses. In cooperation with the Epidemiology staff, the program investigates foodborne illness outbreaks.

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

**FY 2007 Objectives:**

- Ensure that 85% of critical violations are corrected within 10 days.
- Decrease the number of critical violations on inspections by 4%.
- Assure that food facilities comply with manager certification requirements.
- Provide comprehensive training to 100% of public health environmentalists.
- Inspect 100% of food facilities at frequency required by risk category.
- Respond to 90% of consumer complaints within three working days.

<b>Funding:</b>	\$ 1,078,793	General
	-0-	Federal
	<u>1,354,436</u>	Other
	\$2,433,229	Total

**FY 2008 Objectives:**

- Ensure that 90% of critical violations are corrected within 10 days.
- Decrease the number of critical violations on inspections by 5%.
- Assure that food facilities comply with manager certification requirements.
- Provide comprehensive training to 100% of public health environmentalists.
- Inspect 100% of food facilities at frequency required by risk category.
- Respond to 95% of consumer complaints within three working days.

<b>Funding:</b>	\$1,212,806	General
	-0-	Federal
	<u>1,354,436</u>	Other
	\$2,567,242	Total

**FY 2009 Objectives:**

- Ensure that 95% of critical violations are corrected within 10 days.
- Decrease the number of critical violations on inspections by 2%.
- Assure that food facilities comply with manager certification requirements.
- Provide comprehensive training to 100% of public health environmentalists.
- Inspect 100% of food facilities at frequency required by risk category.
- Respond to 98% of consumer complaints within three working days.

<b>Funding:</b>	\$1,684,338	General
	-0-	Federal
	<u>1,865,770</u>	Other
	\$3,550,108	Total

**FY 2010 Objectives:**

- Ensure that 95% of critical violations are corrected within 10 days.
- Decrease the number of critical violations on inspections by 2%.
- Assure that food facilities comply with manager certification requirements.
- Provide comprehensive training to 100% of public health environmentalists.
- Inspect 100% of food facilities at frequency required by risk category.
- Respond to 100% of consumer complaints within three working days.

<b>Funding:</b>	\$1,700,851	General
	-0-	Federal
	<u>1,865,770</u>	Other
	\$3,566,621	Total

**FY 2011 Objectives:**

- Ensure that 95% of critical violations are corrected within 10 days.
- Decrease the number of critical violations on inspections by 2%.
- Assure that food facilities comply with manager certification requirements.
- Provide comprehensive training to 100% of public health environmentalists.
- Inspect 100% of food facilities at frequency required by risk category.
- Respond to 100% of consumer complaints within three working days.

<b>Funding:</b>	\$1,717,364	General
	-0-	Federal
	<u>1,865,770</u>	Other
	\$3,583,134	Total

## Milk and Dairy Protection

**Program Description:** The Milk and Dairy Program regulates milk production, the milk industry, and distribution of milk and milk products in Mississippi. The program uses inspection and sampling to ensure compliance with state and federal laws, rules, and regulations regarding dairy farms, bulk milk haulers, transfer stations, receiving stations, and pasteurization plants. The program also conducts Milk Sanitation Compliance and Enforcement Ratings of milk supplies within the state. These efforts allow the dairy industry to participate in interstate and intrastate commerce. The program also regulates frozen dessert plants.

Milk environmentalists inspect dairy farms and plants before issuing a permit to sell milk, and take milk samples for laboratory analysis to ensure high sanitary quality. Uniformity in regulation results in reciprocity with other states and ensures availability and safety of milk products. The program ensures that public health requirements are applied to new products and manufacturing processes within the industry.

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

### **FY 2007 Objectives:**

- Achieve an overall average state rating score of at least 95% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the FDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the FDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from milk supplies.

<b>Funding:</b>	\$717,292	General
	-0-	Federal
	<u>126,780</u>	Other
	\$844,072	Total

### **FY 2008 Objectives:**

- Achieve an overall average state rating score of at least 95% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the FDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the FDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from milk supplies.

<b>Funding:</b>	\$806,398	General
	-0-	Federal
	<u>126,780</u>	Other
	\$933,178	Total

**FY 2009 Objectives:**

- Achieve an overall average state rating score of at least 95% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the FDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the FDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from milk supplies.

<b>Funding:</b>	\$1,119,920	General
	-0-	Federal
	<u>174,643</u>	Other
	\$1,294,563	Total

**FY 2010 Objectives:**

- Achieve an overall average state rating score of at least 95% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the FDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the FDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from milk supplies.

<b>Funding:</b>	\$1,130,900	General
	-0-	Federal
	<u>174,643</u>	Other
	\$1,305,543	Total

**FY 2011 Objectives:**

- Achieve an overall average state rating score of at least 95% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the FDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the FDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from milk supplies.

<b>Funding:</b>	\$ 1,141,879	General
	-0-	Federal
	<u>174,643</u>	Other
	\$1,316,522	Total

## General Environmental Services

**Program Description:** The potential for the spread of disease through food, milk products, water, or the improper disposal of human waste has long been recognized. Environmental sanitation is the backbone of public health; the first boards and departments of health were formed to prevent the spread of disease by controlling environmental factors. The MDH operates environmental services in the following areas: onsite wastewater, food protection, milk and dairy protection, public water supply, radiation control, and boiler and pressure vessel safety. These programs are detailed in separate sections of this plan. General Environmental Services encompasses vector control and institutional services, as well as administration for the Office of Environmental Health.

Vector Control is an important public health function, as insects and rodents affect human health through bites, stings, and contamination of food products. In addition, they indirectly impact public health by transmitting disease agents such as West Nile virus, Rocky Mountain spotted fever, and Lyme disease. Therefore, controlling or preventing insects and rodents contributes to overall community health. Within the Environmental Health Vector Control Program, a medical entomologist is available to the public and health care community for consultation and advice concerning public health pest management and prevention/control of insect-transmitted disease outbreaks. The entomologist also works closely with municipalities, providing expertise and assistance regarding mosquito control.

The Institutional Services Program performs a variety of functions:

- A program staff member inspects all Mississippi correctional facilities (106 facilities) for health and safety standards in accordance with federal court orders and state law. State prisons receive annual inspection, while regional prisons and county jails are inspected twice each year.
- A staff member reviews plans for public buildings and schools to ensure compliance with the Americans with Disabilities Act regarding designated handicapped parking, wheelchair ramps for building access, wheelchair accessible restroom facilities and drinking fountains, and elevators.
- The program receives referrals from the MDH Child Health Program of children identified through screening as having elevated blood lead levels. An Institutional Services Program staff member conducts environmental assessments for lead in the homes of these children or in any location the child spends six hours or more each day and makes recommendations for reducing lead exposure.
- Upon assignment of the Consumer Product Safety Commission, the program ensures that recalled products have been removed from store shelves or appropriate action taken in accordance with Commission directives.

**Program Goal:** The goal of the Vector Control Program is to reduce the potential for the spread of insect and rodent transmitted disease through surveillance, education, and consultation. The goal of the Institutional Services Program is to assure health and safety standards in correctional facilities, Americans With Disabilities Act compliance in public buildings, and reduction of environmental lead exposure for children with elevated blood lead levels.

### **FY 2007 Objectives:**

#### **Vector Control**

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

**Institutional Services**

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

<b>Funding:</b>	\$2,558,928	General
	168,092	Federal
	<u>1,439,930</u>	Other
	\$4,166,950	Total

**FY 2008 Objectives:**

**Vector Control**

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

**Institutional Services**

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

<b>Funding:</b>	\$2,876,809	General
	168,092	Federal
	<u>1,439,930</u>	Other
	\$4,484,831	Total

**FY 2009 Objectives:**

**Vector Control**

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

**Institutional Services**

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

- Conduct all product recall effectiveness checks in randomly selected stores by target dates requested by the Consumer Product Safety Commission.

<b>Funding:</b>	\$3,995,297	General
	173,443	Federal
	<u>1,983,540</u>	Other
	\$6,152,280	Total

**FY 2010 Objectives:**

**Vector Control**

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

**Institutional Services**

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

<b>Funding:</b>	\$4,034,467	General
	175,699	Federal
	<u>1,983,540</u>	Other
	\$6,193,706	Total

**FY 2011 Objectives:**

**Vector Control**

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

**Institutional Services**

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

<b>Funding:</b>	\$4,073,637	General
	181,338	Federal
	<u>1,983,540</u>	Other
	\$6,238,515	Total

# Public Water Supply

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

The MDH also administers the Local Governments and Rural Water Systems Improvements Loan Program using funds from an annual capitalization grant from the Environmental Protection Agency. The objective of the program is to provide loans, on a priority basis, to public water systems that require significant capital improvements to protect public health by complying with the federal and Mississippi Safe Drinking Water Acts.

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

## **FY 2007 Objectives:**

- Assure that 87% of Mississippi's public water systems have implemented effective cross connection control programs.
- Complete a Capacity Assessment/Rating on 100% of the state's community public water systems.
- Complete a sanitary survey on 100% of public water supplies.
- Review and comment on 100% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Assure that 98% of community public water supplies utilize a waterworks operator licensed by MDH.
- Follow up and resolve 100% of Safe Drinking Water Act (SDWA) water quality violations within time frames required by statute.
- Assure that affected citizens are immediately notified, i.e. radio and/or television, of potential acute drinking water contamination incidents so that consumptive use can be discontinued until the source of contamination is located and eliminated.
- Promote compliance with the SDWA by providing assistance through the Local Governments and Rural Water Systems Improvements Loan Program.

<b>Funding:</b>	\$ 210,589	General
	1,831,240	Federal
	<u>941,749</u>	Other
	\$2,983,578	Total

## **FY 2008 Objectives:**

- Assure that 90% of Mississippi's public water systems have implemented effective cross connection control programs.

- Complete a Capacity Assessment/Rating on 100% of the state’s community public water systems.
- Complete a sanitary survey on 100% of public water supplies.
- Review and comment on 100% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Assure that 98% of community public water supplies utilize a waterworks operator licensed by MDH.
- Follow up and resolve 100% of SDWA water quality violations within time frames required by statute.
- Assure that affected citizens are immediately notified, i.e. radio and/or television, of potential acute drinking water contamination incidents so that consumptive use can be discontinued until the source of contamination is located and eliminated.
- Promote compliance with the SDWA by providing assistance through the Local Governments and Rural Water Systems Improvements Loan Program.

<b>Funding:</b>	\$ 236,750	General
	1,831,240	Federal
	<u>941,750</u>	Other
	\$3,009,740	Total

**FY 2009 Objectives:**

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

<b>Funding:</b>	\$ 328,796	General
	1,889,534	Federal
	<u>1,297,284</u>	Other
	\$3,515,614	Total

**FY 2010 Objectives:**

- Assure that 95% of Mississippi’s public water systems have implemented effective cross connection control programs.
- Complete a Capacity Assessment/Rating on 100% of the state’s community public water systems.
- Complete a sanitary survey of 100% of public water supplies.

- Review and comment on 100% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Assure that 98% of community public water supplies utilize a waterworks operator licensed by MDH.
- Follow up and resolve 100% of SDWA water quality violations within time frames required by statute.
- Assure that affected citizens are immediately notified, i.e. radio and/or television, of potential acute drinking water contamination incidents so that consumptive use can be discontinued until the source of contamination is located and eliminated.
- Promote compliance with the SDWA by providing assistance through the Local Governments and Rural Water Systems Improvements Loan Program.

<b>Funding:</b>	\$ 332,020	General
	1,914,110	Federal
	<u>1,297,283</u>	Other
	\$3,543,413	Total

**FY 2011 Objectives:**

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

<b>Funding:</b>	\$ 335,243	General
	1,975,547	Federal
	<u>1,297,283</u>	Other
	\$3,608,073	Total

## Radiation Control

**Program Description:** The MDH Radiation Control Program is designed to identify sources of radiation exposure, understand the biological effects of radiation, investigate and evaluate exposures, and formulate and apply regulations for the control and reduction of exposure. Through monitoring and surveillance, the program determines levels of radioactivity present in the environment. The proliferation of radiation sources has involved more personnel in their handling and operation, which increases the probability of radiation exposure to workers and the general public. Levels of environmental radioactivity can be found from sources such as nuclear reactor operations (Grand Gulf Nuclear Station); radionuclides used in medicine, agriculture, and industry; nuclear activities associated with the Salmon Test Site in Lamar County; and radioactive fallout from atmospheric nuclear detonations. Medical and industrial uses of radioactive materials and radiation devices are commonplace and widespread; educational institutions also use nuclear materials in instruction and research, thus increasing potential risk for workers, students, and the public.

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

Through a comprehensive monitoring and surveillance program, Radiological Health determines levels of radioactivity present in the environment, the probable effect of radioactivity pathways leading to man, and the possibility of undesirable biological effects. Staff annually collect and analyze approximately 1,175 samples, including water, soil, meat, air, and vegetation, as well as direct measurements to record radiation levels in the environment. Each person licensed to possess and use radioactive materials or registered to operate x-ray devices is evaluated to ensure the protection of citizens and the environment through compliance with regulations and specific license or registration conditions.

Radiological Health Program staff participate in national studies, including the Nationwide Evaluation of X-Ray Trends sponsored by the Food and Drug Administration's Center for Devices and Radiological Health, to characterize the radiation doses patients receive during x-ray diagnostic examinations. The program maintains and enforces regulatory standards to ensure that the exposure of Mississippians to biologically-harmful radiation is maintained at low levels.

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

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

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

**FY 2007 Objectives:**

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor health and safety violations and 5% for major violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor health and safety violations and 5% for major violations.
- Analyze 950 occupied areas for radon levels above Environmental Protection Agency standards in 25 schools and 25 government buildings.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 (MQSA) in accordance with FDA/MDH contract.
- Collect and analyze approximately 965 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Collect and analyze 100% of required samples to monitor for radioactivity at the Salmon Test Site in accordance with Department of Energy requirements (approximately 300 samples).
- Analyze approximately 4,400 public drinking water samples for compliance with EPA safe drinking water standards for radioactivity.
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five working days of receipt.

<b>Funding:</b>	\$	7	General
		133,426	Federal
		<u>1,290,588</u>	Other
		\$1,424,021	Total

**FY 2008 Objectives:**

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor health and safety violations and 5% for major violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor health and safety violations and 5% for major violations.
- Analyze 950 occupied areas for radon levels above Environmental Protection Agency standards in 25 schools and 25 government buildings.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 (MQSA) in accordance with FDA/MDH contract.
- Collect and analyze approximately 965 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Collect and analyze 100% of required samples to monitor for radioactivity at the Salmon Test Site in accordance with Department of Energy requirements (approximately 300 samples).
- Analyze approximately 300 public drinking water samples for compliance with EPA safe drinking water standards for radioactivity.
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five working days of receipt.

<b>Funding:</b>	\$	8	General
		133,426	Federal
		<u>1,290,588</u>	Other
		\$1,424,022	Total

**FY 2009 Objectives:**

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor health and safety violations and 5% for major violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor health and safety violations and 5% for major violations.
- Analyze 950 occupied areas for radon levels above Environmental Protection Agency standards in 25 schools and 25 government buildings.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 (MQSA) in accordance with FDA/MDH contract.
- Collect and analyze approximately 965 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Collect and analyze 100% of required samples to monitor for radioactivity at the Salmon Test Site in accordance with Department of Energy requirements (approximately 300 samples).
- Analyze approximately 500 public drinking water samples for compliance with EPA safe drinking water standards for radioactivity.
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five working days of receipt.

<b>Funding:</b>	\$ 11	General
	137,673	Federal
	<u>1,777,817</u>	Other
	\$1,915,501	Total

**FY 2010 Objectives:**

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor health and safety violations and 5% for major violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor health and safety violations and 5% for major violations.
- Analyze 950 occupied areas for radon levels above Environmental Protection Agency standards in 25 schools and 25 government buildings.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 (MQSA) in accordance with FDA/MDH contract.
- Collect and analyze approximately 965 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Collect and analyze 100% of required samples to monitor for radioactivity at the Salmon Test Site in accordance with Department of Energy requirements (approximately 300 samples).
- Analyze approximately 500 public drinking water samples for compliance with EPA safe drinking water standards for radioactivity.
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five working days of receipt.

<b>Funding:</b>	\$ 11	General
	139,464	Federal
	<u>1,777,817</u>	Other
	\$1,917,292	Total

**FY 2011 Objectives:**

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor health and safety violations and 5% for major violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor health and safety violations and 5% for major violations.
- Analyze 950 occupied areas for radon levels above Environmental Protection Agency standards in 25 schools and 25 government buildings.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 (MQSA) in accordance with FDA/MDH contract.
- Collect and analyze approximately 965 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Collect and analyze 100% of required samples to monitor for radioactivity at the Salmon Test Site in accordance with Department of Energy requirements (approximately 300 samples).
- Analyze approximately 500 public drinking water samples for compliance with EPA safe drinking water standards for radioactivity.
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five working days of receipt.

<b>Funding:</b>	\$	11	General
		143,940	Federal
		<u>1,777,817</u>	Other
		\$1,921,768	Total

## Boiler and Pressure Vessel Safety

**Program Description:** The Boiler and Pressure Vessel Safety Program enforces state laws, rules, and regulations and certifies the use of all boiler and pressure vessels covered by the law. Inspections greatly reduce the risk of deaths, injuries, and property damage due to boiler and pressure vessel explosions. There are currently 28,373 objects certified under the program. MDH staff inspect the uninsured objects (approximately 30-35% of the total), and approximately 100 reciprocally-commissioned insurance company representatives inspect the insured objects (65-70% of the total). Some boiler and pressure vessels receive biennial inspection, while larger, more dangerous (high pressure) ones are inspected twice a year. All funding for this program is generated from inspection and certificate fees.

**Program Goal:** The goal of the Boiler and Pressure Vessel Safety Program is to reduce, through physical inspections, the incidence and severity of accidents related to boiler or pressure vessel explosions.

**2007 Objectives:**

- Inspect at least 10,000 boilers and pressure vessels.
- Assure that 100% of dangerous or hazardous conditions are corrected within 30 days.
- Conduct 100% of state inspections within 90 days of certificate expiration date.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>292,051</u>	Other
	\$292,051	Total

**2008 Objectives:**

- Inspect at least 10,000 boilers and pressure vessels.
- Assure that 100% of dangerous or hazardous conditions are corrected within 30 days.
- Conduct 100% of state inspections within 90 days of certificate expiration date.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>292,051</u>	Other
	\$292,051	Total

**2009 Objectives:**

- Inspect at least 10,000 boilers and pressure vessels.
- Assure that 100% of dangerous or hazardous conditions are corrected within 30 days.
- Conduct 100% of state inspections within 90 days of certificate expiration date.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>402,308</u>	Other
	\$402,308	Total

**FY 2010 Objectives:**

- Inspect at least 10,000 boilers and pressure vessels.
- Assure that 100% of dangerous or hazardous conditions are corrected within 30 days.

- Conduct 100% of state inspections within 90 days of certificate expiration date.

<b>Funding:</b>	\$	-0-	General
		-0-	Federal
		<u>402,308</u>	Other
		\$402,308	Total

**FY 2011 Objectives:**

- Inspect at least 10,000 boilers and pressure vessels.
- Assure that 100% of dangerous or hazardous conditions are corrected within 30 days.
- Conduct 100% of state inspections within 90 days of certificate expiration date.

<b>Funding:</b>	\$	-0-	General
		-0-	Federal
		<u>402,308</u>	Other
		\$402,308	Total

## **Disease Prevention**

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



# Disease Surveillance

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

The Mississippi Department of Health is transitioning to a greater reliance on electronic and web-based information distribution, including monthly and annual disease information summaries posted on the MDH web site. In addition, Disease Surveillance staff conduct periodic mailings to physicians regarding selected diseases of seasonal interest. Education and training to the medical and lay communities is an ongoing effort. Staff members provide individual consultation to health care providers and the general public on communicable disease control and prevention, environmental epidemiology, vaccine preventable disease, international travel requirements and recommendations, tuberculosis, sexually transmitted diseases, and AIDS.

**Program Goal:** The goal of the Disease Surveillance program is to identify and control reportable diseases and conditions.

## **FY 2007 Objectives:**

- Investigate 100% of identified and confirmed disease outbreaks within 24 hours and provide appropriate intervention.
- Follow up 100% of reported cases of acute Hepatitis A and offer post-exposure prophylaxis to all identified contacts of confirmed cases within two-week post-exposure window.
- Initiate the provision of rifampin prophylaxis within one hour of receiving a call of confirmed meningococcal invasive disease to ensure that contacts receive it within 24 hours.
- Initiate provision of rifampin prophylaxis within one hour of receiving a call of confirmed *Haemophilus influenzae* invasive disease to ensure that contacts receive it within 24 hours.
- Follow up 100% of reported cases of Pertussis and offer post-exposure prophylaxis to all identified contacts.
- Investigate 100% of reported cases of West Nile virus and other arboviral diseases in humans, birds, and mosquitoes.

<b>Funding:</b>	\$1,839,057	General
	1,398,961	Federal
	<u>1,018,463</u>	Other
	\$4,256,481	Total

## **FY 2008 Objectives:**

- Investigate 100% of identified and confirmed disease outbreaks within 24 hours and provide appropriate intervention.
- Follow up 100% of reported cases of acute Hepatitis A and offer post-exposure prophylaxis to all identified contacts of confirmed cases within two-week post-exposure window.

- Initiate the provision of rifampin prophylaxis within one hour of receiving a call of confirmed meningococcal invasive disease to ensure that contacts receive it within 24 hours.
- Initiate provision of rifampin prophylaxis within one hour of receiving a call of confirmed *Haemophilus influenza* invasive disease to ensure that contacts receive it within 24 hours.
- Follow up 100% of reported cases of Pertussis and offer post-exposure prophylaxis to all identified contacts.
- Investigate 100% of reported cases of West Nile virus and other arboviral diseases in humans, birds, and mosquitoes.

<b>Funding:</b>	\$3,023,134	General
	1,400,812	Federal
	<u>1,018,463</u>	Other
	\$5,442,409	Total

**FY 2009 Objectives:**

- Investigate 100% of identified and confirmed disease outbreaks within 24 hours and provide appropriate intervention.
- Follow up 100% of reported cases of acute Hepatitis A and offer post-exposure prophylaxis to all identified contacts of confirmed cases within two-week post-exposure window.
- Initiate the provision of rifampin prophylaxis within one hour of receiving a call of confirmed meningococcal invasive disease to ensure that contacts receive it within 24 hours.
- Initiate provision of rifampin prophylaxis within one hour of receiving a call of confirmed *Haemophilus influenza* invasive disease to ensure that contacts receive it within 24 hours.
- Follow up 100% of reported cases of Pertussis and offer post-exposure prophylaxis to all identified contacts.
- Investigate 100% of reported cases of West Nile virus and other arboviral diseases in humans, birds, and mosquitoes.

<b>Funding:</b>	\$2,871,350	General
	1,443,495	Federal
	<u>1,402,958</u>	Other
	\$5,717,803	Total

**FY 2010 Objectives:**

- Investigate 100% of identified and confirmed disease outbreaks within 24 hours and provide appropriate intervention.
- Follow up 100% of reported cases of acute Hepatitis A and offer post-exposure prophylaxis to all identified contacts of confirmed cases within two-week post-exposure window.
- Initiate the provision of rifampin prophylaxis within one hour of receiving a call of confirmed meningococcal invasive disease to ensure that contacts receive it within 24 hours.
- Initiate provision of rifampin prophylaxis within one hour of receiving a call of confirmed *Haemophilus influenza* invasive disease to ensure that contacts receive it within 24 hours.
- Follow up 100% of reported cases of Pertussis and offer post-exposure prophylaxis to all identified contacts.
- Investigate 100% of reported cases of West Nile virus and other arboviral diseases in humans, birds, and mosquitoes.

<b>Funding:</b>	\$2,899,501	General
	1,462,268	Federal
	<u>1,402,959</u>	Other
	\$5,764,728	Total

**FY 2011 Objectives:**

- Investigate 100% of identified and confirmed disease outbreaks within 24 hours and provide appropriate intervention.
- Follow up 100% of reported cases of acute Hepatitis A and offer post-exposure prophylaxis to all identified contacts of confirmed cases within two-week post-exposure window.
- Initiate the provision of rifampin prophylaxis within one hour of receiving a call of confirmed meningococcal invasive disease to ensure that contacts receive it within 24 hours.
- Initiate provision of rifampin prophylaxis within one hour of receiving a call of confirmed *Haemophilus influenza* invasive disease to ensure that contacts receive it within 24 hours.
- Follow up 100% of reported cases of Pertussis and offer post-exposure prophylaxis to all identified contacts.
- Investigate 100% of reported cases of West Nile virus and other arboviral diseases in humans, birds, and mosquitoes.

<b>Funding:</b>	\$2,927,652	General
	1,509,203	Federal
	<u>1,402,958</u>	Other
	\$5,839,813	Total

# Immunization

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

The Immunization Program assures that adequate supplies of vaccine are available for MDH and Vaccines for Children providers. The program annually monitors both public and private schools and licensed child care facilities for compliance with immunization law and regulations. The program conducts an annual survey to determine the immunization status of children at 24 months of age, and several other surveys to determine the immunization status of other population groups. Additionally, staff members distribute educational materials and provide training to immunization providers in the public and private sector; facilitate a statewide immunization coalition; and assist in the development of a statewide immunization registry. Program staff conduct vaccine-preventable disease surveillance and establish disease outbreak control measures as necessary.

The 2006 immunization survey of two-year-old children showed that 84.7% of Mississippi's children received the recommended immunizations by 27 months of age. The survey indicates that nearly all infants begin immunizations on time, but do not complete them on schedule. Therefore, special emphasis must be focused on ensuring that children complete immunizations in the second year of life, through eliminating missed opportunities to immunize and an intense focus on the fourth immunization visit. Identification of pockets of need poses an additional challenge. To immunize the remaining children two years of age who are not up to date, it will be necessary to identify these children; locate geographic areas where they live; and develop interventions and service delivery mechanisms designed specifically to meet their needs.

Immunizations are required for all preschool and kindergarten through 12th grade students prior to school admission, and compliance rates have continued to increase. For the 2005-2006 school-year, 94.7% of the children enrolled in licensed child care centers and Head Start and 99% of the students in kindergarten through 12<sup>th</sup> grades were in compliance with immunization requirements.

**Program Goal:** The goal of the Immunization Program is to eliminate morbidity and mortality due to vaccine-preventable diseases such as diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Haemophilus influenza type b, hepatitis B, influenza, and pneumococcal diseases in children, adolescents, and adults.

## **FY 2007 Objectives:**

- Fully immunize 86% of the state's children aged 0-18 with all vaccines recommended by the national Advisory Committee on Immunization Practices.
- Maintain zero incidences of measles.
- Ensure that all children enrolled in licensed child care facilities are age-appropriately immunized.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 4%.
- Increase immunizations of adults aged 65 and over for influenza and pneumococcal.
- Use school-based clinics to ensure that all students in grades K-12 are age-appropriately immunized.

<b>Funding:</b>	\$ 984,061	General
	3,780,521	Federal
	<u>5,931,462</u>	Other
	\$10,696,044	Total

**FY 2008 Objectives:**

- Fully immunize 86% of the state's children aged 0-18 with all vaccines recommended by the national Advisory Committee on Immunization Practices.
- Maintain zero incidences of measles.
- Ensure that all children enrolled in licensed child care facilities are age-appropriately immunized.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 4%.
- Increase immunizations of adults aged 65 and over for influenza and pneumococcal.
- Use school-based clinics to ensure that all students in grades K-12 are age-appropriately immunized.

<b>Funding:</b>	\$ 1,617,648	General
	3,785,522	Federal
	<u>5,931,462</u>	Other
	\$11,334,632	Total

**FY 2009 Objectives:**

- Fully immunize 87% of the state's children aged 0-18 with all vaccines recommended by the national Advisory Committee on Immunization Practices.
- Maintain zero incidences of measles.
- Ensure that all children enrolled in licensed child care facilities are age-appropriately immunized.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 4%.
- Increase immunizations of adults aged 65 and over for influenza and pneumococcal.
- Use school-based clinics to ensure that all students in grades K-12 are age-appropriately immunized.

<b>Funding:</b>	\$ 1,536,430	General
	3,900,868	Federal
	<u>8,170,738</u>	Other
	\$13,608,036	Total

**FY 2010 Objectives:**

- Fully immunize 88% of the state's children aged 0-18 with all vaccines recommended by the national Advisory Committee on Immunization Practices.
- Maintain zero incidences of measles.
- Ensure that all children enrolled in licensed child care facilities are age-appropriately immunized.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 4%.
- Increase immunizations of adults aged 65 and over for influenza and pneumococcal.
- Use school-based clinics to ensure that all students in grades K-12 are age-appropriately immunized.

<b>Funding:</b>	\$ 1,551,494	General
	3,951,601	Federal
	<u>8,170,739</u>	Other
	\$13,673,834	Total

**FY 2011 Objectives:**

- Fully immunize 89% of the state's children aged 0-18 with all vaccines recommended by the national Advisory Committee on Immunization Practices.
- Maintain zero incidences of measles.
- Ensure that all children enrolled in licensed child care facilities are age-appropriately immunized.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 4%.
- Increase immunizations of adults aged 65 and over for influenza and pneumococcal.
- Use school-based clinics to ensure that all students in grades K-12 are age-appropriately immunized.

<b>Funding:</b>	\$ 1,566,557	General
	4,078,437	Federal
	<u>8,170,738</u>	Other
	\$13,815,732	Total

## Sexually Transmitted Disease/HIV Disease Prevention and Control

**Program Description:** The Bureau of STD/HIV Prevention and Control conducts prevention and surveillance activities funded through cooperative agreements with the Centers for Disease Control and Prevention (CDC). The bureau also administers funds provided by Title II of the Ryan White C.A.R.E. Act to help provide care and services to people living with HIV disease or AIDS.

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

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

**Care and Services:** The Health Resources and Services Administration provides funding under the Ryan White CARE Act for the AIDS Drug Program and the Home-Based Program. The Drug Program provides selected medications purchased at a discount by the MDH Pharmacy and shipped via courier to the health department sites chosen by eligible clients; the Home-Based Program functions as a payor of last resort for authorized services provided to eligible clients in their homes. These services afford physicians the option of allowing eligible clients to avoid expensive hospital stays while receiving life-sustaining therapies.

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

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

Because of the sheer number of different STDs (more than 50 organisms and syndromes now recognized) the STD Control Program concentrates its limited resources toward the traditional STDs which are syphilis, congenital syphilis, and gonorrhea. The program also screens for chlamydia in all MDH maternity, family planning, and STD clinics. Other sexually transmitted diseases (Chancroid, Genital Herpes, Human Papilloma virus) are diagnosed, and treatment is facilitated based on need and sporadic increases in reported cases.

**Program Goals:** The goals of the HIV/AIDS Prevention program are to reduce the incidence of HIV disease in Mississippi and assist in the provision of care and services to people living with HIV disease.

The goal of the STD Control Program is to reduce the prevalence and incidence of sexually transmitted disease among Mississippians.

**FY 2007 Objectives:**

**HIV/AIDS Prevention, Care, and Surveillance**

- Conduct 85,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 782 positive HIV antibody screening tests.
- Serve 1,350 persons in the AIDS drug program.
- Serve 90 persons in the home-based program.
- Increase the percentage of partner notification reports completed and returned within 14 days to 67.9%.
- Maintain a contact index of 1.7 as a result of partner services.

<b>Funding:</b>	\$ 863,647	General
	12,579,684	Federal
	<u>193,791</u>	Other
	\$13,637,122	Total

**STD Control**

- Achieve a contact index of 1.9 contacts per primary and secondary syphilis case interviewed.
- Achieve a treatment index of 0.8 per primary and secondary syphilis case interviewed.
- Achieve a disease intervention index of .3 for cases of primary and secondary syphilis interviewed.
- Screen 65,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Interview at least 43% of new primary and secondary syphilis contacts within seven days.
- Interview at least 30% of primary and secondary syphilis cases within seven days.

<b>Funding:</b>	\$ 755,779	General
	2,280,496	Federal
	<u>641,437</u>	Other
	\$3,677,712	Total

**FY 2008 Objectives:**

**HIV/AIDS Prevention, Care, and Surveillance**

- Conduct 86,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 750 positive HIV antibody screening tests.
- Serve 1,350 persons in the AIDS drug program.
- Serve 100 persons in the home-based program.
- Increase partner notification reports completed and returned within 14 days to 70%.
- Achieve a contact index of 2.0 as a result of partner services.

<b>Funding:</b>	\$ 1,419,706	General
	12,596,325	Federal
	<u>193,792</u>	Other
	\$14,209,823	Total

**STD Control**

- Achieve a contact index of 2.0 contacts per primary and secondary syphilis case interviewed.
- Achieve a treatment index of 1.0 per primary and secondary syphilis case interviewed.
- Achieve a disease intervention index of 0.6 for cases of primary and secondary syphilis interviewed.
- Screen 64,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Increase new primary and secondary syphilis contacts interviewed within seven days to 50%.
- Increase percent of primary and secondary syphilis cases interviewed within seven days to 40%.

<b>Funding:</b>	\$ 1,242,387	General
	2,283,513	Federal
	<u>641,437</u>	Other
	\$4,167,337	Total

**FY 2009 Objectives:**

**HIV/AIDS Prevention, Care, and Surveillance**

- Conduct 86,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 750 positive HIV antibody screening tests.
- Serve 1,350 persons in the AIDS drug program.
- Serve 100 persons in the home-based program.
- Maintain the percentage of partner notification reports completed and returned within 14 days at 70%.
- Maintain a contact index of 2.0 as a result of partner services.

<b>Funding:</b>	\$ 1,348,427	General
	12,980,137	Federal
	<u>266,952</u>	Other
	\$14,595,516	Total

**STD Control**

- Maintain the contact index at 2.0 contacts per primary and secondary syphilis case interviewed.
- Maintain the treatment index at 1.0 per primary and secondary syphilis case interviewed.
- Maintain a disease intervention index of 0.6 for cases of primary and secondary syphilis interviewed.
- Screen 64,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Maintain new primary and secondary syphilis contacts interviewed within seven days at 50%.
- Maintain percent of primary and secondary syphilis cases interviewed within seven days at 40%.

<b>Funding:</b>	\$1,180,010	General
	2,353,092	Federal
	<u>883,596</u>	Other
	\$4,416,698	Total

**FY 2010 Objectives:**

**HIV/AIDS Prevention, Care, and Surveillance**

- Conduct 86,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 750 positive HIV antibody screening tests.
- Serve 1,350 persons in the AIDS drug program.
- Serve 100 persons in the home-based program.
- Maintain the percentage of partner notification reports completed and returned within 14 days at 70%.
- Maintain a contact index of 2.0 as a result of partner services.

<b>Funding:</b>	\$ 1,361,645	General
	13,148,955	Federal
	<u>266,952</u>	Other
	\$14,777,552	Total

**STD Control**

- Maintain the contact index at 2.0 contacts per primary and secondary syphilis case interviewed.
- Maintain the treatment index at 1.0 per primary and secondary syphilis case interviewed.
- Maintain a disease intervention index of 0.6 for cases of primary and secondary syphilis interviewed.
- Screen 64,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Maintain new primary and secondary syphilis contacts interviewed within seven days at 50%.
- Maintain percent of primary and secondary syphilis cases interviewed within seven days at 40%.

<b>Funding:</b>	\$1,191,579	General
	2,383,695	Federal
	<u>883,596</u>	Other
	\$4,458,870	Total

**FY 2011 Objectives:**

**HIV/AIDS Prevention, Care, and Surveillance**

- Conduct 86,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 750 positive HIV antibody screening tests.
- Serve 1,350 persons in the AIDS drug program.
- Serve 100 persons in the home-based program.
- Maintain the percentage of partner notification reports completed and returned within 14 days at 70%.
- Maintain a contact index of 2.0 as a result of partner services.

<b>Funding:</b>	\$ 1,374,866	General
	13,571,000	Federal
	<u>266,952</u>	Other
	\$15,212,818	Total

**STD Control**

- Maintain the contact index at 2.0 contacts per primary and secondary syphilis case interviewed.
- Maintain the treatment index at 1.0 per primary and secondary syphilis case interviewed.
- Maintain a disease intervention index of 0.6 for cases of primary and secondary syphilis interviewed.

- Screen 64,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Maintain new primary and secondary syphilis contacts interviewed within seven days at 50%.
- Maintain percent of primary and secondary syphilis cases interviewed within seven days at 40%.

<b>Funding:</b>	\$1,203,148	General
	2,460,206	Federal
	<u>883,596</u>	Other
	\$4,546,950	Total

# Tuberculosis

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

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

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

Mississippi verified 103 new cases of tuberculosis during 2005. This number translates to a case rate of 3.5 and falls below the national average for the fifth consecutive year. Of these cases, 99% received directly observed therapy.

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

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

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

**FY 2007 Objectives:**

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

<b>Funding:</b>	\$1,516,099	General
	1,174,800	Federal
	<u>1,337,708</u>	Other
	\$4,028,607	Total

**FY 2008 Objectives:**

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

<b>Funding:</b>	\$2,492,238	General
	1,176,354	Federal
	<u>1,337,708</u>	Other
	\$5,006,300	Total

**FY 2009 Objectives:**

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

<b>Funding:</b>	\$2,367,111	General
	1,212,198	Federal
	<u>1,842,726</u>	Other
	\$5,422,035	Total

**FY 2010 Objectives:**

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

<b>Funding:</b>	\$2,390,318	General
	1,227,963	Federal
	<u>1,842,726</u>	Other
	\$5,461,007	Total

**FY 2011 Objectives:**

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

<b>Funding:</b>	\$2,413,524	General
	1,267,378	Federal
	<u>1,842,726</u>	Other
	\$5,523,628	Total

## Public Health Statistics

**Program Description:** Federal and state laws require the registration of vital events occurring within Mississippi, such as births, deaths, marriages, and divorces. Certification of certain events is also required to prevent fraud and to serve as proof of citizenship and family relationships. Rules and regulations governing the registration of events are developed in concert with appropriate laws and other related entities such as the State Medical Examiner's Office and the U.S. Immigration and Naturalization Service. Confidentiality and security of the records is a major emphasis in the certification process. The Vital Records unit of Public Health Statistics helps the public with problems associated with records and the filing of delayed records; provides training to those responsible for completing records; and ensures the legal integrity of the records to the greatest extent possible. Upon request, the unit also issues certified copies of vital records to members of the public who have a direct and tangible interest in specific records.

Laws also require that statistical data be tabulated from vital and related events and that the published data and analysis be made available as needed. Statistics are generated on factors related to birth, fetal death, induced termination, infant death, death, marriage, divorce, occupational related deaths, health facilities, and related data. Housed in the Office of Health Informatics, the MDH Public Health Statistics unit is designated as the State Center for Health Statistics. The office collects vital and health statistics for use at the local, district, state, and federal levels; provides direct vital records services to the general public; and provides statistical survey methods, evaluation, and statistical computer systems expertise to district, support, and programmatic staff of the MDH.

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

### **FY 2007 Objectives:**

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

<b>Funding:</b>	\$	-0-	General
		159,981	Federal
		<u>4,018,465</u>	Other
		\$4,178,446	Total

### **FY 2008 Objectives:**

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

<b>Funding:</b>	\$	-0-	General
		160,193	Federal
		<u>4,018,465</u>	Other
		\$4,178,658	Total

**FY 2009 Objectives:**

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

<b>Funding:</b>	\$	-0-	General
		165,074	Federal
		<u>5,535,536</u>	Other
		\$5,700,610	Total

**FY 2010 Objectives:**

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

<b>Funding:</b>	\$	-0-	General
		167,221	Federal
		<u>5,535,537</u>	Other
		\$5,702,758	Total

**FY 2011 Objectives:**

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

<b>Funding:</b>	\$	-0-	General
		172,588	Federal
		<u>5,535,536</u>	Other
		\$5,708,124	Total

## Preventive Health

**Program Description:** Most of Mississippi's current major health problems are caused by behaviors and environmental factors rather than by infectious diseases. The leading causes of premature death, injury, and disability are related to six risk factors: tobacco use, poor diet, sedentary lifestyle, intentional and unintentional injury, drug and alcohol abuse, and sexual activity. The Office of Preventive Health coordinates the agency's programs in areas that address these risks, emphasizing health promotion, health education, and prevention of chronic disease.

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

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

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

***Cardiovascular Health (CVH):*** The goal of the CVH Program is to prevent and control heart disease, stroke, and related complications such as hypertension and diabetes. This goal is accomplished through partnerships, collaboration, health communication, professional education, community based training, and education on health policies.

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

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

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

**FY 2007 Objectives:**

**Diabetes Prevention and Control**

- Provide continuing education to at least 400 healthcare providers to increase utilization of the American Diabetes Association’s standards of care for persons with diabetes mellitus.
- Provide mini-grants to 10 churches and community-based organizations that focus on diabetes prevention and management.

**Cardiovascular Health**

- Train at least 550 paramedics, emergency medical technicians, and nurses in the acute treatment of stroke.
- Provide mini-grants to three Community Health Centers that focus on control of cardiovascular disease risk factors.
- Increase by one the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

**Injury Prevention**

- Distribute 1,000 child safety car seats through county health departments and community-based partners.
- Increase child safety restraint use by 1%.
- Distribute and install at least 4,250 residential smoke detector alarms in communities with high incidences of fire-related injuries and provide fire safety education to households where smoke detector alarms are installed.

**Community Health**

- Conduct at least 30 health screening events in cooperation with public health districts and community partners.
- Conduct at least 330 community health educational presentations.

**Comprehensive Cancer Control**

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

<b>Funding:</b>	\$ 794,786	General
	1,914,808	Federal
	<u>415,962</u>	Other
	\$3,125,556	Total

**FY 2008 Objectives:**

**Diabetes Prevention and Control**

- Provide Lower Extremity Amputation Prevention (LEAP) training to at least 25 health care providers in an effort to increase the number of routine diabetic foot examinations and decrease amputations as a result of diabetes.
- Increase the number of foot screens conducted by trained LEAP providers to 276.
- Provide continuing education to at least 400 healthcare providers to increase utilization of the American Diabetes Association’s standards of care for persons with diabetes mellitus.
- Provide mini-grants to 10 churches and community-based organizations that focus on diabetes prevention and management.

**Cardiovascular Health**

- Train at least 300 paramedics, emergency medical technicians, and nurses in the acute treatment of stroke.
- Provide mini-grants to three Community Health Centers that focus on control of cardiovascular disease risk factors.
- Increase by one the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

**Injury Prevention**

- Distribute 1,000 child safety car seats through county health departments and community-based partners.
- Increase child safety restraint use by 1%.
- Distribute and install at least 4,275 residential smoke detector alarms in communities with high incidences of fire-related injuries and provide fire safety education to households where smoke detector alarms are installed.

**Community Health**

- Conduct at least 30 health screening events in cooperation with public health districts and community partners.
- Conduct at least 385 community health educational presentations.

**Comprehensive Cancer Control**

- Increase membership in the Mississippi Partnership for Comprehensive Cancer Control (MP3C) Coalition by 5% to enhance infrastructure for cancer control planning.

<b>Funding:</b>	\$ 1,277,759	General
	1,918,915	Federal
	<u>415,962</u>	Other
	\$3,612,636	Total

**FY 2009 Objectives:**

**Diabetes Prevention and Control**

- Provide Lower Extremity Amputation Prevention (LEAP) training to at least 25 health care providers in an effort to increase the number of routine diabetic foot examinations and decrease amputations as a result of diabetes.
- Increase the number of foot screens conducted by trained LEAP providers by 5% (290 screens).
- Provide continuing education to at least 400 healthcare providers to increase utilization of the American Diabetes Association’s standards of care for persons with diabetes mellitus.
- Provide mini-grants to 10 churches and community-based organizations that focus on diabetes prevention and management.

**Cardiovascular Health**

- Train at least 300 paramedics, emergency medical technicians, and nurses in the acute treatment of stroke.
- Provide mini-grants to four Community Health Centers that focus on control of cardiovascular disease risk factors.
- Increase by one the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

**Injury Prevention**

- Distribute 1,000 child safety car seats through county health departments and community-based partners.
- Increase child safety restraint use by 1%.
- Distribute and install at least 4,275 residential smoke detector alarms in communities with high incidences of fire-related injuries and provide fire safety education to households where smoke detector alarms are installed.

**Community Health**

- Conduct at least 30 health screening events in cooperation with public health districts and community partners.
- Conduct at least 385 community health educational presentations.

**Comprehensive Cancer Control**

- Increase membership in the Mississippi Partnership for Comprehensive Cancer Control (MP3C) Coalition by 3% to enhance infrastructure for cancer control planning.

<b>Funding:</b>	\$ 1,240,913	General
	1,975,763	Federal
	<u>572,997</u>	Other
	\$3,789,673	Total

**FY 2010 Objectives:**

**Diabetes Prevention and Control**

- Provide Lower Extremity Amputation Prevention (LEAP) training to at least 25 health care providers in an effort to increase the number of routine diabetic foot examinations and decrease amputations as a result of diabetes.
- Increase the number of foot screens conducted by trained LEAP providers by 5% (305 screens).
- Provide continuing education to at least 400 healthcare providers to increase utilization of the American Diabetes Association’s standards of care for persons with diabetes mellitus.
- Provide mini-grants to 10 churches and community-based organizations that focus on diabetes prevention and management.

**Cardiovascular Health**

- Train at least 300 paramedics, emergency medical technicians, and nurses in the acute treatment of stroke.
- Provide mini-grants to four Community Health Centers that focus on control of cardiovascular disease risk factors.
- Increase by one the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

**Injury Prevention**

- Distribute 1,000 child safety car seats through county health departments and community-based partners.
- Increase child safety restraint use by 1%.
- Distribute and install at least 4,275 residential smoke detector alarms in communities with high incidences of fire-related injuries and provide fire safety education to households where smoke detector alarms are installed.

**Community Health**

- Conduct at least 30 health screening events in cooperation with public health districts and community partners.
- Conduct at least 385 community health educational presentations.

**Comprehensive Cancer Control**

- Maintain level of membership in the Mississippi Partnership for Comprehensive Cancer Control (MP3C) Coalition for cancer control planning.

<b>Funding:</b>	\$ 1,253,079	General
	2,001,459	Federal
	<u>572,997</u>	Other
	\$3,827,535	Total

**FY 2011 Objectives:**

**Diabetes Prevention and Control**

- Provide Lower Extremity Amputation Prevention (LEAP) training to at least 25 health care providers in an effort to increase the number of routine diabetic foot examinations and decrease amputations as a result of diabetes.
- Increase the number of foot screens conducted by trained LEAP providers by 5% (320 screens).
- Provide continuing education to at least 400 healthcare providers to increase utilization of the American Diabetes Association’s standards of care for persons with diabetes mellitus.
- Provide mini-grants to 10 churches and community-based organizations that focus on diabetes prevention and management.

**Cardiovascular Health**

- Train at least 300 paramedics, emergency medical technicians, and nurses in the acute treatment of stroke.
- Provide mini-grants to four Community Health Centers that focus on control of cardiovascular disease risk factors.
- Increase by one the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

**Injury Prevention**

- Distribute 1,000 child safety car seats through county health departments and community-based partners.
- Increase child safety restraint use by 1%.
- Distribute and install at least 4,275 residential smoke detector alarms in communities with high incidences of fire-related injuries and provide fire safety education to households where smoke detector alarms are installed.

**Community Health:**

- Conduct at least 30 health screening events in cooperation with public health districts and community partners.
- Conduct at least 385 community health educational presentations.

**Comprehensive Cancer Control**

- Maintain level of membership in the Mississippi Partnership for Comprehensive Cancer Control (MP3C) Coalition for cancer control planning.

<b>Funding:</b>	\$ 1,265,244	General
	2,065,701	Federal
	<u>572,997</u>	Other
	\$3,903,942	Total

# Tobacco Policy and Prevention

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

The Tobacco Policy and Prevention Program works with numerous partners around the state to increase awareness of the dangers of tobacco use; provides anti-tobacco education to empower communities to form clean indoor air policies that eliminate nonsmokers' exposure to environmental smoke; funds cessation services through Mississippi's Quitline; and works with key partners to identify and eliminate tobacco-related health disparities.

**Program Goal:** The goal of the Tobacco Policy and Prevention Program is to reduce the prevalence of tobacco use among Mississippi's citizens.

## **FY 2007 Objectives:**

- Support at least one tobacco prevention project in each of the state's nine public health districts.
- Expand participation in tobacco quitline by increasing call volume 2%.
- Participate in at least 24 collaborative projects targeting prevention and cessation of tobacco use.
- Provide at least 20 educational sessions to doctors and health care professionals on the 5A cessation and counseling approach (ask, advise, assess, assist, and arrange) and to school staff and the general public on the dangers of tobacco use and second-hand smoke.
- Increase the number of smoke-free communities by one.

<b>Funding:</b>	\$ 75	General
	748,231	Federal
	<u>8,175,384</u>	Other
	\$8,923,690	Total

## **FY 2008 Objectives:**

- Support at least one tobacco prevention project in each of the state's nine public health districts.
- Expand participation in tobacco quitline by increasing call volume 2%.
- Participate in at least 20 collaborative projects targeting prevention and cessation of tobacco use.
- Provide at least 20 educational sessions to doctors and health care professionals on the 5A cessation and counseling approach (ask, advise, assess, assist, and arrange) and to school staff and the general public on the dangers of tobacco use and second-hand smoke.
- Increase the number of smoke-free communities by one.

<b>Funding:</b>	\$ 124	General
	749,221	Federal
	<u>8,175,384</u>	Other
	\$8,924,729	Total

## **FY 2009 Objectives:**

- Support at least one tobacco prevention project in each of the state's nine public health districts.

- Expand participation in tobacco quitline by increasing call volume 2%.
- Participate in at least 20 collaborative projects targeting prevention and cessation of tobacco use.
- Provide at least 20 educational sessions to doctors and health care professionals on the 5A cessation and counseling approach (ask, advise, assess, assist, and arrange) and to school staff and the general public on the dangers of tobacco use and second-hand smoke.
- Increase the number of smoke-free communities by one.

<b>Funding:</b>	\$	117	General
		772,050	Federal
		<u>11,261,797</u>	Other
		\$12,033,964	Total

**FY 2010 Objectives:**

- Support at least one tobacco prevention project in each of the state’s nine public health districts.
- Expand participation in tobacco quitline by increasing call volume 2%.
- Participate in at least 20 collaborative projects targeting prevention and cessation of tobacco use.
- Provide at least 20 educational sessions to doctors and health care professionals on the 5A cessation and counseling approach (ask, advise, assess, assist, and arrange) and to school staff and the general public on the dangers of tobacco use and second-hand smoke.
- Increase the number of smoke-free communities by one.

<b>Funding:</b>	\$	118	General
		782,091	Federal
		<u>11,261,797</u>	Other
		\$12,044,006	Total

**FY 2011 Objectives:**

- Support at least one tobacco prevention project in each of the state’s nine public health districts.
- Expand participation in tobacco quitline by increasing call volume 2%.
- Participate in at least 20 collaborative projects targeting prevention and cessation of tobacco use.
- Provide at least 20 educational sessions to doctors and health care professionals on the 5A cessation and counseling approach (ask, advise, assess, assist, and arrange) and to school staff and the general public on the dangers of tobacco use and second-hand smoke.
- Increase the number of smoke-free communities by one.

<b>Funding:</b>	\$	119	General
		807,194	Federal
		<u>11,261,797</u>	Other
		\$12,069,110	Total

## Breast and Cervical Cancer

**Program Description:** The American Cancer Society estimates that 212,920 new cases of breast cancer and 9,710 new cases of cervical cancer will be detected in 2006, and that approximately 440 Mississippians will die of breast cancer during the year. Breast cancer is the second leading cause of cancer deaths among women age 45 to 65. The survival rate for non-invasive breast cancer approaches 100%; the survival rate for cervical cancer is 80-90%.

The MDH Breast and Cervical Cancer Program focuses on two major areas: 1) targeted screening for breast and cervical cancer and 2) referral, follow-up, and reimbursement for outpatient diagnostic services. The program works with MDH Maternal/Child Health and Family Planning programs in screening for cervical cancer in women of reproductive age and provides reimbursement for diagnostic services (colposcopy directed biopsy) for breast and cervical screening and mammograms. Currently, the program has 54 contracts for breast and cervical cancer screening and 40 contracts for mammography.

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

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

### **FY 2007 Objectives:**

- Conduct at least 40 breast and cervical cancer education presentations.
- Facilitate screening of 5,000 women for breast and cervical cancer through contracts with county health departments, community health centers, and private providers.
- Ensure that 95% of women with abnormal breast findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of breast cancer receive treatment within 60 days.
- Ensure that 95% of women with abnormal cervical findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of cervical cancer receive treatment within 60 days.

<b>Funding:</b>	\$ 299,791	General
	2,316,905	Federal
	<u>52,578</u>	Other
	\$2,669,274	Total

### **FY 2008 Objectives:**

- Conduct at least 40 breast and cervical cancer education presentations.
- Facilitate screening of 5,000 women for breast and cervical cancer through contracts with county health departments, community health centers, and private providers.
- Ensure that 95% of women with abnormal breast findings receive complete follow-up services within 60 days.

- Ensure that 100% of women with a diagnosis of breast cancer receive treatment within 60 days.
- Ensure that 95% of women with abnormal cervical findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of cervical cancer receive treatment within 60 days.

<b>Funding:</b>	\$ 469,436	General
	2,323,865	Federal
	<u>52,578</u>	Other
	\$2,845,879	Total

**FY 2009 Objectives:**

- Conduct at least 40 breast and cervical cancer education presentations.
- Facilitate screening of 5,000 women for breast and cervical cancer through contracts with county health departments, community health centers, and private providers.
- Ensure that 95% of women with abnormal breast findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of breast cancer receive treatment within 60 days.
- Ensure that 95% of women with abnormal cervical findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of cervical cancer receive treatment within 60 days.

<b>Funding:</b>	\$ 468,069	General
	2,390,660	Federal
	<u>72,428</u>	Other
	\$2,931,157	Total

**FY 2010 Objectives:**

- Conduct at least 40 breast and cervical cancer education presentations.
- Facilitate screening of 5,000 women for breast and cervical cancer through contracts with county health departments, community health centers, and private providers.
- Ensure that 95% of women with abnormal breast findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of breast cancer receive treatment within 60 days.
- Ensure that 95% of women with abnormal cervical findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of cervical cancer receive treatment within 60 days.

<b>Funding:</b>	\$ 472,658	General
	2,421,752	Federal
	<u>72,428</u>	Other
	\$2,966,838	Total

**FY 2011 Objectives:**

- Conduct at least 40 breast and cervical cancer education presentations.
- Facilitate screening of 5,000 women for breast and cervical cancer through contracts with county health departments, community health centers, and private providers.

- Ensure that 95% of women with abnormal breast findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of breast cancer receive treatment within 60 days.
- Ensure that 95% of women with abnormal cervical findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of cervical cancer receive treatment within 60 days.

<b>Funding:</b>	\$ 477,247	General
	2,499,484	Federal
	<u>72,428</u>	Other
	\$3,049,159	Total

## Domestic and Sexual Violence Prevention and Education

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

An estimated 683,000 adult American women are raped each year; 1.3 adult women are raped every minute in the United States. One out of every six adult women has been the victim of rape, according to a 2000 survey by the Centers for Disease Control. More than half (54%) occurred to victims under age 18; 22% to victims under age 12. Only 20% of rape victims are assaulted by someone they do not know.

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

### **Special Initiatives:**

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

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

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

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

**FY 2007 Objectives:**

- Provide direct and preventive services to 13,500 victims of domestic or sexual violence statewide through 14 shelter programs.
- Provide education on primary prevention of sexual assault to 14,000 participants through nine sexual assault/rape crisis centers.
- Provide specialized staff training in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault.
- Provide Sexual Assault Nurse Examiner (SANE) training to 150 nurse examiners through three adult and one pediatric clinical workshop statewide.
- Evaluate 100% of domestic violence and rape crisis centers through at least one site visit each 12 months in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault.

<b>Funding:</b>	\$	-0-	General
		1,545,985	Federal
		<u>354,476</u>	Other
		\$1,900,461	Total

**FY 2008 Objectives:**

- Provide direct and preventive services to 13,500 victims of domestic or sexual violence statewide through 14 shelter programs.
- Provide education on primary prevention of sexual assault to 14,000 participants through nine sexual assault/rape crisis centers.
- Provide specialized staff training in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault.
- Provide Sexual Assault Nurse Examiner (SANE) training to 120 nurse examiners through three adult and one pediatric clinical workshop statewide.
- Evaluate 100% of domestic violence and rape crisis centers through at least one site visit each 12 months in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault.

<b>Funding:</b>	\$	-0-	General
		1,548,030	Federal
		<u>354,476</u>	Other
		\$1,902,506	Total

**FY 2009 Objectives:**

- Provide direct and preventive services to 13,500 victims of domestic or sexual violence statewide through 14 shelter programs.
- Provide education on primary prevention of sexual assault to 14,000 participants through nine sexual assault/rape crisis centers.

- Provide specialized staff training in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault.
- Provide Sexual Assault Nurse Examiner (SANE) training to 120 nurse examiners through three adult and one pediatric clinical workshop statewide.
- Evaluate 100% of domestic violence and rape crisis centers through at least one site visit each 12 months in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault.

<b>Funding:</b>	\$	-0-	General
		1,595,199	Federal
		<u>488,300</u>	Other
		\$2,083,499	Total

**FY 2010 Objectives:**

- Provide direct and preventive services to 13,500 victims of domestic or sexual violence statewide through 14 shelter programs.
- Provide education on primary prevention of sexual assault to 14,000 participants through nine sexual assault/rape crisis centers.
- Provide specialized staff training in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault (MCASA).
- Provide Sexual Assault Nurse Examiner (SANE) training to 120 nurse examiners through three adult and one pediatric clinical workshop statewide.
- Evaluate 100% of domestic violence and rape crisis centers through at least one site visit each 12 months in conjunction with the (MCADV) and the (MCASA).

<b>Funding:</b>	\$	-0-	General
		1,615,946	Federal
		<u>488,300</u>	Other
		\$2,104,246	Total

**FY 2011 Objectives:**

- Provide direct and preventive services to 13,500 victims of domestic or sexual violence statewide through 14 shelter programs.
- Provide education on primary prevention of sexual assault to 14,000 participants through nine sexual assault/rape crisis centers.
- Provide specialized staff training in conjunction with the Mississippi Coalition Against Domestic Violence (MCADV) and the Mississippi Coalition Against Sexual Assault (MCASA).
- Provide Sexual Assault Nurse Examiner (SANE) training to 120 nurse examiners through three adult and one pediatric clinical workshop statewide.
- Evaluate 100% of domestic violence and rape crisis centers through at least one site visit each 12 months in conjunction with the (MCADV) and the (MCASA).

<b>Funding:</b>	\$	-0-	General
		1,667,813	Federal
		<u>488,300</u>	Other
		\$2,156,113	Total

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

The Health Care Planning, Systems Development, and Licensure programs conduct licensure and certification activities for facilities, services, and health manpower as required by state law or state and federal regulations, in addition to health planning activities and development of rural and primary health care delivery systems. These programs seek to protect the general public from unethical and unqualified practitioners and to regulate facilities to ensure compliance with minimum standards and federal regulations.



## Health Planning & Certificate of Need

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

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

- Identifying priority health needs;
- Inventorying available health facilities, services, and personnel;
- Recommending corrective actions;
- Establishing criteria and standards for Certificate of Need (CON) review (access, quality, and cost); and
- Conducting CON review of proposals for health facilities and services.

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

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

### **FY 2007 Objectives:**

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

<b>Funding:</b>	\$ 668,139	General
	5,817,129	Federal
	<u>3,926,834</u>	Other
	\$10,412,102	Total

### **FY 2008 Objectives:**

- Collect statistical and programmatic information on health care facilities, services, and needs in Mississippi to develop and publish the *FY 2009 State Health Plan*.

- Conduct Certificate of Need (CON) review of applications for health care services, facilities, and equipment as authorized by Section 41-7-191 of the *Mississippi Code*.
- Issue 90% of CON declaratory rulings within 10 days of receipt of complete information.
- Publish CON staff analysis within 45 days after receipt of complete application information.
- Publish, by electronic means, a weekly report detailing CON activities by Wednesday of each week.
- Issue 100% of CON final orders within 10 days of decision.

<b>Funding:</b>	\$ 985,107	General
	3,954,121	Federal
	<u>8,866,282</u>	Other
	\$13,805,510	Total

**FY 2009 Objectives:**

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

<b>Funding:</b>	\$ 1,043,177	General
	6,002,308	Federal
	<u>5,409,312</u>	Other
	\$12,454,797	Total

**FY 2010 Objectives:**

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

<b>Funding:</b>	\$ 1,053,404	General
	6,080,373	Federal
	<u>5,409,312</u>	Other
	\$12,543,089	Total

**FY 2011 Objectives:**

- Collect statistical and programmatic information on health care facilities, services, and needs in Mississippi to develop and publish the *FY 2012 State Health Plan*.

- Conduct Certificate of Need (CON) review of applications for health care services, facilities, and equipment as authorized by Section 41-7-191 of the *Mississippi Code*.
- Issue 90% of CON declaratory rulings within 10 days of receipt of complete information.
- Publish CON staff analysis within 45 days after receipt of complete application information.
- Publish, by electronic means, a weekly report detailing CON activities by Wednesday of each week.
- Issue 100% of CON final orders within 10 days of decision.

<b>Funding:</b>	\$ 1,063,631	General
	6,275,536	Federal
	<u>5,409,312</u>	Other
	\$12,748,479	Total

## Primary Care Development

**Program Description:** Availability and accessibility of primary health care services is essential to meet the needs of the state's population. Mississippi is a medically underserved state, including sparsely populated rural areas that are extremely underserved. In many areas, substantial portions of the population are poor, with large minority and elderly segments. In 2006, 75 of Mississippi's 82 counties are designated as health professional shortage areas in whole or in part, and 18 have unusually high needs for primary health care services. In addition, 44 counties are designated as dental shortage areas, in whole or in part, and 13 of 15 catchment areas are designated for mental health.

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

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

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

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

A Mississippi Qualified Health Center is a nonprofit community health center providing comprehensive primary care services and meeting other qualifications defined in the legislation. During state Fiscal Years 2000-2006, 22 MQHCs received funds ranging from \$124,278 to \$176,265. The legislation stipulates an annual maximum of \$200,000 per center. Grant funds must be used to: (1) increase the number of uninsured or medically indigent patients served by the MQHC; or (2) create new services or augment existing services provided to uninsured or medically indigent patients.

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

**FY 2007 Objectives:**

- Conduct assessment of the number of primary health care providers and needs in all 82 counties within 90 days of request.
- Designate National Health Service Corps practice sites in health professional shortage areas and recruit providers to at least ten sites.
- Conduct health professional shortage area designation reviews (primary care, dental, mental health) for all 82 counties.
- Conduct site predetermination application reviews for potential J-1 Visa physicians in at least 30 sites.
- Increase the number of medically indigent and uninsured patients served through contracts with 100% of qualified Mississippi Qualified Health Centers.
- Participate in at least 20 health professional career fairs/residency programs to recruit primary care providers (primary care, dental, mental health).

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

**FY 2008 Objectives:**

- Conduct assessment of the number of primary health care providers and needs in all 82 counties within 90 days of request.
- Designate National Health Service Corps practice sites in health professional shortage areas and recruit providers to at least ten sites.
- Conduct health professional shortage area designation reviews (primary care, dental, mental health) for all 82 counties.
- Conduct site predetermination application reviews for potential J-1 Visa physicians in at least 30 sites.
- Increase the number of medically indigent and uninsured patients served through contracts with 100% of qualified Mississippi Qualified Health Centers.
- Participate in at least 25 health professional career fairs/residency programs to recruit primary care providers (primary care, dental, mental health).

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

**FY 2009 Objectives:**

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

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

**FY 2010 Objectives:**

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

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

**FY 2011 Objectives:**

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

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

## Rural Health Care Development

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

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

The FLEX (Rural Hospital Flexibility) program is aimed at development of Critical Access Hospitals (CAH) in the state. These hospitals operate no more than 25 beds and keep inpatients a maximum average of 96 hours; provide emergency room services; and have transfer agreements with larger hospitals for patients who need a longer stay or more intensive care. The FLEX program includes a contract with the Mississippi Hospital Association to help Critical Access Hospitals with quality improvement activities and financial performance through proper billing and coding procedures. As an additional component of the FLEX program, the Office of Rural Health cooperates with the MDH Bureau of Emergency Medical Services (EMS) to strengthen EMS in rural areas through a paramedic scholarship program. The office also cooperates with the University of Mississippi Medical Center to provide training in emergency acute care and telemedicine to certified nurse practitioners who will work in a Critical Access Hospital. This effort will increase the availability of consultation with UMC emergency room physicians for hospitals participating in the telemedicine program.

**Program Goal:** The goal of the MDH Rural Health Program is to promote development of a health care system that assures the availability and accessibility of quality health care services to meet the needs of rural Mississippians.

### **FY 2007 Objectives:**

- Produce three newsletters to disseminate information on rural health care issues and needs for distribution to 900 individuals and organizations concerned with rural health.
- Assist two communities with local health care system needs assessments and planning efforts.
- Assist 100% of eligible small rural hospitals through the Small Rural Hospital Improvement Program to maximize benefits from the Medicare Prospective Payment System, comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA), and improve patient outcomes.
- Respond to 95% of requests for technical assistance and information within three days of receipt.
- Assist 28 Critical Access Hospitals (100%) through the Rural Hospital Flexibility Program with such initiatives as reviews to ensure proper billing and coding procedures, pharmacy management programs, and other quality improvement efforts.

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

**FY 2008 Objectives:**

- Produce three newsletters to disseminate information on rural health care issues and needs for distribution to 900 individuals and organizations concerned with rural health.
- Assist two communities with local health care system needs assessments and planning efforts.
- Assist 100% of eligible small rural hospitals through the Small Rural Hospital Improvement Program to maximize benefits from the Medicare Prospective Payment System, comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA), and improve patient outcomes.
- Respond to 95% of requests for technical assistance and information within three days of receipt.
- Assist 28 Critical Access Hospitals (100%) through the Rural Hospital Flexibility Program with such initiatives as reviews to ensure proper billing and coding procedures, pharmacy management programs, and other quality improvement efforts.

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

**FY 2009 Objectives:**

- Produce three newsletters to disseminate information on rural health care issues and needs for distribution to 900 individuals and organizations concerned with rural health.
- Assist two communities with local health care system needs assessments and planning efforts.
- Assist 100% of eligible small rural hospitals through the Small Rural Hospital Improvement Program to maximize benefits from the Medicare Prospective Payment System, comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA), and improve patient outcomes.
- Respond to all requests for technical assistance and information within three days of receipt.
- Assist 28 Critical Access Hospitals (100%) through the Rural Hospital Flexibility Program with such initiatives as reviews to ensure proper billing and coding procedures, pharmacy management programs, and other quality improvement efforts.

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

**FY 2010 Objectives:**

- Produce three newsletters to disseminate information on rural health care issues and needs for distribution to 900 individuals and organizations concerned with rural health.
- Assist two communities with local health care system needs assessments and planning efforts.
- Assist 100% of eligible small rural hospitals through the Small Rural Hospital Improvement Program to maximize benefits from the Medicare Prospective Payment System, comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA), and improve patient outcomes.
- Respond to all requests for technical assistance and information within three days of receipt.
- Assist 28 Critical Access Hospitals (100%) through the Rural Hospital Flexibility Program with such initiatives as reviews to ensure proper billing and coding procedures, pharmacy management programs, and other quality improvement efforts.

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

**FY 2011 Objectives:**

- Produce three newsletters to disseminate information on rural health care issues and needs for distribution to 900 individuals and organizations concerned with rural health.
- Assist two communities with local health care system needs assessments and planning efforts.

- Assist 100% of eligible small rural hospitals through the Small Rural Hospital Improvement Program to maximize benefits from the Medicare Prospective Payment System, comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA), and improve patient outcomes.
- Respond to all requests for technical assistance and information within three days of receipt.
- Assist 28 Critical Access Hospitals (100%) through the Rural Hospital Flexibility Program with such initiatives as reviews to ensure proper billing and coding procedures, pharmacy management programs, and other quality improvement efforts.

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

## Emergency Medical Services (EMS)

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

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

The MDH is lead agency for development and management of the Mississippi Trauma Care System and synchronizes efforts between BEMS staff and contracted consultants for trauma inspections, programmatic audits, performance improvement for statewide trauma issues, and overall system design and participation with hospitals in Mississippi and bordering states.

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

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

The Weapons of Mass Destruction Emergency Preparedness program assesses and prepares for health responses to all hazard emergencies within the state, including terrorism. The goal of this program is to develop and implement plans and protocols for EMS services during a WMD or other hazard emergency. The bureau has developed a comprehensive training plan to provide staff with the resources to support any disaster event within the state.

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

### **FY 2007 Objectives:**

- Issue at least 700 certifications or recertifications for EMS drivers and 1,250 certifications or recertifications for Emergency Medical Technicians (EMTs), including the basic, intermediate, and paramedic levels.

- Conduct thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Increase the number of EMT-Paramedic students participating in the Rural Paramedic Scholarship program.
- Address technical assistance requests from trauma regions and trauma care centers for regional system development and trauma program development within three working days of receipt.
- Finalize inspection reports and provide plan of correction to trauma centers within five working days of inspection.
- Collect trauma registry data bi-annually from the trauma care regions for 100% of participating trauma care centers.
- Provide a minimum of 100 educational safety programs to schools/organizations regarding injury prevention and Emergency Medical Services for children.
- Inspect 100% of permitted ambulances twice each year to ensure minimum specified equipment, staffing, and insurance.
- Process data into MEMSIS (Mississippi Emergency Medical Services Information System) by the 15<sup>th</sup> day of each month for patient encounters of the previous month from all licensed ambulance services.
- Provide at least 10 educational programs to EMS personnel at random locations throughout the state regarding EMS emergency preparedness.

<b>Funding:</b>	\$ 361,512	General
	5,149,714	Federal
	<u>18,645,155</u>	Other
	\$24,156,381	Total

**FY 2008 Objectives:**

- Issue at least 700 certifications or recertifications for EMS drivers and 1,250 certifications and recertifications for Emergency Medical Technicians (EMTs), including the basic, intermediate, and paramedic levels.
- Conduct thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Increase the number of EMT-Paramedic students participating in the Rural Paramedic Scholarship program.
- Address technical assistance requests from trauma regions and trauma care centers for regional system development and trauma program development within three working days of receipt.
- Finalize inspection reports and provide plan of correction to trauma centers within five working days of inspection.
- Collect trauma registry data bi-annually from the trauma care regions for 100% of participating trauma care centers.
- Provide a minimum of 100 educational safety programs to schools/organizations regarding injury prevention and Emergency Medical Services for children.
- Inspect 100% of permitted ambulances twice each year to ensure minimum specified equipment, staffing, and insurance.
- Process data into MEMSIS (Mississippi Emergency Medical Services Information System) by the 15<sup>th</sup> day of each month for patient encounters of the previous month from all licensed ambulance services.

- Provide at least 10 educational programs to EMS personnel at random locations throughout the state regarding EMS emergency preparedness.

<b>Funding:</b>	\$ 533,015	General
	3,500,453	Federal
	<u>42,098,342</u>	Other
	\$46,131,810	Total

**FY 2009 Objectives:**

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

<b>Funding:</b>	\$ 564,435	General
	5,313,647	Federal
	<u>25,684,171</u>	Other
	\$31,562,253	Total

**FY 2010 Objectives:**

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

- Finalize inspection reports and provide plan of correction to trauma centers within five working days of inspection.
- Collect trauma registry data bi-annually from the trauma care regions for 100% of participating trauma care centers.
- Provide a minimum of 100 educational safety programs to schools/organizations regarding injury prevention and Emergency Medical Services for children.
- Inspect 100% of permitted ambulances twice each year to ensure minimum specified equipment, staffing, and insurance.
- Process data into MEMSIS (Mississippi Emergency Medical Services Information System) by the 15<sup>th</sup> day of each month for patient encounters of the previous month from all licensed ambulance services.
- Provide at least 10 educational programs to EMS personnel at random locations throughout the state regarding EMS emergency preparedness.

<b>Funding:</b>	\$ 569,968	General
	5,382,755	Federal
	<u>25,684,170</u>	Other
	\$31,636,893	Total

**FY 2011 Objectives:**

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

<b>Funding:</b>	\$ 575,502	General
	5,555,527	Federal
	<u>25,684,169</u>	Other
	\$31,815,198	Total

## Health Facilities Licensure and Certification

**Program Description:** The Bureau of Health Facilities Licensure and Certification (HFCLC) is responsible for initial state licensure, issuance of annual licenses, and periodic inspections of health care facilities. The bureau is under contracts with the federal Centers for Medicare and Medicaid Services (CMS) and the state Medicaid agency to perform initial licensure or certification surveys and periodic recertification inspections of all certified nursing homes, home health agencies, hospitals, rural health clinics, end stage renal disease facilities, outpatient physical therapy services, comprehensive outpatient rehabilitation facilities, hospices, portable x-ray suppliers, ambulatory surgical facilities, intermediate care facilities for the mentally retarded, and psychiatric residential treatment facilities. Trained nurses, health facility surveyors, social workers, safety consultants, laboratory technologists, dietitians, and registered record administrators conduct onsite inspections or surveys at intervals dictated by state and federal standards. When health facilities are found out of compliance with licensure and certification regulations, the bureau's management personnel coordinate prescribed enforcement remedies with CMS and the state Medicaid agency, as applicable.

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

Under an additional contract with CMS, Bureau of HFCLC staff inspect any facility or clinic that performs clinical laboratory testing, regardless of source of reimbursement for the testing, to ensure compliance with the Clinical Laboratory Improvement Amendment of 1988 (CLIA). The bureau also approves nurse aide training programs and maintains a registry of certified nurse aides, including a registry of nurse aides found guilty of abuse, neglect, or misappropriation of resident property against a vulnerable adult. An administrative hearing (due process) is granted to those aides through a Nurse Aide hearing process.

HFCLC houses the state Minimum Data Set (MDS) system. All certified nursing homes in Mississippi encode and transmit MDS records after completing an assessment on a nursing home resident. The bureau provides assessment training for providers and technical assistance to facilities and software vendors. The bureau maintains an additional database regarding home health patients through the OASIS project, which is similar to the MDS project but is specific for home health agencies. To date, all providers are actively and routinely sending data to the system.

**Program Goal:** The goal of the Bureau of Health Facilities Licensure and Certification is to promote and protect the health and safety of consumers through fair and impartial regulation of licensed and certified health care facilities.

### **FY 2007 Objectives:**

- Survey 100% of licensed personal care homes.
- Review 100% of certified nurse aide training and testing programs due for biennial review.
- Perform 100% of biennial clinical laboratory on-site inspections during the federal fiscal year (October- September) in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements.
- Perform 100% of home health agency surveys (one-third of total) during the federal fiscal year (October- September) in accordance with CMS requirements.

- Perform 100% of hospital validation surveys selected by CMS as part of required 1% sample during federal fiscal year.
- Recertify 100% of intermediate care facilities for the mentally retarded before the expiration date of the existing 12-month agreement.
- Perform 100% of standard surveys of certified nursing homes within 15 months of the previous survey.
- Initiate investigation of 100% of complaints or incidents triaged as Immediate Jeopardy or Non-Immediate Jeopardy-High within the timeframes required by CMS.

<b>Funding:</b>	\$ 61,425	General
	1,585,899	Federal
	<u>1,159,047</u>	Other
	\$2,806,371	Total

**FY 2008 Objectives:**

- Survey 100% of licensed personal care homes.
- Review 100% of certified nurse aide training and testing programs due for biennial review.
- Perform 100% of biennial clinical laboratory on-site inspections during the federal fiscal year (October- September) in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements.
- Perform 100% of home health agency surveys (one-third of total) during the federal fiscal year (October- September) in accordance with CMS requirements.
- Perform 100% of hospital validation surveys selected by CMS as part of required 1% sample during federal fiscal year.
- Recertify 100% of intermediate care facilities for the mentally retarded before the expiration date of the existing 12-month agreement.
- Perform 100% of standard surveys of certified nursing homes within 15 months of the previous survey.
- Initiate investigation of 100% of complaints or incidents triaged as Immediate Jeopardy or Non-Immediate Jeopardy-High within the timeframes required by CMS.

<b>Funding:</b>	\$ 90,565	General
	1,077,995	Federal
	<u>2,616,977</u>	Other
	\$3,785,537	Total

**FY 2009 Objectives:**

- Survey 100% of licensed personal care homes.
- Review 100% of certified nurse aide training and testing programs due for biennial review.
- Perform 100% of biennial clinical laboratory on-site inspections during the federal fiscal year (October- September) in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements.
- Perform 100% of home health agency surveys (one-third of total) during the federal fiscal year (October- September) in accordance with CMS requirements.
- Perform 100% of hospital validation surveys selected by CMS as part of required 1% sample during federal fiscal year.

- Recertify 100% of intermediate care facilities for the mentally retarded before the expiration date of the existing 12-month agreement.
- Perform 100% of standard surveys of certified nursing homes within 15 months of the previous survey.
- Initiate investigation of 100% of complaints or incidents triaged as Immediate Jeopardy or Non-Immediate Jeopardy-High within the timeframes required by CMS.

<b>Funding:</b>	\$ 95,904	General
	1,636,383	Federal
	<u>1,596,616</u>	Other
	\$3,328,903	Total

**FY 2010 Objectives:**

- Survey 100% of licensed personal care homes.
- Review 100% of certified nurse aide training and testing programs due for biennial review.
- Perform 100% of biennial clinical laboratory on-site inspections during the federal fiscal year (October- September) in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements.
- Perform 100% of home health agency surveys (one-third of total) during the federal fiscal year (October- September) in accordance with CMS requirements.
- Perform 100% of hospital validation surveys selected by CMS as part of required 1% sample during federal fiscal year.
- Recertify 100% of intermediate care facilities for the mentally retarded before the expiration date of the existing 12-month agreement.
- Perform 100% of standard surveys of certified nursing homes within 15 months of the previous survey.
- Initiate investigation of 100% of complaints or incidents triaged as Immediate Jeopardy or Non-Immediate Jeopardy-High within the timeframes required by CMS.

<b>Funding:</b>	\$ 96,844	General
	1,657,666	Federal
	<u>1,596,616</u>	Other
	\$3,351,126	Total

**FY 2011 Objectives:**

- Survey 100% of licensed personal care homes.
- Review 100% of certified nurse aide training and testing programs due for biennial review.
- Perform 100% of biennial clinical laboratory on-site inspections during the federal fiscal year (October- September) in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements.
- Perform 100% of home health agency surveys (one-third of total) during the federal fiscal year (October- September) in accordance with CMS requirements.
- Perform 100% of hospital validation surveys selected by CMS as part of required 1% sample during federal fiscal year.
- Recertify 100% of intermediate care facilities for the mentally retarded before the expiration date of the existing 12-month agreement.

- Perform 100% of standard surveys of certified nursing homes within 15 months of the previous survey.
- Initiate investigation of 100% of complaints or incidents triaged as Immediate Jeopardy or Non-Immediate Jeopardy-High within the timeframes required by CMS.

<b>Funding:</b>	\$ 97,784	General
	1,710,872	Federal
	<u>1,596,616</u>	Other
	\$3,405,272	Total

## Professional Licensure

**Program Description:** Professional licensure programs ensure that certain minimum standards are maintained in professional practice. The program licenses speech-language pathologists, audiologists, dietitians, hearing aid specialists, occupational therapists and assistants, respiratory care practitioners, art therapists, and athletic trainers; certifies eye enucleators; and registers audiology aides, apprentice athletic trainers, speech-language pathology aides, medical radiation technologists, body piercers, tattoo artists, tattoo parlors, and hair braiders. Staff processed, issued, and monitored 7,902 license, certification, and registration applications in FY 2006. The division is working to establish a system that will allow licensees to renew their license online over the internet, as well as a system whereby one can verify an individual's license to practice in Mississippi over the internet. Staff investigate all complaints related to the disciplines regulated; revoke or deny licenses when necessary; and provide public information seminars regarding various licensure requirements at community colleges, state and private universities, and professional organizations. Licensing personnel receive training in Level I and Level II investigative procedures and report writing through the National Certified Investigator's Training program.

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

**FY 2007 Objectives:**

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

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>100,355</u>	Other
	\$100,355	Total

**FY 2008 Objectives:**

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

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>226,588</u>	Other
	\$226,588	Total

**FY 2009 Objectives:**

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

<b>Funding:</b>	\$	-0-	General
		-0-	Federal
		<u>138,242</u>	Other
		\$138,242	Total

**FY 2010 Objectives:**

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

<b>Funding:</b>	\$	-0-	General
		-0-	Federal
		<u>138,242</u>	Other
		\$138,242	Total

**FY 2011 Objectives:**

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

<b>Funding:</b>	\$	-0-	General
		-0-	Federal
		<u>138,242</u>	Other
		\$138,242	Total

## Child Care Facility Licensure

**Program Description:** The Child Care Facility Licensure Program licenses child care facilities, nonexempt kindergarten programs, school age extended day care programs, hourly child care programs, summer day camps, and youth camps. Currently, MDH licenses 1,685 child care facilities that provide care for more than 100,000 children.

The division also monitors voluntarily registered child day care homes and registers child residential homes governed by the Child Residential Home Notification Act. The program governs 42 youth camps and 15 child residential homes. In addition, the Child Care Licensure Division investigates complaints and works with the Department of Human Services and local law enforcement agencies on child abuse/neglect investigations in licensed facilities. In FY 2006 staff completed 4,107 site visits for the purpose of investigating complaints, program reviews, follow-up inspections, renewal inspections, and initial license inspections.

**Program Goal:** The goal of the Child Care Facility Licensure Program is to protect the health and safety of children by licensing, evaluating, and monitoring all child care facilities not exempted by law that provide care and shelter for children under 13 years of age.

### **FY 2007 Objectives:**

- Triage and begin investigation on 100% of complaints involving minor regulatory violations within 30 days of receipt.
- Triage and begin investigation on 100% of complaints involving alleged abuse, neglect, injury to a child, or other serious occurrence within three working days of receipt.
- Provide a quarterly information memorandum to 100% of licensed providers, pending applicants, and interested parties.
- Conduct 100% of child care facility renewal inspections prior to license expiration.
- Conduct 100% of youth camp renewal inspections prior to opening for camping season.
- Conduct 100% of child residential home inspections prior to registration expiration.

<b>Funding:</b>	\$ 209	General
	230,388	Federal
	<u>3,993,417</u>	Other
	\$4,224,014	Total

### **FY 2008 Objectives:**

- Triage and begin investigation on 100% of complaints involving minor regulatory violations within 30 days of receipt.
- Triage and begin investigation on 100% of complaints involving alleged abuse, neglect, injury to a child, or other serious occurrence within three working days of receipt.
- Provide a quarterly information memorandum to 100% of licensed providers, pending applicants, and interested parties.
- Conduct 100% of child care facility renewal inspections prior to license expiration.
- Conduct 100% of youth camp renewal inspections prior to opening for camping season.
- Conduct 100% of child residential home inspections prior to registration expiration.

<b>Funding:</b>	\$ 307	General
	156,604	Federal
	<u>9,016,618</u>	Other
	\$9,173,529	Total

**FY 2009 Objectives:**

- Triage and begin investigation on 100% of complaints involving minor regulatory violations within 30 days of receipt.
- Triage and begin investigation on 100% of complaints involving alleged abuse, neglect, injury to a child, or other serious occurrence within three working days of receipt.
- Provide a quarterly information memorandum to 100% of licensed providers, pending applicants, and interested parties.
- Conduct 100% of child care facility renewal inspections prior to license expiration.
- Conduct 100% of youth camp renewal inspections prior to opening for camping season.
- Conduct 100% of child residential home inspections prior to registration expiration.

<b>Funding:</b>	\$ 326	General
	237,722	Federal
	<u>5,501,032</u>	Other
	\$5,739,080	Total

**FY 2010 Objectives:**

- Triage and begin investigation on 100% of complaints involving minor regulatory violations within 30 days of receipt.
- Triage and begin investigation on 100% of complaints involving alleged abuse, neglect, injury to a child, or other serious occurrence within three working days of receipt.
- Provide a quarterly information memorandum to 100% of licensed providers, pending applicants, and interested parties.
- Conduct 100% of child care facility renewal inspections prior to license expiration.
- Conduct 100% of youth camp renewal inspections prior to opening for camping season.
- Conduct 100% of child residential home inspections prior to registration expiration.

<b>Funding:</b>	\$ 330	General
	240,814	Federal
	<u>5,501,032</u>	Other
	\$5,742,176	Total

**FY 2011 Objectives:**

- Triage and begin investigation on 100% of complaints involving minor regulatory violations within 30 days of receipt.
- Triage and begin investigation on 100% of complaints involving alleged abuse, neglect, injury to a child, or other serious occurrence within three working days of receipt.
- Provide a quarterly information memorandum to 100% of licensed providers, pending applicants, and interested parties.
- Conduct 100% of child care facility renewal inspections prior to license expiration.

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

<b>Funding:</b>	\$ 333	General
	248,543	Federal
	<u>5,501,032</u>	Other
	\$5,749,908	Total

# Mississippi Burn Care Fund

**Program Description:** The Mississippi Legislature established the Mississippi Burn Care Fund (MBCF) and authorized it to accept any gift, donation, bequest, appropriation, or other grant from any source, governmental or private. Funds are used to reimburse hospitals for uncompensated burn care for Mississippians transferred from Mississippi Trauma System participating hospitals to qualified United States burn care facilities. For each fiscal year, available funds are allocated and based on each hospital's Diagnosis Related Groups (DRG) Relative Weights related to burn injury of Mississippi patients for claims submitted by participating burn care facilities. Available funds are distributed annually following an audit of submitted claims for reimbursement.

The Burn Care Fund is a relatively new activity of the Department of Health brought about by the demise of Mississippi's only burn care unit, the Mississippi Firefighter's Memorial Burn Center in Greenville. Accordingly, in the time since the passage of the enabling legislation and the programmatic regulations by the Mississippi Board of Health, only one burn care unit has entered into a cooperative agreement with Mississippi for reimbursement of uncompensated care funds. No uncompensated care fund applications have yet been processed.

**Program Goal:** The goal of the Mississippi Burn Care Fund is to collect, safeguard, and properly disburse funds from whatever source derived to qualified hospitals that have entered into a cooperative agreement with the State of Mississippi, reimbursing those hospitals for uncompensated care provided to qualified Mississippi burn victims transferred from a Mississippi Trauma System participating hospital.

**FY 2007 Objectives:**

- Ensure that 100% of claims for uncompensated burn care are audited before payment.
- Ensure that at least 97% of eligible claims for uncompensated burn care are paid within 30 days of submission.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>3,000,000</u>	Other
	\$3,000,000	Total

**FY 2008 Objectives:**

- Ensure that 100% of claims for uncompensated burn care are audited before payment.
- Ensure that at least 97% of eligible claims for uncompensated burn care are paid within 30 days of submission.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>3,000,000</u>	Other
	\$3,000,000	Total

**FY 2009 Objectives:**

- Ensure that 100% of claims for uncompensated burn care are audited before payment.
- Ensure that at least 97% of eligible claims for uncompensated burn care are paid within 30 days of submission.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>4,132,575</u>	Other
	\$4,132,575	Total

**FY 2010 Objectives:**

- Ensure that 100% of claims for uncompensated burn care are audited before payment.
- Ensure that at least 97% of eligible claims for uncompensated burn care are paid within 30 days of submission.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>4,132,575</u>	Other
	\$4,132,575	Total

**FY 2011 Objectives:**

- Ensure that 100% of claims for uncompensated burn care are audited before payment.
- Ensure that at least 97% of eligible claims for uncompensated burn care are paid within 30 days of submission.

<b>Funding:</b>	\$ -0-	General
	-0-	Federal
	<u>4,132,575</u>	Other
	\$4,132,575	Total

## **Emergency Preparedness and Response**

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



# Public Health Emergency Preparedness and Response

**Program Description:** After the events of September 11, 2001, Congress approved an unprecedented increase in funding to combat bioterrorism specifically and to improve the public health infrastructure of the nation. The MDH has used those funds to expand and upgrade its capabilities to respond to all public health threats, including terrorism and mass casualty events. Mississippi's response efforts are based on the overarching principal that all response is local.

Public health emergency preparedness and response goals were designed to:

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

Activities are currently geared toward integration of state and local preparedness for and response to public health emergencies with federal, state, local, and tribal governments; the private sector; and non-governmental organizations. These emergency preparedness and response efforts are intended to support the National Response Plan and the National Incident Management System (NIMS).

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

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

## **FY 2007 Objectives:**

- Provide competency-based preparedness education, testing, and training for all disciplines and classifications for at least 40% of public health employees.
- Conduct a minimum of two functional and/or full-scale National Incident Management System exercises.
- Expand electronic syndromic surveillance to 17 hospitals statewide.
- Provide and/or facilitate bioterrorism/chemical terrorism suspect sample training to 100% of clinical laboratories statewide.
- Assure that 100% of district and local county health departments are prepared to respond to any public health mass casualty event.

- Coordinate with Mississippi Hospital Association to designate regional centers of excellence for emergency preparedness.
- Ensure that 65% of key laboratory stakeholders can electronically send and receive health alerts 24/7.

<b>Funding:</b>	\$ -0-	General
	17,933,616	Federal
	<u>-0-</u>	Other
	\$17,933,616	Total

**FY 2008 Objectives:**

- Provide competency-based preparedness education, testing, and training for all disciplines and classifications for at least 60% of all public health employees.
- Conduct a minimum of two functional and/or full-scale National Incident Management System exercises.
- Expand electronic syndromic surveillance to 25 hospitals statewide.
- Provide and/or facilitate bioterrorism/chemical terrorism suspect sample training to 100% of clinical laboratories statewide.
- Assure that 100% of district and local county health departments are prepared to respond to any public health mass casualty event.
- Coordinate with Mississippi Hospital Association to designate regional centers of excellence for emergency preparedness.
- Ensure that 70% of key laboratory stakeholders can electronically send and receive health alerts 24/7.

<b>Funding:</b>	\$ 6,677,633	General
	17,933,616	Federal
	<u>-0-</u>	Other
	\$24,611,249	Total

**FY 2009 Objectives:**

- Provide competency-based preparedness education, testing, and training for all disciplines and classifications for at least 70% of all public health employees.
- Conduct a minimum of two functional and/or full-scale National Incident Management System exercises.
- Expand electronic syndromic surveillance to 33 hospitals statewide.
- Provide and/or facilitate bioterrorism/chemical terrorism suspect sample training to 100% of clinical laboratories statewide.
- Assure that 100% of district and local county health departments are prepared to respond to any public health mass casualty event.
- Coordinate with Mississippi Hospital Association to designate regional centers of excellence for emergency preparedness.
- Ensure that 80% of key laboratory stakeholders can electronically send and receive health alerts 24/7.

<b>Funding:</b>	\$ 6,082,192	General
	18,504,503	Federal
	<u>-0-</u>	Other
	\$24,586,695	Total

**FY 2010 Objectives:**

- Provide competency-based preparedness education, testing, and training for all disciplines and classifications for at least 80% of all public health employees.
- Conduct a minimum of two functional and/or full-scale National Incident Management System exercises.
- Expand electronic syndromic surveillance to 41 hospitals statewide.
- Provide and/or facilitate bioterrorism/chemical terrorism suspect sample training to 100% of clinical laboratories statewide.
- Assure that 100% of district and local county health departments are prepared to respond to any public health mass casualty event.
- Coordinate with Mississippi Hospital Association to designate regional centers of excellence for emergency preparedness.
- Ensure that 90% of key laboratory stakeholders can electronically send and receive health alerts 24/7.

<b>Funding:</b>	\$ 6,141,821	General
	18,745,170	Federal
	<u>-0-</u>	Other
	\$24,886,991	Total

**FY 2011 Objectives:**

- Provide competency-based preparedness education, testing, and training for all disciplines and classifications for at least 90% of all public health employees.
- Conduct a minimum of two functional and/or full-scale National Incident Management System exercises.
- Expand electronic syndromic surveillance to 50 hospitals statewide.
- Provide and/or facilitate bioterrorism/chemical terrorism suspect sample training to 100% of clinical laboratories statewide.
- Assure that 100% of district and local county health departments are prepared to respond to any public health mass casualty event.
- Coordinate with Mississippi Hospital Association to designate regional centers of excellence for emergency preparedness.
- Ensure that 95% of key laboratory stakeholders can electronically send and receive health alerts 24/7.

<b>Funding:</b>	\$ 6,201,451	General
	19,346,837	Federal
	<u>-0-</u>	Other
	\$25,548,288	Total