# Mississippi FY 2021
# Preventive Health and Health Services Block Grant

## Work Plan

**Original Work Plan for Fiscal Year 2021**
**Submitted by: Mississippi**
**DUNS: 809399892**

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## Executive Summary

This work plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2021. The **Mississippi State Department of Health (MSDH)** submitted this plan as the designated state agency for the allocation and administration of PHHSBG funds.

**Funding Allocation:** The total award for the FY 2021 Preventive Health and Health Services Block Grant is **$2,241,691**. The Annual Basic Amount for FY2021 is $2,175,345

### Proposed Allocation and Funding Priorities for FY 2021

**Sexual Assault Rape Prevention (HO IVP-D05): Total: $66,346** is a mandatory allocation to the Mississippi State Department of Health's (MSDH) Office Against Interpersonal Violence, of this amount, $59,712 will be used to provide statewide certification for sexual assault advocates . The administrative costs for the set aside are **$6,634.**

**School Health Education (HO EH-D01; EMC-D03): $361,405** will be utilized by the Office of Preventive Health in collaboration with the Mississippi Department of Education's Office of Healthy Schools (OHS). The OHS is responsible for ensuring that the components of the Coordinated School Health Program are implemented throughout public school districts across the state. Block grant funding will be allocated to the health educator's scope of work to perform these activities.

**Participation in Employer-Sponsored Health Promotion (HO ECBP-D03): $244,689** will be utilized to continue initiatives that focus on state employers. These initiatives include, but are not limited to, promoting the use of wellness councils, implementing healthy policy and/or worksite environmental changes, and increasing employee awareness about chronic health conditions. Most of the initiatives will be developed by the health educators located within each of the three public health regions.

**Heart Disease and Stroke Prevention Program (HO HDS-05: $200,940** will be utilized to incorporate community initiatives for high blood pressure prevention and control. Most of the initiatives will be developed by the health educators located within each of the three public health regions.

**Age-Appropriate Child Restraint Use (HO IVP-07): $45,000** The MSDH Injury Prevention Program coordinates initiatives to reduce deaths and disability related to the leading causes of injury in the state. The Child Passenger Safety Program provides education on child passenger safety, including correct installation of child restraints. Through this program, certified child passenger safety technicians provide services statewide. In addition, child safety seats will be distributed within communities in each of the three public health regions.

**District Coordinated Chronic Disease Prevention and Health Promotion (HO ECBP-D07): $342,614** will be utilized to enhance and develop chronic disease capacity at the regional level by maintaining the community prevention teams in the three public health regions.

**Community Water Fluoridation (HO OH-11): $204,642** will be used to continue providing funding to local public water systems to fluoridate their water. In addition, awareness and education forums will be given to non-fluoridated public water systems on the importance of fluoridation and its impact on the health of Mississippians.

**Competencies for Public Health Professionals (HO PHI-R03; PHI-06): $166,261** will be utilized to promote care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals through the implementation of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Healthcare.

**Performance Improvement and Public Health Accreditation (HO PHI-01; PHI-02; PHI-04; PHI-D06; PHI-R10):$388,660** will allow the Mississippi State Department of Health to maintain accreditation through the Public Health Accreditation Board (PHAB).

**Administrative costs** associated with the Preventive Health Block Grant total **$221,134**. These costs include funding 2 FTEs to coordinate grant preparation, annual reporting, evaluation, program meetings, communication with the State Preventive Health Advisory Committee, and schedule public hearings. A contract position will provide support and coordination with the programs on achieving outlined health objectives.

The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the *National Health Promotion and Disease Prevention Objectives* in *Healthy People 2030*.

**Funding Priority:** Under or Unfunded, Data Trend, State Plan (2020), Other (Other rationales are based upon Advisory Committee Representation.)

## Statutory Information

**Advisory Committee Member Representation:**
Advocacy group, College and/or university, Community-based organization, Hospital or health system

| **Dates:** | |
|---|---|
| **Public Hearing Date(s):** | **Advisory Committee Date(s):** |
| 6/14/2021 | 5/4/2021<br>6/14/2021 |

**Current Forms signed and attached to work plan:**

Certifications: Yes
Certifications and Assurances: Yes

| Budget Detail for MS 2021 V0 R1 | |
|---|---|
| **Total Award (1+6)** | $2,241,691 |
| **A. Current Year Annual Basic** | |
| 1. Annual Basic Amount | $2,175,345 |
| 2. Annual Basic Admin Cost | ($221,134) |
| 3. Direct Assistance | $0 |
| 4. Transfer Amount | $0 |
| (5). Sub-Total Annual Basic | $1,954,211 |
| **B. Current Year Sex Offense Dollars (HO 15-35)** | |
| 6. Mandated Sex Offense Set Aside | $66,346 |
| 7. Sex Offense Admin Cost | ($6,634) |
| (8.) Sub-Total Sex Offense Set Aside | $59,712 |
| **(9.) Total Current Year Available Amount (5+8)** | $2,013,923 |
| **C. Prior Year Dollars** | |
| 10. Annual Basic | $0 |
| 11. Sex Offense Set Aside (HO 15-35) | $0 |
| (12.) Total Prior Year | $0 |
| | |
| **13. Total Available for Allocation (5+8+12)** | $2,013,923 |

| Summary of Funds Available for Allocation | |
|---|---|
| **A. PHHSBG $'s Current Year:** | |
| Annual Basic | $2,954,211 |
| Sex Offense Set Aside | $59,712 |
| Available Current Year PHHSBG Dollars | $2,013,923 |
| **B. PHHSBG $'s Prior Year:** | |
| Annual Basic | $0 |
| Sex Offense Set Aside | $0 |
| Available Prior Year PHHSBG Dollars | $0 |
| **C. Total Funds Available for Allocation** | $2,013,923 |

## Summary of Allocations by Program and Healthy People Objective

| Program Title | Health Objective | Current Year PHHSBG $'s | Prior Year PHHSBG $'s | TOTAL Year PHHSBG $'s |
|---|---|---|---|---|
| CULTURAL AND LINGUISTIC APPROPRIATE SERVICES | PHI-R03; PHI-06 Competencies for Public Health Professionals | $166,261 | $0 | $166,261 |
| **Sub-Total** | | **$166,261** | **$0** | **$166,261** |
| DISTRICT COORDINATED CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION | ECBP-D07 Community-Based Primary Prevention Services | $342,614 | $0 | $342,614 |
| **Sub-Total** | | **$342,614** | **$0** | **$342,614** |
| HEART DISEASE AND STROKE PREVENTION PROGRAM | HDS-05 Cardiovascular Health | $200,940 | $0 | $200,940 |
| **Sub-Total** | | **$200,940** | **$0** | **$200,940** |
| ORAL HEALTH PROMOTION AND EDUCATION | OH-11 Community Water Fluoridation | $204,642 | $0 | $204,642 |
| **Sub-Total** | | **$204,642** | **$0** | **$204,642** |
| PERFORMANCE IMPROVEMENT AND PUBLIC HEALTH ACCREDITATION | PHI-01; PHI-02; PHI-04; PHI-D06; PHI-R10 Accredited Public Health Agencies | $388,660 | $0 | $388,660 |
| **Sub-Total** | | **$388,660** | **$0** | **$388,660** |
| SCHOOL, WORKSITE, AND COMMUNITY BASED PREVENTIVE HEALTH | EH-D01; EMC-D03 School Health Education | $361,405 | $0 | $361,405 |
| | ECBP-D03 Participation in Employer-Sponsored Health Promotion | $244,689 | $0 | $244,689 |
| | IVP-07 Age-Appropriate Child Restraint Use | $45,000 | $0 | $45,000 |
| **Sub-Total** | | **$651,094** | **$0** | **$651,094** |
| SEXUAL ASSAULT SERVICES, PREVENTION AND EDUCATION | IVP-D05 Sexual Violence (Rape Prevention) | $59,712 | $0 | $59,712 |
| **Sub-Total** | | **$59,712** | **$0** | **$59,712** |
| **Grand Total** | | **$2,013,923** | **$0** | **$2,013,923** |

**State Program Title: CULTURAL AND LINGUISTIC APPROPRIATE SERVICES**

**State Program Strategy:**

1. **Program Goals:**
   Promote effective, equitable, understandable, and respectful quality health care and services that are responsive to preferred languages, and diverse cultural health beliefs and practices.

2. **Program Health Priorities:**
   a. Provide training and education to health care providers on how to work with medical interpreters.
   b. Offer Medical Interpreter Training to bilingual staff at hospitals, private clinics, community. health centers, and local health departments.
   c. Offer Cultural Competence Trainings to MSDH Staff
   d. Provide technical assistance for health equity strategies to various programs to promote a health in all policies approach.
   e. Promote the Adoption of the National CLAS Standards
   f. Provide programs with cultural and linguistic appropriate translations.

3. **Program Primary Strategic Partners**:
   a. Internal: Field Services, Tobacco Control Program, Office of Preventive Health, Office of Health Promotion and Health Equity, Office of Performance Improvement, Office of Professional Enrichment, Office of Oral Health, Office of Communications and the local health Department.
   b. External: Local Public Health Districts, Federal Qualified Community Health Centers, National Center for Cultural Competency, BOAT People SOS, Mercy Housing & Human Development, Mississippi Road Map To Health Equity, UMC's Myrlie Evers-Williams Institute

**4. Evaluation Methodology:**

a. **Community Interpreter Training**: The training aspects to evaluate are: a) Participant knowledge: It is expected for the interpreters to increase their knowledge base after the training and to have a minimum score of 70% on the posttest. The instrument is divided into three sections: Medical vocabulary, code of ethics and best practices. b) Quality of Interpretation: it is expected for the interpreters to improve the interpretation technique. The items to evaluate are language, message transfer, methodology and subject matter. The quality of interpretation is going to be assessed through role play exercises during the training.

b. **Working Effectively with Medical Interpreters**
   An evaluation, pretest and a posttest are going to be used to quantify knowledge gained by participants in this workshop.

c. **Cultural Competence Training**
   The outcomes to be monitored and analyzed include: 1) number of participants who completed the training and 2) the scores from the post evaluation. At the end of each training the participants will be required to answer a post-training evaluation that assesses knowledge, attitude, and beliefs. At the completion of the training, certifications will be handed out to the participants. The certifications will be placed in their professional development file. This will provide another mechanism for an accurate participant count.

d. **Translations**
   Conduct process evaluation on the quality translation services.

**State Program Setting:**

Community based organization, Community health center, Faith based organization, Local health department, Medical or clinical site.

**FTEs (Full Time Equivalents):**
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Position Title:** Special Projects Officer IV
State-Level: 100% Local: 0% Other: 0% Total: 100%
**Position Title:** Division Director II
State-Level: 50% Local: 0% Other: 50% Total: 100%

**Total Number of Positions Funded:** 2
**Total FTEs Funded:** 2.00

**National Health Objective:**
**PHI-R03 Increase use of core competencies and discipline specific competencies to drive workforce development.**

**PHI-06 Increase the proportion of state public health agencies that use Core Competencies for Public Health Professionals in continuing education for personnel.**

**State Health Objective(s):**
Between 10/2021 and 09/2022, provide at a minimum 4 trainings and maintain a cadre of trainers to implement trainings in Mississippi in an effort to promote effective, equitable, understandable, and respectful quality care and services, promoting cultural and linguistic appropriate services.

**Baseline:**
The Mississippi State Department of Health is a licensed site to teach the Community Interpreting Training, Cultural Competency Training, and the Medical Terminology Training. Since October 2020, two Community Interpreting and Medical Terminology trainings were held. There were 4 Master Trainers in the state and 24 trained Community/Medical Interpreters. During FY2021, there were 8 Cultural Competency Trainers in the agency and 5 Cultural Competency Training were hosted by this group.

**Data Source:**
Mississippi State Department of Health

**State Health Problem:**
**Health Burden:**
Health inequities in the United States are well documented and the provision of culturally and linguistically appropriate services (CLAS) is one strategy to help eliminate health inequities. By tailoring services to an individual's culture and language preference, health professionals can help bring about positive health outcomes for diverse populations. The provision of healthcare services that are respectful of and responsive to the health beliefs, practices, and needs of diverse patients can help close the gap in healthcare outcomes.
It is estimated that in the state of Mississippi resides 35,800 Limited English Proficient persons (Migration Policy Institute tabulations from 2010 and 2013 American Community Surveys). But as of 2016, the estimated number of Limited English Proficient persons in Mississippi is 38,462 (Migration Policy Institute, 2018). This population increase challenges a healthcare system that was not designed to attend to the needs of LEP persons. Consequently, LEP persons have been adversely impacted by the lack of language assistance services in the healthcare system. According to the Office of Minority Health, despite continued improvement in the health status of Americans in general, minorities in the United States continue to experience disparities in health status. Access to appropriate health services could reduce many of these disparities (2014 National Healthcare Quality & Disparities Report – Agency for Healthcare Research and Quality).
Barriers to healthcare access for LEP patients have been extensively documented in the literature. Research studies have shown that LEP persons have a higher risk of misdiagnosis, adverse medication reactions (Ku & Flores, 2005), greater difficulty receiving the care needed, and understanding diagnoses/treatment advice. They are also less likely to receive preventive care (Genoff, et al., 2016), less satisfied with care they receive, and less likely to report overall problems with care that increases the

risk of experiencing medical errors (Jacobs, Shepard, Suaya, & Stone, 2004). Overall, studies suggest that LEP patients make fewer physician visits (Brach, Fraser, & Paez, 2005), (Derose, Escarce, & Lurie, 2007), and fail to comply with recommendations for treatment even after controlling for health status and socioeconomic factors.

**Target Population:**
Number: 1,000
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Health Care Systems, Other

**Disparate Population:**
Number: 780
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Health Care Systems, Other

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**
Other: It has been shown how the provision of professional medical interpreter services results in better outcomes for LEP patients. The LEP patients who have been provided with an interpreter have higher satisfaction scores and utilize more primary care services. These patients schedule more outpatient visits and fill more prescriptions as opposed to those who have not been provided with an interpreter; they are also more satisfied with their doctor/patient communication, office staff helpfulness, and ambulatory care. Several laws exist around the provision of language services in healthcare. In particular, Title VI of the Civil Rights Act of 1964 prohibits the use of federal funding to support providers who discriminate on the basis of race, color, or national origin. This has been interpreted by the U.S Department of Health and Human Services (HHS) and the courts to include individuals who are (LEP). Subsequently, the Office of Minority Health (OMH) created the CLAS standards (National Standards for Culturally and Linguistically Appropriate Services in Health Care, 2001) “as part of the effort to correct inequities that currently exist in the provision of health services and to make these services more responsive to the individual needs of all patients/consumers.”

Language barriers in healthcare are a national concern and have been recognized as a major contributor to health disparities. For example, the National Stakeholder Strategy for Achieving Health Equity included measures to overcome these barriers in the plan. The paper's authors also consider language barriers as a priority, recognizing that developing tools and best practices for enhancing language access will significantly contribute to the reduction of health disparities. (Retrieved from http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**
Total Current Year Funds Allocated to Health Objective: $166,261
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

## OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Community Interpreter Training**

Between 10/2021 and 09/2022, the Health Equity Team will conduct **three** Community Interpreter Trainings to prepare bilingual individuals to work as effective, competent, and professional medical interpreters.

**Annual Activities:**

**1. Advertising and Recruiting**

Between 10/2021 and 09/2022, the Health Equity team will recruit bilingual individuals in Mississippi to participate in the offered workshops.

**2. Conduct Trainings**

Between 10/2021 and 09/2022, The Health Equity Language Access Coordinator will partner with contracted Community Interpreter Master Trainers to conduct a total of **three** community interpreter trainings to increase access to community interpreters in the state by 30 persons. The Language Access Coordinator will supervise completion of this activity to ensure that we meet the needs of the LEP population in the state. The Coordinator will identify areas that need language access, the languages outside of English that exist in the state, and recruit interpreters that are representative of the LEP population. Each training will host a minimum of 10 participants. A list of the trained interpreters will be maintained as a resource for entities that need access to these services.

**3. Capacity Building Community Interpreter Training**

Between 10/2021 and 09/2022, The Health Equity Language Access Coordinator will provide quarterly technical assistance calls to community interpreter stakeholders to assist in the development of the Professional Association of Mississippi Interpreters and Translators. The Professional Association of Mississippi Interpreters and Translators will serve as a statewide coalition that will assist: in providing continuing education to interpreters, identifying and recruiting community interpreters, identify and address interpreter issues, advocate for interpreter and translation services issues with state legislature, and assist with data collection and dissemination.

**4. Collect Data to Inform Interventions**

Between 10/2021 and 09/2022, the Health Equity Team will partner with community partners to collect qualitative data to inform interventions amongst those who are Limited English Proficient in geographical hotspots in Mississippi.

**Objective 2:**

**Cultural and Linguistic Competence Training**

Between 10/2021 and 09/2022, the Health Equity team within the Office of Preventive Health and Health Equity will conduct **four** cultural and linguistic competency trainings to improve access to a health care system that is respectful of and responsive to the needs of diverse patients.

**Annual Activities:**

**1. Advertising and Recruiting**

Between 10/2021 and 09/2022, the Health Equity team will recruit participants across Mississippi to participate in the cultural competence training.

**2. Conduct the Training**

Between 10/2021 and 09/2022, The Health Equity team will partner with the Office of Oral Health to conduct **four** cultural and linguistic competency workshops at agencies that offer medical or social services to underserved populations. The intended outcome of this activity is to increase the number of agencies that offer culturally and linguistic appropriate services. The Health Equity and Oral Health Offices will work together to identify and recruit agencies and programs to participate in the workshops. The two offices will focus on organizations that serve the underserved populations in our state (i.e. rural, LEP, low income, etc.).

**Objective 3:**

**Language Assistance Capabilities**

Between 10/2021 and 09/2022, MSDH Health Equity team will provide language access assistance support and raise the standards for interpreter career paths to **2 organizations**, the MS Chapter of Interpreters and the Mississippi Chapter International Medical Interpreter Association.

**Annual Activities:**

**1. Host a Stakeholder Interpreter Symposium**

Between 10/2021 and 09/2022, the Health Equity team will continue to collaborate with trained interpreters to build the infrastructure and capacity to start a Mississippi Chapter of Interpreters by hosting a symposium for interpreters working with organizations such as the University of Mississippi Medical Center, community colleges, and civic organizations.

**2. Continual Education Workshop for all Medical and Community Interpreters**

Between 10/2021 and 09/2022, The Health Equity Language Access Coordinator will partner with agency Master Trainers to host a continuing education workshops for all Medical and Community Interpreters who have gone through MSDH's Training program to update them on the newly updated curriculum. The intention of the continuing education workshops is to educate the state's Medical and Community Interpreters on the updated curriculum of the training that they participated in. Several of MSDH's interpreters have not had any continuing education since 2012 and need the refresher. The program would also like to keep the agency's interpreters up to date on the best practices that exist.

**3. Build a Cadre of Master Trainers**

Between 10/2021 and 09/2022, the Health Equity team will work to continue to build and maintain a cadre of trainers to assist in conducting cultural competency trainings statewide.

**4. Collect Data to Support Interventions**

Between 10/2021 and 09/2022, the Health Equity Team will partner with community partners to collect data by surveys, key informant interviews, and focus groups to inform interventions targeting the Limited English Proficiency community.

**Objective 4:**

**National CLAS Standards\Technical Assistance and Translation**

Between 10/2021 and 09/2022, the Office of Preventive Health and Health Equity in collaboration with technical assistance provided by the Health Equity team will obtain **a minimum of 2** contractors via a Request for Proposal Process to assure printed health education materials, and other outreach content materials are translated to reflect the population served. The translation of the health education materials will be translated in phases. These contractors will take into consideration literacy levels, and cultural.

**Annual Activities:**

**1. Release Request for Proposal**

Between 10/2021 and 09/2022, MSDH Office of Preventive Health and Health Equity will release a Request for Proposal to the public to recruit for a contractor\contractors to conduct translation services.

**2. Monitor Contracts**

Between 10/2021 and 09/2022, MSDH Office of Preventive Health and Health Equity will contract with a minimum of two (2) contractors to translate printed materials statewide for MSDH staff and partners to conduct educational outreach to targeted populations.

**3. Implement Language Assistance Plan**

Between 10/2021 and 09/2022, MSDH Office of Preventive Health and Health Equity team will develop and implement a language assistance plan for the agency. There was a plan developed. It is currently not in place. The plan was routed through the agency for approval, but the routing process was not completed due to a number of edits that were needed. The Office of Preventive Health and Health Equity is working to update the plan with the necessary edits. The Office of Health Equity is currently working with the Food and Nutrition Services' Civil Rights Division to make edits that are in line with necessary inclusions for our WIC program. Once approval is received, the plan will be routed for agency approval.

The office will then work on a communication plan with our Office of Communications to inform the agency of the policy's existence and its use.

**Objective 5:**

**Working Effectively with Community Interpreters**

Between 10/2021 and 09/2022, the Health Equity team will conduct **two** trainings on how to work with community interpreters and how to teach healthcare providers about the appropriate use of trained interpreters in their clinical encounters.

**Annual Activities:**

**1. Advertising and Recruiting**

Between 10/2021 and 09/2022, the Health Equity team will work with partners to recruit healthcare providers across Mississippi to participate in the workshops offered.

**2. Conduct Trainings**

Between 10/2021 and 09/2022, the Heath Equity Team will conduct a total of **two** workshops directed to health care providers on how to work with medical interpreters.

**State Program Title: DISTRICT COORDINATED CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION**

**State Program Strategy:**

1. **Program Goal(s):** Build agency capacity to implement evidence and practice-based interventions that extend prevention beyond the clinic setting into communities.

2. **Health Priorities:**
   a. Support statewide implementation of evidence and practice-based interventions that promote health and prevent and reduce the risk factors associated with childhood and adult obesity, diabetes, heart disease, stroke and other chronic conditions.
   b. Maximize reach and impact in communities, schools, early childhood education (ECE's), workplaces, faith-based and health systems environments to improve nutrition, physical activity and reduce tobacco use and exposure with an emphasis on disparate populations.
   c. Increase collaboration between public health regional staff and community partners in efforts to implement chronic disease prevention and health promotion strategies that support policy, systems, and environmental change.
   d. Leverage resources in collaboration with a variety of public and private partners.

3. **Program Primary Strategic Partners:**

| Internal | External |
|---|---|
| Regional public health administrators | Local elected officials |
| Regional public health and county staff | Local school and school districts |
| | Local head starts and day cares (ECE's) |
| | Local community-based organizations |
| | Local faith-based organizations |
| | County Planning and Development Councils |
| | Existing local chronic disease prevention/and/or health promotion coalitions |
| | Governmental and non-governmental organizations |
| | Local non-profit organizations |

4. **Evaluation Methodology:**
   The overall evaluation framework will consist of process performance measures that address the type or level of program activities conducted. This is inclusive, but not limited to, the number of coalition meetings attended, the number of self-management workshops conducted, the number of Mayoral Health Councils established, the number of new partnerships developed; the number of trainings attended etc. Challenges, barriers, and facilitators to community engagement, mobilization, and development will also be analyzed to describe the formative evaluation that will be developed towards behavioral outcomes formulated for future activities.

**State Program Setting:**

Business, corporation or industry, Community based organization, Community health center, Faith based organization, Local health department, Medical or clinical site, Schools or school district, State health department, University or college, Other: Early Childhood education center.

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with PHHS Block Grant funds.
**Position Title:** Regional Community Health Director
State-Level: 30% Local: 60% Other: 10% Total: 100%
**Position Title:** Regional Community Health Director
State-Level: 30% Local: 60% Other: 10% Total: 100%
**Position Title:** Regional Community Health Director

State-Level: 30% Local: 60% Other: 10% Total: 100%
**Position Title:** Regional Community Health Director
State-Level: 30% Local: 60% Other: 10% Total: 100%
**Position Title:** Regional Health Officer
State-Level: 0% Local: 10% Other: 0% Total: 10%
**Position Title:** Regional Health Officer
State-Level: 0% Local: 10% Other: 0% Total: 10%
**Position Title:** Regional Health Officer
State-Level: 0% Local: 10% Other: 0% Total: 10%

**Total Number of Positions Funded:** 7
**Total FTEs Funded:** 4.30

**National Health Objective: HO ECBP-D07 Increase the number of community organizations that provide prevention services.**

**State Health Objective(s):**
Between 10/2021 and 09/2025, increase the number and skill level of Regional Community Health and Prevention Teams providing evidence and population-based chronic disease prevention and health promotion interventions in Mississippi's Public Health Regions from **5 to 9.** This will be 3 Community Health Directors per region. Their role will be to address policy, systems and environmental change strategies at the local level that are aimed at the prevention and control of chronic conditions and the promotion of optimal health.

**Baseline:**
As of June 2021, there are 5 Community Health Directors have been hired and trained to lead a Regional Community Health and Prevention Team to implement evidence and population-based chronic disease prevention and health promotion services/strategies.

**Data Source:**
Office of Preventive Health

**State Health Problem:**
**Health Burden:**
A coordinated and integrated infrastructure is required to address chronic disease and its related risk factors and complications at the local level as described by Stamatakis K et. al. in a recent article written in the CDC's Preventing Chronic Disease on-line peer reviewed journal (2014). The article further suggests that "This reorientation from individual behavior- change models to policy, systems, and environmental change requires a new set of skills that mark a departure from traditional approaches to health promotion."

In order to address current trends that are now overshadowing traditional public health practice at the local level, centralized state health department systems are being encouraged at the national and federal levels to strengthen and support local health department staff. One such approach is to build and create capacity at the local level through workforce development that is trained with the knowledge, skills and abilities to take leadership roles in policy, systems, and environmental prevention efforts. This workforce development is needed because national and state public health statistics reveal alarming inequities and disparities that exist among disease burden, morbidity and mortality in Mississippi.

**Heart Disease:** In 2016, Mississippi reported 7,876 deaths from heart disease and 1,705 from cerebrovascular disease (stroke). In 2018, Mississippi reported 7,753 deaths from heart disease and 1,804 from cerebrovascular disease (stroke).

**Obesity**: Most (71.3%) of Mississippi adults (18 years and older) are overweight or obese and, of these, 37.2% are obese, making Mississippi one of most obese state. According to BRFSS 2018, most (73.3%)

of Mississippi adults (18 years and older) are overweight or obese and, of these, 39.5% are obese, making Mississippi one of most obese state.

**Hypertension**: Hypertension (high blood pressure) is a major risk factor for coronary heart disease (CHD), heart failure, and stroke. In 2015, 42.3% of Mississippi adults self-reported high blood pressure. In 2017, 40.8% of Mississippi adults self-reported high blood pressure.

**Diabetes:** According to the 2016 MS BRFSS survey, 13.6% of all respondents reported being told by a doctor that they have diabetes. This is a 31% difference compared to the national prevalence of 10.5%. According to the 2018 MS BRFSS survey, 14.4% of all respondents reported being told by a doctor that they have diabetes. This is a 3.4% difference compared to the national prevalence of 11%.

**Cancer**: In 2013, Mississippi had the 2nd highest age-adjusted death rate due to cancer among adults in the nation. The 2013-2017 data indicated that Mississippi had the 2ndhighest age-adjusted death rate due to cancer among adults in the nation with 190.1 death per 100,000 population.

**Physical Inactivity:** In 2016, 30.3% of Mississippi adults reported that they were not engaged in physical activity in past 30 days (BRFSS 2016). In 2018, 32% of Mississippi adults reported that they were not engaged in physical activity in past 30 days (BRFSS 2018).

Sources: 2015, 2016, 2017, and 2018 BRFSS; 2016 and 2018 Mississippi Vital Statistics

**Target Population:**
Number: 2,976,149
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

**Disparate Population:**
Number: 2,794,149
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: Target and Disparate Data Sources: 2012-2016 American Community Survey 5-Year Estimates; US Census, 2019

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**
Best Practice Initiative (U.S. Department of Health and Human Service)
Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**
Total Current Year Funds Allocated to Health Objective: $342,614
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $240,868

Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

## OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**
**Building Capacity**
Between 10/2021 and 09/2022, the Office of Preventive Health (OPH) will implement **one** operational plan that provides leadership, a scope of work, and on-going technical assistance for Regional Community Health and Prevention Teams on at least a monthly basis in support of regional-level chronic disease prevention and health promotion activities.

**Annual Activities:**
**1. Capable and Qualified Workforce**
Between 10/2021 and 09/2022, The Office of Preventive Health (OPH) maintain a minimum of **six** Community Health Directors. Community Health Directors will increase agency capacity to cultivate community-based health initiatives in Mississippi's three public health regions.

**2. Workforce Competencies**
Between 10/2021 and 09/2022, The Office of Preventive Chronic Disease and Health Promotion team will partner with School, Worksite, and Community-Based Prevention team will provide **two (2) trainings** on the 10 Essential Public Health Services to build community engagement and strengthen capacity of the Community Health and Prevention Team.

**3. New Hire Orientation**
Between 10/2021 and 09/2022, OPH will provide at least **one new** hire orientation, as needed, for Community Health Directors to provide an agency overview, review the scope of work, operational plan, agency strategic plan and other relevant materials.

**4. Professional and Regional Trainings**
Between 10/2021 and 09/2022, OPH will coordinate and provide **at least three** professional development trainings for Regional Community Health and Prevention Teams with emphasis on the following areas: leadership development, health disparities, social determinants of health, PSE change strategies, tobacco prevention and control, integration of primary care and public health, disease self-management and public health advocacy for breastfeeding, asthma, etc. (via workshops, webinars, on-line course catalogs, etc.)on evidence and population-based policy, systems, and environmental change strategies.

**Objective 2:**
**Partner Engagement**
Between 10/2021 and 09/2022, Community Health and Prevention Teams will identify **at least three (3)** local chronic disease-related coalitions (e.g., regional MP3C coalitions, MS Tobacco Free Coalitions, Diabetes Coalition, MS Oral Health Community Alliance, Alzheimer's Coalition) to leverage opportunities for collaboration as well as maximize reach and impact in the state for promoting health and to prevent and control chronic diseases and their risk factors.

**Annual Activities:**
**1. Professional Trainings**
Between 10/2021 and 09/2022, Community Health Director and Office of Preventive Health will coordinate at least **one training** on community mobilization, engagement, meeting facilitation, and/ or leadership development.

**2. Employee Wellness**
Between 10/2021 and 9/2022 Community Health and Prevention Teams will collaborate with the State Employee Wellness Program, Mississippi Business Group on Health, and the local Mississippi Society for Human Resource Manage to coordinate **one** annual worksite wellness meeting to include a local vendor resource fair to support professional networking and linkage to businesses to support strategies for comprehensive worksite wellness.

**3. Employer Awards**
Between 10/2021 and 09/2022, each Community Health and Prevention Team will recruit **at least one** (1) local public and/or private businesses to participate in the *Mississippi Recognized Healthy Employer or the Mississippi Healthiest Workplace Awards.*

**4. Municipalities**
Between 10/2021 and 09/2022, each Community Health and Preventive Team will establish, maintain, and/or reengage **at least one (1)** Mayoral Health Councils to adopt policies and implement strategies that increase access to physical activity, healthy foods, and smoke free air and other risk factors associated with childhood and adult obesity, diabetes, heart disease and stroke.

**5. Community-Clinical Linkages**
Between 10/2021 and 09/2022, each Community Health and Preventive Team will conduct **at least two (2)** Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP) A Matter of Balance (MOB) and Walk With Ease workshops.

**6. Community-Clinical Partnerships**
Between 10/2021 and 09/2022, each Community Health Director will develop and implement a plan for recruiting **at least one (1)** local system partner and coordinating a Train-the-Trainer opportunity for CDSMP, DSMP or MOB program to increase access to disease prevention and self-management programs.

**7. Local School Boards**
Between 10/2021 and 09/2022, each Community Health Director will present on the Whole School, Whole Child and Whole Community Model (WSCC), shared use agreements and school health index **at least one (1)** meetings of local school boards to assist schools and school districts with initiating policy and environmental changes related to WSCC activities, submission of shared use agreement Request for Proposals, and engaging School Health Councils.

**8. PSE Development**
Between 10/2021-09/2022, the Community Health Prevention Team, within each region, will partner with **at least one (1)** local community to develop a policy, systems, and environmental change project to support community collaborations that address health-related needs.

**9. Needs Assessment**
Between 10/2021-09/2022, the Community Health Prevention Team, within each region, will conduct **at least (1) one per region**, community needs assessment, health impact assessment and /or environmental scan.

**State Program Title: HEART DISEASE AND STROKE PREVENTION PROGRAM**

**State Program Strategy:**

1. **Program Goal(s):**
   Reduce the burden of cardiovascular disease (CVD) morbidity and mortality by preventing or managing the associated risk factors (hypertension, high cholesterol, diabetes, smoking, unhealthy diet and physical inactivity, overweight and **obesity) with emphasis on hypertension control.**

2. **Program Health Priorities:**
   a. Mobilize community leaders and organizations to plan and implement policy, systems, and environmental (PSE) change strategies to improve cardiovascular health in the community, faith-based, and healthcare settings.
   b. Increase access to evidence-based initiatives and self-management programs to amplify patients' adherence to healthcare recommendations for hyperlipidemia, hypertension, and diabetes mellitus in communities, faith-based, and healthcare settings.
   c. Provide continuing education opportunities to healthcare professionals on evidence-based guidelines and best practices to better manage and treat patients with heart disease, stroke, and related risk factors.

3. **Primary Strategic Partners**
   The MSDH has fostered several collaborative relationships and strategic partnerships both internally and externally:

| **Internal** | **External** |
|---|---|
| Office of Chronic Disease Prevention and Health Promotion | YMCAs |
| Office of Health Equity | Local Barber shops |
| Mississippi Delta Health Collaborative | Local community-based organizations |
| Office of Tobacco Control and Prevention | Local faith-based organizations |
| | Local healthcare systems |
| | Mayoral Health Councils |
| | American Heart Association |
| | Community Health Centers of Mississippi |

4. **Evaluation Methodology:**
   Surveillance data are obtained from the Behavioral Risk Factor Surveillance System (BRFSS). The data is used to evaluate the progress toward decreasing the rates of hypertension in Mississippi statewide. In addition, Clinical Leads for the Heart Disease and Stroke Prevention Program as well as the Delta Health Collaborative are required to submit data collection forms that capture monthly activities based on the scope of work. These data forms are collected and reviewed by the Office of Preventive Health for tracking, monitoring, and reporting purposes.

**State Program Setting:**
Community based organization, Community health center, Faith based organization, Local health department.

**FTEs (Full Time Equivalents):**
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Total Number of Positions Funded:** 0
**Total FTEs Funded:** 0.00

**National Health Objective:** **HDS-05 Cardiovascular Health**

**State Health Objective(s):**
Between 10/2021 and 09/2025, decrease by 2% the percentage of Mississippi adults who were ever told they had a hypertension.

**Baseline:**
In 2016, 6.8% of Mississippi adults were ever told they had a heart attack.
In 2016, 6.4% of Mississippi adults were ever told they had a stroke.
In 2018, ***5.5%*** (crude prevalence) of Mississippi adults were ever told they had a heart attack.
In 2018, ***4.8%*** (crude prevalence) of Mississippi adults were ever told they had a stroke.

**Data Source:**
Source (s): 2016 and 2018 BRFSS

**State Health Problem:**
**Health Burden:**
Cardiovascular disease (CVD) is the leading cause of death in Mississippi and a major contributor of healthcare costs, permanent disability and disparities among Mississippi adults. In 2015, heart disease and stroke accounted for 30.5% of all deaths. [Source: 2015 Mississippi Vital Statistics]. In 2018, heart disease and stroke accounted for 29.5% of all deaths. [Source: 2018 Mississippi Vital Statistics].
In 2015, 42.3% of adults self-reported high blood pressure compared to 30.9 % nationally. High blood pressure prevalence was higher for blacks (44.0%) compared to whites (41.2%) and similar prevalence in men (43.3%) and women (42.4%). [Source: 2015 BRFSS]. In 2017, 40.8% of adults self-reported high blood pressure compared to 32.3 % nationally. High blood pressure prevalence was higher for blacks (46.0%) compared to whites (38.1%) and almost similar prevalence in men (41.6%) and women (40%). [Source: 2017 BRFSS].

**Target Population:**
Number: 2,976,149
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

**Disparate Population:**
Number: 2,794,149
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander
Age: Under 1 year, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: 2012-2016 American Community Survey 5-Year Estimates; US Census, 2019

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**
Other: Other: American Heart Association Guide for Improving Cardiovascular Health at the Community Level (http://circ.ahajournals.org/content/127/16/1730.full)

Understanding the New Guidelines: American Heart Association

(http://www.heart.org/HEARTORG/Conditions/Understanding-the-New-Guidelines_UCM_458155_Article.jsp)

Whelton PK, Carey RM, Aronow WS, Casey Jr DE, Collins KJ, Dennison Himmelfarb C, DePalma SM, Gidding S, Jamerson KA, Jones DW, MacLaughlin EJ, Muntner P, Ovbiagele B, Smith Jr SC, Spencer CC, Stafford RS, Taler SJ, Thomas RJ, Williams Sr KA, Williamson JD, Wright Jr JT, 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults, Journal of the American College of Cardiology (2017), doi: 10.1016/j.jacc.2017.11.006.

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**
Total Current Year Funds Allocated to Health Objective: $200,940
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

## OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**
**Increase Knowledge, Awareness, and Education**
Between 10/2021 and 09/2022, The Heart Disease and Stroke Prevention Program and the Mississippi Delta Health Collaborative staff will **two** implement evidence-based initiatives for improvement in the management of hypertension statewide.

**Annual Activities:**
**1. Chronic Disease Quality Improvement Initiative**
Between 10/2021 and 09/2022, engage **thirteen** health systems to participate Chronic Disease Quality Improvement Initiative.

**2. Community Health Worker Initiative**
Between 10/2021 and 09/2022, provide disease self- management education within **four** settings (churches, barbershops, health systems, and mayoral health councils.

**State Program Title:** **ORAL HEALTH PROMOTION AND EDUCATION**

**State Program Strategy:**

1. **Program Goal:** The 2021 Oral Health Promotion and Education will fund one state priority area of oral disease control, Community Water Fluoridation (CWF). As one of the top ten public health interventions of the 21st century, CWF is a leading program of the MS Oral Health Program's prevention efforts. Proven as a cost-effective, universally beneficial intervention, this program maximizes the potential of reducing the risk of developing dental decay in many communities throughout the state.

2. **Program Priorities:** The Mississippi State Department of Health's (MSDH) Office of Environmental Health regulates or tests food, milk, air, water, and on-site wastewater that can affect the health of Mississippians and is also responsible for certain institutional services. The Public Water Supply Program ensures safe drinking water to the citizens of Mississippi who utilize the state's public water supplies by strictly enforcing the requirements of the Federal and State Safe Drinking Water Acts (SDWAs). The Community Water Fluoridation program priorities include:
   a. Create an effective oral health services infrastructure to assure oral disease prevention and control.
   b. Implement and assure effective population-based oral health programs that prevent disease and improve health.
   c. Ensure adequate funding for programs that assure good oral health for children (birth permanent teeth development).

3. **Primary Strategic Partnerships:** The MSDH fosters ongoing collaboration with both internal and external partners involved with the Environmental Health Community Water Fluoridation Program.

4. **Evaluation Methodology:** Several surveillance methodologies exist in measuring the risk of oral diseases: (1) The National Oral Health Surveillance System (NOHSS) includes measures from the February 1, 2016, version of the Behavioral Risk Factor Surveillance System (BRFSS) at http://www .cdc.gov/NOHSS and (2) the CDC's Water Fluoridation Reporting System (July 31, 2015).

**State Program Setting:**
Business, corporation or industry, Childcare center, Community based organization, Community health center, Local health department, Medical or clinical site, Schools or school district, State health department.

**FTEs (Full Time Equivalents):**
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Total Number of Positions Funded:** 0
**Total FTEs Funded:** 0.00

**National Health Objective:** **HO OH-13 Community Water Fluoridation**

**State Health Objective(s):**
Between 10/2021 and 09/2025, increase by 2% the proportion of population in Mississippi served by public water systems with optimally fluoridated water within the range of 0.6 to 1.2 parts per million.

**Baseline:**
As of December 31, 2020, 41.1% of Mississippi's population receives fluoridated water through public water systems.

**Data Source:**
Mississippi Community Water Fluoridation Surveillance System

**State Health Problem:**

**Health Burden:**

The National Healthy People 2020 encourages all states to assure community water fluoridation for at least 79.6% of their total population. In 2014, 74.6% of the U.S. population on public water systems (211.4 million people) received fluoridated water. Mississippi faces enormous health challenges, with long-term social, educational, and economic problems linked to profound inequities in access to medical and dental care. A major social issue, poverty, heavily affects the state's population. According to the 2015 Census, approximately 22.0% of Mississippi's population (individuals) lived below the poverty level, compared to 13.5% nationally. Poverty, lack of education, geographic isolation, and entrenched cultural norms contribute to health disparities and a lack of access to health care. Those with poor general health have a much higher risk for poor oral health. Water fluoridation is socially equitable and benefits both children and adults in a community, without regard to race, ethnicity, socioeconomic status, educational attainment, or other social variables. Fluoridation provides the greatest benefit to those who can least afford preventative or restorative dentistry and reduces dental disease, loss of teeth, and time away from work or school. Drinking fluoridated water from birth can reduce tooth decay by 20-40 percent and the preventative protection of water fluoridation lasts throughout one's adult life.

The Mississippi State Department of Health strives to assure that public water supplies have clean, safe drinking water for all Mississippians. The Mississippi Public Water Fluoridation Program began in 1952 to increase the number of public water systems in Mississippi that adjust the natural fluoride content in a community's water to an adequate level for the prevention of tooth decay. In 2015, Mississippi ranked 37 of 50 states along with the District of Columbia in having the least number of people who received public water fluoridation: with approximately only 58.2% of the population receiving fluoridated water. In 2011, the Pew Children's Dental Campaign gave Mississippi a "C" because the state fell short of the national goal of providing optimally fluoridated water to at least 75% of its citizens via community water systems.

**Cost Burden:**

It has been estimated that for every $1 invested in community water fluoridation; the community saves up to approximately $38 in averted costs. The cost per person of instituting and maintaining a water fluoridation program in a community decreases with increasing population size. It is estimated that over $8 million in dental treatment costs will be averted in Mississippi due to the implementation of 88 new water fluoridation programs since 2004. Water fluoridation is more cost effective than any other form of fluoride use.

Reference: Pew Center on the States, Pew Charitable Trusts, February 2015.

**Target Population:**

Number: 2,976,149
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

**Disparate Population:**

Number: 2,794,149
Ethnicity: Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban

Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: US Census, 2019

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**
Best Practice Initiative (U.S. Department of Health and Human Service)
Guide to Community Preventive Services (Task Force on Community Preventive Services)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**
Total Current Year Funds Allocated to Health Objective: $204,642
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

## OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**
**Encourage New and Motivate Existing Partnerships**
Between 10/2021 and 09/2022, the Office of Environmental Health, MSDH Water Fluoridation Advisory Board and Office of Oral Health, will identify **one** new partnership to help improve acceptance and support for community water fluoridation.

**Annual Activities:**
**1. Sustain Existing Partnerships**
Between 10/2021 and 09/2022, the Office of Environmental Health, Bureau of Public Water Supply and Office of Oral Health will hold one (1) meeting of the MSDH Water Fluoridation Advisory Board to improve the public's acceptance of community water fluoridation.

**2. Develop Activities with Partners**
Between 10/2021 and 09/2022, the Office of Environmental Health, the Bureau of Public Water Supply, and Office of Oral Health will meet with leadership of the following partners to identify and plan a campaign to encourage understanding and acceptance of community water fluoridation by local public administrators such as: (1) Mississippi Rural Water Association (2) American Water Works Association (3) Mississippi Municipal League (4) the Mississippi Dental Association and (5) Mississippi Water and Pollution Control Operators Association.

**Objective 2:**
**Increase Knowledge, Awareness, and Education**
Between 10/2021 and 09/2022, the MSDH Office of Environmental Health Program will publish **one** literature piece to educate local water operators and public utilities staff about the benefits of water fluoridation and/or new technology impacting its ease of system delivery.

**Annual Activities:**
**1. Implement Community Water Fluoridation Plan**
Between 10/2021 and 09/2022, the Office of Environmental Health, the Bureau of Public Water Supply, and the Office of Oral Health will implement the community water fluoridation plan and share it with constituents.

**Objective 3:**

**Increase Use of Fluoridated Water**

Between 10/2021 and 09/2022, the MSDH Office of Environmental Health will increase the percent of Mississippi citizens receiving fluoridated water by upgrading 3 systems who have faulty equipment and technology that currently hinders them from adding fluoride to their water.

**Annual Activities:**

**1. Educate Leaders/Communities**

Between 10/2021 and 09/2022, the Office of Environmental Health, the Office of Oral Health, and the Bureau of Public Water Supply will inform and educate the policy making bodies/leaders in at least 10 Mississippi communities about the benefits of community water fluoridation.

**2. Promote Awareness**

Between 10/2021 and 09/2022, the Office of Environmental Health, the Office of Oral Health, and the Bureau of Public Water Supply will give presentations and/or provide exhibits for two (2) professional conferences or educational meetings to promote the health benefits of water fluoridation and encourage community-level advocacy.

**3. Improve Access to Information**

Between 10/2021 and 09/2022, the Office of Environmental Health, Bureau of Public Water Supply, and Office of Oral Health will review and update information about fluoride and water fluoridation on the MSDH website; provide updated reports and web links to other resources using data from CDC's Water Fluoridation Reporting System.

**Objective 4:**

**Provide Technical Support**

Between 10/2021 and 09/2022, the MSDH Office of Environmental Health will maintain **one (1)** contract with a water engineering firm to provide support for water fluoridation systems design.

**Annual Activities:**

**1. Technical Assistance**

Between 10/2021 and 09/2022, the consulting engineer will provide technical assistance to community water systems which are grant recipients, at no cost to the public water systems.

**Objective 5:**

**Providing Educational Information**

Between 10/2021 and 09/2022, the MSDH Office of Environmental Health and Office of Oral Health will provide access to educational information thru emails, discussion points, and trainings to 180 existing community water fluoridation systems.

**Annual Activities:**

**1. Educate Community Water Systems Staff/Personnel**

Between 10/2021 and 09/2022, the Office of Environmental Health and the Bureau of Public Water Supply will disseminate revolving loan information to community water systems, emphasizing the section Category X

-Fluoride Addition.

*[This category is for projects that either rehabilitate existing fluoride treatment facilities at well or treatment plant sites or add new facilities to existing well or treatment plants. Fluoridation projects may be included in the loan for any water system that requires an upgrade or improvement to comply with regulatory requirements].*

**Objective 6:**

**Sustain Financial Support**

Between 10/2021 and 09/2022, the MSDH Office of Environmental Health will establish **at least two (2)** new funding agreements with external entities to support funding for new water fluoridation programs.

[The PHHSBG funding will be used to match funding from the private health foundations.].

**Annual Activities:**

**1. Renew Financial Support & Obligations**

Between 10/2021 and 09/2022, the Office of Environmental Health, and the Bureau of Public Water Supply will provide financial updates to private health foundations to obtain new funding agreement(s) for public water systems in Mississippi.

**Objective 7:**

**Water Fluoridation Maintenance Instruction**

Between 10/2021 and 09/2022, the MSDH Office of Environmental Health will distribute instructional materials and conduct professional training to **all the** water operators within local communities that install new water fluoridation systems.

**Annual Activities:**

**1. Provide Technical Assistance**

Between 10/2021 and 09/2022, the Office of Environmental Health and the Division of Water Supply will provide training for water operators that begin new water fluoridation programs using experienced engineering personnel.

Note: Training includes procedures for maintaining a high level of system performance and reporting the adjusted fluoridation data.

**2. Assure Public Reporting**

Between 10/2021 and 09/2022, the Office of Environmental Health, and the Division of Water Supply will continue to maintain the entry of local water system data into the CDC Water Fluoridation Reporting System; provide assurance that the collected data are accurate and processed in a timely manner.

**State Program Title:** **PERFORMANCE IMPROVEMENT AND PUBLIC HEALTH ACCREDITATION**

**State Program Strategy:**

1. **Program Goal**
   The 2021 PHHS Work Plan will provide funding for infrastructure development in sustaining national accreditation through the implementation of the State Health Improvement Plan, the strengthening of the performance management system, the cultivation of the Quality Improvement Plan implementation of the Strategic Plan, and continued assessment of State Health Assessment.

2. **Program Priorities:** The Office of Performance Improvement overall goal is to maintain accreditation status through the Public Health Accreditation Board by overseeing quality improvement, the agency strategic plan, performance management, the implementation of the state health assessment and state health improvement plan. The following represent the Office of Performance Improvement's priorities for the PHHSBG:
   a. Lead the Mississippi State Department of Health to maintain accreditation through the Public Health Accreditation Board.
   b. Implementation of the State Health Assessment and State Health Improvement Plan.
   c. Implementation of the agency Strategic Plan.
   d. Management of the performance management system.
   e. Cultivate the quality improvement plan.
   f. Provide technical assistance to Mississippi Band of Choctaw Indians (MBCI) to achieve PHAB accreditation status.

   All of these activities indirectly improve the health of Mississippians through improvements in the infrastructure of the State Department of Health. Most significantly, the State Health Improvement Plan is coordinating the resources and strategies of the agency and other organizations in the state to address the issues that were identified in the State Health Assessment.

3. **Primary Strategic Partnerships:** The MSDH fosters ongoing collaboration with both internal and external partners involved with making our state and our communities healthier places to live. The State Health Improvement Plan is being implemented and monitored by the Mississippi State Health Assessment and Improvement Committee (SHAIC), which is composed of representatives from MSDH, other state agencies, non-profit organizations, hospitals, as well as other quality improvement groups. The performance management system and quality improvement plan are both being implemented across MSDH program areas and physical locations.

4. **Evaluation Methodologies:** Assessments and surveys will be administered throughout the introduction of the performance management system into the agency to monitor satisfaction and use, and to determine the effectiveness of the system in promoting and monitoring performance management. The development of the quality improvement plan is led by the agency QI Lead, who will administer a meeting evaluation at each session of the quality improvement plan workgroup and the quality improvement council. These groups are responsible for developing and implementing the plan. Continued monitoring of the QI outcomes will also be a form of evaluation. The performance management system will be used to evaluate existing plans for maintaining PHAB accreditation (State Health Assessment, State Health Improvement Plan, Strategic Plan, Performance Management Plan and Quality Improvement Plan)

**State Program Setting:**

Business, corporation or industry, Community based organization, Community health center, Local health department, Medical or clinical site, State health department, Other: State government agency directors, statewide health-related nonprofits, medical associations

**FTEs (Full Time Equivalents):**
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Position Title:** Office Director I
State-Level: 90% Local: 10% Other: 0% Total: 100%
**Position Title:** Bureau Director II
State-Level: 80% Local: 20% Other: 0% Total: 100%
**Position Title:** Bureau Director II
State-Level: 90% Local: 10% Other: 0% Total: 100%
**Position Title:** Special Projects Officer IV
State-Level: 90% Local: 10% Other: 0% Total: 100%

**Total Number of Positions Funded:** 4
**Total FTEs Funded:** 4.00

**National Health Objective: HO PHI-01 Increase the Proportion of State Public Health Agencies that are Accredited**

**State Health Objective(s):**
Between 10/2021 and 09/2022, the Mississippi State Department of Health will be continuing the process of seeking reaccreditation from the Public Health Accreditation Board (PHAB) by meeting the 90 measures across the 12 PHAB domains and addressing the areas of opportunities for improvement as identified in the site visit report. This involves extensive work and infrastructure improvement, including the completion of additional objectives listed below.

Between 10/2021 and 09/2022, implement and monitor 1 state health improvement plan (SHIP) addressing the priorities that were laid out in the state health assessment. Provide updates on SHIP progress using a website specifically established to host the SHIP. The implementation and monitoring of the SHIP is necessary for PHAB Accreditation but also advances Healthy People 2030 Objective PHI-01.

**Baseline:**
MSDH served as a beta test site in 2010 during the creation of the PHAB accreditation process. Many of the issues identified by the beta test site visit have been addressed and teams have been formed to gather documentation and ensure compliance with the PHAB Standards and Measures. However, some gaps remain. MSDH has completed its second State Health Assessment and is in the process of developing the second State Health Improvement Plan. MSDH has developed the long-term structures for monitoring these processes. Additionally, the agency has implemented performance management and quality improvement initiatives. These programs will require sustained support in order to advance the agency toward a culture of quality.

**Data Source:**
The State Health Improvement Plan includes indicators that were selected by the SHAIC. As the SHIP is implemented, changes in these indicators will be monitored and reported publicly. Quality improvement and performance management will be evaluated through surveys about participation in these efforts and their effectiveness. Additionally, the performance management system is capable of tracking data from a number of different sources in order to evaluate compliance with specific performance measures. Progress toward the goal of maintaining accreditation will be monitored using the e-PHAB system and an annual report.

**State Health Problem:**
**Health Burden:**
Mississippi is a largely rural state with a population of approximately 3 million. With 82 counties, only three cities in the state have a population that exceeded 50,000, and only 18 cities have populations greater than 20,000. Mississippi faces enormous health challenges, with long-term social, educational, and economic problems linked to profound inequities in access to medical and dental care. According to

the 2015 to 2019 U.S. Census, 19.6 percent of Mississippi's population lived at or below the federal poverty level, compared with 12.3 percent nationally. Mississippi ranks 51st among states and the District of Columbia for median family income ($45,081 compared to $65,712 nationally). Those who live in poverty are at increased risk for poor health outcomes, such as obesity, cancer, heart disease, and infant mortality. Poverty, lack of education, geographic isolation, shortages of medical providers, and entrenched cultural practices contribute to a lack of access to health care and to significant health disparities.

To find a way to use resources more wisely, MSDH conducted a state health assessment through a collaborative effort with public and private groups within the state who have an interest in the public's health. The completed state health assessment guided the selection of the priorities that are addressed in the 2016 state improvement plan. The health improvement plan provides guidance for and assigns responsibility to all key stakeholders for greater coordination and collaboration toward meeting the objectives set forth in the plan. In addition, quality improvement initiatives allow staff to analyze certain problem areas and provide solutions to problems which, hopefully, will result in a return on investment, whether in actual dollars, time saved, or greater customer satisfaction. The development of a MSDH performance management system provides for greater accountability and more efficient use of its resources.

**Target Population:**
Number: 2,961,279
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations

**Disparate Population:**
Number: 643,727
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**
Model Practices Database (National Association of County and City Health Officials)

Other: In 2021 the first revision of the state health assessment was completed using Mobilizing for Action through Partnerships and Planning (MAPP). MAPP is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide health assessments. The MAPP tool was developed by NACCHO in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). The MAPP guidance is intended to serve as a best practice model. The 2021 State Health Improvement Plan (SHIP), informed by the State Health Assessment will be developed with technical assistance from the Mississippi Public Health Association. The next iteration of the State Health Assessment (SHA) began in 2019 with an update plan completion in Fall 2020 with funding from PHHS Block Grant. Quality improvement methodologies utilized LEAN, Six Sigma, Plan/Do/Check/Act, and Kaizen, depending on the type of QI project and its needs.

The performance management system and its implementation is based on the Turning Point model and the Public Health Foundation's (PHF) Performance Management Toolkit, accessed on the PHF website. All of these tools have been implemented in multiple health department settings and have proven effective since 2010.

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**
Total Current Year Funds Allocated to Health Objective: $388,660
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0

Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Continued Implementation of a Quality Improvement Plan**

Between 10/2021 and 09/2022, MSDH will implement **1** Quality Improvement Plan, which provides a structured method for conducting quality improvement activities throughout the agency as an ongoing project.

**Annual Activities:**

**1. Train Staff on QI**

Between 10/2021 and 09/2022, MSDH will train **25** additional staff on what QI is, OI methods and how to conduct QI so that more QI projects can occur throughout the agency. Training central office and especially regional staff will increase the opportunity for new QI projects in all divisions and agency locations.

**2. Actively Seek QI Projects**

Between 10/2021 and 09/2022, the QI Lead will follow-up with all QI trained staff monthly to not only share any QI updates but also seek new project ideas. The QI Lead will work to identify at least **12** new quality improvement opportunities across different divisions and regions of the agency. As projects are confirmed, the QI Lead or designee will provide technical assistance as requested to ensure continued progress.

**3. Communicate and Celebrate QI Progress**

Between 10/2021 and 09/2022, The QI Lead will work with the Office of Communications and existing QI teams to develop **4** storyboards and/or success stories to report the results of the QI projects that are in the implementation phase. Agency-wide reporting is intended to show the value of QI, increase buy-in, and inspire new refinements. This is an essential part of creating a culture of quality within the agency.

**4. Convene QI Council**

Between 10/2021 and 09/2022, The QI Lead will schedule **4** quarterly meetings with the Quality Improvement Council to review the progress of quality improvement efforts. These meetings will include agenda items such as review the reports of ongoing quality improvement teams, storyboards, and/or success stories. This reporting is intended to show the value of QI for the agency and increase buy-in. This is an essential part of creating a culture of quality within the agency.

**Objective 2:**

**Continued Implementation of Performance Management**

Between 10/2021 and 09/2022, MSDH will implement **1** performance management system as an ongoing project.

**Annual Activities:**

**1. Implement Performance Dashboard**

Between 10/2021 and 09/2022, MSDH staff will further implement the agency's performance dashboard system by increasing the scope of the performance measures that are collected to include **2** additional agency divisions.

**2. Train Staff**

Between 10/2021 and 09/2022, MSDH will train **25** agency staff in performance management and information about how to input data into the agency's performance dashboard and how to use the collected data to drive decision making.

**3. Monitor and Update Reporting System**
Between 10/2021 and 09/2022, MSDH staff will continue quarterly monitoring and updating the agency's performance dashboard as new data becomes available. Staff will attend **4** quarterly QI Council meetings to provide progress toward agency goals.

**Objective 3:**
**Facilitate, Implement, Monitor Agency Strategic Plan**
Between 10/2021 and 09/2022, MSDH staff will update and implement **1** agency strategic plan as an ongoing project.

**Annual Activities:**
**1. Facilitate the review and identification of Strategic Plan**
Between 10/2021 and 09/2022, MSDH will work with Senior Leadership to develop **1** strategic plan to carry out the identified needs in the State Health Assessment and State Health Improvement Plan.

**2. Implement Strategic Plan Work Plans**
Between 10/2021 and 09/2022, MSDH will work with its agency staff to perform the activities that are outlined in its strategic plan through the development of identified priority workgroups. The Office of Performance Improvement will facilitate **4** quarterly meetings based on priorities outlined by the agency Senior Leadership.

**3. Monitor Strategic Plan Indicators**
Between 10/2021 and 09/2022, the Strategic Plan workgroups will present data and review data trends **quarterly** related to their scope of work outlined in the workplans. MSDH Senior Leadership will review collected data on indicators linked to each of the priorities addressed in the Strategic Plan and analyze that data **annually** to determine if progress is being made toward desired outcomes.

**National Health Objective: HO PHI-02 Increase the Number of Tribal Public Health Agencies That are Accredited**

**State Health Objective(s):**
Between 10/2021 and 09/2022, the Mississippi State Department of Health (MSDH) will be continuing the process of providing technical assistance to the Mississippi Band of Choctaw Indians (MBCI) to obtain accreditation from the Public Health Accreditation Board (PHAB) by meeting the 108 measures across the 12 PHAB domains and addressing the areas of opportunities for improvement as identified.

Between 10/2021 and 09/2022, conduct 1 community health assessment (CHA) to identify priorities and opportunities for improvement that will be addressed in the community health improvement plan (CHIP). Provide updates to the community on the areas identified and how they can assist. The implementation and of the CHA is necessary for PHAB Accreditation but also advances Healthy People 2030 Objective PHI-03.

**Baseline:**
Four tribal health departments thus far have achieved accreditation through PHAB. As one of the United States' original first nations, the Mississippi Band of Choctaw Indians is the only federally recognized American Indian tribe living within the State of Mississippi since recognition in 1945.

**Data Source:**
The Community Health Assessment will highlight opportunities for improvement identified by community members, tribal health council, healthcare system and community partners. The assessment will drive the development of a Community Health Improvement Plan where indicators will be selected by an advisory council determined by the tribe. Progress toward the goal of obtaining accreditation will be monitored using the e-PHAB system and subsequent annual report.

**State Health Problem:**

**Health Burden:**

Mississippi is a largely rural state with a population of approximately 3 million. With 82 counties, only three cities in the state have a population that exceeded 50,000, and only 18 cities have populations greater than 20,000. The Mississippi Band of Choctaw Indians have more than 11,000 members on Choctaw lands that cover over 35,000 acres in ten different counties. As a major contributor to the state's economy, the tribe provides permanent, full-time jobs for over 5,000 tribal members and non-Indian employees. Mississippi faces enormous health challenges, with long-term social, educational, and economic problems linked to profound inequities in access to medical and dental care. From 2015 to 2019, 19.6 percent of Mississippi's population lived at or below the federal poverty level, compared with 12.3 percent nationally. Mississippi ranks 51st among states and the District of Columbia for median family income ($45,081 compared to $65,712 nationally). Those who live in poverty are at increased risk for poor health outcomes, such as obesity, cancer, heart disease, and infant mortality. Poverty, lack of education, geographic isolation, shortages of medical providers, and entrenched cultural practices contribute to a lack of access to health care and to significant health disparities.

To find a way to use resources more wisely, MSDH will provide technical assistance to the MBCI to conduct a community health assessment through a collaborative effort with public and private groups within the state who have an interest in the public's health. The completed community health assessment will guide the selection of the priorities that will be addressed in the community health improvement plan. The health improvement plan will provide guidance for and assign responsibility to all key stakeholders for greater coordination and collaboration toward meeting the objectives set forth in the plan. In addition, quality improvement initiatives allow staff to analyze certain problem areas and provide solutions to problems which, hopefully, will result in a return on investment, whether in actual dollars, time saved, or greater customer satisfaction. The development of a MBCI performance management system will provide for greater accountability and more efficient use of its resources.

**Target Population:**

Number: 11,000

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations

**Disparate Population:**

Number: 11,000

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Model Practices Database (National Association of County and City Health Officials)

Other: The community health assessment will be completed using a modified Mobilizing for Action through Partnerships and Planning (MAPP). MAPP is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide health assessments. The MAPP tool was developed by NACCHO in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). The MAPP guidance is intended to serve as a best practice model. The Community Health Assessment (CHA) will be completed with partial funding from PHHS Block Grant. Quality improvement methodologies that may be utilized include LEAN, Six Sigma, Plan/Do/Check/Act, and Kaizen, depending on the type of QI project and its needs.

The performance management system and its implementation is based on the Turning Point model and the Public Health Foundation's (PHF) Performance Management Toolkit, accessed on the PHF website. All of these tools have been implemented in multiple health department settings and have proven effective since 2010.

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**
Total Current Year Funds Allocated to Health Objective: $388,660
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

## OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**MBCI**

Between 10/2021 and 09/2022, Conduct Technical Assistance Activities will provide MSDH will provide technical assistance to **1** Mississippi Band of Choctaw Indians program area to achieve national PHAB accreditation status.

**Annual Activities:**

**1. Monitor Accreditation Readiness Toolkit**

Between 10/2021 and 09/2022, the Office of Performance Improvement will facilitate bi-weekly meetings to monitor accreditation readiness. MSDH will develop **1** timeline towards completion of the toolkit.

**2. Conduct CHA**

Between 10/2020 and 09/2021, the Office of Performance Improvement will assist and advise the MBCI to complete **1** MBCI CHA and the various initiatives that constitute it.

**3. Increase Awareness of CHA**

Between 10/2021 and 09/2022, in collaboration with the MBCI Health Department, the Office of Performance Improvement will work to increase MBCI awareness of the CHA and the various initiatives. CHA awareness will be communicated **3** times through opportunities such as partner meetings, presentations and/or print material campaign.

**4. Train Staff**

Between 10/2021 and 09/2022, the Office of Performance Improvement will train **4** MBCI staff in quality improvement and performance management including information about how to input accreditation data into the performance dashboard.

**National Health Objective: HO PHI-04 Increase the Proportion of State and Territorial Jurisdictions That Have a Health Improvement Plan**

**State Health Objective(s):**

Between 10/2021 and 09/2022, the Mississippi State Department of Health will be continuing the process of maintaining accreditation from the Public Health Accreditation Board (PHAB) by meeting the 90 measures across the 12 PHAB domains and addressing the areas of opportunities for improvement as identified in the site visit report. This involves extensive work and infrastructure improvement, including the completion of additional objectives listed below.

Between 10/2020 and 09/2021, implement and monitor 1 state health improvement plan (SHIP) addressing the priorities that were laid out in the state health assessment. Provide updates on SHIP progress using a website specifically established to host the SHIP. The implementation and monitoring of the SHIP is necessary for PHAB Accreditation but also advances Healthy People 2030 Objective PHI-04.

**Baseline:**
MSDH served as a beta test site in 2010 during the creation of the PHAB accreditation process. Many of the issues identified by the beta test site visit have been addressed and teams have been formed to gather documentation and ensure compliance with the PHAB Standards and Measures. However, some gaps remain. MSDH has completed its second State Health Assessment and is in the process of developing the second State Health Improvement Plan. MSDH has developed the long-term structures for monitoring these processes. Additionally, the agency has implemented performance management and quality improvement initiatives. These programs will require sustained support in order to advance the agency toward a culture of quality.

**Data Source:**
The State Health Improvement Plan includes indicators that were selected by the SHAIC. As the SHIP is implemented, changes in these indicators will be monitored and reported publicly. Quality improvement and performance management will be evaluated through surveys about participation in these efforts and their effectiveness. Additionally, the performance management system is capable of tracking data from a number of different sources in order to evaluate compliance with specific performance measures. Progress toward the goal of maintaining accreditation will be monitored using the e-PHAB system and an annual report.

**State Health Problem:**
**Health Burden:**
Mississippi is a largely rural state with a population of approximately 3 million. With 82 counties, only three cities in the state have a population that exceeded 50,000, and only 18 cities have populations greater than 20,000. Mississippi faces enormous health challenges, with long-term social, educational, and economic problems linked to profound inequities in access to medical and dental care. According to the 2015 to 2019 U.S. Census, 19.6 percent of Mississippi's population lived at or below the federal poverty level, compared with 12.3 percent nationally. Mississippi ranks 51st among states and the District of Columbia for median family income ($45,081 compared to $65,712 nationally). Those who live in poverty are at increased risk for poor health outcomes, such as obesity, cancer, heart disease, and infant mortality. Poverty, lack of education, geographic isolation, shortages of medical providers, and entrenched cultural practices contribute to a lack of access to health care and to significant health disparities.

To find a way to use resources more wisely, MSDH conducted a state health assessment through a collaborative effort with public and private groups within the state who have an interest in the public's health. The completed state health assessment guided the selection of the priorities that are addressed in the 2016 state improvement plan. The health improvement plan provides guidance for and assigns responsibility to all key stakeholders for greater coordination and collaboration toward meeting the objectives set forth in the plan. In addition, quality improvement initiatives allow staff to analyze certain problem areas and provide solutions to problems which, hopefully, will result in a return on investment, whether in actual dollars, time saved, or greater customer satisfaction. The development of a MSDH performance management system provides for greater accountability and more efficient use of its resources.

**Target Population:**
Number: 2,961,279
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations

**Disparate Population:**
Number: 643,727
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care

Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**
Model Practices Database (National Association of County and City Health Officials)

Other: In 2021 the first revision of the state health assessment was completed using Mobilizing for Action through Partnerships and Planning (MAPP). MAPP is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide health assessments. The MAPP tool was developed by NACCHO in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). The MAPP guidance is intended to serve as a best practice model. The 2021 State Health Improvement Plan (SHIP), informed by the State Health Assessment will be developed with technical assistance from the Mississippi Public Health Association. The next iteration of the State Health Assessment (SHA) began in 2019 with an update plan completion in Fall 2020 with funding from PHHS Block Grant. Quality improvement methodologies utilized LEAN, Six Sigma, Plan/Do/Check/Act, and Kaizen, depending on the type of QI project and its needs.

The performance management system and its implementation is based on the Turning Point model and the Public Health Foundation's (PHF) Performance Management Toolkit, accessed on the PHF website. All of these tools have been implemented in multiple health department settings and have proven effective since 2010.

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**
Total Current Year Funds Allocated to Health Objective: $388,660
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

## OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**
**Continued Implementation of a Health Improvement Plan**
Between 10/2021 and 09/2022, MSDH will implement **1** Health Improvement Plan, which provides a structured method for conducting quality improvement activities throughout the agency as an ongoing project.

**Annual Activities:**
**1. Implement SHIP Work Plans**
Between 10/2021 and 09/2022, MSDH will work with its 100+ partner organizations to perform the activities that are outlined in its State Health Improvement Plan. The Office of Performance Improvement will facilitate **4** quarterly SHIP meetings based on priorities outlined by the SHA.

**2. Monitor SHIP Indicators**
Between 10/2021 and 09/2022, the SHIP workgroups will present data and review data trends **quarterly** related to their scope of work outlined in the workplans. The SHAIC will review collected data on indicators linked to each of the priorities addressed in the SHIP and analyze that data **annually** to determine if progress is being made toward desired outcomes.

**3. Increase public awareness of SHIP**
Between 10/2021 and 09/2022, the SHIP Communications Committee, in consultation with the Office of

Performance Improvement and the Office of Communications, will work to increase statewide awareness of the SHIP - and the various initiatives that constitute it - by expanding traffic to the public-facing SHA/SHIP branded website, social media platforms, and monthly e-newsletter by **5%**.

Between 10/2021 and 09/2022, the SHIP Communications Committee, in consultation with the Office of Performance Improvement will enact a campaign to train **5** volunteers to join the SHIP Speakers Bureau. These individuals will be able to spread the initiatives through presentations virtually and/or in local communities.

Between 10/2021 and 09/2022, the Office of Performance Improvement will establish/re-establish partnerships with **5** community partners to cast a broader net of invitees to SHIP workgroups and SHAIC at large.

**National Health Objective: HO PHI-D06 Increase the Proportion of Tribal Communities That Have a Health Improvement Plan**

**State Health Objective(s):**
Between 10/2021 and 09/2022, the Mississippi State Department of Health (MSDH) will be continuing the process of providing technical assistance to the Mississippi Band of Choctaw Indians (MBCI) to obtain accreditation from the Public Health Accreditation Board (PHAB) by meeting the 108 measures across the 12 PHAB domains and addressing the areas of opportunities for improvement as identified.

Between 10/2021 and 09/2022, conduct 1 community health assessment (CHA) to identify priorities and opportunities for improvement that will be addressed in the community health improvement plan (CHIP). Provide updates to the community on the areas identified and how they can assist. The implementation and of the CHA is necessary for PHAB Accreditation but also advances Healthy People 2030 Objective PHI-D06.

**Baseline:**
Four tribal health departments thus far have achieved accreditation through PHAB. As one of the United States' original first nations, the Mississippi Band of Choctaw Indians is the only federally recognized American Indian tribe living within the State of Mississippi since recognition in 1945.

**Data Source:**
The Community Health Assessment will highlight opportunities for improvement identified by community members, tribal health council, healthcare system and community partners. The assessment will drive the development of a Community Health Improvement Plan where indicators will be selected by an advisory council determined by the tribe. Progress toward the goal of obtaining accreditation will be monitored using the e-PHAB system and subsequent annual report.

**State Health Problem:**
**Health Burden:**
Mississippi is a largely rural state with a population of approximately 3 million. With 82 counties, only three cities in the state have a population that exceeded 50,000, and only 18 cities have populations greater than 20,000. The Mississippi Band of Choctaw Indians have more than 11,000 members on Choctaw lands that cover over 35,000 acres in ten different counties. As a major contributor to the state's economy, the tribe provides permanent, full-time jobs for over 5,000 tribal members and non-Indian employees. Mississippi faces enormous health challenges, with long-term social, educational, and economic problems linked to profound inequities in access to medical and dental care. From 2015 to 2019, 19.6 percent of Mississippi's population lived at or below the federal poverty level, compared with 12.3 percent nationally. Mississippi ranks 51st among states and the District of Columbia for median family income ($45,081 compared to $65,712 nationally). Those who live in poverty are at increased risk for poor health outcomes, such as obesity, cancer, heart disease, and infant mortality. Poverty, lack of education, geographic isolation, shortages of medical providers, and entrenched cultural practices contribute to a lack of access to health care and to significant health disparities.

To find a way to use resources more wisely, MSDH will provide technical assistance to the MBCI to conduct a community health assessment through a collaborative effort with public and private groups within the state who have an interest in the public's health. The completed community health assessment will guide the selection of the priorities that will be addressed in the community health improvement plan. The health improvement plan will provide guidance for and assign responsibility to all key stakeholders for greater coordination and collaboration toward meeting the objectives set forth in the plan. In addition, quality improvement initiatives allow staff to analyze certain problem areas and provide solutions to problems which, hopefully, will result in a return on investment, whether in actual dollars, time saved, or greater customer satisfaction. The development of a MBCI performance management system will provide for greater accountability and more efficient use of its resources.

**Target Population:**
Number: 11,000
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations

**Disparate Population:**
Number: 11,000
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**
Model Practices Database (National Association of County and City Health Officials)

Other: The community health assessment will be completed using a modified Mobilizing for Action through Partnerships and Planning (MAPP). MAPP is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide health assessments. The MAPP tool was developed by NACCHO in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). The MAPP guidance is intended to serve as a best practice model. The Community Health Assessment (CHA) will be completed with partial funding from PHHS Block Grant. Quality improvement methodologies that may be utilized include LEAN, Six Sigma, Plan/Do/Check/Act, and Kaizen, depending on the type of QI project and its needs.

The performance management system and its implementation is based on the Turning Point model and the Public Health Foundation's (PHF) Performance Management Toolkit, accessed on the PHF website. All of these tools have been implemented in multiple health department settings and have proven effective since 2010.

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**
Total Current Year Funds Allocated to Health Objective: $388,660
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Support the Development and Implementation of a Community Health Improvement Plan**

Between 10/2021 and 09/2022, MBCI, key stakeholders, and internal staff will implement **1** and monitor 1 Community Health Improvement Plan as an ongoing project.

**Annual Activities:**

**1. Develop CHIP**

Between 10/2021 and 09/2022, the Office of Performance Improvement will assist and advise to complete **1** MBCI CHIP and the various initiatives that constitute it. The Office of Performance Improvement will offer logistic and technical support based on priorities outlined by the CHA.

**2. Implement CHIP Work Plans**

Between 10/2021 and 09/2022, MSDH will assist and advise **quarterly** the MBCI and its partners as they perform the activities that are outlined in its Community Health Improvement Plan. The Office of Performance Improvement will offer logistic and technical support based on priorities outlined by the CHA.

**National Health Objective: HO PHI-R10 Explore the Impact of Public Health Accreditation and National Standards**

**State Health Objective(s):**

Between 10/2021 and 09/2022, the Mississippi State Department of Health will be continuing the process of maintaining accreditation from the Public Health Accreditation Board (PHAB) by meeting the 90 measures across the 12 PHAB domains and addressing the areas of opportunities for improvement as identified in the site visit report. This involves extensive work and infrastructure improvement, including the completion of additional objectives listed below.

Between 10/2020 and 09/2021, implement and monitor 1 state health improvement plan (SHIP) addressing the priorities that were laid out in the state health assessment. Provide updates on SHIP progress using a website specifically established to host the SHIP. The implementation and monitoring of the SHIP is necessary for PHAB Accreditation but also advances Healthy People 2030 Objective PHI-R10.

**Baseline:**

MSDH served as a beta test site in 2010 during the creation of the PHAB accreditation process. Many of the issues identified by the beta test site visit have been addressed and teams have been formed to gather documentation and ensure compliance with the PHAB Standards and Measures. However, some gaps remain. MSDH has completed its second State Health Assessment and is in the process of developing the second State Health Improvement Plan. MSDH has developed the long-term structures for monitoring these processes. Additionally, the agency has implemented performance management and quality improvement initiatives. These programs will require sustained support in order to advance the agency toward a culture of quality.

**Data Source:**

The State Health Improvement Plan includes indicators that were selected by the SHAIC. As the SHIP is implemented, changes in these indicators will be monitored and reported publicly. Quality improvement and performance management will be evaluated through surveys about participation in these efforts and their effectiveness. Additionally, the performance management system is capable of tracking data from a number of different sources in order to evaluate compliance with specific performance measures. Progress toward the goal of maintaining accreditation will be monitored using the e-PHAB system and an annual report.

**State Health Problem:**

**Health Burden:**

Mississippi is a largely rural state with a population of approximately 3 million. With 82 counties, only three cities in the state have a population that exceeded 50,000, and only 18 cities have populations

greater than 20,000. Mississippi faces enormous health challenges, with long-term social, educational, and economic problems linked to profound inequities in access to medical and dental care. According to the 2015 to 2019 U.S. Census, 19.6 percent of Mississippi's population lived at or below the federal poverty level, compared with 12.3 percent nationally. Mississippi ranks 51st among states and the District of Columbia for median family income ($45,081 compared to $65,712 nationally). Those who live in poverty are at increased risk for poor health outcomes, such as obesity, cancer, heart disease, and infant mortality. Poverty, lack of education, geographic isolation, shortages of medical providers, and entrenched cultural practices contribute to a lack of access to health care and to significant health disparities.

To find a way to use resources more wisely, MSDH conducted a state health assessment through a collaborative effort with public and private groups within the state who have an interest in the public's health. The completed state health assessment guided the selection of the priorities that are addressed in the 2016 state improvement plan. The health improvement plan provides guidance for and assigns responsibility to all key stakeholders for greater coordination and collaboration toward meeting the objectives set forth in the plan. In addition, quality improvement initiatives allow staff to analyze certain problem areas and provide solutions to problems which, hopefully, will result in a return on investment, whether in actual dollars, time saved, or greater customer satisfaction. The development of a MSDH performance management system provides for greater accountability and more efficient use of its resources.

**Target Population:**
Number: 2,961,279
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations

**Disparate Population:**
Number: 643,727
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**
Model Practices Database (National Association of County and City Health Officials)

Other: In 2021 the first revision of the state health assessment was completed using Mobilizing for Action through Partnerships and Planning (MAPP). MAPP is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide health assessments. The MAPP tool was developed by NACCHO in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). The MAPP guidance is intended to serve as a best practice model. The 2021 State Health Improvement Plan (SHIP), informed by the State Health Assessment will be developed with technical assistance from the Mississippi Public Health Association. The next iteration of the State Health Assessment (SHA) began in 2019 with an update plan completion in Fall 2020 with funding from PHHS Block Grant. Quality improvement methodologies utilized LEAN, Six Sigma, Plan/Do/Check/Act, and Kaizen, depending on the type of QI project and its needs.

The performance management system and its implementation is based on the Turning Point model and the Public Health Foundation's (PHF) Performance Management Toolkit, accessed on the PHF website. All of these tools have been implemented in multiple health department settings and have proven effective since 2010.

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**
Total Current Year Funds Allocated to Health Objective: $388,660

Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

## OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**
**Explore the Development of Evaluation Tools for the PHAB Required Plans**
Between 10/2021 and 09/2022, MSDH will implement **1** evaluation tool, which provides a structured method for assessing the plan impact throughout the agency and population it serves. The plans include State Health Assessment, State Health Improvement Plan, Agency Strategic Plan, QI Plan, Performance Management Plan, Risk Communications Plan, Workforce Development Plan, and the Emergency Management Plan.

**Annual Activities:**
**1. Develop Evaluation Tool**
Between 10/2021 and 09/2022, the Office of Performance Improvement in collaboration with the Mississippi Public Health Association will develop **1** evaluation tool. This tool will measure the impact of PHAB required plans across of the agency.

**2. Implement Evaluation Tool**
Between 10/2021 and 09/2022, the Office of Performance Improvement will pilot the evaluation tool on **1** previous agency plan. This evaluation is intended to show the value of PHAB accreditation as well as a culture of quality within agency.

**3. Analyze Results**
Between 10/2021 and 09/2022, the Office of Performance Improvement will analyze and communicate results of **1** pilot to Senior Leadership. Feedback will be incorporated, and adjustments will be made to finalize the evaluation tool for implementation.

**State Program Title:** **SCHOOL, WORKSITE, AND COMMUNITY BASED PREVENTIVE HEALTH**

**State Program Strategy:**

1. **Program Goal(s):** Prevent**,** reduce and control the burden and costs of disease associated with obesity, physical inactivity, nutrition, and intentional/unintentional injury in Mississippi public schools and communities.

2. **Program Health Priorities:**
   a. Establish and support local wellness councils in schools, worksites, and communities.
   b. Encourage and/or adopt wellness policies in schools, worksites, and communities.
   c. Conduct health promotion activities for public school staff, private and state-based employees, and community members.
   d. Provide school health education using the Whole School, Whole Community, and Whole Child Model.
   e. Provide education on child passenger safety, including correct installation of child restraints.

3. **Program Primary Strategic Partners:**

| Internal | External |
|---|---|
| **Tobacco Program** | **State Department of Education** |
| **Office of Preventive Health** | **State Department of Public Safety** |
| **Office of Epidemiology** | **Governor's Initiative on Physical Fitness** |
| **Child/Adolescent Health** | **Centers for Disease Control** |
| **Office of Communicable Disease** | **Mississippi Obesity Council** |
| **Oral Health Program** | **Local/District Health Departments** |
| **Office of Licensure** | **State Department of Human Services** |

4. **Evaluation Methodology:** Surveillance data are obtained from the Youth Risk Behavior Surveillance System (YRBSS) and the Behavioral Risk Factor Surveillance System (BRFSS). The data are used to evaluate the progress toward decreasing the rates of obesity, physical inactivity, and unintentional injury and increasing healthier dietary patterns among Mississippi public school students and communities. In addition, to standardize and track progress and impact, Public Health District Educators are required to submit data collection forms based upon each activity or event in which they participate monthly. The form is used to gather data monthly from each public health district served by the block grant. These data forms are collected and reviewed by the Office of Preventive Health staff for tracking, monitoring, and reporting purposes.

**State Program Setting:**

Childcare center, Community based organization, Faith based organization, Local health department, Schools or school district, State health department, University or college, Work site, Other: Early childhood education center.

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Position Title:** Bureau Director II
State-Level: 50% Local: 15% Other: 0% Total: 65%
**Position Title:** Division Director II
State-Level: 65% Local: 10% Other: 0% Total: 75%
**Position Title:** Division Director I
State-Level: 40% Local: 10% Other: 0% Total: 50%
**Position Title:** Health Educator - Region I, Team 1
State-Level: 10% Local: 90% Other: 0% Total: 100%
**Position Title:** Health Educator - Region 1, Team II

State-Level: 10%  Local: 90%  Other: 0%  Total: 100%
**Position Title:** Health Educator - Region 2, Team IV
State-Level: 10%  Local: 90%  Other: 0%  Total: 100%
**Position Title:** Health Educator - Region 2, Team V
State-Level: 10%  Local: 90%  Other: 0%  Total: 100%
**Position Title:** Health Educator - Region 2 Team VI
State-Level: 10%  Local: 90%  Other: 0%  Total: 100%
**Position Title:** Health Educator - Region 3 Team VII
State-Level: 10%  Local: 90%  Other: 0%  Total: 100%
**Position Title:** Region III - Team VIII
State-Level: 10%  Local: 90%  Other: 0%  Total: 100%
**Position Title:** Health Educator - Region 3, Team IX
State-Level: 10%  Local: 90%  Other: 0%  Total: 100%
**Position Title:** Bureau Director II
State-Level: 40%  Local: 10%  Other: 0%  Total: 50%
**Position Title:** Health Educator Region 1 Team III
State-Level: 10%  Local: 90%  Other: 0%  Total: 100%

**Total Number of Positions Funded:** 13
**Total FTEs Funded:** 11.40

**National Health Objective: HO EH-D01 Increase the proportion of schools with policies and practices that promote health and safety.**

**State Health Objective(s):**
Between 10/2015 and 09/2021, increase by 6% the number of Mississippi public school students who engage in moderate physical activity.
Between 10/2015 and 09/2021, increase by 6% the number of Mississippi public school students who engage in healthier dietary patterns.
Between 10/2015 and 9/2021, reduce by 5% the percent of middle and high school students that report being overweight or obese.

**Baseline:**
In 2015, 34.2% of high school students were physically active for a total of at least 60 minutes per day on five or more of the past nine days.
In 2015, 18.9% of high school students reported being obese.
In 2015, 17.1% of high school students reported being overweight.

**Data Source:**
2015 Mississippi Youth Risk Behavior Survey

**State Health Problem:**
**Health Burden:**
Risk behavior and individual lifestyle factors (e.g., unhealthy diet, physical inactivity, smoking, etc.) largely contribute to chronic conditions such as obesity, heart disease and stroke. In 2016, Mississippi reported 7,876 deaths from heart disease and 1,705 from cerebrovascular disease (stroke). The two combined accounted for 30% of all the deaths reported that year and 40% of the top ten leading causes of death.

Obesity is a risk factor for many other chronic conditions, with diabetes and cardiovascular diseases being the most costly. Findings from the 2016 BRFSS show a majority (71.3%) of MS adults 18 years and older are overweight or obese and, of these, 37.2% are obese, making Mississippi one of the most obese states in the nation. Risk behavior such as physical inactivity highlights the disparity that also exists; more white Mississippians (71.7%) reported engaging in physical activity compared to blacks (66.9%). As a result of many of these lifestyle factors, the trend during the past 20 years has epidemically sustained an increase in obesity in the United States. In 1995, obesity prevalence in each of

the 50 states was less than 20%; however, in 2005, a decade later, three states (Louisiana, Mississippi, and West Virginia) had prevalence ≥ 30%.

Childhood and adolescent obesity have become one of the most prevalent health conditions among middle and high school students. According to the state 2015 Youth Risk Behavior Survey (YRBS) data, 36% of high school students are either obese (18.9%) or overweight (17.1%). Research (Qing He and Johan Karlberg, 2002) has suggested that overweight and obese adults have a greater chance of having and/or rearing children who become overweight and obese adults. Since Mississippi has high mortality rates of heart disease (233.5/100,000 population, ranked #1 in US) and diabetes (31.9/100,000 population, ranked #2 in U.S.) in the adult population, the concern for addressing overweight and obesity in children may lead to a decrease in preventable deaths in the future (MS Vital Records, 2016).

There are not many state-level programmatic interventions targeting childhood and adolescent obesity in Mississippi; however, many institutions and school districts have partnered with the Mississippi Department of Education's (MDE) Office of Healthy Schools to conduct surveillance to understand the issue and prepare for implementation of interventions. During the 2007 MS Legislative Session, momentous progress was made when the Mississippi Legislature and Governor Haley Barbour demonstrated their commitment to the future of Mississippi children with the passage of the *Mississippi Healthy Students Act.* This legislation requires activity-based instruction, health education, instruction in physical education and increases in graduation requirements to include one-half Carnegie unit in physical education. Its goals are to improve the nutrition and health habits of Mississippi's students and ensure that Mississippi's schools maintain safe and healthy environments by utilizing wellness plans.

Review the specific requirements of SB 2369 at http://billstatus.ls.state.ms.us/2007/pdf/history/SB/SB2369.htm [Source: Mississippi Department of Education, Office of Healthy Schools, 2007]

Reference: Qing He & Karlberg. (2002). Probability of Adult Overweight and Risk Change during the BMI Rebound Period. *Obesity Research* **10**, 135–140; doi: 10.1038/oby.2002.22

**Target Population:**
Number: 766,763
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

**Disparate Population:**
Number: 338,083
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black
Age: 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: US Census Bureau Bridged-Race Population, 2016

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: Other: Bright Futures in Practice: Nutrition--3rd Edition, 2011 (emphasizes prevention and early recognition of nutritional concerns, providing developmentally appropriate guidelines from infancy through

adolescence).

Other: Environmental Scan and Audience Analysis of Phase II of Eat Smart. Play Hard (TM). U.S. Department of Agriculture and Food Nutrition Service.

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**
Total Current Year Funds Allocated to Health Objective: $361,405
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $219,180
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

## OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**
**Evaluate School Health Councils**
Between 10/2021 and 09/2022, Regional Health Educators and the Bureau of School Health will collaborate with the Mississippi Department of Education (MDE), together will evaluate **at least five** School Health Councils.

**Annual Activities:**
**1. School Assessment Tools**
Between 10/2021 and 09/2022, the Bureau of School Health, in collaboration with the MDE will evaluate the completion and submission of the wellness policies in at least **five (5) School Health Councils.**

**2. School Health Council**
Between 10/2021 and 09/2022, Regional Health Educators will participate and provide technical assistance to a **minimum of five (5)** School Health Councils.

**Objective 2:**
**MDE Office of Healthy Schools**
Between 10/2021 and 09/2022, the Bureau of School Health, in collaboration with the MDE will provide technical assistance to successfully put into practice the Whole School, Whole Community, and Whole Child Model to **a minimum of three (3)** schools and/or school districts.

**Annual Activities:**
**1. School Health Collaboration**
Between 10/2021 and 09/2022, the Bureau of School Health staff and Regional Health Educators will collaborate and provide technical assistance with a **minimum of three (3) schools** to assist with completion and submission of the School Health Index.

**2. School Health Policies**
Between 10/2021 and 09/2022, the Bureau of School Health will conduct a **minimum of one (1)** training to assist schools and school districts in the initiation of policy and environmental changes to support implementation of School Health activities.

**Objective 3:**
**1. Mini Grants**
Between 10/2021 and 09/2022, the Bureau of Community and School Health will award **at least two (2)** mini- grants to schools and communities to implement and adopt evidence-based, best practices for school health (i.e., shared use agreements, policy adoption for physical activity and nutrition).

**2. Provide Technical Assistance**
Between 10/2021 and 09/2022, the Bureau of Community & School Health staff and Regional Health Educators will provide technical assistance to **at least two (2)** awarded schools and communities on how to implement and sustain PSE strategies within their local communities.

**National Health Objective: EMC-D03 Increase the proportion of children who participate in high-quality early childhood education programs.**

**State Health Objective(s):**
**Between 10/2021 and 09/2026, increase by 15% the number of children who attend high quality early childhood education programs.**

**Baseline:**

**Data Source:**

**State Health Problem:**
**Health Burden:**

**Target Population:**

**Disparate Population:**

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**
Total Current Year Funds Allocated to Health Objective: $244,689
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**
1.Between 10/2021 and 09/2022, the Community Health Education will provide technical assistance to at **least 3** early childhood education (ECE) on best practices for early care and education programs.

**Annual Activities**:
1.Between 10/2021 and 09/2022, OPH will provide **at least one** training with the Regional Community Health Education on best practices for ECE programs.

2.Between 10/2021 and 09/2022, the Bureau of School Health will conduct a minimum of **one (1) training** to assist early care and education programs on best practices.

**National Health Objective: ECBP-03: Increase the proportion of worksites that offer an employee health promotion program to their employees.**

**State Health Objective(s):**
Between 10/2022 and 09/2027, increase by 20% the number of comprehensive state agency worksite wellness programs to reduce employee risk factors associated with chronic diseases. An evidence-based comprehensive health promotion program encourages worksites to provide employees with preventive services, training, and tools that create environmental change that supports healthy behaviors.

**Baseline:**
Based on the 2019 Mississippi Health Scorecards, 62 of 95 (65%) of Mississippi's state agency worksites completed the Health Scorecard. Of those 65%, 17% have comprehensive worksite wellness programs. The Health Scorecard is designed to assess employee health promotion programs, identify gaps, and prioritize evidence-based worksite wellness strategies to prevent heart disease, stroke, and related conditions.

**Data Source:**
2019 State Employee Wellness Report

**State Health Problem:**
**Health Burden:**
Of the 250,000 (20%) state employees who make up the state's workforce, many state agencies do not offer a worksite wellness program. Worksite wellness programs are needed in Mississippi because of:

**Heart Disease: I**n 2016, Mississippi reported 7,876 deaths from heart disease and 1,705 from cerebrovascular disease (stroke).

**Obesity**: Most (71.3%) of Mississippi adults (18 years and older) are overweight or obese and, of these, 37.3% are obese, making Mississippi one of most obese state (BRFSS, 2016).

**Hypertension**: Hypertension (high blood pressure) is a major risk factor for coronary heart disease (CHD), heart failure, and stroke. In 2015, 42.3% of Mississippi adults self-reported high blood pressure.

**Diabetes:** According to the 2016 MS BRFSS survey, 13.6% of all respondents reported being told by a doctor that they have diabetes. This is a 31% difference compared to the national prevalence of 10.5%.

**Physical Inactivity:** In 2016, 30.3% of Mississippi adults reported that they were not engaged in physical activity in past 30days (BRFSS 2016).

Source (s): 2016 BRFSS

**Target Population:**
Number: 2,184,653
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

**Disparate Population:**
Number: 787,379
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 20 - 24 years, 25 - 34 years, 50 - 64 years, 65 years and older
Gender: Female and Male

Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: Target and Disparate Data Sources: US Census Bureau Population Division, 2015

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Other: Wellness Program Sourcebook. US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2001.

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**
Total Current Year Funds Allocated to Health Objective: $244,689
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**
**Increase Employee Health Awareness**
Between 10/2021 and 09/2022, the State Employee Wellness Program (SEWP), which is program through the Mississippi State Department of Health, will provide technical assistance to **at least three (3) new** state agencies in developing and analyzing employee interest surveys to increase worksite wellness participation rates.

**Annual Activities:**
**1. Worksite Wellness Initiative**
Between 10/2021 and 09/2022, the SEWP assist **at least two (2) state agencies to implement** policy and environmental strategies to promote weight management, healthy food choices, physical activity, and lactation support within their agency.

**2. In-services/Training Sessions**
Between 10/2021 and 09/2022, the SEWP will conduct **at least two (2)** in-service trainings, **one of which includes "Worksite Wellness 101"** for Community Health and Prevention Teams regarding best practices for worksite wellness.

**3. Health Risk Assessments**
Between 10/2021 and 09/2022, the SEWP in collaboration with the Diabetes Prevention and Control Program and other partners will assist **at least three (3)** state agencies in conducting Hgb AIC screenings to prevent and/or manage diabetes.

**4. Technical Assistance**
Between 10/2021 and 09/2022, the SEWP will provide technical assistance to **at least two (2)** state agencies on developing worksite wellness strategic plans.

**Objective 2:**
**Worksite Wellness State Plan**

Between 10/2021 and 09/2022, State Employee Wellness Program (SEWP) will evaluate **at least 15** state agencies regarding the extent to which they have implemented evidence-based health promotion interventions in their worksites via CDC worksite health score card.

**Annual Activities:**

**1. Trainings**

Between 10/2021 and 09/2022, the SEWP will conduct **at least one (1)** training, seminar, webinar and/or health event on developing and implementing policy, systems, and environmental (PSE) change strategies that address obesity, physical activity, nutrition, and tobacco use in the employee population with participating agencies that participate in the State Employee Wellness Program.

**National Health Objective: HO IVP-16 Age-Appropriate Child Restraint Use**

**State Health Objective(s):**

Between 10/2021 and 09/2026, decrease by 5% the number of deaths in children ages 0 to 9 years that occur as a result of being unrestrained by a child restraint device or system, a belt positioning booster seat system, or safety seat belt system in the event of a motor vehicle accident.

**Baseline:**

In 2019, twenty-six (26) deaths of children ages 0 to 9 years occurred as a result of being unrestrained by a child restraint device or system, a belt positioning booster seat system, or safety seat belt system in the event of a motor vehicle crash.

In 2018, six (6) deaths of children ages 0 to 9 years occurred as a result of being unrestrained by a child restraint device or system, a belt positioning booster seat system or safety seat belt system in the event of a motor vehicle crash.

According to the 2017 Seat Belt Survey Report, Mississippi had an 80.2% usage rate. This rate is slightly higher than the 78.8% usage rate in 2016. Over time, the effort toward increasing and improving child restraint use has been both extensive and intensive. The child restraint rate in 2018 was 84.6%, which is higher than the 2017 rate of 81.27%. There is little doubt that having a primary child restraint law has made a significant impact on the high use of child restraints in Mississippi.

**Data Source:**

2017 Mississippi Child Restraint Survey
2018 Traffic Safety Data Mississippi Office of Highway Safety
2018 Mississippi Office of Highway Safety Annual Report
2019 Fatality Analysis Reporting System (FARS)
FY20 Mississippi Highway Safety Plan (Published September 2019)

**State Health Problem:**

**Health Burden:**

Nearly 50 children die each year in a motor vehicle crash in Mississippi. The frequency of deaths in Mississippi due to motor vehicle crashes is significant, especially in children ages 9 and under. The percentage of children fatally injured while riding unrestrained in a motor vehicle crash between years 2008-2012 for ages less than 5 years is 40% and 5 to 9 years 61%, according to crash reports produced by the Office of Highway Safety. The number of child restraint citations written decreased from 4,116 in 2013 to 3,360 in 2014. Data suggest that children ages 0 to 9 are not properly restrained. Securing a child properly in a vehicle significantly increases the chances that injury and death will be avoided. Not all motor vehicle crashes are unavoidable, but many of the deaths that result from collisions can be prevented when vehicle occupants are properly restrained. Adults have the ability to choose whether they will protect themselves by wearing a seat belt, but the safety of children depends on the individual that is transporting that child.

The MSDH Injury Prevention Program coordinates initiatives to reduce deaths and disability related to the leading causes of injury in the state. The Child Passenger Safety Program provides education on child passenger safety, including correct installation of child restraints. Through this program, certified child passenger safety technicians provide services statewide.

**Target Population:**
Number: 2,988,726
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

**Disparate Population:**
Number: 2,988,726
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: US Census, July 1, 2016 Population Estimate

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**
Other: Safe Kids Worldwide, National Child Passenger Safety Certification (http://www.safekids.org/)

National Highway Traffic Safety Administration, Child Passenger Safety (http://www.nhtsa.gov/Laws+&+Regulations/Child+Passenger+Safety)

Motor Vehicle-Related Injury Prevention: Community Guide Systematic Reviews (https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/motor-vehicle-related-injury-prevention-community-guide)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**
Total Current Year Funds Allocated to Health Objective: $45,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

## OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**
**Child Safety Technical Assistance**
Between 10/2021 and 09/2022, the Bureau of Injury and Violence Prevention will inspect **eight (8)** Health Educators in demonstrating effective strategies in addressing risk behaviors related to intentional and unintentional injuries.

**Annual Activities:**

**1. Public Health District Meetings**
Between 10/2021 and 09/2022, the Bureau of Injury and Violence Prevention will provide targeted training on the reduction of intentional and unintentional injuries at the **two** annual Regional Staff Meetings with Community Health and Prevention Teams.

**2. Certification**
Between 10/2021 and 09/2022 conduct **four** Child Passenger Safety Technician (CPST) training courses to certify and/or recertify Regional Health Educators and selected local health department staff in order to increase the number of Child Passenger Safety Technicians and inspection stations available in Mississippi communities.

**Objective 2:**
**Establish and Continue Partnerships**
Between 10/2021 and 09/2022, the Bureau of Injury and Violence Prevention will establish **two** new partnerships with external local and state agencies to coordinate injury prevention activities and initiatives.

**Annual Activities:**
**1. Mississippi Office of Highway Safety and Safe Kids Gulf coast**
Between 10/2021 and 09/2022, collaborate with Mississippi Office of Highway Safety and Safe Kids Gulf Coast to conduct at **least two (2)** child safety seat check points in North, Central, and South Mississippi.

**2. Local Departments of Public Safety**
Between 10/2021 and 09/2022, IVP will partner with **at least two (2)** local police departments to check and install safety seats and promote proper child safety/seat belt usage through educating parents and children in at least one public health region.

**3. Elementary Schools**
Between 10/2021 and 09/2022, IVP will partner with **at least one** local elementary school to facilitate motor vehicle and prevention presentations to students within each Public Health Region.

**4. Mississippi Department of Public Safety (MDPS)**
Between 10/2021 and 09/2022, partner with the Mississippi Department of Public Safety (MDPS) to conduct **at least one** school-based occupant protection activity for teens ages 13-18 years that promote seat belt usage and safe driving.

**Objective 3:**
**Increase Child Safety Seat Awareness**
Between 10/2021 and 09/2022, the Bureau of Injury and Violence Prevention will provide child passenger safety-related education and services to **at least 40%** of counties in each public health region.

**Annual Activities:**
**1. Child Safety Seat Checkpoints**
Between 10/2021 and 09/2022, MSDH and partners will conduct **at least twelve (12) checkpoints, four (4) of which are publicized at community events**, shopping centers, or health and safety fairs to promote correct child restraint usage. MSDH have built capacity within our Regional Community Health Teams to have the Health Educators trained as Certified Child Passenger Technicians. Along with the Health Educators, the Injury and Prevention Coordinator, participating law enforcement agencies, participating fire stations, participating FQHC's, family planning centers, and participating Head Start Centers will conduct child safety seat checkpoints statewide. The listed community partners have certified technicians within their agency.

**2. Purchase Child Safety Seats**
Between 10/2021 and 09/2022, the Bureau of Injury and Violence Prevention in coordination with the Community Health and Prevention Teams will purchase and distribute **1000** child passenger seats to families who may not be able to afford securable child safety seats. A 100% of block funds will be

contributed to purchasing child restraints.
MSDH collaborates with MOHS, Mississippi Department of Education and other local partners (police departments, fire stations, hospitals, etc.) to conduct school-based occupant protection activities (e.g., presentations, safety fairs and workshops). Also, in collaboration, MSDH works with community partners to schedule CPST courses to increase the number of Child Passenger Safety Technicians throughout the state.

1. **Child Passenger Safety Presentations**
Between 10/2021 and 09/2022, Regional Health Educators will conduct **at least twelve (12)** child passenger safety presentations in each public health region regarding regulations, recommendations, and laws regarding child restraints and seatbelt usage in Mississippi.

**State Program Title:** **SEXUAL ASSAULT SERVICES, PREVENTION AND EDUCATION**

**State Program Strategy:**

1. **Program Goal: The Mississippi State Department of Health (MSDH) will contract for:**
   a. Provide a statewide certification process for sexual assault advocates.
   b. Access to statewide sexual assault statistics.

2. **Health Priorities: MSDH has identified the provision of direct services for victims of sexual assault and the provision of primary prevention activities as health priorities.** Block Grant funding enables MSDH to create certification standard and processes for specific sub-grantee staff. One of those certifications will be for sexual assault advocates in the state. Providing training for the sexual assault advocates will increase their knowledge, skills, and abilities to better serve their clients. Although not retaining 5% of funding allocated to sexual violence and rape prevention, MSDH will continue to implement activities to enhance the capacity to measure the successful delivery of sexual assault services and primary prevention measures in local communities. Funding will supplement the Rape Prevention and Education funding available to the State of Mississippi for prevention purposes.

3. **Primary Strategic Partnerships:** The MSDH has fostered several collaborative relationships. and strategic partnerships both internally and externally:

   **Internal:** Office Against Interpersonal Violence (including the RPE, VOCA and VAWA programs within OAIV), Office of Women's Health, Office of Health Policy and Planning, Office of Preventive Health, Office of Health and Data Research (OHDR) and the Office of Health Informatics (OHIT).

   **External: MS Coalition Against Sexual Assault; five sexual assault crisis centers: Wesley House in Meridian, S.A.F.E., Inc. in Tupelo, Family Crisis Services of Northwest MS in Oxford, Shafer Center in Hattiesburg and Gulf Coast Center for Nonviolence in Biloxi, each crisis center has their own community partners; and** the Mississippi Attorney General's Office.

4. **Evaluation Methodology: Due to the type of activities we are proposing, we will be doin process evaluation (How are we doing?) as well as outcome evaluation (What impact are we having?)**

**State Program Setting:**
MSDH/OAIV collaborating with internal partners, with MS Coalition Against Sexual Assault (MSCASA)

**FTEs (Full Time Equivalents):**
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Total Number of Positions Funded:** 0.25 at the state level for an epidemiologist in the Office of Health and Data Research
**Total FTEs Funded:** $14,500.00

**National Health Objective:** **Reduce contact sexual violence by anyone across the lifespan (IVP-D05)**

**State Health Objective(s):**
Between 10.2021 and 09.2022, to address the national health objectives, the state of Mississippi has identified the following State Health Objectives:

1. To develop certification standards for advocates serving victims of sexual assault;
2. To coordinate with the Office of Health and Data Research within the MS State Department of Health

to begin to build a successful data strategy for the collection of sexual violence statewide data.

**Baseline:**
Baseline Data is gathered from prior year status reports.

From July 1, 2019, to June 30, 2020, Mississippi's rape crisis centers served 414 new victims of sexual assault.

From July 1, 2019, to June 30, 2020 Mississippi's rape crisis centers responded to 1451 crisis line calls.

A statewide social media campaign was created with #StopSexualViolenceMS. Quarterly, 12 slides were given to each rape crisis center to upload onto their websites on the same day each week. There were 699 social media posts and 13,056 engagements (likes, shares, comments, etc.) with those posts.

In 2020, the MSCASA leadership began to build a data base and held a conversation with service providers and advocates to discuss the policy and funding needs to develop, support and sustain a statewide network to prevent and address sexual violence across the state.

**Data Source:**
Mississippi Rape Prevention and Crisis Intervention Information Report and the CDC RPE program required performance measures reporting. Each report is submitted to MSDH by local rape crisis centers on a quarterly basis. OAIV quarterly report measuring each program's workplan against their statistics and narrative.

**State Health Problem:**
**Health Burden:**
In the most recent study conducted by the National Intimate Partner and Sexual Violence Survey (NISVS), nearly 1 in 5 women (18.30%) and 1 in 71 men (1.4%) in the U.S. have been raped during their lifetime. This includes more than half (51.1%) of women reporting rape by an intimate partner and (40.8%) by an acquaintance. For men, more than half (52.4%) reported rape by an acquaintance and (15.1%) by a stranger. Although this study offers limited insight into changes in the prevalence of rape over time, its estimates do not appear to support the widely held belief that rape has significantly declined in recent decades (Kilpatrick, et al). Sexual assault is a pervasive public health problem that affects adults and children (male and female). Sexual assault has been defined as a violent, unexpected traumatic experience in which a person's physical and psychological being is intruded in a sexual manner. Research documents the many negative effects of victimization. Examples are post-traumatic stress disorder, phobias, fears, and sexual dysfunction.

The FBI 2019 Crime in the U.S. Report stated that there were 747 forcible rapes in Mississippi. This number is up from 2018 when there was a total of 596 reported forcible rapes in the state. With NIBRS only mandated for states to report in by January 2021 and by March 2021, Mississippi only having 97 agencies certified and another 51 agencies in testing out of approximately 342, law enforcement records are still an invalid mechanism to determine the rate, place and kind of sexual assault in Mississippi. OAIV presently must look **to another source to find the data it needs.**

**Cost Burden**:
A 2003 report by the Centers for Disease Control and Prevention (CDC) calculates the annual health-related costs of rape, physical assault, stalking and homicide by intimate partners to exceed $5.8 billion each year. A study released by the CDC also suggests that domestic violence against women results in more emergency room visits and inpatient hospitalizations compared to domestic violence against men.

The total cost of sexual assault to victims was $18 million in 2002. To date, Mississippi has not developed a good measure of the true expense of rape and sexual assault in dollars to the state and must rely on national figures. However, since 2005, the Mississippi Attorney General's Office Crime Victim Compensation Program has been paying approximately $300,000 annually to medical providers for

sexual assault forensic examinations.

A more recent study published in the American Journal of Preventive Medicine in June 2017 shares the results listed below:

> "The estimated lifetime cost of rape was $122,461 per victim, or a population economic burden of nearly $3.1 trillion (2014 U.S. dollars) over victims' lifetimes, based on data indicating >25 million U.S. adults have been raped. This estimate included $1.2 trillion (39% of total) in medical costs; $1.6 trillion (52%) in lost work productivity among victims and perpetrators; $234 billion (8%) in criminal justice activities; and $36 billion (1%) in other costs, including victim property loss or damage. Government sources pay an estimated $1 trillion (32%) of the lifetime economic burden."

[Source 1: (Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Chen, J., & Stevens, M. R. (2011). The National Intimate Partner and Sexual Violence Survey: 2010 summary report. Centers for Disease Control and Prevention.)]
[Source 2: Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., & Chen, J. (2018). The National Intimate Partner and Sexual Violence Survey: 2015 data brief – updated release. Centers for Disease Control and Prevention.]
[Source 3: Morgan, R., & Oudekerk, B. (2019). Criminal victimization, 2018 (NCJ 253043). U.S. Department of Justice, Bureau of Justice Statistics.]
[Source 4: Kilpatrick, D.G., Resnick, H.S., Ruggiero, K.J., Conoscenti, L.M., and McCauley, J. (2007). Drug Facilitate, Incapacitated, and Forcible Rape: A National Study. National Crime Victims Research Center, Medical University of South Carolina.]
[Source 5: Peterson, C.; DeGue, S.; Florence, C.; Lokey, C. N., 2017. Lifetime Economic Burden Among U.S. Adults. American Journal of Preventive Medicine.]

**Target Population:**
Number: 2,976,149
Race: African American or Black (37.8%), American Indian or Alaskan Native (0.6%), Asian (1.1%), Hispanic or Latino (3.4%) Native Hawaiian or Other Pacific Islander (0.1%), White (56.4%), two or more races (1.3%)
Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

**Disparate Population:**
Number: 591,333
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state

*Target and Disparate Data Sources: US Census Bureau, 2019 Population Estimates*

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**
At present the OAIV leadership is participating in strategic planning and has identified five key areas that need improving. One of those areas is creating useable, relevant data systems and another area is network capacity building.

New leadership at OAIV has taken the data system planning back to the basics and we are beginning to look within the OAIV and the MSDH at large to find data that we already have but are not using to analyze sexual violence in Mississippi. Data needs to be driving our decision-making, so we are starting within to begin collecting what we need.

In looking at increasing the capacity of our sub-grantees, OAIV leadership will be creating certification standard and processes for specific sub-grantee staff. One of those certifications will be for sexual assault advocates in the state. Providing training for the sexual assault advocates will increase their knowledge, skills and abilities to better serve their clients.

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: $66,346.00
Total Prior Year Funds Allocated to Health Objective: $66,346.00
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $66,346.00
Role of Block Grant Dollars: Build the foundation with data for good decision-making and training to better equip the workforce involved in strategies to decrease sexual violence in Mississippi.
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100%

## OBEJCTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence-Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Advocate Certification**

By September 2022, develop certification standards and process for advocates serving victims of sexual assault.

**Annual Activities:**

1. **Gather, through research and conversations, other state standards and certification processes for advocates of sexual assault.**
   Between 10.2021 and 09.2022, the leadership in OAIV will research and have conversations with other states' employees who have ongoing certification processes in place for advocates of sexual assault and who are willing to share standards for that certification.

2. **Write the standards and certification process for Mississippi.**
   Between 10.2021 and 09.2022, leadership in OAIV will, with the help of the MSCASA and local stakeholders, write the standards and certification process for the advocates of sexual assault in Mississippi.

3. **Review the standards and certification process for Mississippi.**
   Between 10.2021 and 09.2022, with the help of outside partners and stakeholders, OAIV leadership will review the standards and certification process for the advocates of sexual assault in Mississippi.

4. **Disseminate the standards and certification process for Mississippi.**
   By 10.2022, OAIV staff will disseminate the new standards and certification process to interested Mississippians through their website.

**Objective 2:**

**Database Development**

By September 30, 2022, the leadership of OAIV in coordination with the OHDR and OHIT staff within the MS State Department of Health will have compiled a successful data plan for the collection of sexual violence statewide data.

**Annual Activities**

1. **Research intra-agency data sets.**
   Between 10.2021 and 09.2022, OAIV leadership and staff will work with individuals in OHIT and OHDR to research existing data sets throughout the agency to determine if data the MSDH is already collecting is sufficient to use for OAIV decision-making.

2. **Begin to build a program to capture the intra-agency sexual assault/violence data sets needed.**
   Between 10.2021 and 09.2022 OAIV leadership and staff will work with individuals in OHIT and OHDR to create an overall data plan with a plan for software that will be able to capture and analyze existing intra-agency data.