

**Mississippi FY 2024  
Preventive Health and Health Services  
Block Grant**

**Draft Work Plan**

**Draft Work Plan for Fiscal Year 2024  
Submitted by: Mississippi  
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## Executive Summary

This work plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2024. 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 2024 Preventive Health and Health Services Block Grant is \$2,598,848. The Annual Basic Amount for FY2024 is \$2,537,028

### **Proposed Allocation and Funding Priorities for FY 2024**

**Sexual Assault Rape Prevention (HO IVP-D05): Total: \$115,638.** The mandatory allocation is \$61,820 to the Mississippi State Department of Health's (MSDH) Office Against Interpersonal Violence, of this amount the administrative costs for the set aside is **\$6,182**. Program will receive an additional \$60,000 to provide a total of 115,683.00 to an organization serving the high-risk populations for sexual violence.

**School Health Education (HO EH-D01): \$400,000** 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): \$250,000** 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): \$358,665.20** 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): \$400,000**

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): \$150,000** 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): \$300,000** 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):\$314,660** 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 **\$253,702.80**. These costs include funding 2 FTEs to coordinate grant preparation, annual reporting, evaluation, program meetings, communication with the State Preventive Health Advisory Committee, and scheduled 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

<b>Dates:</b>	
<b>Public Hearing Date(s):</b>	<b>Advisory Committee Date(s):</b>
6/25/2024	5/30/2024
	6/25/2024

<b>Current Forms signed and attached to work plan:</b>
Certifications: Yes
Certifications and Assurances: Yes

**Budget Detail for MS 2023 V0 R1**

<b>Total Award (1+6)</b>	\$2,598,848
<b>A. Current Year Annual Basic</b>	
1. Annual Basic Amount	\$2,537,028
2. Annual Basic Admin Cost	(\$253,702.80)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$2,283,325.20
<b>B. Current Year Sex Offense Dollars (HO 15-35)</b>	
6. Mandated Sex Offense Set Aside	\$61,820
7. Sex Offense Admin Cost	(\$6,182)
(8.) Sub-Total Sex Offense Set Aside	\$55,638
<b>(9.) Total Current Year Available Amount (5+8)</b>	\$2,338,963.20
<b>C. Prior Year Dollars</b>	
10. Annual Basic	\$0
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$0
<b>13. Total Available for Allocation (5+8+12)</b>	\$2,338,963.20

<b>Summary of Funds Available for Allocation</b>	
<b>A. PHHSBG \$'s Current Year:</b>	
Annual Basic	\$2,537,028
Sex Offense Set Aside	\$61,820
Available Current Year PHHSBG Dollars	\$2,598,848
<b>B. PHHSBG \$'s Prior Year:</b>	
Annual Basic	\$0
Sex Offense Set Aside	\$0
Available Prior Year PHHSBG Dollars	\$0
<b>C. Total Funds Available for Allocation</b>	\$2,338,963.20

### 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	\$300,000	\$0	\$300,000
<b>Sub-Total</b>		<b>\$300,000</b>	<b>\$0</b>	<b>\$300,000</b>
DISTRICT COORDINATED CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION	ECBP-D07 Community-Based Primary Prevention Services	\$400,000	\$0	\$400,000
<b>Sub-Total</b>		<b>\$400,000</b>	<b>\$0</b>	<b>\$400,000</b>
HEART DISEASE AND STROKE PREVENTION PROGRAM	HDS-05 Cardiovascular Health	\$358,665.20	\$0	\$358,665.20
<b>Sub-Total</b>		<b>\$358,665.20</b>	<b>\$0</b>	<b>\$358,665.20</b>
ORAL HEALTH PROMOTION AND EDUCATION	OH-11 Community Water Fluoridation	\$150,000	\$0	\$150,000
<b>Sub-Total</b>		<b>\$150,000</b>	<b>\$0</b>	<b>\$150,000</b>
PERFORMANCE IMPROVEMENT AND PUBLIC HEALTH ACCREDITATION	PHI-01; PHI-02; PHI-04; Accredited Public Health Agencies	\$314,660	\$0	\$314,660
<b>Sub-Total</b>		<b>\$314,660</b>	<b>\$0</b>	<b>\$314,660</b>
SCHOOL, WORKSITE, AND COMMUNITY BASED PREVENTIVE HEALTH	EH-D01 School Health Education	\$400,000	\$0	\$400,000
	ECBP-D03 Participation in Employer-Sponsored Health Promotion	\$250,000	\$0	\$250,000
	IVP-07 Age-Appropriate Child Restraint Use	\$50,000	\$0	\$50,000
<b>Sub-Total</b>		<b>\$700,000</b>	<b>\$0</b>	<b>\$700,000</b>
SEXUAL ASSAULT SERVICES, PREVENTION AND EDUCATION	IVP-D05 Sexual Violence (Rape Prevention)	\$115,638	\$0	\$115,638
<b>Sub-Total</b>		<b>\$55,638</b>	<b>\$0</b>	<b>\$55,638</b>
<b>Grand Total</b>		<b>\$2,338,325.20</b>	<b>\$0</b>	<b>\$2,338,325.20</b>

## CULTURAL AND LINGUISTIC APPROPRIATE SERVICES

### Healthy People 2030 Objective:

PHI-R03 Increase use of core and discipline-specific competencies to drive workforce development

### Define the State Health Problem this Program will Address

1. One-sentence summary of the problem this program will address:  
Diverse populations experience barriers when accessing public and community services.
2. One-paragraph description of the problem this program will address:  
Providing training to professionals to educate on the importance of diverse services for communities and families, will help to better serve and relate to all patients/clients with unique cultures, heritages, languages, beliefs, and circumstances with the recognition that cultural responsiveness is an ongoing part of continuous quality improvement.

### Program Strategy:

1. Program Goal(s): To provide and 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 Strategy: Provide Cultural Competency and Health Equity training to the Mississippi State Department of Health employees and external organizations. Provide technical assistance for health equity strategies to various programs and sectors to promote health in all policy approaches. Promote the adoption of the National CLAS Standards.
3. Primary Strategic Partners: MSDH programmatic staff, federally qualified community centers, healthcare providers, National Center for Cultural Competency, Cross-Cultural Communication, LLC
4. Evaluation Methodology: The outcomes to be monitored and analyzed include: 1) the 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.

### Objective 1: Cultural Competency Training

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, the Office of Health Equity will conduct six cultural competency trainings to improve access to a health care system that is respectful of and responsive to the needs of diverse patients.



2. Please provide a one-sentence summary of the problem for this objective.  
Disparities in access to public and community services,
3. Please provide a one-paragraph description of the problem for this objective.  
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.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
The number of cultural competency trainings conducted for professionals that reinforces the importance of diverse services for families and highlights the significance of helping professionals better serve and relate to all patients with unique cultures, heritages, languages, beliefs, and circumstances with the recognition that cultural responsiveness is an ongoing part of continuous quality improvement.

### **Intervention**

1. One-sentence summary of intervention:  
To provide cultural competency training to professions that work with clients, patients, and/or the community.
2. One-paragraph description of intervention:  
The cultural competency training educates on the importance of diverse services for communities and families, helps professionals better serve and relate to all patients/clients with unique cultures, heritages, languages, beliefs, and circumstances with the recognition that cultural responsiveness is an ongoing part of continuous quality improvement.
3. Rationale for choosing the intervention:  
Diverse populations experience barriers to access public and community services.

### **Activity 1: Cultural Competency Training**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Health Equity staff will conduct six cultural competency trainings.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2024, the Health Equity staff will conduct six cultural competency trainings for internal staff and external agencies/organizations that offer medical and/or social services to underserved populations.

## **Activity 2: Recruitment**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Health Equity team will recruit participants across Mississippi to participate in the cultural competence training.
2. One-paragraph description of the Activity:  
Between 10/2022 and 09/2023, the Health Equity team will recruit participants across Mississippi to participate in the cultural competency training in person at the requested host site or via zoom. Six internal programs and/or external organizations shall be recruited to have staff participate in the 2.5-hour training.

## **Objective 2: Advancing Health Equity**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, the Health Equity Team will conduct two (Fall/Spring) Health Equity module training targeting organizations such as the Mississippi Medical Center, community colleges, community-based organizations, civic organizations, and private sector partners.
2. Please provide a one-sentence summary of the problem for this objective.  
Agencies and organizations are seeking health equity trainings for staff to better serve the community, while promoting best practices.
3. Please provide a one-paragraph description of the problem for this objective.  
Health inequities have significant social and economic costs both to individuals and societies. With the growth of diverse populations within the state, tailored trainings are needed for professionals to better understand an individual's culture and language preference which can help bring positive health outcomes. Healthcare and public 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.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
The number of series conducted of the Health Equity modules for organizations such as the Mississippi Medical Center, community colleges, community-based organizations, civic organizations, and private sector partners.

## **Intervention**

1. One-sentence summary of intervention:  
To provide a series of five modules that develop the capacity to communicate a social, economic, and environmental approach to health experiences and outcomes.
2. One-paragraph description of intervention:  
The curriculum of the module includes an introduction to health equity discussing principles, key concepts, and applications; discuss non-medical factors that influence health outcomes reflecting on how conditions of power shape inequities; explore language access; promote respect and understanding of diverse cultures, backgrounds,

and individual life experiences; and create empathy and understanding of how actions and words can be perceived by reducing bias.

3. Rationale for choosing the intervention:  
The need to provide an avenue to educate staff, stakeholders, community, faith base organizations, and non-profit organizations on best practices, and the importance of developing projects with an equitable lens.

### **Activity 1: Health Equity Modules**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Health Equity Team will conduct two (Fall/Spring) 5-module advancing health equity trainings.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Health Equity Team will conduct two (Fall/Spring) 5-module advancing health equity training to increase health equity competency and identify opportunities to operationalize strategies to advance health equity in everyday work practices.

### **Activity 2: Recruitment**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Health Equity will recruit organizations to participate in a 5-module advancing health equity training.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Health Equity will recruit organizations such as the Mississippi Medical Center, community colleges, community-based organizations, and civic organizations, private sector partners to participate in a 5-module advancing health equity training.

### **Healthy People 2030 Objective:**

PHI-06 Increase the proportion of state public health agencies that use core competencies in continuing education

### **Define the State Health Problem this Program will Address**

1. One-sentence summary of the problem this program will address:  
Limited English Proficient (LEP) persons experience barriers to healthcare access and public/community services.
2. One-paragraph description of the problem this program will address:  
Limited English Proficient (LEP) population has increased over the years. This population increase challenges the healthcare system that was not designed to attend 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.

**Program Strategy:**

1. Program Goal(s): To provide and 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 Strategy: Provide training and education to healthcare providers on how to work with medical interpreters. Offer Medical Interpreter Training to bilingual staff at hospitals, private clinics, communities, health centers, and local health departments. Promote the Adoption of the National CLAS Standards. Provide programs with culturally and linguistically appropriate translations.
3. Primary Strategic Partners: El Pueblo, MS Immigrant Rights Alliance (MIRA), Boat People SOS, local health departments and the Office of Communications
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 post-test. 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 transfers, 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 posttest are going to be used to quantify knowledge gained by participants in this workshop.
  - C. Translations: Conduct process evaluation on the quality of translation services.

**Objective 1: Community Interpreter Training**

1. Program SMART Objective (this is the SMART Objective at the program level): Between 10/2024 and 09/2025, the Health Equity Team will conduct two (Fall/Spring) Community Interpreter Trainings to prepare bilingual individuals to work as effective, competent, and professional interpreters in a community/medical profession.
2. Please provide a one-sentence summary of the problem for this objective. Limited certifications and educational opportunities for individuals providing interpretations.
3. Please provide a one-paragraph description of the problem for this objective. Language barriers in healthcare are a national concern and have been recognized as a major contributor to health disparities. 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.

4. Describe in one paragraph the key health indicator(s) affected by this problem. Providing a Community Interpreter Trainings provides individuals and organizations across all sectors the credentials and tools needed to effectively provide services.

### **Intervention**

1. One-sentence summary of intervention:  
The Community Interpreter Training increases the number of bilingual individuals becoming trained and qualified community interpreters.
2. One-paragraph description of intervention:  
The Community Interpreter Training prepares bilingual individuals to work as effectively and competently. A 40-hour training that includes an introduction to community interpreting, interpreting protocols and skills, strategic mediation, professional identity, and the role of the community interpreter. Benefits include a certificate of completion and a prerequisite to register for the National Medical Interpret exam.
3. Rationale for choosing the intervention:  
Increase access to certified community interpreters.

### **Activity 1: Interpreter Training**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Language Access will recruit 20 bilingual individuals to participate in the Community Interpreter Training.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Language Access will recruit 20 bilingual individuals to participate in the Community Interpreter Training. The Bureau will work with the Office of Communications to develop promotional materials about the training to disseminate to partners and to promote on all media platforms.

### **Activity 2: Advertising and Recruitment**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Language Access will recruit 20 bilingual individuals to participate in community interpreter training.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Language Access will recruit 20 bilingual individuals in the state to participate in community interpreter training. The Division will

work with the Office of Communications to develop promotional materials about the training to disseminate to partners and to promote on all media platforms.

### **Objective 2: Medical Terminology Training**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, the Bureau of Language Access will conduct two (Fall/Spring) Medical Terminology Training to prepare bilingual individuals to effectively break down medical terminology, prepare for the National Medical Interpreter exam, and perform as a professional medical interpreter.
2. Please provide a one-sentence summary of the problem for this objective.  
Limited certifications and educational opportunities for individuals providing medical interpretation.
3. Please provide a one-paragraph description of the problem for this objective.  
Language barriers in healthcare are a national concern and have been recognized as a major contributor to health disparities. 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.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
Providing Medical Terminology Training provides individuals and organizations across all sectors the credentials and tools needed to effectively provide services.

### **Intervention**

1. One-sentence summary of intervention:  
The Medical Interpreter Training increases the number of bilingual individuals becoming trained and qualified medical interpreters.
2. One-paragraph description of intervention:  
The Medical Interpreter Training prepares bilingual individuals to effectively break down medical terminology, prepare for the National Medical Interpreter exam, and perform as a professional medical interpreter. An 8-hour training course that includes an overview of medical interpreting. The Mississippi State Department of Health is a licensed site to teach Medical Terminology Training.
3. Rationale for choosing the intervention:  
Increase the number and access to certified medical interpreters.

### **Activity 1: Medical Terminology Training**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Language Access will conduct two (Fall/Spring) Medical Terminology Trainings.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Language Access will conduct two (Fall/Spring) Medical Terminology Trainings for bilingual individuals, agencies, and organizations across all sectors with bilingual staff that serve as interpreters.

### **Activity 2: Advertising and Recruitment**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Language Access will recruit 20 bilingual individuals to participate in the Medical Terminology Training.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Language Access will recruit 20 bilingual individuals to participate in the Medical Terminology Training. The Bureau will work with the Office of Communications to develop promotional materials about the training to disseminate to partners and to promote on all media platforms.

### **Objective 3: Medical Interpreter Refresher Course**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, the Bureau of Language Access will conduct one (Summer) Medical Interpreter Refresher Course for continued education in interpreting in healthcare settings.
2. Please provide a one-sentence summary of the problem for this objective.  
Limited certifications and educational opportunities for individuals providing medical interpretation.
3. Please provide a one-paragraph description of the problem for this objective.  
Language barriers in healthcare are a national concern and have been recognized as a major contributor to health disparities. 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.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
Providing Medical Interpreter Refresher Course provides interpreters an opportunity to

receive continued education in interpreting in healthcare settings.

### **Intervention**

1. One-sentence summary of intervention:  
The Medical Interpreter Refresher Course increases the number of interpreters becoming trained and qualified medical interpreters.
2. One-paragraph description of intervention:  
The 20-hour Medical Interpreter Refresher Course provides an overview of medical interpreting, interpreting protocols and skills, strategic mediation, interpreting in a healthcare setting, and the role of the medical interpreter.
3. Rationale for choosing the intervention:  
Increase the number and access to certified medical interpreters.

### **Activity 1: Refresher Course**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Language Access will conduct one (Summer) Medical Interpreter Refresher Course.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Language Access will conduct one (Summer) Medical Interpreter Refresher Course for continued education in interpreting in healthcare settings.

### **Activity 2: Advertising and Recruitment**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Language Access will recruit 10 interpreters to participate in the Medical Interpreter Refresher Course.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Language Access will recruit 10 interpreters to participate in the Medical Interpreter Refresher Course. The Bureau will work with the Office of Communications to develop promotional materials about the training to disseminate to partners and to promote on all media platforms.

### **Objective 4: Stakeholder Language Access Workshop**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, the Bureau of Language Access will host one stakeholder language access workshop during MSDH's Office of Preventive Health's Empowering Communities Conference in the Spring of 2025.
2. Please provide a one-sentence summary of the problem for this objective.



Limited opportunities to provide educational workshops on the importance of language access.

3. Please provide a one-paragraph description of the problem for this objective.  
Language barriers in healthcare are a national concern and have been recognized as a major contributor to health disparities. 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.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
The stakeholder language access workshop will provide awareness of the importance of language access and the use of professional interpreters.

### **Intervention**

1. One-sentence summary of intervention:  
The stakeholder language access workshop will provide awareness of the importance of language access and the use of professional interpreters.
2. One-paragraph description of intervention:  
The one-day stakeholder language access workshop will include experts sharing the importance of language access, the use of professional interpreters, and networking opportunities. The workshop will be held during MSDH's Office of Preventive Health Empowering Communities Conference which is a huge conference for public health professionals.
3. Rationale for choosing the intervention:  
To educate on the importance of language access.

### **Activity 1: Language Access Workshop**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Language Access will host a Language Access Workshop.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Language Access will host a Language Access Workshop for public health professionals to hear from experts on the importance of language access.

### **Objective 5: National CLAS Standards\Technical Assistance and Translation**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, the Bureau of Language Access will maintain 2 contracts for translation of printed health education materials and other outreach content materials and interpretation services.
2. Please provide a one-sentence summary of the problem for this objective.  
Limited English Proficient population has increased in the state over the years.
3. Please provide a one-paragraph description of the problem for this objective.  
With the increase of the Limited English Proficiency (LEP) population, there is a need for the translation of printed health education materials and other outreach content materials to reflect the population being served. LEP persons have a higher risk of misdiagnosis, adverse medication reactions, greater difficulty receiving the care needed, and understanding diagnosis/treatment advice. They are also less likely to receive preventive care, less satisfied with the care they receive, and less likely to report overall problems with care that increases the risk of experiencing medical errors.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
Implementing contracts for translation and interpretation services allows the agency to better serve LEP persons. Having these services contribute to LEP patients having 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 doctor/patient communication, office staff helpfulness, and ambulatory care. Several Laws exist around the provision of language services in healthcare.

### **Intervention**

1. One-sentence summary of intervention:  
Maintain two contracts for for translation of printed health education materials and other outreach content materials and interpretation services.
2. One-paragraph description of intervention:  
Maintain two contracts with companies to provide translation and interpretation services. The contractors will provide translations of printed health educational materials and other outreach materials to reflect the population served. These contractors will also take into consideration literacy levels and culture. In addition, the contractors will provide interpreter services.
3. Rationale for choosing the intervention:  
Limited English Proficient population has increased in the state over the years.

### **Activity 1: Contract Development**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Language Access will develop two contracts to conduct interpretation and translation services.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Language Access will develop two contracts to conduct interpretation and translation services. The contracts will be in place for the project period to serve agency needs.

### **FTEs (Full Time Equivalents):**

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

**Position Title:** Public Health Program Specialist III  
State-Level: 100% Local: 0% Other: 0% Total: 100%

**Position Title:** Public Health Program Specialist II  
State-Level: 50% Local: 0% Other: 50% Total: 100%

**Total Number of Positions Funded:** 2

**Total FTEs Funded:** 2.00

### **Performance Improvement and Public Health Accreditation**

#### **Healthy People 2030 Objective:**

PHI-01 Increase the proportion of state public health agencies that are accredited

#### **Define the State Health Problem this Program will Address**

1. One-sentence summary of the problem this program will address:  
Mississippi faces enormous health challenges, with long-term social, educational, and economic problems linked to profound inequities in access to medical and dental care.
2. One-paragraph description of the problem this program will address:  
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.

#### **Program Strategy:**

1. Program Goal(s): 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 Strategy:
  - 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's Strategic Plan.
  - d. Management of the performance management system.
  - e. Cultivate the quality improvement plan.
  - f. Provide technical assistance to the Mississippi Band of Choctaw Indians (MBCI) to achieve PHAB accreditation status.
3. Primary Strategic Partners: Internal and external partners and the 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.
4. Evaluation Methodology: 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)

**Objective 1: Continued Implementation of a Quality Improvement Plan**

1. Program SMART Objective (this is the SMART Objective at the program level): Between 10/2024 and 09/2025, MSDH will implement 1 Quality Improvement Plan, which provides a structured method for conducting quality improvement activities throughout the agency as an ongoing project.
2. Please provide a one-sentence summary of the problem for this objective.  
Mississippi faces enormous health challenges, with long-term social, educational, and economic problems linked to profound inequities in access to medical and dental care.
3. Please provide a one-paragraph description of the problem for this objective.  
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.

4. Describe in one paragraph the key health indicator(s) affected by this problem.  
A quality improvement plan will be implemented to provide a structure method for conducting quality improvement activities. 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.

### **Intervention**

1. One-sentence summary of intervention:  
Implement a quality improvement plan.
2. One-paragraph description of intervention:  
The Office of Performance Improvement will implement a quality improvement plan that will include quality improvement activities to analyze certain problem areas and provide solutions to problems that, hopefully, will result in a return on investment, whether in actual dollars, time saved, or greater customer satisfaction.
3. Rationale for choosing the intervention:  
Quality improvement activities allow staff to analyze certain problem areas and provide solutions to problems.

### **Activity 1: Actively Seek Quality Improvement Projects**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Quality Improvement (QI) Lead will follow-up with all QI trained staff monthly to not only share any QI updates but also seek new project ideas.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Quality Improvement (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 8 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.

### **Activity 2: Communicate and Celebrate Quality Improvement Progress**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, The Quality Improvement (QI) Lead will work with the Office of Communications and existing QI teams to develop 4 storyboards and/or success stories.

2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, The Quality Improvement (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.

### **Activity 3: Convene Quality Improvement Council**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, The Quality Improvement (QI) Lead will schedule 4 quarterly meetings with the Quality Improvement Council.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, The Quality Improvement (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 reviewing 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.

### **Activity 4: Train Staff on Quality Improvement**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, MSDH will train 25 additional staff on what Quality Improvement (QI) is, QI methods, and how to conduct QI so that more QI projects can occur throughout the agency.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Performance Improvement will train 25 additional staff on what Quality Improvement (QI) is, QI methods and how to conduct QI so that more QI projects can occur throughout the agency. Training the central office and especially regional staff will increase the opportunity for new QI projects in all divisions and agency locations.

### **Objective 2: Continued Implementation of Performance Management**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, MSDH will continue to implement 1 performance management system as an ongoing project.
2. Please provide a one-sentence summary of the problem for this objective.  
Implementation of an MSDH performance management system will provide greater accountability and more efficient use of its resources.

3. Please provide a one-paragraph description of the problem for this objective.  
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 performance management system is capable of tracking data from a number of different sources in order to evaluate compliance with specific performance measures. The implementation of an MSDH performance management system will provide greater accountability and more efficient use of its resources.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
The performance management system is capable of tracking data from a number of different sources in order to evaluate compliance with specific performance measures and will provide greater accountability and more efficient use of its resources.

### **Intervention**

1. One-sentence summary of intervention:  
Implementation of a performance management system.
2. One-paragraph description of intervention:  
The Office of Performance Improvement will implement a performance management system to track data from a number of different sources in order to evaluate compliance with specific performance measures.
3. Rationale for choosing the intervention:  
The performance management system provides for greater accountability and more efficient use of its resources.

### **Activity 1: Implement Performance Dashboard**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, Office of Improvement staff will further implement the agency's performance dashboard system.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, Office of Improvement 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.

### **Activity 2: Monitor and Update Reporting System**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, Office of Performance Improvement staff will continue quarterly monitoring and updating the agency's performance dashboard.
2. One-paragraph description of the Activity:

Between 10/2024 and 09/2025, Office of Performance Improvement 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.

### **Activity 3: Train Staff**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Performance Improvement will train 25 agency staff in performance management.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Performance Improvement 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.

### **Objective 3: Facilitate, Implement, and Monitor Agency Strategic Plan**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, MSDH staff will update and implement 1 agency strategic plan as an ongoing project.
2. Please provide a one-sentence summary of the problem for this objective.  
To improve the health of Mississippians through improvements in the infrastructure of the State Department of Health.
3. Please provide a one-paragraph description of the problem for this objective.  
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.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
The ongoing implementation and updates to the strategic plan will allow for the agency to continue to work towards improving the health of Mississippians.

### **Intervention**

1. One-sentence summary of intervention:  
To implement and update the agency's strategic plan.
2. One-paragraph description of intervention:  
The Office of Performance Improvement will continue to implement and update the agency's strategic plan. In doing so this will allow the agency to continue to work towards improving the health of Mississippians.



3. Rationale for choosing the intervention:  
Mississippi faces enormous health challenges, with long-term social, educational, and economic problems linked to profound inequities in access to medical and dental care.

#### **Activity 1: Facilitate the review and identification of the Strategic Plan**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Performance Improvement staff will work with Senior Leadership to develop 1 strategic plan.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Performance Improvement staff 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.

#### **Activity 2: Implement Strategic Plan Work Plans**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Performance Improvement will facilitate 4 quarterly meetings.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Performance Improvement will facilitate 4 quarterly meetings based on priorities outlined by the agency's Senior Leadership. The Office of Performance Improvement will work with its agency staff to perform the activities that are outlined in its strategic plan through the development of identified priority workgroups.

#### **Activity 3: Monitor Strategic Plan Indicators**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Strategic Plan workgroups will present data and review data trends quarterly.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, 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.

#### **Healthy People 2030 Objective:**

PHI-03 Increase the number of tribal public health agencies that are accredited

#### **Define the State Health Problem this Program will Address**

1. One-sentence summary of the problem this program will address:  
Four tribal health departments thus far have achieved accreditation through PHAB.

2. One-paragraph description of the problem this program will address:  
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. The Mississippi Band of Choctaw Indians has 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.

**Program Strategy:**

1. Program Goal(s): 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 Strategy:
  - 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's Strategic Plan.
  - d. Management of the performance management system.
  - e. Cultivate the quality improvement plan.
  - f. Provide technical assistance to the Mississippi Band of Choctaw Indians (MBCI) to achieve PHAB accreditation status.
3. Primary Strategic Partners: Internal and external partners and the 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.
4. Evaluation Methodology: 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)

**Objective 1: Mississippi Band of Choctaw Indians Technical Support**

1. Program SMART Objective (this is the SMART Objective at the program level):

Between 10/2024 and 09/2025, the Office of Performance Improvement staff will provide technical assistance to 1 Mississippi Band of Choctaw Indians program area to achieve national PHAB accreditation status.

2. Please provide a one-sentence summary of the problem for this objective.  
Four tribal health departments thus far have achieved accreditation through PHAB
3. Please provide a one-paragraph description of the problem for this objective.  
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.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
To increase the number of tribal health departments that have achieved accreditation. Mississippi Band of Choctaw Indians is the only federally recognized American Indian tribe living within the State of Mississippi since recognition in 1945.

### **Intervention**

1. One-sentence summary of intervention:  
Continue to provide technical support to the Mississippi Band of Choctaw Indians to obtain accreditation.
2. One-paragraph description of intervention:  
The Office of Performance Improvement will continue to provide technical support to the Mississippi Band of Choctaw Indians to achieve national PHAB accreditation status. The Office of Performance Improvement 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.
3. Rationale for choosing the intervention:  
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.

### **Activity 1: Monitor Accreditation Readiness Toolkit**

1. One-sentence summary of the Activity:

Between 10/2024 and 09/2025, the Office of Performance Improvement will develop 1 timeline towards completion of the toolkit for the Mississippi Band of Choctaw Indians.

2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Performance Improvement will develop 1 timeline towards completion of the toolkit for the Mississippi Band of Choctaw Indians. The Office of Performance Improvement will facilitate meetings with the Mississippi Band of Choctaw Indians to support accreditation readiness.

### **Activity 2: Support Community Health Assessment Development**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Performance Improvement will assist and advise the MBCI toward the completion of 1 Community Health Assessment.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025 and based on the Mississippi Band of Choctaw Indians (MBCI) availability, the Office of Performance Improvement will assist and advise the MBCI toward the completion of 1 Community Health Assessment and the various initiatives that constitute it.

### **Activity 3: Train Staff**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Performance Improvement will train or share resources with 4 Mississippi Band of Choctaw Indians staff.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Performance Improvement will train or share resources with 4 Mississippi Band of Choctaw Indians staff to support quality improvement, performance management, or other PHAB accreditation topics.

### **Healthy People 2030 Objective:**

PHI-04 Increase the proportion of state and territorial jurisdictions that have a health improvement plan

### **Define the State Health Problem this Program will Address**

1. One-sentence summary of the problem this program will address:  
Mississippi faces enormous health challenges, with long-term social, educational, and economic problems linked to profound inequities in access to medical and dental care.
2. One-paragraph description of the problem this program will address:  
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.

**Program Strategy:**

1. Program Goal(s): 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 Strategy:
  - g. Lead the Mississippi State Department of Health to maintain accreditation through the Public Health Accreditation Board.
  - h. Implementation of the State Health Assessment and State Health Improvement Plan.
  - i. Implementation of the agency's Strategic Plan.
  - j. Management of the performance management system.
  - k. Cultivate the quality improvement plan.
  1. Provide technical assistance to the Mississippi Band of Choctaw Indians (MBCI) to achieve PHAB accreditation status.
3. Primary Strategic Partners: Internal and external partners and the 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.
4. Evaluation Methodology: 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)

**Objective 1: Continued Implementation of a Health Improvement Plan**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, the Office of Performance Improvement will implement 1 State Health Improvement Plan.
2. Please provide a one-sentence summary of the problem for this objective.  
The implementation and monitoring of the state health improvement plan is necessary for PHAB Accreditation.

3. Please provide a one-paragraph description of the problem for this objective.  
The state health improvement plan will allow the agency to continue to improve the health of Mississippians. Mississippi faces enormous health challenges, with long-term social, educational, and economic problems linked to profound inequities in access to medical and dental care.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
The state 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.

**Intervention**

1. One-sentence summary of intervention:  
Implement and monitor the state health improvement plan.
2. One-paragraph description of intervention:  
The Office of Performance Improvement will implement and monitor the 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.
3. Rationale for choosing the intervention:  
The implementation and monitoring of the state health improvement plan is necessary for PHAB Accreditation.

**Activity 1: Implement State Health Improvement Plan Work Plans**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Performance Improvement will facilitate 4 quarterly State Health Improvement Plan meetings based on priorities outlined by the State Health Assessment.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Performance Improvement will facilitate 4 quarterly State Health Improvement Plan meetings based on priorities outlined by the State Health Assessment. The Office of Performance Improvement will work with its 100+ partner organizations to perform the activities that are outlined in its State Health Improvement Plan.

**Activity 2: Increase public awareness of the State Health Improvement Plan**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, 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 State Health Improvement Plan.

2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, 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%. 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. 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.

### **Activity 3: Monitor State Health Improvement Plan Indicators**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the SHIP workgroups will present data and review data trends quarterly related to their scope of work outlined in the workplans.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, 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.

### **FTEs (Full Time Equivalents):**

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

**Position Title:** Quality Improvement Lead  
State-Level: 80% Local: 20% Other: 0% Total: 100%

**Position Title:** PHAB Accreditation Lead  
State-Level: 90% Local: 10% Other: 0% Total: 100%

**Position Title:** Performance Management Lead  
State-Level: 90% Local: 10% Other: 0% Total: 100%

**Total Number of Positions Funded: 3**

**Total FTEs Funded: 3**

## **COMMUNITY WATER FLUORIDATION**

**Healthy People 2030 Objective:** OH-11 Increase the proportion of people whose water systems have the recommended amount of fluoride

## **Define the State Health Problem this Program will Address**

1. One-sentence summary of the problem this program will address:  
OH-11 Increase the proportion of people whose water systems have the recommended amount of fluoride
2. One-paragraph description of the problem this program will address:  
The National Healthy People 2030 goals aim to ensure that at least 77.1% of the total population in each state has access to community water fluoridation. Data from a decade ago indicated that 72.8.6% of the U.S. population on public water systems (211.4 million people) had access to optimally fluoridated water. According to CDC 2020 data, Mississippi is ranked 36th with a fluoridation rate of 61.1 percent. The state continues to grapple with various health issues, including long-standing social, educational, and economic disparities that impact access to medical and dental care.

## **Program Strategy:**

1. Program Goal(s):  
The 2024 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 to reduce the risk of developing dental decay in many communities throughout the state.
2. Program Strategy:  
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:
  1. Create an effective infrastructure to promote oral disease prevention and control through community water fluoridation efforts.
  2. Implement and assure effective population-based oral health programs that prevent disease and improve health.
  3. Ensure adequate funding for programs that assure good oral health for children (birth - permanent teeth development).
3. Primary Strategic Partners: The 2024 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 to reduce the risk of developing dental decay in many communities throughout the state.
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 Behavioral Risk Factor Surveillance System (BRFSS) which can be accessed at CDC | National Oral Health Surveillance System (NOHSS) | Overview | Oral Health Data | Division of Oral Health and (2) the CDC's Water Fluoridation Reporting System (2018).

### **Objective 1: Increase the Use of Fluoridated Water**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, the MSDH Community Water Fluoridation will increase the percent of Mississippi citizens receiving fluoridated water by upgrading 3 systems with faulty equipment or technology hindering them from adding fluoride to their water.
2. Please provide a one-sentence summary of the problem for this objective.  
The objective to increase the use of fluoridated water in Mississippi between October 2024 and September 2025 involves addressing challenges related to identifying water systems lacking the necessary equipment for fluoridation and overcoming financial constraints for infrastructure upgrades.
3. Please provide a one-paragraph description of the problem for this objective.  
The objective to increase the use of fluoridated water in Mississippi between October 2024 and September 2025 addresses several key issues. Firstly, there is a challenge in identifying water systems that lack the necessary equipment or technology to add fluoride to their water supply. This requires a thorough assessment and evaluation of various water systems across the state to pinpoint those with faulty equipment hindering the fluoridation process. Secondly, financial constraints have been a concern for water systems to upgrade their infrastructure and acquire the required technology for fluoridation. Securing funding or grants to support these upgrades is crucial to ensure successful implementation.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
Upgrading three systems with new equipment will allow for community fluoridated water. Fluoride is a mineral that helps prevent tooth decay by strengthening tooth enamel and reducing the risk of cavities. The absence of fluoride in community water supplies can lead to an increased prevalence of dental caries, which can result in pain, infection, and even tooth loss. Additionally, financial constraints hinder water systems from upgrading their infrastructure and acquiring the required technology for fluoridation, which can perpetuate these health disparities.

### **Intervention**

1. One-sentence summary of intervention:  
The MSDH Office of Environmental Health will identify 3 systems who have faulty equipment and/or technology that currently hinders them from adding fluoride to their water.

2. One-paragraph description of intervention:  
The initiative involves targeting three water systems in the state that are currently unable to add fluoride to their water due to faulty equipment or outdated technology. By identifying these specific systems and addressing the issues hindering them from fluoridating their water supply, MSDH aims to improve public health by ensuring more citizens have access to fluoridated water, which is essential for dental health and cavities.
3. Rationale for choosing the intervention:  
According to CDC 2020 data, Mississippi is ranked 36th with a fluoridation rate of 61.1 percent.

### **Activity 1: Create a Tracking System for Upgrades/Maintenance**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, will create a tracking mechanism.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, will create a tracking mechanism to capture water systems in need of upgrades and/or maintenance/repairs. The tracking mechanism will be designed to systematically assess the condition of various water systems based on established criteria, such as age, regulatory compliance, and operational efficiency. The MSDH team will collaborate with the MSDH Epidemiology Department to employ a combination of technologies to streamline the data collection process.

### **Objective 2: Provide Technical Support**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, the MSDH Office of Environmental Health will identify and partner with an institution of higher education to develop a pipeline program focused on training water engineers.
2. Please provide a one-sentence summary of the problem for this objective.  
Mississippi is in urgent need of skilled engineers to ensure the effective implementation and maintenance of water fluoridation systems.
3. Please provide a one-paragraph description of the problem for this objective.  
In Mississippi, there is a pressing need for skilled engineers to ensure the effective implementation and maintenance of water fluoridation systems. The successful operation of water fluoridation systems requires specialized knowledge and expertise in engineering to guarantee that the optimal levels of fluoride are consistently maintained in the water supply. A lack of skilled engineers increases the risk of improper water fluoridation installation and maintenance, which can lead to ineffective protection against tooth decay or potential health risks from overexposure to fluoride.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
Identifying and partnering with an institution of higher education will allow for the development of a curriculum.

## **Intervention**

1. One-sentence summary of intervention:  
The establishment partnership with an institution of higher education.
2. One-paragraph description of intervention:  
This initiative seeks to address the critical need for skilled professionals capable of ensuring the effective implementation and maintenance of water fluoridation systems, which play a vital role in public health by improving dental health outcomes and preventing tooth decay. By collaborating with academia, the MSDH intends to cultivate a workforce equipped with the technical expertise required to navigate the complexities of designing, monitoring, and troubleshooting water fluoridation infrastructure, thereby enhancing community access to optimally fluoridated water supplies.
3. Rationale for choosing the intervention:  
According to CDC 2020 data, Mississippi is ranked 36th with a fluoridation rate of 61.1 percent.

## **Activity 1: Technical Contribution: Guidelines for Contracting with Institution**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the MSDH Office of Environmental Health will create a plan identifying the requirements and protocol for entering a collaboration agreement with the institution.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the MSDH Office of Environmental Health will create a comprehensive plan that delineates the specific requirements and protocols necessary for establishing a collaboration agreement with an institution. This activity aims to establish a clear framework for potential partnerships, outlining the essential steps, criteria, and guidelines that need to be followed by both parties involved in entering into such agreements. The plan will likely encompass aspects such as legal considerations, scope of collaboration, responsibilities of each party, data sharing protocols, confidentiality agreements, dispute resolution mechanisms, and any other pertinent details crucial for ensuring a successful and mutually beneficial partnership between MSDH and external institutions.

## **Objective 3: Water Fluoridation Training/Retraining (CE)**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, the MSDH Office of Environmental Health will distribute instructional materials and conduct professional training to all water operators within local communities of new and existing water fluoridation systems.
2. Please provide a one-sentence summary of the problem for this objective.  
The lack of instructional materials and professional training for water operators within local communities can cause the community to be susceptible to either insufficient or

excessive fluoride levels, which can ultimately directly impact the oral and overall health of the individuals within communities that are served by public water supply.

3. Please provide a one-paragraph description of the problem for this objective.  
Without proper guidance and resources, water operators are susceptible to struggle with effectively monitoring and maintaining appropriate levels of fluoride in the water supply. Improper fluoridation can directly impact public health as optimal levels of fluoride in drinking water are crucial for preventing tooth decay, especially in children. Inadequate training may also result in improper handling of chemicals used in the fluoridation process, posing risks to both the operators' safety and quality of the water being distributed. Furthermore, without access to updated information and best practices, water operators may face challenges in troubleshooting issues that arise with the fluoridation equipment, potentially causing delays or disruptions in service delivery.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
When water operators do not receive adequate training and resources, there is a risk of implementation of water fluoridation systems, leading to inconsistent levels of fluoride in the water supply. This inconsistency may result in suboptimal protection against dental caries, especially among vulnerable populations such as children and low-income individuals who rely on community (public) water sources for their daily fluoride intake.

### **Intervention**

1. One-sentence summary of intervention:  
The MSDH Office of Environmental Health will distribute instructional materials and conduct professional training to all water operators within local communities of new and existing water fluoridation systems.
2. One-paragraph description of intervention:  
The MSDH Office of Environmental Health will distribute comprehensive instructional materials to all water operators within the jurisdiction of new and existing water fluoridation systems. These materials will cover essential topics such as proper installation, maintenance, and monitoring procedures for water fluoridation equipment. In addition to distributing instructional materials, the MSDH Office of Environmental Health will conduct professional training sessions for water operators throughout the specified period. These training sessions will provide hands-on experience and opportunities for participants to ask questions and clarify any doubts they may have about the practical aspects of operating a water fluoridation system. By offering this level of engagement, the MSDH aims to foster a strong understanding of best practices among water operators, ultimately leading to improved public health outcomes through effective water fluoridation programs.
3. Rationale for choosing the intervention:  
By equipping water operators with the necessary knowledge and skills, this intervention initiative will ensure that water operators are well-versed in the proper procedures for

maintaining optimal fluoride levels in the water supply, thereby promoting dental health benefits for residents across the state.

### **Activity 1: Maintenance Training**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Environmental Health and the Division of Water Supply will provide training for water operators of new and existing water fluoridation programs using experienced engineering personnel.
2. One-paragraph description of the Activity:  
Between October 2024 and September 2025, the Office of Environmental Health and the Division of Water Supply will conduct training sessions for water operators involved in both new and existing water fluoridation programs. The training will be facilitated by experienced engineering personnel who possess a deep understanding of water treatment processes. The primary focus of these training sessions will be to equip water operators with the necessary knowledge and skills to maintain a high level of performance within their respective systems. Additionally, participants will be trained on accurately reporting fluoridation data, emphasizing the importance of transparency and compliance with regulatory standards.

### **Objective 4: Encourage New and Motivate Existing Partnerships**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, the Office of Environmental Health, MSDH Water Fluoridation Advisory Board, and Office of Oral Health will identify one new partnership aimed at improving acceptance and support for community water fluoridation.
2. Please provide a one-sentence summary of the problem for this objective.  
A lack of acceptance and support for community water fluoridation in Mississippi can have significant consequences for the oral health of its residents, particularly children and economically disadvantaged populations.
3. Please provide a one-paragraph description of the problem for this objective.  
The absence of acceptance and support for community water fluoridation (CWF) in Mississippi can have detrimental effects on the oral health of its residents, particularly children and economically disadvantaged populations. CWF is a public health measure that has been proven effective in preventing tooth decay by adding small amounts of fluoride to community water supplies. However, despite its widespread acceptance and implementation in many parts of the world, including the United States, some communities in Mississippi continue to resist this evidence-based practice.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
A new partnership to encourage understanding and acceptance of community fluoridation by local public administrators such as MS Rural Water Association, American Water Works Association, MS Municipal League, the MS Dental Association, MS Water and

Pollution Control Operators Association, MS Dental Society, MS Health Advocacy Program, Academy of General Dentistry, American Academy of Pediatrics and the MS Academy of Pediatric Dentists.

### **Intervention**

1. One-sentence summary of intervention:  
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.
2. One-paragraph description of intervention:  
The Office of Environmental Health, MSDH Water Fluoridation Advisory Board, and Office of Oral Health will identify one new partnership with local associations such as the Mississippi Oral Health Coalition Association (MOHCA) to enhance acceptance and support for community water fluoridation. By collaborating with these associations, our agency can inquire about their expertise and influence within the community to advocate for the benefits of water fluoridation.
3. Rationale for choosing the intervention:  
According to CDC 2020 data, Mississippi is ranked 36th with a fluoridation rate of 61.1 percent.

### **Activity 1: Establish New Partnerships and Use of Community Water Fluoridation**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Environmental Health, Bureau of Public Water Supply and Office of Oral Health will hold three (3) meetings of the MSDH Water Fluoridation Advisory Board.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Environmental Health, Bureau of Public Water Supply, and Office of Oral Health will hold three (3) meetings of the MSDH Water Fluoridation Advisory Board to improve the public's acceptance of community water fluoridation. The primary objective of these meetings is to enhance the public's understanding and acceptance of community water fluoridation. By bringing together experts from different sectors, including environmental health, public water supply, and oral health, these partnerships aim to promote the benefits of water fluoridation in improving dental health at a community level. Through strategic planning and coordinated efforts, the Advisory Board seeks to address potential concerns, disseminate accurate information, and engage with stakeholders to ensure the successful implementation and continuation of community water fluoridation programs across Mississippi.

## **HEART DISEASE AND STROKE PREVENTION PROGRAM**

### **Healthy People 2030 Objective:**

Improve cardiovascular health in adults. (HDS-05)

### **Define the State Health Problem this Program will Address**

1. One-sentence summary of the problem this program will address:  
Cardiovascular disease (CVD) is the leading cause of death in Mississippi and a major contributor to healthcare costs, permanent disability, and disparities among Mississippi adults. In addition, this program will address the disproportionate burden of cardiovascular disease on African Americans in Mississippi, specifically prioritizing adults with hypertension, and/or uncontrolled hypertension.
  
2. One-paragraph description of the problem this program will address:  
Mississippi's challenges in eliminating disparities in hypertension and related outcomes is a growing problem, that will require culturally sensitive methods, and diverse partnerships capable of implementing evidence-based programs that promote hypertension risk factor reduction in African Americans. In 2021, the heart disease crude mortality rate for all Mississippians, regardless of race and/or age, was 299.6 cases per 100,000. 43.9% (crude prevalence) of adults self-reported high blood pressure compared to 32.8% (crude prevalence) nationally. High blood pressure prevalence was higher for blacks (49.0%, crude prevalence) compared to whites (42.6%, crude prevalence) and higher among men (45.2%, crude prevalence) compared to women (42.7%, crude prevalence). The stroke mortality rate was 67.2% (crude prevalence) among Mississippians compared to 49.1% (crude prevalence) nationally. Stroke prevalence was higher among women (69.9%, crude prevalence) compared to men (64.4%, crude prevalence).

### **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) by integrating focus on social determinants of health.
  
2. Program Strategy:
  - 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, social service needs, and self-management programs to amplify patients' adherence to healthcare recommendations for hyperlipidemia, hypertension, and diabetes mellitus in community, faith-based, and healthcare settings.
  - c. Prioritize the prevention and management of hypertension and cholesterol as the leading risk factors for cardiovascular disease.
  - d. Assist primary care practices with implementing team-based care for improved cardiovascular health outcomes.
  - e. Facilitate community-clinical collaborations and engagement to leverage resources to address disparities in cardiovascular disease outcomes and risks.
  - f. Address the social support needs for individuals at the greatest risk of developing or disproportionately affected by cardiovascular disease.

- g. 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.
  - h. Identify strategic community partners, stakeholders, and organizations to train as Community Health Advocates to promote cardiovascular disease prevention in priority communities through preventive screenings, health education, and other hypertension risk reduction activities.
3. Primary Strategic Partners: MSDH internal offices and programs, YMCAs, barbershops, community-based organizations, faith-based organizations, healthcare systems, Mayoral Health Councils, American Heart Association, Community Health Centers Association of Mississippi, UMMC Department of Telehealth, federally qualified health centers, public housing units, Jackson Library System.
  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. Event data collection forms will measure the reach of health education activities based on the scope of work. Screening forms will record blood pressure measurements of individuals as well as collect contact information for those who meet the requirements for a follow-up call. All community partner organizations will complete an annual survey to evaluate their satisfaction with the program.

**Objective 1: Increase Knowledge, Awareness, and Education**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, The Heart Disease and Stroke Prevention Program and the Mississippi Delta Health Collaborative staff will implement three (3) evidence-based initiatives to improve hypertension control.
2. Please provide a one-sentence summary of the problem for this objective.  
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.
3. Please provide a one-paragraph description of the problem for this objective.  
In 2021, the heart disease crude mortality rate for all Mississippians, regardless of race and/or age, was 299.6 cases per 100,000. 43.9% (crude prevalence) of adults self-reported high blood pressure compared to 32.8% (crude prevalence) nationally. High blood pressure prevalence was higher for blacks (49.0%, crude prevalence) compared to whites (42.6%, crude prevalence) and higher among men (45.2%, crude prevalence) compared to women (42.7%, crude prevalence). The stroke mortality rate was 67.2% (crude prevalence) among Mississippians compared to 49.1% (crude



prevalence) nationally. Stroke prevalence was higher among women (69.9%, crude prevalence) compared to men (64.4%, crude prevalence).

4. Describe in one paragraph the key health indicator(s) affected by this problem.  
The number of evidence-based initiatives to improve hypertension control.  
Implementing evidence-based initiatives throughout the state will allow the program to address the negative impact of cardiovascular disease.

### **Intervention**

1. One-sentence summary of intervention:  
Implement evidence-based initiatives to improve hypertension control.
2. One-paragraph description of intervention:  
Trained programmatic staff will implement evidence-based initiatives to help individuals prevent, manage, and reduce the risk factors associated with heart disease and stroke. These initiatives maybe in the form of workshops, webinars, and and/or training for participants to participate in.
3. Rationale for choosing the intervention:  
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.

### **Activity 1: Mississippi Alliance for Cardiovascular Health Advisory Board and Learning Collaborative**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, engage Cohort I (at least two (2) healthcare systems) to participate in the MACH Learning Collaborative.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, engage Cohort I (at least two (2) healthcare systems) to participate in the MACH Learning Collaborative aims to support healthcare and community-based organizations in improving health outcomes for individuals with high cardiovascular disease prevalence. It focuses on addressing health inequities, and social determinants, and emphasizes preventing and controlling hypertension and high cholesterol.

### **Activity 2: Self-Monitored Blood Pressure Monitoring**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, implement disease self-measurement education in at least 10 of the 19 counties identified by the Heart Disease and Stroke Prevention Program.

2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, implement disease self-measurement education in at least 10 of the 19 counties identified by the Heart Disease and Stroke Prevention Program as having the highest cardiovascular disease risk in Mississippi. This education should be delivered through churches, community centers, and healthcare systems.

**Activity 3: Community Pharmacy Medication Therapy Management (MTM) /Comprehensive Medication Management (CMM) Initiative**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/202, engage at least nine (9) community pharmacies.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/202, engage at least nine (9) community pharmacies to perform medication therapy management/comprehensive medication management services to individuals in the designated 18 Mississippi Delta counties.

**Objective 2: Increase Knowledge and Awareness**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, implement two (2) Congregational Health Ministry Programs, specifically targeting heart disease risk reduction among African Americans.
2. Please provide a one-sentence summary of the problem for this objective.  
African Americans have a higher prevalence of cardiovascular disease in Mississippi.
3. Please provide a one-paragraph description of the problem for this objective.  
African Americans have a higher prevalence of cardiovascular disease in Mississippi. To reduce cardiovascular disease (CVD), communities must identify the risk factors associated with CVD, emphasizing hypertension, poor diet, physical inactivity, and smoking.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
Improve cardiovascular health and reduce the number of African Americans disproportionately affected by hypertension in Mississippi. Hypertension can go undiagnosed and can lead to fatal outcomes if not treated. Hypertension is also a key indicator that is controllable given awareness, proper treatment, and behavioral changes.

**Intervention**

1. One-sentence summary of intervention:  
Train Community Health Advocates and/or Congregational Health Nurses to establish Congregational Health Ministries and promote cardiovascular health, provide health education, free hypertension, and other preventive screenings to their members and surrounding communities.

2. One-paragraph description of intervention:  
The Congregational Health Ministries will work to reduce risk factors for hypertension and improve heart disease and stroke-related health outcomes through health awareness, education, behavior change strategies, and access to recommended preventive screenings.
3. Rationale for choosing the intervention:  
Provides evidence-based strategies to support a linkage between at risk communities and clinical care.

### **Activity 1: Congregational Health Ministry Program**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, identify two (2) partnering churches to establish a Congregational Health Ministry utilizing trained Community Health Advocates (CHAs) or Congregational Health Nurses (CHNs) to promote cardiovascular health, provide hypertension and other preventive screenings.
2. One-paragraph description of the Activity:  
The Congregational Health Ministries will work to reduce risk factors for hypertension and improve heart disease and stroke-related health outcomes through health awareness, education, behavior change strategies and access to recommended preventive screenings.

### **Objective 2: Reduce the Risk of Cardiovascular Disease**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, implement a Healthy Housing Program with local Housing Authority or income-restricted affordable housing apartment, specifically targeting heart disease risk reduction among African American families.
2. Please provide a one-sentence summary of the problem for this objective.  
African Americans have a higher prevalence of cardiovascular disease in Mississippi.
3. Please provide a one-paragraph description of the problem for this objective.  
African Americans have a higher prevalence of cardiovascular disease in Mississippi. To reduce cardiovascular disease (CVD), communities must identify the risk factors associated with CVD, emphasizing hypertension, poor diet, physical inactivity, and smoking.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
Improve cardiovascular health and reduce the number of African Americans disproportionately affected by hypertension in Mississippi. Hypertension can go undiagnosed and can lead to fatal outcomes if not treated. Hypertension is also a key indicator that is controllable given awareness, proper treatment, and behavioral changes.

### **Intervention**

1. One-sentence summary of intervention:

Train Community Health Advocates and/or Community Health Workers to establish a Healthy Housing Program for low-income families or disabled persons 18 years of age or older and promote cardiovascular health, provide health education, free hypertension and other preventive screenings to their residents.

2. One-paragraph description of intervention:  
The Healthy Housing Program will work to reduce risk factors for hypertension and improve heart disease and stroke related health outcomes through health awareness, education, behavior change strategies and access to recommended preventive screenings.
3. Rationale for choosing the intervention:  
Provides evidence-based strategies to support a linkage between at risk communities and clinical care.

### **Activity 1: Healthy Housing Program**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, identify a local Mississippi Housing Authority agency or independent residential community in the Jackson, MS surrounding area and partner to establish a Healthy Housing Initiative utilizing trained Community Health Advocates (CHAs) or Congregational Health Nurses (CHNs) to promote cardiovascular health, provide hypertension and other preventive screenings.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, identify a local Mississippi Housing Authority agency or independent residential community in the Jackson, MS surrounding area and partner to establish a Healthy Housing Initiative utilizing trained Community Health Advocates (CHAs) or Congregational Health Nurses (CHNs) to promote cardiovascular health, provide hypertension and other preventive screenings.

### **Objective 3: Increase social and community support – Community Health Advisor Networks**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, implement two (2) Community Health Advisor Networks, specifically targeting heart disease risk reduction among African Americans.
2. Please provide a one-sentence summary of the problem for this objective.  
African Americans have a higher prevalence of cardiovascular disease in Mississippi.
3. Please provide a one-paragraph description of the problem for this objective.  
African Americans have a higher prevalence of cardiovascular disease in Mississippi. To reduce cardiovascular disease (CVD), communities must identify the risk factors associated with CVD, emphasizing hypertension, poor diet, physical inactivity, and smoking.

4. Describe in one paragraph the key health indicator(s) affected by this problem.  
Increase positive relationships in the community by supporting, promoting, and linking natural helpers to improve individual, family, and community health

### **Interventions**

1. One-sentence summary of intervention:  
Train Community Health Advocates and establish Community Health Advisor Networks and promote cardiovascular health, provide health education, free hypertension and other preventive screenings to their members and surrounding communities.
2. One-paragraph description of intervention:  
Build capacity and provide a structure through which Community Health Advisors can exchange ideas, provide health education, offer services, and develop programs that facilitate wellness in surrounding communities.
3. Rationale for choosing the intervention:  
Provides evidence-based practices to support a linkage between at risk communities and clinical care.

### **Activity 1: Community Health Advisors Networks (CHANs)**

1. One-sentence summary of the Activity:  
Between 10/24 and 09/25, establish 2 Community Health Advisor Networks (CHAN) with a focus on cardiovascular health promotion and risk reduction.
2. One-paragraph description of the Activity:  
The CHANS help build capacity for implementing monthly educational activities based on national health observances and assist with BP screenings and other heart disease risk reduction activities in partnership with lay community advisors to improve individual, family, and community health.

### **Objective 4: Increase Knowledge on Heart Disease Risk Factors and conduct routine hypertension Screening.**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, implement two (2) hypertension and heart disease reduction education programs, Barbers Reaching Out To Health Educate on Routine Screenings (BROTHERS) and Mayoral Health Councils.
2. Please provide a one-sentence summary of the problem for this objective.  
African Americans have a higher prevalence of cardiovascular disease in Mississippi.
3. Please provide a one-paragraph description of the problem for this objective.  
African Americans have a higher prevalence of cardiovascular disease in Mississippi. To reduce cardiovascular disease (CVD), communities must identify the risk factors

associated with CVD, emphasizing hypertension, poor diet, physical inactivity, and smoking.

4. Describe in one paragraph the key health indicator(s) affected by this problem.  
Improve cardiovascular health and reduce the number of African Americans disproportionately affected by hypertension in Mississippi. Hypertension can go undiagnosed and can lead to fatal outcomes if not treated. Hypertension is also a key indicator that is controllable given awareness, proper treatment, and behavioral changes.

### **Interventions**

1. One-sentence summary of intervention:  
BROTHERS is a BP screening and heart disease education program to identify Black men at risk for hypertension.  
  
Through the Mayoral Health Council, municipalities champion policy changes that facilitate access to physical activity and healthy foods, reduced use of tobacco, and increased smoke-free air.
2. One-paragraph description of intervention:  
The BROTHERS Barbershop Program and Mayoral Health Councils will work to reduce risk factors for hypertension and improve heart disease and stroke-related health outcomes through health awareness, education, behavior change strategies and access to recommended preventive screenings.
3. Rationale for choosing the intervention:  
Provides evidence-based strategies to support a linkage between at-risk communities and clinical care.

### **Activity 1: BROTHERS**

1. One-sentence summary of the Activity:  
Between 10/24 and 09/25, establish 2 BROTHERS Barbershop programs with a focus on cardiovascular health promotion, risk reduction, and education aligned with heart-disease related monthly health observances.
2. One-paragraph description of the Activity:  
Utilizing local barbers and their shops, conduct blood pressure screenings and provide related educational sessions in partnering barbershops to improve community awareness and management of hypertension

### **Activity 2: BROTHERS Barbershop Statewide Summit**

1. One-sentence summary of the Activity:  
Between 10/24 and 09/25, coordinate with the Office of Health Equity, local barbers, and other relevant internal and external partner organizations a statewide Men's Health Summit.

2. One-paragraph description of the Activity:  
Promote and encourage Barbers to understand the importance of ways to prevent cardiovascular disease. A role-play session to guide attendees through what to do in real-life situations of a stroke or a heart attack and how to put the F.A.S.T method into practice actively. Other topics include “Healthy Relationships, Mental Health, Important Preventive Screenings for Men, Stress – The Other Silent Killer, Confess Project with Mental Health, etc. Barbers will also compete in a friendly skills competition to enhance barbering techniques and demonstrate how to incorporate skilled health conversations in their practice.

### **Activity 3: Mayoral Health Councils**

1. One-sentence summary of the Activity:  
Between 09/2024 to 09/2025, establish 2 Mayoral Health Councils.
2. One-paragraph description of the Activity:  
Establish two Mayoral Health Councils to increase community awareness and engagement in heart disease prevention through targeted outreach programs, educational workshops, and screening events.

## **DISTRICT COORDINATED CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION**

### **Healthy People 2030 Objective:**

HO ECBP-D07 Increase the number of community organizations that provide prevention services.

### **Define the State Health Problem this Program will Address**

1. One-sentence summary of the problem this program will address:  
A coordinated and integrated infrastructure is required to address chronic disease and its related risk factors and complications.
2. One-paragraph description of the problem this program will address:  
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.

### **Program Strategy:**

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

2. Program Strategy:
  - 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. Primary Strategic Partners: Health department staff, local elected officials, schools and school districts, head starts, daycares, community-based organizations, faith-based organizations, governmental and non-governmental organizations, non-profit organizations, county planning and development councils
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 toward behavioral outcomes formulated for future activities.

**Objective 1: Building Capacity**

1. Program SMART Objective (this is the SMART Objective at the program level): Between 10/2024 and 09/2025, the Office of Preventive Health (OPH) will implement one operational plan that provides leadership, scope of work, and ongoing 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.
2. Please provide a one-sentence summary of the problem for this objective.  
A coordinated and integrated infrastructure is required to address chronic disease and its related risk factors and complications at the local level.
3. Please provide a one-paragraph description of the problem for this objective.  
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.

4. Describe in one paragraph the key health indicator(s) affected by this problem.  
An operational plan for staff that includes a scope of work and technical assistance on guidance and direction to implement activities.

### **Intervention**

1. One-sentence summary of intervention:  
The Office of Preventive Health will implement an operational plan for Prevention Team staff.
2. One-paragraph description of intervention:  
Implementing an operational plan for the Preventive Team staff will allow for guidance and structure in implementing activities within their assigned counties. The operation plan will provide a scope of work and ongoing assistance to the Prevention Teams.
3. Rationale for choosing the intervention:  
A coordinated and integrated infrastructure is required to address chronic disease and its related risk factors and complications at the local level.

### **Activity 1: Capable and Qualified Workforce**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, The Office of Preventive Health (OPH) will maintain a minimum of seven Community Health Directors.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, The Office of Preventive Health (OPH) will maintain a minimum of seven Community Health Directors. Community Health Directors will increase agency capacity to cultivate community-based health initiatives in Mississippi's three public health regions.

### **Activity 2: Workforce Competencies**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, The Office of Health Promotion and Chronic Disease will partner with the Office of Community Health to provide two (2) trainings on the 10 Essential Public Health Services.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Community Outreach and Education will provide at least one new hire orientation, as needed, for Community Health Directors to

provide an agency overview, and review the scope of work, operational plan, agency strategic plan, and other relevant materials.

### **Activity 3: New Hire Orientation**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, Office of Community Outreach and Education will provide at least one new hire orientation, as needed, for Community Health Directors.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Community Outreach and Education will provide at least one new hire orientation, as needed, for Community Health Directors to provide an agency overview, and review the scope of work, operational plan, agency strategic plan, and other relevant materials.

### **Activity 4: Professional and Regional Training**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, OPH will coordinate and provide at least three professional development trainings for Regional Community Health and Prevention Teams.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, 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, cultural competency 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**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, Community Health and Prevention Teams will identify at least five (5) 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.
2. Please provide a one-sentence summary of the problem for this objective.  
A coordinated and integrated infrastructure is required to address chronic disease and its related risk factors and complications at the local level.

3. Please provide a one-paragraph description of the problem for this objective.  
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.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
The number of 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.

### **Intervention**

1. One-sentence summary of intervention:  
Collaborate with local chronic disease-related coalitions.
2. One-paragraph description of intervention:  
The Community Health and Prevention Teams will identify and collaborate with local chronic disease-related coalitions within their area to leverage opportunities to maximize impact and reach in promoting health, prevention, and control of chronic disease risk factors.
3. Rationale for choosing the intervention:  
A coordinated and integrated infrastructure is required to address chronic disease and its related risk factors and complications at the local level.

### **Activity 1: Professional Training**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Community Health Director and Office of Preventive Health will coordinate at least one training. on community mobilization, engagement, meeting facilitation, and/ or leadership development (i.e., Mayoral Health Council).
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Community Health Director and Office of Preventive Health will coordinate at least one training. on community mobilization, engagement, meeting facilitation, and/ or leadership development (i.e., Mayoral Health Council).

### **Activity 2: Employee Wellness**

1. One-sentence summary of the Activity:

Between 10/2023 and 9/2024, Community Health and Prevention Teams will collaborate with the State Employee Wellness Program, community partners, stakeholders, and/or Active Health to coordinate one (1) worksite wellness event.

2. One-paragraph description of the Activity:  
Between 10/2024 and 9/2025, Community Health and Prevention Teams will collaborate with the State Employee Wellness Program, community partners, stakeholders, and/or Active Health to coordinate one (1) worksite wellness event in their assigned communities to support vendor resource fairs, professional networking and linkage to businesses to support strategies for comprehensive worksite wellness.

### **Activity 3: Municipalities**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, each Community Health and Preventive Team will establish, maintain, and/or reengage at least **one (2)** Mayoral Health Council per region.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, each Community Health and Preventive Team will establish, maintain, and/or reengage at least **one (2)** Mayoral Health Council per region, to adopt policies and implement strategies that increase access to physical activity, and healthy foods, and smoke-free air and other risk factors associated with childhood and adult obesity, diabetes, heart disease, and stroke.

### **Activity 4: Community-Clinical Linkages**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, each Community Health and Preventive Team will conduct at least two (2) self-management evidence-based programs.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, each Community Health and Preventive Teams will conduct at least two (2) Chronic Disease Self-Management Programs (CDSMP), Diabetes Self-Management Program (DSMP) A Matter of Balance (MOB), Cancer Thriving and Surviving and Building Better Caregivers.

### **Activity 5: Community-Clinical Partnerships**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, each Community Health and Prevention Team will develop and implement a plan for recruiting at least **one (1)** local system partner.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, each Community Health and Prevention Team 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, MOB, Cancer

Thriving and Surviving, Building Better Caregivers self-management workshops to increase access to disease prevention and self-management programs.

**Activity 6: Local Health Departments- Diabetes**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, each Prevention Team will conduct a minimum of two (1) DSMES workshops.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, each Prevention Team will conduct a minimum of two (1) DSMES workshops from referrals from the local health departments and communities.

**Activity 7: Healthy Aging**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Healthy Aging will train the Prevention Team.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Healthy Aging will train the Prevention Team on Brain Health Initiatives (Brain Health rack cards).

**Activity 8: Municipalities**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Prevention Team will work with Mayoral Health Councils within their regions.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Prevention Team will promote education and awareness at community events and incorporate within the Mayoral Health Councils.

**Activity 9: Local School Boards**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, each Community Health and Prevention Team will present on the Whole School, Whole Child, and Whole Community Model (WSCC), shared use agreements, and school health index one meeting per region.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, each Community Health and Prevention Team will present on the Whole School, Whole Child, and Whole Community Model (WSCC), shared use agreements, and school health index **at one** meeting per region, 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.

**Activity 10: PSE Development**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Community Health Prevention Team, within each region, will partner with at least one (1) local community.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, 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.

**Activity 11: Needs Assessment**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Community Health Prevention Team, within each region, will conduct at least (1) one assessment per region.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, 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.

**Activity 12: Train the Trainer**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Community Outreach and Education will conduct four (4) evidence-based Leader’s Trainings.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Community Outreach and Education will conduct four (4) evidence-based Leader’s Trainings in: Chronic Disease Self-Management, Diabetes Self-Management, Cancer Thriving, and Surviving and Building Better Caregivers.

**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

## **SCHOOL, WORKSITE, AND COMMUNITY-BASED PREVENTIVE HEALTH**

### **Healthy People 2030 Objective:**

HO EH-D01 Increase the proportion of schools with policies and practices that promote health and safety.

### **Define the State Health Problem this Program will Address**

1. One-sentence summary of the problem this program will address:  
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.
2. One-paragraph description of the problem this program will address:  
In 2021, Mississippi reported 8,841 deaths from heart disease and 1,982 from cerebrovascular disease (stroke). The two combined accounted for 26.3% of all the deaths reported that year and 34% 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 costliest. Findings from the 2021 BRFSS show a majority (72.7%) of MS adults 18 years and older are overweight or obese and, of these, 39.1% 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 (72.5%) reported engaging in physical activity compared to blacks (62.6%). 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.

### **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 Strategy:
  - 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. Primary Strategic Partners: Internal offices and program, State Department of Education, Department of Public Safety, CDC, State Department of Human Services, MS Obesity Council, Governor's Initiative on Physical Fitness
  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, Regional Health 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.

**Objective 1: Evaluate School Health Councils**

1. Program SMART Objective (this is the SMART Objective at the program level): Between 10/2024 and 09/2025, Regional Health Educators and the Office of Community Outreach and Education will collaborate with the Mississippi School Districts to evaluate at least three School Health Councils.
2. Please provide a one-sentence summary of the problem for this objective. There are not many state-level programmatic interventions targeting childhood and adolescent obesity in Mississippi.
3. Please provide a one-paragraph description of the problem for this objective. Childhood and adolescent obesity have become one of the most prevalent health conditions among middle and high school students. According to the state 2021 Youth Risk Behavior Survey (YRBS) data, 41.7% of high school students are either obese (23.2%) or overweight (18.5%). 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 (255.3/100,000 population, ranked #2 in the US) and diabetes (42.1/100,000 population, ranked #2 in the 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, 2021). 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.

4. Describe in one paragraph the key health indicator(s) affected by this problem.  
The number of school health councils that will assist the Mississippi State Department of Health in improving the nutrition and health habits of Mississippi's students and ensure that Mississippi's schools maintain safe and healthy environments by utilizing wellness plans.

### **Intervention**

1. One-sentence summary of intervention:  
The Office of Community Outreach and Education will evaluation school health councils.
2. One-paragraph description of intervention:  
The Office of Community Outreach and Education will evaluation school health councils to ensure councils are implementing activities that will have an impact on the nutrition and health habits of Mississippi's students. In additional, ensure wellness plans are developed and implemented.
3. Rationale for choosing the intervention:  
There are not many state-level programmatic interventions targeting childhood and adolescent obesity in Mississippi.

### **Activity 1: School Assessment Tools**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Community Outreach and Education will implement and or evaluate wellness policies in at least two (2) School Health Councils.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Community Outreach and Education, in collaboration with School Administration will implement and or evaluate wellness policies in at least two (2) School Health Councils.

### **Activity 2: In-Service Training**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/25, the Office of Community Outreach and Education will provide staff with at least One (1) in-service training.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/25, the Office of Community Outreach and Education will provide staff with at least One (1) in-service training program on health-related issues.

### **Activity 3: School Health Council Technical Assistance**

1. One-sentence summary of the Activity:

Between 10/2024 and 09/2025, Regional Health Educators will provide technical assistance to a minimum of two (2) School Health Councils.

2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, Regional Health Educators will participate and provide technical assistance to a minimum of two (2) School Health Councils.

### **Objective 2: Mississippi School Districts**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, the Office of Community Outreach and Education, in collaboration with Mississippi School Administrators 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.
2. Please provide a one-sentence summary of the problem for this objective.  
There are not many state-level programmatic interventions targeting childhood and adolescent obesity in Mississippi.
3. Please provide a one-paragraph description of the problem for this objective.  
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.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
The number of schools to implement Whole School, Whole Community, and Whole Child Model.

### **Intervention**

1. One-sentence summary of intervention:  
The Office of Community Outreach and Education will assist schools in implementing Whole School, Whole Community, and Whole Child Model.
2. One-paragraph description of intervention:  
The Office of Community Outreach and Education will assist schools in implementing Whole School, Whole Community, and Whole Child Model. The Bureau will collaborate to assist schools in developing wellness plans to implement the model.
3. Rationale for choosing the intervention:

There are not many state-level programmatic interventions targeting childhood and adolescent obesity in Mississippi.

### **Activity 1: School Health Collaboration**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Community Outreach and Education will collaborate and provide technical assistance with a minimum of three (3) schools.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Community Outreach and Education will collaborate and provide technical assistance with a minimum of three (3) schools to assist with the completion and submission of the School Health Index.

### **Activity 2: School Health Policies**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Community Outreach and Education will conduct a minimum of one (1) training per region with schools and school districts.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Community Outreach and Education will conduct a minimum of one (1) training per region with schools and school districts in the initiation of policy and environmental changes to support the implementation of School Health activities.

### **Objective 3: Mini-grants**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, the Office of Community Outreach and Education will award at least two (2) mini-grants to schools to implement and adopt evidence-based, best practices for school health (i.e., shared use agreements, policy adoption for physical activity and nutrition).
2. Please provide a one-sentence summary of the problem for this objective.  
There are not many state-level programmatic interventions targeting childhood and adolescent obesity in Mississippi.
3. Please provide a one-paragraph description of the problem for this objective.  
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.

4. Describe in one paragraph the key health indicator(s) affected by this problem.  
The number of mini grants in place to assist schools and school districts in the initiation of policy and environmental changes.

### **Intervention**

1. One-sentence summary of intervention:  
The Office of Community Outreach and Education will develop mini grants and provide funding to schools and/or school districts.
2. One-paragraph description of intervention:  
The Office of Community Outreach and Education will develop mini grants and provide funding to schools and/or school districts that will allow support to complete the School Health Index.
3. Rationale for choosing the intervention:  
There are not many state-level programmatic interventions targeting childhood and adolescent obesity in Mississippi.

### **Activity 1: Provide Technical Assistance**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Community Outreach and Education and Regional Health Educators will provide technical assistance to at least two (2) awarded schools.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Community Outreach and Education and Regional Health Educators will provide technical assistance to at least two (2) awarded schools on how to implement and sustain PSE strategies within their local communities.

### **Objective 4: Early Childhood Education**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2025, the Preventive Health Teams will identify two early childhood education (ECE) to implement best practices and education programs (i.e. Go NAPSACC).
2. Please provide a one-sentence summary of the problem for this objective.  
There are not many state-level programmatic interventions targeting childhood and adolescent obesity in Mississippi.
3. Please provide a one-paragraph description of the problem for this objective.  
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.

4. Describe in one paragraph the key health indicator(s) affected by this problem.  
The number of early childhood education (ECE) that will implement best practices and education programs (i.e. Go NAPSACC).

### **Intervention**

1. One-sentence summary of intervention:  
The Preventive Health Teams will identify two early childhood education (ECE) to work.
2. One-paragraph description of intervention:  
The Preventive Health Teams will identify two early childhood education to work to encourage best practices and education programs such as Go NAPSACC. Go NAPSACC is a evidence-based self-assessment tool that helps support improvements to child care environments that foster healthy eating, physical activity and overall development in children.
3. Rationale for choosing the intervention:  
There are not many state-level programmatic interventions targeting childhood and adolescent obesity in Mississippi.

### **Activity 1: Recruitment**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Community Health Educator will recruit at least two (2) early childhood education (ECE) programs.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Community Health Educator will recruit at least two (2) early childhood education (ECE) programs to participate In the social/emotional health module pilot for Go NAPSACC new Social/Emotional Health module (i.e., Go NAPSACC).

### **Healthy People 2030 Objective:**

EMC-D03 Increase the proportion of children who participate in high-quality early childhood education programs.

### **Define the State Health Problem this Program will Address**

1. One-sentence summary of the problem this program will address:  
Approximately 75% of children under six participating in organized childcare, where they spend several hours daily, consume meals, and engage in physical activities that are crucial for developing healthy habits and preventing obesity, a significant issue in

Mississippi, which leads the nation in obesity rates with 13.72% prevalence among preschoolers, disproportionately affecting low-income families and resulting in serious health conditions like hypertension and Type II Diabetes, thus highlighting the importance of preschool interventions in addressing the obesity crisis.

2. One-paragraph description of the problem this program will address:  
Early childhood is an important time for developing dietary and physical activity behaviors that support health and well-being and establishing habits that can prevent obesity. Poor nutrition and low physical activity levels affect overall health and are significant risk factors for obesity and other chronic diseases. According to the Centers for Disease Control and Prevention (CDC), Mississippi bears a disproportionate chronic disease burden and leads the nation in the obesity epidemic. According to the 2014-2015 SPIRIT State Agency Model, the prevalence of obesity among Mississippi preschoolers was 13.72%. Overall, the prevalence among kids aged 4–5 (16.1%) was higher than among kids aged 2–3 (11.9%). Obesity is associated with serious health risks and disproportionately affects children from low-income families. Pediatricians are now treating children with hypertension and Type II Diabetes, caused by obesity. Interventions at the preschool age are critical to effectively addressing this obesity crisis in Mississippi.

### **Objective 1: Early Childhood Education (ECE) Provider Recruitment**

1. Program SMART Objective (this is the SMART Objective at the program level):  
The Office of Community and School Health will recruit 25 ECE providers to participate in statewide Go NAPSACC implementation.
2. Please provide a one-sentence summary of the problem for this objective.  
Early childhood is an important time for developing dietary and physical activity behaviors that support health and well-being and establishing habits that can prevent obesity.
3. Please provide a one-paragraph description of the problem for this objective.  
Many working families rely on Early Childhood Education (ECE) programs to provide quality care to their children during the work week. Approximately 75% of children younger than six years of age participate in some form of organized childcare outside the home, such as family childcare homes, childcare centers, or Head Start. Many children spend several hours per day in ECE programs and may consume several of their meals in these settings. These programs also provide opportunities for children to engage in structured and unstructured physical activity throughout the day.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
The number of Early Childhood Education providers that implement Go NAPSACC.

### **Intervention**

1. One-sentence summary of intervention:  
Recruiting Early Childhood Education providers to implement Go NAPSACC.

2. One-paragraph description of intervention:  
The Office of Community and School Health will recruit Early Childhood Education providers to implement Go NAPSACC. Go NAPSACC is an evidence-based self-assessment tool that helps support improvements to childcare environments that foster healthy eating, physical activity, and overall development in children.
3. Rationale for choosing the intervention:  
Go NAPSACC works with childcare providers to improve the health of young children through practices, policies, and environments that instill habits supporting lifelong health and well-being.

**Activity 1: Early Childhood Education Provider Training**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Community and School Health will conduct at least three (3), “What is Go NAPSACC” training.
2. One-paragraph description of the Activity:  
Between, 10/2024 and 09/2025, the Office of Community and School Health will conduct at least three (3), “What is Go NAPSACC” training to ECE providers (i.e., MS Early Childhood Association, Child and Adult Care Food Program, MS Head start Association, Excel by Five)

**Activity 2: Preventive Health Teams Refresher Training**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Community and School Health will provide a minimum of (one) 1 refresher training.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Community and School Health will provide a minimum of (one) 1 refresher training with the Regional Community Health Educators on the Go NAPSACC program.

**Activity 3: Technical Assistant Consultant Meetings**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Community & School Health will provide a minimum of (three) 3 meetings.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Community & School Health will provide a minimum of (three) 3 meetings with all trained Go NAPSACC technical assistant consultants to address national updates, answer questions, and discuss challenges.

**Activity 4: Best Practice Trainings**

1. One-sentence summary of the Activity:

Between 10/2024 and 09/2025, the Office of Community and School Health will conduct a minimum of three (3) trainings.

2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Community and School Health will conduct a minimum of three (3) trainings to assist early care and education programs on best practices (i.e., Nutrition, Breastfeeding Physical Activity, Farm to ECE, and Farm to School).

**Activity 5: Coalition Meetings**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Community & School Health will host a minimum of two (2) statewide coalition meetings.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Bureau of Community & School Health will host a minimum of two (2) statewide coalition meetings

**Activity 6: Recognition Program**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Community and School Health will identify community partners and implement at least 2 strategies.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Community and School Health will identify community partners and implement at least 2 strategies identified within the Statewide action plan for Obesity Prevention in the ECE setting (i.e., Farm to ECE, Farm to School & ECE Recognition Program).

**Activity 7: Subcommittee Meetings**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Community & School Health will host a minimum of three (3) subcommittee meetings.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Community & School Health will host a minimum of three (3) subcommittee meetings to determine which centers will be honored through the Golden Magnolia recognition program.

**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

**AGE-APPROPRIATE AND CHILD-RESTRAINT USE**

**Healthy People 2030 Objective:**

HO IVP-07 Reduce the proportion of deaths of car passengers who weren't buckled in

**Define the State Health Problem this Program will Address**

1. One-sentence summary of the problem this program will address:  
 The amount of passenger vehicle occupant death rates is 3.6 nationally compared to about 8.4 in Mississippi children ranging from 0- 15 in age.
  
2. One-paragraph description of the problem this program will address:  
 According to the Mississippi Department of Transportation, 1 out of 2 passengers experience fatalities from a car crash and it's due to not being properly restrained. In 2021, nationally, 1,184 child passengers ages 14 and younger were killed in motor vehicle crashes. 308 children within that same age range were reported to have died as motor vehicle passengers, having not used restraints or having been improperly restrained by an adult/caregiver/etc. In 2021, within the age range of 0-15, 131 Mississippi child unbelted injuries were reported, and 6 Mississippi children succumbed to injuries of

unbelted fatalities. The amount of passenger vehicle occupant death rates is 3.6 nationally compared to about 8.4 in Mississippi children ranging from 0- 15 in age.

**Program Strategy:**

1. Program Goal(s): Reduce the number of injuries and deaths in children ages 0-9 years old that occur as a result of being improperly restrained or unrestrained in a child restraint device system, a belt positioning booster seat system, or safety belt system in the event of a motor vehicle crash on Mississippi roadways.
2. Program Strategy: Provide education on child passenger safety, including correct installation of child restraints.
3. Primary Strategic Partners: Canopy Children’s Solutions, Hattiesburg Police Department, Mississippi Department of Human Services, University of Mississippi Medical Center- Pediatric Infectious Diseases Ryan White Ctr., Magnolia Medical Foundation South Central Regional Medical Center, G.A Carmichael, Mississippi Immigrants’ Rights Alliance, and University of Southern MS, The Children’s Center
4. Evaluation Methodology: Pre/Post Surveying

**Objective 1: Child Safety Technical Assistance**

1. Program SMART Objective (this is the SMART Objective at the program level): Between 10/2024 and 09/2025, the Injury and Violence Prevention Division will provide statewide updates to child passenger safety technicians quarterly on activities and share car safety seat recall information with CPSTs.
2. Please provide a one-sentence summary of the problem for this objective. According to the Mississippi Department of Transportation, 1 out of 2 passengers experience fatalities from a car crash and it’s due to not being properly restrained.
3. Please provide a one-paragraph description of the problem for this objective. In 2021, within the age range of 0-15, 131 Mississippi child unbelted injuries were reported, and 6 Mississippi children succumbed to injuries of unbelted fatalities. The amount of passenger vehicle occupant death rates is 3.6 nationally compared to about 8.4 in Mississippi children ranging from 0- 15 in age.
4. Describe in one paragraph the key health indicator(s) affected by this problem. Quarterly updates to child passenger safety technicians on activities and safety.

**Intervention**

1. One-sentence summary of intervention: The Injury and Violence Prevention Division will provide quarterly updates to child passenger safety technicians.
2. One-paragraph description of intervention:

The quarterly updates will update child passenger technicians on child passenger safety events across the state, car seat safety recall information, discuss challenges and or barriers. The updates will be provided via email, in-person, an/or virtual.

3. Rationale for choosing the intervention:  
The amount of passenger vehicle occupant death rates is 3.6 nationally compared to about 8.4 in Mississippi children ranging from 0- 15 in age.

### **Activity 1: Certification**

1. One-sentence summary of the Activity:  
Between 10/2023 and 09/2024, the Injury and Violence Prevention Division will conduct four Child Passenger Safety Technician (CPST) training courses.
2. One-paragraph description of the Activity:  
Between 10/2023 and 09/2024 the Injury and Violence Prevention Division will conduct four Child Passenger Safety Technician (CPST) training courses to certify and/or recertify Regional Health Educators and selected local health department staff to increase the number of Child Passenger Safety Technicians and inspection stations available in Mississippi communities.

### **Activity 2: Public Health District Meetings**

1. One-sentence summary of the Activity:  
Between 10/2023 and 09/2024, the Injury and Violence Prevention Division will provide basic child passenger education presentations at two annual District Staff Meetings within the Mississippi State Department of Health.
2. One-paragraph description of the Activity:  
Between 10/2023 and 09/2024, the Injury and Violence Prevention Division will provide basic child passenger education presentations on the reduction of intentional and unintentional injuries at two annual District Staff Meetings within the Mississippi State Department of Health.

### **Objective 2: Establish and Continue Partnerships**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2023 and 09/2024, the Injury and Violence Prevention Division will establish two new partnerships with external local and state agencies to coordinate statewide injury prevention activities and initiatives through the support of contracts for active, certified child passenger safety technicians (CPSTs).
2. Please provide a one-sentence summary of the problem for this objective.  
According to the Mississippi Department of Transportation, 1 out of 2 passengers experience fatalities from a car crash and it's due to not being properly restrained.
3. Please provide a one-paragraph description of the problem for this objective.  
In 2021, within the age range of 0-15, 131 Mississippi child unbelted injuries were reported, and 6 Mississippi children succumbed to injuries of unbelted fatalities. The

amount of passenger vehicle occupant death rates is 3.6 nationally compared to about 8.4 in Mississippi children ranging from 0- 15 in age.

4. Describe in one paragraph the key health indicator(s) affected by this problem.  
Number of new partnerships.

### **Intervention**

1. One-sentence summary of intervention:  
The Injury and Violence Prevention Division will establish new partnerships.
2. One-paragraph description of intervention:  
The establishment of new partnerships will increase capacity across the state of organizations to coordinate statewide injury prevention activities and initiatives.
3. Rationale for choosing the intervention:  
The Occupant Protection Program provides education on child passenger safety, including the correct installation of child restraints.

### **Activity 1: Elementary Schools**

1. One-sentence summary of the Activity:  
Between 10/2023 and 09/2024, the Injury and Violence Prevention Division will partner with at least one local elementary school.
2. One-paragraph description of the Activity:  
Between 10/2023 and 09/2024, the Injury and Violence Prevention Division will partner with at least one local elementary school to facilitate motor vehicle and prevention presentations to students within each Public Health Region.

### **Activity 2: Local Departments of Public Safety**

1. One-sentence summary of the Activity:  
Between 10/2023 and 09/2024, the Injury and Violence Prevention Division will partner with at least two (2) local police departments.
2. One-paragraph description of the Activity:  
Between 10/2023 and 09/2024, Injury and Violence Prevention Division 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.

### **Activity 3: Mississippi Department of Public Safety (MDPS)**

1. One-sentence summary of the Activity:  
Between 10/2023 and 09/2024, the Injury and Violence Prevention Division will partner with the Mississippi Department of Public Safety (MDPS) to conduct at least one school-based occupant protection activity.
2. One-paragraph description of the Activity:

Between 10/2023 and 09/2024, the Injury and Violence Prevention Division will partner with the Mississippi Department of Public Safety (MDPS) to conduct at least one school-based occupant protection activity for preteens and teens ages 12-15 years that promote seat belt usage and safe driving habits.

#### **Activity 4: Mississippi Office of Highway Safety and Safe Kids Gulf coast**

1. One-sentence summary of the Activity:  
Between 10/2023 and 09/2024, the Injury and Violence Prevention Division will collaborate with the Mississippi Office of Highway Safety and Safe Kids Gulf Coast to conduct at least two (2) child safety seat checkpoints.
2. One-paragraph description of the Activity:  
Between 10/2023 and 09/2024, the Injury and Violence Prevention Division will collaborate with the Mississippi Office of Highway Safety and Safe Kids Gulf Coast to conduct at least two (2) child safety seat checkpoints in the state.

#### **Objective 3: Increase Child Safety Seat Awareness**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2023 and 09/2024, the Injury and Violence Prevention Division will continue to cultivate cooperative relationships to support state child passenger safety activities in the nine (9) Public Health Districts.
2. Please provide a one-sentence summary of the problem for this objective.  
According to the Mississippi Department of Transportation, 1 out of 2 passengers experience fatalities from a car crash and it's due to not being properly restrained.
3. Please provide a one-paragraph description of the problem for this objective.  
In 2021, within the age range of 0-15, 131 Mississippi child unbelted injuries were reported, and 6 Mississippi children succumbed to injuries of unbelted fatalities. The amount of passenger vehicle occupant death rates is 3.6 nationally compared to about 8.4 in Mississippi children ranging from 0- 15 in age.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
Public Health Districts in the state

#### **Intervention**

1. One-sentence summary of intervention:  
The Injury and Violence Prevention Division will cultivate cooperative relationships in all Public Health Districts.
2. One-paragraph description of intervention:  
Cultivating relations allow for the increase of awareness of car seat safety and increase the capacity of child passenger safety technicians. Allows for discussion on barriers, challenges, updates, and expansion of activities and events.
3. Rationale for choosing the intervention:

The amount of passenger vehicle occupant death rates is 3.6 nationally compared to about 8.4 in Mississippi children ranging from 0- 15 in age.

**Activity 1: Child Passenger Safety Presentations**

1. One-sentence summary of the Activity:  
Between 10/2023 and 09/2024, the Injury and Violence Prevention Division will conduct at least twelve (12) child passenger safety presentations.
2. One-paragraph description of the Activity:  
Between 10/2023 and 09/2024, the Injury and Violence Prevention Division 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.

**Activity 2: Child Safety Seat Checkpoints**

1. One-sentence summary of the Activity:  
Between 10/2023 and 09/2024, the Injury and Violence Prevention Division and its partners will conduct at least twelve (12) checkpoints.
2. One-paragraph description of the Activity:  
Between 10/2023 and 09/2024, the Injury and Violence Prevention Division and its 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.

**Activity 3: Purchase Child Safety Seats**

1. One-sentence summary of the Activity:  
Between 10/2023 and 09/2024, the Injury and Violence Prevention Division in coordination with the Prevention Health Teams will purchase and distribute 400 child passenger seats.
2. One-paragraph description of the Activity:  
Between 10/2023 and 09/2024, the Injury and Violence Prevention Division in coordination with the Prevention Health Teams will purchase and distribute 400 child passenger seats to families who may not be able to afford securable child safety seats through neighborhood and insurance partnerships. 61% of block funds will be contributed to purchasing child restraints.

**PARTICIPATION IN EMPLOYER-SPONSORED HEALTH PROMOTION**

**Healthy People 2030 Objective:**

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

## **Define the State Health Problem this Program will Address**

1. One-sentence summary of the problem this program will address:  
Worksite wellness programs are needed in Mississippi because of Heart disease, obesity, hypertension, diabetes, and physical inactivity.
2. One-paragraph description of the problem this program will address:  
Of the 250,000 (20%) state employees who make up the state's workforce, many state agencies do not offer a worksite wellness program. Heart Disease: In 2022, Mississippi reported 8,862 deaths from heart disease and 1,943 from cerebrovascular disease (stroke). Obesity: According to BRFSS 2022, most (72.2%) of Mississippi adults (18 years and older) are overweight or obese, and, of these, 39.5% are obese, making Mississippi one of the most obese states. Hypertension: Hypertension (high blood pressure) is a major risk factor for coronary heart disease (CHD), heart failure, and stroke. In 2021, 44% of Mississippi adults self-reported high blood pressure. Diabetes: According to the 2022 MS BRFSS survey, 15.3% of all respondents reported being told by a doctor that they have diabetes. This is a 3.7% difference compared to the national prevalence of 11.6%. Physical Inactivity In 2022, 31.9% of Mississippi adults reported that they were not engaged in physical activity in the past 30 days (BRFSS 2022).

## **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 Strategy:
  - 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.
3. Primary Strategic Partners: Internal partners, Governor's Initiative on Physical Fitness, CDC, MS Obesity Council, State Agency Wellness Champions
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, Regional Health 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.

### **Objective 1: Increase Employee Health Awareness**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2023 and 09/2024, the State Employee Wellness Program (SEWP), which is a 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.
2. Please provide a one-sentence summary of the problem for this objective.  
Worksite wellness programs are needed in Mississippi because of Heart disease, obesity, hypertension, diabetes and physical inactivity
3. Please provide a one-paragraph description of the problem for this objective.  
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.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
The number of state agencies to increase worksite wellness.

### **Intervention**

1. One-sentence summary of intervention:  
The Worksite Wellness Coordinator will provide technical assistance to state agencies to increase worksite wellness participation.
2. One-paragraph description of intervention:  
The Worksite Wellness Coordinator will provide technical assistance to state agencies to increase worksite wellness participation. This will allow the development of analysis and of surveys.
3. Rationale for choosing the intervention:  
Worksite wellness programs are needed in Mississippi because of Heart disease, obesity, hypertension, diabetes, and physical inactivity

### **Activity 1: Needs Assessment**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the State Employee Wellness Program (SEWP), will conduct at least one (1) annual needs assessment.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the State Employee Wellness Program (SEWP), will conduct at least one (1) annual needs assessment to state agency employees to gather information about factors that support and/or hinder the health of employees at a particular workplace and identify potential opportunities to improve or address them.



### **Activity 2: Wellness Committee Meetings**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the SEWP conduct at least three (3) wellness committee meetings.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the SEWP conduct at least three (3) wellness committee meetings to communicate, participate, motivate, and support the organization’s worksite wellness program in order to:  
n Create a healthy worksite and a culture of wellness  
n Foster collaboration and enthusiasm among employees and  
n Provide a communication “link” between employees and management.

### **Activity 3: Worksite Wellness Event**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the SEWP in collaboration with the Diabetes Prevention and Control Program and other partners will host **at least one (1) event**.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the SEWP in collaboration with the Diabetes Prevention and Control Program and other partners will host **at least one (1) event for** state agency employees promoting overall health and wellness.

### **Activity 4: Technical Assistance**

1. One-sentence summary of the Activity:  
Between 10/2023 and 09/2024, the SEWP will provide technical assistance to at least two (2) state agencies.
2. One-paragraph description of the Activity:  
Between 10/2023 and 09/2024, the SEWP will provide technical assistance to at least two (2) state agencies in developing worksite wellness strategic plans.

### **Activity 5: In-services/Training Sessions**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025 the SEWP will conduct **at least two (2)** training, seminar, webinar and/or health event with participating agencies that participate in the State Employee Wellness Program.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the SEWP will conduct **at least two (2)** 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.

## SEXUAL ASSAULT SERVICES, PREVENTION AND EDUCATION

**Healthy People 2030 Objective:** Reduce contact sexual violence by anyone across the lifespan (IVP-D05)

### Define the State Health Problem this Program will Address

1. One-sentence summary of the problem this program will address:  
The Administration for Children and Families, Administration on Children, Youth and Families, and Children's Bureau stated there were 5,788 cases of child sexual abuse in the Mississippi foster care system in 2023. The National Children's Alliance: National Statistics Report in 2023 stated that 3,240 children were sexually abused in Mississippi.
2. One-paragraph description of the problem this program will address:  
There is not one agency, organization, or clearinghouse that holds the complete statistical report for all of the children who have been sexually abused in Mississippi. As noted above, there are parts of the population that have statistics such as the foster care system, but there is not one place that will give the complete picture of sexual abuse in Mississippi. The project that is in this work plan will provide a section of data for the state.

### Program Strategy:

1. Program Goal(s):
  - a. Provide a sexual assault prevention program to children who are part of an unserved or under-served population.
  - b. Within 5 years, data will show a decrease of sexual violence in the served area(s).
2. Program Strategy: MSDH will contract with one organization serving a population of individuals who are at high risk for sexual violence and who are under or unserved. MSDH will continue to implement activities to enhance the capacity to measure the successful delivery of sexual assault primary prevention measures in local communities as well as the new service to high-risk, under or unserved individuals. Funding will supplement the Rape Prevention and Education funding available to the state of Mississippi for prevention purposes.
3. Primary Strategic Partners: Boys and Girls Club of the Mississippi Delta
4. Evaluation Methodology: Due to the type of activities, we are proposing, we will conduct process evaluation (How are we doing?) as well as outcome evaluation (What impact are we having?).

### Objective 1: Partnership Building

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 09/2024, develop one partnership serving high-risk populations for sexual violence to under or unserved children in the Mississippi Delta.

2. Please provide a one-sentence summary of the problem for this objective.  
The National Children's Alliance: National Statistics Report in 2023 stated 3,240 children were sexually abused in Mississippi.
3. Please provide a one-paragraph description of the problem for this objective.  
There is not one agency, organization, or clearinghouse that holds a complete statistical report for all of the children who have been sexually abused in Mississippi. There are parts of the population that have statistics such as the foster care system, but there is not one place that will give the complete picture of sexual abuse in Mississippi.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
There are a limited number of sexual assault centers in Mississippi that spend most of their time working with high-risk, under or unserved populations, especially children.

### **Intervention**

1. One-sentence summary of intervention:  
Develop a contract to partner with an organization to provide services for the population at high risk for sexual violence.
2. One-paragraph description of intervention:  
The program will identify an organization to partner with to implement a sexual assault prevention program for children who are part of an unserved or under-served population. Once identified the program will develop a contract with a scope of work to ensure activities and services are being provided for the population at risk.
3. Rationale for choosing the intervention:  
There are a limited number of sexual assault centers in Mississippi that spend most of their time working with high-risk, under or unserved populations.

### **Activity 1: Establish Subgrant**

1. One-sentence summary of the Activity:  
Between 10/2024 and 9/2025, the Office of Assault and Interpersonal Violence will establish a subgrant with one organization.
2. One-paragraph description of the Activity:  
Between 10/2024 and 9/2025, the Office of Assault and Interpersonal Violence will establish a subgrant with one organization to implement a sexual assault prevention program for children who are part of an unserved or under-served population.

### **Objective 2: Partnership Coordination**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 9/2025, the Office of Assault and Interpersonal Violence will coordinate with the identified organization to implement an evidence-based sexual

assault primary prevention curriculum or intervention for children who are part of an unserved or under-served population.

2. Please provide a one-sentence summary of the problem for this objective.  
The National Children’s Alliance: National Statistics Report in 2023 stated that 3,240 children were sexually abused in Mississippi.
3. Please provide a one-paragraph description of the problem for this objective.  
There is not one agency, organization, or clearinghouse that holds a complete statistical report for all of the children who have been sexually abused in Mississippi. There are parts of the population that have statistics such as the foster care system, but there is not one place that will give the complete picture of sexual abuse in Mississippi.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
There are a limited number of sexual assault centers in Mississippi that spend most of their time working with high-risk, under or unserved populations, especially children.

### **Intervention**

1. One-sentence summary of intervention:  
Identify an evidence-based sexual assault primary prevention curriculum or intervention
2. One-paragraph description of intervention:  
The Office of Assault and Interpersonal Violence will work with an organization to identify an evidence-based sexual assault primary prevention curriculum or intervention for high-risk populations for sexual violence to under or unserved children.
3. Rationale for choosing the intervention:  
There are limited sexual assault centers in Mississippi that spend most of their time working with high-risk, under or unserved populations.

### **Activity 1: Identify an Evidence-based Curriculum or Intervention**

1. One-sentence summary of the Activity:  
Between 10/2024 and 9/2025, the Office of Assault and Interpersonal Violence will collaborate with the identified organization to identify an evidence-based curriculum or intervention.
2. One-paragraph description of the Activity:  
Between 10/2024 and 9/2025, the Office of Assault and Interpersonal Violence will collaborate with the identified organization to identify an evidence-based curriculum or intervention to implement at various sites in the Mississippi Delta.

### **Activity 2: Identify Intervention Sites**

1. One-sentence summary of the Activity:  
Between 10/2024 and 9/2025, the Office of Assault and Interpersonal Violence will work with the identified organization to identify sites.

2. One-paragraph description of the Activity:  
Between 10/2024 and 9/2025, the Office of Assault and Interpersonal Violence will work with the identified organization to identify sites to implement the evidenced-based curriculum or intervention in the Mississippi Delta.

### **Activity 3: Technical Assistance**

1. One-sentence summary of the Activity:  
Between 10/2024 and 9/2025, the Office of Assault and Interpersonal Violence will provide technical support and assistance to the identified organization.
2. One-paragraph description of the Activity:  
Between 10/2024 and 9/2025, the Office of Assault and Interpersonal Violence will provide technical support and support to the identified organization in their efforts to effectively use a CDC social ecological model, implement the sexual assault primary prevention-based program, and utilization of the STOP Sexual Violence tool kit.

### **Objective 3: Evaluation Plan**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2024 and 9/2025, the Office of Assault and Interpersonal Violence will work with the identified organization to develop an evaluation plan for a sexual assault primary prevention curriculum or intervention.
2. Please provide a one-sentence summary of the problem for this objective.  
The National Children's Alliance: National Statistics Report in 2023 stated that 3,240 c children were sexually abused in Mississippi.
3. Please provide a one-paragraph description of the problem for this objective.  
There is not one agency, organization, or clearinghouse that holds a complete statistical report for all of the children who have been sexually abused in Mississippi. There are parts of the population that have statistics such as the foster care system, but there is not one place that will give the complete picture of sexual abuse in Mississippi.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
There are a limited number of sexual assault centers in Mississippi that spend most of their time working with high-risk, under or unserved populations, especially children.

### **Intervention**

1. One-sentence summary of intervention:  
Develop an evaluation plan for the sexual assault primary prevention curriculum or intervention.
2. One-paragraph description of intervention:  
The Office of Assault and Interpersonal Violence will work with the identified

organization to develop an evaluation plan for the sexual assault primary prevention curriculum or intervention. The Team will decide on key components and questions to be addressed.

3. Rationale for choosing the intervention:  
There are limited sexual assault centers in Mississippi that spend most of their time working with high-risk, under or unserved populations.

#### **Activity 1: Data Collection Plan**

1. One-sentence summary of the Activity:  
Between 10/2024 and 09/2025, the Office of Assault and Interpersonal Violence will collaborate with the identified organization to collect primary and secondary data.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the Office of Assault and Interpersonal Violence will collaborate with the identified organization to collect primary and secondary data from various sources. A fillable datasheet will be created to collect data on the identified indicators; to solicit data on contextual factors such as changes in policies in the community or factors that impacted the ability to implement the programming and additional data that can be used to demonstrate effectiveness.

#### **Activity 2: Data Tracking**

1. One-sentence summary of the Activity:  
Between 10/2024 and 9/2025, the Office of Assault and Interpersonal Violence staff will track publicly available state and local level data.
2. One-paragraph description of the Activity:  
Between 10/2024 and 9/2025, the Office of Assault and Interpersonal Violence will track publicly available state and local level data. This will allow the identification of state risk and protective factors for sexual violence that may align with the prevention strategies

#### **Activity 3: Technical Assistance**

1. One-sentence summary of the Activity:  
Between 10/2024 and 9/2025, the Office of Assault and Interpersonal Violence will collaborate with the identified organization to develop an evaluation plan for the evidence-based curriculum or intervention.
2. One-paragraph description of the Activity:  
Between 10/2024 and 9/2025, the Office of Assault and Interpersonal Violence will collaborate with the identified organization to develop an evaluation plan for the evidence-based curriculum or intervention.

DRAFT