

## 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:  
Underserved populations encounter obstacles to health when seeking support from public and community services.
2. One-paragraph description of the problem this program will address:  
Equipping professionals with training on the value of culturally responsive services enhances their ability to effectively support and connect with patients and clients from broad-ranging backgrounds. This includes recognizing and respecting varying cultures, heritages, languages, beliefs, and life circumstances—while understanding that cultural responsiveness is a continuous component of quality improvement.

### **Program Strategy:**

1. Program Goal(s): To enhance the capacity of public and community service professionals to deliver culturally responsive care by providing training and resources that improve their ability to understand, connect with, and effectively serve underserved populations—ultimately reducing health access barriers and advancing community health and well-being across systems of care.
2. 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.
3. Program Strategy: Deliver training on Culturally Responsive health practices and Health Disparities to employees of the Mississippi State Department of Health and partnering external organizations. Offer technical assistance to support the integration of community health-focused strategies across programs and sectors, encouraging the implementation of health-in-all-policies approaches.
4. Primary Strategic Partners: MSDH programmatic staff, federally qualified community centers, healthcare providers, community-based organizations, National Center for Cultural Competency, and Cross-Cultural Communication, LLC.
5. Evaluation Methodology: The program will monitor and evaluate two key outcomes: (1) the total number of participants who complete the training, and (2) results from the post-training evaluation. At the conclusion of each session, participants will complete an evaluation designed to assess changes in knowledge, attitudes, and beliefs. Upon successful completion, participants will receive a certificate, which will be filed in

### **OBJECTIVE 1: Culturally Responsive Training**

1. Program SMART Objective: Between 10/2025 and 09/2026, the Office of Health Disparities Elimination will conduct six cultural competency trainings to improve access to a healthcare 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.  
Underserved populations often face significant barriers when accessing public and community-based services due to a lack of culturally responsive care. These barriers may stem from differences in language, belief systems, lived experiences, and systemic inequities that are not adequately addressed by traditional service models. Public and community service professionals may lack the necessary training and tools to effectively engage with individuals from varied cultural and social backgrounds, limiting their ability to provide equitable, high-quality support. Without intentional strategies to build cultural responsiveness across sectors, disparities in access, trust, and health outcomes will persist. Addressing this gap is essential to strengthening workforce competency and fostering person-centered systems of care.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
The delivery of culturally responsive trainings for professionals underscores the critical need for inclusive and comprehensive services that meet the broad-ranging needs of families. These trainings emphasize the importance of equipping service providers with the knowledge and skills to effectively engage with individuals from varied cultural backgrounds, heritages, languages, beliefs, and life circumstances. By fostering greater cultural awareness and responsiveness, these efforts support continuous quality improvement and ensure that care remains respectful, relevant, and affirms dignity across all populations.

### **INTERVENTION**

1. One-sentence summary of intervention:  
To provide culturally responsive training to professionals who work with clients, patients, and/or the community.
2. One-paragraph description of intervention:  
The training emphasizes the importance of inclusive services tailored to the needs of underserved communities and families. It equips professionals with the skills to more effectively support and engage with individuals from a wide range of cultural backgrounds, heritages, languages, beliefs, and life circumstances, reinforcing that cultural responsiveness is a vital and ongoing component of high-quality service delivery.

3. Rationale for choosing the intervention:  
Barriers to public and community services persist for populations with broad-ranging needs and lived experiences.

#### **ACTIVITY 1: Culturally Responsive Training**

1. Once one-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Health Disparities staff will conduct six culturally responsive trainings.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Health Disparities staff will conduct six culturally responsive training sessions for internal staff and external agencies/organizations that offer medical and/or social services to underserved populations.

#### **ACTIVITY 2: Recruitment**

1. Once one-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Health Disparities team will recruit participants across Mississippi to participate in the culturally responsive training.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Health Disparities team will recruit participants across Mississippi to participate in the culturally responsive 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: Reducing Health Disparities**

1. Program SMART Objective:  
Between 10/2025 and 09/2026, the Health Disparities Team will conduct two (Fall/Spring) Health Disparities module trainings targeting organizations such as academic medical centers, universities, community colleges, community-based organizations, civic organizations, and private sector partners.
2. Please provide a one-sentence summary of the problem for this objective.  
Organizations and agencies are increasingly pursuing health disparities training for their staff to enhance community service delivery and promote evidence-based, best practices for all populations.
3. Please provide a one-paragraph description of the problem for this objective.  
Health disparities impose substantial social and economic burdens on individuals and society as a whole. As the state's population becomes increasingly varied, it is essential to equip professionals with tailored training that enhances their understanding of individuals' cultural backgrounds and language preferences. Such culturally responsive healthcare and public services play a critical role in improving health outcomes and narrowing gaps across communities.
4. Describe in one paragraph the key health indicator(s) affected by this problem.

Access to primary and preventive care, patient satisfaction, chronic disease outcomes, and health literacy. Populations experiencing cultural mismatches with providers are less likely to utilize routine healthcare services, resulting in delayed diagnoses, lower adherence to treatment, and poorer health outcomes. Tailored, culturally responsive training for professionals can help mitigate these challenges by improving communication, trust, and engagement, ultimately supporting improved clinical outcomes across underserved communities.

## **INTERVENTION**

1. One-sentence summary of intervention:  
To deliver a six-module series designed to strengthen the ability to articulate how social, economic, and environmental factors influence health experiences and outcomes.
2. One-paragraph description of intervention:  
The module curriculum introduces foundational principles and key concepts of health disparities, highlighting their real-world applications. It examines the non-medical factors that impact health outcomes and reflects on how power dynamics contribute to systemic disparities. The content also emphasizes the importance of language access, respect for cultural and individual backgrounds, and the role of empathy in fostering inclusive environments. Additionally, it addresses strategies for minimizing bias and enhancing health literacy to improve communication and patient-centered care.
3. Rationale for choosing the intervention:  
There is a critical need to offer a platform for educating staff, stakeholders, community members, faith-based organizations, and nonprofits on evidence-based practices and the significance of designing and implementing projects through an inclusive and informed perspective.

## **ACTIVITY 1: Health Disparities Modules**

1. Once one-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Health Disparities Team will conduct **two** (Fall/Spring) 6-module reducing health disparities trainings.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Health Disparities Team will conduct **two** (Fall/Spring) 6- module reducing health disparities training to increase health disparities competency and identify opportunities to operationalize strategies to advance community health and wellbeing in everyday work practices.

## **ACTIVITY 2: Recruitment**

1. Once one-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Office of Health Disparities Elimination will recruit organizations to participate in a 6-module advancing health disparities training.

2. One-paragraph description of the Activity:

Between 10/2025 and 09/2026, the Office of Health Disparities Elimination will recruit organizations such as academic medical centers, universities, community colleges, community-based organizations, civic organizations, and private sector partners to participate in a 5-module reducing health disparities 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: Mississippi faces significant challenges in meeting the needs of its growing limited English proficient (LEP) populations, and while nonprofit organizations play a critical role in serving these communities, many lack the technical and financial resources to provide culturally and linguistically appropriate services (CLAS), creating gaps in access to healthcare and health information.
2. One-paragraph description of the problem this program will address: Mississippi's increasing diversity has highlighted the urgent need for healthcare and public services that are culturally and linguistically appropriate, particularly for limited English proficient (LEP) populations. While nonprofit organizations are essential partners in reaching and supporting these communities, many lack the necessary funding, technical assistance, and training to deliver effective linguistically appropriate services. Without these supports, LEP individuals face persistent barriers to accessing critical health information, preventive care, and other essential services, which can worsen health disparities and undermine the delivery of access to care. Strengthening the capacity of nonprofits through targeted subgrant assistance will help close these gaps and ensure that services are responsive to the cultural and linguistic needs of all Mississippians.

**Program Strategy:**

1. Program Goal(s):
  - a. To strengthen the capacity of nonprofit organizations to deliver linguistically appropriate health services.
  - b. To provide subgrant assistance that supports training, technical assistance, and resources to advance health access to care for LEP communities.
  - c. To align nonprofit efforts with state-level Healthy People 2030 objectives, particularly PHI-06.
2. Program Strategy: The program will provide subgrant funding and structured technical assistance to selected nonprofit organizations to strengthen their capacity for delivering linguistically and culturally appropriate services (CLAS). By building nonprofit capacity and expanding access to trained community interpreters, the program aims to reduce language barriers, improve communication, and enhance the overall quality of care and services delivered to diverse communities across Mississippi. This includes supporting staff training, developing multilingual materials, implementing language access best practices, and offering Community Interpreter Training to ensure qualified interpreters are available

to assist LEP populations.

3. Primary Strategic Partners:
  - a. Local nonprofit organizations
  - b. Community-based health centers
  - c. Language access trainers/consultants
  - d. Faith-based outreach organizations
4. Evaluation Methodology: The program will use a mixed-methods approach, combining quantitative measures (e.g., number of organizations supported, number of staff trained, number of LEP individuals reached) with qualitative feedback (e.g., post-training surveys, focus groups) to assess effectiveness, identify areas for improvement, and ensure alignment with Healthy People 2030 objectives.

### **Objective 1: Community Interpreter Training**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2025 and 09/2026, the Language Access Bureau Team will conduct Fall and 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.  
Increase the number of trained professional interpreters in the state and provide certificate of training.
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 will experience better healthcare outcomes with their doctor/patient communication, office staff helpfulness, and ambulatory care.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
Key indicators include health literacy rates among LEP populations, the proportion of organizations using language access best practices, and reductions in preventable health disparities linked to communication barriers. Providing Community Interpreter Training provides individuals and organizations across all sectors the credentials and tools needed to effectively provide services.

### **Intervention**

1. One-sentence summary of intervention:  
Provide Interpreter Training to enhance their capacity for delivering linguistically appropriate services. Community Interpreter Training will increase the number of qualified bilingual community interpreters.

2. One-paragraph description of intervention:

This ensures that clients receive clear, culturally and linguistically appropriate health information. A key component is the Community Interpreter Training, a 40-hour program that prepares bilingual individuals to work effectively and competently as interpreters. The training covers topics such as an introduction to community interpreting, interpreting protocols and skills, strategic mediation, professional identity, and the role of the community interpreter. Participants benefit by receiving a certificate of completion and meeting the prerequisite to register for the National Medical Interpreter exam, further strengthening the quality and professionalism of language services offered.

3. Rationale for choosing the intervention:

This intervention fills an identified gap targeting those practicing interpreting services and seeking the educational component to obtain a certificate or become licensed interpreter.

### Activity 1: Interpreter Training

1. One-sentence summary of the Activity:

Between 10/2025 and 09/2026, the Bureau of Language Access will conduct **two** (Fall/Spring) Community Interpreter Trainings.

2. One-paragraph description of the Activity:

Between 10/2025 and 09/2026, the Bureau of Language Access will conduct two (Fall/Spring) Community Interpreter Trainings to increase access to community interpreters in the state. The Language Access Coordinator will supervise the completion of this activity to ensure that the agency meets the needs of the LEP population in the state. The coordinator will identify areas that need language access, the languages outside of English that exist in the state, and recruit interpreters who are representative of the LEP population. Each training will host a minimum of 10 participants. A list of trained interpreters will be maintained as a resource for entities that need access to these services.

### Objective 2: Introduction to Educational Interpreting

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

Between 10/2025 and 09/2026, the Language Access Bureau Team will provide **one** training for bilingual educators and school administrators serving the LEP children and families.

2. Please provide a one-sentence summary of the problem for this objective:

Bilingual and multilingual educational professionals often lack access to specialized training that enhances both their language skills and their ability to deliver linguistically appropriate services within their professional roles.

3. Please provide a one-paragraph description of the problem for this objective.

Teachers and school administrators face the daily challenge of ensuring that children from limited English proficient (LEP) families receive equitable educational opportunities. Without adequate language support, families and guardians who do not fluently speak the language of the school district struggle to engage fully in their child's education. Access to

qualified translators or interpreters is critical, as it enables meaningful communication, fosters mutual understanding, and ensures that families can actively participate in making informed decisions about their child's academic progress and well-being.

4. Describe in one paragraph the key health indicator(s) affected by this problem.  
Providing specialized training equips educators and school administrators with the credentials and practical tools needed to deliver effective language services, directly impacting key indicators such as health literacy, access to school-based health programs, and early identification of developmental or behavioral concerns. By strengthening communication with LEP families, schools can better support student health, improve mental and emotional well-being, and ensure timely referrals to health services, ultimately contributing to better long-term health and educational outcomes.

### **Intervention**

1. One-sentence summary of intervention:  
Introduction to Educational Interpreting Training increases the number of bilingual educators and school administrators becoming trained and qualified bilingual staff.
2. One-paragraph description of intervention:  
The Introduction to Educational Interpreting and Translation Training prepares bilingual educators and school administrators to work effectively and competently. A two-day training that includes an overview of the U.S. school system, ethics in educational interpreting, modes of interpretation, and legal requirements, among other topics of similar importance.
3. Rationale for choosing the intervention:  
This intervention was chosen to increase access to qualified interpreters across various settings, ensuring that LEP individuals receive clear and accurate communication when interacting with schools, healthcare providers, and community services.

### **Activity 1: Educational Interpreting Training for School Administrators and Educators**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Language Access Bureau Team will conduct **one** educational interpreting training during the summer for School Educators and Administrators.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Language Access Bureau Team will conduct **one** educational interpreting training during the summer for School Educators and Administrators. This will be a two-day training course preparing bilingual educators and school administrators to work effectively and competently. The training will include an overview of the U.S. school system, ethics in educational interpreting, modes of interpretation, and legal requirements, among other topics of similar importance.

### **Objective 3: National CLAS Standards\Technical Assistance and Translation**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2025 and 09/2026, the Language Access Bureau Team will maintain 2 contracts to provide 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.  
The Limited English Proficient (LEP) population in the state has steadily increased over the years, creating a growing need for accessible language services.
3. Please provide a one-paragraph description of the problem for this objective.  
With the continued rise in the Limited English Proficient (LEP) population, there is an urgent need to ensure that printed health education materials and outreach content are translated into the languages spoken by the communities served. LEP individuals face higher risks of misdiagnosis, adverse medication reactions, difficulty accessing appropriate care, and misunderstanding diagnoses or treatment plans. Additionally, they are less likely to receive preventive care, often feel less satisfied with the care they do receive, and are less likely to report problems, all of which increase their risk of experiencing medical errors and poor health outcomes.
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 people. Having these services contribute to LEP patients having higher satisfaction scores and utilizing 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. Additionally, providing these services ensures compliance with several federal and state laws requiring language access in healthcare, ultimately reducing disparities and improving health equity across the system.

### **Intervention**

1. One-sentence summary of intervention:  
Maintain two active contracts for the translation of printed health education materials and outreach content, along with two or more interpretation service contracts (as needed, such as in-person ASL or Vietnamese), including an interpreting service line to support technical assistance across programs.
2. One-paragraph description of intervention:  
The program will maintain two contracts with qualified companies to provide comprehensive translation and interpretation services. These contractors will translate printed health education materials and outreach content, ensuring that translations reflect the cultural and linguistic needs of the populations served while accounting for literacy levels. Additionally, the program will select two or more contractors to provide interpretation services, including phone, virtual, or in-person interpretation (such as ASL or Vietnamese, as needed), to support meaningful communication and technical assistance across various public health programs.

3. **Rationale for choosing the intervention:**

The Limited English Proficient (LEP) population in the state has steadily increased over the years, creating a critical need for expanded access to professional translation and interpretation services to ensure equitable communication, improve health outcomes, and comply with legal and regulatory requirements for language access.

**Activity 1: Contract Development**

1. One-sentence summary of the Activity:

Between 10/2025 and 09/2026, the Bureau of Language Access will develop **two** contracts to conduct interpretation and translation services.

2. One-paragraph description of the Activity:

Between 10/2025 and 09/2026, 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.

**Objective 4: Funding Nonprofit Organizations**

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

Between 10/2025 and 09/2026, the Language Access Bureau Team will contract with at least five nonprofit organizations serving minority communities to enhance language access initiatives that improve health outcomes for limited English proficient (LEP) populations.

2. Please provide a one-sentence summary of the problem for this objective.

Nonprofit organizations serving minority communities often lack sufficient funding and resources to deliver effective language access services, limiting their ability to address health disparities among LEP populations.

3. Please provide a one-paragraph description of the problem for this objective.

Many nonprofit organizations that work closely with minority and immigrant communities are underfunded and face resource constraints that prevent them from fully addressing the language barriers experienced by LEP individuals. Without adequate language access support, these populations face significant challenges navigating healthcare systems, receiving preventive care, and understanding important health information. This lack of access contributes to poor health outcomes, lower utilization of essential health services, and increased disparities in care. Targeted funding partnerships are critical to strengthening nonprofit capacity and ensuring equitable access to health services for minority and LEP communities.

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

Strengthening nonprofit capacity through funding and language access support directly impacts key health indicators, including increased access to preventive services, improved health literacy, higher patient satisfaction, and reduced disparities in health outcomes among minority and LEP populations. By addressing communication barriers and empowering nonprofits to deliver linguistically appropriate services, the program helps

improve care coordination, reduce emergency care dependence, and promote better long-term health outcomes in underserved communities.

### **Intervention**

1. One-sentence summary of intervention:  
Provide funding and technical assistance to nonprofit organizations serving minority communities to enhance their capacity for delivering language access services and improving health outcomes.
2. One-paragraph description of intervention:  
This intervention involves creating formal funding partnerships with at least five nonprofit organizations working with minority and immigrant communities, providing them with financial resources, technical assistance, and training to strengthen their language access services. By supporting the development of culturally and linguistically appropriate programs, these nonprofits will be better equipped to engage LEP individuals, improve communication around health services, and promote healthy outcomes. The intervention aims to reduce health disparities by addressing the language and cultural barriers that prevent minority communities from accessing and benefiting from essential healthcare services.
3. Rationale for choosing the intervention:  
As the state's minority and LEP populations continue to grow, nonprofit organizations are on the front lines of addressing health disparities but often lack the funding and technical support to sustain meaningful language access initiatives. This intervention helps bridge that gap by empowering nonprofits with the tools and resources they need to deliver culturally and linguistically appropriate services, ultimately improving health outcomes and reducing inequities.

### **Activity 1: Establish Agreements**

1. One sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Language Access Bureau will contract with five nonprofit organizations serving minority communities.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Language Access Bureau will contract with five nonprofit organizations serving minority communities to strengthen their language access services and improve health. This activity will focus on identifying, selecting, and formalizing nonprofit organizations that serve minority and immigrant populations. Through these partnerships, the program will provide language access trainings and ongoing technical assistance to help these organizations expand their capacity to serve LEP clients effectively. By equipping nonprofits with the necessary resources and skills, the program aims to reduce language-related barriers, enhance communication in healthcare settings, and drive measurable improvements in health outcomes for underserved communities.

### **Activity 2: Cultural Expo**

1. One sentence summary of the Activity:

Between 10/2025 and 09/2026, the Language Access Bureau Team will partner with community-based, non-profit, and faith-based organizations to host a Cultural Expo: Education, Culture, and Community.

2. One-paragraph description of the Activity:

Between 10/2025 and 09/2026, the Language Access Bureau Team will partner with community-based, non-profit, and faith-based organizations to host a Cultural Expo: Education, Culture, and Community. The Cultural Expo during the project period to create an educational environment providing health educational workshops, community resources, family activities, and cultural performances.

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## **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 10/2025 and 09/2026, the Office of Community Health Advancement 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 Community Health Advancement 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 10/2025 and 09/2026, the Office of Community Health Advancement will maintain a minimum of seven Community Health Directors.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Office of Community Health Advancement 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 10/2025 and 09/2026, the Office of Community Health Advancement will partner with Health Promotion and Chronic Disease and the Office of Community Health Improvement to provide **two (2) trainings** on the 10 Essential Public Health Services.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Office of Community Health Advancement 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 10/2025 and 09/2026, the Office of Community Health Advancement will provide at least **one** new hire orientation, as needed, for Regional Community Health and Prevention Teams.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Office of Community Health Advancement will provide at least one new hire orientation, as needed, for Regional Community Health and Prevention Teams 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 10/2025 and 09/2026, the Office of Community Health Advancement 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 10/2025 and 09/2026, the Office of Community Health Advancement 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, the Community Health Director and the Office of Community Health Advancement 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 10/2025 and 09/2026, the Community Health Director and the Office of Community Health Advancement 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 10/2025 and 9/2026, 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 10/2025 and 9/2026, 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 10/2025 and 09/2026, each Community Health and Preventive Team will establish, maintain, and/or reengage at least **two (2)** Mayoral Health Councils per region.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, each Community Health and Preventive Team will establish, maintain, and/or reengage at least two (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 10/2025 and 09/2026, 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 10/2025 and 09/2026, each Community Health and Preventive Team 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, Walk With Ease, and/or Building Better Caregivers.

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

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, each Prevention Team will recruit a minimum of **one (1)** DSMES workshop.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, each Prevention Team will recruit a minimum of one (1) DSMES workshop from referrals from the local health departments and communities.

#### **Activity 7: Local School Boards**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 8: PSE Development**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 9: Needs Assessment**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Community Health Prevention Team, within each region, will conduct at least **one (1)** assessment per region.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Community Health Prevention Team, within each region, will conduct at least one (1) per region, community needs assessment, health impact assessment and /or environmental scan.

#### **Activity 10: Train the Trainer**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Office of Community Outreach and Education will conduct **four (4)** evidence-based Leader's Trainings.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, 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, Walk With Ease and Surviving and Building Better Caregivers.

## EARLY CHILDHOOD HEALTH AND EDUCATION

**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.

### Program Strategy:

1. Program Goal(s): Increase by 10% the number of children who attend high-quality early childhood education programs.
2. Program Strategy:  
Prevent, reduce, and control the burden and costs of disease associated with obesity, physical inactivity, nutrition, and intentional/unintentional injury in Mississippi schools and communities.
3. Primary Strategic Partners:

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

4. Evaluation Methodology:  
Surveillance data are obtained from the Youth Risk Behavior Surveillance System (YRBSS) and the Behavioral Risk Factor Surveillance System (BRFSS). The data are used to evaluate the progress toward decreasing the rates of obesity, physical inactivity, and unintentional injury and increasing healthier dietary patterns among Mississippi public school students and communities. In addition, standardize and track progress and impact, Regional Health Educators are required to submit data collection forms based upon each activity. 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: Early Childhood Education (ECE) Provider Recruitment**

1. Program SMART Objective (this is the SMART Objective at the program level):  
The Bureau 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 Program Recruitment**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Community Health Educator will recruit at least **three (3)** early childhood education (ECE) programs.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Community Health Educator will recruit at least **three (3)** early childhood education (ECE) programs to participate in the social/emotional health module pilot for Go NAPSACC's new Social/Emotional Health module (i.e., Go NAPSACC).

### **Activity 2: Early Childhood Education Provider Training**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Bureau of Community & School Health will conduct at least **three (3)** “What is Go NAPPSACC” trainings.
2. One-paragraph description of the Activity:  
Between, 10/2025 and 09/2026, the Bureau of Community & School Health will conduct at least three (3), “What is Go NAPPSACC” training (i.e., MS Early Childhood Association, Child and Adult Care Food Program, MS Head start Association, Excel by Five) to ECE providers.

### **Activity 3: Technical Assistance on Best Practices**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Community Health Educators will provide technical assistance to at least **three (3)** early childhood education (ECE) programs on best practices for early care and education programs.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Community Health Educator will provide technical assistance to at least five (3) early childhood education (ECE) programs on best practices for early care and education programs (i.e., Nutrition, Breastfeeding Physical Activity, Farm to ECE and Farm to School).

### **Activity 4: Preventive Health Teams Refresher Training**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Bureau of Community & School Health will provide a minimum of **one (1)** refresher training.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Bureau of Community & School Health will provide a minimum of one (1) refresher training with the Regional Community Health Educators on the Go NAPSACC program.

### **Activity 5: Technical Assistant Consultant Meetings**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Bureau of Community & School Health will provide a minimum of **three (3)** meetings.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Bureau of Community & School Health will provide a minimum of three (3) meetings with all trained Go NAPSACC technical consultants to address national updates, answer questions, and discuss challenges.

### **Activity 6: Coalition Meetings**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Bureau of Community & School Health will host a minimum of **two (2)** statewide coalition meetings.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Bureau of Community & School Health will host a minimum of two (2) statewide coalition meetings that bring together ECE partners to address obesity prevention in the ECE setting.

### **Activity 6: Recognition Program**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Bureau of Community and School Health will identify community partners and implement at least **2 strategies**.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Bureau 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 8: Subcommittee Meetings**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Bureau of Community & School Health will host a minimum of **three (3)** subcommittee meetings.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Bureau 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.

## 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.

### Objective 1: Increase Employee Health Awareness

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2025 and 09/2026, 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 agencies to increase worksite wellness.

### Activity 1: Needs Assessment

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the State Employee Wellness Program (SEWP), will conduct at least **one** annual needs assessment.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the State Employee Wellness Program (SEWP) will conduct at least one annual needs assessment for 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 10/2025 and 09/2026, the State Employee Wellness Program (SEWP) will conduct at least **three (3)** wellness committee meetings.
2. One-paragraph description of the Activity:  
Between 10/2024 and 09/2025, the State Employee Wellness Program (SEWP) will conduct at least three (3) wellness committee meetings to communicate, participate, motivate, and support the organization's worksite wellness program in order to create a

healthy worksite and a culture of wellness n Foster collaboration and enthusiasm among employees and provide a communication “link” between employees and management.

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

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the State Employee Wellness Program (SEWP) in collaboration with the Diabetes Prevention and Control Program and other partners will host at least **one** event.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the State Employee Wellness Program (SEWP) in collaboration with the Diabetes Prevention and Control Program and other partners will host at least one event for state agency employees promoting overall health and wellness.

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

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the State Employee Wellness Program (SEWP) will provide technical assistance to at least **two (2)** state agencies.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the State Employee Wellness Program (SEWP) will provide technical assistance to at least two (2) state agencies on developing worksite wellness strategic plans.

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

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the State Employee Wellness Program (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 10/2025 and 09/2026, the State Employee Wellness Program (SEWP) will conduct at least two (2) training, seminar, webinar, and/or health event on developing and implementing policy, systems, and environmental (PSF) 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.

## 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 10/2025 and 09/2026, 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, and 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 10/2025 and 09/2026, the Injury and Violence Prevention Division will conduct **four** Child Passenger Safety Technician (CPST) training courses.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, 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: CPST Mentorship**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Injury and Violence Prevention Bureau will provide mentorship of CPST Technicians Toward Instructor Candidacy in Accordance with Safe Kids Worldwide Guidelines to select MSDH technicians.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Injury and Violence Prevention Bureau will contract with a minimum of **(2)** CPST-Instructor candidates (CPST-I candidates) to mentor CPST technicians in preparation for national instructor candidacy, ensuring compliance with the mentorship and eligibility criteria outlined by Safe Kids Worldwide.

### **Activity 3: Public Health District Meetings**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, the Injury and Violence Prevention Division will establish **two** new partnerships with external local and/or 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 10/2025 and 09/2026, the Injury and Violence Prevention Division will partner with at least one local elementary school.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, 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 10/2025 and 09/2026, the Injury and Violence Prevention Division will partner with at least two (2) local police departments.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the 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 by 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 allows for the increase of awareness of car seat safety and

increases 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 10/2025 and 09/2026, the Injury and Violence Prevention Division will conduct at least **nine (9)** child passenger safety presentations.

2. One-paragraph description of the Activity:

Between 10/2025 and 09/2026, the Injury and Violence Prevention Division will conduct at least nine (9) 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 10/2025 and 09/2026, the Injury and Violence Prevention Division and its partners will conduct at least **nine (9)** checkpoints.

2. One-paragraph description of the Activity:

Between 10/2025 and 09/2026, the Injury and Violence Prevention Division and its partners will conduct at least nine (9) 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 10/2025 and 09/2026, the Injury and Violence Prevention Division in coordination with the Prevention Health Teams, will purchase and distribute a minimum of **250** child passenger seats.

2. One-paragraph description of the Activity:

Between 10/2025 and 09/2026, the Injury and Violence Prevention Division in coordination with the Prevention Health Teams, will purchase and distribute a minimum of 250 child passenger seats to families who may not be able to afford secure child safety seats through neighborhood and insurance partnerships.

## HEART DISEASE AND STROKE PREVENTION

**Healthy People 2030 Objective:** HDS-01 Improve cardiovascular health in adults

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

1. One-sentence summary of the problem this program will address:  
Mobilize community leaders, organizations, and healthcare professionals to implement policy and systems changes, expand access to evidence-based interventions and self-management support, and enhance provider education to improve cardiovascular health and management of chronic conditions across community, faith-based, and healthcare settings.
2. One-paragraph description of the problem this program will address:  
This program addresses persistent disparities in cardiovascular health by mobilizing community leaders, organizations, and healthcare professionals to plan and implement policy and systems change strategies in community, faith-based, and healthcare settings. Many individuals face barriers to managing conditions such as hypertension and hyperlipidemia due to limited access to preventive care, unmet social service needs, and lack of support for sustained self-management. By expanding access to evidence-based interventions and connecting patients to critical social resources, the program aims to improve adherence to treatment and long-term cardiovascular outcomes. Additionally, the program will strengthen the healthcare workforce through continuing education on evidence-based guidelines and best practices for the management of heart disease, stroke, and related risk factors.

### **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, unhealthy diet, physical inactivity, and overweight and obesity—with an emphasis on controlling hypertension.
2. Program Strategy: The program strategy is structured to advance cardiovascular health outcomes by addressing key drivers at the community, clinical, and policy levels. The strategy is built around three interconnected pillars:
  - a. Community Mobilization and Systems Change  
The program will engage and empower community leaders, faith-based organizations, and healthcare partners to collaboratively plan and implement policy and systems-level change strategies. These efforts will focus on creating supportive environments that foster heart-healthy behaviors, improve health equity, and reduce barriers to care. Emphasis will be placed on integrating cardiovascular health priorities into existing community infrastructures and aligning resources to support sustainable health system improvements.
  - b. Expanding Access to Evidence-Based Programs and Social Support Services  
To improve the management of hyperlipidemia and hypertension, the program will increase access to evidence-based interventions and culturally responsive self-management support programs. In partnership with healthcare systems and community-based organizations, efforts will focus on enhancing referral processes, addressing key

social determinants of health such as food insecurity, housing, and transportation, and leveraging digital platforms to streamline coordination between clinical and community services. These strategies aim to strengthen patient engagement and promote sustained adherence to clinical care plans across care settings.

c. Provider Education and Clinical Quality Improvement

To ensure high-quality care and adherence to clinical best practices, the program will offer continuing education opportunities for healthcare professionals. These trainings will focus on evidence-based guidelines for the prevention, treatment, and management of cardiovascular disease and its associated risk factors. Clinical teams will be supported through targeted education, technical assistance, and quality improvement strategies that promote team-based care, clinical-community linkages, and data-driven decision-making.

Together, these strategies form a cohesive approach to reduce cardiovascular disease burden, promote health equity, and strengthen cross-sector collaboration across Mississippi's healthcare, faith-based, and community settings.

3. Primary Strategic Partners:

<b><u>Internal</u></b>	<b><u>External</u></b>
Office of Health Promotion and Chronic Disease Prevention	Worksites
Office of Health Disparities & Elimination	Local barbershops
Mississippi Delta Health Collaborative	Local community-based organizations
Office of Community Health Advancement	Local faith-based organizations
	Local healthcare systems
	Municipalities
	American Heart Association
	Community Pharmacy Enhanced Services Network
	Community Health Centers Association of Mississippi
	Independent Community Pharmacies
	Delta Rides
	Institute for the Advancement of Minority Health
	Mississippi State University Social Sciences Research Center

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.

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

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2025 and 09/2026, the Heart Disease and Stroke Prevention Program and the Mississippi Delta Health Collaborative will implement at least **three** evidence-based initiatives to improve hypertension control in clinical, community, and faith-based settings across the 18 MS Delta counties, and the 20 priority counties for the Heart Disease and Stroke Prevention Program.
2. Please provide a one-sentence summary of the problem for this objective.  
Hypertension prevalence in Mississippi remains among the highest in the nation, contributing significantly to heart disease and stroke disparities, especially in underserved Delta counties.
3. Please provide a one-paragraph description of the problem for this objective.  
Mississippi has some of the highest rates of hypertension and related complications in the nation. Approximately 45% of adult Mississippians have been diagnosed with high blood pressure—substantially higher than the national average—with rates among Black adults and residents of rural, low-income Delta counties often exceeding 50%. Many residents face significant barriers, including limited access to primary care. Mississippi consistently ranks among the lowest in provider availability, coupled with high rates of food insecurity, which affects nearly 17% of households in the Delta, and inadequate transportation options. Without enhanced screening, improved medication adherence support, and culturally appropriate self-management education, blood pressure remains poorly controlled, thereby increasing the risk for cardiovascular events and premature death.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
The key health indicators affected by this objective include the prevalence of adults with high blood pressure, as addressed in Healthy People 2030 Objective HDS-05, and the proportion of adults with controlled hypertension, as outlined in Objective HDS-06. Additionally, this work aims to impact the overall cardiovascular disease death rate, which is the focus of Objective HDS-01. Together, these indicators reflect the program's emphasis on improving detection, management, and outcomes related to hypertension and broader cardiovascular health.

### **Intervention**

1. One-sentence summary of intervention:  
Implementation of three evidence-based strategies to improve hypertension screening, education, and management in high-burden populations across the Mississippi Delta and the 20 identified priority counties for the Heart Disease and Stroke Prevention Program.
2. One-paragraph description of intervention:  
The intervention will deploy a multi-sector model that leverages community health workers, clinical teams, and faith-based organizations to deliver culturally responsive

hypertension management education, expand access to self-measured blood pressure monitoring (SMBP), and connect individuals with social and clinical services via digital referral platforms such as Ms.findhelp.com. Efforts will include medication therapy management through community pharmacies, hypertension control protocols in partner clinics, and faith-based health promotion activities.

3. Rationale for choosing the intervention:

This approach addresses both clinical and community-level drivers of poor hypertension control, aligns with CDC-recommended strategies, and leverages trusted partners already embedded within communities, increasing reach and sustainability.

**Activity 1: Expanding Access to Self-Measured Blood Pressure Monitoring (SMBP) and Hypertension Management**

3. One sentence summary of the Activity:

Between 10/2025 and 09/2026, the Heart Disease and Stroke Prevention Program and the Mississippi Delta Health Collaborative will expand hypertension management by providing SMBP trainings, distributing validated blood pressure monitors to eligible patients, and linking participants to care teams for treatment support and data-driven monitoring of blood pressure control outcomes.

4. One-paragraph description of the Activity:

Between 10/2025 and 09/2026, the Heart Disease and Stroke Prevention Program and the Mississippi Delta Health Collaborative will expand hypertension management by providing SMBP trainings, distributing validated blood pressure monitors to eligible patients, and linking participants to care teams for treatment support and data-driven monitoring of blood pressure control outcomes. Comprehensive SMBP training will be delivered by Community Health Workers (CHWs) and care teams across clinical and faith-based settings, ensuring participants understand proper monitoring techniques and the importance of ongoing self-management. Patients will receive coaching support and be connected to care teams for timely treatment adjustments based on their readings. Program data will be collected and analyzed to assess individual and population-level progress toward improved blood pressure control outcomes.

**Activity 2: Strengthening Partnerships to Connect Individuals to Lifestyle Programs and Social Support Services**

1. One sentence summary of the Activity:

Between 10/2025 and 09/2026, the Heart Disease and Stroke Prevention Program and the Mississippi Delta Health Collaborative will expand digital referral platform use to connect individuals with hypertension to food, housing, and clinical care resources.

2. One-paragraph description of the Activity:

Between 10/2025 and 09/2026, the Heart Disease and Stroke Prevention Program and the

Mississippi Delta Health Collaborative will expand digital referral platform use to connect individuals with hypertension to food, housing, and clinical care resources. Faith-based leaders, CHWs, and providers will be trained on how to screen for social needs and refer patients to community resources using MS.FindHelp.com. The initiative will increase community-clinical linkages and improve patient follow-through on treatment plans by addressing barriers to adherence.

### **Activity 3: Provide Clinical Training and QI Support for Hypertension Protocols**

1. One sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Heart Disease and Stroke Prevention Program and the Mississippi Delta Health Collaborative will train providers and staff on standardized hypertension treatment protocols and team-based care models.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Heart Disease and Stroke Prevention will train providers and staff on standardized hypertension treatment protocols and team-based care models. The program will coordinate virtual and in-person continuing education sessions on current hypertension guidelines, medication titration strategies, and the role of CHWs in supporting control efforts. Participating clinics will receive technical assistance to integrate protocols into electronic health records and monitor control rates.

# Suicide Prevention and Education

**Healthy People 2030 Objective:** MHMD-01: Reduce the suicide rate.

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

1. One-sentence summary of the problem this program will address:  
Suicide is the third (3<sup>rd</sup>) leading cause of death in adolescents and young adults ages 15 to 24 in Mississippi, the fifth (5<sup>th</sup>) leading cause of death among ages 25-34, and the sixth (6<sup>th</sup>) leading cause of death among ages 35-44.
2. One-paragraph description of the problem this program will address:  
In 2021, 480 Mississippians, including 65 under the age of 25 years old, took their own lives. Suicide is the third (3<sup>rd</sup>) leading cause of death among adolescents and young adults ages 15 to 24 in Mississippi. 53% of suicide deaths occurred among people between the ages of 25 and 54.  
Rural living magnifies the documented negative impact that poverty, lack of education and insufficient healthcare resources have on the prevention and treatment of substance use and mental health disorders.

## **Program Strategy:**

1. Program Goal(s): Expand the number of Mississippians trained in evidence-based or best practices intervention skills training to recognize someone at risk of suicide and/or provide a skilled intervention and develop a safety plan with the person to connect them to further support.
2. Program Strategy: Improve suicide prevention knowledge through education, awareness, and promotion. Increase the number of trained MSDH staff on evidence-based or best-practice suicide prevention interventions. Develop and disseminate information on suicide prevention resources to professional and community organizations. Increase access and awareness to support suicide survivors. Develop a suicide messaging campaign. Increase public health partnerships in suicide prevention and awareness.
3. Primary Strategic Partners: State Injury and Violence Prevention Programs; Department of Mental Health's Suicide Prevention Work Group
4. Evaluation Methodology: Surveillance data are obtained from the National Vital Statistics System – Mortality (NVSS-M) and Mississippi Statistically Automated Health Resource System (MSTAHRS). The trend data are used to evaluate the progress toward decreasing the number of deaths due to suicide. Percent improvement targets will align with the Department of Mental Health's FY2024 – 2027 Mississippi Suicide Prevention Plan.

### **Objective 1: Suicide Prevention Education, Awareness, and Promotion**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2025 and 09/2026, the Injury and Violence Prevention Division will develop one communication message and educational materials designed to improve connections and communication on the impacts of social isolation.
2. Please provide a one-sentence summary of the problem for this objective.  
Improve suicide prevention knowledge through education, awareness, and promotion.
3. Please provide a one-paragraph description of the problem for this objective.  
Every year many more people think about or attempt suicide than die by suicide. In 2020, 12.2 million American adults seriously thought about suicide, 3.2 million made a plan, and 1.2 million attempted suicides. Suicide rates vary by race/ethnicity, age, and other population characteristics, with the highest rates across the lifespan occurring among non-Hispanic American Indian/Alaska Native and non-Hispanic White populations.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
Suicide is an important public health problem. According to the Mississippi Statically Automated Health Resource System (MSTAHRs), Mississippi had approximately 2,195 suicides occur from 2017-2021, with an age-adjusted mortality rate of 14.8 per 100,000 people (MSTAHRs, 2023). In comparison, the United States had approximately 112,434 suicide deaths resulting in an age-adjusted suicide rate of 13.58 over the four-year span, of 2017-2020 (CDC WISQARS, NVDRS, 2023). In 2019, Mississippi ranked 33<sup>rd</sup> in suicide mortality in the U.S. (CDC, 2019).

### **Intervention**

1. One-sentence summary of intervention:  
To develop campaigns and educational materials.
2. One-paragraph description of intervention:  
The Injury and Violence Prevention Division will partner with the Office of Communications to develop an awareness campaign and educational resources on suicide prevention. The goal is to improve connections and communication on the impact of social isolation.
3. Rationale for choosing the intervention:  
Evidence-based interventions endorsed by the State Department of Mental Health and U.S. Guide to Clinical and Prevention Services.

### **Activity 1: Suicide Prevention and Awareness Campaign**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Injury and Violence Prevention Division will conduct at least one (1) annual suicide prevention awareness campaign, particularly

highlighting September as National Suicide Prevention Month.

2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Injury and Violence Prevention Division will conduct at least one (1) annual suicide prevention awareness campaign, particularly highlighting September as National Suicide Prevention Month. This campaign will include the promotion of the Shatter the Silence Prevention Program and the use of the National Suicide Prevention Lifeline.

## **Objective 2: Suicide Prevention Education**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2025 and 09/2026, the Injury and Violence Prevention Division in partnership with the Preventive Teams, will conduct **10** evidence-based trainings on suicide prevention and intervention programs.
2. Please provide a one-sentence summary of the problem for this objective.  
Improve suicide prevention knowledge through education, awareness, and promotion.
3. Please provide a one-paragraph description of the problem for this objective.  
Every year many more people think about or attempt suicide than die by suicide. In 2021, 12.2 million American adults seriously thought about suicide, 3.2 million made a plan, and 1.2 million attempted suicide. Suicide rates vary by race/ethnicity, age, and other population characteristics, with the highest rates across the lifespan occurring among non-Hispanic American Indian/Alaska Native and non-Hispanic White populations.
4. Describe in one paragraph the key health indicator(s) affected by this problem. The number of evidence-based trainings.

## **Intervention**

1. One-sentence summary of intervention:  
To conduct evidence-based training about suicide prevention and intervention programs.
2. One-paragraph description of intervention:  
The Injury and Violence Prevention Division in partnership with the Preventive Teams will conduct educational trainings on Shatter the Silence which is a prevention campaign of DMH that encourages young people to talk through their feelings with trusted adults and also encourage those friends to show their concern and support and SAFE Training for veterans.
3. Rationale for choosing the intervention:  
Evidence-based interventions endorsed by the State Department of Mental Health and U.S. Guide to Clinical Prevention Services.

### **Activity 1: Evidence-based Trainings**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Injury and Violence Prevention Division in partnership with the Preventive Teams will conduct at least ten evidence-based trainings on suicide prevention and intervention programs.
2. One-paragraph description of the Activity:  
The Injury and Violence Prevention Division in partnership with the Preventive Teams will conduct at least ten evidence-based trainings on suicide prevention and intervention programs using Shatter the Silence and/or SAFE Veterans Training.

DRAFT

## OLDER ADULTS WITH MODERATE AND SEVERE PERIODONTITIS

**Healthy People 2030 Objective:** OH-6 Reduce the proportion of adults aged 45 years and over with moderate and severe periodontitis.

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

1. One-sentence summary of the problem this program will address:  
OH-6 Reduce the proportion of adults aged 45 years and over with moderate and severe periodontitis.
2. One-paragraph description of the problem this program will address:  
The National Healthy People 2030 oral health goals are to ensure that at least 39.3% of the total population of adults 45 years and over in each state reduce the prevalence of moderate and severe periodontitis. Good oral health is necessary for overall well-being. As our country ages, the oral health condition of our senior population is becoming an increased national concern. Neglect of oral health among this population not only concerns their well-being but also can pose as a financial burden upon family members and the healthcare system “due to pain and disability experienced by older adults and increased systemic health complications due to oral diseases.”<sup>1</sup> Recent data indicates that 44.5% of this population in the U.S. experience moderate to severe periodontitis which is chronic inflammatory disease affecting the gums and supporting structures of the teeth. This condition has significantly negative effects on older adults, including increased risk of systemic diseases, cognitive impairment, and reduced quality of life<sup>2</sup>. The 2022 Behavioral Risk Factor Surveillance System (BRFSS) survey of 1,053 Mississippi adults aged 65 and older indicated 18.6% experienced complete tooth loss<sup>3</sup>. America’s Health Ranking has Mississippi 46<sup>th</sup> among oral health conditions of its senior population. This ranking is easily correlated to income as 38.6% of senior adults aged 65 and older with an income of less than \$25,000 have a higher prevalence of tooth extractions and 16.8% with an income of \$25,000-\$49,999. Data for senior adults aged 65 and older with an income of \$50,000-\$74,999 is unavailable<sup>4</sup>. 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 2025 Oral Health Promotion and Education Program will fund one state-priority

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<sup>1</sup> Association of State and Territorial Dental Directors. “Best Practice Approach: Improving the Oral Health of Older Adults.” (December 2023) Accessed May 10, 2025. <https://www.astdd.org/bestpractices/improving-oral-health-older-adults-bpar2023.pdf>

<sup>2</sup> Boehm DDS, Tobias K and Frank A. Scannapieco, DMD. “The Epidemiology, Consequences and Management of Periodontal Disease in Older Adults, 138.” *The Journal of the American Dental Association*. (September 2007): 26-33.

<sup>3</sup> Centers for Disease Control. “Behavior Risk Factor Surveillance Survey.” Accessed May 10, 2025. <https://www.cdc.gov/brfss/brfssprevalence/index.html>

<sup>4</sup> America’s Health Rankings United Health Foundation. “Teeth Extractions – Age 65+ in Mississippi.” Accessed May 10, 2025. [https://www.americashealthrankings.org/explore/measures/teeth\\_extractions\\_sr/teeth\\_extractions\\_sr\\_50\\_74k/MS](https://www.americashealthrankings.org/explore/measures/teeth_extractions_sr/teeth_extractions_sr_50_74k/MS)

area of oral disease control, for the reduction of adults aged 45 years and over with moderate and severe periodontitis through adult screenings and oral health education. Several strategies have been identified to prevent progression and manage existing conditions of periodontal disease among older adults. The strategies that will be used for this program include: (1) regular dental checkups and dental cleanings, (2) improving oral hygiene, (3) increasing hydration to remove food and bacteria, (4) establishing a healthy diet, (5) avoiding tobacco, and (6) maintaining existing systemic health conditions.

2. Program Strategy:

The Mississippi State Department of Health's (MSDH) Offices of Healthy Aging and Oral Health will partner together on this project. The partnership's program priorities will include:

- Surveillance of older adult population who are in assisted living centers, congregate meal centers, homebound, nursing homes, and adult day care centers.
- Provide oral health education to senior care staff using Smiles for Life Geriatric Oral Care curriculum.
- Provide dental screening to 600 senior adults 65 and older who are in assisted living centers, congregate meal centers, homebound, nursing homes, and adult day care centers.
- Identify local dental providers and assist with the establishment of a partnership to secure dental services.
- Conduct beverage surveys to provide valuable insights into the drinking habits, motivations for drinking, and potential health risks associated with alcohol consumption. This information can be used to inform public health interventions, develop targeted educational programs, and improve healthcare services for senior adults at risk of alcohol-related problems.
- Work with adult advocacy groups to increase awareness of dental issues among older adults 65 and older to inform the creation of policy.

3. Primary Strategic Partners: The Mississippi State Department of Health's (MSDH) Office of Healthy Aging and Oral Health will partner together on this project. The Office of Healthy Aging works to accelerate efforts to shift Mississippi's narrative on aging and to position the state to better meet the demands of our growing and vital constituency through the promotion of age-friendly services and age-friendly public systems to create the best health, dignity, and social connections of Mississippians as they grow older.

4. Evaluation Methodology: The evaluation's purpose is to (1) monitor the oral health of seniors 65 and older, (2) identify and implement preventative measures and monitor its effectiveness, (3) provide data to monitor oral health trends, identify risk factors, and guide public health policies, (4) establish clearer links between poor oral health and other health conditions such as heart disease, diabetes, and Alzheimer's disease, (5) identify potential problems early like oral cancer, (6) highlight barriers to care, and (7)

measure the gaps in dental insurance.

**Stakeholders (External):** The methodology will begin by engaging external stakeholders. To ensure the program's evaluation addresses important elements of the objective, operations, and outcomes, external partners will be engaged to ensure their perspectives are understood. These partners are:

- Those involved in the program's operation (nursing homes director and staff: proprietary, nonprofit, publicly owned, and leased)
- Those served by the program (senior adults 65 and older and family members).

A formative evaluation plan will be implemented in the early stages of the program to assess its effectiveness while it is being implemented. This evaluation type will allow for early improvements or adjustments to improve the program, evaluate the quality of the program design and implementation strategies, and ensure that the program is aligned with its intended goals.

**Methodology:** The program will use quantitative and qualitative methods of data collection for the project. In 2019, 41,230 patients were served in 203 nursing homes in Mississippi<sup>5</sup>. Approximately 33,000 are 65 and older. A nonrandom sampling will be conducted, collecting both qualitative and quantitative data. Quantitative data will be collected through open-mouth screenings and outcome reports of 1,200 that participate in the Geriatric Basic Screening Surveillance (BSS). The Office of Oral Health Regional Oral Health Consultants (ROHCs) will use its licensed dental hygienists to conduct the BSS.

The BSS also provides qualitative measures of oral health status, oral health behavior and risk factors, perceived oral health wishes, and functional status and impact of oral health. Facility directors and staff will receive oral health education using the Smiles for Life Curriculum on geriatric oral care by the ROHCs. Pre and post-test surveys will be conducted to measure learning gains and assess the effectiveness of instruction or interventions. The results will provide a baseline understanding of the learner's knowledge or skills before an experience (pre-test) and a measure of their progress after that experience (post-test). Comparing the results will allow our trainers to identify areas of improvement, adjust instruction, and gain insight into learner retention and program effectiveness.

### **Objective 1: Engage External Stakeholders**

1. Program SMART Objective (this is the SMART Objective at the program level): Between 10/2025 and 09/2026, the MSDH Office of Healthy Aging and the Office of Oral Health will establish **memoranda of understanding (MOUs)** to conduct the Geriatric Basic Screening Surveillance (BSS) and provide oral health education using the Smiles for Life curriculum on geriatric oral care with proprietary, nonprofit, and public nursing home facilities.

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<sup>5</sup> Mississippi State Department of Health Bureau of Health Facilities Licensure and Certification. "2019 Report on Long-Term Care Facilities: Report on Institutions for the Aged and Infirm." Accessed May 12, 2025. <https://msdh.ms.gov/page/resources/16401.pdf>.

2. Please provide a one-sentence summary of the problem for this objective.  
Lack of access to these facilities could hinder comprehensive data collection, which is crucial for understanding trends, patterns, and making informed decisions.
3. Please provide a one-paragraph description of the problem for this objective.  
The objective is to increase access to seniors 65 and older to measure the oral health status, health behavior and risk factors, perceived oral health wishes, functional status and impact of oral health. The 2022 Behavioral Risk Factor Surveillance System (BRFSS) survey of 1,053 Mississippi adults aged 65 and older indicated 18.6% experienced complete tooth loss. America's Health Ranking has Mississippi 46th among oral health conditions of its senior population. This ranking is easily correlated to income as 38.6% of senior adults aged 65 and older with an income of less than \$25,000 have a higher prevalence of tooth extractions, and 16.8% with an income of \$25,000-\$49,999.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
Establishing MOU agreements with nursing homes will allow the state agency to measure the absence of tooth decay, healthy gums without bleeding or inflammation, a clean and pink tongue, and the ability to chew and swallow comfortably. Other indicators that will be measured will include smooth and clean teeth, a pleasant breath, and the absence of signs of gum disease like redness, swelling, pus or dry mouth. Dry mouth is a common side effect of many medications taken by this population. The reduction of saliva secretion is a known risk factor in the defense against microbial damage, which may lead to an accumulation of microorganisms in the oral cavity<sup>6</sup>.

## **Intervention**

1. One-sentence summary of intervention:  
The MSDH Office of Healthy Aging and Oral Health will contact proprietary, nonprofit, and public nursing home facilities to establish memoranda of understanding (MOUs) to conduct Basic Screening Surveillance (BSS) and provide oral health education using the Smiles for Life curriculum on geriatric oral care.
2. One-paragraph description of intervention:  
This intervention will increase access for seniors 65 and older to measure the oral health status, health behavior and risk factors, perceived oral health wishes, functional status, and impact of oral health.
3. Rationale for choosing the intervention:  
The key stakeholders were chosen because these facilities provide housing and support to seniors who need help with daily activities or require intensive medical care.

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<sup>6</sup> Frigaard, Julie et al. "Exploring Oral Health Indicators, Oral Health-Related Quality of Life and Nutritional Aspects in 23 Medicated Patients from a Short-Term Psychiatric Ward, 11." *Frontiers in Public Health*. April 12, 2023. doi: 10.3389/fpubh.2023.1083256

## **Activity 1: Contact Directors at Senior Service Providers and Neighborhood Organizations**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the MSDH Office of Healthy Aging and the Office of Oral Health will contact 62 proprietary, 29 nonprofit, and 11 public nursing home facilities.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the MSDH Office of Healthy Aging and the Office of Oral Health will create a list and contact 62 proprietary, 29 nonprofit, and 11 public nursing home facilities to establish memorandums of understanding (MOU) to conduct the BSS and to provide oral health education using the Smiles for Life curriculum on geriatric oral care. Once the agreements have been signed, scheduling for the survey and education sessions will begin.

## **Objective 2: Older Adult Oral Health Basic Screening Surveillance (BSS)**

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2025 and 05/2026, the Office of Oral Health will collaborate with MSDH Epidemiology department biweekly to discuss non-random sampling techniques and data collected from the 62 proprietary, 29 nonprofit, and 11 public nursing home facilities of which we have an MOU.
2. Please provide a one-sentence summary of the problem for this objective.  
Lack of access to these facilities could hinder comprehensive data collection, which is crucial for understanding trends, patterns, and making informed decisions.
3. Please provide a one-paragraph description of the problem for this objective.  
Older adults are often at risk of limited access to oral health care because of lack of transportation, economic challenges, complex medical conditions, social isolation, and other individual and social factors. The oral health status of adults is important in that it can affect nutritional intake, overall physical health, and quality of life. Retirement for older adults often means loss of employer-paid dental insurance<sup>7</sup>. Before the Basic Screening Survey (BSS) for older adults, no clinical data was available to monitor the oral health of older adults in long-term care (LTC) facilities at the national level or older adults overall at the state level. Although BSS is widely used, CDC highlights the potential benefits of adopting standardized guidance, which could improve the utility of BSS. Poor oral health outcomes among LTC residents underscore the importance of systematically monitoring the oral health of this vulnerable population<sup>8</sup>.

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<sup>7</sup> Association of State and Territorial Dental Directors. "Healthy Aging Includes a Healthy Mouth: Minnesota's First Basic Screening Survey for Older Adults." *astdd.org*. Accessed May 12, 2025. <https://www.astdd.org/bestpractices/DES26019MN-older-adult-bss-2023.pdf>.

<sup>8</sup> Linabarger, Molly, Susan O. Griffin, and Erin K. Hamilton. "Utility of State-Based Basic Screening Survey Reports for National Oral Health Surveillance in Older Adults, 18." *cdc.org*. April 8, 2021. Accessed May 12, 2025. <http://dx.doi.org/10.5888/pcd18.200471>

4. Describe in one paragraph the key health indicator(s) affected by this problem.  
The key oral health indicators monitored during the BSS include the presence of dental caries, untreated tooth decay, dental sealants, and periodontal disease. For older adults, indicators also include dentures, missing teeth, root fragments, soft tissue lesions, and masticatory function (the ability to chew food). Risk factors like tobacco use, alcohol consumption, and dietary habits are also considered. Dry mouth is a common side effect of many medications taken by this population. The reduction of saliva secretion is a known risk factor in the defense against microbial damage, which may lead to an accumulation of microorganisms in the oral cavity.

### **Intervention**

1. One-sentence summary of intervention:  
The Basic Screening Surveillance (BSS) is an intervention because the data collected from the screenings helps public health officials understand the oral health needs of a community and plan or evaluate outreach programs to target specific populations. The screening involves a visual inspection of the mouth to identify signs of problems like tooth decay or gum disease.
2. One-paragraph description of intervention:  
The BSS is a proactive public health approach that aims to improve oral health outcomes, particularly in vulnerable populations, by making, in this case, patients, staff, and family members aware of potential issues and connecting them with necessary care. Screening allows for the identification of oral health problems early on, when they are often easier and less costly to treat. Surveillance programs track the prevalence of oral diseases within populations, allowing for the identification of trends and areas where intervention is needed. By identifying and treating oral health conditions, surveillance helps to improve oral health, which in turn can positively impact overall health and well-being<sup>9</sup>.
3. Rationale for choosing the intervention:  
Oral health is closely linked to systemic health, and poor oral health can exacerbate existing health conditions in older adults. Surveillance helps to identify these links and facilitate interventions to improve overall health. Surveillance data can also be used to inform research on oral health trends, the effectiveness of different interventions, and to guide public health policies.

### **Activity 1: Conduct BSS on Older Adults**

1. One-sentence summary of the Activity:  
Between 10/2025 and 05/2026, the Regional Oral Health Consultants (ROHCs) will conduct the Geriatric BSS to 1,200 seniors 65 and older living in proprietary, nonprofit, and public nursing home facilities.

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<sup>9</sup> Miyazaki, Hideo, Judith A. Jones, and Eugenio D. Beltran-Aguilar. "Surveillance and Monitoring of Oral Health in Elderly People , 67." *International Dental Journal*. October 2017: 34-41. <https://doi.org/10.1111/idj.12348>

2. One-paragraph description of the Activity:

Between 10/2025 and 05/2026, the Regional Oral Health Consultants will conduct the Geriatric BSS to 1,200 seniors 65 and older living in proprietary, nonprofit, and public nursing home facilities. The BSS of older adults has three assessment components. The self-reported assessment survey gathers information on behaviors, knowledge, and attitudes related to oral health, including the number of remaining teeth and reported experiences with oral diseases. The survey also considers factors like cognitive and mental health, social support, and functional ability, as these can impact an individual's ability to maintain oral health. The clinical examination is a thorough inspection of the mouth, including the teeth, gums, and soft tissues. The key oral health indicators are also monitored and include the visual observation and recording of dental caries, periodontal diseases, oral mucosal lesions, and masticatory function. Lastly, dental referrals are made based on the individualized findings of the BSS.

**Objective 3: Geriatric Oral Health Education to Full- and Part-Time Nursing Facility Staff**

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

Between 10/2025 and 09/2026, the Regional Oral Health Consultants (ROHCs) will provide geriatric oral health education to 2,270 nursing home facility administrators and staff.

2. Please provide a one-paragraph description of the problem for this objective.

In 2019, Mississippi had 22,702 nursing facility employees, of which 97.5% were full-time. The largest population of workers at nursing homes were CNAs at 6,588 (39%) full-time and 1,925 (33.1%) part-time<sup>5</sup>. Geriatric oral health education will be provided to full-time and part-time administrators, RNs, LPNs, CNAs, direct care staff, dietitians, food service supervisors, and pharmacists. Training will be provided to these groups because neglecting oral hygiene can lead to serious health problems for residents, including pneumonia, malnutrition, and systemic infections. Training will equip staff with the knowledge and skills needed to provide effective oral care, improve resident well-being, and potentially reduce healthcare costs.

3. Describe in one paragraph the key health indicator(s) affected by this problem.

A study conducted by Wu Shang-Jung, Chun-Chieh Wang, Shu-Chen Kuo, Shwn-Huey Shieh, and Yueh-Juen Hwu<sup>10</sup> found that oral hygiene education programs significantly increased research participants' daily oral cleaning frequency, products used, and cleaning sites for their clients at three months post-training. The study posed to increase learning retention through repetition of education in the form of continuing education as a factor to promote the growth of the center's professional personnel adoption of oral health practices. Lowered risks of dental caries, periodontal diseases, oral mucosal lesions, and

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<sup>10</sup> Shang-Jung Wu, Chun-Chieh Wang, Shu-Chen Kuo, Shwn-Huey Shieh, and Yueh-Juen Hwu. "Evaluation of an Oral Hygiene Education Program for Staff Providing Long-Term Care Services: A Mixed Methods Study, 17." *International Journal of Environmental Research and Public Health*, no 12. June 19, 2020: 4429-4442. <https://doi.org/10.3390/ijerph17124429>.

masticatory function among nursing home seniors are expected from the training.

### **Intervention**

1. One-sentence summary of intervention:  
The ROHCs will provide geriatric oral health education to nursing home facility administrators and staff.
2. One-paragraph description of intervention:  
The ROHCs will use the Smiles for Life curriculum on geriatric oral health for the training session. This short, focused, and interactive oral hygiene education program will ensure participants' retention rate of oral hygiene knowledge. The key elements of improving learning retention rates included drawing the learner's attention, stimulating interest in the topic, arousing motivation for learning, and building ways for learners to critically think about information<sup>11</sup>. The teaching activities in the oral hygiene education program include pre- and post-testing, hosting narration, interactive multimedia presentation, demonstration, skills test, and teach-back to increase participants' willingness to learn and think
3. Rationale for choosing the intervention:  
The rationale for choosing to provide this intervention to these groups is that neglecting oral hygiene can lead to serious health problems for residents, including pneumonia, malnutrition, and systemic infections. Training will equip staff with the knowledge and skills needed to provide effective oral care, improve resident well-being, and potentially reduce healthcare costs.

### **Activity 1: Pre-and Post-Test**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the ROCHS will administer pre- and post-tests to participants to assess their knowledge of geriatric oral health and overall oral health.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the ROCHS will administer pre- and post-tests to participants to assess their knowledge of geriatric oral health and overall oral health. The pre- and post-tests will be used to assess participants' understanding of specific oral health topics, like oral hygiene techniques, or the causes of tooth decay as well as specific dental issues found in the senior population. The pre-test will be administered before training to gauge the existing knowledge and skills of staff regarding the training topic. It will act as a baseline to measure learning. The post-test will be administered after training to evaluate the knowledge and skills gained during the training program. It will measure the effectiveness of the training. Both tests will align with the geriatric oral health learning objectives of the training module or course.

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<sup>11</sup> The Peak Performance Center. "Learning Retention Rates." *Thepeakperformancecenter.com*. Accessed May 12, 2025. <https://thepeakperformancecenter.com/educational-learning/learning/principles-of-learning/learning-pyramid/retention-rates/>

## Activity 2: Smiles for Life Curriculum

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the ROHCs will utilize the Smiles for Life Geriatric Oral Health Curriculum to introduce nursing home staff to oral health and specific concerns related to the senior population.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the ROHCs will utilize the Smiles for Life Geriatric Oral Health Curriculum to introduce nursing home staff to oral health and specific concerns related to the senior population. The Smiles for Life curriculum consists of eight 60-minute modules covering core areas of oral health relevant to health professionals. User competencies are measured through assessments at course completion. Users must score an 80% or higher to receive credit for each course. Mississippi has 100-249 registered users with Smiles to Life, of which 50-75 are from Mississippi State University<sup>12</sup>. The geriatric oral health module addresses the vital role medical clinicians play in promoting the oral health needs of older adults. Participants will learn how clinicians perform a comprehensive oral assessment, identify and manage common geriatric oral conditions, counsel patients on effective preventive measures, and collaborate with dental professionals. Additionally, this module will address the link between oral and systemic health and review common oral side effects of medications.

## Objective 4: Partner with Senior Health Agencies

1. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2025 and 09/2026, the Office of Healthy Aging and Oral Health will establish relationships with **5 state and three local senior health agencies.**
2. Please provide a one-sentence summary of the problem for this objective.  
Highlighting oral health with senior health agencies will improve care coordination, access to services, and ultimately, the quality of life for older adults.
3. Please provide a one-paragraph description of the problem for this objective.  
Mississippi's senior population (60 and older) is projected to grow significantly faster than other age groups. By 2030, an estimated 25.3% of the state's population will be 60 and older, a substantial increase from 12.1% in 2000<sup>13</sup>. Partnerships that focus on early intervention and preventative measures can help reduce the risk of chronic conditions and hospitalizations and reduce overall health care costs. The partnerships will also focus on building stronger relationships between healthcare providers, senior living facilities, and the wider community, as well as sharing resources, expertise, and best practices, leading to more effective service delivery.
4. Describe in one paragraph the key health indicator(s) affected by this problem.

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<sup>12</sup> Smiles for Life. "Utilization: Smiles for Life Usage by State- 2022." *Smilesforlifeoralhealth.org*. Accessed May 12, 2025. <https://www.smilesforlifeoralhealth.org/about/utilization/>

<sup>13</sup> Substance Abuse and Mental Health Services Administration in partnership with the U.S. Administration on Aging. "Mississippi Population (in 1,000S)—Age Group." Accessed May 12, 2025. <https://acl.gov/sites/default/files/programs/2016-11/Mississippi%20Epi%20Profile%20Final.pdf>

Senior health organizations' key health indicators include (1) measures of high life expectancy, functional capacity, prevalence of disability, and mortality rates related to preventable causes and falls, and the social determinants of health. These indicators help assess the well-being and health status of older adults.

### **Intervention**

1. One-sentence summary of intervention:  
The Office of Healthy Aging and Oral Health will establish relationships with state and local senior health agencies.
2. One-paragraph description of intervention:  
Advocacy of senior oral health targets policymakers, regulators, and other influential individuals who can shape the healthcare landscape. Policy changes associated with advocacy include expanding dental benefits in Medicare and Medicaid, addressing access to care barriers, and promoting the integration of oral health into general healthcare. It also involves raising awareness about the importance of oral health for seniors and addressing myths or misconceptions about dental care in older adults.
3. Rationale for choosing the intervention:  
The long-term impact of this objective seeks to influence systems and policies by creating lasting improvements in oral health outcomes for seniors.

### **Activity 1: Establish Bi-Monthly Meetings with Stakeholders**

1. One-sentence summary of the Activity:  
Between 10/2025 and 09/2026, the Office of Healthy Aging and Oral Health will establish bi-monthly meetings with 5 state and three local senior health agencies.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Office of Healthy Aging and Oral Health will establish bi-monthly meetings with 5 state and three local senior health agencies. Stakeholders will work to establish support for older adults through advocacy efforts and scheduled activities. Programs and services will be offered at locations around local communities, such as adult day care centers, congregate meal sites, assisted living centers, and for the homebound. The Smiles for Life curriculum on geriatric oral health will be shared with the administrative staff, service care providers, and seniors from the chosen locations above. Dental health kits (toothbrushes, grip extenders for patients with dexterity issues, toothpaste, denture kits, and floss) will also be provided to senior participants.

## 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

3. 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.
4. 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 of sexual violence and who are under or unserved. Funding will supplement the Rape Prevention and Education funding available to the state of Mississippi for prevention purposes. MSDH will continue to implement activities to enhance the capacity to measure the successful delivery of sexual violence primary prevention measures in local communities as well as the new service to high-risk, under or unserved individuals. The project will be providing community level services.
3. Primary Strategic Partners: MS Alliance for the Boys and Girls Club (MABGC)
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

5. Program SMART Objective (this is the SMART Objective at the program level):  
Between 10/2025 and 09/2026, MABGC will develop at least **one** new partnership that will help them serve a high-risk population for sexual violence to under or unserved children in the Mississippi Delta.

6. Please provide a one-sentence summary of the problem for this objective.  
The service provider and its partner will work to locate several health risk factors within the population it is serving to determine how to bring about change within the risk factors that will provide an increase in safety against sexual violence.
7. Please provide a one-paragraph description of the problem for this objective.  
There is harm to women and girls in the community when men and boys think a certain way about women and girls. This project will provide alternatives for men and boys to see the role of women and girls in their communities.
8. Describe in one paragraph the key health indicator(s) affected by this problem.
  - Healthy Peer Relationships: Positive peer influences and a sense of social support can help youth make healthy choices and resist peer pressure.
  - Community Tolerance of Sexual Violence: Addressing societal norms that condone or minimize sexual violence is crucial for creating protective environments. Creating relationships with others to bring about change in beliefs and therefore, change in behaviors.
  - Societal Norms that Support Sexual Violence: Challenging and changing societal norms that perpetuate harmful attitudes towards gender roles and sexual entitlement are essential for primary prevention.

### **Intervention**

1. One-sentence summary of intervention:  
Develop a MOU with a community partner to help facilitate a program with high-risk children and youth that builds relationships with peers and safe adults.
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. The partner(s) they vet to work with this population will go through training on how to talk with children/youth about positive relationship ideas.
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. The CDC Rape Prevention Program does not have any sexual assault centers in the MS Delta. The MS Alliance for Boys and Girls Club has several facilities in the delta area and can bring these services to each.

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

5. One-sentence summary of the Activity:  
Between 10/2025 and 9/2026, the Office Against Interpersonal Violence will establish a subgrant with one organization.
6. One-paragraph description of the Activity:  
Between 10/2025 and 9/2026, the Office Against 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 10/2025 and 9/2026, the Office Against 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.  
During research of children's programs in the delta area there was little to no primary prevention services for sexual violence.
3. Please provide a one-paragraph description of the problem for this objective.  
There was little to no primary prevention services for sexual assault in the MS Delta area. This primary prevention program will be able to be created in several areas with the MS Alliance of Boys and Girls Club.
4. Describe in one paragraph the key health indicator(s) affected by this problem.
  - Family Connectedness and Support: Strong family bonds and open communication, including discussions about sex, can help protect children and youth.
  - Healthy Peer Relationships: Positive peer influences and a sense of social support can help youth make healthy choices and resist peer pressure.
  - Community Resources and Support: Providing access to community-based resources such as after-school programs, sports, and job training can offer positive opportunities and support youth development.
  - School Connectedness: Fostering a sense of belonging and engagement in school activities can protect against sexual risk-taking.

### **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 Against 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**

3. One-sentence summary of the Activity:  
Between 10/2025 and 9/2026, the Office Against Interpersonal Violence will collaborate with the identified organization to identify an evidence-based curriculum or intervention.
4. One-paragraph description of the Activity:  
Between 10/2025 and 9/2026, the Office Against 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**

3. One-sentence summary of the Activity:  
Between 10/2025 and 9/2026, the Office Against Interpersonal Violence will work with the identified organization to identify sites.
4. One-paragraph description of the Activity:  
Between 10/2025 and 9/2026, the Office Against 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**

3. One-sentence summary of the Activity:  
Between 10/2025 and 9/2026, the Office Against Interpersonal Violence will provide technical support and assistance to the identified organization.
4. One-paragraph description of the Activity:  
Between 10/2025 and 9/2026, the Office Against Interpersonal Violence will provide technical support and assistance 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 Resource.

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

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

Between 10/2025 and 9/2026, the Office Against Interpersonal Violence will work with the identified organization to develop an evaluation plan for the sexual assault primary prevention curriculum or intervention that merges into the RPE Evaluation Plan.

2. Please provide a one-sentence summary of the problem for this objective.  
There has not been a program providing primary prevention, working with the RPE program to integrate the evaluation plan into the RPE Plan in the MS Delta.
3. Please provide a one-paragraph description of the problem for this objective.  
There has not been a program providing primary prevention, working with the RPE program to integrate the evaluation plan into the RPE Plan in the MS Delta.
4. Describe in one paragraph the key health indicator(s) affected by this problem.  
Societal Norms that Support Sexual Violence: Challenging and changing societal norms that perpetuate harmful attitudes towards gender roles and sexual entitlement are essential for primary prevention.

### **Intervention**

1. One-sentence summary of intervention:  
Develop an evaluation plan for the sexual assault primary prevention curriculum or intervention that merges with the MS RPE Program.
2. One-paragraph description of intervention:  
The Office Against Interpersonal Violence will work with the identified organization to develop an evaluation plan for the sexual assault primary prevention curriculum or intervention that merges with the MS RPE Plan. 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 10/2025 and 09/2026, the Office Against Interpersonal Violence will collaborate with the identified organization to collect primary and secondary data along with the MS RPE Program.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the Office Against Interpersonal Violence will collaborate with the identified organization to collect primary and secondary data from various sources. A fillable datasheet will be provided 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.

DRAFT

## **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**

3. 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.
4. 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, the Quality Improvement (QI) Lead will schedule 4 quarterly meetings with the Quality Improvement Council.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, Office of Improvement staff will further implement the agency's performance dashboard system.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, 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 10/2025 and 09/2026, Office of Performance Improvement staff will continue quarterly monitoring and updating the agency's performance dashboard.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, the 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 10/2025 and 09/2026, the Office of Performance Improvement will train 25 agency staff in performance management.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, the Office of Performance Improvement staff will work with Senior Leadership to develop 1 strategic plan.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, 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 10/2025 and 09/2026, the Office of Performance Improvement will facilitate **4 quarterly meetings.**
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, 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 10/2025 and 09/2026, the Strategic Plan workgroups will present data and review data trends quarterly.
2. One-paragraph description of the Activity:  
Between 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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.
  - l. 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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 10/2025 and 09/2026, 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.

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