County Health Economics Profile
Alcorn County, MS

extension.msstate.edu/economic-profiles

MISSISSIPPI STATE UNIVERSITY EXTENSION

Demographics*	County	Mississippi	United States
Total Population, 2021 (Emsi Population Estimates)	34,964	2,967,023	329,725,481
Percent Change - Total Population, 2021 (2017 - 2021 ACS 5-year estimates)	-5.7%	-0.5%	1.0%
Percent Non-white Population, 2020 (2017 - 2021 ACS 5-year estimates)	17.4%	42.6%	31.8%
Percent Population Over 64 years, 2021 (2017 - 2021 ACS 5-year estimates)	18.2%	15.9%	16.0%
Percent of Population in Poverty, 2021 (SAIPE)	17.0%	19.2%	12.8%
Percent of Total Population under 18 in Poverty, 2021 (SAIPE)	23.5%	27.1%	16.9%
Current Median Household Income, 2021 (SAIPE)	$44,068	$49,111	$69,021
Not Covered by Health Insurance, 2021 (2017 - 2021ACS 5-year estimates)	12.6%	12.1%	8.8%
Private Health Insur Cov Alone, 2021 (2017 - 2021 ACS 5-year estimates)	87.4%	87.9%	67.8%
Public Health Insur Cov Alone, 2021 (2017 - 2021 ACS 5-year estimates)	41.2%	39.0%	35.4%

*Data source acronyms are explained in the Data Key at the end of the publication.

Economic Contribution of the Healthcare Sector 2022 - Emsi/IMPLAN

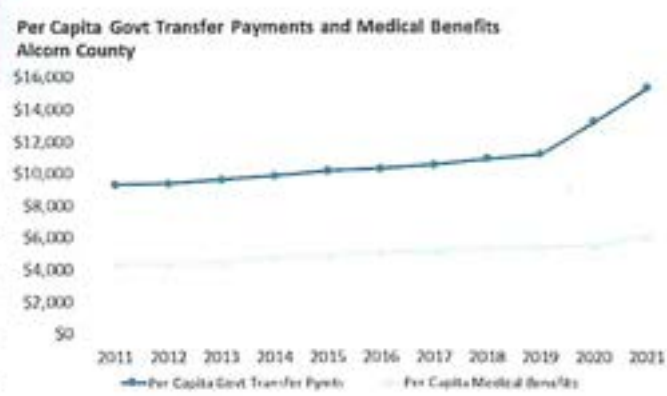
Sector	Direct Impact	Multi-plier	Total Impact
Output (Sales)	$211,908,487	1.42	$300,544,804
Labor Income	$109,425,447	1.22	$133,233,755
Employment	1,706	1.37	2,336

Fiscal Revenue Contribution Estimates of the Healthcare Sector , 2022 - Emsi/IMPLAN

Revenue Source	Local Tax	State Tax	Federal Tax
Employee Comp	$0	$8,796	$14,199,968
Proprietor Income	$0	$0	$1,300,043
TOPI	-$144,112	-$1,576,183	$491,556
Households	$19,790	$2,222,490	$7,917,018
Corporations	$0	$369,040	$1,057,108

Health Occupations per 100,000 Population 2022 - Emsi

Sector	Occ/100k	State Rank
Physicians/Surgeons (all types)	237	14
Reg Nurses/Spec Nurses/Phys Assts	1,010	23
Lic Practical/Vocational Nurses	406	13
Technologist/Technicians (all types)	1,158	10
Nursing/Psy/Home Health Aides	958	58
Other Practitioners	215	10
All Other	240	16



Economic Contribution of the Healthcare Sector 2022— Emsi/IMPLAN

Sector*	Sector Description	Jobs	Earnings	Value Added	Output
**	Hospitals	403	$14,200,000	$15,023,168	$50,405,796
486	Outpatient Care Centers	106	$10,100,000	$8,957,902	$22,412,245
483-5	Offices of providers	737	$65,200,000	$70,600,000	$101,000,000
487	Medical/Diagnostic Labs	3	$438,482	$913,508	$1,070,283
491	Nursing/Residential Care Facilities	317	$12,200,000	$13,063,967	$22,696,529
488	Home Health Care Services	90	$3,839,586	$3,684,513	$5,462,764

*Sector numbers are IMPLAN sectors. ** The Hospital sector includes private hospitals (NAICS 490), state-owned hospitals (NAICS 902622, and locally owned hospitals (NAICS 903622).

Top Health Employment Sectors 2022 — Emsi

NAICS Code	Sector	2020 Jobs	Annual Earn/Job
**	Gen Med/Surgical Hospitals	403	$69,716
6211	Offices of Physicians	375	$127,586
6231	Nurs Care Fac (Skilled Nursing Fac)	222	$47,017
6213	Offices of Other Health Prac	207	$46,763
6212	Offices of Dentists	128	$62,188
6214	Outpatient Care Centers	102	$92,186
6216	Home Health Care Services	87	$42,567
6233	Cont Care Ret Comm/Asst Eld Liv	54	$22,274

**Includes privately owned, state-owned, and local government-owned hospitals.

Top Health Occupation Sectors 2022 — Emsi

SOC Code	Sector	2020 Jobs	Avg Hrly Earnings
	Total Jobs	1,544	$28.42
29-1140	Registered Nurses	291	$29.00
31-1130	Nur Assts/Ord/Psy Aides	235	$11.27
29-2060	Lic Prac/Voc Nurses	144	$19.53
31-9090	Misc Health Supp Occ	139	$15.22
29-2050	Hlth Prac Supp Techs	125	$16.33
31-1120	Home Hlth/Care Aides	108	$11.04
29-1120	Therapists	69	$34.01

Percent of Jobs in Health Care and Social Assistance (2022)

Job sectors in the above map include:

- Offices of Physicians
- Offices of Dentists
- Offices of Other Health Practitioners
- Outpatient Care Centers
- Medical and Diagnostic Laboratories
- Home Health Care Services
- Other Ambulatory Health Care Services
- General Medical and Surgical Hospitals
- Psychiatric and Substance Abuse Hospitals
- Specialty Hospitals
- Skilled Nursing Care Facilities
- Residential Care Facilities
- Individual and Family Services
- Vocational Rehabilitation Services
- Child Day Care Services

For further information, contact Alan Barefield at 662.325.7995 or alan.barefield@msstate.edu

MISSISSIPPI COUNTY HEALTH ECONOMICS PROFILES
DATA KEY

Data Acronyms and Abbreviations
ACS — American Community Survey (5-year estimates are used for all ACS variables). Data can be accessed through *https://data.census.gov.*
SAIPE — Small Area Income and Poverty Estimates. *https://www.census.gov/programs-surveys/saipe.html*
BEA — Bureau of Economic Analysis. *https://www.bea.gov/data/by-place-county-metro-local*
Emsi — Proprietary data software company. *https://economicmodeling.com*
IMPLAN — Proprietary software company specializing in input-output analysis software. *https://implan.com*
TOPI — Taxes on Production and Imports

Total Population, 2021
Data were obtained from the Emsi Population Estimates.
https://lightcast.io

Percent Change in Total Population, 2017 to 2021
Data were obtained from the Emsi Population Estimates and the U.S. Census Bureau Population Estimates.
https://economicmodeling.com, https://data.census.gov

Percent of the Population that is Non-white, 202`
Data were obtained from the 2017 to 2021 American Community Survey five-year estimates (Table B02001). This table depicts the population at the county, state, and national levels by race.
https://data.census.gov

Percent of the Population that is Older than 64 years, 2021
Data were obtained from the 2017 to 2021 American Community Survey five-year estimates (Table B01001). This table depicts the population at the county, state, and national levels by age and sex.
https://data.census.gov

Percent of the Population in Poverty, 2021 Estimate
Data were obtained from the Model-based Small Area Income & Poverty Estimates (SAIPE) for school districts, counties, and states.
https://www.census.gov/data/datasets/2020/demo/saipe/2021-state-and-county.html

Percent of the Total Population under 18 in Poverty, 2021
Data were obtained from the Model-based Small Area Income & Poverty Estimates (SAIPE) for school districts, counties, and states.
https://www.census.gov/data/datasets/2020/demo/saipe/2021-state-and-county.html

Current Median Household Income, 2021
Data were obtained from the Model-based Small Area Income & Poverty Estimates (SAIPE) for school districts, counties, and states.
https://www.census.gov/data/datasets/2020/demo/saipe/2021-state-and-county.html

Not Covered by Health Insurance, 2021
Data were obtained from the 2017 to 202` American Community Survey five-year estimates (Table S2701). Estimates are of the percentage of persons in the county who were not covered by any type of health insurance.
https://data.census.gov

Private Health Insurance Coverage Alone, 2021
Data were obtained from the 2017 to 2021 American Community Survey five-year estimates (Table S2701). Estimates are of the percentage of persons in the county who were solely covered by some form of private health insurance.
https://data.census.gov

Public Health Insurance Coverage Alone, 2021
Data were obtained from the 2017 to 2021 American Community Survey five-year estimates (Table S2701). Estimates are of the percentage of persons in the county who were solely covered by some form of public health insurance.
https://data.census.gov

Other Health Insurance Coverage, 2021
Data were obtained from the 2017 to 2021 American Community Survey five-year estimates (Table S2701). Estimates are of the percentage of persons in the county who were covered by some combination of private and public health insurance.
https://data.census.gov

Economic Contribution of the Healthcare Sector, 2022 (1st table)
These estimates were calculated using input-output methodologies by the IMPLAN software from labor and earnings data provided by the Economic Modeling Specialists, Inc. proprietary database. They show the total output (all sales), labor income and employment estimates and multipliers for the direct and total economic impact of six economic sectors (Offices of physicians, dentists, and other health practitioners; Home health care services; Medical and diagnostic labs and outpatient and other ambulatory services; Nursing and residential care facilities; Private hospitals; and Public hospitals that used the spending patterns of private hospitals as a proxy).
https://www.implan.com
https://lightcast.io

Fiscal Revenue Contribution Estimates of the Healthcare Sector, 2022
Estimates of fiscal revenue (taxes) generated by the healthcare sector for both the state/local and federal economies classified by revenue source. These estimates were calculated using input-output methodologies by the IMPLAN software from labor and earnings data provided by the Economic Modeling Specialists, Inc. proprietary database.
https://www.implan.com
https://lightcast.io

Health Occupations per 100,000 Population, 2022
These estimates were obtained from Emsi. In an effort to ease comparisons of the numbers of occupations for a particular health-related sector in a county or region, the numbers of occupations existing within a county were indexed to a 100,000 population rate. Aggregated sectors are composed of the following:

Physicians/Surgeons (all types)
- Sector 29-1060—Physicians and Surgeons

Registered Nurses/Specialized Nurses/Physician Assistants
- Sector 29-1070—Physician Assistants
- Sector 29-1140—Registered Nurses
- Sector 29-1150—Nurse Anesthetists
- Sector 29-1160—Nurse Midwives
- Sector 29-1170—Nurse Practitioners

Licensed Practical and Vocational Nurses
- Sector 29-2060—Licensed Practical and Licensed Vocational Nurses

Technologists/Technicians (all types)
- Sector 29-2010—Clinical Laboratory Technologists and Technicians
- Sector 29-2030—Diagnostic Related Technologists and Technicians
- Sector 29-2040—Emergency Medical Technicians and Paramedics
- Sector 29-2050—Health Practitioner Support Technologists and Technicians
- Sector 29-2070—Medical Records and Health Information Technicians
- Sector 29-2090—Miscellaneous Health Technologists and Technicians
- Sector 29-9010—Occupational Health and Safety Specialists and Technicians

Nursing/Psychiatric/Home Health Aides
- Sector 31-1010—Nursing, Psychiatric, and Home Health Aides

Other Practitioners
- Sector 29-1010—Chiropractors
- Sector 29-1020—Dentists
- Sector 29-1040—Optometrists
- Sector 29-1050—Pharmacists
- Sector 29-1080—Podiatrists

Other
- Sector 29-1030—Dietitians and Nutritionists
- Sector 29-1120—Therapists
- Sector 29-1190—Miscellaneous Health Diagnosing and Treating Practitioners
- Sector 29-9090—Miscellaneous Health Practitioners and Technical Workers
- Sector 31-2010—Occupational Therapy Assistants and Aides
- Sector 31-2020—Physical Therapy Assistants and Aides

http://economicmodeling.com

Per Capita Transfer Payments (Total Govt Payments and Govt Medical Benefits)
Data were obtained from the Bureau of Economic Analysis Local Area Personal Income and Employment Table CA35. They show the values of total government-paid total and medical transfer payments.
https://www.bea.gov/data/by-place-county-metro-local
Economic Contribution of the Healthcare Sector, 2021 (2nd table)
These are estimates of the total number of jobs and labor income resulting from the presence of the healthcare sector in the county. They were estimated using the IMPLAN software and are a result of the information gleaned from the Economic Impact of Healthcare Sector (1st table) above.
https://www.implan.com
https://lightcast.io
Top Health and Social Assistance Occupation Sectors, 2021
Estimates were obtained from the Economic Modeling Specialists, Inc., proprietary database. The largest Standard Occupational Classification (SOC) sectors for 2021 were captured for the county. This database also supplied estimates for the average annual earnings per occupation.
https://lightcast.io
Percentage of Jobs in the Healthcare Sector, 2021
These estimates were obtained from the Economic Modeling Specialists, Inc., proprietary database. The map shows the percentage of total jobs within the county that are directly involved with healthcare. Sectors used as direct healthcare sectors are: Offices of physicians, dentists, and other health practitioners; Home health care services; Medical and diagnostic labs and outpatient and other ambulatory services; Nursing and residential care facilities; Private hospitals; and Public hospitals.
https://lightcast.io
Top Health Employment Sectors, 2021
These estimates were obtained from the Economic Modeling Specialists, Inc., proprietary database. The largest employment NAICS code sectors for 2021 were captured for the county. This database also supplied estimates for the annual earnings per job.
https://lightcast.io
Top Health Occupation Sectors, 2021
These estimates were obtained from the Economic Modeling Specialists, Inc., proprietary database. The largest employment SOC (occupation) code sectors for 2021 were captured for the county. This database also supplied estimates for the average hourly earnings per job.
https://lightcast.io

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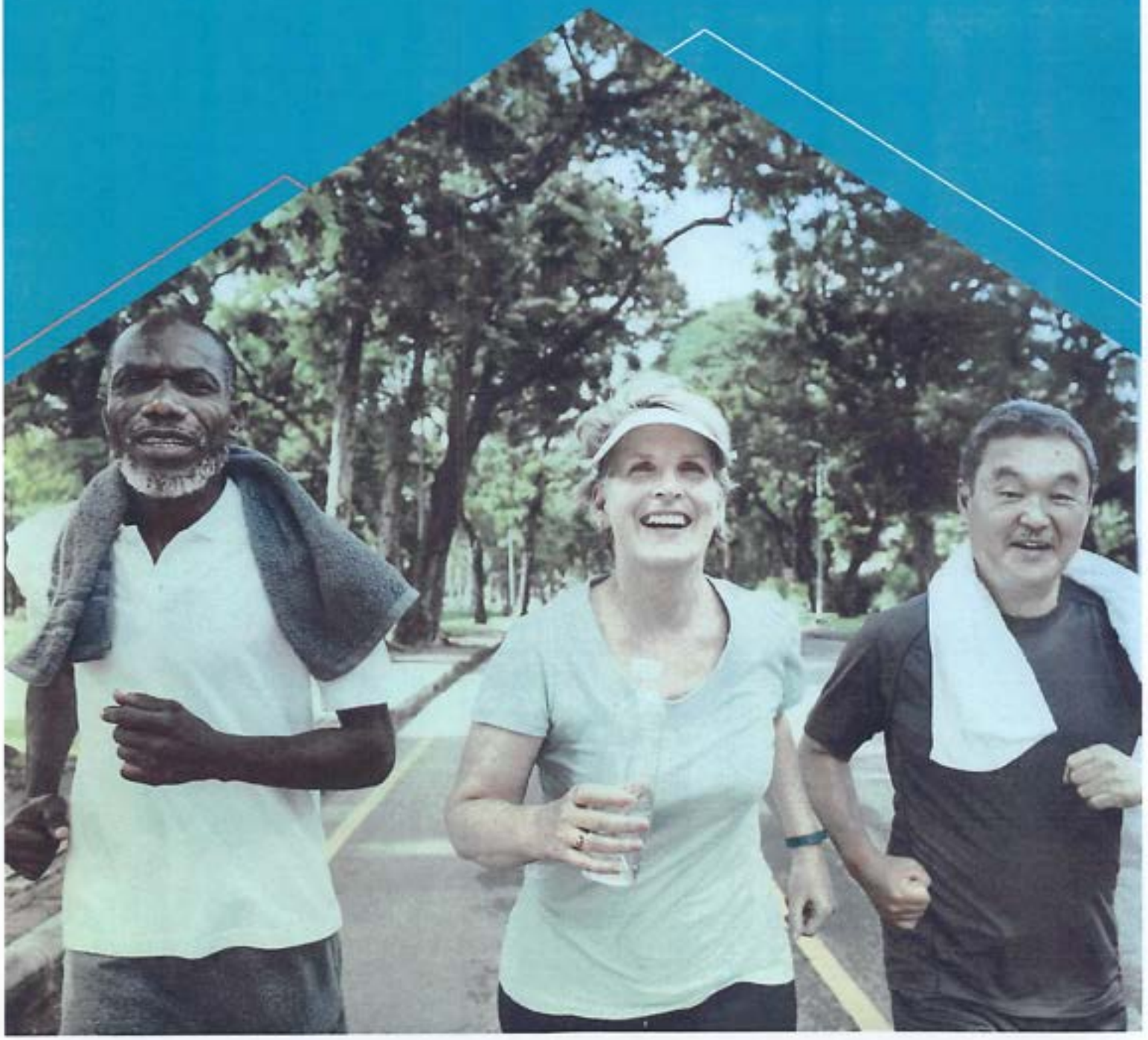
2022

State Health Improvement Plan

UProot
MISSISSIPPI



ACKNOWLEDGMENTS

The Mississippi State Health Assessment (SHA) and the Mississippi State Health Improvement Plan (SHIP) were developed by the Mississippi State Department of Health with the assistance of the Mississippi State Health Assessment and Improvement Committee (SHAIC). The SHAIC is an advisory council comprised of experts, stakeholders, and representatives from across the state public health system. The SHAIC provided guidance on the assessment process, selected priority areas to address in the State Health Improvement Plan, and will be monitoring the implementation of the Plan. A list of participating partners can be found in Appendix A.

The assessment and improvement plan would not have been possible without the commitment and dedication of MSDH and Mississippi Public Health Association staff, who helped collect and analyze data for this process.

This state health assessment and improvement plan was made possible by financial support obtained from the Preventive Health and Health Services Block Grant.

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Dear Colleagues:

The role of public health is ever evolving to meet the critical challenges that impede our collective health and prosperity. It is becoming increasingly clear that structural societal issues, or the "social determinants of health," drive the majority of poor health outcomes witnessed in our state. I am pleased that the 2022 SHIP partners have identified the social determinants of health, endemic system issues and the subsequent burden of obesity and chronic disease as targets for unified action. To address a problem it must be identified, named and understood at its most foundational levels. The authors of this report are bold to call out poverty and structural racism as key elements holding our state back. With the 2022 State Health Improvement Plan our coalition of partners have chosen to tackle Mississippi's most entrenched issues head-on.

The 2022 State Health Improvement Plan also demonstrates the power of partnerships. Public health is not the sole property of the department of health, but a coordinated series of efforts and initiatives that can only be successful when the voices and actions of stakeholders are unleashed in concert with dedicated public health professionals. Although Mississippi suffered greatly from the COVID pandemic, tragically losing over 12,000 residents, we found success when effective partnerships were brought into play. Coordination with community leaders, advocacy groups, other agencies and other professions saved many Mississippi lives and closed the health disparity gap in ways never seen before in Mississippi. To that same end, the partners that have coalesced around the creation of this document must be maintained in the ongoing public health effort. Only through partnerships will we succeed.

Thomas Dobbs, MD, MPH
State Health Officer

Table of Contents

Executive Summary

In 2014, the Mississippi State Department of Health (MSDH) began the first-ever State Health Assessment (SHA) and State Health Improvement Plan (SHIP) to determine the state's greatest health needs. This process was a collaborative effort engaging more than 19,000 residents, public health professionals, and community partners across the state. For the past five years, the SHIP has been monitored and assessed for the progress made in reaching the goals, as well as barriers. Obviously, the COVID-19 pandemic created major challenges in keeping the momentum among community partners. Despite the setback, MSDH assessed the initial SHIP to ascertain what could be learned to inform the 2021-2022 revision process. A summary of that information is included in this plan.

From 2019-2020, MSDH conducted its second SHA to build a healthier Mississippi. The 2020 SHA provides an overview of the health and social wellbeing of Mississippians and the issues affecting our state's public health system. Understanding our state's current health, quality of life, as well as the many factors that influence health, provided an important foundation to create **Building a Healthier Mississippi** State Health Improvement Plan. The SHA is published as a separate report. Those findings led the SHAIC to select two priority areas, with six overarching goals, for the 2022-2026 State Health Improvement Plan.

Battle Obesity to Prevent and Manage Chronic Disease
Address Social Determinants of Health

Developing the 2022 **Building a Healthier Mississippi** SHIP has served as a catalyst for moving the state's diverse groups and sectors toward a common health agenda over the next five years.

In this plan, there are specific goals for each of the identified community health priorities. While the plan does not address every strength and weakness identified in the SHA, it does provide a clear course of direction for this plan cycle. It identifies high-impact strategic issues as well as desired health and public health outcomes to be achieved through the coordinated activities of the many partners who provided input.

Leadership

The SHA process began by assembling the State Health Assessment and Improvement Committee (SHAIC). It consists of stakeholders and partner organizations throughout the state public health system. This group serves as the advisory committee for the SHA and SHIP processes. The group met to support the Mobilizing for Action through Planning and Partnerships (MAPP) process and review its findings. The MAPP model is comprised of 4 assessments using input from the public, public health stakeholders, and compiled data. Coordination of the MAPP process was led by the MSDH Office of Performance Improvement. This included facilitation support of the four assessments and engaging stakeholders in the state public health system.

In conducting the SHA, the UProot partners assisted MSDH in identifying and prioritizing Mississippi's public health issues, as well as strategies to support them over the next 5 years (2021-2026). UProot is a collaborative effort to assess and improve the health of the state of Mississippi. This effort includes the input of over 90 partner organizations, including business groups, non-profits, and state agencies. The Mississippi State Department of Health convened these organizations in 2014 to participate in the inaugural SHA and the SHIP processes. The groups have worked hard to candidly evaluate the health issues making the greatest impact on Mississippians and develop plans to address them together. Each section of the SHA looks at the health issues affecting Mississippi through a different lens.

The community process for updating the SHIP continued to center around the quarterly meetings of the SHAIC. They met in April 2021 to review the previous SHIP per the survey and discuss the updated SHA. A second survey was sent to them in preparation for the May 2021 meeting. Two work groups began identifying the specific objectives, tasks, and measures for the new SHIP. The July 2021 meeting provided further discussion and clarification of the goals, objectives, and measures for the work plans. In August 2021, a Steering Committee of the SHAIC was appointed to help focus the work plans for public vetting and approve questions for the vetting process. The SHAIC Steering Committee met October 12 to review the latest draft for vetting. Additionally, the MSDH Office of Performance Improvement (OPI) and Mississippi Public Health Association (MPHA) met with Creative Distillery to plan the public input process. The draft was posted on the UProot website and social media with an initial deadline of November 8, 2021. MPHA assisted in promoting public comment on the draft. State Health Officer Dr. Thomas Dobbs sent a letter to stakeholders requesting their feedback and added gift cards to incentivize comments.

Vision and Values

During the inaugural SHA/SHIP, the SHAIC composed vision and values statements to guide the State Health Assessment and Improvement Planning process, as well as a mission statement to summarize the purpose of the SHA and SHIP. The vision statement, "All Mississippians living healthier, longer lives due to a thriving public health effort that is supported by active and committed citizens and organizations," has remained the framework for the SHA/SHIP process.

The SHAIC's selection of values was referred to throughout the MAPP process to ensure all State Health Assessment and Improvement Plan activities were in line with these guiding principles.

Vision

All Mississippians living healthier, longer lives due to a thriving public-health effort supported by active and committed citizens and organizations.

Values

Integrity - Strive to do the right thing in achieving the best public health outcomes through honesty, trustworthiness, and transparency in all we do;

Collaboration - Value the diversity and unique contributions of partners, develop positive relationships, foster innovative solutions, and strengthen capacity to accomplish our mission;

Service - Demonstrate a commitment to public health through compassionate actions and stewardship of time, resources, and talents;

Quality - Exhibit superior performance and continuous improvement in knowledge and expertise;

Equity - Promote equity through fairness and social justice within the context of health in diverse communities;

Effectiveness - Utilize evidence, science, best practices, resources, and time to achieve optimal results;

Accountability - Maintain the highest standards of responsibility, transparency, and accountability to the citizens of Mississippi.

Health Assessments Guiding the Development of the SHIP

The **State Health Status Assessment** was conducted through an epidemiological analysis of demographic, social, and health indicators from a variety of state and national surveillance data sources. MSDH epidemiologists gathered and analyzed this data, and compiled it into a report. This assessment constitutes a snapshot of the health status and social wellbeing of Mississippians, highlighting disparities in health and social outcomes that must be addressed to improve population health and quality of life.

The **State/Community Themes and Strengths Assessment** sought community input from Mississippians from a statewide survey and a series of focus groups throughout each of the state's nine public health districts.

MSDH conducted a convenience sample survey of Mississippians across the state and received 953 responses. The survey explored the public's perceptions on health status, health services, and quality of life in their communities. While efforts were made to reflect state demographics, it is important to note the sample is not a fully representative sample. A majority of respondents were aged 45 and older (57%), identified as female (78%), and listed a median household annual income of $60,00 to $79,999. According to U.S. Census estimates, median age is estimated at 38.3, female identified residents are approximately 51%, and median household income is approximately $43,000. Due to the COVID-19 outbreak and subsequent pandemic, MSDH was forced to halt the dissemination of the Community Input Survey in March 2020.

A total of 29 listening sessions were also held throughout the state to explore local perspectives regarding community assets and challenges, barriers to health, and quality of life. These conversations secured input from residents on how health and well-being can be improved in the state's communities.

The Forces of Change Assessment gathered community leaders and stakeholders to think strategically about transforming variables along with their corresponding threats and opportunities. Participants looked to the future to anticipate forces while also taking current trends into consideration. Dialogue from this assessment comprised a report identifying forces that may influence the health and quality of life of Mississippi communities and the effectiveness of its public health system.

The State Public Health System Assessment involved a day-long retreat of 68 partners and stakeholders including public, private, and voluntary sectors. Participants assessed the public health system's collective performance in delivering essential public health services to Mississippians.

The transcripts, highlighted strengths, weaknesses, and opportunities to collectively improve the state public health system. This assessment is an illustration of the performance of Mississippi's public health system and serves as a roadmap for partners and stakeholders across the state to collectively strengthen public health services.

Analysis of Cross Cutting Themes and Identification of Priority Issues

Upon completion of the four MAPP components, the SHAIC convened virtually to review key findings and discuss cross-cutting themes from the four assessments. With analysis complete, the SHAIC considered the following prioritization criteria to identify a list of strategic issues:

- **Cross-cutting issue emerging from multiple assessments**
- **Disparities related to issue (disproportionately affects sub-populations)**
- **Cost and/or return on investment**
- **Availability of solutions/best practices**
- **Availability of resources (staff, time, money, equipment, potential grants) to address issue**
- **Urgency of addressing issue**
- **Size of issue (e.g., # of individuals affected)**
- **Feasibility (likelihood of being able to make an impact working together)**

On September 9, 2020, the SHAIC re-convened to examine the survey results and select strategic issues to address as a state public health system. After reviewing the key findings, the SHAIC used them as a basis to define the 2022-2026 SHIP priorities. They agreed on the following:

Battle Obesity to Prevent and Manage Chronic Disease

The prevalence of obesity in Mississippi was emphasized throughout the assessments. Obesity co-occurs with many other health problems, such as hypertension and diabetes, and is a result of societal barriers, such as access to care and food insecurity. Listening session participants from the Community Themes and Strengths Assessment (CTSA) noted obesity, diabetes, and hypertension as health issues preventing their communities from being considered healthy. Survey respondents from the CTSA listed diabetes (14.3%), obesity (12.9%), and high blood pressure (12.2%) as the top three most important health problems in their communities. Data from the State Health Status Assessment showed 72.9% of the population was either overweight or obese with 25.4% of children ages 10-17 being considered obese (2018).

The SHAIC identified the need to improve issues related to chronic disease by addressing prevention and self-management of obesity, hypertension, and diabetes. Participants from the Forces of Change Assessment noted poor access to healthy food in local communities, due to the lack of time to procure healthy food; the prohibitive cost of healthy food relative to unhealthy options; and a lack of incentives for farmers to grow healthy, consumable foods. As well, a listening session participant in Meadville noted: "Most of the stores do not have enough variety of healthy food. Nutrition is not there because we cannot afford it." The SHAIC identified the need to improve nutrition by combating food insecurity throughout the state.

The SHAIC also recognized the need to focus on populations with the greatest inequities and ensure cultural competency (i.e., how food is eaten in that culture; what are desired body types; or how different cultural groups engage with exercise, if at all). Mortality rates for diabetes and hypertension were shown to be consistently higher for African Americans than Caucasians in Mississippi. In 2018, the mortality rate for diabetes was 52.3/100,000 population for African Americans, for Caucasians this was 20.6/100,000 population. African Americans consistently experienced higher rates of mortality due to hypertension than any other race (26.6/100,000 population in 2018). Due to this, it is important to focus on populations with the greatest inequities to address obesity in the state.

Addressing Social Determinants of Health

The World Health Organization defines the Social Determinants of Health (SDOH) as the conditions in which people are born, grow, live, work, and age. Social and structural determinants of health can serve as challenges to achieving optimal health and well-being for community members throughout the state. In the CTSA report, participants most frequently indicated housing, food insecurity and access, education, and employment were some of the greatest challenges faced in their communities. Throughout each of the assessments, employment and poverty were consistently listed as barriers to health and well-being. This included unemployment and underemployment, cost of education/job training, and a lack of well-paying jobs. Of the CTSA respondents, 11.8% frequently identified a lack of quality jobs as one of the top issues impacting health and wellbeing. The SHAIC identified the need to address poverty and employment through educational attainment and job training. The SHAIC also noted the need to focus on social and structural determinants of health related to structural racism. The SHSA report showed more African Americans had less than a high school education, as compared to Caucasians, at 52.5% vs 43.6%, respectively. The Forces of Change Assessment noted structural racism limits economic opportunity and health attainment among people of color and minorities. The SHAIC recognized the need to reduce inequities through addressing SDOH with populations experiencing the greatest inequities.

Addressing Systems Issues

The SHAIC also identified important system issues to address through planning, implementation, and monitoring impact while working collectively on addressing the complex issues of obesity and the social and structural determinants of health.

- **Evaluation** – The public health system must evaluate efforts to address these priority issues as well as other public health initiatives to make data-informed decisions and strategically leverage our resources on what works.
- **Community Capacity Development** – While the public health system works collectively to address these complex issues, it is imperative to work in partnership with local communities. This includes strategies to enhance capacity at the local level, meaningfully engage communities and those impacted the most by inequities, and coordinate communication about these issues.

The key findings and priorities were shared through the UProot Mississippi website, the UProot newsletter, and to participants from the CTSA listening sessions to solicit feedback from partner organizations and state residents on the proposed priorities with the public. Information on the priority issues and the four assessments were posted on the UProot website to receive public comment.

Process Flowchart for the State Health Assessment and Improvement Plan

The state health assessment and improvement plan were both conducted following the process outlined below:

Leadership

State Health Assessment and Improvement Committee	MSDH Staff Leadership Team	Community Engagement and Input

Vision and Values

All Mississippians living healthier, longer lives due to a thriving public health effort that is supported by active and committed citizens and organization

Integrity	Collaboration	Service	Quality	Equity	Effectiveness	Accountability

Health Assessments from State Health Assessment Process

State Health Assessment	State/Community Themes and Strengths Assessment		Forces of Change Assessment	State Public Health System Assessment
Epidemiological Analysis of Health and Social Determinants	Statewide Survey	Focus Group and Community Conversations	SHAIC Meeting	Stakeholder Meeting

Analysis of Cross Cutting Themes and Priority Issues

Key Findings Meeting with SHAIC	SHAIC Steering Committee Review	Public Comment Period

Development of State Health Improvement Plan

Formulate Goals and Strategies	Develop Action Plan	Implement Action Plan	Evaluate Action Plan

Mississippi State Health Improvement Plan 2022

Reviewing and Updating the State Health Improvement Plan

The Mississippi State Health Improvement Plan (SHIP) was initially constructed between 2014 - 2016 in preparation for initial accreditation of the state health department. The process was a collaborative effort that engaged more than 19,000 residents, public health professionals, and community partners across the state. The Building a Healthier Mississippi State Health Assessment provided an overview of the health and social well-being of Mississippians and the issues affecting the state's public health system. Understanding the state's current health and quality of life, as well as the many factors that influence health, provided an important foundation of knowledge to inform the development of Building a Healthier Mississippi State Health Improvement Plan to improve Mississippi's health.

The findings from the State Health Assessment informed the selection of nine priority issues across three categories, and the development of the Building a Healthier Mississippi State Health Improvement Plan narrowed the nine priorities to four. Four categories or priorities were selected, along with key partner organizational leadership, and indicators to measure the progress of the work plans. Those priority areas were:

- **Address Social Determinants of Health: Increase Educational Attainment**
- **Strengthen Public Health Infrastructure: Create a Culture of Health**
- **Improve Health Status & Reduce Health Disparities: Reduce Rates of Chronic Disease**
- **Improve Health Status and Reduce Health Disparities: Improve Infant Health**

The collaborative process used to monitor and track the implementation of the SHIP included several components:

- **The State Health Assessment and Improvement Advisory Committee (SHAIC) is the community group responsible for the development and implementation of the State Health Assessment (SHA) and the State Health Improvement Plan. The SHAIC meets quarterly to discuss the progress of the SHIP and make revisions, as necessary.**
- **The areas for which the MSDH was responsible were included in the MSDH Strategic Plan, published in 2018. Since some of this work involved maintaining the UProot website, a key partner for this work was Creative Distillery.**

- **Implementation for each of the three priority areas included measurable work plans, approved by community partners who agreed to assist with the work. The work plans included measures for monitoring the progress of each of the priority areas.**

To close out the first iteration of the SHIP's 5-year period, MSDH conducted an anonymous survey with the priority workgroup members. The feedback informed the current SHIP. The evaluation included both an assessment of the progress on the selected health priority areas, as well as the on the SHIP process. The evaluation results were discussed with the SHAIC as part of the kick-off meeting for the 2021 SHIP development. The survey input also guided the 2021 process and priority areas. A summary of the feedback included the following:

- **The 2016 Mississippi State Health Improvement Plan, as a plan, met all of the requirements for a good plan. There were no suggestions for improvement to this part of the SHIP development.**
- **Creating a Culture of Health' as a priority is so vague as to being pointless. In a state as unhealthy as Mississippi, public health resources need practical, targeted, and CONCRETE priorities.**
- **Reflection from the 2016 SHIP identified only two priority areas for consideration in the 2021 SHIP. This narrowing should help the process seem less academic and more practical. Those two priority areas were ratified during the SHA process. They are address social determinants of health and battle obesity.**

As previously stated, the community process for updating the SHIP continued to center around the quarterly meetings of the SHAIC. They met in April 2021 to review the previous SHIP per the survey and discuss the updated SHA. A second survey was sent to them in preparation for the May 2021 meeting. Two work groups began identifying the specific objectives, tasks, and measures for the new SHIP. The July 2021 meeting provided further discussion and clarification of the goals, objectives, and measures for the work plans. In August 2021, a Steering Committee of the SHAIC was appointed to help focus the work plans for public vetting and approve questions for the vetting process. The SHAIC Steering Committee met October 12 to review the latest draft for vetting. Additionally, the MSDH Office of Performance Improvement (OPI) and Mississippi Public Health Association (MPHA) met with Creative Distillery to plan the public input process. The draft was posted on the UProot website and social media with an initial deadline of November 8, 2021. MPHA assisted in promoting public comment on the draft. State Health Officer Dr. Thomas Dobbs sent a letter to stakeholders requesting their feedback and added gift cards to incentivize comments. In the end, there were **284** total respondents:

- **122 from state, regional, or local health departments**
- **79 from non-profits**
- **51 from academic institutions**
- **24 from members of the general public**
- **8 from public housing, federally qualified health centers, acute care hospital, federal agency, and consultant**

No major changes were proposed in the draft priority goals. There were a few suggested language changes and resources identified for the specific measures. The SHAIC discussed the changes on December 9, 2021.

Battling Obesity to Prevent Chronic Disease

Rationale: Mississippi is experiencing a public health crisis. In 1996, 19.8% of the adult population was obese. By 2019, the obesity prevalence in our population had increased to 40.8%. If the tide is not changed, the percent of obesity in our population will reach over 50% by 2024.

Why It Matters: Obesity is a root cause of most chronic illnesses. Therefore, it is the role and obligation of public health to inform and educate Mississippians about this threat as it does when there is a threat of pandemics and epidemics. The consequences of obesity include Type 2 diabetes, heart disease, arthritis, stroke, and dementia. Currently in Mississippi, 1.1 million adults and 126,000 children are obese; many of whom already show signs of chronic illnesses. Unnecessary suffering is caused by obesity, driven by sedentary lifestyles and unhealthy eating habits. According to the CDC, 75% of total health care expenditures are associated with treating chronic diseases. If Mississippians reduce their BMI rates to lower levels and achieve an improved status of health, the state could save over $13 billion annually in unnecessary health care costs.

Addressing Social Determinants of Health

Rationale: Social determinants of health (SDOH) are the conditions and environments in which people are born, live, learn, work, play, worship, and age. They affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH have a major impact on people's health, well-being, and quality of life. According to **Healthy People 2030**, SDOH can be grouped into the categories of:

- **Economic stability**
- **Education access and quality**
- **Health care access and quality**
- **Neighborhood and built environment**

Why It Matters: SDOH contribute to health disparities and inequities. In addition to promoting healthy choices, public health organizations and their partners in sectors like education, transportation, and housing can take action to improve the environmental conditions of Mississippians, including people of color, tribal members, and the socioeconomically disadvantaged. The Mississippi State Health Assessment Improvement Committee (SHAIC) has identified SDOH as a priority area for Mississippi's State Health Improvement Plan in order to, "create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."

https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Key Descriptions Related to The Two Priority Areas

For purposes of this document, the following definitions apply.

1. Access to high-quality preventive health care helps prevent diseases and improve quality of life. Access to preventive health care refers to the ease with which an individual can obtain needed preventive health services such as screenings, health education and counseling, and early treatment for health issues identified during screening. Access to preventive health care includes removal of social, cultural, economic, and geographic factors that may be barriers to accessing preventive health care services. Intentional attention to barriers related to language, physical, and intellectual disabilities as well as mental and behavioral health are also included.

2. **Healthy People 2030** addresses personal health literacy and organizational health literacy and provides the following definitions: Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

3. CDC defines a disability as any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions). There are three dimensions to disability: a.) impairment in a person's body structure or function, or mental functioning (examples of impairments include loss of a limb, loss of vision or memory loss); b.) activity limitation, such as difficulty seeing, hearing, walking, or problem solving; or participation restrictions in normal daily activities, such as working, engaging in social and recreational activities, and obtaining health care and preventive services.

4. The Joint Commission defines implicit bias as the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner Implicit biases involve associations outside conscious awareness that lead to a negative evaluation of a person on the basis of irrelevant characteristics such as race or gender. Intentional awareness of and acting on implicit bias are essential to ensuring health equity.

5. For purposes of this document, telehealth is defined more broadly than telemedicine and includes the use of technology to deliver personal health information and services.

Targets and measures outlined in this Plan are aligned with the national **Healthy People 2030** goals and objectives, wherever applicable. A detailed list of alignment with national priorities can be found in Appendix.

The science-based measurable objectives and goals identified in Healthy People 2030 are applicable at the national, State, and local levels. These objectives and goals allow communities to engage multiple sectors, to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.

As with Healthy People 2030, the overarching goal of utilizing evidence-based goals and strategies is to ensure that Mississippi sustains its journey to:

- **Promote quality of life, healthy development, and healthy behaviors across all life stages.**
- **Achieve health equity, eliminate disparities, and improve the health of all groups.**
- **Create social and physical environments that promote good health for all.**
- **Support programs or policies recommended in the national health plans.**

Take Action! - Tracking & Evaluating Results

Over the next five years, the objectives included in the SHIP will begin to produce results, as the Mississippi State public health system develops and implements action plans. Because MSDH bears statutory responsibility for protecting the public's health, its staff initiated the SHIP and convened partners to develop it. However, MSDH is only one part of the public health system. Other agencies, non-governmental organizations, institutions, and informal associations play critical roles in creating conditions in which people can be healthy. MSDH leadership realized government alone cannot match the collective strength of individuals, communities and various social institutions working together to improve health. As a result, they created a collaborative state health improvement process, culminating in the SHIP. The ongoing SHIP process and the plan itself reflects efforts of the public health system to promote collaboration, coordination, and efficiency. The ongoing process of implementing the SHIP will bring together these system partners on a periodic basis to coordinate achieving SHIP goals. As such, this plan is meant to be a living document rather than an end point. It reflects a commitment of partners and stakeholders to address common issues in a systematic and accountable way.

LOOKING AHEAD

The success of each goal is based on outcome measurements that track progress and project impact. Each priority area has an assigned co-chair, one from the Mississippi State Health Department and one from our partners. Work groups are working together to develop coordinated Action and Evaluation plans. Progress will be monitored by each co-chair, as well as the SHAIC.

Evaluation will remain important throughout the remainder of the SHIP monitoring cycle so progress toward Plan goals is both meaningful and measurable. Continual plan updates will regularly occur and be based on feedback from members of the SHAIC. Lessons learned will help guide future actions (i.e., what worked well? what didn't work well?). Evaluation will also help inform key decision makers to decide if the right strategies were implemented, as well as, if the desired outcomes were achieved.

The detailed priority work plans using the Balanced Scorecard approach, found in Appendices H and I, presents a comprehensive view of the State Health priorities, strategic objectives, measures, targets, and specific actions.

The SHIP priorities work in concert to improve health and well-being of Mississippians. By addressing the social determinants of health and strengthening the state's public health infrastructure, Mississippi can improve health status and reduce health disparities for its residents. In doing so, the state can achieve the SHIP vision of all Mississippians living healthier lives due to a thriving public health effort, supported by committed citizens and organizations.

APPENDICES

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WORK PLANS

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Appendix H - Addressing Social Determinants of Health

Appendix A - Participating Partners and Organizations

Alcorn State University

American Cancer Society

American Heart Association

American Lung Association

Appalachian Regional Commission

Aspen Young Leaders Fellowship

Blue Cross Blue Shield of Mississippi

Boat People SOS

Bower Foundation

Brain Injury Association of Mississippi

Catholic Charities Jackson

Center for Mississippi Health Policy

Children's Advocacy Centers of Mississippi

Choctaw Health Center

City of Jackson

Coahoma Community College – Health Services

CommonHealth ACTION

Community Health Center Association of MS

Community Health PIER

Converge Mississippi

Delta Medical Foundation

Department of Human Services

Dependable Source Corporation

Diabetes Foundation of Mississippi

Double-Up Food Bucks Mississippi

Eliza Pillars Registered Nurses of Mississippi

Families as Allies

Foundation for the Mid-South

Golden Triangle Planning & Development District

Head Start

Health Resources in Action Health Ways

Hope Credit Union

Housing & Urban Development - Mississippi

Innovation Behavioral Services

Jackson Police Department

Jackson State University

Jackson-Hinds Comprehensive Health Center

Lexington Food Pantry/Rabbits of Relevance

March of Dimes

Mayor of Collins/MML Health Committee Chair

Mississippi Academy of Family Physicians

Mississippi Action Coalition on the Future of Nursing

Mississippi Alliance of Nonprofits and Philanthropy

Mississippi Association of Addiction Professionals

Mississippi Association of Supervisors

Mississippi Band of Choctaw Indians

Mississippi Blood Services

Mississippi Board of Nursing

Mississippi Business Group on Health

Mississippi Center for Justice

Mississippi Center for Autism & Related Developmental Disabilities

Mississippi Center for Violence Prevention

Mississippi Coalition for Vietnamese-American Fisher Folks and Families

Mississippi Community College Board

Mississippi Department of Agriculture and Commerce

Mississippi Department of Education

Mississippi Department of Environmental Quality

Mississippi Department of Human Services

Mississippi Department of Mental Health

Mississippi Department of Public Safety

Mississippi Department of Rehabilitation Services

Mississippi Department of Wildlife, Fisheries, and Parks

Mississippi Diabetes and Obesity Research Institute- Biloxi

Mississippi Division of Medicaid

Mississippi Economic Council

Mississippi Economic Policy Center

Appendix A - Participating Partners and Organizations

Mississippi Emergency Management Agency

Mississippi Farm Bureau – Public Policy

Mississippi First

Mississippi Food Network – Back Pack Program

Mississippi Healthcare Alliance

Mississippi Health Care Association

Mississippi Health Information Network

Mississippi Hospital Association

Mississippi Hospitality and Restaurant Association

Mississippi Institutions of Higher Learning

Mississippi Joint Legislative Committee on Performance Evaluation and Expenditure Review

Mississippi Legislative Budget Office

Mississippi Medical and Surgical Association

Mississippi Migrant Education Service Center

Mississippi Municipal League

Mississippi Nurses Association

Mississippi Office of Nursing Workforce

Mississippi Primary Healthcare Association

Mississippi Public Health Association

Mississippi Public Health Institute

Mississippi Restaurant Association

Mississippi Rural Health Association

Mississippi Rural Water Association

Mississippi Society for Disabilities

Mississippi State Board of Health

Mississippi State Board of Nursing

Mississippi State Department of Health

Mississippi State Extension Service

Mississippi State Medical Association

Mississippi State University Extension Services

Mississippi State University Social Science Research Center

Mississippi Urban League

Morehouse School of Medicine

My Brother's Keeper

National Coalition of 100 Black Women-Central Mississippi Chapter

National Diabetes and Obesity Research Center

NMHS Unlimited/The Good Life

North Central Planning & Development District

North Delta Planning and Development District

Northeast Mississippi Planning and Development District

Office of Mississippi Physician Workforce

Partnership for a Healthy Mississippi

The Good Samaritan Center

The Partnership for a Healthy Mississippi Robert Wood Johnson Foundation

Rural Health Association

Rush Health Systems

Small Business Administration

Society of St. Andrew-Mississippi

Surge Advisors

Tallahatchie General Hospital

Teen Health Mississippi

Three Rivers Planning and Development District

Tougaloo College

United States Department of Housing and Urban Development

United Way of the Capital Area

University of Mississippi Medical Center Preventive Medicine

University of Southern Mississippi

W.K. Kellogg Foundation

William Carey University College of Osteopathic Medicine

Wray Enterprises, Inc.

Appendix B - Mississippi State Asset and Resource Inventory

This state asset inventory was compiled throughout the state health assessment and improvement process. This inventory will be used to explore the breadth and depth of state assets and resources that may be mobilized to address community health needs. This is a living document, with additional community assets and resources being continually added.

What is an asset? – An asset is anything that improves the quality of community life. It may be a person, group of people, place, or institution.

Health Care System Assets

- Alternative Medicine Providers
- University/College Student Health Centers
- Community Health Centers
- Dentists and Dental Clinics
- Disease-based Support Groups
- Emergency Medical Services
- Eye & Ear Care Providers
- Free Clinics
- Health Insurance Plans
- Health Professions Schools/Programs
- Hospitals
- Mental Health Providers
- Nursing Homes
- Pharmacies
- Physical and Occupational Therapists
- Private Physicians
- Public Health Department
- Registered Dietitians
- Rehabilitation, Home Health & Hospice Providers
- School Nurses, Counselors, Psychologists
- Substance Abuse Treatment and Recovery
- Urgent Care Centers

Recreational Assets

- 4H and County Fairs
- Bicycle Courses (BMX)
- Bicycling Clubs
- Community Centers
- Community Dances
- Community Education Programs
- Conservation Activities/Programs
- Golf Courses
- Horseback Riding/Stables
- Parks and Recreation Districts
- Private Membership Fitness Clubs
- Riverboat
- School Based Athletics
- Swimming Locations
- Walking/biking Trails & Sidewalks
- Recreation and Fitness Organizations

Appendix B - Mississippi State Asset and Resource Inventory

Food System Assets

- Agriculture
- Community Gardens
- Farmers Markets
- Food Pantry/Bank/Commodities
- Food Policy and System Groups
- Food Purchasing Programs
- Full Service Grocery Stores
- Garden Supply Centers
- Home Delivered Meal Services
- Nutrition Education Programs/Services
- School Lunch Programs

Cultural Assets

- Agencies That Provide Cultural Support, Education and Advocacy
- Community Events and Festivals
- Crafts and Enrichments Classes/Resources
- Family and Cultural Centers
- Historical Organizations
- Media Organizations
- Museums
- Nature Centers
- Performing Arts Organizations
- Public Spaces

Education Assets

- Charter and Private Schools
- Childcare and Preschool Providers (0-5)
- Community Centers
- Community Colleges and Universities
- Homeschool Organizations
- K-12 School Districts

Organizational Assets

- 12-Step Organizations
- Crisis Intervention
- Chambers of Commerce
- Economic Development Organizations
- Faith-Based Organizations
- Public Libraries
- Senior Centers
- Tutoring/Mentoring Organizations
- Virtual & Online Learning
- Vocational/Trade Schools
- Nature Centers
- Human Service Organizations
- Informal Groups and Meetings
- Local Charities, Grant-Makers, & Foundations
- Multi-Sector Coalitions
- Service Organizations

Appendix B - Mississippi State Asset and Resource Inventory

Public Safety Assets

- Alternative Custody Programs
- Anti-Bullying Programs
- Domestic Violence & Crisis Response Organizations
- Emergency Operations Centers
- Emergency Preparedness Coalitions
- Environmental Protection Organizations
- Jails
- Law Enforcement Training Centers
- National Guard
- Neighborhood Watch Programs
- Police and Fire Departments
- Probation and Fire Departments

Housing Assets

- Affordable Housing Programs
- Aging in Place Efforts
- Assisted Living Facilities
- Foster Care Homes (Adult/Child)
- Home Building Charities
- Homeless Coalitions
- Homeless Shelters
- Rehab Programs
- Subsidized Housing Developments
- Rental Housing Landlords and
- Developments
- Weatherization, Home Improvement, and Home Safety Programs

Transportation Assets

- Airports
- Ambulances
- Bicycle Infrastructure
- Long Distance Bus Services
- Mobility Managers
- Public Transportation Providers
- Safe Streets Initiatives/Polices
- Taxis
- Train Service

Employment Assets

- Business Associations
- Development and Social Service
- Department
- Economic Development Organizations
- Farmers and Rural Employers
- Labor Organizations
- Major Employers
- Public Employers
- Self-Employed and Startups
- Unemployment and Job-Placement Services
- Volunteer Organizations

Appendix C - Key Health Disparity Objectives

The objectives in the table below were selected for inclusion in the SHIP because there are clear inequities among people who belong to different racial groups, geographic regions, or other groupings. The health equity measures below will help us evaluate if we are making progress in addressing the objectives in disparity affected groups.

SHIP Objective	Affected Group	Equity	Baseline	Target
Decrease food insecurity reducing the number of food deserts in Mississippi	African Americans; Asians; Hispanics and Native Americans	Decrease the number of Food Deserts in Mississippi by at least 10%	To be established	10% reduction in five years
Decrease the rate of diabetes in the state in order to address obesity	African Americans; Asians; Hispanics and Native Americans	Increase the use of evidence-based diabetes prevention education programs in the state by at least 20%	40% of population whoever had diabetes prevention education	To be developed
Enhance community engagement by strengthening collaborations	People who live in identified areas where there have been no obesity and diabetes collaboratives; primarily rural dwellers	Develop at least one new partnership annually that is aimed at coordinating initiatives on obesity and diabetes prevention	To be established	At least one per year
Increase community-based physical activity opportunities	Individuals with little to no access to community-based physical activity	Increase community based opportunities for physical activity	32% of the population reported no physical activity in the past 30 days	To be developed
Increase community-based physical activity opportunities	Students in public schools in MS, which are largely African Americans, Hispanics and Asians	Increase the percentage of students who achieve 30 minutes or more of moderate and/or vigorous physical activity daily	25% of students participate in school PE	To be determined
Increase community-based physical activity opportunities	Individuals who work for small rural businesses	Increase the percentage of employers who offer wellness programs or health promotion activities by 10%	Baseline data at 5 year intervals	10% per year
Increase utilization of preventive health services	Children, adolescents, and adults who do not have access to preventive health services	Increase the percentage of adults and children who get recommended evidence-based preventive health care by 10%	35% of adolescents had no preventive health visit in last year 25% of children did not have a preventive dental visit in the past year MS ranks 48th in the percentage of adult population having a wellness visit	10% per year

Appendix C - Key Health Disparity Objectives

SHIP Objective	Affected Group	Equity	Baseline	Target
Increase availability of preventive health services	People who live in rural areas of the state with no access to preventive health care	Reduce the percentage of people under 65 years of age who are underinsured by 15% Increase the use of telehealth to improve access to preventive health services by at least 10%	To be established	15% per year 10% per year
Increase access to early intervention for developmental delays	Children 9-35 months	Increase the rate of developmental screenings for children ages 9-35 months by 10% Increase the number of qualified providers of early intervention services	68% of MS children ages 9-35 months did not receive a completed developmental screening To be determined	10% To be determined
Increase the number of health policies that specifically address implicit bias	African Americans; Hispanics; Asians; Native Americans	Increase the number of health policies that specifically address implicit bias	To be determined	To be determined

Appendix D - Alignment with National Priorities

SHIP Goals Priority Area One	National Priorities (HP 20330)
1.0 Decrease obesity rates through the reduction of food insecurities	Reduce household food insecurity and hunger - NWS-01
2.0 Decrease obesity rates through the promotion of healthy lifestyles	Reduce the proportion of children and adolescents with obesity NWS-04 - HP 2030
SHIP Goals Priority Area Two	**National Priorities**
1.0 Increase access to preventive health services	Increase the proportion of adults who get recommended evidence-based preventive health care - AHS-08
2.0 Decrease preventive health barriers related to health literacy	Increase the health literacy of the population - HC/HIT-R01
3.0 Decrease the proportion of individuals with disabilities who experience barriers to preventive health services	Increase the proportion of adults who get recommended evidence-based preventive health care - AHS-08
4.0 Decrease the impact that implicit bias has on health	No direct national alignment.
SHIP Objectives	**National Priorities**
1.1.0 Decrease food insecurity by reducing the number of food deserts	Reduce household food insecurity and hunger - NWS-01
1.1.2 Decrease the rate of diabetes in MS in order to address obesity	Increase the proportion of eligible people completing CDC-recognized type 2 diabetes prevention programs - D-D01 Reduce the number of diabetes cases diagnosed yearly - D-01
1.1.3 Enhance community engagement by strengthening collaborations	No direct national alignment
2.1.0 Increase utilization of preventive health services	Increase the proportion of adults who get recommended evidence-based preventive health care - AHS-08 Increase the proportion of children and adolescents who receive car in a medical home - MICH-19
2.2.0 Increase availability of preventive health services	Increase the proportion of adults who get recommended evidence-based preventive health care - AHS-08 Increase the proportion of children and adolescents who receive care in a medical home - MICH-19
2.3.0 Develop a method to assessing personal health literacy	Increase the health literacy of the population - HC/HIT-R01
2.3.1 Increase access to early intervention for developmental delays	Increase the proportion of children who receive a developmental screening - MICH-17 Increase the proportion of children with developmental delays who get intervention services by age 4 years - EMC-R01
2.4.0 Increase the number of health policies that specifically address implicit bias	No direct national alignment.

Appendix E - How to Use This State Health Improvement Plan

Each of us can play a significant role in community health improvement in Mississippi, whether in our homes, schools, workplaces, or churches. Encouraging and supporting healthy behaviors from the start is so much easier than altering unhealthy habits. Below are simple ways to use this Plan for improving the health of your community:

Employers

- Understand priority health issues within the community and use this Plan and recommended resources to help make your business a healthy place to work!
- Educate your team about the link between employee health and productivity.

Community Residents

- Understand priority health issues within the community and use this Plan to improve the health of your community.
- Use information from this Plan to start a conversation with community leaders about health issues important to you.

Get involved! Volunteer your time or expertise for an event or activity, or financially help support initiatives related to health topics discussed in this Plan.

Health Care Professionals

- Understand priority health issues within the community and use this Plan to remove barriers and create solutions for identified health priorities.
- Share information from this Plan with your colleagues, staff, and patients.
- Offer your time and expertise to local improvement efforts (committee member, content resource, etc.)
- Offer your patients relevant, counseling, education, and other preventive services in alignment with identified health needs of the State of Mississippi.

Educators

- Understand priority health issues within the community and use this Plan and recommended resources to integrate topics of factors (i.e., access to health food, physical activity, risk-behaviors, use of the health care system, etc.) into lesson plans across all subject areas such as math, science, social studies, and history.
- Create a healthier school environment by aligning this Plan with school wellness plans/policies. Engage the support of leadership, teachers, parents, and students.

Appendix E - How to Use This State Health Improvement Plan

Government Officials

- Understand priority health issues within the community.
- Identify the barriers to good health in your communities and mobilize community leaders to take action by investing in programs and policy changes that help members of our community lead healthier lives.

State and Local Public Health Professionals

- Understand priority health issues within the community and use this Plan to improve the health of this community.
- Understand how the State of Mississippi compares with Peer States, Regional Peers, and the U.S. population, as a whole.

Faith-based Organizations

- Understand priority health issues within the community and talk with members about the importance of overall wellness (mind, body, and spirit) and local community health improvement initiatives that support wellness.
- Identify opportunities that your organization or individual members may be able to support and encourage participation (i.e., food pantry initiatives, community gardens, youth groups gear around health priorities, etc.).

Source: Take Action www.countyhealthrankings.org

Appendix F - Glossary of Key Terms

Community

Community is a group of people who have common characteristics; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other similar common bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making, and action.

(Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett, 2009)

Community Assets

Community assets are contributions made by individuals, citizen associations, and local institutions that individually and/or collectively build the community's capacity to assure the health, well-being, and quality of life for the community and all of its members.

(National Association of County and City Health Officials (US). Mobilizing for Action through Planning and Partnerships (MAPP): Achieving Healthier Communities through MAPP, A User's Handbook. 2001 [cited 2012 Nov 7]. http://www.naccho.org/topics/infrastructure/mapp/upload/MAPP_Handbook_ fnl.pdf)

Community Health

Community health is a field within public health concerned with the study and improvement of the health of biological communities. Community health tends to focus on geographic areas rather than people with shared characteristics. (http://dictionary.reference.com/browse/community+health) The term "community health" refers to the health status of a defined group of people, or community, and the actions and conditions that protect and improve the health of the community. Those individuals who make up a community live in a localized area under the same general regulations, norms, values, and organizations. For example, the health status of the people living in a particular town, and the actions taken to protect and improve the health of these residents would constitute community health.

(http://www.encyclopedia.com/topic/Community_Health.aspx)

Community's Health

The community's health is the perspective on public health that regards "community" as an essential determinate of health and an indispensable ingredient for effective public health practice. It considers the tangible and intangible characteristics of the community, its formal and informal networks.

Community Health Assessment

Community health assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation.

(Turnock, B. Public Health: What It Is and How It Works. Jones and Bartlett, 2009).

Appendix F - Glossary of Key Terms

Community Health Improvement Plan

A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. A plan is typically updated every three to five years.

(http://www.cdc.gov/stltpublichealth/cha/plan.html)

This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community (Adapted from: United States Department of Health and Human Services, Healthy People 2010. Washington, DC)

This definition of community health improvement plan also refers to a Tribal, state, or territorial community health improvement plan.

Community Health Improvement Process

Community health improvement is not limited to issues clarified within traditional public health or health services categories, but may include environmental, business, economic, housing, land use, and other community issues indirectly affecting the public's health. A community health improvement process involves an ongoing collaborative, community-wide effort to identify, analyze, and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process.

(National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf)

Demographics

Demographics are characteristic related data, such as size, growth, density, distribution, and vital statistics, which are used to study human populations.

(Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett. 2009)

Determinants of Health

Determinants of health are factors that influence the health status of an individual and/or a population are called determinants of health. They may be categorized in several groups such as the genetic or biological causes and predisposition of disease, mortality, or disability; the behavioral aspects of disease and illness (choices, lifestyle, etc.); the cultural, political, economic, and social aspects of disease and illness; the environmental aspects of disease and illness; the policy aspects of disease and illness; and the individual and response to all of the above.

(Institute of Medicine. The Future of the Public's Health in the 21st Century. National Academies Press. Washington, DC. 2003).

Appendix F - Glossary of Key Terms

Evidence-based Practice

Evidenced-based practice involves making decisions on the basis of the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is learned.

(Brownson, Fielding and Maylahn. Evidence-based Public Health: A Fundamental Concept for Public Health Practice. Annual Review of Public Health).

Goals

Goals are general statements expressing a program's aspirations or intended effect on one or more health problems, often stated without time limits.

(Turnock, B.J. Public Health: What It Is and How It Works. 4th ed. Sudbury, MA: Jones and Bartlett; 2009.)

Health Disparities

Health disparities are differences in population health status (incidence, prevalence, mortality, and burden of adverse health conditions) that can result from environmental, social and/or economic conditions, as well as public policy. These differences exist among specific population groups in the United States and are often preventable.

(Adapted from: National Association of County and City Health Officials (US). Operational Definition of a Functional Local Health Department [online]. 2005 [cited 2012 Nov 8]. Available from URL http://www.naccho.org/topics/infrastructure/accreditation/OpDef.cfm. National Cancer Institute (US). Health Disparities Defined [online]. 2010 [cited 2012 Nov 8] http://crchd.cancer.gov/disparities/defined.html)

Health in all Policies

Health in all policies is an approach that rests on the assumption that health is fundamental to every sector of the economy and that every policy—large and small—should take into consideration its effect on health.

(Institute of Medicine (US). For the Public's Health: Revitalizing Law and Policy to Meet New Challenges. Washington, DC: National Academies Press; 2012.)

Health Inequity

Health inequity refers to differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.

(Margaret M. Whitehead, "The Concepts and Principles of Equity and Health," 22(3) International Journal of Health Services (1992): 429-445.)

Healthy People 2030

Healthy People 2030 is a document that provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order encourage collaborations across sectors; guide individuals toward making informed health decisions and measure the impact of prevention activities.

(www.healthypeople.gov/2030)

Appendix F - Glossary of Key Terms

Intervention

Intervention is a generic term used in public health to describe a program or policy designed to have an impact on a health problem. For example, a mandatory seat belt law is an intervention designed to reduce the incidence of automobile-related fatalities. Five categories of health interventions are: (1) health promotion, (2) specific protection, (3) early case finding and prompt treatment, (4) disability limitation, and (5) rehabilitation.

(Turnock. Public Health: What It Is and How It Works (4th Ed). Jones and Bartlett. MA. 2009

Mission Statement

A mission statement is a written declaration of an organization's core purpose and focus that normally remains unchanged over time. Properly crafted mission statements (1) serve as filters to separate what is important from what is not, (2) clearly state which markets will be served and how, and (3) communicate a sense of intended direction to the entire organization.

(BusinessDirectory.Com. "Mission Statement" [online]. No date [cited 2012 Nov 8]. http://www.businessdictionary.com/definition/mission-statement.html)

Objectives

Objectives are targets for achievement through interventions. Objectives are time limited and measurable in all cases. Various levels of objectives for an intervention include outcome, impact, and process objectives.

(Turnock, B.J. Public Health: What It Is and How It Works. 4th ed. Sudbury, MA: Jones and Bartlett; 2009.)

Partnership

A partnership is a relationship among individuals and groups that is characterized by mutual cooperation and responsibilities.

(Scutchfield, FD, and CW Keck. Principles of Public Health Practice. Delmare CENGAGE Learning. 2009)

Population Health

Population health is a cohesive, integrated, and comprehensive approach to health considering the distribution of health outcomes within a population, the health determinants that influence the distribution of care, and the policies and interventions that impact and are impacted by the determinants.

(Nash, Reifsnyder, Fabius, and Pracilio. Population Health: Creating a Culture of Wellness. Jones and Bartlett. MA, 2011)

Practice-based Evidence

For Tribal health departments, for the purposes of PHAB accreditation, practice-based evidence is the incorporation of evidence grounded in cultural values, beliefs, and traditional practices.

(Public Health Accreditation Board. Standards and Measures Version 1.5. Alexandria, VA, May 2011)

Appendix F - Glossary of Key Terms

Promising Practice

Promising practice is defined as a practice with at least preliminary evidence of effectiveness in small-scale interventions or for which there is potential for generating data that will be useful for making decisions about taking the intervention to scale and generalizing the results to diverse populations and settings.

(U.S. Department of Health and Human Services, Administration for Children and Families Program Announcement. Federal Register, Vol. 68, No. 131, July 2003.)

Public Health System

Public health systems are commonly defined as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." This concept ensures that all entities' contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services.

The public health system includes:

- **Public health agencies at state and local levels**
- **Healthcare providers**
- **Public safety agencies**
- **Human service and charity organizations**
- **Education and youth development organizations**
- **Recreation and arts-related organizations**
- **Economic and philanthropic organizations**
- **Environmental agencies and organizations**

State Health Department

For the purposes of PHAB accreditation, a state health department is defined as the governing entity with primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by state constitution, statutes, or regulations, or established by Executive Order. State health departments may be part of an umbrella organization, super public health agency, or super agency that oversees public health functions as well as other government functions. (Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA, May 2011).

Values

Values describe how work is done and what beliefs are held in common as a basis for that work. They are fundamental principles that organizations stand for.

(Swayne, Duncan, and Ginter. Strategic Management of Health Care Organizations. Jossey Bass. New Jersey. 2008)

Appendix F - Glossary of Key Terms

Vision

Vision is a compelling and inspiring image of a desired and possible future that a community seeks to achieve. A vision statement expresses goals that are worth striving for and appeals to ideals and values that are shared among stakeholders.

(Bezold, C. On Futures Thinking for Health and Health Care: Trends, Scenarios, Visions, and Strategies. Institute for Alternative Futures and the National Civic League. Alexandria, VA. 1995)

Well-Being

Well-being is the state of being comfortable, healthy, and happy.

Wellness

Wellness is the quality or state of being in good health especially as an actively sought goal.

(www.merriam- webster.com/dictionary/wellness)

Appendix G - Battling Obesity to Prevent and Manage Chronic Disease

As previously mentioned, Mississippi is experiencing a public health crisis. In 1996, 19.8% of the adult population was obese. By 2019, the obesity prevalence in our population had increased to 40.8%. If the tide is not changed, the percent of obesity in our population will reach over 50% by 2024. Obesity is a root cause of most chronic illnesses. Therefore, it is the role and obligation of public health to inform and educate Mississippians about this threat as it does when there is a threat of pandemics and epidemics. The consequences of obesity include Type 2 diabetes, heart disease, arthritis, stroke, and dementia. Currently in Mississippi, 1.1 million adults and 126,000 children are obese; many of whom already show signs of chronic illnesses. Unnecessary suffering is caused by obesity, driven by sedentary lifestyles and unhealthy eating habits. According to the CDC, 75% of total health care expenditures are associated with treating chronic diseases. If Mississippians reduce their BMI rates to lower levels and achieve an improved status of health, the state could save over $13 billion annually in unnecessary health care costs.

PRIORITY AREA #1: Battling Obesity

Goal 1.0 Decrease obesity rates through the reduction of food insecurities

Strategic Objective 1.1.0 Decrease food insecurity by reducing the number of food deserts in Mississippi

Measure	Baseline	Current/Date	Target	Critical Actions/Intervention Strategies
Decrease the number of Food Deserts in Mississippi by at least 10% **Source:** https://www.ers.usda.gov/data-products/food-access-research-atlas/	573,610 Mississippians experienced food insecurity in 2017 according to feeding America.		Real-time elimination of food deserts State tax/other incentives to vendors – legislative decisions supported by food-desert data	**a.** Adopt a working definition of food deserts for MS SHIP **b.** Develop and present a dynamic produce map in ARC-GIS database(Migrating "Food Deserts") **c.** Tap multiple data sources – state tax rolls for food vendors, city, and county surveys **d.** Develop a tracking system to monitor the status of food deserts in MS annually **e.** Use data from the tracking system to inform policy makers about the need for incentives to vendors to offer healthy foods (such as SNAP incentives and price reduction incentives)

PRIORITY AREA #1: Obesity

Goal 1.0 Decrease obesity rates through the reduction of food insecurities

Strategic Objective 1.1.2 Decrease the rate of diabetes in Mississippi in order to address obesity

Measure	Baseline	Current/ Date	Target	Critical Actions/Intervention Strategies
Increase the use of evidence-based diabetes prevention education programs in the state by at least 20%	40% ever had a course in diabetes management **Source:** BRFSS			**a.** Establish data base for measuring DPP education programs established with the MSDH Diabetes Prevention Program and their networks **b.** Mentorship Program ✓ Modified long-term DPP (CDC Diabetes Prevention Program) with health professions student, varsity student athlete, high school student mentorship cascade – with instruction/coaching/performance-tracking

PRIORITY AREA #1: Obesity

Goal 1.0 Decrease obesity rates through the reduction of food insecurities

Strategic Objective 1.1.3 Enhance community engagement by strengthening collaborations

Measure	Baseline	Current/ Date	Target	Critical Actions/Intervention Strategies
Develop at least one new partnership annually that is aimed at coordinating initiatives on obesity and diabetes prevention	Establish the number of partnerships already in place from MSDH DPP program as a baseline **Source:** MSDH Diabetes Prevention and Control			**a.** Establish a mechanism for measuring and mapping the number and type of partnerships in conjunction with the MSDH Diabetes Prevention Program. **b.** Annually measure the number and type or partnerships **c.** Obesity and diabetes prevention ✓ Modified long-term DPP faith-based with professional clinician and intelligent assistance (ie, reverse Artificial intelligence – emphasizes clinician/health coach lead with computer-supported efficiency and analytics) platform support ✓ Cultural competence and equity considerations are included in planning diabetes self-management education in the community

PRIORITY AREA #1: Obesity

Goal 2.0 Decrease obesity rates through the promotion of healthy lifestyles

Strategic Objective 1.2.1Increase community-based physical activity opportunities

Measure	Baseline	Current/ Date	Target	Critical Actions/Intervention Strategies
Increase community based opportunities for physical activity	BRFSS data that says that 32% of the population reported no physical activity in the past 30 days.			Establish a mechanism for measuring and Engage in Partnerships in Support of Community-based Physical Activity Opportunities **a.** Community Health prevention teams – Complete streets policy work (education & policy), sidewalks, bike paths **b.** Blue Cross Blue Shield Foundation -building health communities grants, farmers markets

Measure	Baseline	Current/ Date	Target	Critical Actions/Intervention Strategies
Increase the percentage of students who achieve 30 minutes or more of moderate and/ or vigorous intensity physical activity daily **Source:** Youth BRFSS 2015 MS Code 37-13-134 MS Healthy Students Act	25% of students participated in school PE			**a.** Promote the "Move to Learn" Campaign **b.** Work with schools on 30 min. activity – the Children's Foundation is conducting research **c.** Monitor School District compliance with the MS Healthy Students Act ✓ Whether schools are meeting the required minutes of physical education/physical activity (150/minutes/week) ✓ Health Education (45 minutes/week) for K-8, and ½ Carnegie Unit for graduation in Health and Physical Education for grades 9-12 **d.** Evaluate a school's Wellness Policy as well as the school's health council, including school policies related to promoting healthy lifestyles and choices

Measure	Baseline	Current/ Date	Target	Critical Actions/ Intervention Strategies
Increase the percentage of employers who offer wellness programs or health promotion activities by 10% **Data Source**: https://www.cdc.gov/workplacehealthpromotion/data-surveillance/scorecard-2020-employer-profile.html				

Appendix G - Battling Obesity to Prevent and Manage Chronic Disease

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Appendix H - Addressing the Social Determinants of Health

As previously stated, the social determinants of health (SDOH) are the conditions and environments in which people are born, live, learn, work, play, worship, and age. They affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH have a major impact on people's health, well-being, and quality of life. According to Healthy People 2030, SDOH can be grouped into the categories of:

- **Economic stability**
- **Education access and quality**
- **Health care access and quality**
- **Neighborhood and built environment**

SDOH contribute to health disparities and inequities. In addition to promoting healthy choices, public health organizations and their partners in sectors like education, transportation, and housing can take action to improve the environmental conditions of Mississippians, including people of color, tribal members, and the socioeconomically disadvantaged. The Mississippi State Health Assessment Improvement Committee (SHAIC) has identified SDOH as a priority area for Mississippi's State Health Improvement Plan in order to, "create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."

https://health.gov/healthypeople/objectives-and-data/social-determinants-health

For purposes of this document, the following definitions apply.

1. Access to high-quality preventive health care helps prevent diseases and improve quality of life. Access to preventive health care refers to the ease with which an individual can obtain needed preventive health services such as screenings, health education and counseling, and early treatment for health issues identified during screening. Access to preventive health care includes removal of social, cultural, economic, and geographic factors that may be barriers to accessing preventive health care services. Intentional attention to barriers related to language, physical, and intellectual disabilities as well as mental and behavioral health are also included.
2. Healthy People 2030 addresses personal health literacy and organizational health literacy and provides the following definitions: Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
3. CDC defines a disability as any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions). There are three dimensions to disability: a.) impairment in a person's body structure or function, or mental functioning (examples of impairments include loss of a limb, loss of vision or memory loss); b.) activity limitation, such as difficulty seeing, hearing, walking, or problem solving; or participation restrictions in normal daily activities, such as working, engaging in social and recreational activities, and obtaining health care and preventive services.

4. The Joint Commission defines implicit bias as the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner Implicit biases involve associations outside conscious awareness that lead to a negative evaluation of a person on the basis of irrelevant characteristics such as race or gender. Intentional awareness of and acting on implicit bias are essential to ensuring health equity.
5. For purposes of this document, telehealth is defined more broadly than telemedicine and includes the use of technology to deliver personal health information and services.

PRIORITY AREA #2: Addressing the Social Determinants of Health

Goal 1.0 Increase access to preventive health services

Strategic Objective 1.0 Increase utilization of preventive health services

Measure	Baseline	Current/ Date	Target	Critical Actions/Intervention Strategies
Increase the percentage of adults and children who get recommended evidence-based preventive health care by 10%.	MS Ranks 48th in the US for this measure. **Source:** America's Health Rankings 2020 Percent of adolescents, ages 12 through 17, with no preventive medical visit in the past year in MS is 35% for 2019-2020 Percent of children, ages 1 through 17, who did not have a preventive dental visit in the past year in MS is 25% for 2019-2020 **Source:** CAHMI: https://www.childhealthdata.org/browse/survey Percentage of population having a wellness visit in past 12 months for adults aged 18 and over. (National Health Interview Survey)			**a.** Monitor and track the utilization of age-appropriate preventive health care by categories of adults, adolescents, and children. **b.** Monitor and track proxy services and procedures for preventive health by race/ethnicity and by insured status. **c.** Design a monitoring strategy to track the impact of barrier reductions on utilization of preventive health. **d.** Identify populations of concern based on data and partner with others to address as appropriate (includes Tribal preventive health services). **e.** Develop implementation strategies that include accountability for providers.

PRIORITY AREA #2: Addressing the Social Determinants of Health

Goal 1.0 Increase access to preventive health services

Strategic Objective 2.0 Increase availability of preventive health services

Measure	Baseline	Current/ Date	Target	Critical Actions/Intervention Strategies
Measure the number of community organizations that provide prevention services. Reduce the percentage of people under 65 years who are underinsured by 15% Increase the use of telehealth to improve access to preventive health services by at least 10%.	Create a measured baseline for MS 20.3% no health care coverage; 30% of females 18-24% had no health care coverage **Source:** BRFSS Baseline being created now under the UMMC/ MSDH Connected Care Program			1. Adopt common definition of prevention services 2. Create partnerships to measure/track the number of community organizations that provide prevention services 3. Create and share individual and community educational resources on the importance of preventive health among partners 4. Educate preventive health care providers on using evidenced-based culturally sensitive health education materials in their interactions with their clients 5. Create a resource "hub" so that best practices in this area can be identified and shared. 6. Support initiatives aimed at influencing policy makers to: *Expand Medicaid coverage *Expand other forms of insurance for low income people 7. Provide education to the underinsured about the available options in MS 8. Provide information on available telehealth services as they expand and become more available 9. Encourage evaluation of telehealth services for effective utilization 10. Develop partnerships to provide education to the public about the most effective use of telehealth visits 11. Develop partnerships for education about consideration of the SDOH for providers of telehealth services. 12. Advocate for the increase in broadband services to rural areas in Mississippi and appropriate use of funds to do so. 13. Share best practices in the increased use of telehealth capacity in Mississippi.

PRIORITY AREA #2: Addressing the Social Determinants of Health

Goal 2.0 Decrease preventive health barriers related to health literacy

Strategic Objective 1.0 Develop a method for assessing personal health literacy

Measure	Baseline	Current/ Date	Target	Critical Actions/Intervention Strategies
Develop a measure for assessing personal health literacy in MS	No baseline available; will be developed			1. Partner with NDORI and others to review the 51 published strategies for evaluating health literacy. 2. Adopt a working definition of health literacy for use in MS. 3. Based on the review above, select one strategy to test while the MS metric for health literacy is being developed. 4. Establish a mechanism for testing the chosen metric(s).

PRIORITY AREA #2: Addressing the Social Determinants of Health

Goal 3.0 Decrease the proportion of individuals with disabilities who experience barriers to preventive health services

Strategic Objective 1.0 Increase access to early intervention for developmental delays

Measure	Baseline	Current/ Date	Target	Critical Actions/Intervention Strategies
Increase the rate of developmental screenings services by 10%	68.5% MS children did not receive a completed developmental screening for children ages 9-35 months (2019-2020) **Source:** https://childhealthdata.org/browse/survey Child and Adolescent Health Measurement Initiative (CAHMI			1. Partner with others to encourage developmental screenings in the 0-3 population. 2. Educate providers and parents about the evidence-based practices associated with developmental screening. 3. Assess the barriers to developmental screening.

PRIORITY AREA #2: Addressing the Social Determinants of Health

Goal 3.0 Decrease the proportion of individuals with disabilities who experience barriers to preventive health services

Strategic Objective 1.0 Increase access to early intervention for developmental delays

Measure	Baseline	Current/ Date	Target	Critical Actions/Intervention Strategies
number of providers qualified in providing intervention services 0-3.	More than 30,000 Mississippi children have developmental and behavioral disorders; however, the state has traditionally had limited services and too few qualified providers. There is a severe lack of services particularly for children aged 0 to 60 months; many behavioral programs accept children only older than age 5. Mississippi faces a shortage of pediatric specialists (i.e., allied health professionals; behavioral health; and medical providers) overall. However, this number is drastically reduced for providers that have expertise in identifying and treating developmental and behavioral health concerns of children ages 0-5. **Source**: Mississippi Thrive! Child Health and Development Project			1. Partner with the Institutions of Higher Learning (IHL), to include training in pre- service curriculums, to encourage training in assessment and treatment of developmental delays in 0-3 population. 2. Educate current providers in evidence-based assessment in treatment and services within the 0-3 population. 3. Advocate for teleconsulting programs such as Project ECHO to provide training within this domain. 4. Support post-graduate training programs in early infant and child health. 5. Assess the feasibility of moving from a contract model to a salary-based employment model for early intervention services to encourage retention of providers. 6. Assess the overall funding and infrastructure (including gaps) for early intervention services. 7. Advocate for changes in the natural environment that can support early intervention. 8. Assess the potential for addressing the stigma associated with developmental delays. 9. Enhance technical assistance to child care facilities and head start centers regard early intervention.

PRIORITY AREA #2: Addressing the Social Determinants of Health

Goal 4.0 Decrease the impact that implicit bias has on health

Strategic Objective 1.0 Increase the number of health policies that specifically address implicit bias

Measure	Baseline	Current/ Date	Target	Critical Actions/Intervention Strategies
Measure the number of organizations with health policies that address implicit bias	Baseline does not exist; should be created			1. Adopt a common definition of implicit bias 2. Work with partners to identify and create a tracking system for measuring the number of organizations that have enacted health policies that address implicit bias 3. Work with partners to test organizational assessment tools based on the type of organization and identified needs 4. Offer education regarding implicit bias and institutional racism 5. Offer samples of policies that address implicit bias

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