



MISSISSIPPI

“It is the intent of the Legislature to foster the reduction of infant mortality and morbidity in Mississippi and to improve the health status of mothers and infants.”
–Speaker Tim Ford, December 8, 1997

Mississippi’s health officials have long recognized the unmet health-care needs of pregnant women and children that result from poverty, the influx of large minority groups, low education levels, and limited healthcare providers in rural areas. Infant mortality is a crude indicator of health status, but it also demonstrates how critical the disparities are for racial and ethnic minorities in Mississippi. Despite recent advances, infant mortality rates continue to remain two to three times higher for black infants than those of white infants. For the past 20 years, Mississippi’s infant mortality rates have been among the highest in the South. The state’s IMR was 10.4 in 2001, well above the national average.

During the 1900s, Mississippi’s health status improved significantly—infant mortality rates declined, healthcare became available to more people, and advances in medical knowledge and technology provided more effective management of many diseases. Today, many challenges remain for the state’s Department of Health. In 2002, 11.2 percent of all live births were to infants with low birth weight, compared to 10.7 in 2001 and 9.9 in 1996. For the past 20 years,

Mississippi has been plagued with the highest teenage birth rate and the highest birth rate to unmarried women in the South, which are key indicators for infant mortality.

In response to the problem of infant mortality with major ties to racial disparities, the Department of Health sponsors and supports many projects, at community and state levels, in an effort to improve the health status of pregnant women and children, especially those among minority populations. The Department of Health directly participates in state-wide programs advancing special health needs such as mobile services and rural health. It also administers state and federal programs for health initiatives such as tobacco prevention and primary care. The primary objectives of the Department of Health perinatal healthcare programs are to decrease infant

State Facts 2001*

Infant Mortality Rate	10.4
Preterm Birth Rate	17.0
Low Birth Weight Infants	10.7
Prenatal Care in First Trimester	82.7
Pregnancy/Maternal Smoking	12.6
Teenage Birth Rate (age 15-19)	66.7
Birth Rate to Unmarried Women (age 15-44)	46.3

*Rates are calculated per 1,000 live births, except for low birth weight, prenatal care, and maternal smoking, which are calculated in percent.

mortality and low birth weight infants by providing healthcare to pregnant women. By increasing the number of women with access to prenatal care, the intended consequence is the reduction of infant mortality. A sampling of these programs includes the following:

Perinatal High-Risk Management Infant Service System: operates as a Medicaid provider for the Perinatal and Infant High-Risk Case Management Program. This program includes a multi-disciplinary range of preventative health services for pregnant women including physical exams; nutrition; social services; health screening; education; counseling; and referral services.

Born Free Program: a community-based consortium for pregnant and postpartum substance abusing women and their affected infants. It provides a



comprehensive, multi-organizational network of treatment resources and available services. Access to the Born Free network is through the Perinatal High Risk Management Program, which provides early identification of pregnant women who may be at risk and offers an entry point to case management services.

First Steps: an early intervention program that matches the unique needs of infants and toddlers who have developmental delays with professional resources available within the community. First Steps provides educational materials and other resources to help parents recognize and identify developmental problems as early as possible. Each eligible child receives an individual assessment, with parents and other relatives providing input. After evaluation, an assigned service coordinator develops an individualized family service plan to provide appropriate services to the child and family, using professional resources within the community.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program: provides Health check-ups for Medicaid-eligible children under age 21 with poor access to healthcare. EPSDT services are available statewide to children living at or below 185 percent of the non-farm poverty level. Services are basically preventative in nature and designed for early identification of crippling conditions.

Baby Steps Program: developed to encourage communities to become active in the wellness needs of their children. Through collaboration between local community and civic organizations, hospitals and providers of pediatric medical care, the program allows these groups to follow newborn infants for their immunizations during the first two years. Volunteer organizations and medical providers are supplied with training manuals, handouts, birthday, and immunization reminder cards, certificates of participation, and record keeping forms. Volunteers also make follow-up phone calls to the new mothers, encouraging them to have their babies immunized on time.

Family Planning Program: located in 102 clinics within local health departments throughout Mississippi's 82 counties, the program provides a wide range of confidential and professional family planning services to both men and women, regardless of income. Services include physical examinations; counseling; HIV and pregnancy testing; birth control supplies; sterilization; and care coordination. Clients may be eligible for free or reduced cost services based on a sliding fee scale.



Abstinence Education Program: developed to help reduce unintended pregnancies and out-of-wedlock births in youth ages 10 to 19 by expanding current abstinence education programs through contracts with local school systems, community-based, and faith-based organizations.

Children's Medical Program: provides medical and surgical care to children with chronic or disabling conditions. The service is available to state residents up to 20 years of age, based on family income, family size, and estimated cost of treatment. The program currently operates at 21 separate sites throughout the state to provide specialized care in the local communities in addition to a central multi-discipline clinic in Jackson at Blake Clinic for Children. Services include hospitalization, physician's services, appliances, and medications. The state matches federal funds targeted for the Children's Medical Program, and private industry, independent agencies, and individuals also contribute to this program.

Mississippi Community Planning Group for HIV Prevention: established in January 1994 as the state's only community planning body that addresses HIV (Human Immunodeficiency Virus). It is responsible for developing a comprehensive HIV prevention plan with other state and local agencies, non-governmental organizations, and representatives of communities and groups at risk for or infected with HIV, with special focus on youth and pregnant women or women of childbearing age.

Statewide Immunization Coalition: established in 1994 as a nonprofit corporation to improve childhood immunization. The goal of the coalition is to ensure that 90 percent of children age 2 and younger are completely immunized with all the required vaccines by the year 2000. On October 14, 1999, the Mississippi Statewide Immunization Coalition became a separate non-profit entity known as MSIC, Inc.



Mississippi Immunization Registry: established by the Mississippi Child Immunization Act of 1994 as a centralized registry operated by the Department of Health for healthcare providers to report all childhood immunizations given in the state. The goal of the program is to ensure that accurate and valid immunization data is available to healthcare providers, parents, and others who have a legitimate and tangible interest in immunization information.

Childhood Lead Poisoning Prevention Program: performs routine lead screenings for children ages 1 and 2 and for any child at risk from six months old to 6 years. The program also provides follow-up care, along with an inspection of homes for lead by a certified professional.

Early Intervention Resource Library: provides an array of early intervention and child health information to the general public, located inside the Jackson Medical Mall. The library does not offer medical advice. It makes available materials that will help inform parents on important child development topics. The resources include books, medical texts, newsletters, journals, magazines, informa-

tion sheets, audiotapes, videotapes, brochures, pamphlets, evaluation and assessment tools, and therapy toys and materials.

The Partnership for a Healthy Mississippi: a nonprofit organization formed as part of the Mississippi's Tobacco Pilot Program that has been instrumental in the development of prevention initiatives targeting youth over the past several years. The Pilot was initially a two-year program created in 2000 with funds the state received as a result of the Mississippi tobacco settlement. Through the use of carryover funds, the pilot program was extended for a third year. The program consists of four component areas for which the Department of Health was charged and funded to coordinate a comprehensive evaluation in the following areas: school health nursing; law enforcement; community intervention; and media/public awareness.

Car Seat Program: offers instructions on how to install a child safety restraint and also issues car seats through county health departments at no cost for those who are in need.

