# **WORK PLANS**

## **Appendix L – Increase Educational Attainment**

The U.S. Census Bureau collects educational attainment information annually through the American Community Survey and Current Population Survey. Educational attainment is defined as the highest level of formal education completed (i.e., high school diploma or equivalent, bachelor's degree, graduate/professional degree). An educated workforce is an important factor for economic development. Completion of formal education is associated with higher paying jobs and access to resources that impact health such as: food, housing, transportation, health insurance, recreation, and other basic necessities for physical and mental wellbeing. In Mississippi, 81.5% of adults age 25 and older have at least a high school diploma, this is lower than the national average (86.0%).

Source: US Census Bureau American Community Survey, Rev May 28, 2015.

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|  APPENDIX L : Mississippi State Community Scorecard – 2016 PRIORITY AREA #1: Increase Educational Attainment |
| GOAL | S TRATEGICO BJECTIVE | M EASURE | BASELINE | T ARGET | C RITICAL A CTIO NSINTERVENTION STRATEGIES | ORGANIZATION/ LEAD PERSON | S TATUSR/Y/G |
| 1.0 Increase high school graduation rates | 1.0Decrease pregnancy rate in women aged 15-19  | * Rate of teen pregnancy among women aged 15-19

Data Source: MSDH Office of Public Health Statistics | 2013:49.1/1000 | December 31, 2020:44.2/1000 | 1. Develop health education campaign (PSA’s, social media, etc.) on contraceptive availability and usage
2. Provide evidence-based skills training on LARC insertions and evidence-based skills training on contraceptive option counseling to providers.
3. Support implementation of high quality sexuality education curricula in middle and high schools in accordance with state law
4. Support sexuality education teacher trainings and professional development
 | Mary Reed and Danielle Lampton, Comprehensive Reproductive Health and Adolescent Health Program, MSDHKenyatta Parker, PREP, MSDH |  |
| Contraceptive Use* Percentage of female Title X clients aged 15-19 years using LARC

Data Source: CDC and DHHS Office of Population Affairs (MMWR 4/10/15)  | 2013:0.7% | December 31, 2020: 1.5% | 1. Develop health education campaign (PSA’s, social media, etc.) on contraceptive availability and usage, targeting Title X clinic sites
2. Provide evidence-based training and comprehensive clinical training on LARC insertions and contraceptive option counseling to Title X Clinic providers and staff
 | Mary Reed and Danielle Lampton, Comprehensive Reproductive Health and Adolescent Health Program, MSDH |  |
|  | 2.0 Reduce Sexually Transmitted Infections in individuals aged 15-19 | * Rate of chlamydia infections in individuals aged 15-19
* Rate of gonorrhea infections in individuals aged 15-19
* Rate of new HIV infections in individuals aged 15-19
 | Data Development Agenda |  | 1. Support implementation of high quality sexuality education curricula in middle and high schools in accordance with state law
2. Support sexuality education teacher trainings and professional development
3. Develop and implement community-based initiatives related to safe sex and correct condom usage
 | 1. Kenyatta Parker, PREP, MSDH
2. Estelle Watts, Office of Healthy Schools, MDE
3. Danielle Lampton, Adolescent Health Program, MSDH
4. MSDH STI/HIV Office
 |  |
|  | 3.0 Increase support services for pregnant and parenting teens | * Implementation of curriculum in targeted schools
 | Data Development Agenda |  | 1. Assess state school districts to develop tiered priority site list based on number of pregnant and parenting teens
2. Develop an implementation plan to include: a curriculum, regular process evaluations and outcome evaluations at set intervals
3. Connect with top priority schools to build collaboration for programs
4. Network with existing local resources for linkages and referrals
5. Train staff for program implementation
6. Pilot implementation plan at 3 schools
7. Launch full program according to priority listing
8. Conduct process and outcome evaluations
 | 1. Women’s Health-Danielle Seale
2. Office of Healthy Schools
3. Adolescent Health-Danielle Lampton
4. PHRM
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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 4.0 Increase linkages between existing school based health clinics (SBHC), school nurses, and local and state mental health providers and supports | * Percentage of SBHC utilizing the Adolescent Mental Wellness Assessment
* Percentage of SBHC who report a referral process is in place with local MH providers
 | Data Development Agenda |  | * Promote linkages and referrals as a positive outcome for SBHCs
* Facilitate networking between SBHC staffs and mental health providers in their areas
* Provide utilization trainings for SBHC medical doctors, nurses, and social workers on the Adolescent Mental Wellness Assessments
* Develop and pilot a referral process for SBHCs to refer directly to mental health providers, possibly to include onsite service provision, and to certainly include follow-up by SBHC staff
* Implement referral process at select SBHC sites
* Evaluate effectiveness of referral process for SBHCs, patients at SBHCs, and mental health providers who receive referrals
* Adjust according to evaluation findings
 | 1. Office of Healthy Schools
2. Danielle Lampton, Adolescent Health Program, MSDH
3. Center for the Advancement of Youth
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**Status will be reviewed using a stoplight approach as follows:**



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