



**Mid South Health Initiatives Regional Convening  
January 9-10, 2006  
Jackson, MS**

The purpose of the January 2006 conference was to obtain feedback from a gathering of health leaders regarding the most important health challenges for the Mid South, and to identify potential solutions that could be addressed as a region. There were approximately 150 participants. The information below represents the thoughts of the participants.

**Conference Proceedings and Methods**

The two-day conference began with Chris Joyner, a reporter for the *Clarion Ledger* of Jackson as the only speaker. The participants were divided into five groups, which were given water names.

Comments from the vision and barriers discussions were reviewed and discussed by consultants and FMS staff at the end of the first day and grouped into 23 themes. On the following morning, participants were given three dots and were asked to review the consolidated list and identify their three top priorities. Out of this voting process, five focus areas were selected. They included prevention, policy, community capacity, racism and cultural sensitivity, and health information technology. Individuals were asked to select an issue of greatest personal and professional interest and participate in one final session to develop strategies for the issues.

Below are the issues identified in the five prioritized areas, and lessons learned from each group.

**Summary of Themes**

The following sections include summaries from the five discussion groups. Participants were asked to select one of the five these prioritized by the voting and discuss how to achieve their vision, overcome the challenges, and identify the necessary resources.

**Health Promotion and Disease Prevention**

Group consensus was that preventative activities should focus on the three “upstream” issues with the greatest potential for a broad-ranging effect from a prevention standpoint: 1) healthy eating; 2) physical activity; and 3) prevention of tobacco use. There was also consensus within the group that these activities should primarily focus on children. The prevention area is where promising practices can offer some of the greatest direction for Mid South communities.

**Health Policy**

Health policy is a broad and encompassing concept and has implications for prevention, allocation of health care resources and access to health care. The group

decided to focus on governmental health policy, particularly how policy is developed drafted and implemented. It was the general consensus that states must use lessons learned or highlighted by Katrina as we move to address health policy. Katrina highlighted weaknesses in the health delivery system, profoundly demonstrating areas to be addressed. Strict attention should be given to: 1) gaps in the health care system and/or provision of health services and 2) components of the existing system that either did or did not work. These issues should be discussed as they exist in non-emergency situations.

### **Community Capacity Building**

The group decided to broaden the definition of its mandate to include sustainability as well as developing social and local capacity and civic engagement. The consensus of this group was capacity-building and sustainability activities should be focused around:

- Geographically isolated areas with low population density.
- The development of regional networks (that tie remote areas into nearby resources).
- The development of strategic plans that identify measurable outcomes and provide baseline data.
- Increasing providers in underserved counties either physically or alternatively through technological advances such as telehealth.

### **Technology**

The health technology workgroup focused first on health technology infrastructure. Secondly, three technology areas of focus were the electronic medical record, distance learning, and telehealth. Expanding the use of networking; testing an electronic medical record, if only to prepare for the next emergency, and expanding the use of telehealth and distance learning have promising implications if approached as a Mid South region. Electronic medical records and telehealth would have been particularly useful in the Katrina response effort. Evacuees could have had access to their records, and could have utilized out-of-state providers with the benefits of their health records. The idea of a “smart card” for all individuals which captures basic diagnoses, medications, etc. was also discussed.

### **Racism and Cultural Sensitivity**

The importance of recognizing the ‘isms’ of racism, sexism, classism, ageism and other prejudicial ‘isms’ need to be openly acknowledge and recognized as an illness which can be treated across institutions and across communities. Issues of cultural sensitivity, unequal treatment and openness exist across all levels of the health hierarchy. Attitudes and barriers which fuel disparities in health treatment and outcomes begin the moment a potential patient walks in the door, and requires cultural sensitivity and good manners at all levels – from the front reception desk to attending physicians and clinic/hospital administrators. There are differential attitudes and beliefs about health which impact treatment-seeking behavior and diagnoses. Racism and other similar issues can only be addressed based on a realistic assessment of where the institutions and communities are currently in terms of diversity and disparity.