



**Mid South Health Initiatives Convening
January 9-10, 2006
Participant Feedback**

Conference Proceedings and Methods

The two day conference beginning 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 common themes, issues identified in the five prioritized areas, and lessons learned from each group.

Common Themes

At the end of the first day, feedback from all five groups regarding barriers to achieving the vision were reviewed and common themes identified. At the beginning of the following day, the themes were reviewed, and all participants were given three votes to select their highest priority areas for further discussion on how strategies to address the barriers. The following table shows the outcome of the voting process. The top five themes were selected for further discussion.

Common Themes	Number Of Votes
1. Transportation	0
2. Lack of funding and emphasis on preventive healthcare	22
3. Current norms	0
4. Attitudes and practices affecting good health	5
5. Biased sources of information – eg: marketing ads	0
6. HIPAA laws as relates to information access	1
7. Lack of providers in undeserved communities	11

<ul style="list-style-type: none"> a. Underutilization of mid level practitioners b. Lack of dental, mental and primary care c. Scope of practice and protectionism 	
8. Lack of knowledge by employers of economic benefits of investing in wellness	0
9. Poorest health status	0
10. Lack of effective leadership and vision at all levels	12
11. Lack of communication at all levels and between sectors	1
12. Inability to sustain program and local capacity	16
13. Environmental hazard and safety issues	0
14. Health policy as relates to: <ul style="list-style-type: none"> a. Access to prescription medicine b. Universal health care access c. Government agenda 	20
15. Failure to frame the discussion for good health in economic terms “make the case”	4
16. Organizational turf issues	0
17. Lack of social capacity (capital) and civic engagement	0
18. Geographic isolation and low population density	0
19. Lack of community based organization capacity	0
20. Failure to deal with race, class and ethnicity in a forthright manner (culturally sensitivity)	14
21. Effective use and access to data	0
22. Lack of technology <ul style="list-style-type: none"> a. Electronic identification methods b. Electronic medical records c. Telehealth/telemedicine d. Distance learning 	14
23. Failure to create regional networks to share tools, knowledge and training	13

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.

Prevention

Issue(s) focus:

The group wanted to broaden the definition of its mandate to include health promotion along with disease prevention. The consensus of this group was that prevention activities should focus on the three “upstream” issues with the greatest potential for a broad-ranging effect from a prevention standpoint, specifically:

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.**

Health Policy

Issue (s) focus

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 determined that any discussion of health policy has to include issues related to the uninsured/underinsured. As with other groups, the aftermath of Hurricane Katrina influenced several of the comments. It was the general consensus that states must use lessons learned from Katrina as we move to address health policy. 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

Issue(s) focus:

The group decided to broaden the definition of its mandate to include sustainability as well as social and local capacity and civic engagement. The consensus of this group was that sustainability activities should focus on areas that are geographically isolated with low population density, development of regional networks, strategic plans that identify measurable outcomes that provide baseline data. A final focus was the need to increase providers in underserved counties either physically or alternatively through technological advances such as telehealth.

Technology

Issues / Focus

Based upon preferences indicated through the voting by the larger body this group decided to develop strategies for three areas: **electronic medical record, distance learning, and telehealth.** The entire discussion was focused around regional approaches.

The group felt that the technology infrastructure was the first area to consider, and that considerable unutilized network capacity may already be available within the three states. The electronic medical record, telemedicine, and distance learning were discussed as three products or services that could be developed once connectivity is established.

Racism and Cultural Sensitivity

Issues/Focus

- 1) The 'isms' of racism, sexism, classism, ageism and other prejudicial 'isms' need to be recognized as an illness which can be treated across institutions and across communities. "People can be trained to be human."
- 2) This is a 'teachable moment' for rebuilding institutions in a manner that can address differential access and treatment. Because health cuts across all sectors, it is a moment for rebuilding health care in a manner that accounts for diversity, cultural differences, and 'builds in' ways to create a more diverse and sensitive care giving environment within and beyond the healthcare sector. It is also a moment to address institutional racism.
- 3) 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.
- 4) There are differential attitudes and beliefs about health, which impact treatment-seeking behavior and diagnoses.

