Mississippi Health Summit, 2011
Group Discussion / Collaboration Report

This document contains a summary of the comments and notes submitted by the moderators of the 28 tables of participants during the Summit. Comments and notes were compiled by researchers at The University of Southern Mississippi, and are being made available for public use.

The 2011 Mississippi Health Summit was designed to be the first step in the process of improvement in healthcare. The goal of this information is to engage the various professionals in Mississippi healthcare, in order to provide an outlet that these individuals may work toward solutions to the state’s healthcare concerns.

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This report may be found electronically via the following website: Mississippi Health Summit Report
Executive Summary

Event Overview

The 2011 Mississippi Health Summit was designed to be the first step in a process of crafting solutions to Mississippi’s healthcare concerns and challenges. The April 29, 2011 event was a forum for the engagement of the state’s various healthcare professionals in an effort to work toward collaborative solutions. The more than 160 attendees at the Summit were invited based on their accomplishments and contributions to health in the state, and are therefore considered to be many of the “experts” in the field of Mississippi healthcare. The event included a keynote address by Rick deShazo, M.D., followed by three panels of experts who spoke on a topic as it relates to their niche in healthcare. The panel topics included workforce development, research and evidence-based intervention, and health and economic/community development.

At the conclusion of each panel discussion, attendees gathered in groups of eight to discuss collaborating on solutions to Mississippi’s health problems. Guided and recorded by a table moderator, each discussion was geared toward the panel topic that preceded it, but participants were free to address any issue or proposed solution that they chose.

Findings

The following are notable findings and suggestions that emerged from the Summit:

1. An organized center needs to be established as a “clearinghouse” for statewide health research and partnerships. Such an organization would be tasked with oversight and communication of existing projects. In addition, a continuation of the Mississippi Health Summit should take place in some form.
2. Efforts to properly educate and place healthcare workers in rural populations should continue.
3. Increased effort must be placed on eliminating “food deserts.” In addition, emphasis must be placed on the creation of conditions that allow healthy food choices to be cheaper and easier to obtain.
4. Health promotion, wellness, and prevention should become a principal focus in Mississippi. This focus should involve incentives for exercise, the elimination of health disparities, and the creation of a culture of health in the state.
5. The most effective incentive for personal decision-making and policy around health issues is financial benefit.
6. Healthcare is a major economic driver in Mississippi that should be widely supported on the local and state level. Health-related agencies employ tens of thousands of citizens, which provide a great deal of direct and indirect tax revenue for the state.
7. Addressing the shortfall of healthcare workforce in the state throughout each area of health is crucial to progress. This includes a focus on permanently retaining quality employees in Mississippi after graduation from their college or professional program.
8. Health research must be open, fluid, and community-based in sustained capacity for quality results.
9. Healthcare workers must transfer expertise to younger generations to sustain leadership in the system.
10. Telemedicine will greatly assist rural areas to have access to quality healthcare, empowering nurses with direct patient care and clinical management, while providing physician consultation with the patient.
Centralized Communication

Health Summit presenters and round table discussion participants determined that in order for the overall health of Mississippians to improve, there must be a more centralized form of communication among key healthcare constituents. The following ideas were generated as possible methods for creating a more centralized form of communication.

Collaboration in Communication

Participants discussed the need for a state-supported formal collaborative to look at the state’s healthcare issues, including projects that have been conducted successfully elsewhere. In order for Mississippi’s healthcare leaders to have pertinent and timely information regarding initiatives, there needs to be a streamlined method for dissemination. It was noted that the state is currently operating with a poverty mentality in which all constituents are competing for a portion of the same small pie, oftentimes duplicating efforts, rather than collaborating and ultimately working toward a large and more profitable outcome. It is imperative that a collaborative effort be efficient in nature.

Suggestions for collaboration

There are possibilities for making the current communication system more effective. Some suggested methods include:

1. An annual health force data book;
2. An office of health professional workforce;
3. A statewide registry in which all initiatives (grants, projects, research) are categorized and registered;
4. A Web site clearinghouse;
5. Trans-disciplinary health departments;
6. An annual Health Summit where researchers and policy makers could both present their work and network with colleagues;
7. A statewide annual scientific meeting that allowed time for working groups (breakout sessions), based on different topics;
8. An IHL-sponsored research consortium to aid in improving research efforts, such as grant proposal development coordination.

Participants did express certain concerns with the aforementioned suggestions, including fairness and equality among collaborators. To prevent prejudice or bias, it was suggested that the name of any clearinghouse not be affiliated with any one specific entity. Two names suggested for a clearinghouse were the Mississippi Outreach Network for Health and the Mississippi Workforce Investment Network.

Existing Resource

Dr. Stephen Silberman, Director of Mississippi’s Area Health Education Centers, said that a center already exists in the Northeast AHEC, named the Center for Healthcare Workforce, directed by Lynn Cossman. Dr. Silberman explained that the Center’s current need is both state funding and other sources to support current and future efforts. Currently the Center only tracks physicians, but they hope to begin tracking information about physician’s assistants, dentists, social workers, and other healthcare professionals.
The need for qualified healthcare professionals:

In addition to centralized communication, participants also noted that a clearinghouse is important because of its great potential to impact the economy. It was suggested that some funding should be directed to placement of healthcare professionals in underserved areas. Further, participants discussed how simply funding a student’s education and getting a signed contract to work in the state upon graduation does not solve the problem, because these professionals often leave as soon as the contract expires. Community involvement, grassroots efforts, and showing a lasting commitment to healthcare professionals are essential.

Participants also discussed the importance of the education and training of Mississippi’s nurses and other healthcare professionals. It was suggested that a study be conducted to accurately determine effective incentives for nursing students, such as full tuition coverage and faculty salary levels. Among others, kinesiotherapy (whole body and mind) and physical education (teaching children to play) were identified as areas needing qualified healthcare professionals.

It was noted that the University of Mississippi Medical Center (UMMC) is currently partnering to develop a family practice program.

Challenges

In rural areas, paucity of incentives, limited employment opportunities for spouses, and limited services for families hamper the recruitment and retention of healthcare professionals.

Private parties, insurance companies, and Medicaid need to be involved to fund health initiatives that can both improve health and bring down long term costs.

There is the need for an effort to work with children to help them identify career goals much earlier.

Public Policy Changes

Health Summit participants discussed state public policy in regard to healthcare. All participants ultimately believe that changes in the nation and state’s healthcare must be both drastic and rapidly adopted.

The following is a compilation of suggestions for future public health policy changes for the state of Mississippi.

Improving the physical health of Mississippians

Research and assessment

A comprehensive study is needed to assess and understand measures and steps taken by other states to improve overall physical health (e.g., Florida and New York). Comparisons can then be made to help identify similar issues in Mississippi and the appropriate methods for addressing them.
Physical activity

Comprehensive collaboration and planning to build new and alter existing communities to support and facilitate multiple forms of physical activity, such as walking, jogging, gardening, and group sports, would aid in improving the overall physical health of Mississippians. There were several discussions about policy changes that are needed, including school-based programs to provide aerobic exercise, and increasing the state-required physical activity time requirement to 200 minutes per week.

Healthier food choices

Methods for increasing the consumption of healthy foods, while also decreasing the purchase and eating of unhealthy foods need to be explored. In addition, policies promoting the production of organic and healthy foods should be developed.

(A) Decreasing the accessibility of processed and fast foods could also potentially increase the consumption of healthier foods, including locally grown fruits and vegetables.

(B) Another method for decreasing overall intake of unhealthy foods would be to prohibit the purchase of unhealthy foods with EBT cards (“food stamps”).

(C) Changing school menus to include healthier and less processed food choices would also help in educating students regarding healthy food choices.

Incentives for healthy living

Greater health-related promotions in the workplace and in local community health centers, such as mandatory exercise breaks, paid sessions with health educators, and the provision of healthy food choices, would aid in changing the culture of Mississippi’s workforce.

More land should be allocated to grow fruits and vegetables to be purchased and consumed locally. Such efforts would also provide economic growth and improved health for the citizens of Mississippi’s Delta, who experience every health disparity currently identified by the National Institutes of Health. The most effective method moving people to do something about this situation would be through some form of financial incentive.

It was also suggested that there might be consequences for unhealthy behaviors and choices, such as higher health insurance costs.

Current legislation: Mississippi Healthy Schools Act

There were many issues identified in regard to current legislation, including recommended changes.

Community buy-in

It is imperative to have community buy-in for legislation, such as the Mississippi Healthy Schools Act, to be successful. Right now, this is a problem on many levels, one of which is that teachers are currently overburdened with other requirements, such as mandatory test achievement scores.
Increased involvement in legislative efforts
More health professionals need to be involved in the current Mississippi Healthy Schools Act. Participation in this process could include school health councils that aid in driving policies.

Healthcare professionals

Participants agreed that the state legislature must be involved in providing a solution to the healthcare workforce problem. They also suggested that private sector money would follow the allocation of state funding to address healthcare workforce problems.

Health Care Reform

Current health care reform threatens to drive local health providers, such as pharmacies and medical supply companies, out of business. This is an economic issue causing more severe problems for areas already struggling with poor health care practices and access, such as rural communities.

Training of city and state officials

Healthcare professionals need to offer policy training for county and city officials, which would strengthen this group’s understanding of health-related needs and methods for meeting these needs, particularly in the Delta area.

Physician’s assistants and nurse practitioners

Participants discussed how state policies need to be revised to allow physician’s assistants and nurse practitioners to have more autonomy. The utilization of telemedicine would bring the supervising physician closer to physician’s assistants and nurse practitioners practicing in rural areas.

Lobbying efforts for healthcare professionals

Certain healthcare professional fields, such as nurses, have strong organized lobbying efforts. Other healthcare professions need similar efforts to represent their needs with legislators.

Obstacles

The following are a few of the obstacles identified in regard to health-related public policy efforts in Mississippi.

Economic factor

Healthcare is a driving economic force, as an employer and an industry, yet the message is not well promoted. For example, the auto industry makes headlines when they hire 25 people; however, healthcare entities, such as Forrest General Hospital, do not receive the same recognition when they hire similar numbers of staff on a regular basis.

Federal funding for research

Participants discussed how other states profit from Mississippi’s health issues through grant proposal writing and research efforts. However, Mississippi only receives a very small portion of funds allocated for this research.
Turf war

This topic was identified by participants as “the elephant in the room.” The subject of turf war is not in reference to health professionals only. One example provided was in reference to healthy eating choices. The Cattleman’s Association does not want to cut beef consumption, even though a healthy diet calls for limited beef consumption.

Promotion of a Public Health Perspective

Participants referenced frequently that all medical professional workforce need to be trained with a public health focus. Discussion on the promotion of public health focused on three levels of public health - general, physician, and educational.

General Level

Discussion included the development of a “Mission Health” initiative. This initiative would include coordinating public health research and intervention statewide and would include the use of community based participatory research (CBPR). Discussion also emphasized the importance of personal responsibility, health literacy, training in motivational interviewing, and the need for more education (such as Medical School).

Addressing healthcare professional shortages is essential. Discussion was focused on the need to increase the number of healthcare professionals such as social workers, dieticians, etc. in the state of Mississippi. In addition, physician’s assistants were specifically named as a group that is needed in rural areas. Both an increased healthcare workforce as well as the presence of physician assistants in rural settings would not only promote an increased emphasis in public health but would also expose healthcare professionals to public health environments and increase interest in pursuing careers in such fields.

Addressing political or constituent interests is also necessary. For example, if the reduction of red meat in a diet is needed to improve health outcomes of Mississippi residents, professional organizations such as the Cattleman’s Association need to be engaged in partnerships, or they will likely oppose any initiative.

Physician Level

Discussion surrounding physicians included the need for doctors to encourage lifestyle changes in patients. Also, additional training in public health and the ability for doctors to talk with patients on a personal level about the “basics” of good health promotion was referenced. These competencies would also need to be developed in professionals in rural healthcare settings. Further, exploration on how doctors and medical healthcare professionals motivate patients to change behavior is needed. Replicating proven effective strategies would be beneficial in promoting perspectives on public health.

Educational Level

Discussion of public health at the educational level included curriculum redesign in medical school to include a public health component. There was a level of support with the notion that pre-med students should be required, as part of their curriculum, to work and help on frontline community and public health issues.
providing opportunities for public health experience. There were indications that medical students are unlikely to seek out information on this topic independently, since they are focused acquiring clinical knowledge.

Teach for America was cited as an example of a pedagogical model that could be utilized for public health involvement and curriculum redesign. In Teach for America, students commit a minimum of two years to teaching in urban and rural public schools in the United States’ lowest-income communities. The principal idea is to enlist the nation’s most promising young leaders in effort to reduce educational inequity. Using this model in the healthcare setting would allow bright healthcare professionals to interact and provide medical assistance to community members in both urban and rural settings. Discussion of the University of Mississippi Medical Center (UMMC) partnering on the development of a family practice program was also referenced.

Another suggestion for promoting the public health perspective was increasing the number of student residents who go through local federally qualified health centers (FQHCs) to build experience. This would allow more individuals the ability to interact in urban and rural settings and provide a greater understanding of public health in general.

**Increased applied research**

Round table participants expressed a need for more applied research. It was stated that non-academic community members and healthcare providers did not fully value basic research. They called for academicians to do research that is “applicable and understandable to everyday people.” They felt it is crucial that research findings be translated into better patient care and improved public health.

**The Benefits of Research**

It was stated that “Those who do not participate in research question what they get out of it.” In reply, a focus group member said that it is up to researchers to show those who participate in research exactly what they get from the research. Part of making research relevant to the community involves disseminating the findings to community members. Research should be an open, fluid process, involving the community. Area Health Education Centers (AHECs) were mentioned as important to community outreach.

It was stated that there is a perception that researchers are the only ones who benefit from research, with research participants often left behind. Additionally, it was stated that others from outside Mississippi profit from receiving grants and doing research in Mississippi, but only give Mississippi a small amount of the allocated funds.

**The Need for Sustained Research**

Another complaint was that often when a research study ends, the intervention gets dropped. In these cases, especially if the intervention is successful, there needs to be a plan for sustaining the project and following-up with research participants. Increasingly, researchers are required by the funder to describe how they are going to sustain the intervention prior implementing the research project. Collaboration among researchers, providers, and community groups is critical to sustaining effective programs as well as designing research.
Community-Based Participatory Research

Discussion about the role of community brought up the subject of community-based research, specifically community-based participatory research (CBPR). In CBPR, the community being studied plays an equal role as researchers in designing, implementing, and evaluating the research study and disseminating study results. Researchers using CBPR methods have learned that community members can be mentored, so they can learn the “research process.” This helps community members to understand research better.

In addition, in CBPR, research projects utilize local services and employ local community members, which further increases community support for the research. Round table participants stressed that true CBPR takes time to build infrastructure and community relationships, facilitate trust, and then modify behavior and create ownership by all involved parties. The importance of building trust in the community was discussed at length by many participants. These trust issues are especially crucial in minority communities (Hispanic, Vietnamese, African-American, etc.), and mechanisms for addressing trust should be built into the research study design.

Community-based prevention programming foci

There was discussion about the need for focusing on preventive care, which will reduce health care costs and co-morbidity issues. Among the community prevention efforts should be a focus on early childhood education to bring about individual behavior change, involving students’ parents or caregivers in school-based prevention programming. The importance of using community leaders (excluding physicians) to teach healthy eating, physical activity, and taking personal responsibility for one’s own health is of vital concern. This may be accomplished by utilizing community/faith-based programs as auxiliary support of basic preventative screening and education, and by establishing a medical home rather than inappropriate use of the hospital emergency department.

Service learning

On the topic of community engagement, there was much discussion about service learning, where students learn while they serve the community. This would allow them to better prepare for careers as healthcare professionals, and to further their educational experience. Several ideas and examples for service learning that would be beneficial to community members’ health were described, including:

1. Sending students to Mayersville, for example, with its stark isolationism, to work in a mobile clinic, providing inter-professional practice

2. Engaging and encouraging healthcare professionals to work in areas of need

3. Taking gardening to elementary schools, e.g., Ridgeland Elementary; promoting community gardens, e.g., Jane Avenue in Jackson; providing educational opportunities at farmers’ markets, e.g., Columbus, Mississippi model, which includes bringing in educators to teach best practices in gardening

4. Using the same model, in-state, as mission groups that are sent out of country to provide services
Equity in funding patterns

A complaint was made that small organizations that are making a difference in preventive health are left out of the funding process. These small organizations end up using their personal money to try to make a difference with no help from funders. Foundations and state and national funders need to recognize the role that small organizations are making, and provide funding for them to institute preventive health services.

Sustained leadership

Participants referenced efforts to maintain focused, coordinated efforts, and the needs of the healthcare workforce. In addition, some recommendations and future implications were discussed.

Maintaining Focus

One of the focuses established in the discussion revolved around mentoring and the current leadership in healthcare. Co-learning and reciprocal transfer of expertise with students was one suggestion provided to addressing this focus. Participants reflected on the importance of healthcare professionals and mentors living by example. It is quite contradictory to establish a certain expectation and not reflect this accountability personally. Healthcare professionals and mentors also need to develop effective leadership skills to assist in identifying and creating future healthcare professional leaders. Leadership, mainly the right leadership in terms of inspiration and passion, was discussed.

Another focus is the cost and availability of assistance programs during their educational experiences. Students need to be informed and have the ability to access information about programs (primarily federal) that can help during training. Further, the need for low interest loans for students should be not only a priority but also a focus. Without the ability to afford proper education and training, it will be difficult to recruit the healthcare workforce that is desperately needed, especially in the state of Mississippi.

Keeping professionally trained healthcare professionals in the state of Mississippi should be a focus of sustaining leadership. Currently in Mississippi, we are producing many professional healthcare workers. However, we are doing little to retain them post-graduation, with very few staying in the state to work. Focus needs to be placed on keeping these graduates within the state. One consideration might be the review, enhancement, or addition of incentives provided to healthcare professionals in Mississippi that may include programs such as loan forgiveness.

Work environments and maldistribution of professionals are also areas of focus for sustaining leadership. Noxious work environments were referenced as a cause of forcing some students out of training. Dr. Silberman stressed that he saw the healthcare professional deficit problem as one of maldistribution, rather than too few trained healthcare professionals. He said that research has shown that 60% of all trained healthcare profession graduates will practice 20-30 miles from their or their spouse’s hometowns, yet we accept more students from large metro areas, and not rural areas. In addition, it was referenced that the state of Arkansas medical schools’ rotation system admits students from every part of the state. Such programs can prevent the problem of having too few healthcare professionals wanting to practice in rural areas.
**Coordinated Efforts**

Coordinated efforts need to include increasing the number of student residents who go through local federally qualified health centers (FQHCs) to build professional experience. The benefit here is two-fold: (1) assisting the state in providing additional healthcare professionals in already critically short areas and (2) providing students local experience, thereby promoting in-state residency and public health perspectives. In addition, FQHC’s could assist in funding during clinical training periods which would alleviate some of the traditional costs associated with healthcare training.

Efforts also need to be coordinated in the availability of new training models and curriculum that meets the needs of new generation of students (on-line, videoconferencing, Web 2.0 tools, etc.) and can accommodate students with both full time and part time employment. Today’s technologies offer the ability to provide resources, training materials, and curriculum to healthcare professionals in distant and multiple locations. Coordinated efforts should focus on delivering quality materials through these means. In addition, telemedicine could bring the supervising physician “closer” to physician’s assistants and nurse practitioners practicing in rural areas.

Coordinating efforts focusing on what today’s youth value as important is also a consideration. It is important to understand communication and the way young professionals network. Healthcare professionals are no longer isolated. Upcoming medical doctors utilize social networking and media tools to connect and share with one another. This is an important consideration and should be a priority in coordinated efforts to sustain leadership in the healthcare field.

Efforts focusing on student placement should also be coordinated and emphasized. There was once more assistance and promotion to get students placed. During the 1970’s and 1980’s, through concerted effort and changes, a positive difference in the recruitment and retention of healthcare professionals was seen. However, with diverse programs, it’s difficult to bring all efforts into a collaborative environment and get different entities to work with one another. Collaboration and coordinated efforts in retaining and placing students should be a focus if we are to increase the number of healthcare professionals who reside and practice in the state of Mississippi.

**Needs of healthcare workforce**

Future healthcare workforce includes global thinkers who are looking for attractive places to live and work that incorporate both social and cultural rich features. In addition, a shift in work and life balance is occurring with many healthcare professionals working less per day. This further emphasizes the need for areas which provide both professional and personal benefits to healthcare professionals.

Greater professional autonomy was another cited need. One group referenced overly restrictive state policies and indicated that some must change in order to allow physician’s assistants and nurse practitioners to have more autonomy.

**Future Implications**

Only a certain percentage of the population will ever elect to go into healthcare careers. If we currently have a shortage for the number of healthcare jobs we need, how will we find more who want to take on new positions, especially in face of the demographics of aging? Clearly, more aggressive, more effective, and more cooperative recruitment and retention efforts must occur.
Innovative Technical Application and Innovation

A key innovative application seen by participants is the use of telemedicine to extend health care access to areas of need, especially rural, to improve health care outcomes, and to retain health care providers. Despite its great potential, the use of telemedicine has many barriers. A secondary discussion area is the use of Electronic Health and Medical Records (EHR and EMR).

Telemedicine, Improving Access & Retention

Two specific ways that telemedicine could positively affect Mississippi is improving health care access for patients and retention of providers in areas of need. The Mississippi Delta and other rural areas have a low supply of healthcare providers and limited access to specialist care. Telemedicine and other specific applications, telemedics and telemedicare for example, could enable nurse practitioners or other providers to broaden the care they can offer.

The use of telemedicine could also improve the retention of providers in these areas. With access to specialist support, perhaps in conjunction with other incentives, these providers would be more likely to stay in underserved areas.

Electronic Health and Medical Records

The discussion of innovative technology invariably includes EHR and EMR. Compulsory adoption mandates notwithstanding, the use of EHR's is challenging and requires maintenance and updates of information technology hardware. One barrier to adoption is the difficulty of selecting the EHR system; physicians do not want to be bogged down with selection decisions, receiving/providing training, and system maintenance. These barriers are particularly problematic in rural areas.

Another area of concern and contention is the lack of uniformity and consistency when system integration is needed. The military healthcare system is an example of a standardized system that makes for extremely easy use, file transfer, and reduces long-term maintenance fees. This model is a proposed solution for the civilian sector, a singular system with outsourced implementation and maintenance.

Technology Application, Challenges

Despite the potential benefits of innovative technology and applications, telemedicine and EHRs are challenging. One problem is the disparity between education and practice. EHR systems, too, at present lack an effective educational dimension product; options, moreover, are numerous, pointing back to the problem with lack of uniformity.
The Mississippi Health Summit brought many problems and difficulties in healthcare to the surface, but also suggested approaches to solving problems. It was frequently noted that Mississippi’s health outcomes are the worst in the country, and the principal components causing the problem are obesity and obesity-related diseases. It was determined by all speakers that the way to solve this issue is to reverse the culture of unhealthy eating and sedentary lifestyles by positively influencing the choices that people make. The concept of making healthy choices easier and bad choices harder was a frequent notion, with proposals such as taxing “unhealthy” food and drink considered, as was alternatives to taxation such as incentives for healthy decisions in the form of decreased cost for healthcare coverage. “Prevention” and “wellness” were largely agreed to be the keys to solving the state’s escalating public and private healthcare costs, in addition to being the most accepted method for improving health and health outcomes. Healthcare is universally recognized as one of the major drivers, if not the single greatest driver, of local and regional economies. More emphasis should be placed on the economic value of healthcare agencies, and conditions should be supported for improving the success of these agencies. A strong emphasis was placed on the development of a healthcare workforce that stays in Mississippi, with a large number needing to be placed in rural settings. With regard to the rural setting, there must be a focus on the elimination of “food deserts” and a financial incentive for healthy food options in all areas. Rural health clinics will likely use advance-degree nurses more often than physicians. It is likely that nurses will direct operations in a rural clinic, while employing advanced technology to allow physicians to visit with patients from a distance. Such a design will allow quality, affordable care in all areas of Mississippi. Research in healthcare must be open, transparent, and community-based with sustained capacity. Participants in research need to understand that the changes they make with a research program will be supported in the long term, and therefore community-based research must be used for fundamental change. Lastly, most participants agreed that a center needs to be established as a “clearinghouse” for statewide health research and partnerships. Such an organization could be tasked with oversight and communication of existing projects. In addition, participants desired a continuation of the Mississippi Health Summit in order to focus on collaborative research, improvements to the system, and to allow opportunities for more interaction between health agencies. This Mississippi Health Summit was successful in its mission of creating a forum for collaboration among multiple health-related agencies and individuals, and promoting the need for increased statewide participation in solving the state’s healthcare problems. Although there is certainly much work to be done, the stage is set for improvement in obesity and obesity-related diseases through teamwork and cooperation among Mississippi’s healthcare agencies.
Mississippi Health Summit
Sponsorship and Credits

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