

Mississippi State Department of Health



**Forces of Change Assessment
2019 Summary Report**

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Executive Summary

The forces of change identified in this assessment represent important issues affecting the state of Mississippi and their potential implications on the health and quality of life of community members and the local public health system. The Forces of Change Assessment (FOCA) is one of four distinct assessments used as part of the MAPP process to create a State Health Assessment (SHA) that is data-driven and supported by the community.

Community leaders and key stakeholders gathered in June 2019 to think strategically about potential forces of change and their corresponding threats and opportunities. Participants looked to the future to anticipate forces in addition to looking at current trends. They engaged in rich dialogue and identified many forces of change along with related threats and opportunities for the community and public health system. Analysis of the information compiled from the discussions yielded the following cross-cutting themes (Figure 1):

Figure 1: FOCA Cross-Cutting Themes



- ❖ **Behavioral health** was a recurring theme, particularly increased legal and illegal substance use and the lack of behavioral health professionals and treatment facilities to address the need.
- ❖ Participants observed a number of trends that affect **access to health care**, including changes to the Affordable Care Act (ACA), Medicaid expansion, the closure and consolidation of rural hospitals, high rates of uninsured and underinsured patients, and high utilization of Emergency Departments (EDs) for non-emergency care.
- ❖ Unemployment, underemployment, lack of access to and preparedness for quality jobs, and the gender wage gap were among the **economic disparities** noted by the participants.
- ❖ Many aspects of the **built environment** influence quality of life for community members, including access to healthy food, transportation, water quality, and community safety.
- ❖ **Infrastructure and funding** for the public health system was a recurring theme, particularly lack of funding for public health and science, the pending election and change in leadership, and the increasingly important role of information technology.
- ❖ Participants observed the proliferation of **misinformation** and the need to develop better messaging to combat false and potentially harmful information related to public health.

Introduction

Assessment Framework

In 2019, the Mississippi State Health Department (MSDH) completed a comprehensive State Health Assessment (SHA) using the Mobilizing for Action through Planning and Partnerships (MAPP) process (Figure 2). MAPP utilizes four assessments to gain a comprehensive picture of community health.

The **Community Health Status Assessment (CHSA)** provides quantitative information on community health conditions.

The **Community Themes and Strengths Assessment (CTSA)** identifies assets in the community and issues that are important to community members.

The **Local Public Health System Assessment (LPHSA)** measures how well different local public health system partners work together to deliver the Essential Public Health Services.

The **Forces of Change Assessment (FOCA)** identifies forces that may affect a community and the opportunities and threats associated with those forces.

Figure 2: The MAPP Process (NACCHO, 2013)



MSDH updated the 2014 FOCA to reflect the new trends, factors, and events that are affecting the community in 2019 and beyond.

FOCA Overview

The FOCA identifies forces – such as trends, factors, or events – that may influence the health and quality of life of the community and the effectiveness of the local public health system. Forces are identified across a diverse set of categories and may be current or anticipated for the future.

- **Trends** are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- **Factors** are discrete elements, such as a community’s large ethnic population, an urban setting, or the jurisdiction’s proximity to a particular community resource.
- **Events** are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

During the FOCA, participants answer the following questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

Assessment Methodology

On June 23, 2019, the Mississippi State Health Department convened a half-day retreat to conduct the FOCA with community leaders and key stakeholders. A neutral facilitator from the Illinois Public Health Institute (IPHI) guided participants through the exercise. The facilitator provided a brief overview of the MAPP process and the definitions and components of the FOCA process. The facilitator introduced the following seven categories as the framework for the assessment:

- Social
- Economic
- Political
- Technological
- Environmental
- Medical/Scientific
- Legal/Ethical

Small groups were each assigned a category and reviewed the 2014 FOCA worksheet for their respective category. The participants removed outdated items, added new items, or expanded on existing forces, threats and opportunities on the 2014 FOCA worksheet. Each group identified the top two to three forces in their category that require attention and intervention from MSDH, wrote these forces on a flipchart, and reported this information to the full group.

The small groups rotated to a second category and added to the work of the previous group. In addition to forces, threats, and opportunities, participants brainstormed strategies to address the forces. Each small group then reported the second round of analysis to the full group. IPHI summarized the common themes from the report out.

Following the FOCA event, MSDH reviewed the compilation of notes from the small group charts, the cross-cutting themes that surfaced from the discussion, and the draft FOCA report summarizing the core issues that emerged from the assessment process. MSDH provided recommended edits to finalize this report.

The cross-cutting themes are described in-depth within the body of this report. A narrative of the forces identified at the MSDH FOCA event can be found in Appendix A. Appendix B contains the updated 2014 FOCA worksheets. Appendix C contains the transcribed flipcharts outlining the top forces within each category, as identified by the attendees on June 23, 2019. The descriptions in the report represent the perceptions and opinions shared by the participants during the FOCA exercise. Where possible, participant statements are substantiated by research and sourced in footnotes.

Cross-Cutting Forces of Change

Behavioral Health

Behavioral health has emerged as a prominent community health issue in recent years, especially as deaths from opioid use have risen dramatically across the United States.¹ Participants reported an increase in substance use disorders yet a lack of behavioral health professionals and treatment facilities to address the problem. Furthermore, products and substances are continually evolving, making it increasingly difficult to identify and monitor controlled substances. Participants also noted increased rates of tobacco use due to the popularization of vaping, and the potential for increased cannabis use due to the recent legalization of marijuana for recreational use in several states. Other issues related to social environment included increased isolation and prevalence of mental health issues.

THREATS

- Insufficient capacity to treat substance use disorder
- Users can easily find a substitute (e.g., heroin instead of prescription opioids)

OPPORTUNITIES

- Engagement opportunities
 - Community collective visioning
 - Workplace awareness campaigns
 - School district engagement
 - Faith-based initiatives
- Change in public policy and laws (e.g., include vaping in the definition of tobacco use)
- Increase the availability of mental health professionals and treatment facilities
- Expand Medicaid benefits to cover behavioral health services

Access to Health Care

Participants noted a number of health care trends, including changes to the Affordable Care Act (ACA), Medicaid expansion, the closure and consolidation of rural hospitals, high rates of uninsured and underinsured patients, and high utilization of Emergency Departments (EDs) for non-emergency care. The closing of rural clinics has decreased the number of days providers are open and has led to patients traveling further to seek care, to the detriment of the local facilities. The changes to the ACA include a shorter enrollment period (from 3 months to 1 month) and increased premiums. Participants noted that the application process is complex and difficult to navigate, even for those with high educational attainment. Undocumented populations are not eligible for health insurance and may not seek needed health services due to fear of deportation or other legal repercussions.

THREATS

- Increased transportation costs as patients travel further for health care
- Frequent use of ED care is costly to health systems
- Lack of health care access affects continuity of care when patients do not get needed follow-up, especially for chronic diseases such as asthma

OPPORTUNITIES

¹ <https://www.hhs.gov/opioids/about-the-epidemic/index.html>

- Workforce opportunities
 - Open the door for mid-level providers
 - Increase the quality of the health care workforce
 - Increase the number of jobs that offer affordable insurance benefits
 - Improve Community Health Worker pay
 - Expand Community Health Worker networks to help with health education and transportation to health care
 - Leverage Community Health Worker networks to find volunteers in smaller communities
- Data opportunities
 - Better data demonstrating the impact of increasing access to health care
 - Better data framing in partnership with private sector partners who can offer a different perspective
- Policy opportunities
 - Implement the ACA instead of impeding it
 - Expand Medicaid or explore alternatives to the ACA
 - Implement universal health care
 - Implement a quality team to address the ACA deficiencies
 - Improve the health care insurance exchanges so there are more options for coverage
 - Offer community and legislative education around Medicaid expansion from public health organizations (MSPHI, MSPHA, universities, etc.)
 - Examine payment models
- Increase opportunities for telehealth

Economic Disparity

Income inequality has trended upward in the United States since the 1970s and has increased following the Great Recession in 2008.² Unemployment, underemployment, lack of access to and preparedness for quality jobs, and the gender wage gap were among the economic disparities noted by the participants. The group noted an increase in low-wage jobs, economic segregation³, and declining socioeconomic status in rural areas. Smaller jurisdictions have difficulty attracting businesses and are forced to depend on “unhealthy” industries (e.g., chemical plant, prison) for sources of employment.

THREATS

- Income disparity affects the ability to pay for health care, child care, and other basic needs
- Structural racism limits economic opportunity and health attainment among people of color and minorities

OPPORTUNITIES

- Economic development and “employment diversity” (e.g., increase number of high-paying jobs)
- Address structural barriers and promote a more inclusive society

² <https://www.epi.org/publication/the-new-gilded-age-income-inequality-in-the-u-s-by-state-metropolitan-area-and-county/>

³ “Economic segregation refers to the degree to which people in different social classes live mostly among other people of their class.” <https://thesocietypages.org/socimages/2012/08/06/economic-segregation-in-u-s-neighborhoods/>

Built Environment

Access to healthy food, transportation, and water quality are characteristics of the built environment that influence quality of life for community members. Participants noted poor access to healthy food in local communities, due to the lack of time to procure healthy food; the high cost of healthy food relative to unhealthy options; and a lack of incentives for farmers to grow healthy, consumable foods. Environmental disruption has increased flooding in the Mississippi River, which has increased the cost of produce. The group remarked that the Healthy Food Financing Initiative does not have a funding mechanism to support it. Neighborhoods lack key infrastructure including public transportation, sidewalks, and bike lanes, which affect accessibility and safety. Participants also observed increased sediment in the Mississippi River and increased plastic debris in the drinking water.

THREATS

- Community members are not consuming healthy foods
- Accessibility and safety are compromised due to poor transportation infrastructure
- Sediment in the Mississippi River will eventually cause divergence into the Atchafalaya River, and flooding will cause displacement of population in southern Louisiana

OPPORTUNITIES

- Policy opportunities
 - Lobby at the federal level for healthy foods
 - Provide SNAP incentives, WIC incentives for healthy foods
 - Strengthen / clean up the Healthy Food Financing Initiative to incentivize grocery stores in food deserts and corner markets / gas stations to provide healthy foods
 - Secure funds for transportation systems
 - Engage in environmental planning to manage changes to Mississippi flooding
- Engagement opportunities
 - Leverage community engagement to drive agency / organizational strategies and interventions to improve neighborhood conditions
 - Leverage CHWs with clear strategy, direction, and roles to align local partnerships
- Target structural racism as a root cause of social, economic, and environmental inequities
- Install filters to remove plastics from the water supply
- Develop mobile nutrition options such as mobile WIC / healthy foods

Infrastructure & Funding

Funding, leadership, and information technology (IT) infrastructure are all critical for public health system function. Recent trends in funding include a decreased tax base for local communities, funding processes that do not prioritize public health, and lack of funding for research and science. The 2020 gubernatorial election in Mississippi was identified as an important upcoming event. The current governor will have served two terms (8 years) and is prevented by term limits from seeking reelection. Participants expressed the need to develop cohesive messaging so that the next governor prioritizes public health.

IT is playing an increasingly important role in society, allowing patient information to be stored and shared via electronic health records (EHRs), Health Information Exchanges (HIEs), and consumer portals. Electronic data collection and sharing requires adequate physical equipment, system interfaces that are user-friendly, and government and private connections to data systems. Participants noted significant gaps in the IT infrastructure in Mississippi, including limited access to the internet, poor connectivity

between agencies, and systems lacking interoperability. They reported that the community health record was not reauthorized in Mississippi. The group also remarked on a failure to adopt and effectively utilize existing technological capacity due to fear of change.

THREATS

- HIPAA can be a roadblock for data sharing
- Longitudinal client records may not be preserved if providers change EHR systems
- EHRs cannot talk to one another; lack of interoperability means clients are burdened with filling out redundant paperwork
- Without a cohesive voice for public health, it will not be part of the new governor's agenda

OPPORTUNITIES

- Policy opportunities
 - Develop federal and state policies to frame a collective vision of technology infrastructure
 - Reauthorize or replace the community health record
 - Develop policies that authorize data access across MSDH system (e.g., immunizations)
 - Prioritize public health funding
 - Advocate for increased dollars for research and science
 - Explore ROI and shift focus to economic advantage and cost control
- Data system opportunities
 - Share information from all organizations that collect data
 - Share information captured in the EHR with providers to enable better decision-making
 - Build consumer portals for outreach efforts and to provide reliable information to the public
 - Improve system interfaces and interoperability to improve data linkages and enable agencies to communicate effectively with one another
 - Improve physical infrastructure (e.g., broadband access in rural areas)
- Engagement opportunities
 - Develop a core vision for the state's IT infrastructure that involves input from all agencies
 - Build support from private citizens, private industry, and government to obtain needed IT infrastructure
 - Build key stakeholder involvement early on
 - Partner with universities for a new model of communication
 - Develop a state strategy for who wins the elections at the national and state level
 - Convey why public health is important (e.g. monitoring water)
 - Build strategic partnerships with coalitions and stakeholders facing similar challenges for a bigger collective impact

Misinformation

Participants observed the rise of social media, advertising, and the proliferation of threat-based or “fake news.” The group noted that social media is here to stay, and it is constantly evolving. Evidence-based medicine and interventions have been developed to address numerous issues including opioid use, tobacco use, vaccination, and medical marijuana, however, it is increasingly difficult for public health to compete for the public's attention and disseminate accurate information.

THREATS

- Industry science promoting information for political or economic reasons (e.g. tobacco companies) versus public health science (e.g. NIH, FDA, Heart Association, American Cancer Society)
- Polarization and citizens unable to communicate
- Negative effects of misinformation on the public's health and individual health care continuity

OPPORTUNITIES

- Public health education on science vs. social media (e.g., vaccines linked to autism); develop the right messages to counter the "fake news" (misinformation) on social media
- Medical community needs better messaging about actual science vs. social media postings
- Re-examine communication in general: how the state communicates to the public health system, how state organizations communicate to each other, how to advertise what the state does in order to build public support
- People need reliable information from various perspectives to make an educated decision; communication needs to be culturally competent and reach people where they are
- MSDH, MSPHI, and other public health organizations need to engage in evidence-based media campaigns; if something is incorrect, it should be corrected

Conclusion

The forces of change identified by the Mississippi State Health Department FOCA participants represent key issues that will have important implications for the local public health system and the health and quality of life for people living in Mississippi. As strategic thinkers and leaders of the community, the attendees were keenly aware of the forces of change at the local, state, and federal level and they brought vital insight to this assessment. The FOCA themes included behavioral health, access to health care, economic disparity, built environment, infrastructure and funding, and misinformation.

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- ❖ Unemployment, underemployment, lack of access to and preparedness for quality jobs, and the gender wage gap were among the **economic disparities** noted by the participants.
- ❖ Many aspects of the **built environment** influence quality of life for community members, including access to healthy food, transportation, water quality, and community safety.
- ❖ **Infrastructure and funding** for the public health system was a recurring theme, particularly lack of funding for public health and science, the pending election and change in leadership, and the increasingly important role of information technology.
- ❖ Participants observed the proliferation of **misinformation** and the need to develop better messaging to combat false and potentially harmful information related to public health.

The cross-cutting themes identified in the FOCA will be considered during the SHA process. SHA will inform a comprehensive State Health Improvement Plan (SHIP) to address current health priorities as well as support increased resilience and preparedness for the future.

Appendix A: Narrative by Category

Appendix A contains all of the forces that participants discussed in the seven FOCA categories.

Social

Participants discussed poverty and income disparity, and how racism influences both health attainment and economic opportunity. The group noted the relative absence of a “culture of health” and fatalistic attitudes towards chronic disease. Health literacy was identified as a gap, including basic understanding of wellness, health care, and health benefits. Behavioral health was discussed, including the increase in substance use disorder and stigma towards HIV and mental health issues. Other forces of change identified by the group included demographic shifts, the rise of social media and evolving methods of communication, and lack of access to healthy foods.

Economic

Participants reported inadequate resources for both individuals and the community, such as threatened water sources, crumbling infrastructure, and diminishing tax base. High unemployment, an insufficiently educated workforce, and low wages were forces of change contributing to high levels of poverty and a large number of SNAP, EBT, and WIC recipients. Rural areas have been hard hit by loss of industry, loss of retail, and loss of health care providers, with many physicians moving out of state. The group noted poor access to healthy foods combined with the high cost of healthy foods have contributed to poor nutrition and diet. Participants observed several trends in health indicators, including a high rate of unplanned pregnancies, a very high premature birth rate, and high levels of heart disease, obesity, and diabetes. Participants discussed the increasing immigrant population, in particular undocumented immigrants and Spanish-speaking immigrants. Participants reviewed several forces related to health care, including the Affordable Care Act (ACA), rising health care costs (and decreasing affordability), and lower reimbursement rates. Other forces of change identified by the group included a desire for accountability and high frequency of natural disasters.

Political

Participants discussed key forces in politics affecting public health, including change in leadership, upcoming elections, and policy change. A lack of understanding of public health and lack of investment in the public health workforce has affected political support and engagement on public health issues, according to participants. The group discussed the ACA, the structure of health care payments, and the challenge of providing coverage for undocumented persons. Competing perspectives on individual rights versus community benefit, and rural versus urban interests, are forces that affect resource allocation, including the funding process, the use of federal versus state funding, and how to properly balance budgets.

Technological

The group discussed the rapid development of new technology and the commensurate proliferation of data. Electronic health records and health information systems are widely used now. The participants noted the evolution of social media platforms and smart phones and their effect on communication. Technological advances are enabling the use of realistic simulation in medical training and telemedicine to provide remote care for patients. The group identified gaps in the technological infrastructure, including rural areas with poor access to broadband internet, lack of standard requirements for national

components, and vulnerability of tech infrastructure during disasters (e.g., widespread loss of power disables systems). According to the group, the state is not utilizing its existing technological capacity for a number of reasons, including lack of funding for implementation and fear of change.

Environmental

Water quality was discussed, including depleting water aquifers, the BP oil spill, and toxic algae (which closed all of the beaches in Mississippi in July 2019). Severe weather events, natural disasters, and global warming have contributed to declining water quality, according to the participants. The group identified issues in the built environment, including limited access to sidewalks and food deserts. Participants discussed factors related to unintentional injury and safety such as texting and driving, unsafe neighborhoods, child deaths from ATVs, and restricted legislation on guns. Other forces of change identified by the group included limited physical education in schools, changes in the Healthy School Act, rural hospital closure, and the normalization of vaping.

Medical/Scientific

Participants discussed advances in medicine, including evidence-based medicine, telemedicine, new testing and lab processes, stem cell research, and new drugs and medical interventions. The increased use of electronic health records has resulted in a proliferation data, and concern for the protection of personal health information, including genetic information. The group discussed the increased availability of new substances, including tobacco products, synthetic opioids, and medical marijuana. Other forces of change identified by participants included anti-vaccination groups and limited funding for medical and scientific research.

Legal/Ethical

Among the many legal and ethical forces, the group discussed changes to the Affordable Care Act (ACA) and how it affects access to health care. The participants observed an increase in high utilizers of emergency care and the high cost of Emergency Department (ED) visits. The group discussed the legal ramifications of non-compliance with the Americans with Disabilities Act and mobility difficulties for people with disabilities. Other forces of change included tort issues, immigration, and an increase in the incarcerated population.



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