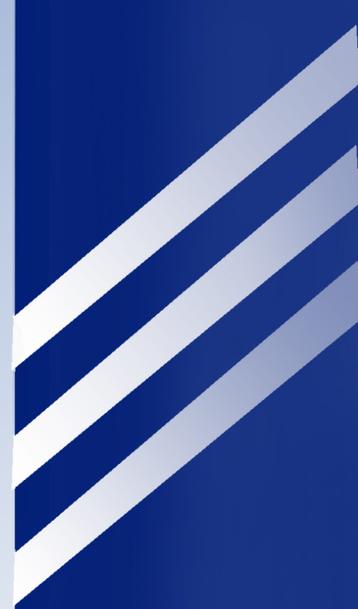


Mississippi State Department of Health

# State Health Assessment Executive Summary



## Executive Summary

Beginning in 2019, and through 2020, the Mississippi State Department of Health (MSDH) conducted its second State Health Assessment (SHA) to build a healthier Mississippi. The collaborative effort engaged a diverse pool of public health system partners, internal and external stakeholders, and community members throughout the state. MSDH emphasized a system-focused approach to gain insights on Mississippi health and quality of life from differing statewide perspectives to accurately inform the State Health Assessment/State Health Improvement Plan process.

The SHA provides an overview of the health and social wellbeing of Mississippians in addition to the issues affecting the state's public health system. Understanding the state's current health and quality of life, as well as the many factors that influence health, provides an important foundation of knowledge to inform the development of the State Health Improvement Plan (SHIP).

Findings from the SHA informed the identification of health and public health system priority issues for the State Health Improvement Plan (SHIP).

## Part I – State Health Assessment

In conducting a SHA, the UProot partners assisted MSDH in identifying and prioritizing Mississippi's public health issues, and strategies to support them over the next 5 years (2021-2026). UProot is a collaborative effort to assess and improve the health of the state of Mississippi. This effort includes the input of over 90 partner organizations, including business groups, non-profits, and state agencies. The Mississippi State Department of Health convened these organizations in 2014 to participate in the inaugural SHA and the SHIP processes. These groups have worked hard to candidly evaluate the health issues that are having the greatest impact on Mississippians and develop plans to address these issues together.<sup>1</sup>

This assessment was conducted using the Mobilizing for Action through Planning and Partnerships (MAPP) model, consisting of four components. Each section of the SHA looks at the health issues affecting Mississippi through a different lens. The following pages describe each of the assessment components in more detail, along with interesting findings from each assessment activity.

### Mobilizing for Action Through Planning and Partnerships (MAPP) Framework

MAPP is a community-driven<sup>2</sup> strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them. The MAPP process was developed by the National Association for County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC), and is considered the gold standard for health assessment and improvement planning.

---

<sup>1</sup> UProot website information: <https://uprootms.org/about/>

<sup>2</sup> For the purposes of the MAPP process, the Mississippi State Department of Health defines community broadly as the residents of the state of Mississippi and the state's partners through the state's public health system, including state and local government agencies, businesses, non-profits, academia, and other entities that influence the health and well-being of Mississippians.

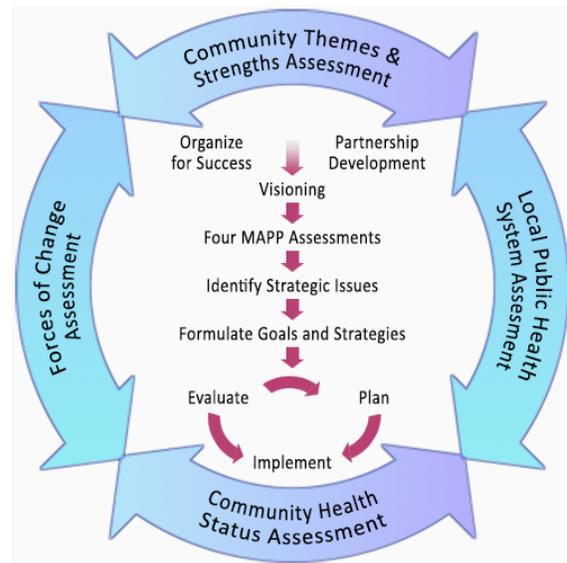
The MAPP framework promotes a system focus, emphasizing the importance of partners across the public health system and the dynamic interplay of factors and forces within the public health system. The focus on an inclusive, community-driven process assures that the diverse perspectives of public health system stakeholders and community residents are sought to inform a shared understanding of health and quality of life, as well as a shared vision for a healthy future. Partnerships and collaboration are emphasized in the MAPP model to underscore the critical importance of shared resources and responsibility to make the vision for a healthy future a reality.<sup>3</sup>

**The key phases of the MAPP process include:**

- Organizing for Success and Developing Partnerships
- Visioning
- Conducting the Four MAPP Assessments
- Identifying Strategic Issues
- Formulating Goals and Strategies
- Taking Action (Planning, Implementing, and Evaluating)

**The four MAPP assessments include:**

- State Health Status Assessment
- State/Community Themes and Strengths Assessment
- Forces of Change Assessment
- State Public Health System Assessment



**Vision and Values**

**Vision**

All Mississippians living healthier, longer lives due to a thriving public-health effort supported by active and committed citizens and organizations.

**Values**

*Integrity*

Strive to do the right thing to achieve the best public health outcomes through honesty, trustworthiness, and transparency in all we do;

*Collaboration*

Value the diversity and unique contributions of partners, develop positive relationships, foster innovative solutions, and strengthen capacity to accomplish our mission;

<sup>3</sup> National Association for County and City Health Officials, 2020.

### *Service*

Demonstrate a commitment to public health through compassionate actions and stewardship of time, resources, and talents;

### *Quality*

Exhibit superior performance and continuous improvement in knowledge and expertise;

### *Equity*

Promote equity through fairness and social justice within the context of health in diverse communities;

### *Effectiveness*

Utilize evidence, science, best practices, resources, and time to achieve optimal results;

### *Accountability*

Maintain the highest standards of responsibility, transparency, and accountability to the citizens of Mississippi.

## Leadership

The SHA process began by assembling the State Health Assessment and Improvement Committee (SHAIC), consisting of stakeholders and partner organizations throughout the state public health system. This group serves as the advisory committee for the SHA and SHIP processes. The group met to support the MAPP assessments and review its findings. Coordination of the MAPP process was led by the MSDH Office of Performance Improvement. This included facilitation support of the four assessments and engaging stakeholders in the state public health system.

## Health Assessments

The **State Health Status Assessment** was conducted through an epidemiological analysis of demographic, social, and health indicators from state and national surveillance data sources. This data was analyzed, and then compiled into a summary report. This assessment constitutes a snapshot of the health status and social wellbeing of Mississippians, highlighting disparities in health and social outcomes that must be addressed to improve population health and quality of life.

The **State/Community Themes and Strengths Assessment** sought input from Mississippians through a statewide survey and a series of listening sessions with community members throughout each of the state's Northern, Central, and Southern regions.

Mississippi conducted a convenience sample survey of Mississippians throughout the state and received 953 responses. While efforts were made to generally reflect state demographics, it is important to note that the sample is not a representative sample. A majority of respondents were aged 45 and older (57%), identified as female (78%), and listed a median household annual income of \$60,00 to \$79,999. According to U.S. Census estimates, median age is estimated at 38.3, female identified residents are

approximately 51%, and median household income is approximately \$43,000.<sup>4</sup> Due to the COVID-19 outbreak and subsequent pandemic, MSDH was forced to halt the dissemination of the Community Input Survey in March 2020. The survey explored Mississippians' perceptions on health status, health services, and quality of life in their communities.

A total of 29 listening sessions were also held throughout the state to explore local perspectives regarding community assets and challenges, and barriers to health and quality of life. These listening sessions secured input from residents on how we can improve health and well-being in communities across the state.

The **Forces of Change Assessment** was conducted through a gathering of community leaders and stakeholders to think strategically about transforming variables and their corresponding threats and opportunities. Participants looked to the future to anticipate forces in addition to looking at current trends. Dialogue from this assessment was captured and summarized in a report, identifying forces that may influence the health and quality of life of the communities and the effectiveness of the state public health system.

The **State Public Health System Assessment** involved a day-long retreat of 68 partners and stakeholders from across the public health system that included public, private, and voluntary sectors. Participants assessed the public health system's collective performance in delivering essential public health services to Mississippians.

Dialogue from this assessment was captured and summarized in a report, highlighting strengths, weaknesses, and opportunities to collectively improve the state public health system. This assessment is an illustration of the performance of Mississippi's public health system and serves as a roadmap for partners and stakeholders across the state to collectively strengthen public health services.

## Analysis of Cross Cutting Themes and Identification of Priority Issues

Upon completion of the four MAPP assessments and reports, the SHAIC convened virtually to review key findings from the assessments and to discuss cross-cutting themes across the four assessments. Following analysis, the SHAIC considered the following prioritization criteria to identify a list of strategic issues:

- Cross-cutting issue emerging from multiple assessments
- Disparities related to issue (disproportionately affects sub-populations)
- Cost and/or return on investment
- Availability of solutions/best practices
- Availability of resources (staff, time, money, equipment, potential grants) to address issue
- Urgency of addressing issue
- Size of issue (e.g. # of individuals affected)

---

<sup>4</sup> U.S. Census: American Community Survey (2018):  
<https://data.census.gov/cedsci/table?q=mississippi&tid=ACSDP1Y2019.DP05&hidePreview=false>

- Feasibility (likelihood of being able to make an impact working together)

The SHAIC reviewed the key findings as a basis to discuss and define the 2021-2026 SHIP priorities and collectively agreed on the priorities below. More information on these priorities is described on page 12.

### Obesity to Prevent and Manage Chronic Disease

- Address prevention and self-management of chronic diseases (i.e. obesity, hypertension, and diabetes)
- Improve nutrition by combating food insecurity throughout the state
- Focus on populations with the greatest inequities
- Ensure focus is culturally competent (i.e. how food is eaten in that culture, what are desired body types, or how different cultural groups engage with exercise or even the idea of exercise)

### Social and Structural Determinants of Health

- Address poverty and employment through educational attainment and job training
- Focus on social determinants of health (SDOH) related to structural racism
- Reduce inequities through addressing SDOH with populations experiencing the greatest inequities

### System Issues

The SHAIC also identified important system issues to address through planning, implementation, and monitoring impact while working collectively on addressing the complex issues of obesity and the social and structural determinants of health.

- **Evaluation** – The public health system must evaluate efforts to address these priority issues as well as other public health initiatives in order to make data-informed decisions and strategically leverage resources on what works.
- **Community Capacity Development** – While the public health system works collectively to address these complex issues, it is imperative to work in partnership with local communities. This includes strategies to enhance capacity at the local level, meaningfully engage communities and those impacted the most by inequities, and coordinate communication about these issues.

Following the identification of these priorities, the SHAIC solicited feedback from the public and the public health system partners to ensure alignment of these priorities. The key findings and priorities were then shared through the UProot Mississippi website, the UProot newsletter, and to participants from the Community Themes and Strengths Assessment (CTSA) listening sessions to ask for feedback from partner organizations and state residents on the proposed priorities with the public. Information on the priority issues and the four assessments were posted on the UProot website to receive public comment.

## State Health Status Assessment

### Background and Methods

The State Health Status Assessment answers the questions:

- How healthy are our residents?
- What does the health status of our community look like?

The State Health Status Assessment was conducted through epidemiological analysis of state and national surveillance data.

## Key Findings

### Obesity

- 72.9% of the population was either overweight or obese.
- 25.4 % of children ages 10-17 are considered obese.

### Diabetes

- Deaths attributed to diabetes, while similar for both males and females in 2009, increased in the following years for males, with the highest rate being seen in 2017 (39.8/100,000 population).
- The age-adjusted percent of persons told they have Diabetes has trended upward over the defined time period (2018: 14.4%).

### Access to Care

- In 2011, 25% of the population was without health insurance, since that time the percentage of uninsured has declined.
- In 2018, 17.6% of respondents indicated cost limitations to accessing care.

### Maternal and Child Health Indicators

- In 2018, the low birth weight rate in Mississippi was 12.1/100 births.
  - Throughout the time period, African Americans had the highest rates of low birth weight deliveries.
- In 2018, the rate in Mississippi for first trimester care was 75.5/1,000 live births.
- In 2018, the premature birth rate for Mississippi was 14.2/100 live births.
  - The 10-year trend for premature births overall declined.

### Racial Disparities

- **General mortality:** In 2018, African American deaths occurred at a rate of 1027.8/100,000 population. This was **92.7 higher** than the total mortality rate.
- African Americans had significantly higher percentages of being uninsured as compared to Caucasians (2017: 22.6% vs 13.6%, respectively).
- African Americans had the highest rates of premature births (2018: 17.3/100 for African Americans vs. 14.2/100 overall).

For more information, review the full [State Health Status Assessment report](#) at [uprootms.org](http://uprootms.org).

# State/Community Themes and Strengths Assessment

## Background and Methods

The State/Community Themes and Strengths Assessment answers the questions:

- What is important to our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community health?

To answer these questions, the Mississippi State Department of Health conducted a statewide survey and facilitated a series of listening sessions with community members across the state.

## Key Findings

### Community Strengths and Assets

**Natural Environment:** Mississippi's natural environment was consistently described as an asset across communities.

**Parks and Recreation:** Participants reported community park and recreation areas across the state as an asset that contributes to physical activity and health.

**Sense of Community:** Participants described a sense of community that promotes strong bonds and unity among community members. Listening session communities were consistently described as welcoming and hospitable.

**Economic Development:** Some listening sessions viewed economic development as a strength due to an increase in local industry, entertainment options, and community resources.

### Community Challenges and Barriers

**Access to Affordable, Quality Healthcare Services:** Participants reported a few barriers that have prevented adequate access to affordable, quality healthcare services. These include a lack of mental health resources and substance abuse treatment.

**Lack of Health Education:** Participants also noted a lack of health education resources for increasing knowledge of health issues and chronic conditions.

**Access to Healthy Food:** A lack of access to healthy food in communities was a recurring theme, particularly in rural and impoverished areas that contain food deserts.

**Built Environment and Infrastructure:** Many aspects of the built environment and infrastructure that influence quality of life and physical activity were described as challenges. They include water quality, road and sidewalk maintenance, and parks and recreation areas.

**Culture of Health:** Participants across listening sessions noted the lack of a culture of health preventing prioritization of health and well-being in many communities.

**Economic Barriers:** Unemployment, underemployment, and a lack of access to local industry were noted as economic barriers to maintaining health and well-being.

**Economic Development:** Other listening sessions were conducted in communities in which local jobs and community resources are scarce. As a result, they serve as a barrier to community health and well-being. Survey respondents notably identified economic development as to an area for improvement regarding community growth and increased job opportunities.

For more information, review the full [Community Themes and Strengths Assessment report](https://www.uprootms.org) at [uprootms.org](https://www.uprootms.org).

## Forces of Change Assessment

### Background and Methods

The Forces of Change Assessment answers the questions:

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

The Mississippi State Department of Health gathered with public health system partners to discuss important issues affecting the state of Mississippi, their potential implications on the health and quality of life of community members, as well as the local public health system.

### Key Findings

#### Behavioral Health

- Increased legal and illegal substance misuse
- Insufficient capacity to treat substance misuse

#### *Opportunities:*

- Opportunities to engage in community visioning, workplace awareness campaigns, school districts, and faith-based initiatives
- Change in public policy and laws
- Increase availability of mental health professionals and treatment facilities
- Expand Medicaid benefits to cover behavioral health services

#### Access to Healthcare

- Increased transportation costs as patients travel further for health care
- Frequent use of Emergency Department (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

#### *Opportunities:*

- Workforce opportunities to open the door for mid-level providers, increase the quality of the healthcare workforce and increase jobs that offer affordable insurance benefits
- Workforce opportunities focused on Community Health Workers, such as increase their pay, expand their networks to help with health education, transportations, and engaging new volunteers in smaller communities
- Better data demonstrating the impact of increasing access to health care and framing in partnership with private sector partners who can offer a different perspective
- Policy opportunities to expand health care access throughout the state, improve health care insurance exchanges, and community and legislative education
- Increase opportunities for telehealth

### **Economic Disparity**

- Income disparity affects the ability to pay for health care, childcare, 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

### **Built Environment**

- 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 to lobby for healthy foods, provide Supplemental Nutrition Assistance Program (SNAP) and Women, Infants and Children (WIC) incentives, strengthen the Healthy Food Financing Initiative, funding for transportation, develop mobile nutrition options, and engage in environmental planning for flooding
- Leverage community engagement to drive agency / organizational strategies and interventions to improve neighborhood conditions
- Leverage Community Health Workers 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

### **Infrastructure and Funding**

- Health Insurance and Accountability Act (HIPAA) can be a roadblock for data sharing
- Longitudinal client records may not be preserved if providers change Electronic Health Record (EHR) systems

- EHR cannot talk to one another; lack of interoperability means clients are burdened with filling out redundant paperwork
- Make infrastructure and funding a part of the new governor's agenda through a cohesive public health voice

*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 and advocate for increased dollars for research and science
- Explore Return of Investment (ROI) and shift focus to economic advantage and cost control
- Share information captured in the EHR with providers and from all organizations that collect data
- 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)
- Make necessary improvements to the state's IT infrastructure (i.e. develop core vision, build support and key stakeholder involvement)
- 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**

- Industry science promoting information for political or economic reasons (e.g. tobacco companies) versus public health science (e.g. National Institutes of Health, Federal Drug Administration, American 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 requires better messaging about actual science
- 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
- Need reliable information from various perspectives to make an educated decision; communication needs to be culturally competent and reach people where they are
- Public health organizations need to engage in evidence-based media campaigns

For more information, review the full [Forces of Change Assessment report](#) at [uprootms.org](http://uprootms.org).

## State Public Health System Assessment

### Background and Methods

The State Public Health System Assessment answers the questions:

- What are the activities and capacities of our public health system?
- How well are we providing the 10 Essential Public Health Services (EPHSs) in Mississippi?

Stakeholders from across the state public health system gathered to discuss the collective performance of Mississippi's public health system, and to identify system strengths, weaknesses, and areas for improvement in addressing the 10 Essential Public Health Services:

#### The 10 EPHSs are defined as:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health services.
8. Assure a competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal/population-based health services.

### Key Findings

#### Mississippi Public Health System Strengths:

- Strong system for surveillance and monitoring
- Robust health hazard surveillance
- Strong system for implementing emergency plans
- Comprehensive smoking cessation initiatives

#### Mississippi Public Health System Weaknesses:

- Limited workforce capacity and resources
- Inconsistent collaboration and communication across the state public health system
- Improvements needed in accessing and sharing data

- Limited collective evaluation activities
- Limited capacity to access and serve populations affected by health inequities and health disparities

For more information, review the full [State Public Health System Assessment report](#) at [uprootms.org](http://uprootms.org).

## Priority Issues

On August 26, 2020, the State Health Assessment and Improvement Committee (SHAIC) convened to explore key findings from the four completed SHA processes and identify cross-cutting issues that need to be addressed in order to make progress towards the vision. The SHAIC identified ongoing and emerging potential priorities for the 2021-2026 SHIP during discussion and reactions to the data presented from the SHA. Meeting participants and SHAIC members unable to attend were given the opportunity to add key findings and potential priorities following the meeting. This information was used to develop a prioritization survey for both health issues and public health system issues. The following presents the health and public health system issues that emerged from the meeting:

### Vision

All Mississippians living healthier, longer lives due to a thriving public-health effort supported by active and committed citizens and organizations.

### Health Issues

- **Behavioral Health:** substance misuse and mental health
- **Infrastructure Barriers to Healthy Living:** built environment and water infrastructure
- **Access to Care:** prevention, screening and immunizations, lack of health insurance, and access in rural areas
- **Health Education and Health Literacy:** health consumerism tools and resources, education on link between social determinants of health and chronic disease
- **Social Determinants of Health (SDOH):** food insecurity, education, transportation, poverty and employment, and structural racism.
- **Domestic Violence:** policies and enforcement
- **Chronic Disease:** diabetes, hypertension, obesity, and nutrition
- **Sexual Health and Well-Being:** sexually transmitted infection prevention and family planning
- **Maternal and Infant Mortality:** lowering the rates of mortality including racial disparities, increasing access to available resources, partnerships with Maternal Child Health (MCH) programs and WIC
- **Health Inequities:** address health disparities, addressing disparate racial/ethnic, gender specific, aging, disability, lesbian, gay, bisexual, transgender, queer (or questioning), plus other sexual identities (LGBTQ+), etc. populations

### Public Health System Issues:

- **Public Health System Coordination:** collaboration to coordinate public health system efforts, including SHIP implementation, communication, and other collective efforts
- **Strategic Partnerships:** including professional societies and organizations, women-based and other specialty-focused initiatives

- **Community Capacity Building:** statewide partnerships with communities for empowerment, providing resources to communities to address local issues
- **Availability and Access to Actionable Public Health Data:** cross-sector data sharing, timely data, public health system capacity to analyze, report and use data to make decisions
- **Strengthening Evaluation Activities:** system-wide efforts to evaluate programs and services, including strengthening the workforce to conduct evaluation
- **Communication and Engagement:** with Mississippi residents, including marginalized populations, across public health system organizations and partners
- **MSDH's and Other Public Health System Partners' Visibility and Use of Needed Services:** increased consumer awareness, trust, and access of available services
- **Cultural Humility/Competency:** provider cultural competency, improved positive cultural interaction with communities, use of standards of cultural competency throughout the system

Following the review activity, the SHAIC members were invited to complete a survey to prioritize potential health and public health system issues. On September 9, 2020, the SHAIC re-convened to review the survey results, discuss, and select strategic issues to collectively address as a state public health system.

The SHAIC reviewed the key findings and used them as a basis to discuss and define the 2021-2026 SHIP priorities and collectively agreed on the following:

#### Addressing Obesity to Prevent and Manage Chronic Disease

The prevalence of obesity as an issue in Mississippi was emphasized throughout the assessments. Obesity is a health issue that co-occurs with many other health problems, such as hypertension and diabetes, and is a result of societal barriers, such as access to care and food insecurity. Listening session participants from the Community Themes and Strengths Assessment (CTSA) noted obesity, diabetes, and hypertension as health issues that prevent their communities from being considered healthy. Survey respondents from the CTSA listed diabetes (14.3%), obesity (12.9%), and high blood pressure (12.2%) as the top three most important health problems in their communities. Data from the State Health Status Assessment showed that 72.9% of the population was either overweight or obese with 25.4% of children ages 10-17 being considered obese (2018). The SHAIC identified the need to improve issues related to chronic disease by addressing prevention and self-management of obesity, hypertension, and diabetes.

Participants from the Forces of Change Assessment 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. As well, a listening session participant in Franklin, Meadville noted: "Most of the stores do not have enough variety of healthy food. Nutrition is not there because we cannot afford it." The SHAIC identified the need to improve nutrition by combating food insecurity throughout the state.

The SHAIC also identified the need to focus on populations with the greatest inequities and ensure focus is culturally competent (i.e. how food is eaten in that culture, what are desired body types, or how different cultural groups engage with exercise or even the idea of exercise). Mortality rates for diabetes

and hypertension were shown to be consistently higher for African Americans than Caucasians in Mississippi. In 2018, the mortality rate for diabetes was 52.3/100,000 population for African Americans, for Caucasians this was 20.6/100,000 population. African Americans consistently experienced higher rates of mortality due to hypertension than any other race (26.6/100,000 population in 2018). Due to this, it is important to focus on populations with the greatest inequities to adequately address obesity in the state.

### Social and Structural Determinants of Health

The World Health Organization defines the social determinants of health as the conditions in which people are born, grow, live, work, and age<sup>5</sup>. Social and structural determinants of health can serve as challenges to achieving optimal health and well-being for community members throughout the state. In the CTSA report, participants most frequently indicated housing, food insecurity and access, education, and employment were some of the greatest challenges faced in their communities. Throughout each of the assessments, employment and poverty were consistently listed as barriers to health and well-being. This included unemployment and underemployment, cost of education/job training, and a lack of well-paid jobs. 11.8% of survey respondents from the CTSA frequently identified a lack of quality jobs as one of the top issues impacting health and well-being. The SHAIC identified the need to address poverty and employment through educational attainment and job training.

The SHAIC also identified the need to focus on social and structural determinants of health related to structural racism. The SHSA report showed that more African Americans had less than a high school education as compared to Caucasians, at 52.5% vs 43.6%, respectively. The Forces of Change Assessment noted that structural racism limits economic opportunity and health attainment among people of color and minorities. The SHAIC recognized the need to reduce inequities through addressing SDOH with populations experiencing the greatest inequities.

### System Issues

The SHAIC also identified important system issues to address through planning, implementation, and monitoring impact while working collectively on addressing the complex issues of obesity and the social and structural determinants of health.

- **Evaluation** – The public health system must evaluate efforts to address these priority issues as well as other public health initiatives in order to make data-informed decisions and strategically leverage our resources on what works.
- **Community Capacity Development** – While the public health system works collectively to address these complex issues, it is imperative to work in partnership with local communities. This includes strategies to enhance capacity at the local level, meaningfully engage communities and those impacted the most by inequities, and coordinate communication about these issues.

The key findings and priorities were shared through the UProot Mississippi website, the UProot newsletter, and to participants from the CTSA listening sessions to solicit feedback from partner

---

<sup>5</sup> World Health Organization: [https://www.who.int/social\\_determinants/en/](https://www.who.int/social_determinants/en/)

organizations and state residents on the proposed priorities with the public. Information on the priority issues and the four assessments were posted on the UProot website to receive public comment.

## Next Steps

These findings and selected priorities from the SHA will inform the development of the SHIP. The 2021 – 2026 SHIP will serve as a guide for Mississippi’s health agenda over the next five years.

MSDH will work collaboratively with our partners to define overarching goals, measurable objectives, and strategies to guide implementation and evaluation activities. The SHIP will be designed to make necessary improvements, including policy and systems change strategies, to improve obesity and address social and structural determinants of health perpetuating health inequities in Mississippi. As we develop and implement our plans, we will also work to improve our public health system through measurement and evaluation and community capacity development and coordinated communication. MSDH is committed to convening partners to work collaboratively with to address these priorities so that we can work toward the shared vision of all Mississippians living healthier, longer lives due to a thriving public-health effort supported by active and committed citizens and organizations.