MISSISSIPPI SYSTEMS CHANGE FOR INCLUSIVE HEALTH

Collective Impact Report and Work Plan 2026-2028

Building an inclusive health system for all Mississippians

INTRODUCTION

The Mississippi Public Health Association (MPHA), in partnership with Special Olympics, Inc., launched the Systems Change in Inclusive Health initiative to address longstanding disparities affecting individuals with intellectual and developmental disabilities (IDD). This initiative seeks to transform systems of care across Mississippi to ensure that individuals with IDD experience equitable access, respectful treatment, and coordinated services.

Using a collective impact framework, this project engaged key stakeholders, including subject matter experts, healthcare providers, individuals with IDD, and caregivers. Data were collected through structured surveys and analyzed to identify systemic barriers, strengths, and opportunities for transformation. Findings indicate that while many healthcare providers demonstrate compassion and commitment, systemic challenges—including fragmented services, lack of provider training, limited access to specialized care, and insufficient coordination—continue to hinder optimal care delivery.

Health systems are often designed for the “average” patient. Individuals with IDD, however, frequently require tailored approaches that account for communication differences, sensory sensitivities, and complex care needs. When systems fail to adapt, disparities emerge.

This project recognizes that improving health outcomes for individuals with IDD requires more than isolated interventions—it demands coordinated, system-wide transformation.
Individuals with IDD experience significant health disparities, including higher rates of chronic conditions, unmet healthcare needs, and barriers to accessing services. In Mississippi, these challenges are compounded by rural geography, limited provider availability, and fragmented service systems.

The Systems Change in Inclusive Health initiative was designed to address these challenges through a structured, collaborative approach. This report presents a comprehensive analysis of findings and outlines a strategic framework for statewide systems change. The proposed work plan emphasizes collaboration, policy reform, workforce development, and enhanced service delivery models.

METHODOLOGY

Collective impact is a structured form of collaboration that brings together diverse stakeholders to solve complex social problems. It is defined by five key conditions:

- Common agenda
- Common progress measures
- Mutually reinforcing activities
- Communications
- Backbone support organization

MPHA serves as the backbone organization for this initiative, although other agencies and organizations may also serve in this capacity as the work plan develops. The following diagram depicts the essential elements of the collective impact framework. Additional information can be found at **https://collectiveimpactforum.org/what-is-collective-impact/**

PROJECT PHASES

The project was implemented in three phases:

Phase 1: Subject Matter Expert Survey

A survey was distributed to forty-two advisory council members, with seventeen responses received, a 40% response rate.

Phase 2: IDD and Caregiver Survey

A second survey was developed and distributed to individuals with IDD and caregivers attending Special Olympics Mississippi events and also those known by members of the Advisory Council for this initiative. Sixteen responses were received. Half of the responses were from individuals with IDD, and the other half were from caregivers/parents.

Phase 3: Work Plan Development

Data were analyzed using thematic analysis, identifying recurring patterns across responses. Findings from both surveys were synthesized to inform the development of the initial version of the statewide work plan. In some cases, specific information from the IDD population were included rather than a summary, to more thoroughly reflect the voices of all respondents in the deveelopment of the work plan.

Summary of Survey of Subject Matter Experts

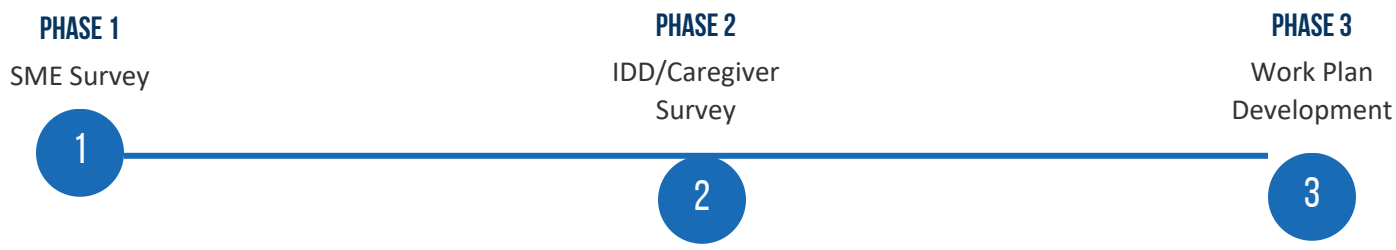
The subject matter expert survey focused on identifying system strengths, gaps, and priorities for change within the existing systems serving the IDD population.

Key Strengths Identified

- Strong commitment among professionals serving the IDD population
- Existing community support networks
- Collaborative efforts are already underway and are improving

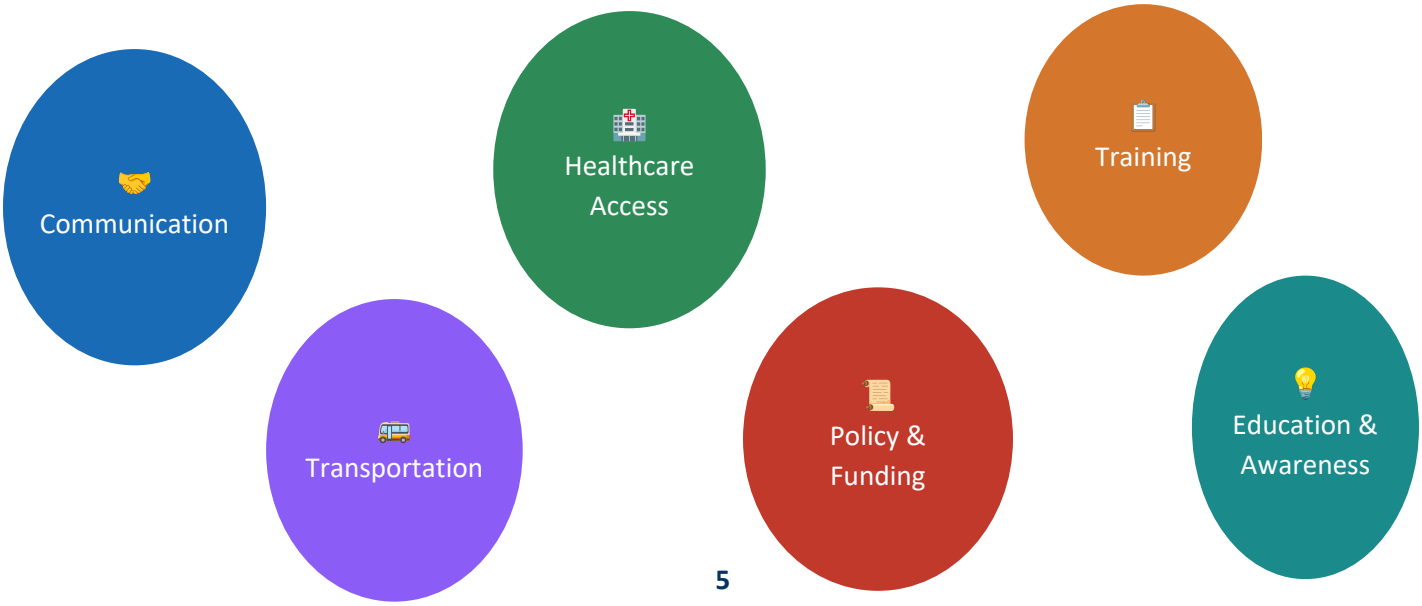
Key Challenges Identified

- Limited access to specialized services such as dental and mental health
- Workforce shortages and insufficient training of providers in serving this population
- Fragmented systems and lack of coordination across systems
- Lack of centralized information
- Policy and funding gaps



KEY SYSTEMS ISSUES IDENTIFIED FOR IMPROVEMENT

- Strengthen communication and collaboration between health, social services, and others for a more unified system
- Create one central database to avoid duplication in paperwork
- Provide training for health care professionals
- Improve access to specialized health care
- Promote functional skills development/preparation for the workforce
- Foster transitioning from pediatric to adult health care services (including information on new CPT codes that the patient to have ample time with the provider)
- Ensure that health care providers and parents recognize that the patient is the patient
- Support education about dual diagnoses
- Advocate for addressing gaps in transportation
- Provide public education/awareness
- Support policy development and improved funding
- Strengthen opportunities for advancing self-advocacy and socialization skills



SUMMARY OF THE IDD AND CAREGIVER SURVEY

HEALTHCARE UTILIZATION

Many respondents reported frequent healthcare visits, often requiring multiple visits annually (25% reported 1-3 times a year; 56% reported 4-8 times a year; 19% reported more than eight times a year).

PLANNING ELEMENTS IDENTIFIED IN THE IDD POPULATION SURVEY

Planning for healthcare visits involves numerous considerations, including transportation, wait times, and provider interactions. An overarching question was "Check any of the items that you have to think about when you are planning to go to the doctor, hospital, or clinic" provides a nice understanding about the respondents' thinking prior to an appointment. Note that the numbers are duplicative.

ANSWER CHOICES	RESPONSES	NUMBERS
How am I going to get there (transportation)?	33.33%	5
Who is going with me?	60.00%	9
How long will I be there?	80.00%	12
What will I learn there?	53.33%	8
Will they be kind to me?	66.67%	10
Will I need to go to a different doctor or clinic after this visit?	46.67%	7
Other (please add any other things you think about when planning to go to the doctor, hospital, or clinic). Responses included whether the environment will be overstimulating; if the waiting room is suitable in terms of space for a wheelchair; and whether there are alternative waiting areas.	33.33%	5
Total		56

POSITIVE EXPERIENCES IDENTIFIED BY THE IDD POPULATION

The question "What do you like about going to the doctor, hospital, or clinic?" revealed some interesting insights that can be pertinent to the work plan. Specifically, how the providers are perceived and that the patient likes to know about their health. Note that the numbers are duplicative.

ANSWER CHOICES	RESPONSES	NUMBERS
My doctors are nice	73.33%	11
The nurses and therapists are nice	66.67%	10
I like to know about my health	66.67%	10
I like how easy it is to understand why I am there	20.00%	3
Other - Please tell us other things that you like about going to the doctor, hospital, or clinic. One comment was N/A and the other reflected the need to focus on the patient and their needs.	13.33%	2
Total		36

NEGATIVE EXPERIENCES IDENTIFIED BY THE IDD POPULATION

To the question, what things do you not like about going to the doctor, hospital, or clinic, several of the responses are informative to the work plan. Note that the responses are duplicative.

ANSWER CHOICES	RESPONSES	NUMBERS
The doctors do not talk directly to me	13.33%	2
The nurses and therapists do not talk directly to me	6.67%	1
I do not like shots or getting my blood drawn	80.00%	12
I do not like to be around other patients there	40.00%	6
Other. Please tell us if there are other things you do not like about going to the doctor, hospital, or clinic. Responses included that often the providers do not understand the person due to little or no language to express the concern; long wait times; overcrowded waiting rooms. My son needs to go directly to an exam room to avoid overstimulation.	20.00%	3
Total		24

IMPROVEMENTS IDENTIFIED BY THE IDD POPULATION

There were four questions in the IDD Population Survey that probed suggestions for improvement. Responses across those four questions were consistent and yielded the following themes, in order of the number of suggestions:

- Improve the quality of the provider visit, including the planning for that visit
- Offer training and tours of places that provide IDD services
- Provide dental services
- Offer telehealth in some capacity, especially when a physical exam is not needed

CROSS-CUTTING SYSTEMS LEVEL CHANGE THEMES

Several themes emerged from both surveys. These have been used to form the categories for the work plan. These are presented in no particular order with respect to their significance to the work plan.

- Importance of provider training specific to serving the IDD population
- Need for improved communication across providers and resources
- Need for better coordination across providers, resources, and patients/caregivers
- Need to advocate for policy and reimbursement changes for the providers

Together, these cross-cutting themes provide the foundation for the statewide work plan. Each work plan goal was developed to respond directly to the barriers and opportunities identified through the subject matter expert survey and the IDD and caregiver survey. As a result, the work plan is organized around four interconnected systems-change priorities: provider training, communication, service coordination, and policy and reimbursement reform.

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Systems Change in Inclusive Health in Mississippi Work Plan

Goals and Strategies Overview

Goal 1: **Strengthen and expand provider training specifically for existing and non-traditional providers serving the IDD population**	**Strategy #1: Identify existing and non-traditional provider education resources and venues and share the information accordingly.** **Strategy #2 : Develop and promote provider education as needed to address gaps in the education currently available. This training should include both the health care aspects and the experiential aspects of the clinical visits.**
Goal 2: **Strengthen activities that improve communication across IDD providers, and patients/caregivers and with the general public**	**Strategy #1: Identify and expand upon existing opportunities for providers, resources, and support services to hold critical conversations about serving the IDD population.** **Strategy #2: Develop and distribute messaging/communication strategies and tools to improve visibility of IDD programs/services.** **Strategy #3: Educate the media, thought leaders, policy makers, and community influencers on important inclusivity related to the IDD population.**
Goal #3: **Strengthen the coordination of support and services to help members of the IDD population and their families and caregivers navigate and access services and supports to avoid duplication and promote an integrated system of care.**	**Strategy #1: Collaborate among partners to provide multiple venues for sharing the information sources, materials, and information "hubs" so as to reach a broad population.** **Strategy #2: Create new opportunities for holding conversations about how effectively Mississippi's health and support systems serve individuals with IDD.** **Strategy#3: Expand the Systems Change for Inclusive Health Advisory Committee to include additional partners in order to provide ongoing coordination of supports and services.**

Goal 4: **Share policy briefs, talking points, and other pertinent recommendations with state agencies, local governments, advisory Committees, and legislators.**	**Strategy #1: Inform state and local policies to be inclusive of the IDD population and their caregivers and families.** **Strategy #2: Encourage organizations to include IDD representation in planning committees, advisory boards, and community decision-making groups.** **Strategy #3: Explore policy changes aimed at expanding access to specialty care for members of the IDD population (i.e., mental health, dental, telehealth)** **Strategy #4: Advocate for changes in reimbursement of services for members of the IDD population, including Medicaid.** **Strategy #5: Advocate for programs that assist members of the IDD population to develop functional skills development that prepare them for the workforce and/ or secondary education.**

The expanded work plan, with activities and progress measures, is included in the following pages. For purposes of this work plan, Year 1 refers to 2026, Year 2 refers to 2027, and Year 3 refers to 2028. Taken altogether, this is a three-year work plan.

Goal 1 : Strengthen and expand provider training specifically for existing and non-traditional providers serving the IDD population

Strategy	Activities	Year	Key Indicators to Measure Progress
Strategy #1: **Identify existing and non-traditional provider education resources and venues and share information accordingly.**	**Activity A:** Explore opportunities to identify and magnify the resources currently available (i.e., resources from the various organizations that are members of the Systems Change for Inclusive Health Advisory Committee). Note that the Arc of MS has online training that can be customized for a fee.	**1**	Regular and continuous processes to identify and meet opportunities to magnify existing educational resources sponsored by partners and opportunities to speak at conferences and webinars. Relates to Strategy 2, Activity A below. Number and attendance of professional development education sessions held (target: 12 sessions); number of podcasts, webinars, or professional development sessions hosted; and number of stakeholders attending.
	Activity B: Explore options for various venues in which to share information and to speak at professional conferences (i.e., online/virtual, in-person).	**1,2,3**	
Strategy #2: **Develop and promote provider education as needed to address gaps in the education currently available. This training should include both the health care aspects and the experiential aspects of the clinical visits.**	**Activity A:** Establish a speaker's bureau (possibly modeled after the MS Humanities Committee). Include members of the IDD population and their families/caregivers as speakers.	**1,2**	By June 2027, a Speaker's Bureau of at least 7 members will be established that includes individuals with IDD, families/caregivers, health care providers, and professionals who are knowledgeable about information and resources related to the IDD community. Thereafter, the number and

			areas of subject matter expertise recruited, representation of self-advocates and caregivers, numbers of speaking opportunities offered, and number of individuals reached through those presentations will be tracked.
	Activity B: Identify or prepare flyers for patients, families/caregivers and providers that can be placed in clinical settings. Include resources that view the clinical visit from the patient's perspective.	**2**	By December 2027, an inventory of educational flyers and infographics will be identified and distributed as appropriate to meet this activity.
	Activity C: Support system changes that ensure care for people diagnosed with IDD content is intentionally included in curricula for health care providers (i.e., Nurses, medical doctors, doctors of osteopathic medicine, social workers, occupational therapists, physical therapists, etc.). Members of the Systems Change for Inclusive Health Advisory Committee as well as people diagnosed with IDD could offer to serve as guest lecturers and assist in the identification of community service projects that relate to the IDD population	**2,3**	By June 2027, opportunities for advancing curriculum changes will be identified. By June 2028, recognition for the academic programs who have been identified as including IDD content in their curricula will be completed.

Goal 2: Strengthen activities that improve communication across IDD providers, patients/caregivers and with the general public

Strategy	Activities	Year	Key Indicators to Measure Progress
Strategy #1: **Identify and expand upon existing opportunities for providers, resources, and support services to hold critical conversations about serving the IDD population**.	**Activity A:** Conduct a web analysis of the organizations, services, resources, etc. to assist in the identification of both assets and gaps.	**1,2**	Web analysis completed and shared with the Systems Change for Inclusive Health Advisory Committee by March 2027. Shared publicly by June 30, 2027.
	Activity B: Develop intentional processes for sharing information among associations and organizations in order to broaden the reach, such as a partner dissemination plan that includes clinics, schools, disability service organizations, community centers, libraries, faith-based organizations, digital platforms, and other non-traditional groups.	**1, 2, 3**	Number of clinics, schools, disability service organizations, community centers, libraries, faith-based organizations, other non-traditional groups who are reached through various information sharing avenues. Annual numbers.

Strategy #2: **Develop and distribute messaging/communication strategies and tools to improve visibility of IDD programs/services**	**Activity A:** Develop a communications or social media tool kit for use by the Speaker's Bureau or any other partners in the IDD inclusivity work. Examples of items in the tool kit may be a list of recognized days/weeks/months that relate to IDD along with links and themes, which could easily be posted on various social media and websites.	**2,3**	Frequency and reach of newsletters, summary briefs, or other dissemination materials (e.g., number of email distributions, website visits, social media interactions, or document downloads). Annual numbers
	Activity B: Develop talking points that members of the Systems Change for Inclusive Health Advisory Committee and other partners in the IDD inclusivity work could use when speaking with policymakers, members of the media, or thought leaders.	**2,3**	Frequency and reach of talking points. Related to Goal 1, Strategy 2, A and Goal 2 Strategy 2A. Annual numbers.
Strategy #3: **Educate the media, thought leaders, policy makers, and community influencers on important inclusivity related to the IDD population.**	**Activity A:** Identify and engage with existing active community parent groups and other trusted organizations to develop media related opportunities. Connect with Chit Chat Thursdays (Taylor Carley).	**2,3**	

Goal #3: Strengthen the coordination of support and services to help members of the IDD population and their families and caregivers navigate and access services and support to avoid duplication and promote an integrated system of care			
Strategy	**Activities**	**Year**	**Key Indicators to Measure Progress**
Strategy #1: **Collaborate among partners to provide multiple venues for sharing the information sources, materials, and information "hubs" so as to reach a broad population.**	**Activity A:** Inventory current IDD-related material, such as: • resource guides • websites • referral lists • podcast resources • social media resources • helplines (211) • MS Access to Care (MAC) center • agency directories • caregiver support and peer support materials • transportation resources • medical and allied health services • mental health services • dental services • vision services • Memorandums of Understanding (MOUs) for sharing resources across platforms	**1,2**	An information hub related to resources for individuals who have an IDD diagnosis as well as their caregivers, health care providers, public health professionals, and the general public will be established . This will be hosted on the MPHA website and be available for other partner organizations to add their communication channels as well. Completed by June 2027.

	Activity B: Assess available resources for accuracy, accessibility, readability, language availability, and ease of use for families, caregivers, and self-advocates.	**2,3**	Assessments completed and added to inventory information. Annual numbers.
	Activity C: Develop a shared resource map that identifies available information sources, who maintains them, and where gaps or duplication exist (cross sector).	**2,3**	Resource map completed and added to inventory information by June 2028.

Strategy #2: **Sustain ongoing and create new opportunities for holding conversations about how well Mississippi health and support systems are serving the IDD population.**	**Activity A:** Continue with the Systems Change for Inclusive Health Advisory Committee for at least another three years to advance the implementation of activities in this work plan. Identify potential new members, and use meeting feedback to identify navigation barriers, reduce duplication, document gaps, and recommend system improvements.	**1, 2, 3**	Advisory Committee Engagement: Number of meetings held (target: 4–6); number and diversity of sectors represented (target: 20–25 active sectors); and number of people with IDD participating. Annual numbers.
	Activity B: Convene regular cross-sector meetings or learning collaboratives focused on IDD service coordination and system navigation. (Include individuals with IDD, caregivers, providers, educators, faith-based organizations, disability service agencies, public health partners, and policymakers in ongoing discussions).	**1,2, 3**	Community Engagement: Number of focus groups and listening sessions with individuals with IDD and their caregivers (target: 6–8), including geographic and demographic diversity. Annual numbers.
	Activity C: Maintain a presence at town hall / local governmental meetings and other similar convenings as a means to encourage local conversations / express concerns.	**1,2, 3**	Number of meetings identified and attended and topics discussed. Annual numbers.

	Activity D: Identify regular meetings of organizations serving the IDD population and support service organizations and Systems Change for Inclusive Health Advisory Committee attend those regularly.		Number of meetings identified and attended and topics discussed. Annual numbers

Goal 4: Share policy briefs, talking points, and other pertinent recommendations with state agencies, local governments, advisory Committees, and legislators

Strategy	Activities	Year	Key Indicators to Measure Progress
Strategy #1: **Inform state and local policies to be inclusive of the IDD population as well as their families/caregivers**	**Activity A:** Explore best practices from other states, national organizations, and international organizations with regard to policy around the IDD population.	**1,2**	Develop a discussion paper on best practices by June 30, 2027.
	Activity B: Conduct a gap analysis of Mississippi policies compared with the policies identified in Activity 1 A above.	**2**	Conduct a gap analysis based on discussion paper by December 2027.

Strategy #2: **Encourage organizations to include IDD representation in planning committees, advisory boards, and community decision-making groups.**	**Activity A:** Create/identify guidance on inclusive communication, accessible environments, and meaningful engagement of individuals with IDD and caregivers.	**1,2,3**	Ongoing identification as related to Goal 3, Strategy 2 above. Annual numbers and examples.
	Activity B: Members of the Systems Change for Inclusive Health Advisory Committee will invite people diagnosed with IDD to planning committees, advisory boards, and community decision-making groups in which they have influence.	**2,3**	Number and type of committees, advisory boards, and community decision-making groups in which members of the IDD community participate. Annual numbers and examples.
Strategy #3: **Explore policy changes aimed at expanding access to specialty care for members of the IDD population (i.e., mental health, dental, telehealth).**	**Activity A:** Identify/develop potential policy or systems changes that could expand access to mental health, dental, telehealth, vision, hearing, and other specialty services. This activity also relates to Strategy #1, Activity A in this section	**2,3**	Qualitative data from interviews and surveys with Systems Change for Inclusive Health Advisory Committee members and sector representatives will be used to track shifts in attitudes, intentions, and early-stage commitments to policy or practice changes. The number of policy and practice changes recommended will be used to guide this component.

Strategy #4: **Advocate for changes in reimbursement of services for members of the IDD population.**	**Activity A:** Identify reimbursement barriers that limit access to care coordination, extended visit time, caregiver education, behavioral support, transportation, telehealth, and specialty services.	**3**	Based on the work completed in years 1 and 2, methods for measuring approaches to addressing reimbursement barriers will be developed, compiled and shared.
	Activity B: Compile examples of reimbursement models or billing approaches used in other states or programs, and develop recommendations for Medicaid, private payers, and policymakers to support more sustainable service delivery for the IDD population. Provide waiver education and awareness.	**3**	
Strategy #5: **Advocate for programs that assist members of the IDD population to develop functional skills development that prepare them for the workforce and/ or secondary education.**	**Activity A:** Develop recommendations to expand functional skills training, career exploration, job coaching, employer education, and supported employment pathways.	**2, 3**	Existing programs identified by June 30, 2027, and advocacy plans for new programs to follow in 2028. Relates to Activities A, B, and C in this section.

	Activity B: Identify programs that offer inclusive academic and skills development in secondary education institutions. Compile and list these examples for secondary education institutions to consider for use on their campuses.	**2, 3**	
	Activity C: Explore ways to support members of the IDD population so that they can learn to be strong self-advocates. Post these resources in centralized information "hub". Links to Strategy 1 A and D.	**2,3**	

Attachment A

Systems Change for Inclusive Health Advisory Committee Member Organizations 2025-2026

American Academy of Pediatrics, Mississippi Chapter

American Public Health Association

Children's Foundation of Mississippi

Coalition for Citizens with Disabilities

Community Health Center Association of Mississippi

Disability Rights Mississippi

Goodwill Industries, Mississippi

L.I.F.E. of Mississippi

Mississippi Coalition for Citizens with Disabilities

Mississippi Commission for Volunteer Services

Mississippi Committee on Developmental Disabilities

Mississippi Department of Education

Mississippi Department of Mental Health, Bureau of Intellectual and Developmental Disabilities

Mississippi Department of Rehabilitation Services

Mississippi Institutions of Higher Learning

Mississippi Library Commission, Talking Book Services

Mississippi State Department of Health, Office of Rural Health

Mississippi State Department of Health, Office of Healthy Aging

Mississippi State University, TK Martin Center for Technology and Disability

Mississippi Parent Training and Information Center

Mississippi Public Health Association

Mustard Seed

Special Olympics Mississippi

Temple Baptist Church, 4Friends Ministry

The Arc of Mississippi

University of Southern Mississippi, Institute for Disability Studies

University of Mississippi Medical Center

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