

Age-Friendly Public Health: The Podcast

Building an Age-Friendly Ecosystem in Mississippi – November 2023

Guest: Dr. Kina White, Director

Office of Community Health Improvement, Mississippi State Department of Health

Host: Dr. J. Nadine Gracia, President and CEO, TFAH

Interview Transcript

[00:00:05] Dr. Kina White: We have to be more equitable, and health equity is right now a priority for me, and showing the connection between health equity and healthy aging is so important.

[00:00:20] Dr. J. Nadine Gracia: That's Dr. Kina White, Director of the Office of Community Health Improvement at the Mississippi State Department of Health. Hello and welcome to the second episode of *Age Friendly Public Health, The Podcast*. I'm your host, Dr. Nadine Gracia, President and CEO of Trust for America's Health, also known as TFAH. Our guest today is Dr. Kina White, Director of the Office of Community Health Improvement at the Mississippi State Department of Health. Dr. White has become a true champion of the Age-Friendly Public Health Systems movement in the state of Mississippi.

In 2020, Trust for America's Health funded two states to work on developing Age Friendly Public Health Systems. One of those states selected was Mississippi. Dr White has used this opportunity to cultivate both internal and external partnerships including with AARP and the Mississippi Public Health Association to develop a statewide action plan for prioritizing healthy aging.

Dr. White, welcome.

[00:01:22] Dr. Kina White: Thank you, Dr. Garcia. It is indeed a pleasure to be with you this afternoon.

[00:01:26] Dr. J. Nadine Gracia: Dr. White, thank you so much for joining us. How about we start out by you telling us a bit about yourself?

[00:01:33] Dr. Kina White: Yes. So, Mississippi is home for me. My professional career has always been in healthcare, developing and leading initiatives that really improve the health and well-being of my state and the individuals within my communities. I love what I do, I'm very passionate about it. And my goal and purpose in life is to continue to make things better for others who may not have their own voice, especially when it involves healthcare. So great things are happening in Mississippi, and I'm just excited to be a part of those great things.

[00:02:03] Dr. J. Nadine Gracia: Well, that's wonderful, Dr. White. You bring certainly the personal experience of Mississippi being home into the work that you do. Can you tell us what motivated you to start the Age Friendly Public Health Systems work in Mississippi and apply for the state expansion opportunity that TFAH offered in 2020?

[00:02:21] Dr. Kina White: Motivation to start our Age Friendly Public Health Systems work in Mississippi was twofold. One, at the height of the COVID-19 pandemic our public health agency recognized the immediate need to provide COVID-19 testing and vaccines access to homebound older adults. The prevalence of this population was unknown to our public health agency at the time, but we knew that we needed to really provide resources and access to those older adults, individuals with disabilities and their caregivers. We had a specialized hotline for older adults in Mississippi, but quickly realized we were not meeting the demand of those most vulnerable individuals. And so, through partnerships with our State Department of Human Services, Division of Aging and Adult Services, we coordinated mobile testing and vaccine distributions. From there, we learned public health has a role in supporting older adults, and we needed some capacity here within our agency. And at that time, one of our retired social workers reached out to say there's this new opportunity with Trust for America's Health. Are you interested? Absolutely, I was. And so, we began to identify what resources we had to prepare a solid application for this funding. Mississippi, like many other states, has experienced significant workforce shortages. And we knew that to address our needs for the aging and chronically ill, we had to do a little bit more. Mississippi also has several social determinants that increase our risk for negative health consequences among older adults. One that's the most paramount are provider shortages. We currently do not have enough providers to support the needs of older adults, and so the public health department becomes a safety net for those resources. And so, we wanted to, in fact, prioritize healthy aging and health equity among our older adult population. And so that was really what motivated our agency to apply for this funding,

[00:04:17] Dr. J. Nadine Gracia: Really important sources of motivation and you highlighted in particular how with a public health emergency, often the needs of specific populations in

a community really come to bear about how you need to be able to provide services and supports. We're going to talk about that a little more too with regards to how we then help to promote Age Friendly Public Health Systems. Across other states and communities, you know, when you began this work and after you had applied, you, I'm sure, had some ideas of what you were hoping to see, what were your original expectations? And then how has this work grown beyond what you thought might happen?

[00:04:55] Dr. Kina White: Wow, that's such an important question. When we began this work, we really thought originally that we would look at surveillance. We would have a better understanding of our data needs for the older adult population. Mississippi at the time had county level data profiles, but they did not include older adults. It was quite surprising to learn that we did not have a comprehensive

amount of data available to answer those questions about what our older adults needed. And so, we thought this opportunity would connect us to partners to increase our availability of resources.

We were so surprised at how much we learned at the very beginning of the interest of our cross-sectoral partners. Mississippi's efforts to connect to those doing the work and introduce this opportunity to those who were unfamiliar, was amazing and it far exceeded our expectations before we began our work. Mississippi currently had five age friendly communities and two age friendly health systems. But those were the only tenants of this work, truly dedicated to age friendly services. And so, through this state expansion opportunity, our public health agency was able to take a lead in really structuring a statewide effort for prioritizing older adult needs, and as you shared through this statewide work plan in collaboration with some key partners, we were able to use the Age Friendly Public Health Systems 6Cs framework to really outline what our long term goals and strategies needed to be. And we did that in tandem with our COVID-19 response, because again, we knew that our older adults were such a vulnerable population and we needed to prioritize their risks as well as their support needs. And so that was really exciting for us.

And what has grown beyond our imagination is leading an age friendly ecosystem in Mississippi. That is probably one of the most exciting rewards from this collaboration with Trust for America's Health, as well as The John A. Hartford Foundation. We now have, of course, a recognized Age Friendly Public Health System. But we also have a university that has joined the age friendly university global network. We have more age friendly health systems that are now a part of the national movement, including our veteran administration organization, and our only academic medical center. We are also collaborating with AARP to expand the number of age friendly communities within Mississippi, and also establish

dementia friendly communities as a prioritization along with them. And then with our public health association, we've recruited older adult volunteers. We want to work with them, not

just for them, and so their voices are so important as healthy aging champions across our state to help us do this great work, and they're directly involved in our planning and engagement efforts. And so how the work has grown, we continue to learn from our peers as a part of the national Age Friendly Public Health Systems Learning Collaborative and very recently were invited to join a rural age friendly initiative to learn even more about the prioritization of rural Mississippians. And so, we've just learned so much and it's truly exceeded our expectations within just a two-and-a-half-year period of collaboration.

[00:08:13] Dr. J. Nadine Gracia: That's such an impressive amount of work, but also depth of partnerships that you've developed over such a short period of time. You know, with those original expectations that you had, has there been anything surprising to you with regards to engaging in this work that you weren't anticipating?

[00:08:29] Dr. Kina White: The most surprising is how many were willing and interested to do this work. In public health, we often do not consider aging to be a priority of our programming. We really think about health promotion, prevention, and across the life course. We have a lot of work in all these spaces. But within our partnerships, we were able to understand that aging is a priority for so many of our partners, and that was what was so surprising that they were ready and willing to step up, even in the midst of a pandemic, and dedicate time and resources to do this work. One thing that I often share is, typically, when you're inviting partners to the table, you have to provide a financial incentive. Mississippi is an excellent example as all of our volunteers were non-paid. All of them provided their time and their priority of shared interest in this work without significant financial compensation, and that was so important to the long-term collaborations that we have with our partners.

[00:09:27] Dr. J. Nadine Gracia: It's really powerful to hear about that sense of volunteerism in doing this work and recognizing sometimes that the financial resources may not be there. For other states or localities that have that as a potential challenge, were there ways in which you felt those that came to the table wanting to help, what was it that motivated them? What were they seeing as value in the Age Friendly Public Health Systems work that motivated them to get engaged?

[00:09:54] Dr. Kina White: Shared challenges. Understanding that workforce shortages are a real significant challenge, both in our urban and our rural communities. So, in Mississippi, we're a very rural state and understanding that we needed to partner. We needed to have cross-sectoral partnerships to increase awareness. Oftentimes in our work, we will hear a lack of transportation is an issue. Well, our public transit director is a part of our advisory committee. I serve as well on their interagency transportation committee. We now have an ability to communicate to each of our networks the availability of transportation for older adults and many others so that we can eliminate some of the barriers due to awareness or lack thereof. And so, I think that's been the most important in terms of the work that we've been doing is overcoming some of those challenges and partners having some of those

shared challenges. It helps us to really move forward in that because now we're all at the table together and we're not working in silos so we can hear from each other with those needs are and through our action planning, address them collectively.

[00:11:01] Dr. J. Nadine Gracia: Shared challenges, that is that is really a way, as you noted, to bring people and organizations and agencies from different sectors together. And I really appreciate that you highlighted, in particular, the specific areas of need and assessments for rural communities. You know, there are states and localities that have a blend of, of geographies and were there specialized approaches that you were taking in particular as it related to addressing age friendly public health in rural settings, in rural areas?

[00:11:30] Dr. Kina White: Yes, at the very beginning of our receipt for the award, our team reached out to our Office of Rural Health and Primary Care and invited them to be a part of the advisory committee.

We wanted to ensure, again, that this was a collective approach. And so, with their partnership, we were able to look at our state rural health plan and begin to compare, okay, exactly what do we need? What's missing in our state, what are the unique priorities of the rural population and learn from them? And they were able to give direct feedback into what they're currently working on and what we needed to include as a supplement to their plan. And so again, it's working with them, not just for them. And then we were also able to reach out to community partners who were in our rural settings to ask, if not just transportation, what are some other components of support that are needed? And we're still learning from those things similar to other states, such as broadband access. Telehealth was an increased need for many individuals in rural communities at the height of COVID-19. And now that we are adjusting to a new norm, we're still learning that broadband access is still a need. And so, we're not pulling away. We're still expanding resources and identifying support. And so, again, having them at the table was so key and so important, as opposed to taking what we assumed was their need to them for feedback.

[00:12:55] Dr. J. Nadine Gracia: Just an excellent example of you highlighting and showing -- you alluded to this earlier, the 6Cs framework of age friendly public health systems -- and in particular the connecting and convening multi sector stakeholders so you have the data, you understand where the needs are, and then you're partnering with those other agencies, other partners, community partners as well to be able to address those needs. So that's truly inspiring.

You know, when we launched the podcast last month with Dr Terry Fulmer, the President of The John A. Hartford Foundation was our first guest. She told us about the age friendly ecosystem and you just shared some examples about how the work that you're doing in in the state of Mississippi. I understand you've really been leading the charge to develop such an ecosystem in Mississippi. You highlighted the engagement around helping people, age friendly communities, and health systems. What strategies can you share that have been effective in convening these key partners and advancing these types of connections?

[00:13:52] Dr. Kina White: I would identify three key strategies that I believe we've been able to use effectively, but we've also been able to continuously learn from those three strategies. First and foremost, identifying a state champion. Someone who is dedicated to this effort is very important. The need for ongoing communication is important. So having a central champion allows partners, both local and those that may not geographically be within the same area to communicate. Oftentimes we will cluster into a certain part of the state for most of our meetings, but having a champion available to have regional conversations and move around and really meet individual local needs is important. So that would be one strategy, identifying someone that can be a trusted confidant and someone who's available, to respond to the needs of our community partners is important.

Another strategy is really being transparent about your resources, limitations, and opportunities. And so, as we advance our connections, we wanted everyone to understand where we were headed. And so, in order to do that, we developed our use of the collective impact framework. We wanted to have a tool

that was really centered around a common shared vision. And through that, that strategy allowed us to keep everyone on the same pace. We understand our long term goal, and it helps for long term sustainability. And so, a combination of utilizing that shared vision. Was hosting our first inaugural Healthy Aging Summit this year, it allowed us to bring everyone together, look at our progress from our plan, but also celebrate, celebrate the milestones that we had accomplished throughout those two and a half years, having both national and state partners, including Trust for America's Health, The John A. Hartford Foundation, AARP, University of Massachusetts, Boston, and so many others, just to really see where we are in our growth for an Age Friendly Public Health System. So that second strategy of really looking at your resources and limitations is important and having the right partners, national and local, to help you see that vision is great.

And the last strategy that I will share is not being afraid to ask. When we began our journey our state health officer personally invited key stakeholders to join the advisory committee. He allowed me to lead the committee, but with his support, we sent personal signed letters to each of them asking will you be a part and we received 100 percent response and that was the most rewarding part of our efforts is we knew that we had stakeholders that were committed and interested in being a part of this Age Friendly Public Health Systems movement. So that third strategy, not being afraid to ask, even in the height of a pandemic, these key stakeholders, including our state medical association director, very busy working

on a number of emergency responses, but was still willing to lend his time to serve on our committee to address these things.

[00:16:53] Dr. J. Nadine Gracia: I heard great things about that Healthy Aging Summit in the state of Mississippi. It truly was a celebration because of the impact that you've had in such a short period of time already, and the breadth and depth of the partners that you've engaged with. And I think there's a lesson, certainly a lesson there, Dr. White, that you know, it sounds like some of those partnerships you had even before this work of Age Friendly Public Health Systems. And can you talk about that, especially the role of public health and being able to foster those kinds of meaningful partnerships such that in time of emergency, you know, you can enhance the work that's being done, but it sounds like you really laid the groundwork over a significant amount of time to develop those types of partnerships to be able to do this work.

[00:17:34] Dr. Kina White: Absolutely. Public health is known for being a convener and a connector to so many different things. And so just one example, at the height of the pandemic when we were looking to provide access to vaccines for underrepresented communities we reached out to our faith partners. We were working so closely with them already for health promotion and prevention programs, and so we tapped into our known resources working with our area agencies on aging. We were already working with them for fall prevention programs and other promotion programs. And so, we reached out and said, "What do you need? What can we provide?" So, it wasn't a matter of beginning everything new. But recognizing that we're already doing a great deal of this work and just bringing it together to create

the synergy needed to make this a priority. And I think that's where we were able to find the most success is not reinventing the wheel, not taking over territory that belonged to someone else, but respecting the space in which we had expertise and allowing our partners to bring their expertise to the table, and I think that was probably the greatest win because now, as we continue to grow in our efforts, each of our partners continue to lead their organizational efforts. But collectively, we come back and we discuss where are we with our shared priorities?

[00:18:55] Dr. J. Nadine Gracia: Absolutely. Respecting others' space, but the power of public health to convene, that is really an important skill and asset that the public health sector brings to the table. You know, you've been sharing great pearls of wisdom and advice. Let's ask you even more directly, what other advice you would give to a health department that is interested in becoming an Age Friendly Public Health System? Where do they start? What do you recommend as first steps?

[00:19:21] Dr. Kina White: First steps would be leadership buy in, ensuring that leadership is supportive, resources are available, time is available. For me, as an office director of a very large office this is not my only initiative to lead. However, I was able to integrate a lot of what we're doing for age friendly public health throughout all of our other programs, looking at that life course approach and really being expansive. And so having leadership support to do that was so important because it did allow me to navigate in a different way without some of the time constraints, that may have not been available. Also, I would say, understanding that this is an agency wide reframing, this is not a program, this is something that should be throughout your policies, your health and all policies, your healthy aging programs, your early care and education programs should begin talking about aging. And so, again, having the leadership support that allowed us to reframe our public health agency to really prioritize this without that leadership support, it would have been more challenging to do the work. So one of the very first steps is having that conversation with senior leadership and seeing where they consider aging to be a priority within the public health system. And then if they don't see the priority, there are a couple of ways that they can be motivated.

[00:20:40] Dr. J. Nadine Gracia: Excellent. Certainly that leadership commitment is critically important, especially to try to lead this, the type of systems change that you're describing, that environmental and systems change that you're describing. I'm sure that with all of the accomplishments, though, there were, there may have been some challenges, some barriers that you've experienced. Any lessons learned from challenges that you have experienced in implementing this work and advice that you have as well to individuals in public health who are trying to engage in this?

[00:21:07] Dr. Kina White: Surprisingly for our team, even at the height of the pandemic, the development of this opportunity was not a challenge for our team. One of the ways in which Mississippi eliminated what could have potentially been a barrier for success was we had an internal team and an external team. So we allowed our internal public health directors to provide environmental scans and

assessments and allow us to understand within our agency, what capacities we have. But we also utilize our external partners to look outside and look at the vision for that population health approach to what we wanted to have for age friendly. So, our challenge was not traditional. Our challenge was who else do we need to bring to the table as opposed to what do we not have.

In terms of lessons learned, asking for more. As much success as we had there are many others who said I wish I had been a part from the beginning. I'm excited to be here now but I would have loved to have been a part of all of this work from the beginning. And so we learned that you know, it's okay to still ask for more and really bringing others to the table.

And so for Mississippi, we're still having partners ask about the Summit. One of the unique pieces is we created a T-shirt from the Summit that says age friendly. And on the back, it says age friendly public health systems. When we wear that shirt, we have so many community partners that ask, what can I do to get that shirt? And so that's been a recruitment tool for us to bring others into this movement. So that's been really exciting.

[00:22:42] Dr. J. Nadine Gracia: That's terrific. And just demonstrating clearly why your state is an exemplar in the work around Age Friendly Public Health Systems. If you could reflect back and especially with our listeners tuning in, to understand how you get started. Is there anything that you would've done differently, whether it was at the beginning or as you were implementing your plans? Obviously, it's still underway. Anything you'd do differently?

[00:23:05] Dr. Kina White: Differently? I would engage more of our internal team. Halfway through our development process, we shifted more towards the voice and the engagement of our advisory committee. To really lend development of our statewide action plan, the only thing I would do differently is continue to have our learning and action network of our internal peers at the table as well. Once we really understood our public health needs internally, we sort of let them go and let them go back to their emergency response to COVID. We solicited buy-in throughout the process, but we didn't meet as frequently as we had at the beginning. And now that we're in the implementation phase of our plan we need them. We need them now at the table as key partners to implement and ensure that our strategies remain an integrated component of our work. And so, we have to go back now and ask for them to come back to the table. And had we kept them engaged 100 percent along the way as much as we did our external advisory committee, I think we'd be even further along. And so, we're now learning to make that commitment for both our external team and internally to maintain that ongoing communication.

[00:24:18] Dr. J. Nadine Gracia: That's really helpful advice of that strategy, because as you noted, it's not one individual within a department, for example, that leads this work, but it's really how you change systems and to be able to change those systems. As you said, it really needs to cut across the entire

agency. So that engagement being as intentional internally as you are externally. Thank you for sharing that advice.

You've referred to the COVID-19 pandemic and we know that the COVID-19 public health emergency was indeed a catalyst for many states to focus on collaboration and resource coordination to support older adult health. Without the sense of urgency of the public health emergency specifically, how can states really demonstrate to their leadership the importance of making healthy aging a priority? Certainly, we'd all love to have Dr. Kina White

in our states and communities. Tell us how states can really help to continue to keep this a priority.

[00:25:15] Dr. Kina White: Older adults are among the fastest growing demographic in the country and an increased number of individuals will be living with a chronic illness or disability and that will definitely require more care providers and resources to meet those needs. Aging is traditionally associated with human services and area agencies on aging. However, public health has always and will continue to play such a key role in safety net support. Equity is centered within those 10 essential public health services for all people in all communities, including our older adults. And so, aging itself is a risk factor for so many chronic diseases. And so utilizing that life course approach public health leaders can demonstrate that importance through health promotion and prevention programs, creating and leading those policy systems and environmental change strategies that we do every day are just as important for our older adult population. And that is so key to making that a public health priority. And so that's what I would say, looking at the data, looking at our shifting demographics, that alone will allow us to understand the need to provide a built environment so that our older adults can age in place and age within their communities without that built environment of support, our current public health systems, and even our long term care facilities, they won't be able to support this growing need. And so, we all have to work collectively using those cross-sectoral partners. And so that's what I would recommend as a way to demonstrate that importance, because whether we want to accept it or not, it's happening and we're all aging.

[00:26:46] Dr. J. Nadine Gracia: Absolutely. And are you seeing that in your own state? You've talked about the momentum that's been generated through the Healthy Aging Summit that you hosted and just continued interest from more and more partners that want to be engaged as we think about, yes, the impetus and the motivation of what we saw and experienced during the public health emergency, but how you're thinking about the long term. Engagement is really dependent upon the types of partners that you have at the table and understanding that the community is benefiting from the type of work that you're doing?

[00:27:19] Dr. Kina White: Absolutely. Developing our Age Friendly Mississippi is what we call it for our ecosystem, we are seeing non-traditional partners interested in doing this work. As a part of our

summit, we invited faith leaders to lend their voice and how congregations can be a part. We know that health ministries, especially in minority communities, are key individuals to help improve the health and well-being of their congregation. And so now we're working with congregational health nurses and teaching them the tenants of the Age Friendly Public Health System. We're working with libraries.

We're working with schools. We're working with youth intergenerational programming. And so now we're working with youth, educating them and making sure that their understanding and their knowledge of what types of environments we need to have in order for us all to healthily age is important. And so, partners are reaching out and they're wanting to do more and we're also looking at it from a research perspective. We're introducing an article, a journal issue, I should say, in the spring of next year, it's a continuation of our Summit. So, one of our universities is helping to publish a healthy aging journal article, in the spring. And we had individuals who presented posters at our Summit that will be invited to write a journal article. And so, again, it's just education awareness. And understanding that Mississippi is known for a lot of things and sometimes not always good, but we're leading the way to support our older adults in Mississippi, and I'm very excited to be a small part of such a great journey.

[00:28:50] Dr. J. Nadine Gracia: That's excellent to hear. You know, you're talked a great deal about the importance of partnerships and now talking about that information dissemination, communicating important public health information, and also having partners. Communicating that through their lens and through the work that they do, and certainly taking that intergenerational approach to understanding that this is not solely an area for engagement of older adults, but it's really an area of engagement for all of us, because as you said, we are all aging. So that's critically important.

Well, Dr. White, in closing, is there anything else that you'd like to share with our listeners today?

[00:29:25] Dr. Kina White: I would like to share if you are working within a public health agency and motivation is a challenge and you have leaders that are less interested in prioritizing this work it does not mean that you still cannot do this work. You just may have to do it a little more silently. And so, we've been able to through a number of ways motivate partners who it was not their organizational priority. We've been able to work with them through policy development or educational awareness.

Social isolation is a significant issue for older adults. And so, we've been able to provide training to some of our partners who need an introduction into how to become involved in healthy aging, again, communication. We've been able to work with partners to reframe how they communicate about healthy aging. And so, again, I think that motivation, if you have leaders who are not quite ready to make this one of the higher priorities look at the data. Share with them the data, share with them comorbidities and how older adults are very vulnerable to a number of chronic conditions and the financial burden that this can have on the public health system. Those are ways that we've been able to bring leaders to the table

who were more apprehensive to prioritize the need and then also understanding to address these health disparities. We have to be more equitable and health equity is right now a priority for me and showing the connection between health equity and healthy aging is so important. So that's probably one thing that I would share. If you have leaders who are less motivated, those are some examples of ways that you can educate them on the need to prioritize healthy aging.

[00:31:03] Dr. J. Nadine Gracia: That is such practical and helpful advice because we know there's so many differences that exist, across communities, across states, and that may very well be the situation that we know that some public health leaders are in and wanting to be able to advance these issues. So understanding that you can start small and build and really garner that support and leadership buy in, as well as the partnerships, that's critically important. And thank you for sharing that.

Thank you, Dr. White, for our time together today. It's been such a pleasure speaking with you. Your efforts are inspirational to all of us, not only in the public sector, but across many sectors that you've identified in health systems, across communities, even in employer settings. Thank you for sharing your insights on how others can work with partners to lead age friendly public health in their communities.

For our listeners, please feel free to share this segment on your social media channels and look for an announcement for our next segment, which will be released in 2024. You can also learn about the Age Friendly Public Health Systems Initiative on our website. That's [AFPHS.org](https://www.afphs.org).

This is Dr. Nadine Gracia of Trust for America's Health. Thank you for listening.