



Mississippi Public Health Association (MPHA)

Advocacy Fact Sheet 2024

Increase Access to Health Care Services through Support of Rural Hospitals and Medicaid Expansion

Background

Sixty-five of the 82 counties in Mississippi are considered rural, and 53.2% of Mississippians live in rural areas. All or part of the 82 counties in Mississippi are deemed medically underserved. Mississippi has 31 critical access hospitals and seven counties in the state with no hospital. 51.2% of the counties in Mississippi are maternity care deserts, defined as a county without access to an obstetric provider. A majority of the counties in Mississippi exceed the standards set by the Health Resources and Services Administration for travel time and distance, with some individuals in the Mississippi Delta traveling an average of 75 miles to primary care services. Populations without health insurance are more likely to have less than a high school education, live at or below 100% of the federal poverty line, and identify as a member of a minority group. Mississippi is one of 12 states that has not opted for the Medicaid expansion called for in the Affordable Care Act. Medicaid would cover 224,000 additional Mississippians if the state opted into Medicaid expansion. Health care access is an important factor in preventing disease and disability, detecting, and treating illnesses, increasing quality of life, reducing the likelihood of premature death, and increasing life expectancy.

Why It Matters

Rural hospitals provide access to quality health care close to home. Rural Mississippians are more likely to be obese, have heart disease, diabetes, COPD, and self-report a fair/poor health status. In some rural parts of the state, there are approximately 2,000 individuals per primary care physician. Access to a primary care provider is linked to positive health outcomes.

Seventy-four percent of rural hospital closures have occurred in states that opted out of Medicaid expansion. In addition to decreasing access to desperately needed healthcare services, rural hospital closures increase the economic burden of healthcare on all Mississippi taxpayers. Lack of insurance coverage jeopardizes the fiscal stability of hospitals, particularly in rural areas, where higher numbers of uninsured residents live.

Residents without health insurance coverage face delays in receiving healthcare services, particularly preventative care. Lack of health insurance coverage is an economic hardship for individuals and families.

Why MPHA Supports This Initiative

In Mississippi, the landscape of rural healthcare and the impacts of limited access to health services are both complex and concerning. The state boasts a considerable number of critical access hospitals, rural health clinics, and federally qualified health centers, with 32 critical access hospitals and over 200 rural health clinics and federally qualified health centers as of July 2023. These facilities are essential in serving the state's substantial nonmetro population, which comprises over half of Mississippi's residents.

Despite these resources, a significant portion of the population lacks health insurance, with an estimated 10.8% uninsured as of 2022. This lack of insurance is compounded by socioeconomic challenges, as rural Mississippi exhibits a higher poverty rate and a lower educational attainment level compared to its urban counterparts. The poverty rate in rural areas is reported at 21.5%, and almost 17% of the rural population has not completed high school, indicating broader social determinants that impact health outcomes.

The state has been grappling with the closure of rural hospitals and the reduction of critical services, which significantly affects healthcare access. A poignant example is the Greenwood Leflore Hospital, which has had to shut down multiple departments due to financial struggles. This situation is not unique to Greenwood Leflore but is reflective of a statewide issue where rural hospitals are facing closures or reducing services to stay financially viable.

Mississippi's health system performance, particularly during the pandemic, has been concerning. The state had the highest rate of excess deaths nationwide between February 2020 and April 2022 and saw a staggering 55% increase in drug overdose deaths between 2019 and 2020, with opioids being a major contributor. Such statistics highlight the urgent need for robust healthcare support and intervention.

One of the most significant healthcare policy issues in Mississippi is the lack of Medicaid expansion. As one of the 12 states that have not adopted Medicaid expansion under the Affordable Care Act, Mississippi faces a coverage gap, leaving many residents without affordable healthcare options. This situation has a ripple effect on the state's hospital system, particularly affecting rural hospitals that serve a large uninsured or underinsured population. The failure to expand Medicaid has been linked to the

weakening of the state's hospital system and the financial viability of healthcare facilities.

In summary, Mississippi's rural healthcare system is facing a multitude of challenges, including high uninsured rates, socioeconomic barriers, rural hospital closures, and the state's decision not to expand Medicaid. These factors collectively contribute to the state's struggle in providing adequate healthcare access to its residents, particularly in rural areas.

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- For information regarding health system performance and statistics related to excess deaths and drug overdose deaths in Mississippi: Mississippi Today - Mississippi ranked last for health system performance. <https://mississippitoday.org/2022/06/30/report-ranks-mississippi-last-health-system-performance/>

Increase access to technology that facilitates access to health care services and improves community health outcomes

Background

Telehealth is defined as the delivery of healthcare services using communication technologies. Telehealth services include telemedicine, the remote provision of diagnosis and treatment services, mobile health tracking apps, and remote patient monitoring technologies. Remote patient monitoring technologies allow providers to monitor patients outside the traditional care setting. Multiple studies have demonstrated that the use of remote patient monitoring technologies can lead to fewer emergency department visits and hospital admissions.

Telehealth increases access to healthcare services, particularly for individuals living in rural areas. Individuals living in rural areas of the United States are more likely to die from heart disease, cancer, unintentional injury, chronic respiratory disease, and stroke. Sixty-five of the 82 counties in Mississippi are considered rural, and 53.2% of Mississippians live in rural areas. All or part of the 82 counties in Mississippi are deemed medically underserved. Most of the counties in Mississippi exceed the standards set by the Health Resources and Services Administration for travel time and distance, with some individuals in the Mississippi Delta traveling an average of 75 miles to primary care services. Telehealth provides rural Mississippians with increased access to healthcare services.

Multiple studies conducted during the COVID-19 pandemic detail racial, socioeconomic, and geographical disparities in access to telehealth services. This finding is supported by the fact that the same disparities exist in access to home broadband services. As of 2020, only 41.5% of Americans have access to broadband services at home. As more and more healthcare providers use internet-based services to provide health care, the U.S. Department of Health and Human Services has called for increased access to broadband services as an essential tool for improving health outcomes.

Why It Matters

In 2022, the Broadband Expansion and Accessibility of Mississippi (BEAM) office was founded. This office has been tasked with overseeing the distribution of millions of dollars in federal grant funding allocated for increased access to high-quality broadband services. Mississippi can use its portion of federal funds to continue to expand access to broadband internet services and, in turn, telehealth services. Telehealth is a means to access health services.

Why MPHA Supports This Initiative

Mississippi has faced significant challenges in healthcare, particularly during the COVID-19 pandemic. The state saw the highest rate of excess deaths in the nation between February 2020 and April 2022, and there was a 55% increase in drug overdose deaths between 2019-2020. This situation underscores the importance of improving healthcare access and outcomes, particularly through innovative technologies.

One avenue for enhancing healthcare access and outcomes is through disruptive technologies. Technological innovations such as portable electrocardiogram (EKG) machines, telehealth, and medical drones have shown promise in improving healthcare quality while reducing costs. For instance, telehealth has demonstrated significant benefits in providing timely medical interventions, as evidenced by its effective use in detecting early-stage septic shock in a patient.

In rural areas like Mississippi, where healthcare facilities face closures and service reductions, embracing technology becomes even more critical. For instance, Greenwood Leflore Hospital, reflecting the broader trend in rural Mississippi, has had to close several units and reduce services due to financial constraints. This situation highlights the urgency of adopting innovative healthcare technologies that can deliver services more efficiently and cost-effectively, potentially alleviating some of the pressures faced by rural healthcare institutions.

In summary, the current state of healthcare in Mississippi, characterized by high mortality rates and systemic challenges, points to the necessity of integrating technology to improve healthcare access and outcomes. The potential of telehealth, portable medical devices, and other technological innovations could be pivotal in addressing these challenges, particularly in rural and underserved areas.

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Support statewide public health infrastructure through adequate funding and hiring flexibility for the Mississippi State Department of Health (MSDH)

Background

The United States spends \$4.3 trillion on health expenditures annually. Only 4.4% of that spending is allocated for public health and prevention. Evidence consistently demonstrates a concerning discrepancy in public health funding and needs. Mississippi spends, on average, \$15.97 per resident on public health annually. The national average for state-based public health spending per resident is \$39.79 annually. Only a few other states are spending less per resident than Mississippi. At the same time, Mississippi consistently has the poorest health outcomes in the United States. Mississippi consistently leads the nation in deaths from heart disease, cancer, stroke, Alzheimer's disease, diabetes, flu, pneumonia, and kidney disease. Mississippi has the highest preterm birth rate and the highest infant mortality rate in the United States. Morbidity and mortality data demonstrate racial disparities in the state's health outcomes. As of June 2023, the MSDH employee vacancy rate was over 40% across departments. Nationally, experts estimate that state and local health departments need to increase their workforces by up to 80% to establish and maintain a solid public health infrastructure.

Why It Matters

The services provided by the MSDH affect all Mississippians. The MSDH and the local health departments it supports provide primary, secondary, and tertiary care throughout the state. Investment in public health programs saves money by preventing and mitigating the long-term effects of injury, illness, and disease. Lack of funding and appropriate staffing hinders the MSDH's ability to provide health promotion and disease prevention services in a state where they are desperately needed. Consistent and sufficient funding is necessary to maintain a robust public health infrastructure. Mississippians deserve a strong public health infrastructure that includes funds to strengthen the public health workforce, modernize the system's data and surveillance capabilities, bolster disease prevention efforts, and improve emergency preparedness and response. The MSDH plays a critical role in addressing the social determinants of health and advancing health equity for all Mississippians.

Why MPHA Supports This Initiative

Improving the MSDH public health infrastructure requires a nuanced understanding of the current fiscal landscape, pandemic response, and healthcare challenges in Mississippi. The state's budget for Fiscal Year 2024, exceeding \$7.6 billion, reflects substantial allocations for healthcare, including significant funding for hospitals, especially those in rural areas. This allocation aims to enhance access to healthcare services across Mississippi, with a particular focus on strengthening hospital care. Notably, the budget earmarked \$103 million for the Mississippi Hospital Sustainability

Grant Program, divided among 110 hospitals based on specific criteria, underscoring the state's commitment to improving healthcare infrastructure.

The state's response to the COVID-19 pandemic, led by the MSDH, has been a complex mix of successes and areas needing improvement. Reports highlight the state's effective use of data visualization, targeted vaccination efforts for underserved populations, and consistent communication with state and local agencies as key strengths. However, these reports also point out significant challenges, including delays in setting up testing and vaccination sites due to coordination issues and staffing problems. The MSDH has struggled with a high vacancy rate, exceeding 40% in some departments, underscoring the urgent need for investment in workforce development, including competitive wages and training opportunities. A strong public health infrastructure is necessary for Mississippi to be prepared for outbreaks, disasters, and overall population health improvement.

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Improve immunization coverage for greater community health

Background

Vaccination is a primary means of protecting individuals, particularly children, from preventable infectious diseases, including but not limited to measles, chickenpox, and pertussis. For decades, Mississippi has had one of the country's highest childhood immunization rates, largely due to state laws requiring children to be vaccinated to enter Mississippi schools and childcare centers.

In April 2023, a federal court order mandated that Mississippi provide a religious exemption to current childhood vaccination laws. Non-medical vaccine exemptions are not medically necessary but rather are based on parental choice. Over the last year, the percentage of children with a religious or philosophical vaccine exemption increased to the highest level to date in the United States, 3%. Vaccine exemption greater than 5% of the population limits the coverage that can be achieved with immunizations and increases the risk and burden of infectious disease. During the 2022-2023 school year, 10 states exceeded a 5% exemption rate. According to the Centers for Disease Control and Prevention, 90% of vaccine exemptions are for non-medical reasons, and the increase in the exemption rate can solely be attributed to philosophical or religious reasons.

Multiple studies have demonstrated a relationship between decreased vaccination rates and the ease of obtaining non-medical vaccine exemptions. Most notably, areas with more lenient vaccine exemption policies are more likely to have a higher number of unvaccinated children. An increased occurrence of vaccine-preventable illness is directly related to increased vaccine delay and refusal. Communities with low immunization rates have experienced a resurgence of vaccine-preventable diseases. Vaccines undergo extensive testing before approval by the Food and Drug Administration. Multiple studies have demonstrated the safety and efficacy of vaccines. Adverse events associated with childhood immunizations are extremely rare, and the absolute risk is low. There is no evidence to support a link between childhood immunizations and autism. For almost all children, the benefits of immunization far outweigh the risk of vaccine-related harm or injury.

Why It Matters

The American Academy of Pediatrics “strongly recommends immunizations as the safest and most cost-effective way of preventing disease, disability, and death.” Incomplete immunization coverage increases the risk of disease for everyone, including those who have been immunized and those who cannot be immunized for medical reasons. Research demonstrates that the benefits of immunizations far outweigh any risks.

Legislative initiatives that increase the rigor of obtaining a non-medical vaccine exemption will result in fewer unvaccinated children. Additionally, policymakers should invest in educational initiatives to combat vaccine misinformation, promote the benefits of vaccines, and educate on the dangers of vaccine refusal. The Centers for Disease Control and Prevention and the American Academy of Pediatrics offer free educational resources about the benefits of childhood immunization. A renewed effort is needed to increase the public's knowledge and combat vaccine misinformation.

Why MPHA Supports This Initiative

As of May 2024, the vaccination rates in Mississippi show that approximately 62% of the population has received at least one dose of the COVID-19 vaccine, and 54% are fully vaccinated. It is also noted that less than 1% of the population has received a booster dose. In total, over 4.3 million doses of the COVID-19 vaccine have been administered in the state. Comparatively, Mississippi's vaccination rates are lower than many other states in the U.S.

Regarding measles and other routine vaccinations, Mississippi had historically high rates of childhood immunization. For instance, in the 2021-22 school year, more than 98.6% of kindergarteners in Mississippi were vaccinated for measles, mumps, and rubella (MMR). However, there has been a concerning shift in recent years. The introduction of religious exemptions for vaccinations has led to a decrease in these rates. In the first five months after these exemptions were allowed, over 2,200 exemptions were granted in the state.

This decline in routine vaccination rates, particularly for diseases like measles, is significant as it poses a risk for increased spread of these diseases. Measles is highly contagious and can be severe, leading to hospitalizations and even fatalities in some parts of the world. It is important to note that the decline in vaccination rates can be attributed to various factors, including vaccine hesitancy and challenges in accessing healthcare during the pandemic.

The current situation in Mississippi reflects a broader trend of decreasing vaccination rates in the U.S., influenced by various socio-political factors. Efforts to counter vaccine misinformation and enhance public understanding of the benefits of vaccines are crucial in addressing this issue. Health professionals play a key role in this, requiring support and training to effectively communicate and advocate for vaccinations.

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Support policies that promote mental health parity

Background

Twenty percent of Americans experience a mental illness, and 1 in 20 adults live with a serious mental illness. ~26% of unhoused adults live with a serious mental illness. Ninety percent of suicide victims have underlying mental illness. Compared to other states, Mississippians have higher rates of mental illness and decreased access to care. In 2021, 42.7% of Mississippi adults reported symptoms of anxiety or depression, of which 21.1% were unable to receive needed services. 47.9% of adults in Mississippi who needed mental health care in 2020 did not receive it because of cost. Mississippians are three times more likely to use an out-of-network provider for mental health care compared to primary care. For many Mississippians, this makes mental health care unaffordable. There is one mental health professional for every 590 Mississippians. According to the Health Resources and Services Administration, the mental health professional shortage affects more people than the primary care and dental care shortages combined. Over two million Mississippians live in a community that has an inadequate number of mental health professionals.

The postpartum depression rate in Mississippi is 22%, above the national average of 13%.

Seven percent of Mississippians have a substance use disorder. Between 2020 and 2021, overdose deaths increased by 34% in Mississippi. One out of three overdose deaths occurred in individuals less than 35 years of age, and 70% involved opioids. 10.2 million adults in the US have co-occurring mental health and addiction disorders.

Suicide is the 10th leading cause of death in the United States. The suicide rate in MS is 16.2%, above the national average of 14%.

Why It Matters

Mental illness is associated with homelessness and incarceration. Serious mental illness can interfere with one's ability to participate in the workforce. Mississippi's mental healthcare system comprises state-operated programs, regional and community mental health centers, and other profit and not-for-profit organizations. The MS State Legislature appropriates most of the funding for the MS Department of Mental Health. The MS Department of Mental Health provides life-saving mental health services to individuals across the state. The MS Department of Mental Health works to reduce stigma around mental illness while promoting well-being for all Mississippians.

Why MPHA Supports This Initiative

Mississippi's mental health system has seen various changes in rankings and access to care over recent years. According to the latest reports, Mississippi ranks 28th in adult mental health care, showing an improvement from its previous 41st position. This ranking is based on the prevalence of mental illness and access to care. For youth mental health, Mississippi ranks 19th, a slight decline from the previous 16th position. Notably, the state's access to mental health care is ranked 42nd, indicating some challenges in accessibility, though this is an improvement from its previous 47th position.

Additionally, it is estimated that approximately 446,000 adults in Mississippi experienced Any Mental Illness (AMI) in the past year, with around 116,000 experiencing Serious Mental Illness (SMI). Despite these numbers, there is a significant treatment gap, especially among children. Over 70% of children in Mississippi with major depression did not receive treatment, a rate higher than the national average. A substantial proportion of adults with AMI in Mississippi do not have health insurance. This lack of insurance, coupled with limited access to care, contributes to the high untreated rate of mental illness in the state. Even among those with insurance, a majority still go untreated for various reasons, including barriers to accessing care.

These statistics underscore the need for continued efforts to improve mental health care access and treatment in Mississippi. Addressing the insurance coverage gap and enhancing the availability of mental health services, especially for youth, are critical areas requiring attention.

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Support a strong State Public Employees' Retirement System

Background

The Public Employees' Retirement System of Mississippi (PERS) serves the state of Mississippi by providing retirement benefits for individuals working in state government, public hospitals, public schools, institutions of higher learning, municipalities, counties, the state legislature, the highway patrol, and other such public entities. These retirement benefits help recruit and retain a strong public health workforce and stimulate local economies. The documented decrease in the public sector workforce over the last decade results in a decrease in funds for the system.

As of 2022, nationally, \$6.3 trillion in future retirement benefits have been promised to public employees. At the same time, only \$4.9 trillion is available to pay promised benefits. As of 2021, Mississippi has ~\$19 billion in unfunded accrued liabilities with a funded ratio of 61.3%. Meaning the state has the funds to pay the benefits of 61.3% of all PERS members, including those working and retired. According to experts, a funded ratio of 80% is considered adequate in the public sector.

The MSDH is the backbone of the state's public health infrastructure. Public health initiatives are necessary to maintain the health, safety, and well-being of all Mississippians. Experts estimate that state and local health departments need to increase their workforces by up to 80% to establish and maintain a solid public health infrastructure.

One national poll found that 93% of state and local employees agree that a pension influences their decision to pursue a life-long career in public service. Eighty-six percent of state and local employees state that public retirement benefits are a significant reason they stay in their jobs.

Why It Matters

Many members of the public health workforce participate in the PERS retirement system. Strong retirement benefits for public health employees and employees of Mississippi's public hospitals are essential to recruiting and retaining highly qualified health professionals. A solid and consistent public health workforce is key to a strong, viable, and equitable public health infrastructure.

Why MPHA Supports This Initiative

PERS is facing significant challenges that are impacting its long-term sustainability. Between 2010 and 2020, the ratio of active employees to retired employees in the system decreased by approximately 33%, from 2.02 active employees for each retiree to 1.35 to 1. This shift has increased the burden on the payroll of fewer active members to

fund future pension obligations. Notably, contributions from active members and their employers constitute around 46% of PERS revenues. The system's funding ratio also presents a concern, standing at about 61%, which is below the recommended 80%. This figure indicates that PERS has only 61% of the assets needed to cover all benefits owed to members, ranging from new hires to those already retired. The decrease in the number of government workers, combined with slow wage growth and added benefits by the Legislature, has exacerbated these financial strains.

In response to these challenges, the PERS Board has been considering various measures to improve the system's financial health. One significant proposal was to increase the employer contribution rate from 15.75% of payroll to 17.40%. This change, if implemented, would require state agencies, universities, community colleges, public schools, and local governments to shoulder the additional cost, potentially impacting their budgets significantly. Additionally, the PERS Board is exploring changes to the cost-of-living increases for retirees, such as altering the payout method from a lump sum to monthly increments. These efforts aim to balance the need for financial stability of the system with the commitment to provide adequate benefits to current and future retirees.

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Mississippi Public Health Association (MPHA)

Advocacy Fact Sheet 2024

Support statewide health infrastructure through workforce development and retention initiatives

Background

Statewide, the Registered Nurse (RN) vacancy rate is 24.5%, and the Licensed Practical Nurse (LPN) vacancy rate is 24.3%. As of 2022, there were 3,038 vacant RN positions statewide, the highest number in over 5 years. Nationally, the nursing shortage is expected to grow as Baby Boomers age and the need for healthcare services grows. To compound the shortage, the national average for the age of an RN is 52 years old, meaning that a significant portion of the nursing workforce is nearing retirement age. It is projected that more than 1 million RNs will retire by 2030.

Over and over again, evidence demonstrates that poor nurse staffing levels result in poor healthcare outcomes. Hospital readmission rates, morbidity, and mortality increase as a nurse's workload increases. Evidence links better RN staffing with better patient outcomes. MS turns away ~300 qualified nursing applicants yearly because of a nursing faculty shortage.

MS ranks 50th in the nation for the number of practicing Physicians per 100,000 people. By 2030, it is projected that MS will have 118 active physicians per 100,000 people, which is 42% below the national average of 203. In turn, an additional 3,709 Physicians are needed by 2030 to meet the national benchmark. Nationally, it is projected that the need for physicians will outrun the supply by the year 2030. While 53.2% of Mississippians live in a rural area, only 35% of MS Primary Care Physicians practice in a rural area, with 3 MS counties having no Primary Care Physician. 51.2% of counties in MS are a maternity care desert, defined as a county without access to an obstetric provider.

MS consistently has the poorest health outcomes in the United States, leading the nation in deaths from heart disease, cancer, stroke, Alzheimer's disease, diabetes, flu, pneumonia, and kidney disease. MS has the highest preterm birth rate, and the highest infant mortality rate in the US. Morbidity and mortality data demonstrate racial disparities in the state's health outcomes. Health care access is key to preventing disease and disability, detecting and treating illnesses, increasing quality of life, reducing the likelihood of premature death, and increasing life expectancy.

Allied health workforce members provide essential services to their communities and have the potential to serve a unique role in addressing healthcare disparities. MPHA advocates for education about the crucial role that community health workers, midwives and doulas play in our communities.

Why It Matters

Support for Nursing Education and Physician retention scholarships keep desperately needed members of the healthcare workforce in the state. As the need for Nurses and Physicians grows, Mississippi must actively pursue means to combat the shortage of healthcare providers. The healthcare workforce shortage directly contributes to the state's poor health outcomes and disparities. Support for the workforce includes support for practice enhancements such as the interstate licensure compact agreements for dietitians.

Why MPHA Supports This Initiative

MPHA has a long-standing commitment to advocating for access to healthcare services for all Mississippians. Workforce development and retention programs support the state's health infrastructure, benefiting all Mississippians. Support for allied health professions increases access to care and preventive services.

Improving Mississippi's statewide health infrastructure through workforce development and retention initiatives is crucial, given the current challenges in the healthcare sector. The state has been facing a significant healthcare labor shortage, which has been further exacerbated by the COVID-19 pandemic. This shortage is particularly acute in the nursing profession, where hospitals are struggling to maintain sufficient staff to keep beds open. In response to this crisis, chief nursing officers from across the state have been calling for immediate and long-term solutions to address the workforce shortage.

Mississippi's labor participation rate has remained around 56% for several months, indicating a broader workforce issue that extends beyond the healthcare sector. Accelerate Mississippi, a new state agency, has been established to address these workforce challenges. The agency aims to enhance workforce development by connecting training programs with in-demand jobs, such as diesel technicians, which require training at community colleges and can offer salaries starting at \$60,000 a year. However, the pool of qualified workers in Mississippi is currently insufficient to meet this demand.

In terms of healthcare, the state has been urged to use federal pandemic funds more effectively to address nursing and other health worker shortages. Other states, like Louisiana and Texas, have allocated significant funds for healthcare employment, including support for nursing schools and bonuses for nurses. A proposal in Mississippi for a \$56 million federal rescue plan fund aims to provide bonuses to healthcare workers who agree to stay for a certain period. This initiative, if approved by the legislature, could be a step towards addressing the immediate crisis in hospital staffing.

These efforts highlight the need for a multifaceted approach to workforce development and retention in Mississippi's healthcare sector. Addressing the current labor shortages requires not only immediate financial incentives but also long-term strategies to build a robust healthcare workforce. This includes enhancing training and education programs,

improving job conditions, and creating clear pathways for career advancement in healthcare professions.

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