



Mississippi Rural Health Association,
Mississippi Office of Rural Health, and
Mississippi Area Health Education Centers

Crossroads



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Administrative Assistant:
Cheryl Grubbs, MPH
mississippirural@bellsouth.net
601.898.3001
www.msaha.org

Website services:
Mississippi Online Ventures, LLC
Dwayne Walley - Owner
601.497.0845
<http://www.movllc.com>
dwalley@movllc.com

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From the MRHA president's pen

Summertime is here, and things are heating up, and getting busy and busier with your Mississippi Rural Health Association (MRHA). The MRHA Board has been working diligently to finalize plans for its upcoming annual conference and continue the search for opportunities that will add value to your MRHA membership.

Currently, we are scheduling interviews for two contractual MRHA staff positions that will allow us to expand our programming opportunities. The MRHA/MSDH Office of Tobacco Control contract is in the process of being renewed. We look forward to filling this contractual position with a dynamic person who will be able to successfully work with Mississippi's rural health clinics to provide education and disseminate tobacco cessation trainings.

In addition, we are also reviewing applications for the MRHA position of Assistant



Alan Barefield, President
Mississippi Rural Health
Association 2011

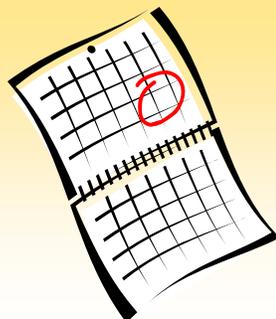
Director. The Assistant Director will be responsible for the day-to-day operations of the Association. We are excited about this position and look forward to finding the candidate who is the best fit for the position and Association. We hope to hire someone by the end of the summer.

We are also working with

two entities to bring more value to your membership. MRHA has entered into a working agreement with First Choice Cooperative to provide another opportunity for your purchasing needs (see the article in this newsletter). We are also having conversations with a professional recruiting firm that has offered significant discounts to MRHA members. We hope to announce more about this partnership at the annual conference.

MARK YOUR CALENDARS AND DO NOT FORGET THE ANNUAL MRHA CONFERENCE to be held September 12-13, 2011, at the Clyde Muse Center in Pearl. Also, look in this newsletter for information about the two pre-conference workshops to be held on September 12. I believe this will be one of the best conferences ever with regard to speakers and location. For more information, and to register, see the MRHA Web site, at msaha.org.

Grab your calendar and save these dates!



2011 MRHA Annual Conference
"The State of Health: Opportunities and
Challenges for Rural Mississippi"

Muse Center in Pearl, Mississippi
September 12-13, 2011

Pre-conference workshops:

Rural Health Clinic Workshop, September 12, 8:30 am - 4 pm
Tobacco Cessation Workshop, September 12, 1 pm - 4:30 pm
See inside for more details!

Tobacco Cessation Pre-Conference Workshop

Mississippi Rural Health Association
16th Annual Conference
“The State of Health: Opportunities and Challenges for Rural Mississippi”
September 12-13, 2011

Mark your calendar and plan to attend MRHA’s pre-conference workshop focusing on the treatment of tobacco-dependent patients.

The pre-conference workshop will provide a health overview and cover a range of topics including local and national tobacco statistics, effective intervention strategies, medications review, motivational enhancements, and systems change procedures for the clinic environment.

For more information, visit the MRHA Web site at www.msaha.org or call (601) 898-3001.

Date: September 12, 2011
Time: 1:00 p.m.—4:30 p.m.
Location: Muse Center, Pearl, MS

The Tobacco Cessation Pre-conference Workshop has been approved for 3.5 CE hours. CE hours are restricted to the following disciplines: AMA Category I, pharmacists, nurses, dentists, and general CEUs. However, professionals from other disciplines are welcome to attend the workshop.

There is no charge to attend the Tobacco Cessation Pre-conference Workshop.



Coding Tip Corner

Billing for Tobacco Cessation in the Rural Health Clinic

We all know how detrimental tobacco use is to our health. In the rural environment, your clinic may be the only opportunity your patients have to learn about the devastating effects tobacco can cause.

Medicare understands this and offers coverage for this service in the rural health clinic. Medicare coverage includes two cessation attempts each year. Each attempt may include a maximum of four intermediate or intensive sessions. A total of eight sessions are covered in a 12-month period. The qualified practitioner and the patient have flexibility to choose between intermediate or intensive cessation strategies for each session.

In order to bill this correctly, use CPT Codes 99406 (intermediate – smoking and tobacco use cessation counseling visit: greater than three minutes up to 10 minutes) or 99407 (intensive – greater than 10 minutes). Be certain your provider documents the amount of time spent counseling, because these codes are time-driven.

A smoking cessation counseling visit DOES qualify as an RHC service when provided by one of the five provider types in the RHC (physician, nurse practitioner, physician assistant, LCSW, or certified mid-wife) and is eligible for your all-inclusive rate reimbursement. No other service needs to be provided in order for it to qualify for the reimbursement.

If the nurse provides the counseling, it is considered “incident to” the provider’s service, and is not separately payable in the RHC. The qualifying provider must provide the service.

On the UB 04 claim form, use Bill Type of Bill 711 and Revenue code 521 (if the service is performed in the clinic). Document the appropriate ICD 9 code (example: 305.10). Diagnosis codes should reflect the condition the patient has that is adversely affected by the use of tobacco or the condition the patient is being treated for with a therapeutic agent whose metabolism or dosing is affected by the use of tobacco.

For more information, contact Joanie Perkins, CPC, at Joanie.perkins@northsunflower.com, or (662) 756-1703.

IQH achieves quality improvement goals

Information & Quality Healthcare (IQH) and its provider partners have achieved their quality improvement goals in the Centers for Medicare & Medicaid Services Ninth Scope of Work (August 2008-July 2011). The Medicare-funded Ninth Scope of Work themes include Beneficiary Protection, Prevention, and Patient Safety.

IQH serves as the federally designated quality improvement organization for the state, and has provided expertise, direction, and resources to Mississippi hospitals, nursing homes, physician clinics, and protection to Medicare beneficiaries for over 37 years.

Beneficiary Protection Theme.

IQH staff reviews quality of care concerns made by Medicare beneficiaries through case review, discharge appeals, and complaint processes. The Beneficiary Protection team has met or exceeded CMS targets in all five measures associated with review timeliness, customer satisfaction, and helping providers improve system-wide quality improvement activities.

Prevention Theme. Seventeen physician practices in Mississippi have begun using their electronic health records (EHRs) to improve their patient population prevention quality measures for breast and colorectal cancer screening as well as influenza and pneumonia vaccinations. The participating practices, with IQH's assistance, exceeded all CMS targets for measurable improvement.

Reducing Disparities in Diabetes Care. IQH was awarded a special Prevention Disparities project to provide diabetes self-management education to underserved Medicare beneficiaries. The *Mississippi Health First* project is a collaboration with federal and non-federal partners to provide diabetes self-management education. IQH is working with 72 primary care physicians and has provided education to over 875 Mississippians.

Patient Safety Theme. Surgical Care Improvement Project (SCIP). IQH worked with hospitals committed to improving inpatient surgical safety and heart failure treatment, and through our work with the hospitals, they met or exceeded all CMS targets for measurable

improvement.

Calhoun County Health Services in Calhoun City is recognized for outstanding performance in achieving and maintaining 100% in all their clinical core measures, which are indicators of care quality. The core measures include quality standards for AMI, heart failure, and pneumonia.

Bolivar Medical Center in Cleveland is recognized for outstanding performance in achieving and maintaining for five quarters, 100% in all its clinical core measures.

Garden Park Hospital in Gulfport is recognized for outstanding performance in achieving and maintaining 100% in all its SCIP and clinical core measures.

MRSA in Hospitals. CMS-selected hospitals in Mississippi are now successfully transmitting infection data to the CDC's National Health Safety Network database as outlined in the CMS 9th Scope of Work goals. IQH worked closely with the hospitals in reducing rates of healthcare-associated methicillin-resistant *Staphylococcus aureus* (MRSA) infections and provided support, tools, and resources to ensure the quality improvement goals were met.

Pressure Ulcers in Nursing

Homes. IQH worked with 21 nursing homes in Mississippi to reduce pressure ulcer rates. These nursing homes

achieved a 30.5% improvement rate, which exceeded the quality improvement goals set out in the Ninth Scope of Work. IQH also worked intensively with rural nursing homes and was able to significantly reduce the rate of non-Caucasian pressure ulcers.

Physical Restraints in Nursing Homes. Twenty-six nursing homes in Mississippi worked toward significantly reducing physical restraint usage, exceeding targeted improvements and achieving 34% improvement. The following nursing homes are recognized for outstanding performance in being restraint-free: *Choctaw County Nursing Center* in Ackerman, *Ashland Health & Rehabilitation* in Ashland, *Shady Lawn Health & Rehabilitation* in Vicksburg, *Jones County Rest Home* in Ellisville, and *Comfort Care of Laurel*.

Drug Safety. IQH has worked closely with prescribers across the state to reduce the number of potentially inappropriate medications (PIMs) prescribed to Mississippi's Medicare population and to reduce the number of prescriptions that could lead to drug-to-drug interactions (DDIs). IQH exceeded the performance goal with a 3.8% statewide reduction in PIMs and a 1% statewide reduction in DDIs. For more information, contact Carole Kelly at ckelly@msgio.sdps.org, or call 1-800-844-0500.

Rural Health Clinic Pre-Conference Workshop

Mississippi Rural Health Association
16th Annual Conference
"The State of Health: Opportunities
and Challenges for Rural Mississippi"
September 12-13, 2011

Mark your calendar and plan to attend MRHA's pre-conference workshop focusing on rural health clinic operations. The pre-conference workshop will cover a range of topics including billing concerns, grant proposal writing strategies, survey and re-certification, Electronic Health Record Stage 1 requirements, provider enrollment and billing services, and how to survive an audit.

For more information, visit the MRHA Web site at www.msaha.org or call (601) 898-3001.

Date: September 12, 2011
Time: 8:30 a.m.—4:00 p.m.
Location: Muse Center, Pearl, MS

The Rural Health Clinic Pre-conference Workshop is designed for clinic administrators, clinic managers, billers, clinic financial personnel, and quality assurance officers. Registration fees cover a six-hour workshop, a take-home tool kit, and lunch.

Registration is \$125 for non-MRHA members and \$100 for MRHA members.

And, for an additional \$15 dinner ticket, hear from our very own Brock Slabach, Senior Vice President, NRHA, as he reports the latest from Washington.

Mississippi Rural Health Association Annual Conference
"The State of Health: Opportunities and Challenges for Rural Mississippi"
 September 12-13, 2011
 Muse Center, Pearl, Mississippi

Monday, September 12, 2011

Healthcare Reform: Impact on Mississippi

6:00 pm - 7:30 pm	Welcome - Alan Barefield, President, MRHA Keynote Speaker - Brock Slabach, Senior Vice President, NRHA
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Networking and Dessert Sampling

7:30 pm - 8:30 pm	Student Poster Exhibit and Voting Meet and Visit Exhibitors
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Tuesday, September 13, 2011

Home by One: The Importance of a Dental Home in Rural Mississippi

8:30 am - 9:30 am	Opening/Introductions - Alan Barefield, President, MRHA Presenter - Karen Crews, DMD, UMMC
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9:30 am - 10:00 am	Break, Exhibitor Bingo, and Student Poster Voting
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Taking Charge of Our Own Future – Success Stories Around the State

10:00 am - 11:30 am	Indianola Promise Community Project - Eligah Johnson, Project Director Mississippi's Healthiest Hometowns - Mayors Chip Johnson (Hernando) and Parker Wiseman (Starkville) Smokefree Air Mississippi - Dr. Mary Currier, State Health Officer
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11:30 am - 12:00 noon	Break, Exhibitor Bingo and Student Poster Voting
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12:00 noon - 1:15 pm	Lunch and MRHA Annual Business Meeting
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Rural Physicians Scholarship Program

1:15 noon - 1:30 pm	Introduction of the Rural Physicians Scholarship Program - Ms. Janie Guice, Executive Director, Mississippi Rural Physicians Scholarship Program
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1:30 pm - 2:00 pm	Presentations by Award-winning Students
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1:00 pm - 2:00 pm	MRHA Annual Business Meeting
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Health Houses

2:00 pm - 3:00 pm	Presenter - Dr. Aaron Shirley, Chair, Jackson Medical Mall Foundation
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3:00 pm - 3:15 pm	Afternoon Break
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Primary Medical Home

3:15 pm - 4:15 pm	Presenter - Dr. Lucius M. Lampton, Chair, Mississippi State Board of Health
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4:15 pm	Cash Prize and Vendor Bingo Door Prize Drawings (<i>must be present to win</i>)
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Suicide prevention training to be offered for educators

Suicide is a preventable tragedy that is becoming a silent epidemic in Mississippi. More than 390 individuals took their own life in 2007. As Mississippians, we want what is best for our state. As parents, we want what is best for our children. However, we must open our eyes to see the silent epidemic that is affecting our young adults in this state—suicide.

Many teenagers in our state are at-risk for suicide. It is vital to learn the signs of suicide, which include: withdrawal from friends and family; personality and serious mood changes; difficulty concentrating; difficulty in school; change in eating and sleeping habits; loss of interest in pleasurable activities; loss of interest in things one cares about; talking about suicide or a plan; writing about suicide or a plan; making statements about hopelessness, helplessness, or worthlessness; giving verbal hints; becoming suddenly cheerful after a period of depression; and giving away favorite possessions.

Suicide is the third leading cause of death in Mississippi for young people ages 15-24. The Mississippi High School Survey for Youth Risk Behavior (2007) reported that 13.4% of students seriously considered suicide in the past 12 months, and 10.6% of students made a plan about how they would commit suicide in the past 12 months.

In 2007, more than 50 young adults in Mississippi intentionally took their own

lives. There are more suicides than officially reported. Some suicides may be misclassified as an accident. Certain single car accidents, overdoses, and other causes of death are classified as natural or accidental, when suicide would be more accurate. Recent studies have shown that suicides are generally undercounted by about 10%.

If you know someone who is talking, writing, or thinking about suicide, it is important that you acknowledge there is a problem, show the individual you care, and tell someone who can provide help. Many people are scared to ask someone if they are having thoughts of suicide because they think that may push the individual to think about or complete suicide. Studies have shown that patients suffering from depression have these ideas and talking with them does not increase the risk of suicide or “planting the seed.” According to the National Mental Health Association, four out of five people who attempt suicide give clear warning signs.

Beginning with the 2009-2010 school year, suicide prevention training became required for licensed teachers and principals. Suicide prevention training enables teachers and principals to better identify risk factors and warning signs that indicate a student may be considering taking his or her life. The Mississippi Department of Mental Health (DMH) and the Mississippi Department of Education’s (MDE) Office of Healthy Schools are working together

to ensure both agencies are prepared to support local school districts in this very important endeavor.

The training is a result of Senate Bill 2770, which requires suicide prevention training for all licensed teachers and principals, beginning with the 2009-2010 school year. Beginning with the 2010-2011 school year, only new teachers and principals will be required to have this training. The bill also contains language giving DMH the responsibility for determining the content of the training and the amount of training needed. The bill mandates that MDE make suicide prevention training a requirement for local school districts.

“We understand the power of awareness and education for suicide prevention,” said Ed LeGrand, DMH Executive Director.

We must educate children and parents about mental health to help dispel the stigma associated with mental illness, which will increase help-seeking behaviors. We must join together and let these young people know they are not alone, and that they should not be ashamed to seek help.

DMH has also developed the youth suicide prevention campaign, “Shatter the Silence: Suicide – The Secret You Shouldn’t Keep.” For more information about the campaign or to receive educational materials, please contact Kris Jones or Wendy Bailey at 601-359-1288.

Tobacco smoke is a deadly mix of chemicals

Tobacco smoke is a toxic mix of more than 7,000 chemicals, many of which are poisons. When these chemicals get deep into your body’s tissues, they cause damage. Your body must fight to heal the damage each time you smoke. Over time, the damage can lead to disease.

When you inhale, the chemicals in tobacco smoke quickly reach your lungs and *every organ* in your body. They go quickly from the lungs into the blood. The blood flows through your arteries and carries chemicals to tissue in all parts of your body.

If you spilled drain cleaner on your skin, it would hurt and become inflamed. If you did this many times a day, your skin would not have a chance to heal. It would

stay red, irritated, and inflamed. The organs in your body also have a lining of cells similar to skin. Chemicals in tobacco smoke cause inflammation and damage to these cells. When you keep smoking, the damage cannot heal.

The poisons in smoke pose a danger right away. Sudden blood clots, heart attacks, and strokes can be triggered by tobacco smoke. Poisons in tobacco smoke disrupt the way your body heals itself.



Even smoking a cigarette now and then is enough to hurt you. Sitting in a smoky environment raises your odds of a heart attack.

The more years you smoke, the more you hurt your body. Scientists now know that your disease risk surges even higher after you have smoked for about 20 years. However, research shows that if you quit by age 30, your health could become almost as good as a nonsmoker’s. At any age, the sooner you quit, the sooner your body can begin to heal.

Contact the Mississippi Tobacco Quitline to talk to a counselor about quitting. Call 1-800-QUITNOW and get started on the road to a healthier life.

MRHA signs exclusive endorsement for group purchasing services

In October 2010, the Mississippi Rural Health Association signed an exclusive endorsement for **FirstChoice Cooperative** to serve as its preferred partner for group purchasing services.

FirstChoice Cooperative is a Texas non-profit corporation created and operated to provide purchasing of goods. The Cooperative's purpose is to establish an association of healthcare providers, city and county municipalities, school districts, and universities, as a cooperative with emphasis on the administrative function of cooperative purchasing for all the members of the cooperative.

FirstChoice Cooperative is the most innovative and cost-effective Group Purchasing Cooperative in the United States. It is a member-owned cooperative



FirstChoice
COOPERATIVE
It pays to make the
RIGHT CHOICE with FIRSTCHOICE

whose primary goal is to provide a process for all healthcare providers, small or large, to reduce supply costs while maintaining the highest level of quality.

Members of the Mississippi Rural Health Association can take advantage of the purchasing power of **FirstChoice Cooperative**. Periodically, letters will be mailed to each member to provide

updated information.

FirstChoice Cooperative will be an exhibitor at the 2011 annual conference of the Mississippi Rural Health Association, September 12-13, at the Muse Center in Pearl, Mississippi. Please visit the exhibit and learn more about the opportunities provided by this company.



Underage drinking in Mississippi

Some teenagers believe it is a rite of passage. Some teenagers do it because they think everyone else is. Underage drinking is a major problem in Mississippi. You may think underage drinking does not affect you, but think again.

Youth violence and traffic crashes related to alcohol use by underage youth in Mississippi represent some of the largest costs for the State. In 2007, underage drinking cost the citizens of Mississippi \$552 million. These costs include medical care, work loss, and pain and suffering associated with the multiple problems resulting from the use of alcohol by youth. This translates to a cost of \$1,783 per year, for each youth in the State. Mississippi ranks among the highest in the nation at 42, for the cost per youth of underage drinking.

“Due to the enormous cost to Mississippians, both monetarily and socio-logically, it is of the utmost importance that everything is done to prevent substance abuse before it starts,” said Jerri Avery, Department of Mental Health Prevention Services Director. “Our goal is to change attitudes about underage drinking and its consequences while increasing community awareness and showing communities how they can make a difference.”

Alcohol threatens the safe and healthy development of Mississippi's youth more



than any other substance, including tobacco and illicit drugs. Underage drinking contributes to teen pregnancy, violence, high school drop-out rates, HIV, property damage, and death.

“Underage drinking is everyone's problem and it's going to take each entity working together to combat this growing epidemic,” said Karen West.

Studies show that many of Mississippi's youth have access to alcohol because someone over 21 is buying it for them. In response, coalitions across Mississippi participated in Project Sticker Shock. This project was sponsored by Mississippians Advocating Against Underage Drinking (MAAUD) and funded in part by the Department of Mental Health's Bureau of Alcohol and Drug Abuse. Coalitions across the state visited various convenience stores, gas stations, and super-markets, placing over 10,000 stickers on cases of beer and wine

coolers. The stickers alert adults to think twice before purchasing alcohol for someone underage.

Educating teenagers is also extremely important to curb drinking. According to a report by SmartTrack, 32% of eighth grade students in Mississippi reported drinking alcohol in the past 30 days. Nationally, 17% of eighth grade students reported drinking alcohol in the past 30 days. By the twelfth grade, 47% of students reported drinking alcohol in the past 30 days. Substance Abuse and Mental Health Services Administration research shows that more than 95% of adults in the United States who are alcohol-dependent started drinking before they were 21 years old.

The Department of Mental Health, in conjunction with the Mississippi Department of Education, has developed a Web site, www.snapshots.ms.gov, to show county, state, and local data on substance abuse.

For more information, contact Wendy Bailey, Mississippi Department of Mental Health, at (601) 359-1288.



Central MS AHEC implements K-12 pipeline programs in health professions

Racial and ethnic minorities are underrepresented in health professions. Educational pipeline programs play an important role in increasing the accessibility and diversity of health professionals, addressing educational opportunity gaps, and reducing health disparities.

Underrepresented minorities are more likely to work in rural areas compared to their white counterparts. Therefore, increasing the number of minority health practitioners in rural communities is essential in order to reduce health disparities and improve access to health care.

Pipeline programs are an important way to address the shortage of underrepresented minorities in health care professions and increase access to primary care providers in rural areas. Two pipeline programs have been implemented in the Central Mississippi Area Health Education Center (CMAHEC) catchment area to increase the knowledge and awareness about health and health professions among disadvantaged and minority students. They are the Youth Health Service Corps and the Math and Science Academy.

Youth Health Service Corps. This curriculum was originally created by the Connecticut AHEC. CMAHEC partnered with Jobs for Mississippi Graduates to recruit high school students (grades 9-12) for the Youth Health Service Corps Program. The Youth Health Service Corps is open to high school students interested in health care careers and serving their community. AHEC uses a nine-module curriculum developed specifically to train students to volunteer in health care and community agencies that serve vulnerable populations. CMAHEC brings in guest speakers representing health professions to enhance the modules. YHSC is based on learning objectives that not only train youth to become volunteers, but also empower them to take on leadership roles within their communities, and with their peers. The curriculum focuses on topics that are relevant to health among youth, such as teenage pregnancy, sexually transmitted infections (STIs), and childhood obesity, and enhances the information with presentations by health care providers such as obstetricians, nurses, and nutritionists. Following completion of the didactic training, students work with community organizations to complete a



Dr. Sandra Hayes, Director,
Central Mississippi
Area Health Education Center

service learning project. The program was implemented at Lanier and Williams-Sullivan High Schools. During the 2010-2011 school year, 83 students participated in the program. All of the participants were African Americans from disadvantaged communities as defined by poverty levels.



Math and Science Academy. The CMAHEC collaborated with the University of Mississippi Medical Center and the Mississippi State Department of Health to conduct a math and science enrichment program. This program was conducted during the 2010-2011 school year. The program reached 97 students from Copiah, Hinds, Madison, Neshoba, and Rankin counties. This program is designed

for students in grades 6-8 and encourages them to be academically successful and increases their awareness of health careers. Participants take courses in math, science, reading, and computer science. The program meets one Saturday each month during the school year. Of the participants for the 2010-2011 school year, 74 were African American, and 23 were Native American.

Racial and ethnic diversity plays an important part in providing quality health services and access to care in rural populations, especially in the face of a rapidly changing healthcare system. Therefore, CMAHEC strives to develop innovative collaborations with community organizations, adopt strategies that show a strong commitment to increasing diversity in the health professions, and develop sustainable funding mechanisms to support diversity enrichment programs.

CMAHEC develops and implements programs in Claiborne, Copiah, Hinds, Holmes, Jefferson, Madison, Rankin, Simpson, Yazoo, and Warren counties. The program, which is housed within the Tougaloo College Owens Health and Wellness Center, is an affiliate of the Mississippi AHEC Program at the University of Mississippi Medical Center (UMMC). The MS AHEC program is partially funded by a grant from the Health Resources and Services Administration.

Organizations interested in implementing the YHSC or Math and Science Program may e-mail Dr. Sandra Hayes at shayes@tougaloo.edu, or call (601) 987-0272.



Would you prefer to receive Crossroads as an e-mail attachment?

If you would prefer to receive an electronic version of this newsletter, please send an e-mail message of your preference to Cheryl Grubbs at mississippirural@bellsouth.net. Be sure to include your name, work address, telephone number, and most importantly, your e-mail address.

MISSISSIPPI RURAL HEALTH ASSOCIATION

31 Woodgreen Place
Madison, MS 39110
Telephone/Fax: (601) 898-3001
E-mail: mississippirural@bellsouth.net



*A voice for health
in rural Mississippi*

We're on the Web!
<http://www.msaha.org>

Save the Date!

Mississippi Rural Health Association
16th Annual Conference
**"The State of Health: Opportunities and
Challenges for Rural Mississippi"**
September 12-13, 2011
Clyde Muse Center, Pearl, Mississippi

Mark your calendar and plan to attend this important conference on the state of Mississippi's health. Pre-conference workshops will focus on rural health clinic operations and the 5 A's tobacco cessation training. The conference will showcase opportunities for improvement and expansion, and roadblocks that need to be addressed. The keynote speaker will be Mississippi's own Brock Slabach, Senior VP with NRHA. For more information, visit the MRHA Web site at www.msaha.org or call (601) 898-3001.

Speakers will include:

Brock Slabach, MPH, FACHE
Senior Vice President
National Rural Health Association

Karen Crews, DMD
Professor
University of Mississippi Medical Center

The Honorable Chip Johnson
Mayor, City of Hernando

Eligah Johnson, MPH
Program Director
Indianola Promise Community

Mary Currier, MD, MPH
State Health Officer
Mississippi State Department of Health

Aaron Shirley, MD
Founder, Jackson Medical Mall

Lucius M. Lampton, MD, FAFAP
Chairman, Mississippi Board of Health