

From: [LaSheila Young](#)
To: [LaSheila Young](#)
Subject: MPHCA E-Update-September 3, 2010
Date: Friday, September 03, 2010 12:53:49 PM



MPHCA e-Update- September 3, 2010

MPHCA Events/Educational Offerings

- November 3-5, 2010- MPHCA Fall Clinical Conference, The Riley Center in Meridian, MS.

For complete information on trainings listed above, please click on http://www.mphca.com/Training_and_Events.htm

Other Events/Educational Offerings

- NACHC Seminars/Conferences/Webcasts, Register Today!
 - o September 9 - Developing Effective FOHC Programs and Applications
 - o September 10 - NACHC 2010 Community Health Institute (CHI) & EXPO
 - o September 11 - Strengthening the Board Chair/CEO Partnership
 - o November 8 - 2010 State and Regional Primary Care Association Conference
 - o November 16 - NACHC 2010 Financial Operations Mgmt/Info Technology Conference
- NACHC and McGladrey Present 2010 Summer Webinar Series

Dual Status Health Center: Strategic Considerations

Date: September 8, 2010 2PM EDT

Online registration cutoff date: September 5, 2010

Given the limited opportunity to apply for New Access Point (NAP) funding in the last few years, most 330 funded health centers added new sites to their 330 scope as a matter of course. However, given the new 330 funding through healthcare reform, NAP funding seems much more likely. Thus health centers who want to open new sites need an interim measure: a way to open the site, get FOHC reimbursement and still have the site be eligible for NAP funding. Becoming a dual status (both 330 funded & lookalike) health center may be the answer.

This session will cover the ins and outs of dual status health centers – how to become one, specific requirements, and considerations. We will also discuss strategies for adding new sites in the advent of healthcare reform.

McGladrey Speaker: Curt Degenfelder

Registration Rate: \$119
[Register Online here.](#)

View NACHC/McGladrey Webpage

For further information, contact: [Sherry Giles](#) or (301) 347-0400.
For technical assistance, contact: [Judith Eskicioglu](#) McGladrey.

NACHC Cancellation Policy

There is a cancellation fee of \$50. The last date of cancellation is the same as the last day of registration. Cancellations received on or before the last day of registration will be assessed a \$50 processing fee. Cancellations received after the last day of registration are non-refundable and not transferable to other NACHC webcasts.

- Understand what the Legal Ramifications of Health Care Expansion Could Mean for Your Health Center with New NACHC Webinar

At the Bar: Hot Legal Issues Facing Community Health Centers

September 22, 2010 2- 3:30 PM EST

Online registration cutoff date: September 20, 2010

[Register online here.](#)

Between the expansion of Medicaid and establishment of a multi-billion dollar health center trust fund, we are in the midst of one of the most significant growth spurts for community health centers. But with new funding comes greater reporting responsibilities, increased compliance program requirements, and heightened enforcement risks. That is why NACHC and Feldesman Tucker Leifer Fidell, LLP are offering the *At the Bar: Hot Legal Issues Facing Community Health Centers* webinar. This webinar, geared for health center administration (CEOs, CFOs, CMO's) and other key staff will highlight several legal issues facing health centers today, including:

- **Government Audits of Health Centers: Avoiding Common Billing Errors**
- **Patient Gifts and Incentives: Recognizing the Fraud and Abuse Implications**
- **Meaningful Use Requirements: Qualifying for EHR Incentive Payments**

Learning Objectives:

By the end of this webinar, participants will be able to:

1. Identify three significant legal issues for health centers.
2. Describe general approaches that can be taken to eliminate or minimize legal risk.
3. Know where more information can be obtained about the topics discussed.

Speaker(s): Jacqueline C. Leifer, Esq. Senior Partner, Feldesman Tucker Leifer Fidell LLP

Adam J. Falk, Esq., Partner, Feldesman Tucker Leifer Fidell LLP; Marisa Guevara, Esq., Attorney, Feldesman Tucker Leifer Fidell LLP

Registration Rate:

Member \$99
Non-Member \$149

[Register online here.](#)

For more information, contact Carla Brathwaite at cbrathwaite@nachc.com or (301) 347-0400.

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September 9, 2010- 11th Annual HBCU and Hispanic Health Services Research Conference, "Health Equity and Ethics: Minority Researchers Leading the Quest for Improved Health Outcomes," It will be held at the Jackson State University in Jackson, Mississippi, from 8:00 am until 5:00 pm in the Student Center Amphitheatre. For more information, [click here.](#)

Funding Opportunities

HRSA ISSUES SERVICE AREA COMPETITION FUNDING GUIDANCES. SAC funding guidances for health center project periods starting November 1, 2010 through June 1, 2011 (HRSA 11-007 - HRSA 11-014) are now available. Due dates begin October 25, 2010 for the initial group and end January 10, 2011 for the final group. Please be sure to use the correct funding guidance for you project period start dates. HRSA will extend project periods for those centers with project period start dates occurring in November, December, January and February. HRSA is committed to ensuring that existing grantees maintain continuity of services and will be providing pro-rated funding to these organizations as appropriate. Guidances can be downloaded [here](#). For further information contact Pamela Byrnes at pbyrnes@nachc.com or 860-739-9224.

HHS Secretary Kathleen Sebelius announced that more than \$32 million in FY 2010 funds to increase access to health care for Americans living in rural areas. The funds reach across seven programs administered by the Office of Rural Health Policy in HHS' Health Resources and Services Administration (HRSA). Lists of awards from HRSA's 2010 appropriation are available at: <http://www.hrsa.gov/about/news/2010tables/rural.html>.

New Access Point Funding Opportunity Includes Some Changes

The New Access Point funding opportunity issued by the Health Resources & Services Administration (HRSA) last week includes some changes from previous NAP guidance. For this year:

- Eligibility - the proposed new site cannot be approved in the grantee's current scope of project. That is, the facility itself, not the service area, cannot be included in the current scope.
- Shortage designation - the medically underserved area/population (MUA/P) requirement now only pertains to New Starts. Existing grantees applying for a satellite site do not have to get a separate MUA/P for the proposed satellite. Of course, having an MUA/P is a good indicator of need, but is not required for grantees.
- The cap for individual awards is \$650,000/year, with up to \$150,000 the first year for equipment and/or renovations.
- The primary evaluation focus is on NEED, with 30 points of the potential 100 coming from validation of need.
- Another evaluation focus is collaboration. There is an expectation of letters of support from existing providers (FQHCs, rural health clinics, critical access hospitals, etc.). HRSA wants to foster and promote collaboration, however, if for some reason an applicant cannot secure letters of support they are given the opportunity to give a reason why not.
- A third evaluation focus is special populations. Applications that target at least 25% of the budget to special populations, those that target sparsely populated areas, and those that target people significantly below poverty level can earn extra evaluation points.
- School-based centers are an eligible (but not priority) use of NAP funding, but must be part of a full continuum of services.
- New Access Point grantees funded under ARRA do NOT need to apply for continuation funding under this NAP opportunity - for new centers, continuation funding will be secured through service area competition and for satellites of existing FQHCs, as part of renewal.

The NAP applications are due November 17, 2010. Electronic handbook submissions are due December 15 . HRSA plans three national technical assistance calls on the NAP opportunity: one to provide general information; a second targeted to special populations; and a third to discuss health care and business plans. HRSA also intends to update its website to include information from the technical assistance calls, frequently asked questions and other information. HRSA is waiting for final clearance of the forms and other resources for the NAP opportunity and encourages those interested in responding to the RFA to check the [HRSA grant website](#) periodically for updates.

Will There Be Another New Access Point Opportunity Next Year?

This week the Health Resources & Services Administration (HRSA) responded to this question with a resounding "maybe." HRSA was also asked that if there is a NAP opportunity next year, will it be through a new grant RFA or will the agency simply fund down applications received this year but not funded? HRSA is assuming at this point that there will be a 2012 NAP opportunity, but it will depend on the number and quality of applications received this year: if there are a lot of good applications HRSA is unable to fund this year, the agency might elect to just fund down the list next year and not open up the competition. No final decision has been reached nor will be in the near future.

Is More FIP \$\$ Coming?

Bureau of Primary Health Care administrator, Jim Macrae, in response to a question on a call with state primary care association executives, said that HRSA has not yet made any capital funding decisions. To inform its decision making, it has asked non-funded but eligible facility improvement program (FIP) grantees to verify continued eligibility of their applications. This should not be interpreted as a promise of funding - it is just part of HRSA's due diligence in making their funding decision. It is possible that they will fund down the previous FIP list, but that decision has not been made. Questions may be directed to Cheri Rinehart at (717) 761-6443, ext. 203 or Cheri@pachc.com.

NACHC NEWS

HRSA ISSUES SERVICE AREA COMPETITION FUNDING GUIDANCES

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NACHC to Offer Training on the UDS Mapper

Training for the UDS Mapper will be available at the NACHC Community Health Institute in Dallas September 12-14. Topics include the history of the UDS Mapper and the functionality of the tool as well as one-on-one training sessions that highlight functionality and how to use the mapper. For details on the schedule of trainings and how to sign up, please click [here](#).

NACHC Issues New Health Center Briefs

The National Association of Community Health Centers (NACHC), as part of its Turning Vision into Reality series, has released two new briefs demonstrating how health centers stand ready to help implement the Affordable Care Act.

- Brief #1: More Patients Gain Access to Health Center Care Thanks to Stimulus Funds describes how health centers have effectively used stimulus funds to rapidly expand access to care and generate economic benefits for low-income communities. The brief includes state by state breakdown of ARRA economic impact.
- Brief #2: Community Health Centers Lead a Primary Care Revolution, prepared in partnership with Capital Link, describes how health centers will continue to anchor needed and effective primary care in communities where it is needed most. This brief finds that health centers currently generate \$20 billion in returns to their local communities. This brief includes state by state breakdown of overall FOHC economic impact in their communities.

HRSA/BPHC NEWS

HRSA Patient Safety and Clinical Pharmacy Services Learning session 3/1 online registration is now open! Register at http://www.team-psa.com/2010pspcs3_1/home.asp.

PSPC2.0 will come to an end and we will begin another exciting breakthrough year with PSPC3.0 at LS3/1 in Dallas, TX. We expect all PSPC2.0 teams to be a part of this learning event even if your team is unable to continue to be a part of this collaborative effort during PSPC3.0. Participation in LS3/1 will be a great way to end this collaborative year with accomplishments, successes and a demonstration of your results! We want for all current teams to share your experiences with the new teams and let them see your team receive your Performance Awards for your achievements this past year.

Learning Session 3/1 will be held at the Hilton Anatole (2201 Stemmons Freeway Dallas, TX 75207). We are pleased to offer a group rate of \$149 (plus taxes) per night for your stay in Texas. In order to receive this rate, please contact the Hilton Anatole at 1-800-955-4281 and provide the group code "PSP" before September 8, 2010. The group rate cannot be guaranteed after the deadline has passed. Please make your reservations as soon as possible. Find more helpful information on our registration page.

For questions, please email patientsafety@hrsa.gov.

HRSA Issues Service Area Competition Funding Guidances

Service Area Competition (SAC) funding guidances for health center project periods starting November 1, 2010 through June 1, 2011 (HRSA 11-007 - HRSA 11-014) are now available. Due dates begin October 25, 2010 for the initial group and end January 10, 2011 for the final group. Please be sure to use the correct funding guidance for your project period start dates. To download guidances, please click [here](#).

HRSA will extend project periods for those centers with project period start dates occurring in November, December, January and February. HRSA is committed to ensuring that existing grantees maintain continuity of services and will be providing pro-rated funding to these organizations as appropriate.

HRSA Technical Assistance Calls for New Access Point Competition

HRSA WILL BE OFFERING PRE-APPLICATION TECHNICAL ASSISTANCE CONFERENCE CALLS FOR THE FY 2011 New Access Point Competition. For details about this opportunity, click on the link below.
New Access Points (HRSA-11-017) General Technical Assistance Call

- Date: September 2, 2010
- Time: 1:30 p.m. ET
- Call In Number: 1-888-469-1171
- Passcode: NAP
- Replay Phone Number: 1-800-879-4905
- Replay is available through December 15, 2010

Special Populations Technical Assistance Call for New Access Points (HRSA-11-017)

- Date: September 21, 2010
- Time: 1:00 p.m. ET
- Call In Number: 1-888-469-1171
- Passcode: NAP SPOP
- Replay Phone Number: 1-800-234-2685
- Replay is available through December 15, 2010

Clinical and Financial Performance Measures for New Access Points (HRSA-11-017)

- Date: September 23, 2010
- Time: 1:00 p.m. ET
- Call In Number: 1-888-469-1171
- Passcode: NAP Performance Measures
- Replay Phone Number: 1-866-443-1209
- Replay is available through December 15, 2010

NEW ACCESS POINTS IN PROGRAMS FUNDED UNDER THE HEALTH CENTERS CONSOLIDATION ACT OF 1996 The purpose of the New Access Points opportunity is to establish health service delivery sites to improve the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services.

Award Amount: \$650,000 / 350 Grants

CDFA Number: 93.224

Deadline: Nov 17, 2010

Eligibility: Public or nonprofit private entities, including tribal, faith-based and community-based organizations

Contact: Tiffani Redding tredding@hrsa.gov (301) 594-4300

CMS Reminds of Medical Records Retention Policies

The Centers for Medicare & Medicaid Services (CMS) has reissued its policies on medical records retention. The MedLearn Matters [article](#) provides guidance for physicians, suppliers, and providers on record retention timeframes. The information is not new, however CMS encourages providers to review the information in this article and ensure that you are in compliance. Please note that these are CMS requirements only and state requirements may differ.

CMS Information on ICD-10

The Centers for Medicare & Medicaid Services (CMS) has created a [website on ICD-10](#) to help all become familiar with the changes that are coming. The transition to ICD-10 and to CMS Version 5010 will require system and business changes throughout the health care industry. ICD-10 will affect coding for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA), not just those who submit Medicare claims. The website content is updated periodically.

HRSA'S New Bureau of Primary Health Care Help Line Now Available

The Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC) is pleased to announce the launch of a new BPHC Help Line to provide assistance to BPHC grantees and stakeholders. The BPHC Help Line can be accessed by calling 1-877-974-BPHC (2742) or emailing bphchelp@hrsa.gov.

The toll-free number and email are available to provide grantees and stakeholders with information and assistance in the following areas:

BHCMIS – System in EHB (Electronic Handbook)
Health Center Quarterly Reporting (HCQR)/ARRA 1512
Reporting Uniform Data System (UDS)

Federal Torts Claims Act (FTCA) for Health Centers and Free Clinics

The goal of the new, toll-free number and email is to provide a single point of contact for grantees and stakeholders with respect to

the topics mentioned above. The new BPHC Help Line consolidates and replaces the previous system help numbers and the FTCA help line. The BPHC Help Line is available Monday to Friday (excluding Federal holidays), from 8:30 AM – 5:30 PM (ET), with extra hours available during high volume periods.

Grantees are encouraged to contact the HRSA Call Center for EHB related issues such as account access, and password resetting at: 1-877-464-4772 or callcenter@hrsa.gov.

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NATIONAL HEALTH SERVICE CORPS (NHSC) UPDATES

NHSC Website has a new look -

The NHSC unveiled its new interactive website this week. The new site showcases a new look, improved navigation, and is now connected to NHSC's Social Networks (Twitter, Facebook, RSS and YouTube). Per NHSC, these enhancements are the first of many to increase the usability of <http://nhsc.hrsa.gov> for NHSC members, partners, stakeholders and interested applicants.

NHSC Loan Repayment Program -

NHSC has revamped its loan repayment program to allow health care professionals the opportunity to earn up to \$145,000 in loan repayment for completing a five year service commitment; six or more years of service **total debt** may be paid. NHSC will begin accepting application in Fall 2010. For additional information, please visit <http://nhsc.hrsa.gov/loanrepayment/> or call 1-800-221-9393.

NEWS

Study Highlights Health Centers as Economy and Healthcare Remedy

A Commonwealth Fund [article](#) reports on a new study released last week by the Center for American Progress, which concludes that funding of community health centers under the Affordable Care Act and the American Recovery & Reinvestment Act (ARRA) "will generate \$53.7 billion in economic activity for some of the most disadvantaged neighborhoods in the country over the next five years," with \$33.5 billion of that coming from the healthcare reform law.

FMAP Extension Signed Into Law

Last week the House passed the \$16.1 billion, six-month FMAP extension the Senate sent over the previous week, and the President has now signed this critically important extension into law. This additional federal support for states will extend an enhanced Federal Medical Assistant Percentage (FMAP) Medicaid match rate to states through June of 2011. This will help states stabilize their budgets and prevent cuts to programs in economically challenging times and it will help ensure that many of the patients health centers serve will continue to have health coverage.

IRS Says W-2s Must Show Value of Health Coverage

The Internal Revenue Service (IRS) last week reminded tax-exempt employers about another provision in the health care reform bill that requires them to report the value of the health insurance coverage they provide on each employee's annual Form W-2 beginning in tax year 2011. According to the IRS, this reporting is for informational purposes only, to show employees the value of their health care benefits so they can be more informed consumers. "The amount reported does not affect tax liability, as the value of the employer contribution to health coverage continues to be excludible from an employee's income and it is not taxable," the IRS said. For more information, visit the [IRS website](#).

HealthHIV Expands Board of Directors with HIV Primary Care, Minority Health, and HIV Medical Education Experts

WASHINGTON, DC - HealthHIV announces the addition of three new members to its Board of Directors: Donna E. Sweet, M.D., MACP; Robyn L. Watson, Ph.D.; and Dion Richetti, D.C.

Dr. Donna Sweet is a certified HIV specialist, caring for approximately 1,000 HIV positive patients in Kansas, as well as principal investigator and director of the Kansas AIDS Education and Training Center. She is the co-chair of the Centers for Disease Control/Health Resources and Services Administration Advisory Committee (CHAC) on HIV and STD Prevention and Care and former Board Chair of the American College of Physicians. Dr. Sweet also is principal investigator and medical director of the Ryan White Part C Early Intervention Program, for which she has recently secured funding to begin a Ryan White Part D Family Services program to care for women, infants, children and youth infected and affected by HIV.

As Director of the Public Health Division at the United Negro College Fund Special Programs Corporation, Dr. Robyn Watson oversees the organization's public health related research and evaluation, develops and manages public health programs, administers public health internships, produces public health publications, and performs professional services relating to traditionally underrepresented populations. Dr. Watson has a Ph.D in Health Services Organization & Policy with a special focus on women and minority health.

Dr. Dion Richetti has been involved professionally in HIV prevention, care, treatment, and education for twenty years. As Director of Education and Compliance at the Discovery Institute of Medical Education (DIME), Dr. Richetti develops medical education across the broader healthcare spectrum, and has been involved with the Ryan White Program as a provider, grant applicant/recipient and grant reviewer. A former Director of the AIDS Education Division at the University of Medicine and Dentistry of New Jersey, Dr. Richetti served as President and Vice-President of the National Association of AIDS Education and Training Centers (AETCs).

HealthHIV is a national 501(c)(3) non-profit organization based in Washington, D.C. working with organizations, communities and professionals to advance effective prevention, care, and support for people living with, or at risk for, HIV/AIDS through education and

training, technical assistance and capacity building, advocacy, and health services research and evaluation. HealthHIV supports primary care providers treating HIV, as well as community and faith-based organizations involved in HIV prevention, care and treatment. For more information on HealthHIV, visit www.healthhiv.org.

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Washington, DC 20009
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www.healthhiv.org
www.hivta.org

The **Southern Mississippi Area Health Education Center**, **Mississippi Partnership for Comprehensive Cancer Control (MPC3)** and **My Brother's Keeper, Inc.**, (funded in part by the Centers for Disease Control and Prevention), are offering a FREE **Cancer Prevention for African Americans Community Health Education Instructor Course**. The course will be held on September 9 -10, 2010 from 8:00am – 4:30pm at the AEC Building on the **University of Southern Mississippi's Gulf Park Campus (703 E. Beach Blvd, Long Beach, MS 39560)**. Registration will be held from 8:00 a.m. – 8:30 a.m.

For a course summary, agenda and registration details, please visit http://quest.cvent.com/d/ub1OAFnTeU69jlp7_LPSeQ/snn6/P1/1Q.

For questions or additional information, please contact Stacey Curry at 228-214-3314.

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Program Trains HIV-Infected Women as Peer Educators.

The AIDS Alliance for Children, Youth and Families is recruiting participants for its Consumer Leadership Corps Training Program. The application deadline is September 20, 5:00 pm ET. The program, which is supported by HRSA/HAB, uses a train-the-trainer model and curriculum to provide HIV-infected women with the training, skill building, and mentoring they need to be effective educators of their peers. Participants in the program go to Washington, DC three times over the course of a year to participate in intensive, interactive group training experiences that combine lectures with "teach-backs" and other practice opportunities. Between these trainings, ongoing mentoring and concrete support is provided to participants. The program is free of charge to participants and all expenses are paid. Because the training and mentoring provided is so intensive, the program cannot accept everyone who applies. Priority is given to women living with HIV who are receiving care through Part D or affiliated with a Part D program as a volunteer or staff member. For more [information and the application](#).

Two New Tutorials Available from KaiserEDU.org on New Health Reform Law

Health Reform: How Will Medicaid Change?, a narrated slide tutorial, reviews the basics of the Medicaid program and explains the program's coverage goals under the new health reform law. It covers the expansion of the Medicaid program, new eligibility criteria, enhanced federal funding for newly eligible individuals as well as provisions in the new law regarding Medicaid benefits, payments, dual eligibles and long-term care. To access this tutorial, please click [here](#).

Health Reform: A Retrospective provides a step-by-step review of how the Patient Protection and Affordable Care Act became law, who the key players and Congressional committees are and how the law came to fruition from the President's budget proposal through the signing of the bill into law. To access this tutorial, please click [here](#).

Additional Tutorials on Health Reform Available from KaiserEDU.org

Health Reform and Medicare: Overview of Key Provisions Please click [here](#).

Summary of New Health Reform Law Please click [here](#).

Summary of Coverage Provisions in the Patient Protection and Affordable Care Act Please click [here](#).

National Summit on HIV Diagnosis, Prevention, and Access to Care: November 17-19, National Harbor, MD

The mission of the 2010 HIV Summit is to address and support the continued implementation of CDC's recommendations for increased HIV testing and to further identify and build upon strategies for HIV diagnosis, prevention, and linkage to and retention in care. It will highlight the progress made in the 4 years since the recommendations were released and plan how to move from pilot and demonstration projects to sustainable programs. It is sponsored by the Forum for Collaborative HIV Research in partnership with the HRSA/HAB, American Academy of HIV Medicine, the Association of Nurses in AIDS Care, HIV Medicine Association, Kaiser Permanente, and the Veterans Administration. [For more information](#).

[ONC Names First Two EHR Certification Bodies](#)

The Certification Commission for Health Information Technology (CCHIT) and the Drummond Group are the first to pass government muster as authorized to test and certify electronic health record systems to qualify for meaningful use incentives under the stimulus package. There are more to come.

[Report Finds Mental Health Issues Among Children Displaced by Katrina](#)

The prolonged displacement of hundreds of thousands of families as a result of Hurricane Katrina has created widespread mental health problems among children living in the region, a new report from the Children's Health Fund and the National Center for

Disaster Preparedness at Columbia University's Mailman School of Public Health finds.

Record Number in Government Anti-Poverty Programs

Government anti-poverty programs that have grown to meet the needs of recession victims now serve a record one in six Americans and are continuing to expand. More than 50 million Americans are on Medicaid, the federal-state program aimed principally at the poor, a survey of state data by USA TODAY shows. That's up at least 17% since the recession began in December 2007.

Medicaid EMR Guidelines Spell Out State Help for Doctors

The Centers for Medicare & Medicaid Services has published details for state Medicaid directors on what they should expect from the federal government as they administer the Medicaid portion of the electronic medical records incentive program starting in 2011.

Midlevel Providers Fill Primary Care Doctors' Shoes

Increasingly, the doctor is not in when it comes to delivering primary care. But the nurse practitioner or physician assistant is often taking the doctor's place. "We are ideally suited for it. And it's so cost-effective compared to any other form of medical provider," says Jim Love, a physician assistant from rural Pittsfield, Maine. "We need to be educating a lot more of us."

For the Homeless, Federal Changes Promise Better Access to Health Care

The Medicaid expansion will enable agencies that serve the homeless to divert resources now spent on medical care to other services such as finding housing and jobs. The new law provides another boost through a five-year, \$11 billion expansion of the community health center system that treats many in this population

Tighter Medical Privacy Rules Sought

The Obama administration is rewriting new rules on medical privacy after an outpouring of criticism from consumer groups and members of Congress who say the rules do not adequately protect the rights of patients.

Broadband Access Up in Black Homes

In every major category, from job opportunities to acquiring health information, more African-American and Hispanic adults regard lack of broadband access as "a major disadvantage" than whites do. Nearly half of African-Americans believe expanding broadband access should be a top government priority, compared with just under two-fifths of whites.

Obesity Rates Higher Among Minority Girls

The study, to be published in the September issue of Pediatrics, finds that black, Hispanic and American Indian girls have two to three times higher odds of having a high body-mass index (BMI) compared to white girls. What's more, although rates of obesity peaked for Hispanic girls in 2005, they have kept on rising for American Indian and black girls

Health e-Tip #68: Healthy Mouth, Healthy Pregnancy Oral Health

Pregnant women may be surprised to learn that their oral health can affect their chance of a safe and healthy delivery.

A Brush with Health

Changes to women's bodies during pregnancy make it more likely that they'll develop gum inflammation and gum disease.

- **Red Alert:** Inflamed gums are more likely to bleed, and this increases the chance that germs in the mouth can enter the bloodstream. You'll want to stay attentive to good oral hygiene to protect your gums and the rest of your body.
- **Babies at Risk:** Pregnant women with gum disease may be several times more likely to deliver a child early, especially if the gum disease isn't kept in check. There's even some evidence that it could lead to a smaller than normal child.
- **Fighting Back:** You already know that regular brushing and flossing helps keep teeth and gums healthy. This may also be a good time to add a mouthwash that fights gum disease (anti-gingival mouthwash) to your daily routine.

Find Out More

Download our [tips for oral health during pregnancy](#) from [HealthyMS.com](#) to help your gums stay healthy while you're expecting. You can find more about [pregnancy and oral health](#) at the American Academy of Periodontology, and about the link between [oral health and overall health](#) at the Mayo Clinic.

This e-Tip provided by the Mississippi State Department of Health

RESOURCES

Interactive Stroke Workbook

The interactive workbooks are designed to help patients and their caregivers better understand their condition, how to maximize their recovery and reduce future risk. The web-based tools make it easy for users to get the information they need in the learning style that best suits them: reading, listening, viewing multi-media or a combination of the three. And, because the workbooks are self-guided, each individual can learn at his or her own pace, 24/7 access to a multimedia education tool designed to develop the self-care habits necessary for improved health outcomes. Participating facilities will have the opportunity to "prescribe" these FREE* online interactive workbooks to their patients.

To view the stroke interactive workbook, go to: www.strokeassociation.org/strokeworkbook

Test Login: aha2

Test PW: heartf1234

Earl C. Coleman Jr., M.P.H., J.D.
AMERICAN HEART ASSOCIATION
Quality Improvement Initiatives Director
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New Monograph on Using Data to Measure Public Health Performance

This HRSA/HAB monograph is designed to inform Ryan White HIV/AIDS Program grantees and their service providers and consumers about why data are gathered, what legal authority the U.S. Department of Health and Human Services and HRSA/HAB has to collect data, what types of data are gathered, how the data are used by HRSA/HAB and their grantees, and what questions the data address. [View the monograph](#). (PDF – 1.92MB)

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[Unsubscribe](#) Mississippi Primary Health Care Association distributes the MPHCA e-Update every Wednesday to inform members and partners of issues important to Community Health Centers.

The MPHCA e-Update is the official e-bulletin of the Mississippi Primary Health Care Association. It is e-mailed weekly as a membership service to Mississippi Community Health Center executive leadership, board members, health professionals, non-clinical staff, and other MPHCA members and partners.

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