

MPHCA E-UPDATE

May 18, 2011

MPHCA NEWS

[Health Department Advises Residents To Take Precautions After the Flood](#)

The Mississippi State Department of Health (MSDH) continues to monitor the Mississippi River flooding and any health impact it may have on the residents of Mississippi. As the flood waters recede, there are many precautions residents can take to ensure safety in all clean-up efforts. MSDH recommendations for residents in flood zones:

Personal Protection:

When cleaning up storm-damaged areas, be sure to wear protective clothing and sturdy shoes to prevent cuts and scratches from debris. Do not let children play in floodwater, and discard any items that come into contact with floodwater.

Any food (including food in plastic or glass) medicines, cosmetics or bottled water that has come in contact with floodwater should be discarded. If in doubt, throw it out. Intact cans may be thoroughly disinfected with one-quarter cup of bleach to one gallon of water, and then used.

Around Your Home

When cleaning up debris around your home, be sure ladders are secure before climbing on them to clean the roof and gutters. If you plan to use a chainsaw to clear debris, be sure to operate the machine according to the instructions. If injury occurs, call 9-1-1 or seek immediate medical help. Flooding can cause mold to grow inside your home, which can cause allergic reactions, asthma episodes, infections, and other respiratory problems. The MSDH does not handle mold removal or abatement. You will need to call a private contractor for further assistance.

Tetanus Information:

Tetanus vaccination is recommended if it's been 10 years or more since your last tetanus vaccination (Tdap is the recommended vaccine). In the event of a puncture wound or wound contaminated with floodwater, individuals should consult a healthcare provider. Tetanus vaccinations are available at all county health departments.

Disinfecting Private Water Wells

Homeowners impacted by the recent flood who do not receive their water supply from a public water system regulated by the MSDH should have their private well inspected, disinfected and sampled in order to protect their health. For step-by-step instructions on disinfecting your private water well, visit the MSDH website at www.HealthyMS.com/flood.

Snakes:

If you come in contact with a snake during cleanup efforts, do not attempt to catch or kill the snake. Slowly back away from the snake. If you are bitten by a snake:

- Do not attempt to cut, suck, or apply ice to the bite area.
- Do not apply a tourniquet.
- Call 911 immediately. Lay the person flat and keep the bitten part of the body at the level of the rest of the body. Do not elevate or dangle a bitten arm or leg.
- According to the University of Mississippi Medical Center, there is plenty of antivenin available should it be needed.

For more information on flood safety, visit www.HealthyMS.com. Also, look for MSDH on Facebook at www.facebook.com/HealthyMS or follow them on Twitter at www.twitter.com/msdh

From the MS State Department of Health – Recommendations for Flood Health and Safety

If you are in an area threatened by flooding, we have updated health and safety recommendations for those who are evacuating, remaining in, or returning to their home. [Read More](#)

CHC Patient Density in Flood Area by Zip Code, [Click here to view this map](#)

[Updated flood info/maps from National Weather Service](#)

Jackson's National Weather Service has created a page just for flood updates [here](#). You will find critical information including: Updated National Weather Service Graphiccasts, Potential Flood Maps at Crest Heights (USACE/NWS), and numerous Links to multiple agencies coordinating in response to the Mississippi River flooding.

Healthcare Flood Impact Task Force Report, [Click here to view the Mississippi ESF 8 Situation Report](#)

[MDOT Road Closure Information](#)

Due to an increase in call volume, the Mississippi Department of Transportation (MDOT) Call Center is now available. The public is urged to call 1-886-521-6368 for road closure information.

MPHCA EVENTS/EDUCATIONAL OFFERINGS

June 17, 2011

Clinical Advisory Task Force Workshop: Focusing on Mental Health First Aid
Flowood, MS

For more information, contact Joyce Smith at 601-981-1817 or jsmith@mphca.com

September 21-24, 2011

MPHCA to Convene 25th Annual Conference & 30th Anniversary Celebration
Harrah's Tunica & Mid-South Convention Center/Robinsonville, MS

For more information, contact Kim Hancock at 601-981-1817 or khancock@mphca.com

Watch for more information coming soon to www.mphca.com & we hope to see you in 2011.

For complete information on trainings listed above, please click on [http://www.mphca.com/Trainings and Events.htm](http://www.mphca.com/Trainings_and_Events.htm).

TRAINING OPPORTUNITIES

New Markets Tax Credit Webinars

Do you expect to undertake a capital project in 2012 or 2013? If so, are you aware of the **New Markets Tax Credit Program** and the benefits it could provide to your health center in financing a capital project? Do you understand how New Markets Tax Credits can be combined with HRSA and other capital grants and various loans—including from USDA—to lower your cost of financing?

Capital Link has developed a webinar to answer these and other questions related to NMTC financing for health center capital projects. This training session will cover the basics of the New Markets Tax Credit Program and how it can be advantageous to health centers. The session will also describe how NMTC can be combined with certain types of capital grants and loans to lower financing costs and will review recent examples of health center NMTC projects for lessons learned.

Using New Markets Tax Credits to Finance Health Center Facilities

June 1st, 2–3 PM EDT

June 2nd, 2–3 PM EDT

Presented by Allison Coleman, Capital Link Chief Executive Officer
& Terry Glasscock, Capital Link Senior Project Consultant

There is no cost to attend our webinars, but space is limited to the first 100 registrants. To register, please email your name, title, organization, and email address to Joe McKelvey at jmckelvey@caplink.org.

Whether or not you can attend one of these NMTC webinars, Capital Link would greatly appreciate your assistance in updating its **National Capital Needs Assessment**. Another application round for New Markets Tax Credit (NMTC) allocations is around the corner and a number of applicant Community Development Entities (CDEs) have contacted Capital Link for information on potential health center projects to add to their application pipeline lists.

Capital Link is **NOT** applying for an NMTC allocation in this upcoming round. However, since NMTC allocations are limited and can be used for a variety of industries located in low-income areas, Capital Link is working to ensure that community health centers are prominently featured in applications in this upcoming allocation round. While being included on an applicant's pipeline list does not guarantee that credits will be available for your project, it is an important first step—so you need to “get in line” now to have the best chance at benefitting from NMTC.

If you would like to determine whether your project is eligible for NMTC, please click on the link here to answer a few questions regarding your capital needs:

<http://www.surveymonkey.com/s/YM6MPXN>

In return, Capital Link will:

- Determine whether your project is eligible for NMTC and let you know.
- If your project is eligible, Capital Link will make sure that your project is included on the pipeline list of at least one CDE that will be applying for credits.
- Continue to update you on the status of the NMTC program by informing you of the CDEs that receive awards.
- If your project is too small or not eligible for NMTC financing, Capital Link will provide suggestions for other financing programs to consider.

We hope you will find these webinar trainings useful as you consider your financing alternatives and we look forward to working with you to help you gain access to this important resource for your capital project.

Regards,

Allison Coleman, Chief Executive Officer
Capital Link

Find out about the Implications of a Medicare Shared Savings Program for your CHC at the NACHC/Feldesman Tucker ACO Webinar

Accountable Care Organizations under the Proposed Medicare Shared Savings Program: What Health Centers Need to Know

**Summary of the Proposed Medicare ACO Program Regulation
Thursday, May 19, 2011, 2-3:30 p.m. EDT**

Under Section 3022 of the Patient Protection and Affordable Care Act, CMS must establish the Medicare Shared Savings Program by January 1, 2012 in which groups of providers of services and suppliers would work together to manage and coordinate care for Medicare fee-for-service beneficiaries under a mechanism for shared governance. That group of providers and suppliers, organized as a separate legal entity, would be known as an Accountable Care Organization (ACO). Recently, the Centers for Medicare and Medicaid Services (CMS) issued a proposed regulation describing how it might implement the Medicare Shared Savings Program.

In this webinar, NACHC will offer a comprehensive look at the proposed Medicare Shared Savings Program and the particular issues and implications for health centers considering participation in the Program.

Session Description

This webinar will summarize the various aspects of the proposed Medicare Shared Savings Program regulation. Several days after that first webinar, NACHC will conduct a town-hall style conference call in which NACHC experts will field questions and comments about the proposed Medicare Shared Savings Program. This is an opportunity for health centers to share concerns about the proposed regulation so that NACHC, PCAs and others may consider those issues in developing written comments to CMS about the Shared Savings Program.

Follow-up Conference Call information: Tuesday, May 24, 2011, 2 p.m. EDT

Topics:

- Eligibility and Participation
- Legal Entity and Governance
- Beneficiary Assignment
- Shared Savings Benchmark
- Claims Data Sharing with ACOs
- Calculation of Savings
- Quality Performance Standards
- Risk Models
- Overlap with Other CMS Demonstrations

Presenters:

- Bruce H. Sturm, *Executive Director - Managed Care*, National Association of Community Health Centers
- Adam J. Falk, Esq., *Partner*, Feldesman Tucker Leifer Fidell LLP
- Roger Schwartz, J.D., *Associate Vice President of Executive Branch Liaison*, National Association of Community Health Centers (NACHC)

Registration Fee: 75.00. [Click here](#) for webinar details.

For more on NACHC Trainings and Technical Assistance (T/TA), visit us at www.nachc.com/trainings.

**Mississippi Health Information Management Association Annual Meeting
June 20-22, 2011**

The registration form can be found online at www.mshima.org! Early bird deadline is June 1, 2011. [Click here for more information](#)

MISSISSIPPI & MEMBER NEWS

Have You Checked Your Disaster Plan Lately?

In the past month, health centers in Mississippi have experienced minor and major events and one health center was literally blown away by an F5 tornado. Health center disaster plans should be living, breathing documents - when was the last time your disaster plan was reviewed and updated? MPHCA provided assistance to health centers across Pennsylvania several years ago in development of meaningful disaster plans and we urge you to take a look at them and update them as necessary to ensure the plan provides a firm foundation for your disaster response.

Medicaid Amendments

The following amendments have been proposed with the Secretary of State during the month of May. The full text of the amendments can be viewed at <http://www.medicaid.ms.gov/MsStatePlanAmendments.aspx> or by clicking on the appropriate link.

CHIP#7

THE BENCHMARK DEFINITION REQUIRES THAT ANY APPLICABLE BENEFIT CHANGES MADE TO THE STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN BE CONSEQUENTLY IMPLEMENTED WITH THE CHIP.

17744 **Status:** *Final* *Proposed: 12/20/2010* *Final: 5/10/2011* [Notice](#) [Full Text](#)

SPA2011-003

THE ATTACHED STATE PLAN AMENDMENT IS BEING FILED TO ENSURE THE FINANCIAL/REIMBURSEMENT PAGE FOR THERAPY SERVICES PROVIDED IN NON-HOSPITAL SETTINGS IS COMPREHENSIVE AND MEETS ALL REQUIREMENTS OF SECTION 1902(A)(30)(A) OF THE SOCIAL SECURITY ACT. AFTER REVIEW OF THE SPA FOR EXPANSION OF SERVICES FOR ADULTS, IT WAS NOTED THAT THE CORRESPONDING FINANCIAL/REIMBURSEMENT PAGE DID NOT MEET ALL NECESSARY FEDERAL REQUIREMENTS. THIS REVISED SPA IS TO ENSURE THE MISSISSIPPI MEDICAID STATE PLAN IS IN COMPLIANCE WITH ALL FEDERAL STATUTES AND REGULATIONS AND THAT THE STATE PLAN COMPREHENSIVELY AND ACCURATELY DESCRIBES PAYMENT OF THESE SERVICES.

17735 **Status:** *Proposed* *Proposed: 5/3/2011* [Notice](#) [Full Text](#)

AP2011-06

PREFERRED DRUG LIST

17736 **Status:** *Proposed* *Proposed: 5/5/2011* [Notice](#) [Full Text](#)

POLICY & REGULATION

FINANCE & PAYMENT

[CMS Issues Proposed Rule on Methods for Assuring Access to Covered Medicaid Services, Including Provider Payment Rates](#)

The Centers for Medicare & Medicaid Services (CMS) published in the May 6th Federal Register a proposed rule that would require a standardized, transparent process for states to determine if provider payment rates create access problems for their Medicaid beneficiaries.

The American Hospital Association believes that the proposed rule is a step in the right direction toward creating a more transparent process for provider payment rate setting and holding state governments more accountable for their actions, and the impact those actions have on access to care for Medicaid beneficiaries.

The federal Medicaid Statute requires that Medicaid State Plans must comply with Section 1902 (a) (30) (A) of the Social Security Act, which requires that state Medicaid payment rates for services be consistent with efficiency, economy and quality of care and be sufficient to enlist enough providers so that services are available to Medicaid eligible individuals to the extent that they are available to the general population in the geographic area. This provision is widely known as the Medicaid "Equal Access Provision." Over the years, providers and beneficiary groups have litigated charging that some state governments' attempts to reduce provider rates are inconsistent with the "Equal Access Provision."

The proposed rule creates a standardized and transparent process for states to comply with the "Equal Access Provision" and allows states to use electronic publication of Medicaid State Plan Amendments (SPAs) to publically communicate proposed rate-setting policy changes (SPAs are subject to approval by CMS). While the initial focus of this new process is on fee-for-service payments, the rule's preamble underscores CMS' commitment to review Medicaid managed care access standards and reinforces its commitment to the analytic framework outlined by the rule and its application to any proposed Medicaid rate reduction on service access.

HEALTHCARE HEADLINES... BUSINESS NEWS, TRENDS & ANALYSIS

Community Health Centers To 'Turn The Promise Of Coverage' Into Better Care

A report from Kaiser Health News on Community Health Centers and the impact of funding cuts to the program. [Read More](#)

Health Centers are Key to Reducing Hospital ER Visits

A report from the Government Accountability Office highlights health center strategies. [Read More](#)

At Least 600,000 Young Adults Take Advantage of Healthcare Reform Insurance Provision

Kaiser Health News [reports](#) that hundreds of thousands of young adults are taking advantage of the health care law provision that allows people under 26 to remain on their parents' health. The Department of Health & Human Services has estimated that about 1.2 million young adults would sign up for coverage in 2011, but the early numbers from insurers show it could be much higher.

House GOP Medicare Proposal ≠ Federal Employee Coverage

The New York Times [reports](#) that although House Republicans say their budget proposal would make Medicare work just like the health insurance that covers federal employees, including members of Congress, a close examination shows the two plans are very different and that the differences help explain why the Republican plan has set off a political uproar. One of the biggest differences is that under the federal employees' health plan the government pays a fixed share of premiums so the federal contribution generally keeps pace with rising premiums, which in turn reflect rising health costs. There is no such guarantee under the Republicans' plan to transform

Medicare. According to the Congressional Budget Office (CBO), under the plan, Medicare would pay a shrinking share of beneficiaries' total health costs, and seniors would pay a growing share. The CBO estimates that for a typical 65-year-old, that share would be 68 percent in 2030, more than twice what it would be under current law.

WORKFORCE DEVELOPMENT

NHSC Loan Repayment and Scholarship Program Notices Application Cycle Closes May 26, 2011

According to the NHSC, the program will again utilize HPSA scores as part of the selection criteria. For the past 2 years the Corp has for the most part made awards based on first-come first-serve with submission of a complete clinician application for an approved NSHC site. It appears from the Program Guidance, that the HPSA score will once again be a major determining factor for approval of clinicians.

Below is information on the NHSC Loan Repayment Program and NHSC Scholarship Program.

- NHSC Loan Repayment Program. Again, as you know, the NHSC LRP application cycle closes on May 26, 2011. Interest in the current cycle is high. NHSC has started to prioritize the processing of applications based on the criteria outlined in the NHSC Loan Repayment Program Application and Program Guidance (<http://nhsc.hrsa.gov/loanrepayment/pdf/2011nhsclrpguidance.pdf>). Applicants from documented disadvantaged backgrounds; applicants who display characteristics that indicate a higher likelihood of continuing to serve in underserved communities once their obligation is complete; and applicants who serve in communities of greatest need (based on Health Professional Shortage Area score) will be considered first.
- NHSC Scholarship Program. As you probably know, NHSC Scholars are placed at sites with the greatest need based on Health Professional Shortage Area (HPSA) score, which is determined each year as outlined in the program's legislation. We anticipate NHSC Scholars who will be placed in the upcoming FY 2011-2012 cycle will be able to serve at NHSC approved sites with a HPSA score of 17 or higher for most disciplines (Nurse Practitioners and Dentists will likely need to serve at sites with a HPSA score of 18 or higher).

HRSA Announcement: 2011 Application Cycle for the NHSC Scholarship Program is Now Open

HRSA would like to make you aware that HHS Secretary Kathleen Sebelius today announced the opening of the 2011 application cycle for the National Health Service Corps (NHSC) [Scholarship Program](#). Please follow this link to access the full press release: <http://www.hrsa.gov/about/news/pressreleases/nhscscholarship.html>

CLINICAL QUALITY

CDC issues plan to prevent, treat viral hepatitis

The Department of Health and Human Services last week released [an action plan](#) to prevent and treat viral hepatitis. The plan focuses on educating health professionals and communities about prevention, care and treatment of the disease; improving testing, care and treatment to prevent liver disease and cancer; strengthening surveillance; eliminating transmission of vaccine-preventable viral hepatitis; reducing viral hepatitis caused by drug-use behaviors; and protecting patients and workers from healthcare-associated viral hepatitis.

Hepatitis, which is largely preventable, is the leading cause of liver cancer. According to HHS, an estimated 3.5 million to 5.3 million U.S. residents have viral hepatitis, most of whom are unaware of their infection due to a lack of symptoms.

Substance Abuse Mentors Available for Primary Care Professionals

The [Physician Clinical Support System for Primary Care](#) (PCSS-P) provides free peer-to-peer mentorships and resources to help primary care providers looking for assistance in identifying and advising substance-abusing patients. Providers who register with the service are linked with a mentor who can be contacted for assistance directly or by phone. Mentors specialize in screening, brief intervention, treatment and referral for patients who have substance abuse problems. PCSS-P is a project of the National Institute on Drug Abuse (NIDA) and the American Society of Addiction Medicine. In addition to the mentoring system for primary care physicians, there are also peer support systems for health care providers who are prescribing Buprenorphine and physicians who are using methadone to treat opioid dependence or manage chronic pain.

AHRQ Patient Safety and Health Information Technology E-Newsletter

1. [New Quality Initiatives Should Push Pace of Health Care Improvement](#)
2. [Partnership for Patients Aims To Improve Care and Lower Costs](#)
3. [New Hospital Survey on Patient Safety Culture Comparative Database Report Now Available](#)
4. [Medication Side Effects, Injuries, Increase Dramatically](#)
5. [Medication Management with Health IT Review Shows Improved Care Processes but Mixed Findings about Effectiveness](#)
6. [New Resource Helps Improve Nursing Home Care](#)
7. [AHRQ in the Patient Safety and Health IT Professional Literature – Some Useful Citations](#)

AHRQ Patient Safety and Health IT News:

1. New Quality Initiatives Should Push Pace of Health Care Improvement

New quality initiatives from the Federal government will focus attention on areas where quality and safety need significant improvement, AHRQ Director Carolyn M. Clancy, MD, told the Senate Health, Education, Labor and Pensions Committee on May 5. Currently, improvements in health care quality are progressing at a modest 2.3% rate per year, a rate that is “unacceptable.” Two new initiatives will accelerate overall efforts to improve quality and safety of health care services and prevent or reduce hospital re-admissions and preventable injuries. The first initiative is the National Strategy for Quality Improvement in Health Care, a collaborative, public-private effort that recognizes the importance of learning from local innovations in improving care. The strategy will pursue three broad aims: better care, healthy people/healthy communities; and affordable care. These aims will guide and assess local, State and Federal efforts to improve care quality. The

second initiative is the Partnership for Patients, which aims to reduce preventable harm in the hospital and reduce re-admissions (see item No. 2). Dr. Clancy's testimony is available at <http://www.ahrq.gov/news/test050511.htm>.

2. Partnership for Patients Aims To Improve Care and Lower Costs

HHS Secretary Kathleen Sebelius and CMS Administrator Donald Berwick, MD, recently announced a new public-private partnership that brings together leaders of hospitals, employers, health plans, physicians, nurses, patient advocates, and the State and Federal governments to make hospital care safer, more reliable, and less costly. Called the Partnership for Patients, the campaign has two goals: keep hospital patients from getting injured or sicker, and help reduce the number of readmissions. One measure is to reduce preventable hospital-acquired conditions by 40% by the end of 2013. The second measure is to reduce hospital re-admissions by 20% by the end of 2013. The combined efforts of this partnership could save 60,000 American lives and reduce millions of preventable injuries and complications in patient care over the next three years. Successful implementation could save as much as \$35 billion to the health care system, including up to \$10 billion in Medicare savings. Select to view a list of [resources](#), including AHRQ patient safety tools and products, being used as part of the campaign.

3. New Hospital Survey on Patient Safety Culture Comparative Database Report Now Available

The fifth annual edition of the AHRQ Hospital Survey on Patient Safety Culture Comparative Database Report provides results that hospitals can use to compare their patient safety culture to other U.S. hospitals. Newly published, the 2011 survey presents data from 472,397 staff in 1,032 U.S. hospitals and provides trending data from 512 hospitals on changes in safety culture perceptions over time. The full report contains detailed comparative data about various hospital characteristics, such as type and size, and respondent characteristics, including staff positions and direct patient contact. The 2011 report is available at <http://www.ahrq.gov/qual/hospsurvey11/>.

4. Medication Side Effects, Injuries, Increase Dramatically

The number of people treated in U.S. hospitals for illnesses and injuries from taking medicines jumped 52 percent between 2004 and 2008—from 1.2 million to 1.9 million—according to an April 13 [News and Numbers](#) from AHRQ. These medication side effects and injuries resulted from taking or being given the wrong medicine or dosage. The top five categories of medicines that together sent more than 838,000 people to emergency departments for treatment and release were: unspecified medicines (261,600); pain killers (118,100), antibiotics (95,100), tranquilizers and antidepressants (79,300), and corticosteroids and other hormones (71,400). More than half (53 percent) of hospitalized patients treated for side effects or other medication-related injuries were age 65 or older, 30 percent were 45 to 64, 14 percent were between 18 and 44, and 3 percent were under age 18. This *News and Numbers* finding is based on data in [Medication-related Adverse Outcomes in U.S. Hospitals and Emergency Departments, 2008](#).

5. Medication Management with Health IT Review Shows Improved Care Processes but Mixed Findings about Effectiveness

A new AHRQ-funded report, *Enabling Medication Management through Health Information Technology*, examines the evidence and research gaps regarding the impact of health information technology on all phases of the medication management process. Areas examined include prescribing and ordering, order communication, dispensing, administration and monitoring as well as education and reconciliation. [Select](#) for the report.

6. New Resource Helps Improve Nursing Home Care

Nursing homes can improve the services they provide to residents using a new AHRQ-funded resource. The *On-Time Quality Improvement Program Manual* provides an overview of the tools, key action steps, implementation tips, and firsthand knowledge from current program users about what works best. It targets State health departments, Quality Improvement Organizations, nursing home administrators involved in quality improvement efforts, and frontline staff. Another key component is the effective use of health information technology for clinical decision-making to identify and treat high-risk residents before problems develop. [Select](#) to access the [On-Time Quality Improvement Program Manual](#).

7. AHRQ in the Patient Safety and Health IT Professional Literature – Some Useful Citations

We are providing the following hyperlinks to abstracts of journal articles describing AHRQ-funded research. If you are having problems accessing the abstracts because of firewalls or specific settings on your individual computer systems, ask your technical support staff for possible remedies.

Glance LG, Dick AW, Osler TM, et al. The association between cost and quality in trauma: is greater spending associated with higher-quality care? *Ann Surg* 2010 Aug; 252(2):217-22. [Select](#) to access the [abstract](#).

Galanter WL, Hier DB, Jao C, et al. Computerized physician order entry of medications and clinical decision support can improve problem list documentation compliance. *Int J Med Inform* 2010 May;79(5): 332-338. [Select](#) to access the [abstract](#).

Sarkar U, Karter AJ, Liu JY, et al. The Literacy Divide: Health literacy and the use of an Internet-based patient portal in an integrated health system—Results from the Diabetes Study of Northern California (DISTANCE). *J Health Commun* 2010;15(Suppl 2): 183-196. [Select](#) to access the [abstract](#).

AHRQ's Patient Safety and Health Information Technology E-Newsletter Contact:
Please address comments and questions regarding the newsletter to Cathy Tokarski at cathy.tokarski@ahrq.hhs.gov.

Data Breach Notification Policy Important

A recent [article and free podcast](#) on the Healthcare Information Security website provides guidance on breach notification planning as a fundamental, basic part of risk management in the new millennium. Healthcare organizations that fail to develop a comprehensive plan for notifying government authorities, as well as individuals affected, about a healthcare information breach, as required under the HITECH Act, "are creating unnecessary risk" in addition to the risks inherent in the breach itself, according to security expert, Bob Chaput.

FUNDING AND OTHER OPPORTUNITIES

HHS Community Transformation Grants Available

The Department of Health and Human Services announced the opportunity for communities to apply for \$102 million in capacity building and implementation activities, called the Community Transformation Grants. This work, led by CDC, expands the federal investment in prevention in states and communities across the US, and is supported by the Affordable Care Act's Prevention and Public Health Fund.

The Community Transformation Grants will build on decades of CDC experience in community health promotion, including the work of the 50 communities involved with Communities Putting Prevention to Work and the work of REACH US and Healthy Communities grantees. In addition to smoke-free living, and active living and healthy eating, these new grants will also focus on high-impact quality clinical and other preventive services (specifically prevention and control of high blood pressure and high cholesterol), social and emotional wellness, and healthy and safe physical environments.

In addition to these core areas of focus, communities will have the opportunity to identify other strategies relevant to their community's unique needs and can address additional topic areas including adolescent health; arthritis and osteoporosis; cancer; diabetes; disabilities and secondary conditions; educational and community-based services; environmental health; HIV; injury and violence prevention; maternal, infant, and child health; mental health and mental disorders; health of older adults; oral health; and sexually transmitted diseases, as related to the overall goals of the program.

Through a competitive selection process, up to 75 communities will soon be expanding their work on disease prevention and health promotion for both youth and adults.

Applications are due in July. For more information about the application process, including details of technical assistance calls for eligible applicants, please visit:

<http://www.cdc.gov/communitytransformation/>

Visit the CDC Website for Answers to FAQs about the CTG

Not surprisingly, both non-governmental organizations and public health officials already have many questions to ask about the Funding Opportunity Announcement on the Community Transformation Grant (CTG) program. Via

the CDC's dedicated CTG website, <http://www.cdc.gov/communitytransformation/>, questions can be posed to CDC at ctg@cdc.gov, and answers will be posted to a *Frequently Asked Questions* (FAQs) section. A number of questions and answers already pre-populate the FAQ section.

Conference Call for Interested MS CHCs – May 25, 2011 (9 to 10 AM, CDT)

- May 25, 2011, 10:00 a.m. - 11:00 a.m. (EDT) - Eligible applicants in the Atlantic, Eastern, and Central time zones. This conference call can be accessed by calling 1-888-972-9343. The leader for this call is Lori Elmore and the passcode is 8899773.

CMS Community Based Care Transition Program

Application Deadline: Applications will be accepted and reviewed on a rolling basis

The Centers for Medicare & Medicaid Services (CMS) has released the solicitation for its new program that provides funding to test models for improving care transitions for high risk Medicare beneficiaries. The goals of the program are to reduce hospital readmissions, test sustainable funding streams for care transition services, maintain or improve quality of care, and document measureable savings to the Medicare program.

Health Careers Opportunity Program

Application deadline: May 25, 2011

The goal of the Health Careers Opportunity Program is to assist individuals from disadvantaged backgrounds to undertake education to enter a health profession.

Health Impact Project: Advancing Smarter Policies for Healthier Communities

Application Deadline: June 1, 2011

Funding to promote the use of health impact assessments (HIAs) as a decision-making tool for policymakers.

Rural Health Information Technology Network Development Program

Application Deadline: May 27, 2011

It is anticipated that this will be a one-time funding opportunity to assist networks in attaining meaningful use standards for electronic health records and other HIT activities that will support the achievement of meaningful use. Some activities that can be supported by grant funds are as follows: workforce analysis; EHR strategic plan development; EHR training; purchase of HIT equipment; identify and locate certified HIT equipment vendors; and installation of broadband. There will be a technical assistance call for this funding announcement which will be held May 10th at 2pm eastern. The toll-free number to call in is **1-888 -577-8992**. The Passcode is **HIT**. A recording of the call will be available by calling 1-866-420-5718. Questions may be directed to the program coordinator, Marcia Green at 301-443-3261 or mgreen@hrsa.gov.

Street Outreach Program

Application Deadline: June 24, 2011

Since 1996, projects funded by the Street Outreach Program have provided services to youth living on the streets and in unstable situations by reaching out to them. These projects aim to increase

young people's safety, well-being, and self-sufficiency, and to help them build permanent connections with caring adults, with the goal of getting them off the streets.

Rural Economic Development Loan and Grant Program

Application Deadline: June 30, 2011

Loans and grants are to assist in economically developing rural areas.

Community Development Transportation Lending Services

Application Deadline: Applications accepted on an ongoing basis.

Provides loan funding to support transit services in rural areas.

Ladder to Leadership: Developing the Next Generation of Community Health Leaders

Application Deadline: Applications accepted on an ongoing basis.

This initiative aims to enhance the leadership capacity of community-based nonprofit health organizations serving vulnerable populations.

USAC Rural Health Care Service Discounts

Application Deadline: Applications accepted on an ongoing basis.

Provides discounts to rural health care providers to obtain Internet and telecommunications access.

FedEx Social Responsibility Program

Application Deadline: Applications accepted on an ongoing basis.

Core giving areas are emergency and disaster relief, pedestrian and child safety, education, and health and human services.

William Randolph Hearst Foundation Health Grants

Application Deadline: Applications accepted on an ongoing basis.

Provides funding to improve access to quality health care for underserved populations in rural and urban areas.

Commonwealth Fund Foundation Grants

Application Deadline: Rolling

Multiple awards of up to \$50,000 each for non-profits. The Fund supports research on health and social issues and makes grants to improve healthcare practice and policy. Types of support include employee-matching gifts, program development, program evaluation and research. Support generally is given for a period of no longer than three years. Preference is given to projects that seek to solve problems, especially those affecting vulnerable groups such as the poor, young and needy. The Commonwealth Fund requests letters of inquiry to initiate the grant application process.

Family Planning Services Grants

Application Deadline: Applications accepted on an ongoing basis.

Grants to provide family planning services.

Research on Rural Mental Health and Drug Abuse Disorders (R01)

Application Deadline: Applications accepted on an ongoing basis.

Grants to stimulate research on mental health, HIV/AIDS and/or drug abuse problems in rural and frontier communities.

Stimulus Assistance: USDA Rural Development Programs

Application Deadline: Applications accepted on an ongoing basis.

Grant, loan, and loan guarantee assistance to rural residents, rural communities, and rural utility systems.

[RGK Foundation Grants](#)

Application Deadline: Applications accepted on an ongoing basis.

Grants that support projects in the broad areas of education, community, and medicine/health.

RESOURCES

A new report from the **Robert Wood Johnson Foundation** and The Food Trust examines marketing strategies that may help parents, caregivers and youths select and purchase healthier foods and beverages at the grocery store. Released on April 3, 2011, at the Food Marketing Institute's Health and Wellness Conference in Florida, [Harnessing the Power of Supermarkets to Help Reverse Childhood Obesity](#) includes case studies and recommendations about marketing tactics, such as in-store promotions, placement and pricing, that can encourage healthy eating, increase customer satisfaction and help food retailers increase profitability.

Mississippi Primary Health Care Association distributes the MPHCA E-Update 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.