

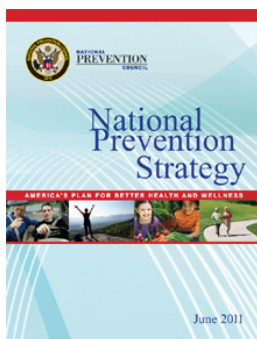
## MPHCA E-UPDATE

June 30, 2011

### MPHCA NEWS

#### **EVERYONE Needed for National Health Center Campaign!**

This week, NACHC sent an [important message](#) to health center advocates across the nation announcing the launch of the Campaign to Save America's Health Centers. The campaign was developed in response to the numerous and potentially devastating threats currently facing Community Health Centers and the patients they serve. It is critical that all health centers become engaged in the campaign, which will be an immediate and ongoing intense effort over the rest of this year, as the key issues of FY2012 Appropriations, Deficit Reduction, and Debt Ceiling extensions are considered by Congress. However, Congressional negotiators and Vice President Biden are meeting NOW in efforts to reach consensus on spending cuts, [including Medicaid](#), in order to reach agreement on raising the nation's Debt Ceiling. To learn more, visit the Campaign to Save America's Health Centers [webpage](#). We hope you joined the NACHC team on **June 29th for the first Campaign Teleforum**, and learned how you can be involved. Watch for future announcements from MPHCA as we continue our efforts to support the campaign to save America's Health Centers.



#### **Obama Administration Releases National Prevention Strategy**

The National Prevention, Health Promotion and Public Health Council released the [National Prevention and Health Promotion Strategy](#) this week. Members of the Council include Department of Health and Human Services Secretary Kathleen Sebelius, Surgeon General Regina Benjamin, as well as Senator Tom Harkin (D-IA) and Domestic Policy Council (DPC) Director Melody Barnes.

“This National Prevention Strategy, called for under the Affordable Care Act, will help us transform our health care system away from a focus on sickness and disease to a focus on prevention and wellness,” said Secretary Sebelius. “We know that prevention helps people live long and productive lives and can help combat rising healthcare costs.”

#### **HRSA Announcement: New BPHC NCA Highlights Report Released**

The Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) is pleased to share a pilot version of a new report highlighting activities and resources of the 15 National Cooperative Agreements (NCAs) supported by BPHC.

These NCAs provide a wealth of one-on-one and one-to-many training and technical assistance activities and resources to BPHC grantees. The purpose of this report is to provide a few highlights of activities related to BPHC's current priorities, and tools that may be useful to BPHC grantees in your day-to-day work.

This report is available now on the BPHC website:

<http://bphc.hrsa.gov/buckets/bphcncahighlights0411.pdf>. We hope you will take a moment to read about some of the new resources available from our NCA partners, and we look forward to your feedback about how to improve this report over time.

For more information, please contact Lisa Wald in the Office of Training and Technical Assistance Coordination at [lwald@hrsa.gov](mailto:lwald@hrsa.gov).

### **Were You Invited?**

Let us know! As we announced last week, the Centers for Medicare & Medicaid Services (CMS) and the Health Resources & Services Administration (HRSA) have sent out invitation letters for the Medicare FQHC Advanced Primary Care Practice Demonstration Project. Please note, these invitations are going out to **health center sites** and only those sites that receive an invitation are eligible. We're interested in learning who was invited, so if your health center got one of these letters, please let us know by sending an email to [khancock@mphca.com](mailto:khancock@mphca.com).

### **HRSA Announcement: FY 2012 Service Area Competition (SAC) New and Competing Continuation**

The Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) is pleased to announce the release of the Fiscal Year (FY) 2012 Service Area Competition (SAC) New and Competing Continuation grant competition (HRSA-12-087, HRSA-12-088, HRSA-12-089, HRSA-12-102, HRSA-12-105, HRSA-12-106, HRSA-12-107, HRSA-12-110). The SAC funding opportunity announcement (FOA) is available at <http://www.grants.gov>.

HRSA administers the Health Center Program, as authorized by section 330 of the Public Health Service (PHS) Act, 42 U.S.C. 254b, as amended. The Health Center Program promotes the development and operation of community-based primary health care service systems in medically underserved areas that improve the health status of medically underserved populations. Organizations eligible to compete for SAC funding include public or nonprofit entities, such as tribal, faith-based, and community-based organizations. The SAC FOA details eligibility requirements, review criteria, and awarding factors for organizations seeking support to provide primary health care services in the available services areas, including Community Health Centers (Section 330(e)), Migrant Health Centers (Section 330(g)), Health Care for the Homeless Centers (Section 330(h)), and Public Housing Primary Care Centers (Section 330(i)). The list of available service areas, as well as other application technical assistance resources, can be found at <http://www.hrsa.gov/grants/apply/assistance/sac>.

The application process consists of two phase: Phase 1—Grants.gov and Phase 2—HRSA Electronic Handbook (EHB). No paper applications will be accepted without prior written approval from HRSA's Division of Grants Policy. Please see Table 6 of the SAC FOA for a complete listing of application deadlines.

### **FY 2012 SAC APPLICANT TECHNICAL ASSISTANCE CALL**

**Instant Replay Number:** 800-284-7031 (through January 27, 2012)

For more information about the SAC funding opportunity, please contact Cheri Daly or Olivia Shockey in the Office of Policy and Program Development at 301-594-4300 or [BPHCSAC@hrsa.gov](mailto:BPHCSAC@hrsa.gov).

## MPHCA EVENTS/EDUCATIONAL OFFERINGS

**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](mailto:khancock@mphca.com)

Watch for more information coming soon to [www.mphca.com](http://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

**Mississippi Lung Summit 2011**

**Tuesday, August 30, 2011**

**Hilton Hotel, Jackson, MS**

Click [here](#) for online registration.

### **What is the Mississippi Lung Summit?**

The Mississippi Lung Summit is a full-day continuing education conference that will provide the latest information and research on the treatment and management of adult pulmonary diseases. Experienced practitioners will present information on a range of topics such as COPD, asthma and lung cancer.

### **Who Should Attend?**

The Lung Summit will focus on bringing the most current information to healthcare providers and public health professionals or advocates who serve those with pulmonary disease, including nurses, nurse practitioners, pharmacists, physicians, physician assistants, respiratory therapists and case managers.

### **Why Should I Attend?**

The conference will provide evidence-based information on adult pulmonary diseases to increase awareness of these diseases and provide current disease management and patient education strategies. Participants will also have the opportunity to network and share strategies for managing these various diseases, and vendors from various community organizations will be available to present the latest resources available in Mississippi.

For more information, contact Amy Ellis, Director of Health Promotions at 601-206-5810 or [aellis@breathehealthy.org](mailto:aellis@breathehealthy.org).

## National Government Services Offers FQHC Billing Webinar

Date: Wednesday, July 20, 2011

Time: 1:00 -3:00 p.m. ET

Attention Medicare FQHC Providers- This session will provide an understanding of coverage and billing criteria for submitting claims to the fiscal intermediary. Visit [www.NGSMedicare.com](http://www.NGSMedicare.com) to register.

## Upcoming NACHC Trainings

### **Is Your PCA Registered for NACHC's Strategic and Business Planning Seminar – July 20 & 21, Portland, OR?**

In these uncertain economic times, developing clear and well thought out strategic and business plans are more important than ever. This hands-on seminar is designed for both community health center and PCA staff and it will assist your PCA in guiding members in developing realistic and viable strategic and business plans including a comprehensive needs assessment and implementation plan. **Click here for more information on the training and to register.** Also, please share this information with your members.

***“The training was excellent with many real world examples and situations that made it very relevant and worthwhile. It was well worth my time to attend and provided me with valuable resources to bring back to my members.”***

---PCA staff member who attended previous Strategic and Business Planning Seminar

### **Health Center Financial Operations Management (FOM) Regional Trainings**

Ensuring financial success is more important than ever! Register now for NACHC's FOM Seminars (July – August, 2011) and get insight and understanding of the core qualities necessary to approach the business aspects of health center operations, management, and service delivery. Early bird registration is still available for – Hurry and take advantage of these reduced rates! **Click here to for more information and to register.** Also, please share this information with your members.

## MISSISSIPPI & MEMBER NEWS

### **MPHCA Joins Members to Celebrate National Health Center Week!!! Send Us Your Events!**

MPHCA is pleased to join its members in a celebration of National Health Center Week and Mississippi's CHCs August 7 -13, 2011. This year's theme is "*Celebrating America's Health Centers: Serving Locally, Leading Nationally.*"

Let us know what your health center has planned, whether any legislators will visit and/or join in the activities and whether you would like a representative from MPHCA at an event by sending an email to [khancock@mphca.com](mailto:khancock@mphca.com).

## What's Happening at Your Health Center?

Let us know what's happening at your health center - we'd love to highlight your news, special events, activities and milestones! Just send an email to [khancock@mphca.com](mailto:khancock@mphca.com) with the information.



*Pediatrician, Jackson-Hinds  
Comprehensive Health  
Center, Vicksburg, MS*

### **National Health Service Corps Stories from the Field, Dr. Dereck Davis, Jackson-Hinds Comprehensive Health Center**

Check out the first profile, Dr. Dereck Davis, who is recognized everywhere he goes in the small town of Vicksburg, MS, where he is the town's only pediatrician. [Stories from the Field](#), profiles of providers who exemplify NHSC members' passion and commitment to care for the communities where they serve.

## **POLICY & REGULATION**

### **BPHC Releases HIV/AIDS PAL**

The HRSA Bureau of Primary Health Care (BPHC) has released [Program Assistance Letter \(PAL\) 2011-06, HIV/AIDS Care and Treatment in Health Centers](#). Similar to PAL 2010-13: HIV Testing in Health Care Settings, the new PAL outlines BPHC's expectations regarding the increased integration of HIV/AIDS services across the Health Center Program, reviews key guidelines and protocols, identifies opportunities for training and technical assistance, and provides links to resources for additional information. The transition of HIV to a treatable chronic disease calls for increased provision of HIV/AIDS services by health centers as part of comprehensive, culturally competent, quality primary health care services. Release of the HIV/AIDS Care and Treatment PAL is one of several efforts underway in BPHC to 1) support Health Centers in expanding your HIV/AIDS service delivery capacity, and 2) increase the Health Center Program's responsiveness to the goals of the [National HIV/AIDS Strategy](#).

## **FINANCE & PAYMENT**

### **MedPAC Includes Chapter on FQHCs for First Time**

The Medicare Payment Advisory Commission (MedPAC), in its annual report to Congress released this week, for the first time included a chapter focused on Community Health Centers. The report indicates that FQHCs were included for three reasons: they are illustrative of a team-based approach to primary care, relying on advanced practice nurses, physician assistants, and other non-physician practitioners as well as physicians; they are required to provide care in medically underserved areas or to treat medically underserved populations and play a role in meeting primary care capacity challenges in low-density rural areas; and the change in Medicare's payment system from a per visit cost-based reimbursement to a prospective payment system (PPS) will

likely result in higher payments to FQHCs, encouraging FQHCs to serve more Medicare beneficiaries. To read what MedPAC has to say about FQHCs, see Chapter 6 of the [report](#).

### **NGS Offers FQHC Billing Webinar**

National Government Services (NGS) will offer a webinar on Wednesday, July 20, 2011 from 1:00-3:00 p.m. ET to improve understanding of coverage and billing criteria for FQHCs submitting claims to the fiscal intermediary. [Register](#) on the NGS website.

## **HEALTHCARE HEADLINES... BUSINESS NEWS, TRENDS & ANALYSIS**

### **Deficit Talks Continue with Medicaid Still in the Mix**

Deficit negotiations are heating up on Capitol Hill with the group led by Vice President Biden ("the Biden Group") meeting several times last week and scheduled for three to four additional multi-hour talks this week. The goal is to resolve the impasse over extending the nation's borrowing authority well before August 2nd, which is necessary in order for the U.S. to avoid the risk of default. Negotiators have yet to agree on a package of policy changes that meets the group's generally agreed upon goal of cutting the deficit by \$4 trillion over the next decade. Within the broader debt ceiling discussion, one item receiving attention this week is of particular importance to safety net providers nationwide: the possible repeal of the Medicaid Maintenance of Effort, or MOE, requirement from the Affordable Care Act (ACA). The requirement penalizes states that change their Medicaid benefit package before healthcare reform is fully implemented in 2014. For more information, visit NACHC's blog, [Health Centers on the Hill](#).

### **[Press Release: America's Community Health Centers and IBM Partner to Celebrate Community Service](#)**

Fri, 17 Jun 2011: Effort part of company's Celebration of Service program.

### **[Press Release: Partnership for Medicaid Briefing: What Medicaid Means to All Americans](#)**

Thu, 23 Jun 2011: Capitol Hill Briefing on Tuesday, June 28th, 12 p.m.

### **[Alert: Now Available: FQHC Guide and Toolkit for Retail Health Care](#)**

Wed, 22 Jun 2011: Key Strategic, Business, Operational and Legal Considerations.

### **[Alert: HRSA HIT & Quality Webinar "Tips on Using Health IT within a Patient Centered Medical Home," Friday June 24, 2011 at 2pm EST](#)**

Wed, 22 Jun 2011: REGISTER NOW! HRSA HIT & Quality Webinar "Tips on Using Health IT within a Patient Centered Medical Home," Friday June 24, 2011 at 2pm EST

### **[Press Release: The Accomplishments of Community Health Centers Highlighted](#)**

Thu, 16 Jun 2011: Health and Human Services web site notes "Community Health Centers Care for Wave of Patients."

### **[U.S. Cancer Death Rates Decline, But Disparities Persist](#)**

The rate at which Americans die from cancer continues to fall, according to the latest estimates from the American Cancer Society. As a result, nearly 900,000 cancer deaths were avoided between 1990 and 2007, the group figures. Survival gains have come as mortality rates have declined for some of the most common malignancies, including colorectal cancer, breast cancer in women and prostate cancer.

### **[Explaining Health Reform: The New Rules for Determining Income Under Medicaid in 2014](#)**

Outlines changes to eligibility rules for Medicaid, Children's Health Insurance Programs, and exchanges under the 2010 healthcare reform, including new definitions and standardization for determining income and family size. Considers implications.

### **[Medicare to Pay Health Centers to Coordinate Care](#)**

The Dept. of Health and Human Services announced on June 6 that \$42 million is available over three years under the initiative. The demonstration project, known as the Federally Qualified Health Center Advanced Primary Care Practice, could provide up to 500 centers \$6 per Medicare beneficiary per month for coordinating care. Some qualifying facilities will be invited to participate by the Centers for Medicare & Medicaid Services.

### **[Cutbacks in State, Federal Programs Could Impact Communities](#)**

The following article focuses on Slocumb, AL but the town faces challenges familiar to all Wiregrass communities. State and federal dollars that help fund growth may soon become harder to get, and towns must adapt to the changing landscape.

### **[Census Estimates Show Minority Babies Now Outnumber White Babies, Part of Sweeping Race Change](#)**

For the first time, minorities make up a majority of babies in the U.S., part of a sweeping race change and a growing age divide between mostly white, older Americans and predominantly minority youths that could reshape government policies.

### **[More Young Adults are Living with Diabetes](#)**

As diabetes becomes more prevalent in young people, the long-term complications of the condition - cardiovascular problems like high blood pressure and high cholesterol, nerve damage, blindness and kidney failure - are more likely to occur at younger ages, too, says David Kendall, chief scientific and medical officer for the American Diabetes Association.

### **[What welfare cutbacks say about the wisdom of block grants](#)**

Welfare is not a big budget item for most states, taking up less than 2 percent of all state spending, according to the National Association of State Budget Officers (NASBO). But states have a great deal of flexibility in making cuts to welfare, particularly when compared with Medicaid, the joint state and federal health insurance program that makes up the single largest portion of total state spending (22 percent). While states are reducing some optional Medicaid services, federal health law prohibits states from cutting Medicaid eligibility or making it harder for people to apply for coverage.

### **[Health Disparities Persist Despite Quality Improvements](#)**

Overall, there were improvements in about two-thirds of 179 health care quality measures tracked by the federal government in the AHRQ's 2010 National Healthcare Quality and Disparities

Reports. But only 30% of 22 measures of access to care showed improvement, while 30% remained stagnant and 40% showed declines.

### **[Changes to Medicare, Medicaid to be Discussed in Hearings, Debt Talks](#)**

The future of Medicare and Medicaid will be a hot topic as negotiations on the debt ceiling continue this week. At least three bipartisan meetings helmed by Vice President Biden have been scheduled, and both parties began to make concessions this past week as a possible deal appeared to emerge. After House Budget Chairman Paul Ryan (R-Wis.) said he's open to keeping traditional Medicare as an option alongside private plans in his overhaul proposal, House Democrats offered their own solutions for preserving Medicare's solvency.

### **[Q&A: Mostashari on the Innovations Electronic Data Will Spark](#)**

Electronic health records are only a beginning of sorts. Although a top priority for providers, the meaningful use of EHRs is not the end goal - rather, the health data that EHRs make more accessible stands to unleash a wave of applications, products and services that ultimately catalyze improvements in health care, delivery and outcomes for both individual and population health.

### **[Telemedicine's Expansion a Virtual Certainty, Paper Says](#)**

Many of the barriers to widespread adoption of telemedicine are dissolving because of the health system reform law. Not only is it becoming more feasible for health care organizations to adopt telehealth technologies, but it's also becoming an attractive way to address many issues plaguing the health care industry.

### **[FDA Selects New Cigarette Warning Labels](#)**

The U.S. Food and Drug Administration (FDA) announced its final rule requiring graphic health warning labels on all cigarette packages and advertisements. In the fall of 2012, the 25-year-old warning requirement that currently appears on the sides of cigarette packs will be replaced with large graphic warning labels. These new labels will be displayed on the top 50 percent of the front and back of all cigarette packs. [Read More](#)

### **[Medicare Payment Advisory Committee Releases Report with FQHC Chapter](#)**

MedPAC released their annual report to congress this month, which includes that first ever chapter on FQHCs. [Click here to check it out, see Chapter 6.](#)

## **WORKFORCE DEVELOPMENT**

### **NHSC Resource Tool**

The National Health Service Corps (NHSC) has developed a new reference tool for sites that we hope you will find helpful. In addition, we also want to ensure all PCOs are aware of the Health Professional Shortage Area (HPSA) score applicable for recruitment and placement of NHSC scholars, as this information was recently updated.

### **NHSC Site Reference Guide**

We are happy to announce the new NHSC Site Reference Guide, which is now available on the NHSC website at <http://nhsc.hrsa.gov/communities/pdf/sitereferenceguide.pdf>. The purpose of this new resource is to provide clarity on site eligibility requirements, qualification factors, compliance, roles and responsibilities, and other information related to becoming or continuing as an NHSC approved site. As a PCO, we encourage you to utilize this tool as you work with sites interested in

joining the NHSC, as well as help existing sites to improve their understanding of the program requirements.

### **2011-2012 NHSC Scholar Placement**

As many of you may know, NHSC scholars are required to work at NHSC-approved sites in federally designated HPSAs of greatest need. NHSC reviews data each year to determine what HPSA score a site must have in order to recruit and hire an NHSC scholar. **As of June 20, 2011, the minimum HPSA score for the 2011-2012 placement cycle will be 16 for all eligible clinicians, not 17 and higher as had been anticipated.** This adjustment is being made based on further calculations completed in anticipation of publishing the official score in the Federal Register in the coming weeks. We are pleased this will provide additional opportunities for NHSC scholars and sites.

If you have any questions regarding the information above, please feel free to contact the NHSC Call Center at 1-800-221-9393. Thank you.

### **Hospitals Enter Competition for Primary Care Docs**

The Washington Post [reports](#) that, in one of the first concrete steps to remake the way medical care is delivered, hospitals are competing to hire primary-care physicians, trying to lure them from their private practices to work as salaried employees alongside specialists. In some cases, hospitals are seeking to take over existing practices; in others, they are hiring new graduates or relocating doctors from outside the region to prepare for Accountable Care Organizations and a payment system that incentivizes providers for keeping people well.

## **CLINICAL QUALITY**

### **New Strategy Aims to Move Nation's System from "Sick Care" to "Health Care"**

The [National Prevention Strategy](#) that was announced last week is a sweeping strategy that will emphasize prevention at all stages and walks of life. It will build on initiatives such as Michelle Obama's campaign for healthy eating and the Food and Drug Administration's new power to regulate tobacco as witnessed by the new labels to be included on tobacco products and in their ads. It seeks to require the complete range of prevention in everything federal agencies do and to have the rest of the country think of healthcare in a broader view going well beyond medications and scans to safer streets, cleaner water and easier access to healthy food.

### **IHI Issues White Paper on Innovations in Care Coordination**

A new Institute of Healthcare Improvement (IHI) paper discusses innovations in care coordination. [Care Coordination Model: Better Care at Lower Cost for People with Multiple Health and Social Needs](#) offers a framework for better understanding and supporting the population of individuals with multiple health and social needs, while pushing towards improved individual health outcomes and better experience of care at lower overall per capita costs (referred to as the IHI Triple Aim). The framework relies on a methodical approach to delivering coordinated services, not just health interventions, to improve health outcomes while ensuring efficient access to the health care system and other needed supports.

### **IHI Offers Free Call on Improving Care Across the Continuum**

Learn about the Institute for Healthcare Improvement's latest offering focused on office practice and other ambulatory settings, as well as transitions in care, on a free informational call on Tuesday, June 28 from 1:00-2:00 p.m. ET. True, system-wide transformation can only be achieved by improving the care itself in conjunction with the care coordination that patients need as they move between health delivery environments. You will hear from leaders of multiple initiatives working to accelerate health care improvement by translating innovative ideas into practical results that are truly meaningful to patients. You will also learn more about the many ways IHI is trying to improve the lives of patients, the health of communities, and the joy of the health care workforce in the office-based setting. [Registration](#) is required.

## INFORMATION TECHNOLOGY

### **New IT Guidance Released by CMS**

As your state contemplates how to create an exchange and how to tackle enrolling its uninsured residents, it will also be important to consider how to make sure your state's IT systems are created in a consumer-friendly way. Sophisticated IT systems for state exchanges, Medicaid, and CHIP programs (accompanied by plenty of consumer assistance) may be the key to enabling millions of Americans to get enrolled in coverage in 2014.

The new state IT systems will be very different than the Medicaid and CHIP eligibility systems we use today: In each state, all people applying for Medicaid, CHIP, or the state exchange should be able to use a single system, complete the application in 15-20 minutes, and be placed in the correct program.

The Centers for Medicare and Medicaid Services (CMS) describes the important components of a good IT system in the recent publication: [Guidance for Exchange and Medicaid Information Technology \(IT\) Systems Version 2.0](#) (CMS will continue to release updated versions). This IT guidance also provides updates on how to build Medicaid and CHIP into an IT system that complies with the Affordable Care Act.

For more information on the new IT guidance, [please read our brief summary](#) or you can [read the IT guidance online here](#). Please also check out our recent Health Action conference call, [Improving Information Technology \(IT\) & Enrollment Systems](#), where we discussed the first round of IT guidance released by CMS.

We hope these resources will assist you as your state begins the important process of creating a consumer-friendly IT system for the exchange, Medicaid, CHIP, and other state coverage programs.

If you have any questions please feel free to contact [stateinfo@familiesusa.org](mailto:stateinfo@familiesusa.org).

[Click here to view the Health Information Technology and Quality Update, July 2011](#)

## FUNDING AND OTHER OPPORTUNITIES

## **Novel Interventions and Collaborations to Improving the Safe Use of Medications (U01)**

### **Food and Drug Administration (FDA)**

**Deadline: July 18, 2011**

As part of FDA's Safe Use Initiative: Collaborating to Reduce Preventable Harm, FDA will identify drug/drug classes or therapeutic areas associated with preventable harm. The mission of the Safe use Initiative is to seek solutions to preventable harm associated with suboptimal use of regulated prescription and over the counter medications. The approach is to involve cross sector collaborations with other parts of healthcare committed to medication safety. This Funding Opportunity Announcement (FOA), issued by FDA, will provide resources for research to characterize preventable harm associated with specific FDA regulated drugs, identify sources (root causes) of the preventable harm and for the development and implementation of interventions to reduce the preventable harm.

#### **Full Announcement**

<http://www07.grants.gov/search/search.do?&mode=VIEW&oppld=100053>

## **Health People 2020 Community Innovations Project**

### **Office of Disease Prevention and Health Promotion (ODPHP)**

**Deadline: August 5, 2011**

Healthy People is a set of topic areas and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of people in the United States. Healthy People 2020 represents the fourth generation of this initiative, building on a foundation of three decades of work.

#### **Purpose**

This Request for Proposal (RFP) recognizes the lead role that community-based organizations play in improving a community's health. The purpose of this RFP is to solicit community-level projects that use Healthy People 2020 overarching goals, topic areas and objectives to promote improved health at a community level. Funding is intended to support activities above and beyond general operations. Using the projects funded through this RFP, the Office of Disease Prevention and Health Promotion (ODPHP) intends to evaluate how the Healthy People 2020 overarching goals, topic areas and objectives are being used to improve the health of communities.

#### **Full Announcement**

<http://www.healthypeople.gov/2020/implementing/HP2020CommunityInnovationsRFP.pdf>

## **Exceptional, Unconventional Research Enabling Knowledge Acceleration (EUREKA) In the Epilepsies (R01)**

### **National Institutes of Health (NIH)**

**Deadline: September 15, 2011**

This FOA solicits Research Project Grant (R01) applications from institutions/organizations proposing exceptionally innovative research on novel hypotheses or difficult problems, solutions to which would have an extremely high impact on biomedical or biobehavioral research in the epilepsies. This FOA is for support of new projects, not continuation of projects that have already been initiated. It does not support pilot projects, i.e., projects of limited scope that are designed primarily to generate data that will enable the PD/PI to seek other funding opportunities. Interventional clinical trials are also not appropriate for this FOA.

#### **Full Announcement**

<http://www07.grants.gov/search/search.do?&mode=VIEW&oppld=100793>

## **Point-of-Care Technologies Research Network (U54)**

**National Institutes of Health (NIH)**

**Deadline: September 28, 2011**

The purpose of this FOA is to solicit applications for Cooperative Agreement (U54) awards for continued support of the NIBIB's Point-of-Care Technologies Research Network (POCTRN), which comprises individual Centers that work to facilitate the collaborative merging of scientific and engineering advances with user-defined health needs in point-of-care testing. This opportunity is open to existing POCTRN grantees as well as new applicants.

**Full Announcement**

<http://www07.grants.gov/search/search.do?&mode=VIEW&oppld=100773>

## **Cooperative Study Group for Autoimmune Disease Prevention (U01)**

**National Institutes of Health (NIH)**

**Deadline: November 8, 2011**

This FOA issued by the National Institute of Allergy and Infectious Diseases (NIAID), and National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health, solicits applications from institutions or consortia of institutions to participate in a cooperative study group focused on prevention of human autoimmune disease. For the purpose of this FOA, prevention of autoimmune disease is defined as halting the development of an autoimmune disease prior to clinical onset by means other than global immunosuppression. The study group has as its foundation a set of cooperative agreements coordinated by a Steering Committee, and also draws upon an Infrastructure and Opportunities Fund to support a range of innovative, collaborative, and pilot/feasibility projects.

**Full Announcement**

<http://www07.grants.gov/search/search.do?&mode=VIEW&oppld=100033>

## **Advancing HIV Prevention through Transformative Behavioral and Social Science Research (R01)**

**National Institutes of Health (NIH)**

**Deadline: January 6, 2012**

This Funding Opportunity Announcement (FOA) encourages applications that will advance generalizable knowledge about HIV prevention through transformative behavioral and social science research. An underlying assumption for this funding opportunity is that methods of and findings from social and behavioral studies can make essential contributions to research that utilizes biomedical modalities. In addition, biomedical perspectives are essential for the advancement of social and behavioral HIV research on HIV prevention. Therefore, this FOA invites studies that are comprehensive in the sense that the reciprocal influences of relevant variables, whether social, behavioral, or biomedical are included in study design and interpretation. This FOA is intended to address the goals of the National HIV AIDS Strategy, and therefore studies should address issues that are highly relevant to the domestic (i.e., United States) HIV problem.

**Full Announcement**

<http://www07.grants.gov/search/search.do?&mode=VIEW&oppld=100633>

## **Carls Foundation Offers Funds for Youth Programs**

Private Funder: Carls Foundation; Opportunity: 2011 grants; Funding Focus: Youth, disabilities and healthcare; Geographic Focus: National; Eligibility: Nonprofits; Funding: Varies; Deadline: Varies, see below.

Summary: The principal purpose and mission of the foundation is to support children's welfare efforts that emphasize healthcare facilities and programs and the prevention/ treatment of hearing impairment.

The foundation was founded by Bill Carls, who created Numatics, a leading worldwide manufacturer of industrial air valves. Other focus areas include recreational, educational and welfare programs, especially for children who are disadvantaged, and preservation of natural areas, open space, historic buildings and areas having special natural beauty or significance. The Carls Foundation has no formal application for grant requests. A letter of inquiry is not required and phone calls are welcome (313/965-0990). In the past, all grants have been made to non-profit organizations with 501(c)(3) tax-exempt status. Requests are accepted at all times, but organizations are encouraged to submit requests well in advance of the scheduled meetings.

- The following schedule for trustee meetings and consideration of requests is typical:
  - January meeting – requests received by Nov. 1.
  - May meeting – requests received by March 1.
  - September meeting – requests received by July 1

Info: [www.carlsfdn.org](http://www.carlsfdn.org) or 313/965-0990-Elizabeth A. Stieg, executive director.

### **Stewardship Foundation Provides Faith-Based Grants**

Private Funder: Stewardship Foundation; Opportunity: 2011 foundation grants; Funding Focus: Underserved and the homeless; Geographic Focus: National; Eligibility: Faith-based groups; Funding: Varies (grants are generally limited to 10% of total operating revenue); Deadline: Rolling. Summary: The Stewardship Foundation, of Tacoma, WA, supports a range of programs for religious-based organizations which help children, the poor, aged, needy and homeless. Founded in 1947 with just 10,000 shares of Weyerhaeuser Company stock (worth about \$330,000), the foundation has grown dramatically. In 2002 the Stewardship Foundation surpassed the \$100 million in total grants awarded since its creation. Last year, the foundation gave \$6 million -- with average grants of approximately \$30,000 -- to about 150 organizations. There are no geographic limits to the foundation's giving efforts. It has in the past supported programs that assist the homeless. Grants are generally for one year's duration. Multiple year requests are considered for special projects, subject to annual review.

Exclusive PGA Insider's Tip: Grants are generally made in support of programs and operating expenses, and rarely for capital projects. Note that the foundation seeks to support organizations that share its evangelical Christian philosophy.

Info: [www.stewardshipfdn.org/index.php?section=16](http://www.stewardshipfdn.org/index.php?section=16); Stewardship Foundation, 1145 Broadway, Suite 1500, Tacoma, WA 98402, 253/620.1340, Fax, 253/572.2721

### **Epidemiology of Drug Abuse (R01)**

This Funding Opportunity Announcement (FOA) issued by the National Institute on Drug Abuse (NIDA), is intended to support research projects with the R01 mechanism to enhance our understanding of the nature, extent, distribution, etiology, and consequences of drug use, abuse, and addiction across individuals, families, communities, and diverse population groups.

This Program strongly encourages applications that address multiple levels of causation, reflecting the breadth of epidemiology research, that are transdisciplinary in nature and apply novel methods that allow for the advancement of science (e.g., those that investigate interplay among genetic, environmental, and developmental factors, or those that examine how aspects of social environments affect health outcomes), as well as those that take advantage of the investments made by NIH and other funders by using existing data to inform our understanding of drug abuse epidemiology and etiology in a creative and cost efficient manner.

Info:

<http://www07.grants.gov/search/search.do?&mode=VIEW&oppld=99713>

### **Patient Safety Research during Neonatal Care (R03)**

This FOA encourages a wide range of collaborative research projects related to patient safety in the context of both routine as well as intensive newborn care. The FOA welcomes proposals related to (but not limited to): the epidemiology of various domains of medical errors and consequent patient harm; assessing the factors at various levels that contribute to such errors; and intervention strategies at individual, systems, and institutional-levels to help reduce and eliminate medical errors in the context neonatal care.

It is anticipated that knowledge gained from these projects will help develop strategies to deliver highest quality of healthcare to all newborn infants with utmost safety and effectiveness.

Info:

<http://www07.grants.gov/search/search.do?&mode=VIEW&oppld=98613>

### **Graduate Level HIT Web-Based Education Scholarships for Providers/Staff Serving Rural and Underserved Populations**

**Application Deadline: July 10, 2011**

The University of Colorado Denver has received a grant from the Office of the National HIT Coordinator (ONC) to provide graduate-level Health IT education to healthcare professionals serving rural and medically underserved communities. Courses are all web based with flexible schedules and are open to applicants nationally. This grant covers the tuition and fees up to \$10,000, which covers most of the costs for the student. Questions should be directed to Donna DuLong, Colorado HITEC Program, at (303) 724-5515 or send an email to

[HITEC@ucdenver.edu](mailto:HITEC@ucdenver.edu).

### **[DentaQuest Foundation Venture Fund for Oral Health](#)**

**Letters of Intent and Applications: Accepted on a rolling basis through November, 2011**

A new funding opportunity for oral health programs that have demonstrated positive outcomes and which have the potential to make an impact on a wider scale. Funding will specifically support business planning, capacity building, and program evaluation, to allow grantees the ability to expand while maintaining the quality of their programs.

### **[HHS Healthy Food Financing Initiative Grants](#)**

**Application Deadline: July 11, 2011**

Grants and loans to help open new fresh food outlets -- supermarkets, farmers' markets, and expanded convenience stores -- in low-income and under-served communities. \$10 million in funding will be available for the program. This federal effort is modeled on a successful and proven program in Pennsylvania that has already helped create or expand 88 fresh food outlets, create or retain more than 5,000 jobs, and bring healthy food access to 400,000 residents who didn't have access before.

### **[School-Based Comprehensive Oral Health Services Grant Program](#)**

**Application deadline: July 15, 2011**

Funding to demonstrate the successful integration of comprehensive oral health care into an existing School Based Health Center, focused primarily on early childhood and elementary/middle-school aged children of greatest need.

### **[Stewardship Foundation Faith-Based Grants](#)**

**Application Deadline: Rolling**

The Stewardship Foundation supports a range of programs for religious-based organizations which help children, the poor, aged, needy and homeless. Last year, the foundation gave \$6 million, with average grants of approximately \$30,000, to about 150 organizations. There are no geographic limits to the foundation's giving efforts. It has in the past supported programs that assist the homeless. Grants are generally for one year's duration. Multiple year requests are considered for

special projects, subject to annual review. The foundation seeks to support organizations that share its evangelical Christian philosophy.

### **Medicare Advanced Primary Care Practice Demonstration Project**

**Application Deadline: August 12, 2011**

This 3-year demonstration project will test the effectiveness of doctors and other health professionals working in teams to coordinate and improve care for up to 195,000 Medicare patients. It will show how the patient-centered medical home model can improve quality of care, promote better health, and lower costs. Participating FQHCs are expected to achieve Level 3 patient-centered medical home recognition, help patients manage chronic conditions, and actively coordinate care for patients. To help participating FQHCs make these investments in patient care and infrastructure, they will be paid a monthly care management fee for each eligible Medicare beneficiary receiving primary care services; in return, FQHCs agree to adopt care coordination practices that are recognized by the National Committee for Quality Assurance (NCQA). CMS and HRSA will provide technical assistance to help FQHCs achieve these goals. A [CMS Fact Sheet](#) is available. Direct questions to [fghc\\_med\\_home@cms.hhs.gov](mailto:fghc_med_home@cms.hhs.gov).

### **Healthy Smiles, Healthy Children Access to Care Grants**

**Application Deadline: Letter of Interest Due August 15, 2011**

Matching/challenge grants of up to \$20,000 per year supporting U.S. initiatives that provide dental care to underserved/limited access children. Special consideration will be given to programs that have demonstrated success and/or have potential for replication in other communities. Initiatives demonstrating collaboration with other institutions and organizations will be given priority consideration.

### **Open Meadows Foundation**

**Application deadline: August 15, 2011**

Grants for projects that are led by and benefit women and girls, particularly those from vulnerable communities.

### **Promoting Engagement in Care and Timely Antiretroviral Initiation Following HIV Diagnosis**

**Application Deadline: September 9, 2011**

This Funding Opportunity Announcement (FOA) seeks research to improve medical care engagement and treatment adherence among HIV infected individuals in the first twelve months following HIV diagnosis, enrollment in HIV primary care, or initiation of antiretroviral treatment (ART). The overarching aims of this initiative are to develop and test interventions to reduce the time between HIV diagnosis and achievement of first undetectable viral load among patients for whom ART is indicated, as well as to reduce racial/ethnic disparities in HIV treatment outcomes.

### **MAC AIDS Fund**

**Application Deadline: September 9, 2011**

Grants of up to \$50,000 each to nonprofit organizations that are providing vital services to people affected by HIV/AIDS. The purpose of this program is to support nonprofit organizations that provide basic needs, direct services, and education, awareness and prevention programs to children and adults affected by HIV/AIDS. New focus areas include capacity building, sustainability and collaborations or partnerships. All grants are considered one-time awards. Priority is given to direct service programs.

### **Screening, Brief Intervention, and Referral to Treatment with a Trauma Module Grant**

**Application Deadline: July 5, 2011**

The Substance Abuse and Mental Health Services Administration is accepting grant applications for fiscal year (FY) 2011 that build upon SAMHSA's Screening Brief Intervention and Referral to Treatment (SBIRT) for alcohol and illicit drugs and that test the additive value of integrating a screening and brief intervention module for trauma. The purpose of the program is to implement

SBIRT in primary care settings and to develop and test new trauma modules for integration into SBIRT. Findings from this program will determine the feasibility of integrating trauma screening and brief intervention with the established SBIRT and the additive value to individuals and primary care providers.

#### **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.

#### **Cancer Education Grants Program**

**Application Deadline: January 7, 2012**

The National Cancer Institute (NCI), encourages applications for the development of innovative cancer education programs and research dissemination projects that can be completed within 5 years, including training of cancer care clinicians and community health care providers in evidence-based cancer prevention and control approaches and development of effective innovative education (dissemination) approaches to translate knowledge gained from science (discovery) into public health, and community applications (delivery).

#### **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.

#### **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

### **Commonwealth Fund: *Assessing the Financial Health of Medicaid Managed Care Plans and the Quality of Patient Care They Provide***

With many states contracting out the delivery of Medicaid, this study examines how publicly traded and non-publicly traded health plans differ. The study looks at differences in the quality of care provided, the financial stability of the programs and the administrative expenses among the plans.

### **Alliance for Health Reform: *Briefing Webcast- Preventing Chronic Disease: The New Public Health***

The United States is faced with a chronic disease epidemic that is responsible for 75% of health care costs. ACA contains a number of provisions aimed at addressing population health. Listen to hear how prevention can improve health and reduce costs, even in the face of budget constraints.

### **Families USA: *Obtaining Exchange Funding and Achieving Consumer-Friendly Outcomes: A State "To Do" List***

Many states are wrestling with how to establish and operate new exchanges. This brief provides a "To-Do List" that helps states to move from the grant process to implementation by January 2014.

U.S. Department of Health and Human Services and the U.S. Department of Justice has released [\*Access to Medical Care for Individuals with Mobility Disabilities\*](#), which will provide valuable assistance to better serve persons with disabilities, protect persons with disabilities and your staff from injury, and comply with federal law.

### **Materials from the AAPC-CMS ICD-10 Code-a-thon Have Been Posted to the ICD-10 Website.**

If you weren't able to join the AAPC-CMS ICD-10 Code-a-thon or if you just want a closer look at all the materials from the presentation, they are now available on the CMS website in the Latest News section.

Posted materials include:

- Presentations from AAPC and CMS on ICD-10 and Version 5010
- A transcript and audio of the presentations given during the webinar

To keep up to date with what's happening at **NACHC**, click [here](#) to read their latest newsletters.

Although this year's seasonal influenza vaccine will be identical to the one administered in the 2010-11 season, physicians still should provide the vaccine to patients who are 6 months and older, says the **Centers for Disease Control and Prevention**. The recommendation is in response to comments by some health experts that young, healthy people who received the 2010-11 flu immunization might not need it this year. They say that such patients already could have sufficient immunity to the three widely circulating influenza viruses included in the vaccine.

The CDC disagrees vehemently with that position. "We know that, over time, immunity wanes. For someone to be fully protected against influenza, they have to be vaccinated each and every flu season," said CDC spokesman Tom Skinner.

An updated **National Incident Management System (NIMS) Hospital Guidance** has been released. Click here for the [NIMS website](#).

**Free Health IT Competency Exams for Health Centers:** The Office of the National Coordinator (ONC) for Health Information Technology has released a set of competency exams created to more easily identify expert-level IT professionals. These exams allow individuals to demonstrate their level of skill in competencies identified as essential for key health IT professional workforce roles, and providers to assess current staff members' health IT competency. Health centers may apply for vouchers to take the exams at **no cost** through ONC's voucher program. For more information and to apply for vouchers, see the NACHC website at <http://www.nachc.com/HITCertificationforhealthcenters.cfm>.

To commemorate 30 Years of AIDS (<http://aids.gov/thirty-years-of-aids/>), BPHC released **Program Assistance Letter (PAL) 2011-06, HIV/AIDS Care and Treatment in Health Centers** (<http://bphc.hrsa.gov/policiesregulations/policies/pal201106.html>). The HIV/AIDS Care and Treatment PAL outlines BPHC's expectations regarding the increased integration of HIV/AIDS services across the Health Center Program, reviews key guidelines and protocols, identifies opportunities for training and technical assistance, and provides links to resources for additional information.

*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.*