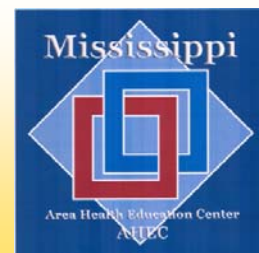




Mississippi Rural Health Association,
Mississippi Office of Rural Health, and
Mississippi Area Health Education Centers



Crossroads

VOLUME 5, Issue 1

Winter 2009

Special points of interest:

*A national rural
health snapshot*

*Nominees accepted
for NRHA Rural
Health Awards*

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From the MRHA president's pen

Each new year brings opportunity to reflect and set goals for the year to come. It provides a time to evaluate what has been accomplished and presents hope for what lies ahead. As the new president of the Mississippi Rural Health Association, I want to share what I experienced with MRHA over the last year and what I envision for 2009.

MRHA had a fruitful year in 2008, full of growth and expansion. Early in 2008, the Board of Directors set new goals for the association.

Among these goals was the redesign of the MRHA Web site in an effort to connect members with broader interested bodies in Mississippi and also better inform members about association activities. The Web site's successful redesign clearly articulates the association's new goals, provides conference information, employment opportunity postings, and other items of interest.

Another goal was to provide educational opportunities in addition to the annual conference. In an effort to reach out to our members and others throughout the year, MRHA hosted the first *Lunch and Learn* seminar. Similarly, MRHA offered two workshops, one on grant proposal writing, and one for rural health clinic administrators and personnel, both of which were a great success. Both workshops had nearly 50 attendees, the majority of which requested more educational activities. Ultimately, the Board's



Laura Hall Downey, President
Mississippi Rural Health
Association 2009

hard work in establishing these new goals and working toward them resulted in an increase in the number of individual and organizational memberships.

After such a productive year, we must turn our attention to sustaining and expanding these efforts in 2009. As MRHA's incoming president, I have three goals I would like to accomplish in the next year. First, I would like to improve the association's relationship with its array of members. MRHA brings together a wide range of interdisciplinary partners to impact the health of rural Mississippians. Yet, due to busy schedules, we oftentimes become passive members of the associations to which we belong. As an association led by an extremely dedicated board of directors, I want to encourage strategies for strengthening relationships with the broad base of members statewide and create meaningful ways to engage association members year-round. This must

begin by clearly articulating member benefits and providing rewarding opportunities for members that encourage involvement in the association's work.

Second, I want to engage state policy makers in MRHA's work, inviting them to become active participants in our events. I intend to keep local and state policy makers informed about rural health issues that concern MRHA's members, as well as activities sponsored by the association. While the annual conference provides a key opportunity to involve policy makers, there are many other methods and opportunities for keeping our formal leaders informed and involved throughout the year.

Lastly, as a public health researcher and educator, I have an interest in keeping rural public health issues at the forefront of the association's agenda. We will continue to highlight broad public health services, such as health education, public health policy, disease surveillance, and environmental health, all of which are key to ensuring healthful conditions in rural Mississippi. As the MRHA president, I hope to raise awareness about rural public health and rural medical care and also highlight points of public health pride in Mississippi.

I look forward to all the opportunities 2009 has to offer. I hope you will join me as we set the agenda and move forward toward MRHA's goals.

From the MORH director's desk

By year's end 2008, and well in advance of the end of the fiscal year, the Mississippi State Office of Rural Health (MORH) had completed two major tasks for the 08-09 fiscal year. The office completed the revision of the FLEX State Rural Health Plan, and was selected to participate in a Health Resources and Services Administration (HRSA) performance review. The HRSA performance review is a part of the overall HRSA agency strategy to enhance the performance of HRSA-funded programs and assist grantees with their ongoing efforts. In 1997, the Federal Office of Rural Health Policy required states seeking funding to organize Medicare Rural Hospital Flexibility (FLEX) Programs to develop state rural health plans to guide the activities of their respective FLEX programs. The purpose of the FLEX Programs is to help sustain the rural healthcare infrastructure, with Critical Access Hospitals (CAHs) serving as the hub of an organized system of care for small rural communities. CAHs are small rural hospitals with a special classification from the Centers for Medicare and Medicaid Services. In addition to the designation of small rural hospitals to critical access status, FLEX Programs also allow states to engage in rural health network development and support, hospital quality improvement initiatives, support for CAHs, and emergency medical services (EMS) activities.

The HRSA performance review began in April and concluded in August. It was a joint effort by both the MORH and HRSA's Office of Performance Review (OPR). The review entailed several conference calls, on-site meetings, analysis of data and information, development of a performance report, and development of an action plan. The review provided an opportunity for the MORH to provide feedback to HRSA about the impact of HRSA policies on program implementation and performance. The review can be instrumental in determining if services are effectively delivered, measuring program efforts and outcomes, establishing mechanisms for trending actual and projected performance against stated program goals and objectives, and identifying internal and external factors that influence, help, or restrict perform-

ance. The HRSA OPR team assigned to work with the MORH was very helpful and our office was very pleased with the performance review process and results.

In July 2008, the MORH began preparing for the strategic planning process to revise the FLEX State Rural Health Plan. The planning process included assembling a FLEX State Rural Health Plan Steering Committee with representatives from many stakeholder groups to provide insight and information on topics related to CAHs and rural health in general. The process also included questionnaires completed by CAH administrators and administrators for hospitals eligible for CAH status; a questionnaire completed by the state's Quality Improvement Organization; information from the Mississippi State Department of Health Bureau of Emergency Services; information provided by the Mississippi Insurance Department Fire Services Development Division; and a questionnaire completed by EMS providers in the state.

Special thanks go to committee members Larry Barr, Director, Mississippi Insurance Department Fire Services Development Division; Mendal Kemp, Director, Mississippi Hospital Association Center of Rural Health; Bo Bowen, Vice President, Information and Quality Healthcare; Kerry Riddle, Mississippi State Department of Health EMS Bureau; Lee McCall, Administrator, Jefferson Davis Community Hospital; Mitch Morris, President, Mississippi Rural Health



Rozelia Harris, MBA
Director, MORH

Association; and Steve A. Gray, Director of Member Services Legislative Liaison, Mississippi Association of Supervisors. Dr. Laura Hall Downey, with The Center for Research, Evaluation, Assessment, and Training Services at The University of Southern Mississippi assisted with facilitation. The planning process was concluded in early November and resulted in the MORH continuing to propose activities for the FLEX Program to address needs that focus on: 1) support for CAHs; 2) network development; 3) quality improvement; 4) EMS; and 5) designation of hospitals to CAH status. The plan can be viewed on the rural health section of the Mississippi State Department of Health's Web site.



MSDH staff and HRSA OPR staff hard at work in performance review meetings.

A word from the North Central Area Health Education Center director

The North Central Area Health Education Center (NC AHEC) is one of six regional AHEC centers in the state. It is the only Center that is hosted by a federally qualified community health center, i.e., the Aaron E. Henry Community Health Services Center, Inc., in Clarksdale, Mississippi. The intent of the NC AHEC is to increase access to quality health services through programs geared towards health education and health career promotion and development in its 16-county service area. The mission of the NC AHEC is "to increase the accessibility and availability of quality health care to medically underserved populations within north central Mississippi."

A key strength within the AHEC program is the practice of collaborative program development and implementation. By working with organizations in north central Mississippi, we feel that greater improvements in health status and health care can be achieved. In addition to being an active participant, AHEC also seeks to serve as a facilitator by providing a forum for partnership development and collaborative program development to take place across the region.

Major components of our efforts are our educational training and certification programs. For example, the Certification Education Program was developed to provide health professionals in the region with a variety of professional development opportunities. Currently the NC AHEC offers full educational programming in BLS, ACLS, PALS, NRP, Heartsaver First Aid, and CPR. All of these educational programs are available to community organizations, as well as individual community members. As part of this educational component, the NC AHEC offers on-site training through experienced American Heart Association certified instructors. We provide all the necessary tools and supplies needed for the training and have state of the art equipment.

Another major component of the NC AHEC's programmatic efforts are our student rotation programs and our student education program (entitled "EN-SHOCK" which is an acronym for "Enhancing Students' Health and Occupational Career Knowledge.") These programs are aimed at increasing student



Jessica Hunt, Director
North Central AHEC

retention and interest in the medical field. For the student rotation program, the NC AHEC serves as the liaison among various health organization, area universities, and junior colleges to facilitate the program. We expect to expand this program to cover all of our 16 counties.

"EN-SHOCK" is a six-week educational program that includes job shadowing and targets high school juniors and seniors. The program is aimed at enhancing a student's knowledge of the careers that are available in the medical field. The first component of the program consists of students attending lectures from various medical professionals, such as physicians, nurses, certified medical billers, respiratory therapists, and medical transcriptionists. Students may then shadow these professionals to get an in-depth, hands-on view of what the specific profession involves. The first session of this program is scheduled to



start February 2009 and will be in Coahoma County.

The NC AHEC believes education is vital, so one of our most recent events was our "Community Baby Shower." We held our first baby shower on November 6 in Clarksdale, Mississippi in collaboration with Northwest Regional Medical Center and the Mississippi Chapter of the March of Dimes.

A major component of the Community Baby Shower is the educational presentations. These presentations focus on enhancing parents' knowledge on the appropriate ways of taking care of themselves and their newborns. Some of the topics discussed were the benefits of breastfeeding, car seat safety, signs and symptoms of labor, etc.

In addition to the educational presentations, the Community Baby Shower serves as an opportunity for parents to receive some much-needed items to help welcome their new baby. Many of the parents that attended the Community Baby Shower lack the financial means to purchase needed items for their babies and typically do not receive a personal baby shower of their own. Therefore, all expectant mothers attending the Community Baby Shower were eligible for free gifts and prizes. The community showed tremendous support for this event and several local businesses made generous donations. Over 25 expectant mothers were in attendance. Due to the outstanding success of this event, we now have showers planned in all of our other counties.

The NC AHEC strives to provide a variety of resources that will enhance both the knowledge and health status of the communities we serve. We are continuously looking for new programmatic and collaborative opportunities.

If you would like more information concerning NC AHEC, contact Jessica Hunt, Director at (662) 624-4292.

The University of Mississippi Medical Center's Mississippi Area Health Education Centers (MS AHEC) is a statewide health professions network dedicated to improving access to health care in Mississippi's rural and underserved communities.

National Association of Rural Health Clinics' meeting

by Joanie Perkins, CPC

I was able to attend the 9th annual National Association of Rural Health Clinics' meeting in Saint Louis, Missouri, November 18-20. The conference was well attended and I saw many familiar faces.

As always, the conference was extremely informative, so I thought I would give you a few of the highlights.

The National Policy Update given by Bill Finerfrock, Executive Director of NARHC. He resides in Washington, DC and is very familiar with the way things work inside the beltway regarding rural policies and politics. He was pleased that President-elect Obama appointed former

Senate Majority Leader Thomas Daschle to serve as secretary of the Department of Health and Human Services. He is a South Dakota native and very familiar with rural issues.

Now that President-elect Obama has appointed Mr. Daschle Secretary of HHS, he will in turn meet with the senate finance committee and after that takes place, a new administrator of the Centers for Medicare & Medicaid Services will be appointed. Bill reminded us that during this transition time, we should not expect final regulations to take place, so there will probably be no changes to contend with until after the election. That is good news

indeed!

In addition to the "hill updates," there were several presenters sharing their expertise on issues like the impact of the Medicare Advantage plans on RHCs, and how to successfully recruit and retain top quality providers in the rural environment. If you work for a rural health clinic, I strongly suggest you participate in the free listserv offered on the NARHC's Web site. There often are questions and answers shared on the listserv that I'm sure are affecting us all. The Web address is <http://www.narhc.org/>

Joanie Perkins, CPC, Director
North Sunflower Medical Center

Hurricane Katrina makes case for HIE in Mississippi

by James S. McIlwain, MD

After Hurricane Katrina destroyed the medical records of thousands of evacuees, the state of Mississippi decided to create networked electronic records that would not be lost during the next major emergency. Governor Haley Barbour created the Mississippi Health Information Technology Infrastructure Task Force in March 2007 to develop strategies for healthcare information technology adoption and health information exchange (HIE) development.

The task force's action plan called for a "proof of concept" project for the six counties of Harrison, Hancock, George, Jackson, Stone, and Pearl River that were

so severely affected by Katrina. The absence of detailed patient histories and medical records put the citizens of Mississippi at risk and created an information vacuum for physicians and nurses as they sought to provide high-quality healthcare in a variety of care settings across the state. The task force has been keenly interested in using information technologies to facilitate clinical data exchange and ensure a community-based continuity of care record.

This led to the creation of the Mississippi Coastal Health Information Exchange (MISCHIE). MISCHIE is administered by Information & Quality

Healthcare (IQH), the federally designated Quality Improvement Organization (QIO) for Mississippi. Funded by a grant from the federal government, MISCHIE's purpose is to help restore health information systems damaged by Hurricane Katrina. MISCHIE will have a secure interoperability platform, enabling clinicians to access community-based patient health records, clinical messaging and e-consultation, medical claims, and medication history. The system will go live in late spring of 2009.

For more information, contact IQH at 601-957-1575 or 1-800-844-0500 ext. 247.

Prescription safety project for elderly begins

Information & Quality Healthcare (IQH), the federally designated Quality Improvement Organization (QIO) for Mississippi, has initiated educational interventions to improve safety in prescribing for elderly patients as part of the Centers for Medicare & Medicaid Services (CMS) Quality Improvement Program. Statistics show Mississippi providers rank second in the nation for prescribing potentially inappropriate medications for the elderly.

The goal of the IQH educational initiative is to increase compliance with the Beers Criteria, a guide for medication safety in the elderly.

Safe prescribing points include awareness that 30 percent of hospital admissions in patients ages 65 and older are linked to drug-related problems. Adverse drug events (ADE) are linked to depression, falls, constipation, immobility and confusion. Also, elderly patients are at increased risk for ADEs because of multiple comorbidities, complex chronic conditions, and polypharmacy.

National guidelines have been published identifying a number of medications that are either not effective, cause harmful side effects, or more suitable medications exist for treating the same conditions

when prescribing for the elderly.

IQH's clinical staff will work with physicians, pharmacists, and other health care providers to increase awareness and understanding of risk factors and safe prescribing principles for elderly patients as well as improving patient education and coordination between care providers.

For more information about being a part of this project, contact Jennifer Ghoson, MD, chief medical officer, at 601-957-1575, or visit the Web site at www.iqh.org.

IQH Publication No. 9SOW-MS-DS-1304-08

A National Rural Health Snapshot	Rural	Urban
% of USA population	nearly 25%	75% +
% of USA physicians	10%	90%
# of specialists per 100,000 population	40.1	134.1
Population aged 65 and older	18%	15%
Population below the poverty level	14%	11%
Average per capita income	\$19K	\$26K
Population who are non-Hispanic whites	83%	69%
Adults who describe health status as fair/poor	28%	21%
Adolescents (aged 12-17) who smoke	19%	11%
Male death rate per 100,000 (ages 1-24)	80	60
Female death rate per 100,000 (ages 1-24)	40	30
Population covered by private insurance	64%	69%
Population who are Medicare beneficiaries	23%	20%
Medicare beneficiaries without drug coverage	45%	31%
Medicare spends per capita compared to USA average	85%	106%
Medicare hospital payment-to-cost ratio	90%	100%
Percentage of poor covered by Medicaid	45%	49%

Reprinted from NRHA Web site <http://www.ruralhealthweb.org/go/left/about-rural-health/what-s-different-about-rural-health-care>
 Statistics used with permission from "Eye on Health" by the Rural Wisconsin Health Cooperative, from an article titled "Rural Health Can Lead the Way," by former NRHA President, Tim Size, Executive Director of the Rural Wisconsin Health Cooperative



No more Medicare Advantage!

Noxubee General Hospital administrator Danny McKay has posted notices in the hospital, clinics, local newspaper, and on billing statements that effective January 1, 2009, the hospital and clinics will no longer accept Medicare Advantage plans. As of that date, MA patients will be considered cash pay patients.

"We still accept traditional Medicare and have taken great care not to be misunderstood," stated McKay. "The complexities and issues surrounding Medicare Advantage are so great that we feel it is in our best interests not to continue to accept MA."

"A considerable percentage of the Medicare population in Noxubee County is dually-eligible and really had no idea what they were doing when they gave up their traditional Medicare and signed on for Medicare Advantage," McKay continued. "The Medicare Part D sign-up further complicated the matter."

Noxubee General Hospital is county-owned and located in Macon, Mississippi. Three rural health clinics and a nursing home are also operated under the same authority.

MCIC schedules Capitol Day

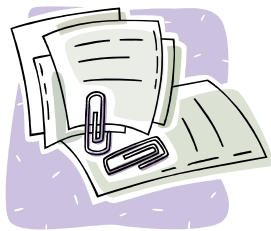
The Mississippi Chronic Illness Coalition has scheduled its annual Capitol Day for Thursday, January 15, 2009. The special visit to the legislature and staff at the Capitol Rotunda will focus on health messages, particularly in relation to Health Awareness Day, which is also that same day.

Organizations from throughout the state will combine efforts to share information with legislators on prevalent chronic illnesses. Special emphasis on Capitol Day will be on the "Know Your

Numbers" campaign that gives information on the health risks of cholesterol, blood pressure, blood glucose, and body mass index. Health screenings will also be conducted.

This past year MRHA took a vital part in the efforts by making it possible for MCIC to accept tax-deductible donations.

For more information, call Carole Kelly at (601) 957-1575, ext. 209.



Coding Tip Corner

Collecting co-pays and deductibles:
 The Medicare deductible for 2009 is \$135.00. When charging patients in the RHC setting, be sure to use your actual charges, not your Medicare rate. Bundle all line items into one revenue code and collect 20% of your total charge from your patient, or your patient's Medigap carrier.

Example:

99213 – Expanded Problem Focused Visit	Charge
69210 – Removal impacted cerumen	\$80.00
	\$40.00
Total Charge	\$120.00
Co-pay (co-insurance)	\$24.00

The total charges are then bundled into one line item using revenue code 521 on the UB04.

For more information, contact Joanie Perkins, CPC
Joanie.perkins@northsunflower.com

MNF welcomes new executive director

Rosalyn Smith-Howard of Brandon recently joined the Mississippi Nurses Foundation as executive director. Howard, formerly a health care workforce specialist with the Mississippi Hospital Association's Office of Nursing Workforce, brings more than 11 years of experience in education, counseling, and healthcare recruitment to the non-profit foundation charged with financially enhancing the programs of the Mississippi Nurses Association.

"Over the last six years, my work has afforded me the opportunity to provide awareness, educational counseling and scholarship information to nurses, allied healthcare workers, and students," Howard said. "I am looking forward to being able to now direct some of the foundation's resources to meet the needs of registered nurses."

Howard received a bachelor's degree in education and a master's degree in guidance and counseling from Alcorn State University. She is a 2008 member of the Leadership of Greater Jackson and a member of the Mississippi Rural Health

Association's Board of Directors.

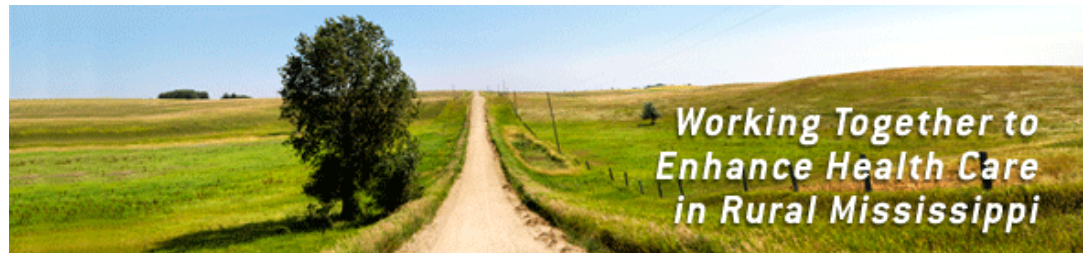
While Howard joins the Foundation professionally, she is no stranger to the activities and events sponsored by the Mississippi Nurses Association and Foundation. She has volunteered the past three years as chairman of the decorating committee for the annual Nightingale Awards Gala.

Since 1982, the Foundation has been actively involved in advancing the nursing profession and improving the quality of healthcare for all citizens through awareness and scholarship efforts. It was created as a non-profit organization to financially enhance the programs of the Mississippi Nurses Association. Since that time, the Foundation and the MNA have worked together closely to advance the nursing profession in Mississippi and improve the quality of healthcare for all citizens.

The Foundation and MNA are co-sponsors of the Mississippi Nightingale Awards and each supports the activities of the other. Both are located in the Mississippi Center for Nurses in Madison.



Rosalyn Howard, M.Ed.,
Executive Director
Mississippi Nurses Foundation



MRHA Membership

MRHA would like to encourage you to join or renew your membership to the association for 2009 and support MRHA as it strives to provide leadership for improvement in the health status of rural Mississippians. With your assistance, MRHA will continue to be a forum to exchange ideas and information, as well as to encourage partnering among Mississippi's health-focused professionals and consumers.

Membership categories: Organization (\$100)
 Individual (\$25)
 Student (\$10)

A membership application can be found on the MRHA Web site at www.msaha.org, or by contacting Cheryl Grubbs at (601) 898-3001 or at mississippirural@bellsouth.net.

Anyone with a stake in Mississippi's rural health care is invited to join!

Nominations accepted now for NRHA Rural Health Award winners

Each year the National Rural Health Association honors outstanding individuals and organizations in the field of rural health at its Annual Conference, and 2009 will be no exception. [Act now](#) to nominate your favorite rural health professional or student in hopes they might be known and honored nationally for dedicating their time and talents to improving the health and well-being of others. The nomination deadline is January 16, 2009.

The NRHA strongly prefers online submissions. Please go to www.ruralhealthweb.org to learn more about the awards and/or to submit a nomination online. If you prefer to submit a paper or e-mailed submission, or if you have questions about the Rural Health Awards, contact Meaghan McCamman at McCamman@NRHArural.org or (202) 639-0550.

The 2009 Awards Luncheon will be held May 7 at the Fountainebleau Resort in Miami Beach, Florida, during the NRHA's 32nd Annual Rural Health Conference.

The award categories are:

- **Rural Health Practitioner of the Year**
This award recognizes a direct service provider for leadership in bringing health services to rural populations. The Practitioner Award is meant to be inclusive of all health disciplines. Factors taken into consideration include providing outstanding care, involvement in the community, and lasting contributions to the health care system.
- **Louis Gorin Award for Outstanding Achievement in Rural Health Care**
This award is presented annually in memory of Louis Gorin, a federal employee who for 25 years helped lead the design and authorization of health initiatives for rural America. Award recipients are selected based on their creativity, unselfishness, compassion and cooperative attitude in seeking ways to make lasting contributions to rural health care. The nominee's work should expand beyond the local community and have a demonstrated effect on rural health at state and national levels.
- **Outstanding Researcher Award**
This award is based on the premise that health services research and basic scientific inquiry specific to rural health needs have the potential to make long-lasting



contributions by guiding public policy and health care planning toward a rural focus. The nomination may be based on a single, significant work, or the culmination of multiple works.

- **Distinguished Educator Award**

This award strives to recognize that education and curriculum development dedicated to the needs of rural health professionals has the potential to encourage, assist, enhance, expand, and improve rural health careers.

- **Rural Health Quality Award**

This award recognizes any individual, organization, or group that has made significant contributions to the quality or safety of rural Americans. Nominee criteria includes evidence of improved outcomes or increase in health status indicators. Factors considered include number of rural Americans impacted, demonstration of measurable improvement, innovative approach to quality improvement, or measurement and applicability to other organizations or communities. This award is designed to recognize innovative best practices.

- **Outstanding Rural Health Organization**

This award recognizes any group or entire organization that has improved access to health services and information for rural people through innovative, comprehensive approaches. Factors considered include

outreach, preventive health and education, quality and efficiency of care, and strong community support and involvement.

- **Outstanding Rural Health Program**

This award recognizes a community, regional, or statewide program involving one or more health professionals or entities that promotes or facilitates the development of rural health delivery systems. Factors considered include coordination of services with other health care agencies to avoid duplication of services, networking and collaboration with other health care entities to achieve common goals, innovation in development and implementation, and lasting impact of program on populations and areas served.

- **NRHA/JSI Student Awards**

Eligible candidates for student awards include individuals enrolled in an institution of higher learning in some form or capacity (including residents, undergraduate, graduate, technical/vocational, community/junior college students). The awards are:

- **Student Leadership Award**

This award recognizes extraordinary leadership activities demonstrated by a student in the field of rural health. Candidates nominated for this award will have displayed a vested interest in improving rural health care, and will have demonstrated an ability to work towards this improvement.

- **Student Achievement Award**

This award recognizes extraordinary student initiated and performed activity demonstrated within the field of rural health. Nominees will have significant accomplishments in rural health care delivery, education, promotion, research or advocacy.

MRHA is pleased to highlight the re-design of the association's Web site. Check out the site at www.msrrha.org and let us know what you think!



Job announcement posting available.
Member rate is \$25 for a 3-month posting;
non-member is \$50

Contact Cheryl Grubbs for more information.
mississippirural@bellsouth.net
(601) 898-3001

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*A voice for health
in rural Mississippi*

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



**The Mississippi Chronic Illness Coalition's
Capitol Day
January 15, 2009**

The Mississippi Chronic Illness Coalition (MCIC) has scheduled its annual Capitol Day for Thursday, January 15, 2009. The special visit to the legislature and staff at the Capitol Rotunda will focus on health messages, particularly in relation to Health Awareness Day, which is also that same day.

Organizations from throughout the state will combine efforts to share with legislators information on prevalent chronic illnesses. Special emphasis on Capitol Day will be placed on the "Know Your Numbers" campaign that gives information on the health risks of cholesterol, blood pressure, blood glucose, and body mass index. Health screenings will also be conducted.

MCIC has been working for improvement of the long-term health of all Mississippians since 1996.

This past year MRHA took a vital part in the efforts by making it possible for MCIC to accept tax-deductible donations.

For more information, call Carole Kelly at (601)957-1575, ext. 209.