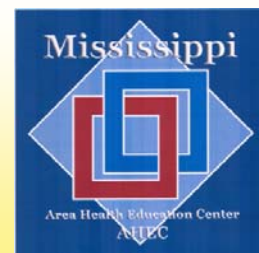




**Mississippi Rural Health Association,  
Mississippi Office of Rural Health, and  
Mississippi Area Health Education Centers**



# Crossroads

VOLUME 6, Issue 3

Summer 2010

**Special points  
of interest:**

**MRHA Annual  
Conference  
Sponsorship/exhibitor  
opportunities  
available**

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## From the MRHA president's pen

Summer 2010 promises to be a challenging one for both our coastline neighbors, farmers, and our rural health care providers.

The Deepwater Horizon oil spill has caused our fishing farmers on the Gulf Coast to endure restrictions on the fishing grounds they have used for generations, and there is no real projection on how long these restrictions may remain in force. The Mississippi Department of Marine Resources and the Mississippi Department of Environmental Quality are reviewing and revising the restrictions, based on the detection of oil in the Mississippi waters and the potential impacts on Mississippi's coastal marine resources daily.

It is further anticipated that the tankers coming in and out of our four coastal ports may be bottlenecked just outside the port area as the ships may need to be cleaned of oil prior to entering. This may cause delays in shipping the corn, soybeans, rice, and cotton our local farmers are raising this season.

On a different note, the National Coordinator for Health Information Technology (ONC) just released a rule establishing a temporary certification program so the "meaningful use" stimulus effort can go forward as planned in 2011. ONC previously said it would create the temporary program while it works on a longer-term strat-



**Joanie Perkins, President  
Mississippi Rural Health  
Association 2010**

egy for certifying electronic medical records (EMRs). It appears that the products our health care providers may have chosen for their electronic medical record may have to go through some additional confirmation with their chosen vendors that they have indeed met the ONC's temporary certification. Without this certification, the health care provider will not be eligible for the ARRA funds to assist them in the expense of converting from paper to electronic medical records.

The Centers for Medicare and Medicaid Services (CMS) is slated to issue the final rules for meaningful use the last week of June. Health care providers in Mississippi will want to read and understand these regulations before moving forward on their selection of an EMR vendor. The proposed regulations were 500+ pages, and we all have time for that, don't we?

The Mississippi Rural Health Association continues to look for creative ways to support our members and the rural health care providers in our state. It appears as if we have got our job cut out for us, and we want you to know that we will be responsive in an expeditious manner to the "real time" health care needs of our rural population.

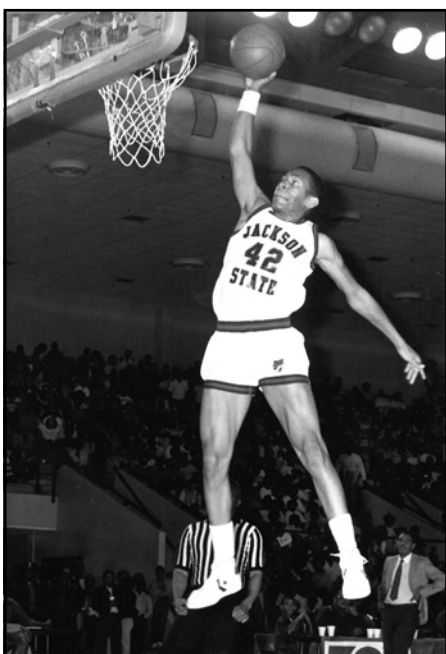
Please do not forget about the Rural Health Clinic workshop to be held in Jackson on July 30 and the upcoming MRHA annual conference to be held November 4-5 in Natchez, Mississippi. We will have up-to-the minute information for you on all of the issues mentioned here.

**Save the Date!**

**Mississippi Rural Health Association's Annual Conference  
"Looking Over the Fence:  
Help from Mississippi's Backyard"  
November 4-5, 2010  
Pre-conference Rural Health Clinic Workshop  
November 3, 2010  
Natchez Convention Center, Natchez, Mississippi**

## From the State Office of Rural Health director's desk

For those of you who know me, you know that I am a sports fanatic when it comes to collegiate and high school football and basketball. In fact, I will be headed to a gym this evening for a couple of high school basketball games. Yes, even during the summer. This article is dedicated to males in loving memory of the great 1980 Boy's State Championship Vicksburg High School Gators' Standout and our Family's #1 Coach Always--the late **Coach Fred Harris**. Unfortunately, for me, Harris (what I called him) and I met after his playing days. I missed his greatness on the court as a player; but, probably witnessed too much of his greatness coaching on the court--can someone say Bobby Knight? (Of course he wasn't nearly that intense.)



Coach Fred Harris  
(during his college playing days)  
JSU vs. Alcorn State—1984  
(JSU won this one)

During February 2008, after my serving as a guest lecturer for the Epidemiology of Minorities and Special Populations course at Jackson State University's College of Public Service, School of Health Sciences, Dr. Marinelle Payton and I had a discussion regarding partnering on an activity that would be of significant relevance. It was during this brainstorming session that we developed the idea of collaborating to sponsor a men's health

conference. In June of 2008, the first conference was held and we decided to pursue this activity on an on-going basis. After having to postpone the event last year, I am very pleased to announce that the 2<sup>nd</sup> Annual Men's Health and Healthcare Conference was held on June 17, 2010 at the Hilton Jackson Convention Center in Jackson, Mississippi. The conference was sponsored by the Jackson State University, College of Public Service, School of Health Sciences, Institute of Epidemiology and Health Services Research, Center of Excellence in Minority Health; Mississippi State Department of Health Office of Rural Health and Primary Care; U.S. Department of Health and Human Services National Institute of Child Health and Human Development; U.S. Department of Health and Human Services' National Center for Minority Health and Health Disparities; and the Centers for Disease Control and Prevention. In addition to having access to healthcare screenings, attendees received vital health and healthcare information related to men's health. The conference will no doubt be one of the most notable healthcare-related conferences of 2010.

According to the Centers for Disease Control and Prevention's 2008 Report on Life Expectancy, the life expectancy at birth in the United States is 77.7 years. The expectancy for females is 80.4 years and for males it is 75.2 years. Here we see a disparity of five years difference in the life expectancy between females and males. Because of the need to address health disparities, co-sponsoring this conference is a priority area for dissemination of information for the Mississippi Office of Rural Health and Primary Care. ***Living long years is good; but, living long enjoyable years is better.*** It is not only our desire to address the life expectancy disparity, but we also want to provide information that will help men to live healthier lives that allow them to enjoy long years of life.

Many of the major health risks for men can be prevented and treated with early diagnosis. Seeking medical attention early is critical for recovery, and regular screening tests can diagnose diseases in their infancy stages when they are easier to treat. The purpose of the conference



Rozelia Harris, MBA  
Director, MORH

was to provide a one-day forum to educate and empower men to take a proactive approach to improve the quality of their lives by increasing awareness of primary prevention through health education and promotion. The conference was planned by a committee of individuals concerned about the overall health and healthcare of men. It was designed to address some of the major issues and diseases facing men in Mississippi.

Although the female population in Mississippi is larger than the male population, the Mississippi 2008 Vital Statistics Report published by the Mississippi State Department of Health listed more deaths among the male population than the female population group. The median age at death for males in Mississippi in this report was 69 years old, and the median age for females was 78 years old, further indicating the disparity. Certainly, it is possible that one way we can assist males is by ensuring that avenues exist for them to have access to health and healthcare-related information. Hence, the importance of the conference.

The top ten leading causes of death in Mississippi are heart disease, malignant neoplasms, accidents, cerebrovascular disease, emphysema and other chronic lower respiratory diseases, Alzheimer's disease, diabetes mellitus, nephritis, nephrotic syndrome and nephrosis, influenza and pneumonia, and septicemia. The 2<sup>nd</sup> Annual Men's Health and

(continued on page 3)

## MRHA announces 15th annual conference details

MRHA is pleased to announce its 15<sup>th</sup> annual conference, "Looking Over the Fence: Help from Mississippi's Backyard" November 4-5, 2010, in Natchez at the Natchez Convention Center.

Sessions at the conference will focus exclusively on local programs and services. Plan to attend and hear from Brock Slabach, Mississippi native and Senior Vice President of National Rural Health Association, about the impact of healthcare reform on rural health in Mississippi. Dr. Mary Carrier, State Health Officer, will give an update from the Mississippi State Department of Health. Representatives from the Delta Health Alliance will share information about new and expanding programs in the Delta. Choices will abound with break-out session tracks featuring topics for rural health clinic and hospital providers, including an update from Mississippi's Health Exchange task



force. "Older Adult Sensitivity Training" will be a part of the aging track, and the university outreach track will provide a forum for local universities to highlight rural health initiatives.

On the second day of the conference, participants will learn about the heart attack reduction rate in Starkville following a smoke-free ordinance. Participants will

also share in the success of rural communities as a representative from the Blue Cross/Blue Shield Foundation recognizes the Healthy Hometown Award recipients.

Again this year, students from the Mississippi Rural Physicians Scholarship Program will present posters focused on the health of their hometown.

The registration fee for the conference will be \$150 for current MRHA members, \$175 for non-members, and \$125 for full-time students. Hotel rooms are available at the Natchez Grand Hotel for \$89 per night.

Check the MRHA Web site at [www.mshra.org](http://www.mshra.org) for updated information and the registration brochure.

For more information, contact Jan Entrekin at [jventrekin@comcast.net](mailto:jventrekin@comcast.net) or call 601-898-3001.

## MRHA develops comprehensive directory of the state's Rural Health Clinics

MRHA has developed a comprehensive Directory of Mississippi's Rural Health Clinics. With Mississippi ranking fifth in the nation for the total number of rural health clinics (RHCs), MRHA is hoping this directory will help bring Mississippi's RHCs together. It is MRHA's desire for the RHCs to become better

networked in an effort to share timely and pertinent information. The directory is accessible on the MRHA Web site at [www.msrha.org](http://www.msrha.org).

The directory includes information such as: clinic name; county location; contact information; hours of operation; services provided; and, mailing and physical

addresses.

Funding for the Directory of Mississippi's Rural Health Clinics was provided by the Office of Rural Health – Mississippi State Department of Health and UnitedHealthcare. For more information, contact Cheryl Grubbs at 601.898.3001 or [mississippirural@bellsouth.net](mailto:mississippirural@bellsouth.net).

## From the State Office of Rural Health director's desk (continued)

(continued from page 2)  
Healthcare Conference had sessions with experts on prevention of chronic diseases, solutions to prevent health conditions and improve men's health, and exhibitors with information on resources to access in the community for health and healthcare. Because homicides are the second leading cause of deaths for individuals in Mississippi ages 15-24, the conference also had a session on this topic.

Because females tend to engage more in the caregiving activities in the home (serve on the front lines if you will), their understanding of men's health and healthcare is crucial. Females were very much in attendance at the conference and probably

asked the most questions of our healthcare experts. Mark your calendars, the 3<sup>rd</sup> Annual Men's Health and Healthcare Conference is tentatively scheduled for June 16, 2011.

In closing, I leave you with the same charge I gave the men in attendance at the conference, "Be active regarding your health, and make it your goal in life to live a long, HEALTHY life, where you not only live to see your children grow up, complete middle school, graduate from high school, go to college, start careers, get married, and start their families, but make it your goal in life to live a long, HEALTHY life, where you ALSO live to see your grandchildren born, complete

middle school, graduate from high school, go to college, start careers, get married, and start their families." Regrettably, this did not happen in my life with my dad, who died when I was eleven years old, and I'm deeply saddened to say, it will not happen for my daughter with her dad, who died in July of last year. However, it can be a great vision for any male reading this article today, who can not only choose this for himself, but can also share the vision with other males. For females reading this article today, please share the vision with males in your circle of influence. *Together, let's help males live longer, enjoyable lives.*

## Overactive bladder: Does it affect your patients?

Contributed by Lee Ann Griffin, PharmD, Pfizer

Overactive Bladder (OAB) is a syndrome consisting of urgency, with or without urgency incontinence, in the absence of pathologic or metabolic conditions that might explain these symptoms. In addition to urgency, frequency of urination and nocturia (urination at night) are common complaints of patients with OAB.

Although OAB affects about 16% of the U.S. population, the condition is not discussed as often as it probably should be, and patients are thus under-diagnosed. Patients and physicians are embarrassed to bring up the issue of incontinence, and they falsely believe that losing total control of one's bladder is a normal part of aging. However, having a discussion about OAB

and its symptoms can significantly impact a patient's health-related quality of life.

Studies have shown that OAB patients have significantly poorer health-related quality of life. In fact, health-related quality of life scores are lower for OAB patients than for those with diabetes. From a psychological perspective, patients with OAB may feel depressed or embarrassed about their condition, and that may lead to a loss of self-esteem. Socially, OAB sufferers may restrict social activity outside the home. For example, patients with OAB may try to cope by skipping long car rides, staying home instead of going out with friends, and avoiding places and activities where there may not be a restroom. With all of these restrictions placed on

one's self, it is not much of a surprise that OAB patients are two times more likely to suffer from depression than patients without OAB.

An integrated approach to OAB treatment utilizing both pharmacologic and behavioral interventions can help manage and empower patients with OAB. The American Medical Directors Association recommends a therapeutic approach that is dependent upon the type of incontinence, its causes, and the capabilities of the patient. These recommendations include: pelvic muscle rehabilitation, behavioral therapies, pharmacologic therapies, and surgical therapies. There are many options available for pharmacologic  
(continued on page 7)

## Rural hospital ranks #1 in the state in patient satisfaction

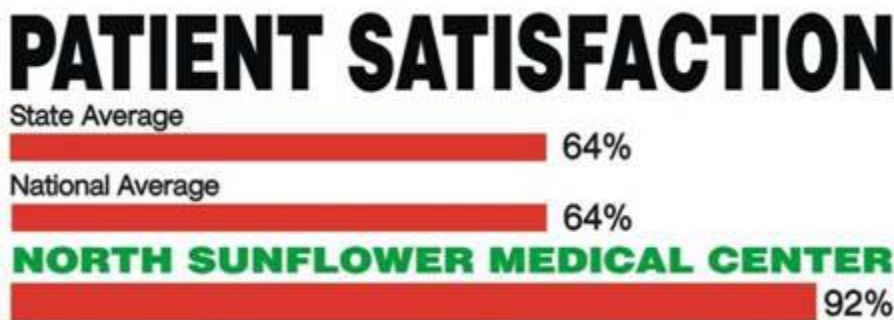
According to U.S. News and World Report, North Sunflower Medical Center (NSMC) ranks number one in the state of Mississippi for patient satisfaction.

The 25 bed critical access hospital is located in Ruleville, Mississippi, the heart of the Delta.

When questioned about the success of his patient satisfaction campaign, administrator Billy Marlow said, "In order to get high patient satisfaction you must have high employee satisfaction. They go hand-in-hand." "In our last poll, 94% of our employees said they loved their job." "We've changed the public's perception of our organization from a band-aid station to a health care system that is delivering the very highest quality primary medical care in a family friendly atmosphere."

After nearly closing their doors in 2004, the hospital converted to critical access and has experienced an unprecedented turn-around. The growth of the organization has had a very positive impact on the community, with an increase of nearly 200 FTEs. According to a study performed by Oklahoma State University, it has become one of the largest economic drivers in the area.

Another visible sign of the hospital's growth is a 33,000 square foot surgery and wellness center. The project is a collaboration between NSMC, UDSA, and North



Sunflower Hospital District, and will make wellness services available to the community regardless of their ability to pay.

Congratulations to the staff at North Sunflower Medical Center!

### Attention Sponsors and Exhibitors!



The Mississippi Rural Health Association's Annual Conference will be held at the Natchez Convention Center  
Natchez, Mississippi  
November 4-5, 2010

Don't miss this opportunity to promote your products and services to rural health leaders from throughout the state. Diamond, Platinum, Gold and Silver sponsorships from \$1,500 to \$4,000 are available. Limited exhibit space can be reserved for \$500.

Contact Jan Entrekin at 601-898-3001 or at [jwentrekin@comcast.net](mailto:jwentrekin@comcast.net) for a copy of the sponsor/exhibitor packet.



**Rural Health Clinic Workshop**  
**NOTICE DATE CHANGE: July 30, 2010**  
 Madison, Mississippi

8:30 am	Registration
9:00 am	Welcome Introduction to the Mississippi Rural Health Association Joanie Perkins, President
9:15 am	HC Cost Reporting Joanie Perkins
10:00 am	Break
10:15 am	Mississippi Division of Medicaid Kimberly Funchess, Program Administrator
11:00 am	Survey and Certification Steve Egger, Mississippi State Department of Health
11:45 am	Lunch (Provided)
1:00 pm	RHC Billing from Services Rendered to Claims Paid Joanie Perkins
2:00 pm	Implementing a Sliding Fee Schedule Joanie Perkins
3:00 pm	Break
3:15 pm	Surviving the Audits (Recovery Audit Contractors) Joanie Perkins
4:00 pm	Evaluation

**Rural Health Clinic Workshop Registration**

Name	Organization
Title	Address
City/State	Zip Code
County	Telephone
Fax	E-mail

Registration includes a 6-hour workshop, take-home materials, lunch, and a 2010 membership in the MRHA. Registration: \$100. Pre-registration is required. Checks should be made payable to the Mississippi Rural Health Association and mailed with the registration form by July 23, to MRHA, 31 Woodgreen Place, Madison, MS 39110.

## Central Mississippi AHEC review

by Dr. Sandra Hayes, Central MS AHEC Director

Area Health Education Centers (AHECs) are academic and community partnerships that provide health career recruitment programs for K-12 students and increase access to health care in medically underserved areas. AHECs address health care workforce issues by exposing students to health care career opportunities that they otherwise would not have encountered, establishing community-based training sites for students in service-learning and clinical capacities, providing continuing education programs for health care professionals, and evaluating the needs of underserved communities.

Since its doors opened in February 2009 on the campus of Tougaloo College, the Central Mississippi Area Health Education Center (Central MS AHEC) has focused on the development of programs to increase the quality and number of primary and allied health care providers in the central part of the state through the development of K-12 pipeline programs and the provision of quality continuing education activities. This has been done primarily through partnerships and collaborations with organizations sharing the same goals and objectives. This article describes three programs/events that epitomize the types of programs hosted by Central MS AHEC.

**Youth Health Service Corps (YHSC) for Middle School:** YHSC is a health career recruitment program, founded by Northwestern Connecticut AHEC, which engages high school students in a health careers/education curriculum. This curriculum addresses community health care needs. Using this curriculum, real skills are learned via topic-based modules and then applied to real-world situations in local primary care facilities. This program, modeled after the National Health Service Corps, retains this strong primary care



focus in order to expose high school students to health care professions. Recognizing the need to expose children to health professions at an earlier age, Central MS AHEC modified the YHSC and tailored it for middle school students. Currently, this curriculum is being piloted at Byram, Crystal Springs, Brinkley, and Blackburn Middle Schools. About 80 students are currently being taught this curriculum, which meets all of the Department of Education standards for health education.

**Interactive Medical Fair:** Central MS AHEC partnered with Mississippi Job Corps to host an Interactive Career Health Fair on Thursday, April 29, 2010. This fair was designed for students enrolled in 7<sup>th</sup> – 9<sup>th</sup> grades. The students were introduced to allied health careers and participated in a fitness challenge. Students got an in-depth glimpse into the health career of their interest. Over 200 7<sup>th</sup> – 9<sup>th</sup> graders from local middle schools attended this event and 100 MS Job Corps participants also attended. Over 50 health care providers and service organizations participated in this event.

**2010 Natural Health Day “Improving Quality of Life by Making Healthy Lifestyle Choices” Workshop:** In order to

promote healthy communities and reduce health disparities in their respective regions, AHECs often collaborate with community groups in projects intended to inform the community about healthy lifestyles. This was the rationale for the “Natural Health Day” project. This project was a partnership between Central MS AHEC and Longevity, a community grassroots organization located in Hinds County. The purpose of this one-day workshop was to introduce the general public to healthy dietary and lifestyle choices that can prevent, manage, and possibly reverse chronic diseases. Health care providers addressed diabetes prevention and reversal, cancer and nutrition, pre- and postmenopausal health, preconception health and pregnancy outcomes, acupuncture and pain management and chiropractic treatment, and chronic disease prevention and treatment. Participants had the opportunity to learn how dietary and lifestyle choices can significantly improve their and family members’ health.

Each program developed by Central MS AHEC is intended to be a rung in the ladder that leads to careers in health. Programs are also developed to promote positive lifestyles and behaviors in the community. The opportunity is always open for collaboration with organizations interested in reducing health disparities in the state by increasing access to health care.

The Central MS Area Health Education Center is an affiliate of the Mississippi Area Health Education Center Program (MS AHEC) at the University of Mississippi Medical Center. For more information regarding partnership opportunities or programs, please contact Dr. Sandra Hayes, Center Director, or Ms. Anchanese Levison, Program Coordinator, at (601) 982-0272.

## IQH offers no-charge tobacco cessation alternative

Information and Quality Healthcare is offering a no-charge alternative to telephone counseling for Mississippians who want to quit using tobacco. A free interactive Web site now offers online counseling, referral information, the latest tobacco facts, resources, and a quick and convenient way for any healthcare provider or facility to refer patients directly to the

Tobacco Quitline. Downloads are available at no charge for pamphlets and the hard-copy fax/referral form. Individuals can log onto [www.quitlinems.com](http://www.quitlinems.com) and view the Web site that offers the additions to the free telephonic cessation services.

Healthcare clinics, hospitals, and facilities interested in a tobacco-free environment can contact the Tobacco Quitline

for more information. A program can be tailored to provide extended services to employees, along with tracking and reports on quit rates and participation results.

Expanded Tobacco Quitline hours are from 7 a.m.-9 p.m. Monday through Thursday; 7 a.m.-7 p.m. Friday; and 9 a.m.-5:30 p.m. Saturday. For more information, call 1-800-784-8669.



*Photo courtesy of UMMC photographer Jay Ferchaud*

### Mississippi Rural Physicians Scholarship Program recipients

Pictured above are the 29 University of Mississippi Medical Center medical students and one William Carey University D.O. student who recently received the \$30,000 per year Mississippi Rural Physicians Scholarship Program (MRPSP) awards in the Supreme Court chamber of the State Capitol.

These future primary care physicians exchange one year of clinic-based service in a small community for each year of funding received.

Pictured in the front row left to right are: Dr. LouAnn Woodward, Dean, UMMC School of Medicine, Kelly Shoemake, John Miller, Ned Miller (William Carey University D.O. School),

Justin Smith, John Browning, Ryan Paulk, Dustin Gentry, John Buchanan, John Russell McPherson, Kelley Hill, and UMMC Vice Chancellor Dr. Jimmy Keeton.

Pictured in the second row left to right are: Samuel Holdiness, Nikki Lockett, Shawanda Agnew, Jeremy Wells, Katie O'Neal, Crystal Wright, Laura Jackson, Kendrick Currie, Patrick Sanchez, Sedrick Bradley, Anna Marie Sharp, Jane Beebe Jones, Jessica Morris, Cherita Brown, and William Rosenblatt.

Not pictured are Jenna Dear, Charles Clark, Sharkeshia Braddy, Jessica Lavender, and Mary Ann Moore.

In 2007, the Mississippi Legislature

created the MRPSP, creating a unique longitudinal program that identifies rural college students who aspire to return to their roots to practice medicine.

Academic enrichment, faculty and physician mentoring, plus medical school financial support through the MRPSP, enables capable young Mississippians to address the challenge of the state's health care crisis. Maintaining a high level of awareness and involvement in Mississippi's rural health care is a constant in every phase of training.

For more information, go to <http://mrpsp.umc.edu>, or contact Janie Guice at 601.815.9022, or [jguice@umc.edu](mailto:jguice@umc.edu).

(continued from page 4) therapy, and several (Detrol LA, Enablex, Gelnique, oxybutynin IR, and Toviaz) are covered by the Mississippi Medicaid PDL. Once patients are diagnosed with OAB and begin treatment, persistence with therapy is critical to improvement in OAB symptoms. Encouraging patients to be consistent with their chosen therapy will help improve outcomes of OAB treatment.

While screeners such as the OAB-Q are available, just having a conversation with patients can help healthcare professionals identify patients who are suffering from symptoms of OAB. Acknowledging

that OAB is a real medical condition and that there are effective treatments available is an important first step in bringing

relief to OAB patients and improving their health-related quality of life.



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

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

**MISSISSIPPI RURAL HEALTH ASSOCIATION**

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E-mail: mississippirural@bellsouth.net



*A voice for health  
in rural Mississippi*

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



**MRHA 2010 Membership**

Join or renew your membership for 2010 and help provide leadership for improvement in the health status of rural Mississippians. With your input, 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.

A 2010 membership application can be found below, on the MRHA Web site at [www.msaha.org](http://www.msaha.org), or by contacting Cheryl Grubbs at 601.898.3001 or at [mississippirural@bellsouth.net](mailto:mississippirural@bellsouth.net).

**Membership Form**

Name: \_\_\_\_\_  
(Individual or organization)

Title or occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Membership Category:  Individual (\$25)  Organization (\$100)

Rural Health Interests: \_\_\_\_\_

Please make checks payable to Mississippi Rural Health Association  
and mail to 31 Woodgreen Place, Madison, MS 39110