



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

Crossroads



VOLUME 7, Issue 1

Winter 2011

Special points of interest:

MRHA Board
welcomes new
Members

Messages from MRHA
sponsors

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From the MRHA president's pen

Happy New Year! On behalf of the MRHA Board of Directors, I hope that each of you had a safe and happy holiday season. We also hope that you are looking forward to the new year with as much anticipation as we are.

After a very successful annual conference in Natchez (see our conference sponsors featured in this issue), the MRHA board is saying goodbye to a pair of very dedicated members (Dr. Laura Downey of The University of Southern Mississippi and Mitch Morris of the Primary Health Care Association). These professionals have certainly performed a yeoman's task in moving our association forward over the last several years, and I, for one, would like to express my sincere appreciation for the tireless and dedicated hours they have invested in making MRHA a prime voice for rural health-care in Mississippi.

However, we are welcoming a very special group of new board members who will officially take office in January. These include:

- Mark Garriga – Attorney with Butler, Snow, O'Mara, Stevens and Canada, PLLC in Ridgeland
- Jessica Hunt – Director of the North Central Area Health Education Center (located within the Aaron E. Henry Community Health Center) in Clarksdale
- Lori Lavin – Revenue



Alan Barefield, President
Mississippi Rural Health
Association 2011

Cycle Analyst with the Singing River Health System in Ocean Springs

- Chad Netterville – Administrator of Field Memorial Hospital in Centerville

Each of these individuals brings unique strengths to the board and we look forward to having them serve with us. Be sure to check out their profiles on our Web site at <http://msrha.org>.

We are also looking at new ways of increasing the marketing and communication efforts of MRHA in order to bring even more value to you as members. We are obtaining quotes from our Web site designer to improve our e-mail, listserv and marketing capabilities. We are also talking with a graphic designer to design electronic and hard copy

conference and event notification pieces to make sure the word gets out about our many educational and assistance events over the next year.

And there are many of these events! We will have a record number of outreach activities this year including rural health clinic workshops, a number of Type 2 diabetes outreach events in partnership with WalMart and the Mississippi State Department of Health (MSDH), a comprehensive community health education event in partnership with the MSDH Office of Rural Health, and, of course, our annual conference. More information on these and other events will be made available as soon as possible, so keep watching both your e-mail and snail mail.

In closing, I would like to say that it is a true honor to serve as your association president for the upcoming year. I think there are a number of ways in which MRHA can grow and expand, and I look forward to providing a number of opportunities in which each of our members can participate. Thank you for the opportunity to be a part of this wonderful organization, and please don't hesitate to contact me if you have any suggestions or if there is any way I can help you.

Alan Barefield, President
Mississippi Rural Health
Association

Social Mission of Medicine: The Role of Mississippi AHEC

by Stephanie Young, MPH

In the recent article by Mullan et al., *The Social Mission of Medical Education: Ranking the Schools*, the authors argue that fulfilling the goal of caring for the national population requires an adequate number of primary care physicians, adequate distribution of physicians to underserved areas, and a sufficient number of minority physicians in the workforce.

Medical schools in the United States serve many functions, but one of their most basic purposes is to educate physicians to care for the national population. Three interrelated issues challenge medical educators and policymakers: an insufficient number of primary care physicians, geographic maldistribution of physicians, and the lack of a representative number of racial and ethnic minorities in medical schools and in practice. Evidence increasingly shows that primary care is associated with improved quality of care and decreased medical costs. However, an insufficient number of primary care physicians have hampered efforts to provide expanded health care access. Business groups and insurers have been speaking out about the need for increased access to primary care (Mullan, et al., 2010).

Rural communities have a chronic shortage of physicians and federally supported community health centers report major deficits in physician recruitment. African-American, Hispanic, and Native American physicians continue to be severely underrepresented in the U.S. workforce. Underrepresented minorities made up 28% of the general population in 2006 but accounted for only 15% of medical students and 8% of physicians in practice. These minority physicians provide a disproportionate share of health care to the growing minority U.S. population (Mullan, et al., 2010).

The Mississippi Area Health Education Center (AHEC) at the University of Mississippi Medical Center addresses these issues through a range of community-based training programs that contribute to efforts to meet the needs of communities for primary care and increase the number of primary care providers, including physicians and other primary care providers who provide services in underserved areas. The Mississippi AHEC embraces the goal of increasing the number of graduates in the health professions who will ultimately



practice in medically underserved communities. The Mississippi AHEC Program is an organized system that provides educational incentives to be used by academic and community-based health science center leaders. These academic-community based partnerships focus on results that improve the supply, distribution, diversity, and quality of health care providers followed by an increase in access to health care services by consumers in medically underserved areas. Our seven AHEC centers have been developing a health career pipeline with various points of entry, assisting educational systems in developing and operating projects that initiate recruitment and retention incentives to attract and retain health care personnel in underserved areas. These partnerships will expand and have established community-based training rotations at health service delivery sites in rural and



Stephanie Young, MPH, Deputy Director
Mississippi Area Health Education Center

underserved areas in the region of the AHEC center.

As amended by the Patient Protection and Affordable Care Act, Section 751(k) of the Public Health Service Act states that "It is the sense of the Congress that every State have an area health education center program in effect under this section."

The Patient Protection and Affordable Care Act of 2010 provides new emphasis for developing a health care workforce that meets the needs of communities for primary care. Under the law, there is renewed interest in recruiting individuals from underrepresented minority populations or people from disadvantaged backgrounds or rural backgrounds into health careers, and recognition of the variety of health professions who provide primary health care (e.g., physicians, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers, and public and allied health professionals).

The Patient Protection and Affordable Care Act of 2010 has amended Title VII of the Public Health Service (PHS) Act authorizing two types of Area Health Education Centers awards:

- AHEC Infrastructure Development replaced the Basic/Core Area Health Education Centers (BAHEC) Program; and
- AHEC Point of Service Maintenance and Enhancement replaced the Model State Supported Area Health Education Centers (MAHEC) Program.

As a Point of Service Maintenance and Enhancement AHEC, the Mississippi AHEC is directing its efforts to make other modifications to the program that are appropriate owing to changes in demographics, needs of the population served, or other similar issues affecting the Mississippi Area Health Education Center Program. Under the law, there are new opportunities for developing and implementing strategies to provide community-based education to individuals seeking careers in health professions. Mississippi AHEC and its contracting centers respond to maintain and improve the effectiveness and capabilities of AHEC sponsored programming.

Reference: Mullan F, Chen C, Petterson S, Kolsky G, Spagnola M. The social mission of medical education: ranking the schools. *Ann Intern Med.* 2010;152:804-11.

From the State Office of Rural Health director's desk

by Rozelia Harris, MBA

The National Health Service Corps (NHSC) Loan Repayment Program is now accepting applications for the next award cycle (federal Fiscal Year 2011).

The NHSC helps to provide desperately needed primary health care in areas where health care providers are in short supply by awarding scholarships and loan repayment to clinicians in exchange for at least two years service in a Health Professional Shortage Area (HPSA). The program was created because of a health care crisis that emerged in the U.S. in the 1950s and 1960s, as rural physicians retired or moved, leaving many areas of the country without essential health care services.

Through its scholarship and loan repayment programs, the NHSC helps HPSAs in the U.S. get the medical, dental, and mental health providers they need in order to meet their tremendous need for health care.

The NHSC Loan Repayment Program offers fully trained primary care physicians (MDs or DOs), family nurse practitioners, certified nurse midwives, physician assistants, dentists, dental hygienists, and

certain mental health clinicians \$60,000 to repay student loans in exchange for two years serving in a community-based site in a high-need HPSA that has applied to, and been approved by, the NHSC as a service site. After completing their two years of service, loan repayors may apply for additional years of support.

The loan repayment program has some exciting changes being implemented this year: 1) an increase in the amount of financial support; and 2) a more flexible service obligation. The loan repayment program now begins with an initial award of up to \$60,000 for two years of service. Participants may receive up to \$170,000 in loan repayment for completing a five-year service commitment, and, with continued service, may be able to pay off all eligible student loans. In addition to the increased financial support amount, the loan repayment program now offers three options for fulfilling the service obligation requirement—a two-year full-time contract, a four-year half-time contract, and a two-year half-time contract.

For information regarding the



Rozelia Harris, MBA
Director, MORH

Application and Program Guidance, you may call 1-800-221-9393 (TTY: 1-877-897-9910), or e-mail CallCenter@hrsa.gov, Monday through Friday (except Federal holidays), 9:00 am to 5:30 pm EST. A list of **Frequently Asked Questions** is available online at <http://answers.hrsa.gov/>.

IQH offers Mississippi Tobacco Quitline Web site

Information & Quality Healthcare (IQH) is offering a no charge alternative to telephone counseling for persons in Mississippi 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. Persons can log on to www.quitlinems.com and view the Web site that offers the additions to the free telephonic cessation services provided through the Tobacco Quitline.

Healthcare clinics, hospitals, and facilities interested in a tobacco-free environment can contact the Tobacco Quitline for more information on services. 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. to 9 p.m. Monday through Thursday; 7 a.m. to 7 p.m. Friday; and 9 a.m. to 5:30 p.m. Saturday.

Delta Health Alliance collaborates on 46 health projects in the Delta

Delta Health Alliance (DHA) is a non-profit agency that is changing health care in the Mississippi Delta by improving access to care and providing education for healthier lifestyles. Collaboratively with 26 partners (local universities, state health agencies, community groups, schools, hospitals, and clinics), DHA is able to complete its



DELTA HEALTH ALLIANCE
Solutions for a Healthy Tomorrow

work through grants from the federal government and private funding.

Currently, DHA is collaborating on 46 projects within the Delta, focusing on health issues (diabetes, obesity, nutrition,

mental health), better medical care (electronic health records, community health workers, clinics), and literacy (early childhood education, health information).

For more information, visit the DHA Web site at www.deltahealthalliance.org.

Depression in Mississippi

by Leann Griffin of Pfizer, Inc.

Depression affects approximately 14.8 million U.S. adults (6.7%) each year and is responsible for an increase in annual medical costs ranging from \$686 to \$4,635 higher than non-depressed patients. A recent study found patients with a chronic disease (chronic heart failure, obesity, diabetes, asthma, coronary artery disease, epilepsy, headache, hypertension, joint or back pain, etc.) and co-morbid depression have significantly higher non-mental health-related medical costs relative to those without depression. It has also been shown that many chronic conditions can be caused and exacerbated by this disease.

Compared with the U.S., Mississippi has the highest rates of obesity and second highest rates of diabetes, hypertension and mortality from heart disease. Not surprisingly, Mississippi's estimate of any current depression is the highest in the nation (14.8%). Some speculate that this increased prevalence of depression in Mississippi (and other southeastern states) stems from lower socioeconomic status, lack of access to healthcare, and increased rates of co-morbid mental disorders and chronic disease. To combat this illness and the subsequent detriment it causes with respect to chronic disease, we must properly identify those suffering from the disease and provide them with appropriate and adequate therapy.

Several screening tools are available to help identify patients who may be suffering from depression. These tools are not meant to diagnose depression, but serve as an aid to determine the severity of the disease and assess the need for, or success of, therapy. Some questionnaires are designed for administration by clinicians, while others can be self-administered by patients to aid in determining their own need for treatment. Many self-assessment screeners are available for administration and scoring on the Internet, or in downloadable format for printing and scoring by a clinician. The table above lists the available screening tools as well as the setting in which they are most appropriate.

Once a patient has been identified as suffering from depression, an all-inclusive approach to therapy should be initiated to provide the patient with the best possible chance of successful treatment. Psychotherapy, lifestyle changes, and pharmacotherapy are the recommended components

Depression Screening Tools			
For Providers		For Patients	
Name	# of Questions	Name	# of Questions
Beck Depression Inventory (BDI)	21	Patient Health Questionnaire-9 (PHQ-9)*	9
Hamilton Depression Rating Scale (HDRS or HAM-D)	17-21	Geriatric Depression Scale	15 (short) 30 (long)
Montgomery-Asberg Depression Rating Scale (MADRS)	10	Zung Self-Rating Depression Scale	20
Quick Inventory for Depressive Symptoms – Clinician Rated (QIDS-C)	16	Quick Inventory for Depressive Symptoms – Self Report (QIDS-SR)	16
		Center for Epidemiologic Studies – Depression Scale	20

*Scored by a clinician

of any successful regimen. While psychotherapy and lifestyle changes offer the patient coping mechanisms and healthy behavior and lifestyle options, most will still require the use of pharmacotherapy to achieve their goals. There are several different medications used to treat depression and choices should be made on an individual basis, depending on patient characteristics, tolerance to drug side effects, titration issues, and cost.

Antidepressants are often the first treatment choice for adults with moderate or severe depression. Although antidepressants may not cure depression, they can reduce symptoms. Patients may need to try several antidepressants before finding the medication (or a combination of medications) that works best. Because some antidepressants can take as long as eight weeks or more to reach full effect, this trial and error process can take time.

For rural Mississippi, there is a larger concentration of individuals receiving drug benefits from the Medicaid program. The current list of antidepressant medications covered by Medicaid is provided in the adjacent chart.

It is evident that our state has room for improvement in many aspects of healthcare. The impact of depression on our residents and the negative effects it has on other chronic diseases presents us with an opportunity for great improvement in both areas. With increased awareness and comprehensive therapies, we can make a substantial positive impact on the health of Mississippians.

Leeann Griffin of Pfizer, Inc.

Mississippi Medicaid Preferred Drug List - Antidepressants	
Preferred-SSRIs	Non-Preferred*-SSRIs
Citalopram	Lexapro
Fluoxetine	Paroxetine CR
Fluvoxamine	Pexeva
Luvox CR	Prozac Weekly
Paroxetine IR	
Preferred-Other	Non-Preferred*- Other
Bupropion	Aplenzin
Effexor XR	Emsam
Mirtazapine	Nardil
Nefazodone	Tranlycypromine
Pristiq	Venlafaxine
Trazodone	Venlafaxine ER
Wellbutrin XL	Venlafaxine XR

*Require prior authorization

Computer Programs and Systems, Inc.

The Computer Programs and Systems, Inc. (CPSI) Healthcare Information and Patient Care System is a totally integrated and complete hospital information system designed to meet the needs of a community hospital-based healthcare enterprise. The system is a turnkey solution that includes all necessary software, hardware, conversion and implementation services, and continuing support. Software modules include applications for financial management, patient accounting, insurance processing, clinical ancillary departments, home health, practice management, nursing/multi-disciplinary documentation, physician documentation, CPOE, and fully integrated PACS. The CPSI System



provides community hospitals with an Electronic Medical Record (EMR) that can be securely accessed from anywhere via CPSI's Web-enabled portal: ChartLink™.

CPSI is a leading provider of healthcare information solutions for community hospitals with over 600 client hospitals in 46 states. Founded in 1979, the company is a single-source vendor providing comprehensive software and hardware products, complemented by complete installation services and extensive support.

Its fully integrated, enterprise-wide system automates clinical and financial

data management in each of the primary functional areas of a hospital. CPSI's staff of over 800 technical, healthcare and medical professionals provides system implementation and continuing support services as part of a comprehensive program designed to respond to clients' information needs in a constantly changing healthcare environment.

For more information on the CPSI system, please visit our Web site at www.cpsinet.com, call 800-711-2774, or email sales@cpsinet.com.

The Mississippi Rural Health Association is honored to welcome these new board members:

Mark Garriga—attorney with Butler Snow
Jessica Hunt—AHEC Aaron E. Henry Community Health Center
Lori Lavin—Rural Health Clinic
Chad Netterville—Field Memorial Hospital

Thank you for your service to Mississippi's rural citizens!

MRHA hosts first annual wellness festival in Lexington, Mississippi

Over 50 residents of Holmes County joined the first annual MRHA wellness festival held in Lexington, Mississippi in June 2010. A steady flow of participants visited the various health information and service booths at the J.J. McClain High School gym.

Participants received health information and free health screenings, including screenings for diabetes, high blood pressure, and dental cavities.

Representatives from numerous divisions of the Mississippi State Department of Health, including the Office of Tobacco Control, the Office of Oral Health, and the Office of Preventive Health, helped coordinate the festival's activities and participated in the event.

Local partners for the event included the Mallory Community Health Center, J.J. McClain High School, Lexington dentist Health Tutor, and the Mississippi Tobacco Free Coalition of Madison, Yazoo, and Holmes County.

MRHA appreciates funds provided by the State Office of Rural Health to support the event. MRHA has received requests to hold events in other communities in Mississippi.

MRHA's newest sponsor—FirstChoice Cooperative

FirstChoice
COOPERATIVE
It pays to make the
RIGHT CHOICE with FIRSTCHOICE



FirstChoice Cooperative is the most innovative and cost effective Group Purchasing Coop in the United States. We deliver REAL cost savings and generate real CASH dividends for all our members on an equal basis regardless of size! And now we are endorsed and sponsored by the Mississippi Rural Health Association!

There is no cost to join, and no

minimum number of contracts to use from our complete Contract Portfolio of over 650 contracts. If you haven't already joined us, why not start reducing your expenses AND bring in CASH dividends right away??

For more information call 1-800-250-3457 or visit us at www.fccoop.org.

A message from Yanik to the MRHA membership



Achieve. Succeed. Realize. **WE BUILD YOUR VISION.**

4400 Shoreline Drive, Spring Park, MN 55384 p 952.471.9199 f 952.471.9196

Thank you for the opportunity to participate in the 15th Annual Mississippi Rural Health Association Conference. Since 1991, Yanik has served the health-care, hospital, and senior care communities exclusively, helping our clients **achieve, succeed, and realize** their vision. Our expertise and experience with healthcare and senior care includes: project management, land acquisition, finance, building design, general construction, project consulting, community assessment, and pro-

ject programming for the replacement, expansion, or renovation of these specialized facilities.

The Yanik team takes great pride in our work and has built our business through a commitment to delivering the highest quality construction and level of service to our client partners. **We build your vision** and are focused on exceeding your expectations.

We are fortunate to have been a featured speaker with **North Sunflower**

Medical Center in Ruleville collaborating on the presentation, "*Successful Communities: Leading Change in the Mississippi Delta*," featuring their project as a model for the creation of a multiservice, integrated rural campus. You will find this and other featured projects on our Web site at www.yanikcompanies.com.

Please feel free to contact any member of the Yanik team directly to discuss your specific facility needs. We appreciate your consideration and look forward to continuing our efforts as a valued partner in the success of the Mississippi Rural Health Community.

Improve care in your community. Get the no-cost MEHRS/eScript solution.

The Mississippi Division of Medicaid (DOM) is offering the Medicaid Electronic Health Records System and ePrescribe Solution (MEHRS/eScript) to all providers who serve Mississippi's Medicaid population. DOM is providing this system at NO COST to providers.

By implementing MEHRS/eScript into your practice, you get:

- Access to medical history information for over 600,000 Mississippi Medicaid beneficiaries statewide, including procedures, diagnoses, medications, and immunizations

- ePrescribing functionality for all patients, including Medicaid preferred drug list data and other payer formularies
- Clinical decision support that gives you insight into your practice, with population management tools as well as multiple-condition disease and wellness registry applications
- The ability to enter updates into the clinical database, including new patients, medications, vital signs, immunizations, and allergies

In addition, the use of MEHRS/

eScript is an important first step for providers who need to meet "meaningful use" criteria in order to obtain federal stimulus incentives for the adoption of health information technology (HIT).

Register today. The MEHRS/eScript system is being administered by Shared Health®, an industry leader in connecting health care communities. Contact Shared Health at 1-888-283-6691 for any questions or to register and schedule training.

MississippiCAN improves access, quality, and cost-effectiveness of services

Magnolia Health Plan is a Coordinated Care Organization contracted with the Mississippi Division of Medicaid (DOM) to serve the SSI, Disabled Children Living at Home, Working Disabled, Foster Care Children, and the Breast and Cervical Cancer Group Medicaid Beneficiaries enrolled in the Mississippi Coordinated Access Network (MississippiCAN) program beginning January 1, 2011.

The MississippiCAN program is a coordinated care initiative developed by DOM to achieve three important goals:

- Improve access to medically necessary services;
- Improve the quality of care;



- Improve efficiencies and cost effectiveness.

Magnolia's number one priority is the promotion of healthy lifestyles through preventive care, which in turn leads to improved health status, successful health outcomes, and member satisfaction. The goal is achieved through partnering with community based providers.

Magnolia's parent company, Centene Corporation, has been providing comprehensive coordinated care services to individuals receiving benefits under

Medicaid and other government-sponsored programs for more than 25 years, and currently operates local health plans in 10 states. For more information about Centene, visit www.centene.com.

If you are interested in participating in our network as a provider, or for more information regarding the services offered to our members and providers, as well as our approach to coordinated care, visit us at www.magnoliahealthplan.com.

We look forward to a long and positive partnership with you in providing Magnolia members quality coordinated care.

Pamela Shipley, President and CEO
Magnolia Health Plan

Gaining Ground: Sustainability Institute of Mississippi



GAINING GROUND: SUSTAINABILITY INSTITUTE OF MISSISSIPPI (GGSIM) is an educational, research, and outreach center located in Starkville. We are an interdisciplinary, non-profit institute focusing on improving quality of life through sustainable practices such as conservation, green design and building, ecological home care, local

farming and food production, human wellness, native landscaping, and recreation.

Through collaboration with universities, private businesses, and local volunteers, we are identifying and demonstrating sustainable choices. We are gaining ground, one step at a time and from the inside out, on issues of health,

equity, poverty, education, and the environment.

With regard to rural health, GGSIM views disease prevention and wellness as keys to a sustainable future for families and economies. In rural Mississippi, wellness and preventive healthcare can help re-build the vitality of small communities through healthy food systems that are primarily local and regional and grounded in natural and sustainable practices.

We welcome new members from all areas and encourage your suggestions for additions to our newest project, "mapping the sustainable state of Mississippi."

Please visit us at www.ggsim.org.

Rx Outreach provides access to meds

Rx Outreach is an independent, non-profit charitable organization that is focused on making a sustainable difference on the healthcare landscape. Rx Outreach envisions that all individuals have access to affordable medications to preserve their quality of health. Our program offers people a safe, affordable, and easy way to get needed medications. There are over 400 prescription medications on the program, many of which are offered in a six-month supply for just \$20. Compare prices to retail and save.

Rx Outreach is for people of all ages. Individuals and families can qualify if they are at or below 300% of the Federal Poverty Level – a family of four can earn up to \$66,150. To use the program, follow these four steps: 1) See if you qualify; 2) See if your medicine is on the drug list; 3) Get a prescription from your doctor; 4) Mail the simple one-page application,



prescription, and payment to Rx Outreach. Our licensed pharmacists will fill and mail the prescriptions to the individual's home, doctor's office, or any address of the patient's choosing.

To learn more about the program, or for the most up-to-date drug list and application, please either visit the Rx

Outreach Web site at www.rxoutreach.org or call toll free 1-800-769-3880, Monday through Friday, 7:00 a.m. to 5:30 p.m. Central Time.

Paragon – 2010 Best in KLAS for Community HIS 5th Consecutive Best in KLAS Award: 2006-2010

An affordable, integrated clinical and financial information solution that has ranked Best in KLAS* for Community HIS for five years in a row, Paragon empowers hospitals and small to midsize health systems to anticipate and adapt to the changing healthcare landscape.

The Paragon solution has a history of proven performance across its growing customer base, including fast adoption among administrative and clinical users alike. Also, Paragon is backed by the unrivaled resources of McKesson, which is focused solely on healthcare services and IT.

For more information and to view a demo of Paragon, visit www.mckesson.com/paragon.

*Source: 2006, 2007, 2008, 2009 & 2010
"Top 20 Best in KLAS Awards: Software & Professional Services,"
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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. 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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*A voice for health
in rural Mississippi*

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



MRHA 2011 Membership

Join or renew your membership for 2011 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 2011 membership application can be found below, on the MRHA Web site at www.msaha.org, or by contacting Cheryl Grubbs at 601.898.3001 or at 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