



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



Crossroads

VOLUME 5, Issue 4

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**Special point
of interest:**

**Don't miss the
MRHA
Annual Conference
agenda and
registration form
in this issue!**

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From the MRHA president's pen

Health reform has dominated the news in the past several months. Although the specific proposals are yet to be penned, it is the responsibility of the members of the MRHA to ensure that the health needs of rural Americans are addressed by this legislation. I could not even begin to unravel the nuances of health care reform in its entirety. As the president of MRHA, I cannot speak for all of the members or for the organization as a whole on health care reform. Rather, I would like to highlight several key proposals in two of the bills, the Senate HELP Committee Affordable Health Choices Act and the House Tri-Committee America's Affordable Health Choices Act of 2009 (HR 3200), that are meaningful to me as a public health professional. Several elements in the aforementioned proposals would address persistent issues that result in rural health disparities. These include, but are not limited to, the fact that rural Americans are sicker, with higher rates of chronic disease. Additionally, rural America persistently encounters a health care workforce crisis.

According to the National Rural Health Association (NRHA), certain reforms are essential to addressing these issues. The workforce shortage crisis must be abated. And, health disparities must be eliminated and vulnerable



**Laura Hall Downey, President
Mississippi Rural Health
Association 2009**

populations must be protected. These two reforms are closely linked—the quantity and quality of the rural health care workforce directly relates to traditional rural health disparities, such as rural Americans having a poorer physical and mental health status. NRHA recently posted a document titled *Legislative Solutions for Rural America* that describes proposals to reform the rural health care workforce and eliminate shortages. Such proposals include improving and expanding the National Health Service Corps by providing additional funding for scholarship and loan repayments for medical students who choose to practice in underserved areas. Moreover, additional support for health professions education improvements, including the reauthorization of Area Health Education Centers with appropriate increases, would be an investment in the long-term health of

the rural provider pipeline.

Access to medical care is an issue critical to improving health status throughout rural America, but equal in importance are issues such as health behavior, environmental health, infectious disease surveillance, and other issues of public health interest. In order to address these issues, provisions are needed to strengthen population-based disease prevention and local health departments. Key proposals in HR 3200 would provide an expanded and sustained national investment in prevention and public health programs. For example, a stronger public health workforce would be developed through the development of a Public Health Workforce Corps, similar to the National Health Service Corps. Such a provision would allow workforce grants and fellowships to support individuals trained in epidemiology, public health informatics, and other public health areas. Such individuals could focus their attention on primary prevention of disease and disability in rural areas. Another proposal is the Prevention and Public Health Investment Fund that would allow for prevention and wellness research, community based prevention and wellness services, and core public health infrastructure in state and local health departments and the Centers for Disease Control and Prevention. Rural
(continued on page 4)

From the State Office of Rural Health director's desk

Some of the state's health care priority areas include disease prevention, health promotion, health protection, healthcare for specific population groups (i.e. mothers; babies; the elderly, indigent, uninsured, and disabled; persons with developmental conditions; and minorities), availability of adequate health manpower throughout the state, health disparities, mental health needs, and enhanced capability to respond to public health emergencies. Many of the health conditions plaguing Mississippians may be addressed through acquiring sufficient health care professionals; increased access; disease prevention, health education, and promotion; network development; access to funding; collaboration; health information technology; and effective health planning.

High quality health care services depend on the availability of competent health care personnel in sufficient numbers to meet the population's needs. The state has a shortage of primary care physicians, specialists, dentists, and nurses. According to HRSA's Shortage Designation Branch's listing of Health Professional Shortage Areas (HPSAs), Mississippi currently has 76 of its 82 counties designated as Primary Care HPSAs in whole or in part; 74 dental HPSAs, which include 72 single county designations, and 13 of the 15 mental health catchment areas designated as mental health HPSAs. In addition to the large number of HPSA designations, according to the 2009 State Health Plan, three counties have only one primary care physician for the entire county and six counties do not have any dentists. The state also has seven counties with only one dentist and the average population for these counties is 10,148 people. Per federal guidelines, the recommended ratio of population to full-time equivalent dentists for adequate service delivery is 5000:1.

Many Mississippians face barriers to health care including lack of health insurance, excessive travel times to obtain care, and lack of access to primary care and specialty care physicians. Although the state has improved its population-to-physician ratio in recent years, not all physicians are available to the general population. Many physicians are specialized and treat patients only by referral.

The Association of State and Territorial Health Officials (ASTHO), National Conference of State Legislatures (NCSL), National Academy of State Health Policy (NASHP), National Association of Community Health Centers (NACHC), and the Federal Office of Minority Health sponsored the "Strengthening the Health Care Safety Net Workforce through Interagency Cooperation, Planning and Policy" seminar for six state teams during July, 2009. Some of the objectives of the seminar were: 1) to convene state teams of key health policymakers, from the legislative and executive branches, to foster communication about state health goals and opportunities around the safety net health care workforce; 2) to raise greater awareness about state health goals, resources, and the value of establishing priorities about health care workforce issues; 3) to give participants the opportunity to hear from leaders in health policy in other states about successful ways to improve policy and programs related to the safety net health care workforce; and 4) to promote collaboration among participants to develop a



Rozelia Harris, MBA
Director, MORH

vision for the safety net health care workforce for their respective state. Mississippi was selected for participation in the seminar along with Colorado, Idaho, Maine, Missouri, and Ohio.

The Mississippi Team consisted of the Honorable State Senator Hob Bryan, Mississippi State Senate, Chair, Public (continued on page 5)



State of Mississippi Team Members for "Strengthening the Health Care Safety Net Workforce through Interagency Cooperation, Planning, and Policy" seminar held July 19-20, 2009, in Philadelphia, Pennsylvania. Seated from left to right: Dr. Lovetta Brown, Rozelia Harris, the Honorable State Senator Hob Bryan. Standing left to right: Phyllis Williams, the Honorable State Representative Omeria McDonald Scott, and Don Eicher. Additional team member not pictured is Robert M. Pugh, Executive Director, Mississippi Primary Health Care Association.

A word from the Mississippi AHEC

by Melody Longino

Many researchers contend that better health is attributed to access to healthcare professionals. Mississippi leads the nation in high rates of heart disease, diabetes, obesity, and hypertension. In addition, according to a 2005 report by the University of Washington Rural Health Research Center, Mississippi has a doctor per capita ratio of 43 per 100,000, which is below the national average of 58.9 per 100,000.

These problems have been a challenge for many years. The Federal Government attempted to address some of these problems by creating a health care safety net. Part of this safety net was the creation of Area Health Education Centers (AHEC). These programs have been involved with efforts to improve the distribution, diversity, and quality of health personnel in the health services delivery system. In general, its role is to link the academic resources of medical schools, allied health profession schools, and community colleges with local educational and clinical sites establishing community-based networks.

So, what the heck is an AHEC? Those were my sentiments exactly when I was called for an interview with the Area Health Education Center. So as any good candidate would do, I dove into researching just what was an AHEC. I was pleasantly surprised to find that Mississippi had an organization that was committed to improving the distribution, diversity, supply, and quality of healthcare professions in rural and underserved areas. But, I had only scratched the surface.

AHECs were established in 1970 by the federal government to address the overwhelming demand for adequate healthcare personnel distribution. There are two levels of funding in AHEC, i.e., Basic and Model State-Supported. The Basic AHEC program office is funded for up to 12 years while the centers are funded up to six years; the intent is to create an infrastructure and to build a case for state support when the activities and accomplishments are of value to the communities served by the AHEC. This is accomplished through cost-sharing; HRSA requires the AHEC to match federal contributions by a one-to-one cash match from State, county, municipal government or private funds.



The Mississippi Area Health Education Center (MS AHEC) was established in 1997 and is an affiliate of the University of Mississippi Medical Center's Department of Family Medicine. The MS AHEC currently functions as a Basic AHEC. It is partially funded by a grant from the Health Resources and Services Administration (HRSA) and has seven regional AHEC centers strategically developed across the state. Thus, the MS AHEC has become a statewide network in which the focus is the elimination of health care disparities; increased availability, accessibility, acceptability, and access of quality health care to medically underserved populations; optimization of disease awareness, prevention, and outcomes for all; and health care that is viewed as an important aspect of economic growth and development.

As a Basic AHEC, the MS AHEC uses federal funds to initiate and develop successful partnerships and linkages with academic and community-based organizations; garner local, state, and institutional support; create community buy-in; and develop and implement programs that address the needs of rural and medically underserved areas. The regional AHEC centers are community-based sites established to regionalize and decentralize healthcare training in Mississippi. Their primary emphasis is on training community-based health professionals, primary care medical residents, local providers, and grades K-12 students.

After an AHEC program has developed its statewide infrastructure (up to 12 years), it is eligible to apply for the

Model State-Supported AHEC. The Model AHEC is recognized as a local, state and federal partnership whose primary role is to address health workforce priorities within a state.

The Model AHEC continues in partnering and collaborating to maintain, enhance, and expand training programs and sites that address the local, Federal, and state healthcare needs of an underserved region or the entire state. The Mississippi AHEC is now eligible to become a Model State-Supported AHEC. We are in preparation for this transition to occur in 2010. As a Basic AHEC, we relied heavily on federal funding. However, as a Model State-Supported AHEC, Federal funding will be reduced and support will need to come from other sources, e.g., academic institutions, hospital systems and philanthropic organizations, and in some states, the legislature.

So what does that mean for Mississippi? This means that the MS AHEC needs to continue its marketing efforts so that purpose and value is recognized statewide. It also means that Mississippi will join the ranks with neighboring states like Arkansas and Louisiana that have already transitioned into Model State-Supported AHECs. But most importantly, it means that we have received excellent support throughout Mississippi as we strive to address inequities in access to quality health care services within the state.

So, who am I? I am Melody Longino, MS AHEC Program Administrator; honored to be a participant in the solution.

Virtual Tour Helps Others to Understand Dementia

River Region Behavioral Health Services in Vicksburg will host an in-house Virtual Dementia Tour on Thursday, November 19, 2009. The Virtual Dementia Tour will help healthcare professionals, caregivers, and family members understand the daily experiences of people who have dementia. Call Cindy Widdig at 601-883-3288 to make your reservation.

MRHA presents second of 2009 series of RHC workshops

by Tim Thomas

The MRHA presented its second of a series of three "Rural Health Clinic Workshops" on July 9, 2009, in Madison. The workshop was held at the Mississippi Nurses Association, the office location of MRHA. Twenty-six participants attended the workshop representing seven different counties in Mississippi. Also included were three attendees from outside the state. Topics covered in the workshop included: RHC Billing (Back to Basics), How to Enhance your RHC Revenue, Medicaid Reimbursement for RHCs, RHC Cost

Reporting, and RHC Billing (Advanced). Presenters for the workshop were Joanie Perkins and Timothy Thomas, current MRHA board members, and Kimsey Whipps, Division of Medicaid.

On the workshop evaluation, the presenters received a 99% favorable rating for being knowledgeable, informative, and effective. The overall workshop rating was 82% excellent and 18% good. Additional comments included: "Great meeting. Learned a lot," and, "It would be helpful to label what specifically

applies to provider-based RHCs and what applies to independent RHCs." Suggested topics for future workshops included: "Medicare Representative," "A/R, Write-offs, Accounting for Credit Balances," and "Denial Codes for Medicare/Medicaid—How to Correct and Understand."

The last workshop in the series is to be held November 4, 2009 in Tunica, Mississippi at Sam's Town Casino and Hotel, 1477 Casino Strip Resorts Boulevard. (See pages 7-8 for registration information.) See you there!

From the MRHA president's pen (continued)

(continued from page 1)
health systems stand to benefit from each of these provisions dedicated to workforce and infrastructure development, as well as an abundance of others not mentioned.

Whether you agree or disagree with HR 3200, this legislation will have a significant impact on historical inequities and disparities in health care for rural

Americans. Rural community members, leaders, and stakeholders must keep rural America at the heart of health reform. In order for rural America to be a focus of national health reform, a coordinated grassroots effort is needed. There are numerous ways to get involved in this monumental legislation. You can attend meetings with, and write and call your

elected officials to remind them that true health reform will not be achieved without including rural America. You could submit letters to the editor of your local newspapers emphasizing the needs for your area as well as national rural health reform. And lastly, you could organize local and state coalitions with common rural health reform goals.

IQH rural project expansion underway

Reducing the rate of pressure ulcers and the use of physical restraints is the focus for an expansion in Information & Quality Healthcare's (IQH) Ninth Scope of Work contract with the Centers for Medicare & Medicaid Services (CMS). Participant recruitment in the Rural-Focused Patient Safety Projects was completed in August, with the project officially beginning September 1, 2009.

Six nursing homes and six hospitals are taking part in the pressure ulcer reduction efforts. Four nursing homes are joining the physical restraints reduction activities.

Collaborative benefits include:

- Educational opportunities for clinicians to increase their knowledge about pressure ulcers
- Resources for the use of alternative measures for physical restraints and the use of less restrictive devices
- Free resources and intervention tools

- Free in-service training for quality improvement, administrative and nursing staff
- Assistance in preparation for annual survey or accreditation
- Team building with other healthcare professionals
- Cultural competency resources and references
- Opportunities to learn about healthcare quality improvement barriers and successes from other hospitals

- in Mississippi and across the nation
 - Local and national recognition for efforts
- IQH staff will respond to requests for assistance from non-participating facilities as scheduling permits.

Project leaders are Lisa Camel, RN, BSN; Jane Kelly, RN; Sarah Miller, RN, MSN; and Lynn Mitchell, RN, BSN.

For more information, contact IQH at 601-957-1575 or 1-800-844-0500, ext. 221 or 257.

The IQH Web site is www.iqh.org.



The MRHA's newly-designed Web site
can be found at www.msrrha.org

Job announcement posting is available.
The MRHA member rate is \$25
for a three-month posting;
the non-member rate is \$50

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

Novel H1N1 flu in Mississippi

by Dr. Mary Currier

Novel H1N1 influenza was first diagnosed in Mississippi at the end of May, 2009. The Mississippi State Department of Health (MSDH) Public Health Laboratory receives and tests specimens for this virus, from patients seen by the Influenza-Like Illness (ILI) Sentinel Providers (70 physicians' offices and emergency departments across the state)—the same system used during the usual influenza season to monitor the presence of flu in Mississippi. Since the first week of August, 2009, 97% of surveillance specimens that have been PCR positive for influenza have been novel H1N1. Providers are justified in treating influenza-like illness as such. It is not necessary or even desirable for every person with flu-like illness to be tested for novel H1N1 influenza. The test takes days for results to come back to the care provider, and treatment decisions are best made based on the clinical signs and symptoms of the patient.

Among the patients testing positive for novel H1N1 influenza, 67% have been in those 5 to 24 years of age, and only 1% in those 65 or older, which is dramatically different from the age distribution of seasonal influenza. Mississippi sentinel providers also inform MSDH regarding the proportion of patients seen in their offices each week with influenza-like illness. During the summer and early fall in Mississippi, the usual percent of patients with flu-like illness is 3-4% percent. During the last week of August, 2009, that proportion rose to 14.7%, indicating a marked increase in the spread of influenza.

National data show that this virus is

still sensitive to antivirals. Antiviral treatment should be considered for those patients who are hospitalized with confirmed, probable, or suspected novel H1N1 influenza and for persons with flu-like symptoms who are at high risk for complications from the flu (pregnant women; children younger than 5 years—especially those younger than 2 years; chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus) or with immunosuppression; persons over the age of 65; and those up to age 19 who are on long-term aspirin therapy. (More information is available at <http://www.cdc.gov/h1n1flu/recommendations.htm>).

Prevention continues to include those common sense measures such as thorough and frequent hand washing, cough etiquette (cough in a tissue, throw the tissue away, and wash hands), routine cleaning of areas frequently touched by the ill person, and having persons stay home if they are sick. Patients ill with influenza symptoms in health care clinics and offices should be immediately put in patient rooms with the door shut, to prevent further spread in the clinic. Health care providers should follow recommended infection control recommendations (largely standard and contact precautions) as well as maintaining strict adherence to hand hygiene. Specific recommendations from CDC may be found at http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm. CDC

and WHO recommendations disagree on the respiratory precautions necessary. CDC continues to recommend fit-tested disposable N95 respirators or better for any health care provider entering patient rooms, as some transmission might be airborne. WHO recommends use of ordinary procedure masks when entering patient rooms, as transmission is largely through respiratory secretions, with increased precautions for procedures likely to generate aerosols (e.g., bronchoscopy, elective intubation, suctioning, administering nebulized medications).

Vaccine should be available by mid-October through the MSDH immunization program. An online provider agreement is available at www.healthyMS.com, which may be completed and submitted online, or printed, completed, and faxed to the MSDH Immunization Program at 601-576-7468.

High priority groups for receiving the vaccination include: pregnant women, persons who live with or provide care for infants aged <6 months (e.g., parents, siblings, and daycare providers), health-care and emergency medical services personnel, persons aged 6 months-24 years, and persons aged 25-64 years who have medical conditions that put them at higher risk for influenza-related complications.

The vaccine itself will be free, however, health care providers may charge/bill an administrative fee at the same rate established for administration of seasonal influenza virus vaccine.

See www.HealthyMS.com for more information.

From the SORH Director's Desk (continued)

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Health and Welfare Committee; the Honorable State Representative Omeria McDonald Scott, Mississippi House of Representatives, Vice-Chair, Public Health and Human Services Committee; Dr. Lovetta Brown, MD, Director, Office of Health Disparity Elimination, Mississippi State Department of Health; Don Eicher, Office Director, Office of Health Policy and Planning, Mississippi State Department of Health; Rozelia Harris, Deputy Bureau Director, Mississippi Office of Rural

Health and Primary Care, Mississippi State Department of Health; Robert M. Pugh, Executive Director, Mississippi Primary Health Care Association; and Phyllis Williams, Deputy Administrator, Health Services, Division of Medicaid, Office of the Governor. The meeting resulted in the Mississippi Team identifying the following four priority areas as a starting point to address health workforce needs for the Health Care Safety Net Workforce and the health workforce overall in the state: 1) improving health

care workforce planning and data collection; 2) development of a health care career pipeline (including a focus on diversity); 3) development of health care career incentive programs; and 4) improving coordination among organizations engaging in health care workforce development. Team members were assigned responsibilities and additional team follow-up meetings will be held in the state to identify a plan for moving forward.



**Mississippi Rural Health Association's
14th Annual Conference
"Rural Health in a Difficult Economic Climate"
November 5-6, 2009
Sam's Town in Tunica, Mississippi**

Come for this information-filled conference designed to provide health care leaders in rural/small communities in Mississippi with networking and educational opportunities, as well as renewed motivation to tackle their challenging jobs!

Also plan to attend one of three pre-conference workshops on November 4 (see details on following page):

- "Fundamentals of Successful Grant Writing"
- "Treatment of the Tobacco-Dependent Patient"
- "Rural Health Clinics: Fundamentals for Success"

Thursday, November 5

8:30 am - 9:30 am Registration/Continental Breakfast/Visit Exhibits

Morning Plenary Sessions:

9:30 am - 9:45 am Welcome and Opening Remarks
Joanie Perkins, President-Elect, Mississippi Rural Health Association

9:45 am - 10:45 am Health Information Technology Strategic Framework
Terry Hill, MPA, Executive Director, Rural Health Resource Center

11:00 am - 12:00 noon Panel of Invited State Legislators

12:00 noon - 1:00 pm Lunch and MRHA Membership Meeting
Laura Hall Downey, President, Mississippi Rural Health Association

Afternoon Concurrent Sessions:

1:10 pm - 1:55 pm **Concurrent Session I:** "Rural Health Performance Improvement"
Cassandra Dove, Director, Chronic Disease Bureau, Mississippi State Department of Health
The presenter will discuss the burden and impact of chronic disease in rural Mississippi and provide strategies for reducing chronic disease and its related risk factors such as physical inactivity, poor nutrition, tobacco exposure, and quality healthcare.

Concurrent Session II: "TelEmergency"
Kristi Henderson, CFNP, CACNP, FAEN, Director of Fast Track and
Emergency Department Business Development, UMMC
The TelEmergency program at UMMC provides improved emergency medical services and healthcare to underserved areas of Mississippi via telemedicine technology. The presenter will discuss aspects of the program including history, objectives, participants, benefits to participating hospital emergency rooms, and the future of telemedicine.

2:15 pm - 3:00 pm **Concurrent Session III:** "Electronic Health Records...Bells, Whistles, and Padlocks"
Jason Dees, DO, FAAFP
This session will be presented from a practitioner's perspective on converting to EHR. Dr. Dees will discuss the essential elements, security and registry capabilities in EHR and how "data mining" within an EHR can be beneficial for quality reporting.

Concurrent Session IV: "Engaging Local Assets to Build Market Share:
Taking Customer Service Excellence and Community Engagement to a Powerful New Level"
Charlotte Englund, The Solutions Group

2:15 pm - 5:15 pm **Concurrent Session V:** "Medicare Recovery Audit"
Connolly Healthcare and Centers for Medicare and Medicaid Services
Connolly Consulting is the Recovery Audit Contractor responsible for identifying overpayment and underpayments and returning dollars to the Medicare Trust Funds and providers. Representatives from Connolly and CMS will answer questions and educate providers about the audit recovery process.

- 5:00 pm - 5:30 pm Visit Student Posters
- 5:30 pm - 7:00 pm Meet the Vendors and Networking Social

Friday, November 6, 2009

- 8:00 am - 8:45 am Breakfast/Topical Coffee Chats

Morning Plenary Session:

- 8:45 am - 9:45 am "William Carey University College of Osteopathic Medicine: Meeting Mississippi's Rural Health Needs through a Community-Based Training Model"
Michael Murphy, DO, FCOFP, dist., FADOME, Dean

William Carey University in Hattiesburg is undergoing the accreditation process established by the American Osteopathic Association. In this presentation, Dr. Murphy will discuss the mission, goals and objectives of the University, explain the admission requirements, and provide information on the community-based training model that will be used and the involvement of community healthcare facilities.

Concurrent Sessions:

- 10:10 am - 11:00 am Concurrent Session I: "Telepsychiatry"
Grayson Norquist, MD, MSPH, Professor and Chair, Psychiatry and Human Behavior, UMMC
- Telepsychiatry was developed to address critical mental health needs in rural areas. The program links isolated communities to mental health service providers for access to psychiatric services via live two-way telemedicine connections. Dr. Norquist will discuss how this project can reduce disparities in mental health treatment for those living in rural areas.

- 10:10 am - 11:00 am Concurrent Session II: "Health Information Technology in the Mississippi Delta: How the Delta Health Alliance is Bringing Advanced Technologies to Rural Healthcare"
Chuck Fitch, Vice President and Chief Information Officer, Delta Health Alliance, Inc.
- This session will discuss the deployment of Electronic Health Records and other advanced health information technologies to providers in the Mississippi Delta. It will include an overview of DHA's strategy, communities served to-date, and future plans. It will also discuss the effects of the HITECH provider stimulus funding of the American Reinvestment and Recovery Act (ARRA) on EHR/HIT adoption.

- 11:00 am - 12:00 noon Invited Federal Panel

- 12:00 noon Adjournment

Pre-conferences on Wednesday, November 4:

- 8:30 am - 4:00 pm "Rural Health Clinics: Fundamentals for Success"
Joanie Perkins, North Sunflower Medical Center
Tim Thomas, Thomas Financial Consulting
Kimsey Whipps, Division of Medicaid
- Topics for this session will include "RHC Billing—Back to Basics," "How To Enhance Your RHC Revenue," "RHC Cost Reporting," "Medicaid Billing" and "RHC Billing—Advanced." Lunch will be provided.

- 9:00 am - 12:00 noon "Fundamentals of Successful Grant Proposal Writing"
Jennifer Downey, MA, Director, Center for Research, Evaluation, Assessment and Training Services, USM
- This workshop is designed for both the novice grant proposal writer and those with experience. Ms. Downey will share tools for identifying funding opportunities, planning an effective application, steps for preparing an application, and tips for polishing a grant application. She will share her 20+ years of experience in locating grant opportunities and preparing successful applications for social service, education, and health organizations.

- 1:30 pm - 4:30 pm "Treatment of the Tobacco-Dependent Patient"
Monica Sutton, PhD, Assistant Professor, Department of Otolaryngology and Communicative Sciences, Coordinator of Community Services
Natalie Gaugh, PhD, Assistant Professor, Department of Otolaryngology and Communicative Sciences
UMMC's ACT Center for Tobacco Treatment, Education, and Research
- This workshop is designed to educate healthcare providers about tobacco products, factors influencing their use, and health impact. In addition, this program strives to provide healthcare providers the skills and resources necessary to provide their patients with an effective, brief, evidence-based treatment program to facilitate their patients' efforts to permanently quit the use of tobacco products.

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 ANNUAL CONFERENCE REGISTRATION FORM

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

Conference Registration: Members \$150 _____ Non-Members \$200 _____ Full time Student \$100 _____

Pre-Conference Workshop Registration:

"Rural Health Clinics: Fundamentals for Success"	Members	\$50 _____	Non-Members	\$75 _____
"Fundamentals of Successful Grant Proposal Writing"	Members	\$50 _____	Non-Members	\$65 _____
"Treatment of the Tobacco-Dependent Patient"	Members	\$50 _____	Non-Members	\$65 _____
	Total:	_____		

Payment: Pre-registration is required. Checks should be made payable to the Mississippi Rural Health Association and mailed with the registration form by October 23, 2009 to MRHA, 31 Woodgreen Place, Madison, MS 39110. Payment of the conference registration fee entitles the registrant to a 2010 MRHA membership.

Hotel Accommodations: The conference is being held at Sam's Town Tunica Hotel and Casino, 1477 Casino Strip Resorts Boulevard. Single and double rooms are reserved at a rate of \$49/night. To receive this rate, make your reservations by October 20, 2009 and identify yourself as being with the Mississippi Rural Health Association, Group Code MISK09A. Contact the hotel at 1-800-456-0711. For more information about Sam's Town, visit www.samstowntunica.com.

Questions: Please contact the MRHA office at 601-898-3001 or mississippirural@bellsouth.net.