



*“Sustaining
Mississippi’s
Health & Economic
Well-Being”*

**2010
MISSISSIPPI QUALIFIED
HEALTH CENTER
(MQHC) PROGRAM REPORT**

Sustaining Mississippi's Health & Economic Well-Being

The Mississippi Qualified Health Center (MQHC) Program emerged from the need to address the immense disparities and access barriers between primary health care for uninsured or medically indigent patients and the insured population.

The MQHC Program was established under House Bill 403 during the 1999 Legislative session and funded through the Health Care Expendable Fund. The Legislature allocated funding for a five year, \$20 million program to be distributed at the rate of \$4 million per year for SFYs 2000-2004, with no MQHC receiving more than \$200,000 annually. The program was extended during the 2004 Legislative session for an additional five years and most recently in 2009 for another five years (2010-2014) at the rate of \$3,751,267.

MQHCs or Community Health Centers (CHCs) are public or nonprofit 501(c)(3) entities that provide comprehensive primary care services and meet the following criteria:

- 1) have a community board of directors, the majority of which are users of such centers;
- 2) accept all patients that present themselves despite their ability to pay and also utilize a sliding-fee-schedule for payments; and
- 3) serve a designated medically underserved area or population, as provided in Section 330 of the Public Health Services Act.

During SFY 2010, twenty-one Community Health Centers operating 170 delivery sites with 120 primary care delivery sites located across the state have received annual grant awards ranging from \$158,959 to \$189,795 under the MQHC Program. (See page 3 for a complete listing of funds awarded).

These CHCs have used their grant awards to provide increased access to preventive and primary care services for uninsured or medically indigent patients and to augment existing services. Many CHCs have new services that were made possible solely through the funding provided by the MQHC Program. (See complete listing of services on page 3).

Since the MQHC Program's inception, utilization of Mississippi's Community Health Centers has increased overall by almost 30%. This increase demonstrates the success of the program in reaching more of Mississippi's most vulnerable populations, the uninsured and medically indigent.



Dear Friends,

As the State of Mississippi is faced with difficult budget decisions, we encourage the state to continue its commitment to those most in need of health care assistance by supporting the Mississippi Qualified Health Center (MQHC) Program and Mississippi's Community Health Centers (CHCs). These CHCs are vital in "Sustaining Mississippi's Health and Economic Well-Being," particularly in these financially challenging times.

Twenty-one Community Health Centers in Mississippi continue in their mission of providing quality, affordable primary and preventive health care services to the uninsured and underserved. Currently, these CHCs operate over 170 delivery sites with more than 120 of these sites offering comprehensive, primary health care services. These centers continue to increase the number of individuals served each year. In 2009, more than 310,000 individuals (accounting for nearly one million visits) chose Mississippi Community Health Centers as their health care home. More than 44% of those patients were uninsured and 29% of them were Medicaid recipients.

Mississippi CHCs are also contributing to the economic well-being of the state. In addition to savings generated through reduced emergency room utilization, CHCs directly employ over 1500 FTEs (including over 100 physicians) and generate over \$197 million in total statewide economic benefits annually.

We appreciate your past support and renewed commitment to the MQHC Program and Mississippi's Community Health Centers. As we continue efforts to navigate the ever-changing health care landscape, MPHCA is working with renewed passion and a strong commitment to be good stewards of the support the Mississippi Legislature has entrusted to us. We look forward to working with you to achieve our shared goal of "Sustaining Mississippi's Health and Economic Well-Being."

Sincerely,

Robert M. Pugh

Robert M. Pugh, MPH
Executive Director
Mississippi Primary Health Care Association

THE MQHC PROGRAM HAS BEEN SUCCESSFUL IN PROVIDING COMPREHENSIVE HEALTH CARE TO MANY UNINSURED AND MEDICALLY INDIGENT MISSISSIPPIS. HOWEVER, ACCESS TO HEALTH CARE REMAINS A VITAL ISSUE FOR THE STATE. CONTINUED MQHC FUNDING IS A COST-EFFECTIVE METHOD OF PROVIDING NECESSARY HEALTH SERVICES TO DISADVANTAGED, VULNERABLE AND UNINSURED MISSISSIPPIS.

3 MQHC GRANT AWARDS AND SERVICES

COMMUNITY HEALTH CENTER	ANNUAL AWARD AMOUNT	SERVICES PROVIDED THROUGH MQHC FUNDING
Aaron E. Henry Community Health Services Center, Clarksdale	\$189,795	<ul style="list-style-type: none"> • Primary Care, Mobile Unit • Transportation
ACCESS Family Health Services, Smithville	\$179,795	<ul style="list-style-type: none"> • Primary Care • Diagnostic Imaging • Patient Assistance
Amite County Medical Services, Liberty	\$189,795	<ul style="list-style-type: none"> • Dental • Specialty Care
Central MS Health Services, Jackson	\$159,795	<ul style="list-style-type: none"> • Primary Care • Pediatric • Pharmacy
Claiborne Co. Family Health Center, Port Gibson	\$179,795	<ul style="list-style-type: none"> • Dental, Pharmacy, Transportation
Coastal Family Health Center, Biloxi	\$179,795	<ul style="list-style-type: none"> • Dental • Primary Care • Pharmacy
Delta Health Center, Mound Bayou	\$179,795	<ul style="list-style-type: none"> • Primary Care • Transportation
East Central MS Health Care, Sebastopol	\$169,795	<ul style="list-style-type: none"> • Primary Care
Family Health Care Clinic, Brandon	\$159,795	<ul style="list-style-type: none"> • Primary Care, Prenatal Care, Nutrition, Family Planning
Family Health Center, Laurel	\$169,795	<ul style="list-style-type: none"> • Dental • Diabetic • Car Seats
G. A. Carmichael Family Health Center, Canton	\$189,795	<ul style="list-style-type: none"> • Diabetic • School Based Services • Asthma Program
Greater Meridian Health Clinic, Meridian	\$179,795	<ul style="list-style-type: none"> • Primary Care, Dental Services • Outreach Programs • Patient Education
Greene Area Medical Extenders, Leakesville	\$189,795	<ul style="list-style-type: none"> • School Based Services, Primary Care, Hearing & Vision Screening • Counseling, Social Services
Jackson-Hinds Comprehensive Health Center, Jackson	\$189,795	<ul style="list-style-type: none"> • Dental Services, Dental Mobile Unit • Primary Care
Jefferson Comprehensive Health Center, Fayette	\$169,795	<ul style="list-style-type: none"> • School Based, Dental, Pharmacy • Laboratory • Primary Care
Mallory Community Health Center, Lexington	\$169,795	<ul style="list-style-type: none"> • Primary Care, Health/Wellness • Dental Services • Nutrition
Mantachie Rural Health Care, Mantachie	\$158,959	<ul style="list-style-type: none"> • Pharmacy Assistance, Primary Care, Diabetic Care, Mental Health
Northeast MS Health Care	\$159,795	<ul style="list-style-type: none"> • Primary Care, Pharmacy • Dental • Case Management
North MS Primary Health Care, Ashland	\$169,795	<ul style="list-style-type: none"> • Primary Care • Pharmacy Assistance • Specialty Care Referrals
Outreach Health Services, Shubuta	\$168,938	<ul style="list-style-type: none"> • Dental • Pharmacy • Health Education
Southeast MS Rural Health Initiative, Hattiesburg	\$189,795	<ul style="list-style-type: none"> • Dental, Social Work, Medication Assistance

*Source: Mississippi State Department of Health MQHC Grant Program SFY 2010 Closeouts and Grant Agreement

Mississippi CHCs provide considerable benefits to the entire state that include the provision of quality health services as well as substantial economic benefits.

Economic/Employment Impact

CHCs provide significant statewide benefits that go beyond patient care. For example, rural health systems that include CHCs experience lower uninsured utilization of emergency room resources.¹ On top of generating substantial savings, health centers generated \$20 billion in economic activity for low income communities last year by providing employment opportunities and indirectly purchasing goods from other local businesses.²

Mississippi CHCs directly employ a total of over 1500 FTEs (full-time equivalent employees), including over 100 physicians. The total estimated county economic impact attributed to a single physician is estimated to be over \$2 million in Mississippi.³

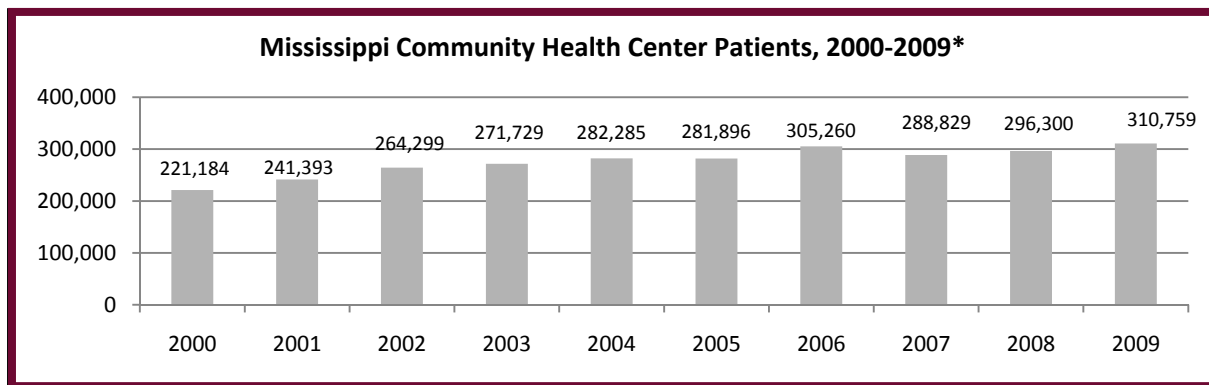
Statewide CHC Employment Totals and Annual Patient Visits

Discipline/Profession	FTE	Patient Visits
Physician	103	413,377
Mid-Levels (i.e. NPs, PAs)	118	323,092
Nurses	250.7	41,802
Dentists	28.6	76,534
Dental Hygienists	9.7	10,371
Behavioral Health Specialists	15.2	11,405
Pharmacy	17.7	N/A
Total Enabling Services	87.8	38,807
Other Staff	879	N/A
Total	1509.7	928,033

In 2009, economic benefits generated for local communities by CHCs totaled \$197,819,426.⁴

Health Service Impact

CHCs provide health services to vulnerable populations that would otherwise not have access to care. The health center program has grown significantly over the past decade. In 2009, over 310,000 patients received care from one of the state’s 170 CHC Service Delivery Sites.

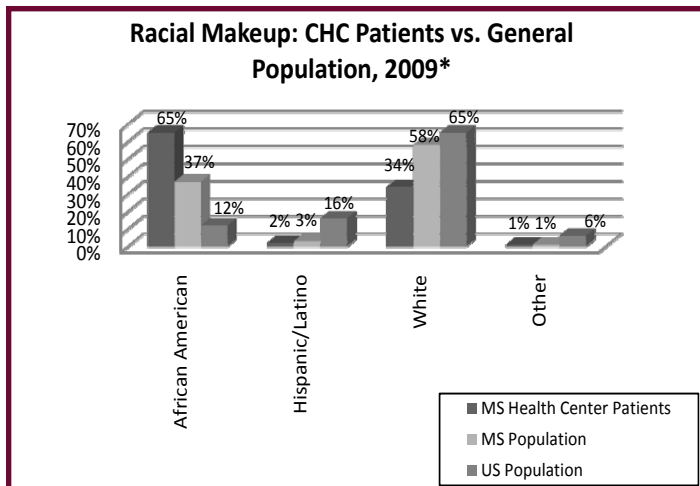
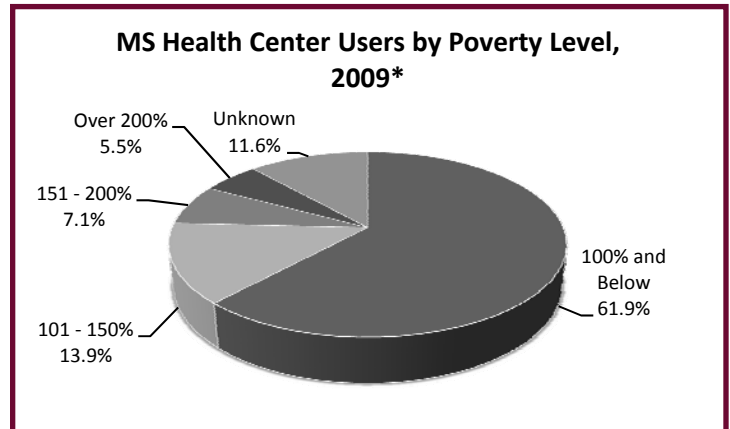


Preventive and comprehensive primary care is made available to uninsured and Medicaid patients providing access to a regular and on-going source of care. CHCs also provide enabling services, such as transportation, translation, and case management that help patients connect with needed health care.

¹ Rust George, et al. (2009) “Presence of a Community Health Center and Uninsured Emergency Department Visit Rates in Rural Counties.” *Journal of Rural Health* 25(1):8-16.
 Cunningham P. (2006) “What Accounts for Differences in the Use of Hospital Emergency Departments Across U.S. Communities?” *Health Affairs* 25: W324-W336.
² National Association of Community Health Centers. “Community Health Centers: The Return on Investment”. Fact Sheet #0210.
<http://www.nachc.com/client/CHCs%20ROI%20final.pdf>
³ Blair, B. F. (2008). “Economic Impacts of Physicians on Mississippi’s County Economies.” Mississippi Center for Health Workforce.
http://www.healthpolicy.msstate.edu/publications/IMPLAN_P_B.pdf
⁴ NACHC and Capital Link, Community Health Centers Lead the Primary Care Revolution, August 2010, www.nachc.com/research.

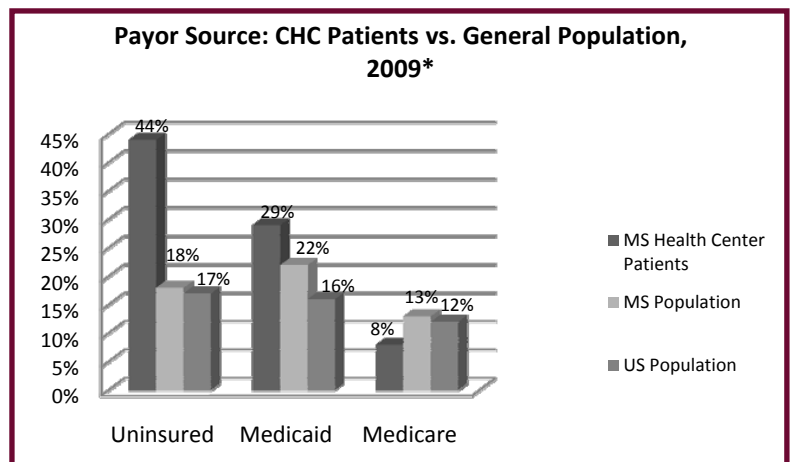
5 PROFILE OF MISSISSIPPI'S CHC PATIENTS

Mississippi CHCs provide high quality care to over 300,000 individuals, reducing health disparities and improving patient outcomes. CHCs are located in high-need areas identified as having elevated poverty, higher than average infant mortality, and where few physicians practice. CHCs are open to all residents, regardless of insurance status or ability to pay, and services are tailored to fit the special needs and priorities of their communities. The vast majority of health center patients fall below 200% of the federal poverty level, while nearly 62% are below 100% FPL.



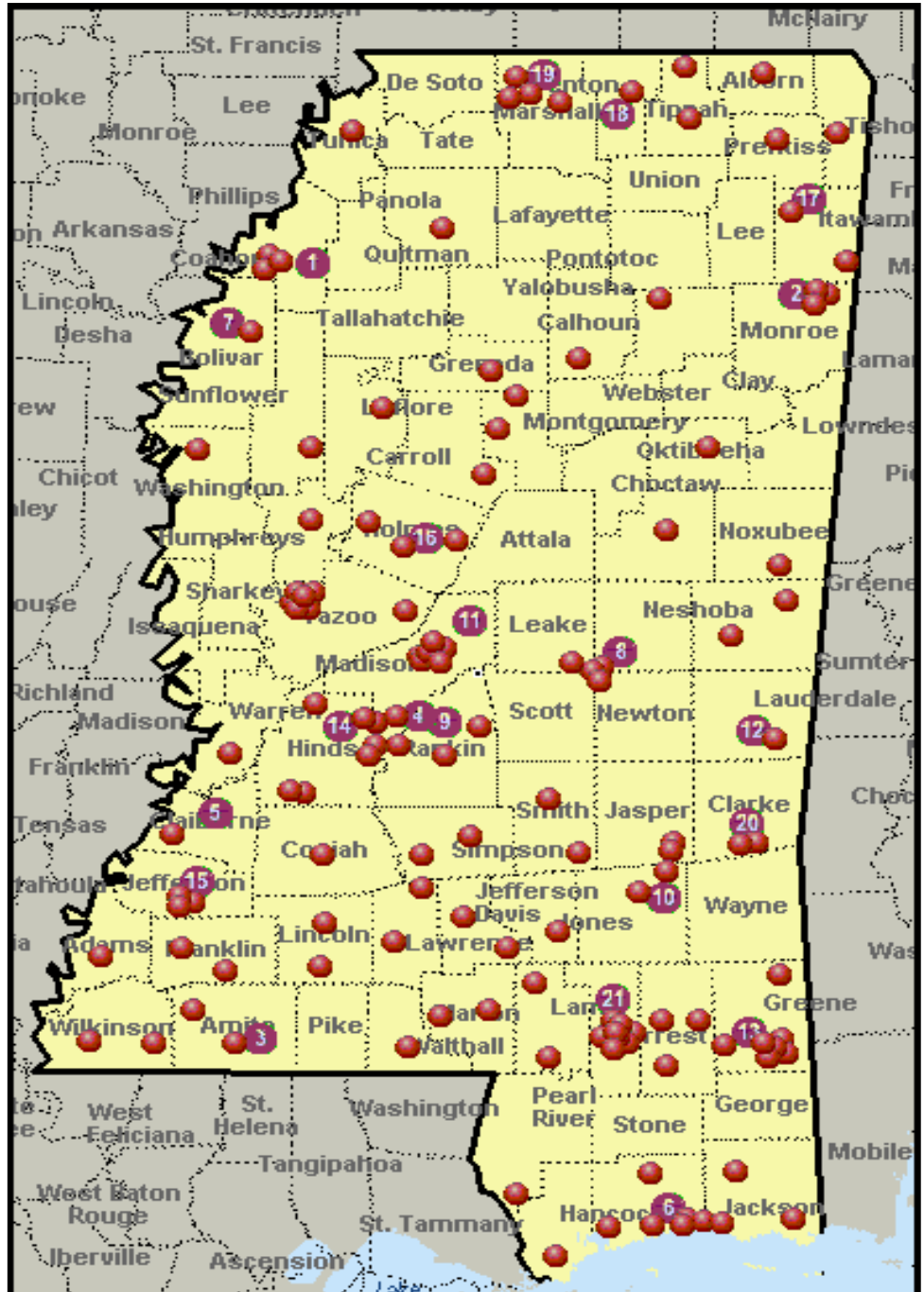
Mississippi CHCs serve a disproportionately large percentage of minority residents. 65% of CHC patients are African American, compared to only 12% of the US general population.

Mississippi CHCs provide access to care for all residents, regardless of ability to pay. Special emphasis is placed on the state's medically disadvantaged population. Almost half of all CHC patients are uninsured, while only 29% are covered by state Medicaid programs.



Mississippi Community Health Centers: Main Site Locations and Counties Served

1. **Aaron E. Henry Community Health Services Center** (Clarksdale) *Coahoma, Quitman, Tallahatchie, Panola, Tunica*
2. **ACCESS Family Health Services** (Smithville) *Chickasaw, Itawamba, Pontotoc, Calhoun, Tishomingo, Monroe, Lee, Union, Prentiss, Northwest Alabama*
3. **Amite County Medical Services** (Liberty) *Amite*
4. **Central Mississippi Health Services** (Jackson) *Hinds, Rankin, Madison*
5. **Claiborne County Family Health Center** (Port Gibson) *Claiborne, Copiah, Jefferson, Warren*
6. **Coastal Family Health Center** (Biloxi) *Harrison, Hancock, Jackson*
7. **Delta Health Center** (Mound Bayou) *Bolivar, Sunflower, Washington, Coahoma*
8. **East Central MS Health Care** (Sebastopol) *Scott, Leake, Neshoba, Newton, Smith*
9. **Family Health Care Clinic** (Brandon) *Rankin, Lawrence, Jefferson Davis, Simpson, Scott, Walthall, Marion, Grenada, Calhoun, Montgomery*
10. **Family Health Center** (Laurel) *Jones, Wayne, Smith, Jasper, Clarke*
11. **G.A. Carmichael Family Health Center** (Canton) *Madison, Yazoo, Humphreys*
12. **Greater Meridian Health Clinic** (Meridian) *Lauderdale, Noxubee, Kemper, Winston, Oktibbeha*
13. **Greene Area Medical Extenders** (Leakesville) *Greene, South Wayne, George, Washington(AL)*
14. **Jackson-Hinds Comprehensive Health Center** (Jackson) *Hinds, Warren, Copiah*
15. **Jefferson Comprehensive Health Center** (Fayette) *Adams, Claiborne, Franklin, Jefferson, Lincoln, Wilkinson*
16. **Mallory Community Health Center** (Lexington) *Holmes, Carroll, Madison, Attala, Leflore, Montgomery*
17. **Mantachie Rural Health Care** (Mantachie) *Lee, Itawamba, Prentiss, Monroe*
18. **North Mississippi Primary Health Care** (Ashland) *Benton, Marshall, Union, Tippah, Alcorn, Prentiss*
19. **Northeast Mississippi Health Care** (Byhalia) *Tate, Marshall, Desoto*
20. **Outreach Health Services** (Shubuta) *Clarke, Jasper, Wayne*
21. **Southeast Mississippi Rural Health Initiative** (Hattiesburg) *Covington, Lamar, Forrest, Perry, Pearl River*



**Numbers Represent Main Site Locations
Circles Represent All Other Locations**

165 Locations Statewide
21 Main Clinic Sites
67 Satellite Clinics
42 School-Based Clinics

11 Specialty Sites
10 Stand-Alone Dental Clinics
6 Mobile Medical/Dental Units
8 Stand-alone Administrative Sites

What are Community Health Centers (CHCs)?

- **Local, non-profit, community-owned health care providers** serving low income and medically underserved communities.
- Also known as Federally-Qualified Health Centers (FQHCs), they are **located in areas where care is needed but scarce**, and improve access to care for millions of Americans regardless of their insurance status or ability to pay. Their cost of care rank among the lowest, and they reduce the need for more expensive hospital-based and specialty care, saving billions of dollars for taxpayers.
- CHCs provide **quality, affordable, comprehensive primary care and preventive services**, including dental and mental health and substance abuse services, as well as affordable pharmaceuticals. CHCs are recognized leaders in treating chronic diseases and reducing health disparities.

Who do Community Health Centers serve?

- 20 million people across the country, including **more than 310,000 Individuals in Mississippi**.
- Most of health center patients in Mississippi live below 200% of the federal poverty level.
- Almost half of health center patients in Mississippi are uninsured.

How do Community Health Centers overcome barriers to care?

- Located in high-need areas identified as having elevated poverty, higher than average infant mortality, and where few physicians practice.
- **Open to all**, regardless of income and insurance status, and provide free or reduced cost care based on ability to pay.
- Services are **tailored to fit the special needs and priorities of the community**, and provide services in a linguistically and culturally appropriate setting.
- Offer services that **help patients access health care**, such as transportation, interpretation, case management, health education, and home visitation.

How do Community Health Centers make a difference?

- **Improve access to primary and preventive care.** Uninsured people living in close proximity to a health center are less likely to have an unmet medical need, *less likely to visit an emergency room or have a hospital stay, and more likely to have had a general medical visit* compared to other uninsured.
- Effective management of chronic illness. Health centers meet or exceed nationally accepted practice standards for treatment of chronic conditions. In fact, the Institute of Medicine and the Government Accountability Office have recognized health centers as models for screening, diagnosing and managing chronic conditions such as diabetes, cardiovascular disease, asthma, depression, cancer, and HIV. Health centers' efforts have led to improved health outcomes for their patients, as well as lowered the cost of treating patients with chronic illness.
- **Reduction of health disparities.** Because of their success in removing barriers to care, the Institute of Medicine and U.S. General Accounting Office recognized health centers for reducing or even eliminating the health gaps for racial and ethnic minorities, as well as for the poor in the U.S.
- **Cost-effective care.** Care received at health centers is ranked among the most cost-effective. Several studies have found that health centers *save the Medicaid program around 30% in annual spending* for health center Medicaid beneficiaries. Furthermore, health centers *generate savings for the entire health care system of up to \$17.6 billion a year*. These savings are the result of less reliance on costly specialty, inpatient, and emergency room care. Furthermore, if avoidable visits to the emergency rooms were redirected to health centers, over \$18 billion in annual health care costs could be saved nationally.
- **High quality care.** Studies have found that the quality of care provided at health centers is equal to or greater than the quality of care provided elsewhere. Moreover, 99% of surveyed patients report that they were satisfied with the care they receive at health centers.

MPHCA Members - Mississippi Community Health Centers

Aaron E. Henry Community Health Services Center

CEO: Ms. Aurelia Jones-Taylor
662-624-4292
ataylor@aehcommunityhealth.org

Access Family Health Services

Executive Director: Ms. Marilyn Sumerford
662-651-4686
msumerford@accessfamilyhealth.com

Amite County Medical Services

Executive Director: Ms. Pam T. Poole
601-657-4326 acmsinc@bellsouth.net

Central MS Health Services

Director: Dr. Robert Smith
601-948-5572 robertsmith@comast.net

Claiborne County Family Health Center

CEO: Mr. James Devoual (Interim)
601-437-3050 Finance3052@hotmail.com

Coastal Family Health Center

Executive Director: Ms. Angel Greer
228-374-2494 agreer@coastalfamilyhealth.com

Delta Health Center

Executive Director: Mr. John Fairman
662-741-2151 ceo1deltahc@aol.com

East Central MS Health Care

CEO: Ms. Jill Bishop
601-625-7140 jbishop@ecmhci.com

Family Health Care Clinic

President/CEO: Dr. Margaret A. Gray
601-825-7280 dmgray@bellsouth.net

Family Health Center

Executive Director: Rashad N. Ali, MD
601-425-3033 fhccadmin@laurelhfc-ms.com

G.A. Carmichael Family Health Center

Executive Director: Janice Bacon, MD
601-859-5213 Janicebaconwest@aol.com

Greater Meridian Health Clinic

CEO: Mr. Wilbert L. Jones
601-693-0151 wjones@gmhinc.org

Greene Area Medical Extenders

Executive Director: Ms. Angel Greer
601-394-5714
agreer@coastalfamilyhealth.com

Jackson-Hinds Comprehensive Health Center

CEO: Jasmin Chapman, DDS 601-362-5321
Jhchc-ceo@comcast.net/jhchc@comcast.net

Jefferson Comprehensive Health Center

Executive Director: Ms. Shirley Ellis Stampley
601-786-3475 Sellis2020@aol.com

Mallory (Arenia C.) Community Health Center

CEO: Ms. Stellanida Davis-Cornelius
662-834-1857 smdavis@usnetworks.net

Mantachie Rural Health Care

CEO: Ms. Missy Sheffield
662-282-4226
Mlshfield2003@yahoo.com

North MS Primary Health Care

Executive Director: Mr. James Nunnally
662-224-8951 jnunnally@nbhc.org

Northeast MS Health Care

Executive Director: Ms. Marjorie McKinney
662-838-2163 rmmckinney@centurytel.net

Outreach Health Services

Executive Director: Ms. Sabrina Howze
601-687-5859 S_howze@hotmail.com

Southeast MS Rural Health Initiative

CEO: Ms. Hope Braley-Thornley
601-545-8700 hope@aol.com

The Mississippi Primary Health Care Association (MPHCA) is proud to share with its Community Health Center (CHC) member organizations, collaborators and constituents a listing of reflections and accomplishments during 2010. The year represented the closing of the previous decade and signals the beginning of a new one for MPHCA. MPHCA's staff thanks each of you for the tremendous year that you have helped shape and the support you have provided in our achievements. The past year has been a busy and a very successful one for MPHCA.

- Conducted comprehensive UDS training workshop in Natchez, MS.
- Delta Health Alliance funded Project Redirect ER diversion grant was expanded to two additional health centers.
- Completed re-design of MPHCA website (web development and expansion continues).
- Participated in Office of Regional Operations' Mississippi NHSC Regional State Stakeholder Meeting.
- Developed and introduced additional non-voting categories of Association membership.
- Conducted financial training workshop, Budgeting for Success, for member financial staff.
- Provided onsite member technical assistance regarding financial accounting software installation and training.
- Received a 2010 Congressional Earmark grant of \$693,000 to expand tele-health and electronic network capabilities.
- Legislative passed activities involving HB941, HB 1192, and HB 1067 respectively.
 - o HB941 - MS Health Information Network (MS-HIN)
 - o HB1192 - Guidelines for Patient Centered Medical Home
 - o HB1067 - Mississippi Family Nurse Partnership Program
- Worked with the Governor's office on development and expansion of HIT/HIE broadband and fiber optic network proposals.
- Conducted two day, hands-on Excel training for member staffers.
- Participated in formation of the Mississippi Perinatal Association.
- Partnered with CMS on the roll-out of the Mississippi Health First chronic disease training program.
- Assisted MSDH in finalizing PRAMS survey questions for Medicaid mothers.
- Assisted in Mississippi REACH US curriculum development for instructing community health educators regarding breast and cervical cancer.
- Partnered with MSDH and DHA on a CDC Quality Improvement Initiative.
- Conducted 2010 Recruitment/Retention workshop in Flowood, MS.
- Convened meeting with US Assistant Surgeon General Donald Weaver, UMMC Vice-Chancellor James Keeton, State Health Officer Dr. Mary Currier, and President of the MS State Medical Association Dr. Randy Easterling, along with other UMMC and MSDH officials to discuss state challenges and opportunities regarding health workforce.
- Completed development and adoption of new MPHCA corporate logo identity package.
- Conducted MPHCA 2010 Annual Conference: April 14-17, in Tunica, MS.
- Conducted Risk Management & Performance Improvement Workshop: April 28, 2010, in Pearl, MS.
- Conducted Customer Service Workshop: May 26, 2010, in Jackson, MS.
- Conducted Community Outreach Specialist Training: May 24-27, 2010, in Philadelphia, MS.
- Conducted You & Me/Us & We: Customer Service and the Patient Experience Workshop: May 27-28, 2010 in Jackson, MS.
- Conducted CHC Growth and Capacity Building Symposium in Biloxi, MS.
- Conducted ABCD Mississippi Training Session: July 27-28, 2010, in Jackson, MS, in collaboration with Morehouse School of Medicine.
- Quality Improvement Initiative Tackling Diabetes and Heart Disease in the MS Delta: September 9-10, 2010, in Tunica, MS – Conducted in partnership with MSDH.
- Conducted MPHCA Fall Clinical Conference: Extreme Makeover Health Care Edition "Preparing for the Transformation" November 3-5, 2010, in Meridian, MS.
- Provided direct financial sub-awards from other grantees to member CHCs totaling \$906,535.63.

MISSION STATEMENT

Mississippi Primary Health Care Association (MPHCA) is a member organization which supports its members in their collaborative efforts and advocates for the provision of equal access to quality, comprehensive health care services and the elimination of health disparities in the state.

FOR MORE INFORMATION CONTACT MPHCA

Robert M. Pugh, MPH
Executive Director
rmpugh@mphca.com

6400 Lakeover Road, Suite A
Jackson, Mississippi 39213
Phone: (601) 981-1817
Fax: (601) 981-1217
www.mphca.com