MISSION STATEMENT
The Community Health Center Association of Mississippi (CHCAMS) supports its members in their collaborative efforts, and advocates for the provision of equal access to quality, comprehensive health care services and for the elimination of health disparities in the state.

VISION STATEMENT
The Community Health Center Association of Mississippi (CHCAMS) will be recognized as an organization on the forefront of shaping health care policy and as an organization which supports its members as they collaboratively improve the health and wellness of all Mississippians.
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COMMUNITY HEALTH CENTER ASSOCIATION OF MISSISSIPPI (CHCAMS)

Established in 1981, the CHCAMS is a 501(c)3 non-profit organization. Its membership is comprised of 20 Federally Qualified Health Centers (FQHCs) operating in Mississippi. These community health centers provide quality, comprehensive health care in accredited patient-centered medical homes.

These health centers are community-based non-profit organizations that receive federal funds, and state and foundation grant funds. Local boards govern them.

For more than 50 years, community health centers in the United States have been providing primary care to patients, no matter the insurance status or ability to pay.

BEST COST FOR QUALITY CARE

Community Health Centers have a track record in providing high quality, cost-effective primary care, and support services that promote access to care.

Our member health centers run more than 250 PRIMARY HEALTH CARE SITES for over 300,000 MISSISSIPPINANS.

The Community Health Centers generate more than $250 BILLION in total economic impact to the state’s economy.

The Association’s role is to provide TRAINING, TECHNICAL SUPPORT, AND ADVOCACY at the state and federal level for our member health centers.
I am so appreciative of the opportunity to serve my fellow members and community health center leaders as president of the board. The Community Health Center Association of Mississippi members provide quality community-based primary and preventive care for more than 300,000 Mississippians to manage chronic diseases.

As health centers continued to respond to the COVID-19 pandemic, we expanded our response tactics by providing COVID-19 vaccinations once they became available in early 2021. COVID-19 testing continued. Some operations, such as school-based clinics were augmented for several months during closures, and telehealth visits were offered to help keep patients in care.

As federal and state policy allowed for more flexibility, health centers in Mississippi were able to offer COVID-19 testing via curbside and drive-thru operations at open clinics. Mobile units were deployed to communities that needed access to COVID-19 tests and vaccinations. Some Mississippi health center clinics also began to offer the monoclonal antibody treatments, as it became available.

Community health centers provide many benefits to communities across the state; two key benefits to communities are:

- **ACCESS TO PRIMARY HEALTH CARE**

  Community health centers provided access to care for 303,389 * in 2020 in our community clinics, mobile units, and school-based clinics.

  *Source: UDS 2020 Data*

- **FUEL FOR THE LOCAL ECONOMY**

  Community health centers are non-profit businesses that are a vital economic driver in rural and underserved. Every $1 in federal investments generates $2.93 in economic activity across Mississippi. In total, health centers in Mississippi deliver $405,821,024 in economic activity.

  *Source: National Association of Community Health Centers Mississippi Health Center Fact Sheet. February 2021*

We partner with stakeholders and policymakers on various issues, especially relating to Medicaid and access to affordable care for the uninsured. Community health centers provide routine and acute care that
many citizens would seek in hospital emergency departments to manage chronic diseases. Community health centers provide a primary care safety net by creating access to high quality comprehensive care no matter the patient’s insurance status so they can receive the care to remain well. This helps drive health care costs down for everyone.

The Mississippi Qualified Health Center funding provided by the state of Mississippi demonstrates a notable return on the taxpayer’s investment.

In 2020, the MQHC program funding of $3.358 million allowed health centers to serve an additional 63,179 patients at a cost of $53.16 per person. This is a nominal amount to keep these patients well, in school, at work, and just as importantly, out of the emergency rooms. We greatly appreciate the support from the Mississippi Legislature for these funds.

Community health centers bring incredible value to patients, communities, and the health care system in Mississippi. On behalf of the Board and the Community Health Center Association staff, we look forward to working with stakeholders and policy makers as we work to advance population health in Mississippi.

DR. GEROLDEAN DYSE
CEO, Southeast Mississippi Rural Health Initiative, Inc.

COMMUNITY HEALTH CENTERS BRING INCREDIBLE VALUE TO PATIENTS, COMMUNITIES, AND THE HEALTH CARE SYSTEM IN MISSISSIPPI.
COMMUNITY HEALTH CENTER
ASSOCIATION MEMBER
EXECUTIVE COMMITTEE

PRESIDENT
Dr. Geroldean Dyse, CEO, Southeast Mississippi Rural Health Initiative

PRESIDENT ELECT
Rashad Ali, MD, JD, CEO, Family Health Center

IMMEDIATE PAST PRESIDENT
Angel Greer, CEO, Coastal Family Health Center

SECRETARY
Jill Bishop, Executive Director, East Central

TREASURER
Aurelia Jones-Taylor, CEO - Aaron E. Henry Community

MEMBER-AT-LARGE
Rozell Chapman, MD, CEO, Mallory Community Health Center

MEMBER-AT-LARGE
Steven Collier, MD, CEO, MississippiCare
BOARD MEMBERS

Marilyn Sumerford, Executive Director
ACCESS Family Health Services

Sally Toler, Executive Director
Amite County Medical Services

Dr. Robert Smith, Director
Central Mississippi Health Services

James E. Oliver, Executive Director
Claiborne County Family Health Center

Angel Greer, CEO
Coastal Family Health Center

John A. Fairman, CEO
Delta Health Center

Jill Bishop, Executive Director
East Central Mississippi Health Care

Dr. Margaret A. Gray, President/CEO
Family Health Care Clinic

Dr. Rashad Ali, CEO
Family Health Center

James Coleman, EdD, CEO
G.A. Carmichael Family Health Center

Wilbert L. Jones, CEO
Greater Meridian Health Clinic

Shirley Ellis-Stampley, CEO
Jefferson Comprehensive Health Center
(through 6.11.21)

Katrina Collins, Interim CEO
Jefferson Comprehensive Health Center

Dr. Rozell Chapman, CEO
Arena C. Mallory Community Health Center

Marjorie McKinney, CEO
Mantachie Rural Health Care

James D. Nunnally, Executive Director
North Mississippi Primary Health Care

Dr. Clifton Rodgers, Executive Director
Northeast Mississippi Health Care

Sabrina Howze, CEO
Outreach Health Services

Dr. Geroldean Dyse, CEO
Southeast Mississippi Rural Health Initiative

Dr. Janice Bacon, Clinical Representative

Louise Patterson,
Consumer Representative
On August 24, 2020, HRSA released the list of recipients of the national 2020 Quality Improvement Awards. Seventeen Mississippi health centers received additional funding for Quality Improvement successes.

ACCESS Community Health Services, Amite County Medical Services, and North Mississippi Primary Care earned the Gold Badge as Health Center Quality Leaders for 2020, which means they are in the top 10% of health centers from around the country to receive this designation.
TRAININGS AND TECHNICAL ASSISTANCE

The CHCAMS provides training and technical assistance to its members as part of the association’s work that is funded by a grant from the U.S. Health Resources and Services Administration (HRSA). This training and technical assistance is directly related to a work plan approved by HRSA that is carried out for a three-year grant cycle. The health centers’ needs are assessed on an annual basis and trainings are developed accordingly.
<table>
<thead>
<tr>
<th>TRAINING</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addressing STIs for Sexual and Gender Minority Patients</td>
<td>July 24, 2020</td>
</tr>
<tr>
<td>CHCAMS 2020 Virtual Annual Conference</td>
<td>August 5, 2020</td>
</tr>
<tr>
<td>CHCAMS Fall Clinical Conference: Utilizing Clinical Markers to Impact Health Outcomes</td>
<td>October 2, 2020</td>
</tr>
<tr>
<td>2020 ACA Marketplace Summit: How to Conduct Outreach &amp; Enrollment in A Virtual World</td>
<td>October 27, 2020</td>
</tr>
<tr>
<td>Gaining awareness of the indirect cost rate</td>
<td>October 28, 2020</td>
</tr>
<tr>
<td>Oral Health: Integrated Care and COVID-19</td>
<td>November 19, 2020</td>
</tr>
<tr>
<td>Preparing for an Office of Pharmacy Affairs 340B Audit</td>
<td>December 15, 2020</td>
</tr>
<tr>
<td>Developing a Comprehensive Workforce Plan</td>
<td>January 22, 2021</td>
</tr>
<tr>
<td>Sliding Fee</td>
<td>February 10, 2021</td>
</tr>
<tr>
<td>Leadership Development Series: Resilience During Turbulent Time Part 1</td>
<td>February 24, 2021</td>
</tr>
<tr>
<td>Mississippi Ending the HIV Epidemic Training–Addressing HIV through a Health Equity Lens</td>
<td>March 4, 2021</td>
</tr>
<tr>
<td>Billing &amp; Coding Virtual Bootcamp</td>
<td>March 10, 2021</td>
</tr>
<tr>
<td>Mississippi Ending the HIV Epidemic Plan for 2021</td>
<td>March 19, 2021</td>
</tr>
<tr>
<td>Training</td>
<td>Date</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Fourth Quarter HR Workgroup Training - Simplified Approach to a Comprehensive Workforce Plan</td>
<td>April 29, 2021</td>
</tr>
<tr>
<td>COVID-19: The IMPACT on Clinical Outcomes (CHCAMS Spring 2021 Clinical Conference)</td>
<td>April 30, 2021</td>
</tr>
<tr>
<td>Tobacco-Free Mississippi - Tobacco Cessation Project Women's Health &amp; Tobacco Cessation</td>
<td>May 6, 2021</td>
</tr>
<tr>
<td>Federal Audit of the Future</td>
<td>May 12, 2021</td>
</tr>
<tr>
<td>Social Determinants of Health (SDOH): Intro to PRAPARE</td>
<td>May 12, 2021</td>
</tr>
<tr>
<td>Maximizing Contract Pharmacy and Medication Therapy Management</td>
<td>May 14, 2021</td>
</tr>
<tr>
<td>Social Determinants of Health (SDOH): Using PRAPARE to Improve Patient Outreach and Outcomes</td>
<td>May 19, 2021</td>
</tr>
<tr>
<td>Geriatric Dentistry: Demographics, Oral/systemic Links, and Strategies for Care of the Older Adult</td>
<td>June 10, 2021</td>
</tr>
<tr>
<td>Preparing Your Organization for Hurricane Response Training and Tabletop Exercise</td>
<td>June 16, 2021</td>
</tr>
<tr>
<td>Leadership Development Series: Resilience During Turbulent Time Part 2</td>
<td>June 24, 2021</td>
</tr>
<tr>
<td>Provider Documentation &amp; Coding</td>
<td>June 25, 2021</td>
</tr>
</tbody>
</table>
Among the highlights of the event were a panel discussion by statewide healthcare leaders around the topic of population health and health outcomes. Presentations were made by HRSA leadership and a panel discussion on the future of telehealth.
NATIONAL ADVOCACY

HEALTH CENTER WEEK

Efforts in FY21 were focused on Community Health Center funding and addressing issues of health care delivery with the global pandemic in Mississippi. Advocacy calls were made to Senators Roger Wicker and Cindy Hyde-Smith and to Congressmen Trent Kelly and Bennie Thompson throughout the fiscal year to discuss the work of Community Health Centers and to advocate for policies that improve the healthcare safety net funding of federally qualified health centers.

STATE-LEVEL ADVOCACY

Each year, the leadership of the Community Health Center’s along with leadership and staff at the association have activities at the Mississippi Capitol. In FY21, these activities included meetings with key state representatives and senators. The annual reception was not held due to COVID-19 restrictions and the annual awards presentation for legislative and health care standouts was pre-taped and held virtually.
ADDRESSING
EMERGING ISSUES
COVID-19 RESPONSE

A national health emergency was declared on January 31, 2020, which began on January 27, 2020, due to confirmed cases of COVID-19 in the United States. The World Health Organization characterized COVID-19 as a pandemic, and on March 13, 2020, the President of the United States declared a nationwide state of emergency due to the COVID-19 pandemic. The Mississippi State Department of Health announced the first case of COVID-19 on March 11, 2020. Schools closed. Businesses suspended operation, and citizens were asked to shelter in place.

The pandemic continued into FY21 with some restrictions lifting, and with case-counts receding and spiking in the second and third waves of COVID-19 cases and hospitalizations.

The deployment of the vaccines first occurred in January 2021 in Mississippi among health care workers. Community Health Centers in Mississippi continued to serve by COVID-19 testing, vaccination against COVID-19 through clinic, drive-up, mobile, and drive-thru access points.

CHCAMS promoted vaccination events held by health centers. The association also launched the Vaccine Plus media campaign to address COVID-19 vaccination uptake to address vaccine hesitancy.

To support the member health centers on the front line of responding to the pandemic, the CHCAMS created a clearinghouse of information that health centers could access. It also formed a Vaccine Champions group that meet weekly. It gathered clinical and c-suite leadership from the CHCs on a virtual platform to share information as the situation for COVID-19 vaccine deployment unfolded.

CHCAMS staff and leadership also advocated for and provided support to health centers where health care heroes continued to do their jobs of service.

CHCAMS Clinical Director
Dr. Sonja Fuqua (top)
is the first RN and first African American woman in Mississippi that received the COVID-19 vaccination when doses became available in the state. Dr. Fuqua, (bottom) along with officials from the Mississippi Health Department were the first five to receive the COVID-19 vaccination in Mississippi.

CHCAMS Clinical Director
Dr. Sonja Fuqua (top)
is the first RN and first African American woman in Mississippi that received the COVID-19 vaccination when doses became available in the state. Dr. Fuqua, (bottom) along with officials from the Mississippi Health Department were the first five to receive the COVID-19 vaccination in Mississippi.
Obesity is an epidemic that contributes to the chronic health conditions resulting in decreased lifestyle mobility and increased health care costs. Unfortunately, Mississippi has the highest adult obesity rate in the nation with the adult obesity rate at 40.8 percent, up from 28.1 percent in 2004 and from 15.0 percent in 1990. Forty percent of Mississippi children are overweight or obese.

In 2016, CHCAMS and its members initiated the 65x65 Obesity Prevention Challenge to address the crisis in the state. CHCAMS is taking a long-term approach to reduce weight and increase healthy lifestyles by launching an initiative to move 65,000 Mississippians out of obesity by 2065.

Prior to the COVID-19 pandemic, 65X65 activities culminated in statewide walk/runs during National Health Center Week.

One of the greatest barriers to staying healthy is maintaining a healthy lifestyle. This barrier has been exacerbated with the many lifestyle changes in response to the COVID-19 pandemic. Lock downs, shutdowns, business closures—including gyms—dietary changes due to those lockdowns and/or working remotely—increased eating/cooking, and the decrease in physical activity contributed to this challenge.

To address this issue, a series of eight 30-minute webinars were developed and made available on demand on the CHCAMS YouTube channel. The series “Combating Pandemic Pounds and Corona Carbs” launched in December 2020 and include the following topics:

1. Series Overview and the State of Obesity in MS by Sonja Fuqua, PhD, RN, PCMH CCE
2. Nutrition and Obesity by Kyskie Bolton, MS, RDN, LD, CLC
3. The Skinny on Exercise by Sonja Fuqua, PhD, RN, PCMH CCE
4. The Relationship of Physical Activity to Comorbidities by Chris Fields, CEP, CPT-EIM, CDE
5. Impact of Obesity on Hypertension by Dr. James Lock, Hypertension Specialist, ECMHCI
6. Obesity and Diabetes: The Common Denominator by Catherine Moring, PhD, RDN, BC-ADM, CDCES
7. Stress and Obesity by Josie Bidwell, DNP, RN, FNP-C, DipACLM
8. Obesity and Food Insecurity by Kyskie Bolton, MS, RDN, LD, CLC

These webinars are posted on the CHCAMS YouTube channel for health centers and the public to access health information. Providers are encouraged to use as counseling opportunities for patients.
CHILDHOOD WEIGHT MANAGEMENT PROGRAMS

CHILDHOOD OBESITY RESEARCH DEMONSTRATION (CORD) 3.0

CORD 3.0 focuses on clinical and weight management interventions to improve nutrition and physical activity behaviors of children (and their parents) aged 2 to 12 years with a BMI ≥ 95th who are struggling with overweight and obesity and who receive their primary care at a federally qualified health center. Research teams focus on adapting, testing, and packaging effective programs to reduce obesity among children from lower-income families.

Participating CHCs, Aaron E Henry and Delta Health Center, experienced delayed recruiting/implementation due to COVID. The multi-disciplinary teams include a provider champion, registered dietician, or certified nutritionist and a community health worker. Strategies at-a-glance include evidence-informed guidelines for screening, assessment, and management; promoting family engagement and self-guided behavior change using mobile technology; linkages to community systems to support behavior changes; and incorporates community by providing information about health-promoting neighborhood resources.

MEND PROGRAM

MEND (Mind, Exercise, Nutrition, Do It!) is an initiative to help children and adults learn about healthy lifestyles and best nutritional choices. It is funded by the National Association of Community Health Center’s Obesity Management Program. The program completed its third year with Coastal Family Health Center, Central MS Health Services, G.A. Carmichael Family Health Center and Jefferson Comprehensive Health Center. Given the circumstances of COVID restrictions, as opposed to weekly face-to-face in person training over the course of 10 weeks, health centers utilized different modalities to implement training sessions with children and caregivers. Most provided abbreviated trainings during full-day sessions to minimize contact risks. The abbreviated version seemed to work best for the families and health center staff and addressed any retention issues resulting in completed program participants.
This program addresses the high prevalence of smoking among women during pregnancy. By providing counseling support and resources to pregnant women, the goal is they will quit smoking and maintain smoking cessation throughout the prenatal period and beyond to postpartum. The program is successful in helping women quit smoking for good, resulting in improved birth outcomes and long-term positive outcomes for women, children, and their families. Mississippi has 10 health centers participating in the Baby and Me program:

- Aaron Henry Community Health Service Center
- Central MS Health Services
- Claiborne County Family Health Center
- Coastal Family Health Center
- Family Health Center
- G. A. Carmichael Family Health Center
- Greater Meridian Health Clinic
- Jefferson Comprehensive Health Center
- Mallory Community Health Center
- Southeast MS Rural Health Initiative

The CHCAMS provides technical assistance and training to place Certified Assisters in Mississippi community health centers. Open Enrollment Period OEP 8 started November 01, 2020. The 2021 OEP (8) has enrollment of more than 110,000 representing an increase of about 11% from OEP 7. Nationally this increase is 6.6% according to the latest data from CMS. Due to the pandemic, CMS allowed navigators and CACs to conduct remote application assistance. CMS also continues to take advantage of the private sector meaning the use of state licensed insurance agents was endorsed. Consumers had a choice between 2 state-wide plans, Molina and Ambetter.

The CHCAMS has programs that help foster the development of the provider networks for community health centers in the state through recruitment events and maintaining a website for health centers to post openings. Training and technical assistance for Human Resources management and staff employed at the community health centers are held regularly held as part of this program. Additional training and technical assistance were provided related to the HRSAs Health Professions Education Training initiative and the "Readiness to Train Assessment Tool" (RTAT) survey instrument. One hundred percent of CHCAMS’ active membership participated in the RTAT Survey and received individual assessments of readiness to engage in Health Professions training within their organization. All health centers were determined to be ready, approaching readiness, or developing readiness to implement an action plan to dive deeper in addressing shortages in health professions careers by taking on a more active role as proactive stakeholders.
QUALITY IMPROVEMENT

Among the quality improvement activities of the association, it hosts monthly quality improvement workgroup meetings. The association also provides technical assistance and training for Health Centers in the areas of quality improvement and offers Continuing Education Unit credits in many of its trainings for several health profession areas.

CHCAMS promotes and supports the Patient Centered Medical Home (PCMH) health care delivery model. Staff members, certified as PCMH content experts, provide technical assistance and training on healthcare delivery best practices for health centers seeking and maintaining PCMH recognition.

The Patient Centered Medical Home is a model of care that puts patients at the forefront of care and builds relationships between patients and the clinical teams led by the primary care provider. This care delivery model improves quality, the patient and staff experience as well as reduces health care costs.

Community Health Centers can receive recognition as a Patient Centered Medical Home designation from one of the following organizations:

- Joint Commission on Accreditation of Healthcare Organizations
- National Committee for Quality Assurance (NCQA)
- Accreditation Association for Ambulatory Health Care (AAAHC)

Source: U.S. Department of Health and Human Services

The medical home encompasses five functions and attributes:

- Comprehensive Care
- Accessible Services
- Patient Centered
- Quality and Safety
- Coordinated Care

14 Health Centers in Mississippi (75%) as of September 2019 are recognized Patient-Centered Medical Homes

COMMUNITY HEALTH WORKER (CHW) INITIATIVE

The CHCAMS worked with local, state, and national partners to develop the Mississippi Community Health Worker Association (MSCHWA). The association will serve as the governing body for the CHWs to ensure the successful implementation of CHWs into the primary and preventative care practices. CHWs will be trained in various health disease states such as hypertension, diabetes, HIV, and COVID-19. Currently there are over 100 CHWs registered with the agency and over 20% of them are placed within federally qualified health centers.
In the State of the Union Address on February 5, 2019, President Donald J. Trump announced his Administration’s goal to end the HIV epidemic in the United States within ten years. To achieve this goal and address the ongoing public health crisis of HIV, the proposed Ending the HIV Epidemic (EHE): A Plan for America will leverage the powerful data and tools now available to reduce new HIV infections in the United States by 75 percent in five years and by 90 percent by 2030.

While nationally HIV rates are on the decline, Mississippi is still considered and identified as a hot spot along with six other substantial rural states. To focus the effort on addressing ending the epidemic in Mississippi, the Community Health Center Association of Mississippi (CHCAMS), along with the Mississippi State Department of Health (MSDH), Office of STD/HIV, and the Mississippi AIDS Education Training Center (AETC) is implementing the “Mississippi Ending the HIV Epidemic Initiative.”

This initiative focuses on the four pillars designed by the national EHE strategy:

**PILLAR ONE:**
Diagnose all people with HIV as early as possible after transmission;

**PILLAR TWO:**
Treat people with HIV rapidly and effectively to reach sustained viral suppression;

**PILLAR THREE:**
Prevent new HIV transmission by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs); and

**PILLAR FOUR:**
Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

The CHCAMS has conducted the following activities to assist Community Health Centers (CHC) address the EHE:

- Technical assistance to comprehensive outreach and engagement plans
- Technical assistance and training on developing a culturally competent HIV workforce.
- Budget training for maximizing current HIV resources within the program funding guidelines;
- Identification of collaborative partnerships and new/existing funding sources to support EHE work,
- Access to free informational webinars and recordings; and
- Training CHC staff on PrEP and PEP implementation, HIV Care Continuum, UDS Clinical Quality Measures, and Cultural Competency for special populations

The funding was released in three separate grant announcements. The following table depicts the health centers that were funded.

<table>
<thead>
<tr>
<th>FY 2020</th>
<th>FY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron E. Henry Community</td>
<td>Central Mississippi Civic</td>
</tr>
<tr>
<td>Health Services Center, Inc.</td>
<td>Improvement Association, Inc.</td>
</tr>
<tr>
<td>Coastal Family Health</td>
<td>Central Mississippi Health</td>
</tr>
<tr>
<td>Center, Inc.</td>
<td>Services, Inc.</td>
</tr>
<tr>
<td>Delta Health Center, Inc.</td>
<td>Dr. Arenia C. Mallory</td>
</tr>
<tr>
<td>Family Health Center, Inc.</td>
<td>Community Health Center, Inc.</td>
</tr>
<tr>
<td>G.A. Carmichael Family</td>
<td>Jefferson Comprehensive</td>
</tr>
<tr>
<td>Health Center, Inc.</td>
<td>Health Center, Inc.</td>
</tr>
<tr>
<td>Southeast Mississippi Rural</td>
<td>Outreach Health Services, Inc.</td>
</tr>
<tr>
<td>Health Initiative, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

Outreach & Special Populations Programs
## FINANCIAL REPORT

<table>
<thead>
<tr>
<th>FUNDING SOURCES</th>
<th>2018-19</th>
<th>%</th>
<th>2019-20</th>
<th>%</th>
<th>2020-21</th>
<th>%</th>
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<tbody>
<tr>
<td>Federal Grants</td>
<td>$1,239,882.00</td>
<td>44%</td>
<td>$1,287,605.65</td>
<td>46%</td>
<td>$1,677,506.00</td>
<td>42%</td>
</tr>
<tr>
<td>State Grants</td>
<td>$158,490.26</td>
<td>6%</td>
<td>$161,070.64</td>
<td>6%</td>
<td>$84,180.49</td>
<td>2%</td>
</tr>
<tr>
<td>Private Foundations</td>
<td>$156,574.46</td>
<td>6%</td>
<td>$117,385.63</td>
<td>4%</td>
<td>$1,043,635.17</td>
<td>26%</td>
</tr>
<tr>
<td>Membership Dues</td>
<td>$262,858.25</td>
<td>9%</td>
<td>$225,350.73</td>
<td>8%</td>
<td>$220,100.00</td>
<td>8%</td>
</tr>
<tr>
<td>GPO &amp; Admin Fees &amp; Misc</td>
<td>$1,008,846.23</td>
<td>36%</td>
<td>$983,581.99</td>
<td>35%</td>
<td>$937,629.94</td>
<td>25%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$2,826,651.20</strong></td>
<td><strong>100%</strong></td>
<td><strong>$2,774,994.64</strong></td>
<td><strong>100%</strong></td>
<td><strong>$3,963,053.60</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
The Uniform Data System (UDS) is a standardized reporting system that provides consistent information about health centers. The UDS Includes:

- The number and socio-demographic characteristics of people served.
- Types and quantities of services provided.
- Information about the quality of care provided to patients.
- Cost and efficiency data relative to the delivery of services.
- Sources and amounts of health center income.
- Counts of staff who provide these services.

**2020 SITE INFO**

CHCs*: 21 | SERVICE DELIVERY SITES: 257

*Community health center entities operating in Mississippi
## PROVIDERS

### PHYSICIANS

<table>
<thead>
<tr>
<th>Provider</th>
<th>FTES</th>
<th>Clinic Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Physicians</td>
<td>34.20</td>
<td>85,579</td>
</tr>
<tr>
<td>General Practitioners</td>
<td>6.49</td>
<td>18,149</td>
</tr>
<tr>
<td>Internists</td>
<td>17.67</td>
<td>46,856</td>
</tr>
<tr>
<td>Obstetrician/Gynecologists</td>
<td>12.73</td>
<td>35,991</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>14.17</td>
<td>26,837</td>
</tr>
<tr>
<td>Other Specialties</td>
<td>1.10</td>
<td>2,022</td>
</tr>
<tr>
<td><strong>TOTAL PHYSICIANS</strong></td>
<td>86.36</td>
<td>215,434</td>
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### ADVANCED PRACTITIONERS

<table>
<thead>
<tr>
<th>Provider</th>
<th>FTES</th>
<th>Clinic Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioners</td>
<td>200.67</td>
<td>422,994</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>2.58</td>
<td>5,661</td>
</tr>
<tr>
<td>Certified Nurse Midwives</td>
<td>1.66</td>
<td>5,057</td>
</tr>
<tr>
<td><strong>TOTAL ADVANCED PRACTITIONERS</strong></td>
<td>204.91</td>
<td>433,712</td>
</tr>
</tbody>
</table>

### DENTAL

<table>
<thead>
<tr>
<th>Provider</th>
<th>FTES</th>
<th>Clinic Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists</td>
<td>36.36</td>
<td>61,479</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>14.21</td>
<td>9,026</td>
</tr>
<tr>
<td>Dental Assistants, Aides, and Techs</td>
<td>52.25</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>TOTAL Dental</strong></td>
<td>102.82</td>
<td>70,505</td>
</tr>
</tbody>
</table>

### BEHAVIORAL HEALTH

<table>
<thead>
<tr>
<th>Provider</th>
<th>FTES</th>
<th>Clinic Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists</td>
<td>0.93</td>
<td>768</td>
</tr>
<tr>
<td>Licensed Clinical Psychologists</td>
<td>1.00</td>
<td>834</td>
</tr>
<tr>
<td>Licensed Clinical Social Workers</td>
<td>17.34</td>
<td>8,999</td>
</tr>
<tr>
<td>Other Licensed Mental Health Providers</td>
<td>20.38</td>
<td>14,009</td>
</tr>
<tr>
<td>Other Mental Health Staff</td>
<td>11.66</td>
<td>8,027</td>
</tr>
<tr>
<td><strong>TOTAL BEHAVIORAL HEALTH</strong></td>
<td>51.31</td>
<td>32,637</td>
</tr>
</tbody>
</table>
**CLINICAL QUALITY PERFORMANCE**

**QUALITY OF CARE INDICATORS**

- **Trimester of Entry into Prenatal Care** (5,350 total patients)
  - First Trimester: 63.9%
  - Second Trimester: 28.7%
  - Third Trimester: 7.40%

- **Children with Age Appropriate Immunizations by 2 Years of Age**: 41.9%

- **Female Patients Aged 23-64 Who Received One or More Pap Tests**: 41.6%

- **Adult Patients Screened for Tobacco Use AND Received Appropriate Treatment**: 82.7%

- **Patients 21 years of age or older at high risk of cardiovascular events who were prescribed or were on statin therapy**: 78.6%

- **Adult Patients 50-75 Years of Age Who Received Appropriate Colorectal Cancer Screening**: 34.4%

- **Patients Newly Diagnosed with HIV Seen for Follow-Up within 90 Days of Diagnosis**: 82.4%

- **Low Birth Weight Deliveries**: 13.8%

- **Hypertensive Patients with Controlled Blood Pressure**: 54.2%

- **Diabetic Patients with HbA1c ≤ 9%**: 65.4%

---

**ENABLING SERVICES**

<table>
<thead>
<tr>
<th>Service</th>
<th>FTES</th>
<th>CLINIC VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Managers</td>
<td>53.63</td>
<td>22,980</td>
</tr>
<tr>
<td>Patient/Community Education Specialists</td>
<td>10.88</td>
<td>12,477</td>
</tr>
<tr>
<td>Outreach Workers</td>
<td>15.67</td>
<td>N/A</td>
</tr>
<tr>
<td>Transportation Staff</td>
<td>10.44</td>
<td>N/A</td>
</tr>
<tr>
<td>Eligibility Assistance Workers</td>
<td>34.29</td>
<td>N/A</td>
</tr>
<tr>
<td>Interpretation Staff</td>
<td>21.16</td>
<td>N/A</td>
</tr>
<tr>
<td>Community Health Workers</td>
<td>19.35</td>
<td>N/A</td>
</tr>
<tr>
<td>Other Enabling Services</td>
<td>0.50</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>TOTAL ENABLING SERVICES</strong></td>
<td>165.92</td>
<td>35,457</td>
</tr>
</tbody>
</table>
DEMOGRAPHICS

MS HEALTH CENTER USERS BY POVERTY LEVEL

RACE/ETHNICITY: CHC PATIENTS VS. GENERAL POPULATION

MS COMMUNITY HEALTH CENTER PATIENTS, 2014-21

PAYOR SOURCE: MS CHC PATIENTS VS. GENERAL POPULATION
The Mississippi Qualified Health Center 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 populations. The program was established under House Bill 402 during the 1999 Legislative Session and funded through the Health Care Expendable Fund. The Legislature allocated funding for a 5-year, $20 million program to be distributed at a rate of $4 Million per year for SFYs 2000-2004 with no MQHC receiving more than $200,000 annually. Grant awards to Mississippi CHCs (or Community Health Centers) are used to provide increased access to preventative and primary care services for uninsured or medically indigent patients and to augment existing services. Many CHCs have new services made possible due to the funding provided by the MQHC Program.

MISSISSIPPI QUALIFIED HEALTH CENTER (MQHC) PROGRAM

The MQHC Grant Program assists in providing comprehensive health care services to rural and underserved Mississippians, including:

- Primary Care
- Mobile Units
- School-based Clinics
- Pediatric Care
- Diagnostic Imaging
- Dental Care – Primary & Preventative
- Chronic Care Management
- Mental Health Care
- Women’s Health
- Health Education
- Social Services
- Health Care Transportation

$3,358,507 appropriation from the Mississippi Legislature (CY2020)
ROI = $53.16

The MQHC funding increased access for 63,179 additional patients in FY20.

STRATEGIC PARTNERS

- Miss. State Department of Health
- Office of Rural Health
- Primary Care Office
- American Cancer Society
- Office of Mississippi Physician Workforce
- Division of Medicaid
- Coordinated Care Organizations
- Qualified Health Plans
- AHEC
- Miss. Emergency Management Agency
- Mississippi Health Safe Net
- University of Mississippi Medical Center
- 70x20x20 Colorectal Cancer Screening Initiative
- Diabetes Coalition of Mississippi
- Southeast Regional Clinicians Network
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