Rural Health
Connections
A quarterly publication of the Southera Rural Access Program
National Program Office

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October 1999

21 st Century Challenge Fund

Robert Wood Johnson Foundation approves a $2.5 million grant to PSGHS in support of the Southern Rural Access Program

The Robert Wood Johnson Foundation (RWJF) has approved a 30-month grant of $2.5 million to the Penn State Geisinger Health System. The funds will support the 21st Century Challenge Fund, an innovative grant making initiative of the Southern Rural Access Program. Individual grant awards, expected to range between $50,000 and $250,000, will begin in early 2000 and culminate in December 2001.

The 21st Century Challenge Fund, designed to encourage creative risk-taking and solutions, will be used to support innovative pilot demonstrations or small analytical projects that address specific healthcare problems and increase access to basic healthcare within the eight states served by the Southern Rural Access Program. It should provide a vehicle to move grant resources directly to underserved rural communities where community-based agencies can pilot new approaches to overcoming access barriers.

The pilot program will highly complement the other grant activities funded through the core grants of the Southern Rural Access Program. The 21st Century Challenge Fund will also provide a vehicle to build partnerships with local and regional philanthropies interested in improving health care in underserved rural areas.

"Our grantees and their key partners have demonstrated considerable enthusiasm for the 21st Century Challenge Fund," said **Michael Beachler**, National Program Director. "Each applicant is expected to obtain co-funding from local or regional philanthropies or other public or private sources. While our initial contacts with philanthropies in each of the eight states have shown considerable promise in garnering their interest and support, we recognize we have much to do to make these partnerships work."

Proposals will be evaluated for their innovation, feasibility, potential impact on access to care, potential to serve as an important model that could influence practice or policy in the targeted state and the amount of philanthropic and other matching resources. *Examples of initiatives considered appropriate for the 21st Century Challenge Fund include:*

- design of a rural regional transportation system to facilitate access to health care and other needed services for low income consumers in rural underserved areas.
- development of a new approach to help immigrants, other newcomers and/or migrant health workers access the health care system.
- develop an innovative project to provide dental care to children or medically-indigent adults that uses dental students and existing and new dental providers.
- promotion of creative linkages with the faith community to help families understand the importance of preventative health and primary care.
- design and development of community-led efforts to help low income adults better access subsidized care or existing coverage options.
- development of effective ways to reduce access barriers for low-literacy consumers.

- development of a tool to test cultural competency models for enhanced delivery of healthcare to minority populations.
- an analysis of the impact of the reduction in primary care practitioner reimbursement policies on access to health care.
- an analysis of charitable asset uses from a potential conversion of a not-for-profit healthcare organization to for-profit status.
- an analysis of the impact of Medicaid managed care policies on rural consumers and providers.

"The awarding of this grant-making authority to the System demonstrates that we have shown the proper experience and skills to effectively administer this innovative grant program," said **C. McCollister Evarts, MD**, senior vice president for clinical operations at The Milton S. Hershey Medical Center, chief academic officer of PSGHS and senior vice president for health affairs and dean of Penn State's College of Medicine. "This decision by the nation's largest philanthropy dedicated to health and health care acknowledges our abilities and commitment to improving the health status of the nation's most rural and underserved communities. We are eager to undertake this additional challenge."

The Rural Health Policy Center is one of just a few national program offices given direct grant-making authority by the Foundation.

For more information on the 21st Century Challenge Fund contact **Jeannie Nye**, Program Coordinator, at **717-531-2090**.

Foundation approves Arkansas revolving loan fund proposal

The Robert Wood Johnson Foundation (RWJF) recently approved the Arkansas Enterprise Group's (AEG) request for $500,000 to establish a revolving loan fund. The decision followed a unanimous recommendation from the site visit team and the National Advisory Committee to fund this request. "The fund will target both communities and a broad range of not-for-profit and proprietary rural health care providers in medically underserved, economically depressed communities," explained **Tom McRae**, AEG president.

While the project will focus on ten of the most underserved communities in Arkansas, other underserved communities and providers in the state may also participate. "The three new rural health networks in Arkansas, each started with seed money from RWJF via the Southern Rural Access Program, will be candidates for the loan program. We will also consider new practitioners that graduate from both the nurse practitioner and College of Medicine rural health leaders programs," said **Michael Beachler**, National Program Director. "In addition, the Delta Recruiter will serve as an important community resource to help stimulate community and provider interest in the loan field."

Loans, expected to range between $25,000 and $750,000, will be used for a range of projects, including start-up funds, renovations, working capital, practice management services, equipment, training systems or other infrastructure such as transportation or computerized information systems.

"A strength of Arkansas' revolving loan fund is the financial commitments made by a variety of public and private partners," said **Jack C. Ebeler**, an RWJF senior vice president who participated on the site visit. "This effort can be a catalyst in building the rural health infrastructure in Arkansas."

RWJF's funds will be used for unrestricted seed capital. Other sources of seed capital include $300,000 from the Arkansas Enterprise Group (AEG), a non-profit organization specializing in lending in economically distressed rural Arkansas, and $100,000 from the US Department of Agriculture. Additional potential resources include $100,000 each from the Nations Bank Foundation and the Arkansas Department of Health to support a Health Care Program Coordinator.

This partnering and layering of funding allows the project to incorporate loan funds, guarantees and loan repurchasing from AEG's financial partners, the third and largest source of matching resources.

Financial Partners

$$ Bank of America Foundation and Community Development Finance Institution
$$ Small Business Administration
$$ Arkansas Capital Corporation Group
$$ United States Department of Agriculture
$$ Arkansas Department of Economic Development
$$ Arkansas Department of Health's Rural Revolving Loan Fund
$$ Arkansas Development Finance Authority

The key stakeholders group for the Arkansas Southern Rural Access Program selected AEG to administer the revolving loan fund. "AEG has considerable experience in efficiently managing loans, including a small portfolio of health care loans, and a positive history working with private banking concerns, federal and state agencies and the Arkansas and national philanthropic community," said McRae. "Similarly, Alt Consulting, a not-for-profit firm designed to provide ongoing technical assistance to loan recipients once the loan has been made, has some limited health care experience.

"In addition to these administrative services, we anticipate that the Bank of America Foundation and Arkansas Department of Health will provide support for a Health Care Program Coordinator who will forge partnerships with communities and providers, provide technical assistance and develop marketing strategy while leveraging public and private funds," added McRae

Alpha Center partners with Southern Rural Access Program To host workshop on rural health networking

Alpha Center and the Southern Rural Access Program's (SRAP) National Program Office have pooled resources to host a fall workshop focusing on rural health networks.

November 30 to December 2
Little Rock, Arkansas

The workshop, co-sponsored by these two Robert Wood Johnson Foundation-funded efforts,will target:

** SRAP grantees
** Rural health network representatives from the eight target states
** Interested representatives from other southeastern states.

Network development has been identified as an important strategy for improving access to health care services for rural populations. This workshop fulfills one of the purposes of the Alpha Center's Networking for Rural Health project - conduct national and regional conferences involving rural health care leaders in addressing cross-cutting issues faced by most networks, according to **Dan Campion**, co-director of the project. In addition, it builds upon one of the four strategic components of the Southern Rural Access Program - develop rural health networks.

The Washington, DC-based Alpha Center is a non-profit health policy center dedicated to improving access to affordable, quality health care. "The three-year Networking for Rural Health project is another effort by the Foundation to strengthen rural health infrastructure and improve the access and quality of health care services in rural communities. It's an opportunity for both fledgling and mature rural networks throughout the country to improve their ability to meet goals and fulfill strategic objectives through targeted technical assistance and consulting services," said Campion.

The project is designed to help networks obtain the tools and technical assistance they need to strengthen their networks by creating organizational tools, providing consultative services, making site visits and disseminating information on models and best practices.

"This workshop represents one of the few times that related RWJF programs have co-sponsored a meeting," noted **Isiah C. Lineberry**, SRAP Deputy Director. "We believe the participants will benefit from Alpha's considerable experience in structuring conferences, as well as their program content expertise."

Workshop participants can expect to:
** gain a better understanding of the issues regarding organizational structures and process facilitation
** governance and contracts
** fostering input from key community leaders

** information systems
** shared services
** implementation of managed care programs.

In addition, network members will have the opportunity to interact with more-experienced and less-experienced network leaders to foster mentor relationships. The workshop planning effort has been aided by a planning committee comprised largely of representatives of Southern Rural Access Program states (see related listing).

Editor's Note: A rural health network is an organizational arrangement among rural health care providers (and possibly insurers, social service agencies, public health departments and other entities) that uses the resources of more than one existing organization and specifies the objectives and methods by which various collaborative functions are achieved.

Rural Health Networking Workshop Committee Members

Katherine Browne, Associate Networking for Rural Health Project Alpha Center, Washington, DC	Daniel M. Campion,Co-Project Director Networking for Rural Health Project Alpha Center, Washington, DC
Terry Hill, Executive Director National Rural Health Resource Center Minnesota Center for Rural Health Duluth, MN	Isiah C. Lineberry, Deputy Director Southern Rural Access Program Rural Health Policy Center Penn State Geisinger Health System Hershey, PA
William MacBain, SRAP Consultant MacBain and MacBain, LLC Ithaca, NY	Charles McGrew, Director Section of Health Facility Services and Systems Arkansas Department of Health Little Rock, AR
Scot Mitchell, Executive Director Partners in Health Network Charleston, WV	Carla Pellerin, Executive Director Teche Action Clinic Franklin, LA
Robert Pugh, Executive Director Mississippi Primary Health Care Association Jackson, MS	Cindy Slaydon, Director of Nursing Memorial Hospital Center, TX

Federal agencies, NGA and SRAP to host rural health access meeting

Two federal agencies, the Office of Rural Health Policy and the Bureau of Primary Health Care, along with the Southern Rural Access Program will support the National Governors' Association (NGA) in hosting a Rural Health Access meeting. Slated for early 2000 this southeastern regional meeting will focus on the health needs of:

Alabama	Arkansas	Georgia	Louisiana	Mississippi
North Carolina	South Carolina	Tennessee	Texas	West Virginia

Each state's governor's health policy advisor, office of rural health director and primary care office or primary care association director, and a representative from the lead agencies for the Southern Rural Access Program, plus select federal and foundation representatives will be invited.

The meeting is designed to facilitate the sharing of information on a range of projects and activities funded by federal and state agencies and foundations so that the initiatives can be better coordinated to increase access to rural health and primary care services. Specifically, states will discuss and obtain a better understanding of the similarities and differences among these funded programs so they can strategically create a continuum of complimentary and coordinated programs and services from the different funding streams.

Each state's planned State Rural Hospital Flexibility (SRHF) Program activities and technical assistance needs will be discussed. State health policymakers will be informed about the range of technical assistance opportunities available to them through this new SRHF grant program. In-depth information will also be shared regarding critical access hospital (CAH) conversion issues.

The meeting also will allow for discussion of a wide array of Bureau of Primary Health Care-funded activities, including the Community and Migrant Health Program, the National Health Service Corps and recent community development efforts.

The NGA's Center for Best Practices hosted a similar meeting in 1997 for key western states that also was funded by the federal Office of Rural Health Policy. The western regional meeting was well received by meeting participants, according to **Jerry Coopey**, director of government relations - Office of Rural Health Policy.

Regarding the upcoming meeting **Jim Macrae**, director – Office of State and External Affairs, Bureau of Primary Health Care, added, "We are confident that the National Governors' Association will convene another very successful meeting that will benefit key policymakers from the southeast region."

Program Consultant Dr. Jim Herman...*at a glance*

We've all heard the saying, "when you really need something done, ask a busy person." The Robert Wood Johnson Foundation (RWJF) certainly followed that adage to the letter when it asked **James M. Herman, MD, MSPH**, a former RWJF Academic Family Medicine and Research Fellow, to serve as the senior medical consultant for the Southern Rural Access Program.

Herman's accolades and contributions to primary care medicine are too extensive and numerous to list in detail. However, a snapshot of his accomplishments shows that Herman is an American Board of Family Practice diplomate; a former and current member of numerous boards, committees, commissions and task forces; the presenter of scores of papers and research findings; the author of dozens of published articles; and the recipient of ten research and/or training grants, plus four state AHEC contracts.

Herman earned his medical degree from the Johns Hopkins University School of Medicine and later earned his masters in public health administration from the University of Missouri School of Public Health.

Today, Herman fills many roles at the Penn State Geisinger Health System (PSGHS) and Penn State University (PSU) College of Medicine, including project director for the state Area Health Education Center (AHEC). He keeps abreast of the latest in primary care medicine as a professor, care giver and administrator. He serves as the associate dean for Primary Care Medicine, as the Hershey Foods Corporation professor and chairman of the Department of Family and Community Medicine for the PSU College of Medicine; plus directs the system-wide and Southcentral Region Family and Community Medicine program for PSGHS.

Herman's 21+ years in primary care medicine have prepared him for the challenges facing the Southern Rural Access Program. "For two years I worked in a very rural setting in Missouri at which time I became interested in rural medicine," explained Herman. "I am still a practicing family practitioner in a largely rural health system. My patients are my biggest reminders of the parallels between patients in Hershey, Pennsylvania and the South when I make site visits on behalf of the National Program Office."

According to Herman, generalist physicians need to be trained and educated and strategies developed to insure that physicians practice in places that are most in need. "Along with placing physicians and other health care providers in areas of need, we must develop providers who are willing, able and equipped to function as leaders in these areas," emphasized Herman. "We need to get people who live in the same area to communicate and work together.

"The Generalist Physician Initiative and AHECs are the left and right hand of a comprehensive effort to build an infrastructure within medical schools and Pennsylvania communities to train primary care practitioners," continued Herman. "AHECs in other states can work with SRAP in the same kind of synergistic way because many AHECs have built an education infrastructure in their respective states."

Herman also said he feels there is a strong, indistinguishable linkage between family medicine and public health. "Both are concerned with individuals and their communities. We need the right mix of providers and leadership, if we are going to improve access to healthcare in the South."

In addition to developing leaders, Herman emphasized that communities must develop economically, if they want to retain physicians. He says a fair amount of synergy will be required to build communities that are attractive to doctors and their families. He also says that medical schools will need to work with communities to bring about some of this change.

"Ideally, through the Southern Rural Access Program we want to produce a system which can identify local talents who want to pursue health professions, enable them to fulfill that dream and then have these young professionals return to either their home community or another community where they are needed," envisioned Herman. "I am excited about the real opportunity that the Southern Rural Access Program presents to dialogue and make fundamental changes to the system so that we can change things for the better. I look forward to my continued meeting, interacting and connecting with those individuals who will help make this happen."

Editor's Note: As senior medical consultant Herman serves as an advisor to the National Program Office, the National Advisory Committee and the grantees, offering technical assistance, reviewing applications and discussing proposals.

RWJF Program Officer bids SRAP farwell; shifts focus to other Foundation programs

Floyd K. Morris, a driving force behind the Southern Rural Access Program (SRAP), has shifted his focus at the Robert Wood Johnson Foundation from the Health Care Group to the Health Group. This change in focus means that Morris will no longer serve the National Program Office as its program officer since the Southern Rural Access Program falls within the support network of the Health Care Group.

Morris's involvement with the Southern Rural Access Program began several years ago when he met with National Program Director Michael Beachler to seriously discuss what an effective program would need to entail, if it was going to truly address the health care needs of rural, underserved communities in the South. "Michael

and I pieced together the components of the Southern Rural Access Program based on what we had learned from past RWJ efforts," said Morris. "For example, the revolving loan component of the Southern Rural Access Program is based on a similar concept that was developed as a component of the Hospital Based Rural Health Care and Practice Sights Programs."

Morris played a major role in conceptualizing and leading the development of the Southern Rural Access Program. "When I presented the proposal to the RWJF Board I explained how we needed to be flexible and develop a program that would respond to the long-term needs of these rural underserved Southern states," said Morris. "I also emphasized the fact that, if we were going to make lasting changes to the rural health care infrastructure in the South, we needed to stick with it for a long time."

As the program officer for the Southern Rural Access Program Morris's responsibility for the program was significantly more than a monitoring role. He supported the activities of the NPO by participating in site visits, application workshops and National Advisory Committee meetings, plus joining NPO staff during key discussions and negotiations. He also played a key role in building philanthropic partnerships in the region by discussing the program at last Fall's Southeast Conference of Foundations meeting in Williamsburg, Virginia.

"My job as a program officer is to provide whatever additional resources I can to the NPOs so they can serve their sites better. I also serve as an internal advocate for the program at the Foundation," explained Morris. "My overall goal as a program officer is to ensure that the program is successful and meets its goals."

While Morris will now concentrate most of his time working with programs under the purview of the Health Group he said he has learned greatly from his time with the Southern Rural Access Program. "Learning is something I very much enjoy and I liked learning from the NPO staff in Hershey. Michael has a lot of experience with state health policy issues and extensive experience with the Foundation. Often times, I don't have much contact with a program's NPO, but with this program I was able to have a lot of contact.

"I'm a farm guy at heart. I love the rural community," continued Morris. "Although I was born and raised in an urban environment, I really enjoyed the site visits. Working with the Southern Rural Access Program participants gave me another opportunity to learn about a region of the country that I had spent little time in and knew very little about. It was a very positive experience and I thank them for that."

Editor's Note: The Robert Wood Johnson Foundation recently reorganized into two distinct divisions - the Health Group and the Health Care Group. The motivation for the reorganization was twofold: to move away from the individual concept toward a team concept and narrow the scope of each Program Officer's area of responsibility in an effort to become more productive and effective. The Foundation has identified 11 project management teams; each one aligning under one of the two groups. The Southern Rural Access Program is supported by the Safety Net Team of the Health Care Group.

New grants help SRAP states with tobacco settlement issue

In August, the American Medical Association's national program office of RWJF's Smokeless States Tobacco Prevention and Control Program announced the awarding of Special Opportunities Tobacco Settlement grants to organizations in Alabama, Arkansas and South Carolina. Grants ranging between $57,000 and $60,000 were awarded to the American Lung Association of Alabama, Arkansans for Drug Free Youth and the American Lung Association of South Carolina for periods of nine to 18 months.

These states, identified as having limited private resources for tobacco prevention and control, will use the grants to develop collaborative statewide efforts to secure funding from their state's tobacco industry settlement to improve health (particularly tobacco prevention) and healthcare services.

The Georgia office of the American Cancer Society and the Healthcare Education Foundation of West Virginia are existing grantees in this 30-site, 28-state program. Both of these agencies are eligible to compete for additional resources to help statewide tobacco control coalitions work on tobacco settlement issues.

Deciding how tobacco settlement resources are allocated has been one of the most important policy issues that state legislative and executive branch leaders have addressed this past year. Arkansas, Georgia and South Carolina have yet to take major legislative action while policymakers in Alabama, Louisiana, Mississippi, Texas and West Virginia have taken the first steps concerning how to use settlement resources.

SRAP State Tobacco Settlement Updates

Alabama – Alabama will receive $3.17 billion from the tobacco settlement, including an initial payment of $38.8 million. In 1999, Governor Don Siegelman signed legislation allocating $60 million to the Children First Programs. From each year's allocation 10 percent will fund the Department of Public Health for youth tobacco prevention programs, 22 percent will fund the State Board of Education for drug, alcohol, tobacco and gang-related education, prevention, detection and enforcement programs and one percent will fund the Alcoholic Beverage Control Board for education and enforcement of laws prohibiting access to tobacco products by minors. The remainder of the funds will support Medicaid funding ($40 million), a 21st Century Fund for economic development ($7 million) and a trust fund for services to older adults ($2 million).

Arkansas – Governor Michael Huckabee, Senate President Pro Tempe Jay Bradford and Speaker of the House Robert Johnson have all publicly advocated that the tobacco settlement funds be used for health related matters. Healthcare and higher education leaders are developing a strategy that will divide the estimated $1.6 billion equally among smoking prevention efforts of the Health Department, medical and public health education through the University of Arkansas Medical Services (UAMS) and medical research – particularly in agricultural medicine and medical engineering by UAMS and other four-year

colleges. Known as the Better Health Plan, this program seeks to balance medical and public health education, prevention and research. These elements are consistent with the principals in the Position Paper on Spending the Tobacco Settlement Funds in Arkansas, commissioned by the Health Policy Advisory Board of the Arkansas Center for Health Improvement. Speaker Johnson has also commissioned a "Blue Ribbon" committee to study how the state will receive and manage the monies. The governor is expected to call a special legislative session, possibly by the Spring of 2000.

Georgia – Governor Roy Barnes announced his appointments to the newly created Georgia Tobacco Community Development Board in late August. The Board, established by legislation passed earlier in the year, is responsible for overseeing the allocation and distribution of the $22.23 million received from the national tobacco trust fund. The funds will be disbursed directly to Georgia tobacco growers and quota owners. These funds are in addition to the $4.8 billion the state of Georgia expects to receive from the multi-state tobacco agreement. Governor Barnes has advocated that two thirds of the settlement resources fund health care initiatives. The new Department of Community Health, created earlier in the year, will oversee expenditure of tobacco settlement funds once the General Assembly convenes next January and determines formulas and other parameters for distributing the funds.

Louisiana – A legislative plan passed in late June is awaiting an October 23 constitutional amendment vote. The plan calls for settlement funds to be divided between the Millenium Trust and the Louisiana Trust. The Millenium Trust will receive 45 percent and 60 percent, respectively, of the funds in the first two years and 75 percent in each subsequent year. The funds will be split between the Health Excellence Fund dedicated to children's health programs, grants for innovative health care sciences and comprehensive chronic disease management services; the TOPS Fund for tuition aid for Louisiana college students; and an Education Excellence Fund for funding of elementary and secondary education across the state. The remaining funds will go to the Louisiana Trust Fund for health care and education initiatives, tobacco-related illnesses and anti-smoking programs. Most of the settlement resources appropriated by the legislature in 1999 were allocated to provide funds to sustain the Medicaid program, as well as increase eligibility for the Louisiana Children's Health Insurance Program.

Mississippi – In March 1999, Mississippi became the first state to establish a permanent tobacco settlement trust fund that protects the principal and spends the interest and dividends in an effort to improve health and healthcare. The legislature appropriated $50 million from the Health Care Trust Fund this year and interest payments are expected to grow to $100 million by 2003. The funds will be used to provide four million dollars annually for the next five years to Community Health Centers to increase services to the uninsured and underserved; increase the Children's Health Insurance Program eligibility criteria to 200% of the federal poverty level; fund the State's newly developed Trauma Care System; adjust Medicaid fee reimbursements to physicians to expand the Medicaid program; and allow chronically ill disabled workers to buy Medicaid by purchasing the State's share for those whose incomes are at or below 250% of the federal poverty level. Other settlement funds administered directly by the State Attorney General's Office have been used to increase the number of school nurses and fund tobacco prevention efforts.

South Carolina – Under the tobacco settlement the state will receive approximately $2.2 billion in payments over a 25-year period. In 1999, a bill was introduced that would have allocated 60% of settlement payments for economic relief for tobacco growers, but the bill did not pass the legislature. The South Carolina Tobacco Settlement Consensus, a group of health, social and educational organizations who support recommendations for the use of tobacco settlement funds to improve the health of South Carolinians, issued recommendations on the use of the money. The group recommends that the funds be used to enhance and expand efforts to improve health and education in South Carolina through the development of comprehensive tobacco control programs based on Centers for Disease Control guidelines; enhancement of school-based health education; expansion of Medicaid coverage for children; and the establishment of a community-based foundation that will create sustainable funding for time-limited, grant funded programs designed and implemented by local communities.

Texas – The Texas settlement provides $15.3 billion to the state and $2.3 billion to the counties/hospital districts to reimburse them for health care costs they incurred for treating indigent persons with tobacco-related diseases. In June, the state legislature established endowments totaling $1.8 billion, including $1.03 billion for university health centers. The money allocated to medical schools and health-science centers will be used for research, health services for the poor, disease prevention and health care education and minority health issues and research. Funds will also be used to establish a State Children's Health Insurance Program that will provide coverage to children under age 19 in families with incomes at or below 200% of the poverty level; establish a Rural Health Capital Improvement Revolving Loan Fund; and expand emergency medical services funding.

West Virginia – Legislation passed during the 1998 session allocated the first payment of the tobacco settlement funds for the purpose of stabilizing the state's health related programs and delivery systems, plus provides for tobacco prevention and education. The legislation, HB 3031, divides the settlement equally between the newly created Tobacco Settlement Medical Trust Fund and Tobacco Settlement Fund. Only interest from the Medical Trust Fund may be expended, and then, only upon Legislative appropriation in the state budget. Settlement Fund principle will be made available only by Legislative appropriation in the state budget. The first allocation was five million dollars to the Public Employees Insurance Agency (PEIA). Tobacco settlement appropriations are limited to continued support of programs offered by PEIA, expansion of the Medicaid program, public health programs, services and agencies and state owned or operated health facilities.

Note: The tobacco settlement refers to the 1998 multi-state agreement with the tobacco industry.

Meet Our NAC Members

Regina M. Benjamin, MD, MBA

Family Physician – Bayou La Batre, Alabama
Assistant Dean for Rural Health
University of South Alabama College of Medicine

Regina M. Benjamin, MD is a socially conscious, compassionate, solo family physician in Bayou La Batre, Alabama, a small shrimping village along the gulf coast. She has been in practice since 1987.

Dr. Benjamin was a member of the second class of Morehouse School of Medicine and received her MD degree from the University of Alabama Birmingham. She spent several years moonlighting in emergency rooms and nursing homes to keep her practice open while earning an MBA from Tulane University. She ultimately converted her practice to a Rural Health Clinic.

In 1995 she became the first Young Physician (under age 40) to be elected to the American Medical Association (AMA) Board of Trustees, as well as its first African American Woman. She also served as President of the AMA Education and Research Foundation.

If you think you have heard or read about the internationally acclaimed Dr. Benjamin, you probably have. She was named by Time Magazine as one of the "Nation's 50 future Leaders Age 40 and Under"; was featured in a New York Times article, "Angel in a White Coat"; on ABC's World News Tonight as a "Person of the Week"; and was named "Woman of the Year" by CBS This Morning. She was a Kellogg National Fellow and a Rockefeller Next Generation Leader.

In 1998 Benjamin was the U.S. Recipient of the Nelson Mandella Award for Health and Human Rights. She was invited to study in South Africa this past March for two weeks and plans to return for six more weeks next spring. She says there are many parallels between South Africa and the United States. "Both countries are very wealthy, but have large segments of the population that do not share in their wealth. Both countries have stark disparities between the health of the rich and the health of the poor, as well as between blacks and whites. The healthcare delivery problems of the rural versus urban areas are also similar for both nations."

Aside from caring for patients in her rural clinic (and making house calls) Benjamin serves as Assistant Dean for Rural Health at the University of South Alabama College of Medicine. Her responsibilities include resurrecting the Alabama Area Health Education Center (AHEC) which in her words is "just getting off the ground." According to Benjamin, the AHEC Program will dovetail the Southern Rural Access Program as the two share similar

missions and goals. "It is a grass-roots network which the Southern Rural Access Program can freely access and utilize," explained Benjamin.

Benjamin brings to the NAC in-the-trenches experiences of a rural physician who knows the challenges and joys of practicing in a remote, underserved, and economically challenged area combined with a politically savvy style gained from more than 15 years of medical and social activism. She has also weathered the devastating destruction of her clinic by Hurricane Georges' in September 1998.

She believes the old adage, 'American by birth, Southern by the Grace of God'. Her roots in south Alabama extend back nearly 200 years. "My family has been here on the same land since the early 1800s," she explained. "My participation with the Southern Rural Access Program allows me to be a part of helping improve health care in Alabama and throughout the South.

"I get very excited when I see people from the same communities who may have never really talked before, sitting at a table discovering and creating solutions to their local health problems, she added. "And it doesn't stop there, often actions are taken then and there, with the decision makers in the room, and blue-prints are drawn for future actions."

A. Paul Holdren, MHA

President & CEO
Prime One

Paul Holdren, president and CEO of PrimeONE HMO, has 18 years of highly successful experience in virtually all aspects of managed care development, including sales, marketing, operations, financial oversight, physician recruiting and contract negotiation. While his resume speaks impressively of his experience in the managed care industry, Holdren brings far more to the Southern Rural Access Program than just his business acumen.

Holdren spent time earlier in his career working in several rural areas of Pennsylvania. From 1988-1992 he served as chief marketing officer of the Geisinger Health Plan, the nation's largest rural group model HMO and predecessor of the Penn State Geisinger Health Plan. From there he accepted the vice president of marketing, business affairs and operational development position with Blue Cross of Northeastern Pennsylvania, another health insurance plan serving a predominantly rural market. That experience led him back to his native West Virginia and to his current position.

Holdren's participation on the NAC can be partially attributed to his interaction with Southern Rural Access Program consultant Bill MacBain with whom Holdren had previously worked. "When I was first contacted about participating in the stakeholder's meeting in West Virginia, Bill was still on staff at (Penn State) Geisinger," said Holdren. "He was the one who asked me to participate in the process. After learning more about the program I became really impressed with the program's goals and thought the NAC would be a good fit with my background and interests.

"There are many similarities between the health status and demographics of northeastern Pennsylvania, West Virginia and the other states identified in the Southern Rural Access Program," continued Holdren. "West Virginia has one of the lowest per capita incomes in the nation. It leads all other states in cardiovascular disease and is number two in obesity and diabetes. We also have a high incidence of low birth weight and premature babies. These statistics are an indication of the inability to access and secure health care services because of economical and social conditions. It's a universal problem in this country and one that the Foundation is seeking to address through the Southern Rural Access Program."

According to Holdren, one of the greatest challenges of the Southern Rural Access Program will be for participants to develop short term and long term visions and not try to solve every problem at the outset. "States need to rifle in on the greatest need – drive one project home, really get it accomplished – and then build on that success," emphasized Holdren.

"They must focus their stakeholders on one particular aspect of what may be multi-faceted needs. This will increase the likelihood of getting the component funded and being successful."

Holdren cautions participants about bringing projects forward for review which are desirable, but not realistic. "Sometimes the intentions of a program component are admirable, but not feasible," said Holdren. "My experience in the health care insurance business has shown that cost affects access and quality of care. The key stakeholders must be willing to come together and provide matching funds to make the project a reality and one that will provide access to basic, adequate services such as preventative, primary and acute services."

Holdren also advises the lead agencies to incorporate all the key players – insurers, hospitals, physicians and others. He says they should look at the economic outlook and determine how they can avoid recreating and duplicating each other's functions. "Area by area the needs, whether it's a lack of physicians or a lack of ancillary services, must be defined," stressed Holdren. "The short term steps involving public and private partnerships must clearly define where the program is going in the long term. This will lead to broader consensus."

As for a long term vision for improving and sustaining the healthcare status of rural residents, Holdren strongly and universally believes that managed care is the way to manage the limited resources available. "We are experiencing a time when HMOs are being criticized by the media, but HMOs have provided an opportunity to achieve things we couldn't have achieved otherwise," said Holdren. "Managed care plans give people access to care and programs which improve their health. I have seen programs targeted to improve health status that have resulted in healthier babies, management of diabetes, asthma and other chronic health problems which lead to an overall healthier individual. This ultimately is what the Southern Rural Access Program is trying to achieve. I am pleased to be a part of that effort."

Editor's Note: The National Advisory Committee (NAC) is a diverse group of experts who advise the Robert Wood Johnson Foundation and National Program Office (NPO) on all aspects of the program. The NAC is appointed by and reports to the Foundation with activities coordinated by the NPO. The NAC is available to assist the NPO in developing grantee selection criteria; reviewing and rating grant applications; making site visits to applicants; making final recommendations to the Foundation for funding; participating in the program's annual meeting; serving as advisors to the NPO; providing technical assistance to sites; and assisting with dissemination of program activities and results.

Former HCFA director to lead WVU policy research center

Sally K. Richardson, former director for the Center for Medicaid and State Operations - Health Care Financing Administration, recently returned to her home state of West Virginia to lead a new research center on health care policy at West Virginia University (WVU). She also will serve as an associate vice president for health sciences at WVU. Her 20+ year career in health policy includes heading the West Virginia's Public Employees Insurance Agency before her tenure in Washington.

In conjunction with WVU, Marshall University, the School of Ostheopathic Medicine and several state agencies, the Center will research and disseminate information on health issues to the people who make decisions about West Virginia healthcare programs and services. According to Richardson, "The Center will call upon experts from throughout the state to work together to establish a research agenda.

"The role of the Center will be to support the work of the Governor's Office, the Legislature, the state Department of Health and Human Services, and the Health Care Authority, as well as inform those who provide and purchase health care in the private sector," added Richardson.

The Claude Worthington Benedum Foundation provided a three-year, $500,000 start-up grant. "The foundation's investment in the start-up of the Center for Health Care Policy Research is an indication of how highly we value independent analysis of health policy issues," said **Beverly R. Walters**, Benedum Foundation vice president for programs. "We believe the Center will have enormous potential for more informed decision-making, and that it will ultimately lead to the design of a more effective system addressing the needs of all West Virginians."

SRAP-Related Grant Programs

The Walton Family Charitable Support Foundation issued a $19 million grant, the largest philanthropic initiative in the Arkansas' history, to the Little Rock-based Arkansas Community Foundation to strengthen philanthropy throughout the state. The money will support PARTNERS (Providing Assistance Resources to Newly Emerging Regional Sectors), a 10-year program to provide long-term technical and financial assistance for communities that establish local divisions of the foundation.

The Community Foundation grants to the local affiliates will cover operating costs, provide for some local grantmaking and match up to $600,000 in permanent endowments established by other local donors. Eight local divisions of the Community Foundation are already in place and 16 more are planned.

* * *

Through the Turning Point: Collaborating for a New Century in Public Health Program grants were made to seven states to help them strengthen their public health infrastructure by working with local partners to restructure and improve the delivery of public health services. The endeavor is jointly sponsored by the Robert Wood Johnson Foundation and the W.K. Kellogg Foundation.

Two of the grantees are entities from Southern Rural Access Program states. The Center for Health Services and Policy Research of the University of South Carolina was awarded a two-year grant for $270,306 and the Office of Community and Rural Health of the West Virginia Department of Health and Human Resources was awarded a one-year grant for $166,932. Grants became available June 1.

In 1997, another SRAP state entity, the Louisiana Public Health Institute, was awarded resources to lead the Louisiana effort.

A message from the program director

Alone we can do so little;
together we can do so much.
-- Helen Keller

The words of this famous Tuscumbie, Alabama native are proving once again to be as relevant today as when they were first spoken over 80 years ago.

The grant resources available from the Southern Rural Access Program, while considerable, are small in comparison to the challenges facing rural communities. While Robert Wood Johnson Foundation (RWJF) grant resources serve an important catalytic function, partnerships with local and regional philanthropies, state and federal agencies are also essential.

RWJF and National Program Office staff have consciously sought out partnerships with federal agencies since the beginning of the program. The original conversations with federal staff occurred while **Floyd Morris** (see related article) was developing the paper that was eventually considered by the RWJF Trustees to authorize this program. Federal resources play a pivotal role in supporting the primary care and rural health infrastructure in underserved communities. Federal policy changes in the past few years have created both fiscal pressures (e.g. financing reductions from the Balanced Budget Act of 1997) and opportunities (Critical Access Hospital Program and community health center expansions in 1998) for rural states and communities. Federal staff also develop the regulations or program protocols that guide their investments targeted to state and local agencies, a key factor influencing the ultimate effectiveness of programs.

We have been very fortunate in crafting an early constructive relationship with staff of the federal Health Resources and Services Administration (HRSA). **Claude Earl Fox, MD**, the Director of HRSA (and former state health officer of Alabama and deputy health officer in Mississippi) has helped create a receptive environment. **Doris Barnette** (Earl's principal advisor and a SRAP National Advisory Committee member) and Earl have noted that their positive experience in RWJF's Healthy Futures program helped shape their positive attitude toward partnering with philanthropies.

The leadership of Senator Hollings' office in South Carolina has provided another worthwhile opportunity for SRAP states. Senator Hollings played a key role in the decision of Congress to appropriate an additional $100 million to assist community health centers expand services to the medically indigent in 1998. His office was largely responsible for the Senate budget agreement language that "urged the Secretary of the Department of Health and Human Services to target new resources to the eight states participating in this program." This has created a novel opportunity for community health centers, state agencies, primary care associations and this office to work with federal Bureau of Primary Health Care (BPHC) staff over the past year. Hopefully these efforts will result in more

resources being made available to the eight SRAP states. Perhaps just as importantly, the opportunity provided a foundation that should help foster future collaborative efforts with HRSA staff.

Related partnerships with the USDA and the Appalachian Regional Commission (ARC) are earlier in development but very promising. The USDA Arkansas Office's grant to the Arkansas Enterprise Group in support of the revolving loan effort should be announced later this fall (see lead article) and USDA offices in Arkansas, Louisiana, Mississippi, South Carolina and West Virginia are in various stages of development concerning possible future "leveraged partnership" arrangements. The ARC has recently awarded a $351,000 grant to West Virginia to support rural health network and leadership development activities and plans to convene a health policy council with representatives from five of our states.

Most of these partnership efforts with federal agencies will be "quiet and not particularly glamorous efforts" designed to mesh together resources more effectively. That is the way it should be. Our staff will meet later this fall with federal staff to discuss the new federal Office of Rural Health Policy, BPHC and SRAP resources invested in these states and explore how we can better link and leverage limited resources. The February 2000 conference co-sponsored by these same three agencies and hosted by the National Governors' Association (see back page article) will expand on these discussions by bringing key state players together, including the governor's state health policy advisors.

This "collaboration stuff' is hard work but our grantees, their key partners and this office look towards building a strong ongoing relationship with federal staff and programs. ***May the spirit of Ms. Keller guide our efforts.***

Rural Health Happenings

West Virginia Rural Health Conference
"Rural Health Access: Unique Needs, Unique Solutions"
October 20-22
Best Western Gateway Inn and Conference Center
Huntingdon, WV
Sponsor: University System of West Virginia, Claude Worthington Benedum Foundation, Center for Rural Health Development & Office of Community and Rural Health Services
Contact: Karen Roark, Office of Rural Health Policy
(304-558-1327/Karenroark@wvdhhr.org)

Southern Rural Access Program Grantee Meeting:
Focus on Rural Health Networks
November 30 - December 2
Little Rock, AR
Sponsors: National Program Office & Alpha Center's Networking for Rural Health Project
Contact: Isiah Lineberry (717-531-2090/ilineberry@psghs.edu)

5th Annual National Rural Health Association Minority Conference:
Community Voices Calling Us to Action
December 9-11
Hyatt Regency Technical Center
Contact: Linda McKenzie (816-756-3140)

Newsmakers

Congratulations to **Martha Cook Carter,** CNM, Executive Director, Women Care/Family Care, Scott Depot, West Virginia who was named a recipient of the prestigious Community Health Leaders Award. Carter was honored for her statewide efforts to bring additional healthcare services to underserved communities, including the recruitment of midwives. The Robert Wood Johnson Foundation presents this award annually to recognize individuals for their exemplary, innovative and successful work in community health.

A warm welcome to **Wilmont Baker, EdD**, who joined the Alabama Southern Rural Access Program as project director. Dr. Baker recently retired as the director of continuing education at the University of South Alabama's College of Medicine. He can be reached at 334-989-6565.

Michael Beachler, National Program Director, was recently appointed to the Southern Philanthropy Consortium Task Force. This cooperative effort of the Southeastern Council of Foundations, Southern Rural Development Initiative and Collaborative of Mid-South Community Foundations seeks to address the critical lack of charitable capital in many rural and underserved Southern communities.

South Carolina Site Visit

During a site visit to South Carolina in late August, National Program Office (NPO) Deputy Director **Isiah C. Lineberry** (far left) is shown meeting with (L-R) **John R. "Buddy" Watkins**, South Carolina State Office of Rural Health; **Sandy Bynum**, Colleton Regional Hospital; and **Monnie Singleton, MD**. Other group members present to discuss the planning of a rural health network in the Low Country were **Warren Hammett**, Bamberg County Hospital & Nursing Center; **Ken Hiatt**, Allendale County Hospital; **Kathy Schwarting**, Low Country Health Care Network Administrator; **Virginia Berry-White**, Low Country Healthy Start; **Graham Adams**, **Amy Brock** and **Cynthia Frazier**, all of the State Office of Rural Health; and **Crystal Hull**, NPO Communications Officer.

Marcus Garner, MARC Program Director, (standing) discusses SRAP grant goals with **Michael Beachler,** National Program Director, during a site visit to Mississippi in August.

Lights, camera, action!

In early May the Louisiana State University Medical Center (LSUMC) and the Louisiana Department of Health and Hospitals (DHH) held a news conference to announce their joint participation in the Louisiana Rural Health Access Program (LRHAP). Addressing the group of reporters and other participants is **Dr. Gary Wiltz**, Chairman of the LRHAP Partners Advisory and Technical Assistance Board. Also pictured are (L-R) **Dr. Merv Trail**, **Marcia Daigle** and **Dr. Paul Balson** (LSUMC), **Michael Beachler** (National Program Office), **Dr. Larry Hebert** (DHH), Louisiana Lt. Gov. **Kathleen Blanco** and **David Hood**, Secretary of DHH.