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# West Virginia receives over \$3.7 million to improve access to health care

At a January 26 news conference **Governor Cecil H. Underwood** announced that the West Virginia Rural Health Access Program (WVRHAP) will receive over \$3.7 million to improve access to health care in rural West Virginia. The Robert Wood Johnson Foundation and the Claude Worthington Benedum Foundation have each contributed over \$1.2 million through the Southern Rural Access Program (SRAP).

The Center for Rural Health Development, Inc, a private nonprofit agency in Charleston, provides leadership to the program as part of its mission to improve access and quality of health care in West Virginia.

## The project's components include:

- Rural Health Infrastructure Loan Fund
- Leadership programs for community-based health teams and health professions students
- Programs to enhance West Virginia's efforts to recruit and retain rural health care providers
- Assistance in developing rural health networks capable of sustaining and building the rural health infrastructure.

## Rural Health Infrastructure Loan Fund

The two-year implementation project includes one million dollars for the Rural Health Infrastructure Loan Fund. The loan fund initiative, one part of the solution to improve access to health care services, alleviate poverty and increase economic activity in rural counties, will provide an affordable source of funding to support improvement of West Virginia's rural health infrastructure. SRAP funds will supplement \$500,000 provided by the State of West Virginia for the loan fund. The United States Department of Agriculture will provide \$750,000 while the Sisters of Saint Joseph's Charitable Fund will contribute \$65,000.

"This public private partnership will assist many ongoing efforts in West Virginia to improve access to health care and will improve the health status of our residents as a result," Governor Underwood said. "It is an excellent example of a successful collaboration of public private resources."

## Rural Health Leaders

Building strong sustainable health care systems in the current health care environment requires strong leadership. "WVRHAP strategies will improve access to health care by helping to ensure that there are sufficient numbers

of health care providers working effectively with their respective communities to make needed access improvements," said **Sharon Lansdale**, executive director - Center for Rural Health Development, Inc. "The funding will also enable providers to develop skills, expand their knowledge base and secure other resources and funding sources to improve rural health care."

### **Recruitment and Retention of Rural Providers**

WVRHAP has identified four distinct components to increase the number of providers working in rural areas.

1. Develop a coordinated and decentralized recruitment system involving state agencies and the state's three medical schools to assist rural communities in accessing the information and assistance they need to be effective recruiters.
2. Implement a recruitable communities project to help seven communities through a coordinated community involvement approach involving community leaders, West Virginia University and the Cooperative Extension Service.
3. Assess West Virginia's financial incentive programs to determine if they are meeting the needs of rural communities and then apply that knowledge to improve the programs.
4. Plan a locum tenens pilot program for a 16-county area to provide relief to rural providers who otherwise may leave underserved communities.

### **Network Development**

"Improving the rural health infrastructure is critical to providing access to health care in underserved communities," according to Senator Martha Walker (17th District), chair - Senate Health and Human Resources Committee. One way to improve access is through network development, a means to help providers develop delivery systems that are accountable to community needs and focus on strategies to improve operational efficiency of health provider organizations. WVRHAP provides the opportunity for existing rural health network leaders and other stakeholders to discuss the critical elements of rural health networks with key administrative and legislative policymakers in West Virginia. WVRHAP will also provide organizational development technical assistance for network member provider organizations to strengthen their internal operations, resulting in an improved ability to deliver cost-effective, high quality health care services.



Bad travel conditions couldn't keep SRAP National Program **Michael Beachler** (center) from presenting this larger than life check for over \$1.2 million dollars to the Center for Rural Health Development, Inc. (CRHD) at a news conference in Charleston in late January. Joining him are (L-R) **WV Senator Martha Walker**; **Steve Shattls**, (CRHD Board of Directors); **WV Governor Cecil Underwood** and CRHD Executive Director **Sharon Lansdale**.

## **WV Rural Health Access Program Collaborative Partners**

### **Private Funding Partners**

Claude Worthington Benedum Foundation  
Robert Wood Johnson Foundation  
Sisters of Saint Joseph's Charitable Fund

### **WV Rural Health Infrastructure Loan Fund**

WV Bankers Association  
WV Capital Corporation

### **Higher Education/Government Partners**

Marshall University  
WV Bureau for Public Health, Office of Rural Health Policy  
WV School of Osteopathic Medicine  
WV University, Office of Rural Health  
WV Cooperative Extension Service

### **WV Rural Health Network Leadership Forum**

Eastern Panhandle Integrated Delivery System, Inc.  
Mid-Ohio Valley Rural Health Alliance  
North Central Community Health Collaborative  
Partners in Health Network  
Southern Virginias Rural Health Network

## Healthcare Associations

WV Academy of Family Physicians

WV Primary Care Association

WV State Medical Association

## East Georgia Health Cooperative engages in strategic planning process

Since April 1999 the East Georgia Health Cooperative (EGHC) has been engaged in a strategic planning process in conjunction with the Georgia Health Policy Center, which has pledged \$122,000 toward the effort. The funding for network development technical assistance is part of a grant from the Robert Wood Johnson Foundation to the Rural Enrichment Access Program (REAP). REAP is administered by the Mercer School of Medicine's Department of Community Medicine with oversight provided by the Office of Rural Health, Georgia Department of Community Health.

EGHC is an incorporated affiliation of healthcare providers and practitioners responsible for the health needs of nine rural counties in historically underserved East Central Georgia. Four hospitals, three community health centers with seven clinic sites, two rural health clinics, numerous physicians and the District Public Health Director comprise the Cooperative.

The counties in the East Georgia Health Cooperative are in the "poor belt" of east Georgia – plagued by long-term population loss, lack of employment opportunities, low levels of infrastructure and lack of government service development. The region is fragile in regard to household income, health status and the ratio of non-working to working individuals.

An analysis of health care dollars spent in the region revealed that only 30% of the health care dollars are retained in the EGHC region with almost none of the dollars flowing among the nine network counties.

During October 1999 members of the EGHC board and invited guests participated in a three-day strategic planning retreat to advance the development of the network. Technical assistance was provided by the Georgia Health Policy Center (GHPC). According to **Karen Minyard, PhD**, Director of Networks for Rural Health - GHPC, who led the design team for the strategic planning session, *the goals for the retreat were:*

- Improve the access, scope and viability of rural health care services.
- Become prepared to accept financial and clinical risk for the delivery of quality primary care in the counties represented.
- Position the network to receive significant financial support to accomplish these goals.

**The strategic planning process for the East Georgia area included regional profiles containing:**

- information from interviews with individual EGHC board members
- interviews with community leaders in each county
- health care dollar flows within and outside the network counties
- East Georgia residents' perceptions based on 12 focus groups
- regional health care providers
- measurement of integration readiness
- network demographic and health status information
- identification of high risk patients
- community led efforts of high risk patients
- tertiary partnership opportunities
- information on clinically driven managed care
- insurance business opportunities
- history and overview of community health centers

**The EGHC strategic planning team identified the following keys for developing a successful managed-care based network:**

- active physician participation
- early introduction of community members into network governance
- adequate funding to support administration of the network through member dues, including a diversified funding base that would include support from cooperative members, the philanthropic community and state government support
- clinical integration, i.e., regional medical association, credentialing, case management, peer review, case review/grand rounds, emergency services, physician staffs, CMEs
- functional integration, i.e., human resources, benefits, joint purchasing, regional warehousing, compliance, transcription, nursing agency
- orientation to regional needs
- high level of collaboration and team work
- adequate organizational resources (full-time executive director, part-time clinical director and an administrative assistant)
- leadership development
- involvement in a strategic process

An enthusiastic approach to the strategic planning process prevailed among the EGHC leadership along with an incredible willingness to view their health care delivery system in new ways, despite the challenges awaiting them. "The EGHC strategic planning session was a great success," noted **Rita Culvern**, administrator of Jefferson Hospital and chair - EGHC Board of Directors. "Each member was encouraged to express individual community concerns and health care needs. Through this dialogue, we were able to gain consensus among a diverse group of providers. This process also helped to enhance our progress in building trust and tearing down barriers."

**Becky Ryles**, REAP program director, said she is encouraged by the network's early success. "The fact that this cooperative would come together and work across county lines is a milestone for health care systems in Georgia. The EGHC already has recruited an OB/GYN specialist to provide services in the region. The Cooperative is also committed to the development of a multi-faceted strategy and implementation to address access needs and improve the overall health infrastructure for East Georgia."

## Advisory Board guides Georgia REAP



The Advisory Board for Georgia's Rural Enrichment Access Program convened its first board meeting last November at Mercer University School of Medicine in Macon. First Row (L-R) **Suzan Spivey** (Chattooga County Chamber of Commerce), **Betty Dixon** (Memorial Health University Medical Center), **Andrea Cruz** (Magnolia Coastlands AHEC), **Frank Rumph** (East Central Health District), **Denise Kornegay** (Statewide AHEC Network), **Tom Wade** (Department of Community Health). Back Row (L-R) **William Rawlings** (Washington County Internal Medicine), **Jim Hotz** (Albany Area Primary Health Care), **Senator Van Streat** (District 19), **Jim Ledbetter** (Georgia Health Policy Center), **Rita Culvern** (East Georgia Health Cooperative) and **John Robitscher** (Office of Rural Health).



## South Carolina's Community Incentive for Diversity initiative encourages minority enrollment in physician extender programs

In an effort to increase the number of minority advanced practice nurses and physician assistants practicing in rural communities, the South Carolina AHEC Student Development and Diversity Program in collaboration with the South Carolina State Office of Rural Health, implemented a Community Incentive for Diversity program in early 1999. Using money from their Southern Rural Access Program grant the program provides two one-year stipends of 6,000 to six minority students enrolled in approved *nurse practitioner* (NP), *nurse midwifery* (NM) or *physician assistant* (PA) programs. In return students are obligated to practice for two years in a rural, underserved area.

"Our ultimate goal is to find a bachelor's level RN in a rural community who wants to pursue additional training and then return to the rural setting to provide this much needed level of primary care," said **Graham Adams**, Associate Director of the South Carolina State Office of Rural Health and Director of the SC Rural Health Access Program.

South Carolina's statewide numbers of NPs and PAs can be somewhat misleading. On paper the state does not show a shortage of these healthcare providers; however, in reality the current workforce is not truly reflective of the population being served in rural areas.

"Our state has a 31% minority population, yet we only have three minority certified nurse midwives and minorities only comprise eight percent of nurse practitioners and 10% of physician assistants," continued Adams. "We need to change the workforce demographics in South Carolina and develop culturally competent providers for our ethnically-diverse residents. I would also encourage other states to take a closer look at their workforce numbers. While they may feel they have an adequate pool of NPs, PAs and midwives, a closer look may reveal that the demographics are not truly reflective of the populations being served."

The CID program, as it's commonly called, provides more than financial aid. It includes a student/mentor leadership development program; whereby, each student is matched with a practicing minority provider. Together, the pair attends a structured leadership program every three to four months. Developed by the University of South Carolina's Daniel Management Center, the program provides role models for the students in the form of designated mentors.

"Our hope is that the CID program will provide the financial and social support needed for more minority individuals to further their training and then return to the rural areas that are in desperate need of their services," said Adams. "Efforts like these will enable us to meet our goal of improving access to health care for our rural neighbors."

# Rural Health Happenings

## National Rural Health Association

23rd Annual Conference

May 25-27

Hyatt Regency Hotel, New Orleans, LA

Call Michelle Cheney at 816-756-3140 for details.

## International Rural Aging Project

Rural Aging: A Global Challenge

June 7-11

Charleston, WV

Call Cindy at 304-293-0628 for more information.

## Organization of State Offices of Rural Health

11th Annual Meeting

September 13-16

The Inn on Prospector Square, Washington, DC

## Program Officer Elize Brown adds SRAP to her portfolio



Most of the individuals who attended the Southern Rural Access Program (SRAP) grantee meeting in Little Rock last fall had the pleasure of meeting Robert Wood Johnson Foundation (RWJF) Program Officer **Elize Brown** for the first time. Brown, a relative newcomer to the Foundation, added SRAP to her portfolio of national grant programs just weeks before addressing the nearly 90 people who participated in the grantee meeting.

"I have great respect and admiration for the grantees for the work they have accomplished," said Brown. "I want to learn from them, spend time with them and help them implement state policy changes. The grantees are supported by national program staff which is very committed, knowledgeable and passionate about rural and state policy issues. My personal challenge will be to become more knowledgeable about rural America and the South."

Brown's career journey to the Foundation and her subsequent role with the Southern Rural Access Program was not one she had planned. After graduating with Highest Honors from Williams College in Massachusetts she remained on campus in the capacity as a statistics teaching assistant. After two years she returned to her native California to attend UCLA's School of Law. During that period she worked as a Health Policy & Law research assistant at UCLA. Upon graduation she served as a law clerk for a US Bankruptcy Court judge. Brown's next several years were spent working as a corporate bankruptcy attorney for a law firm in Los Angeles and then one in San Francisco.

Brown took a leave of absence from her work at the law firm to do policy work for the Urban Strategies Council. Founded by an attorney, the Oakland-based policy, advocacy and research firm was dedicated to developing policies to eliminate persistent poverty. It was during this time period that the Council was contacted by RWJF in an effort to find someone with the ability and desire to oversee the rebuilding of the Oakland site of the "**Fighting Back**" Program.

In Brown's words, "I was assigned the project because I was a reorganization attorney and it was felt that my skills were transferable. After re-conceptualization of the program the Foundation approved my grant application for renewed funding. I then left the Urban Strategies Council in 1995 to direct the Fighting Back Program full-time."

As founder and executive director of this community initiative to reduce demand for drugs and alcohol, Brown said, "working with the Fighting Back Program changed my life." Elaborating on this statement she said she realized that the things she found most rewarding in her life were the community efforts that filled her time when she wasn't practicing law.

Reflecting on the course of events that took her from being a budding bankruptcy attorney in 1986 to a promising program officer at the nation's leading healthcare and health philanthropy in 1998 Brown said, "I had spent a lot of time volunteering in the community. I ran a soup kitchen in Oakland and was a mentor in the Big Brother/Big Sister program among other things. I think I had finally found my calling."

In her new role as the program officer for the Southern Rural Access Program she said she sees similarities between this access program and the Fighting Back Program. "In Oakland there were no clinics to serve the medically needy, just like there aren't clinics in many parts of the rural South. Racial and ethnic disparity and persistent poverty are prevalent in both settings. I am deeply concerned about diversity issues, whether in the urban or rural setting. I would like to see a change in the demographics so that community leadership in the region being served reflects the constituency being served."

Although relatively new to rural health care issues her passion for the program couldn't be stronger. "I really care about the issues," said Brown. "I intend to travel to all the sites and, when able, to accompany NPO and NAC staff on initial site visits when grant applications have been made. The grantees have said they want the Foundation to be more involved from the beginning and I hope to change the protocol and do just that."

Brown said she understands what a complicated program SRAP is in terms of its complexity and varied components. In her support of the program's structure she said, "It's creatively structured with a degree of flexibility, but it also presents evaluation challenges due to these variations. While it will be difficult to compare one site to another like we do in other programs, I realize the program needed to be created the way it was."

Brown continued her assessment of the Southern Rural Access Program saying, "There is very difficult work ahead with many barriers. The vastness of the target areas is so different than the 30 square miles or so of the Fighting Back Program. The low number of providers in these vast regions really drives home the issues."

Aside from her enormous responsibilities as a program officer for the Foundations' safety net team, Brown currently is pursuing a Masters in Public Health degree from UCLA. Geared toward mid- to senior-level executives, the 24-month, accelerated, distance-learning program requires Brown to travel to the West Coast one weekend a month. She said she chose this program because it is the most community-oriented of its kind. The program should be excellent preparation for tackling the challenges of the equally community-focused Southern Rural Access Program.

## Texas implements program to honor communities who have *"gone the extra mile"*

A new program sponsored by the East Texas Rural Access Program (ETRAP) through the East Texas Area Health Education Center has honored AGAPE House World Wide Ministries Free Medical Clinic and the Christus Jasper Memorial Patient Assistance Program with its first two "**Communities That Care**" awards. The award presentations were made during a luncheon at the 15th Anniversary Conference of the Texas Rural Health Association last September.

According to ETRAP principal investigator **Steve Shelton**, "The award was established to recognize two East Texas rural communities that have 'gone the extra mile' to care for its citizens by implementing a health care project that has made a difference." ETRAP (former) Project Director **Sam Tessen** described the winning projects as ones that will "make a major contribution to state and national health by having modeled an innovative and successful health care project that may be replicated in other rural areas of Texas and the nation."

Each winner was presented a certificate of recognition, an engraved stone and a \$250 check. The stone will serve as a commemorative place marker for a tree planted in the winning project's community. The trees were donated and planted by the Texas Forest Service.

### **Agape House World-Wide Ministries**

Agape House World-Wide Ministries is an all-volunteer organization. A staff of physicians, nurse practitioners, physician assistants, nurses, social workers and community members provide health care and assistance to the area's working poor, many of whom have no health insurance. The staff also counsels patients as to the availability of other community resources, including indigent care programs. Services are provided four hours one Saturday a month on a first come, first served basis at a clinic set-up in a local church.

Agape House has been innovative in securing much needed medication and equipment. Medication samples are sought from non-participating physicians and pharmaceutical companies. Donations of medical equipment have been solicited from local hospitals and individual physician practices.

## Jasper Memorial

The Jasper Memorial program obtains medication for nearly 150 patients each month directly from pharmaceutical companies. Since many of the patients are unable to afford the needed prescriptions, the patient assistance program enables them to maintain their medications for more effective control of chronic conditions. Staff physicians at Jasper Memorial contribute time and support.

To be eligible for the award a project had to meet four criteria:

- make a difference in a target community
- rely on very little governmental support
- benefit an underserved population
- show documented support of the initiative by the project beneficiary.

More information on this program can be obtained by calling the Texas Rural Health Association at 512-476-6527 or e-mailing the Association at TxRHA@aol.com.



During a site visit to Texas in September National Program Director **Michael Beachler** along with Principal Investigator **Steve Shelton** (far left) and (former) Project Director **Sam Tessen** (far right) met with **John Evans**, Texas Department of Health.



Program Consultant **Bill MacBain** discusses the healthcare challenges facing rural Texans with **Mary Bowers, MSW** (left) and **Camille Miller** (center) during a site visit last fall to Austin and Tyler, Texas. Miller, director - Texas Institute for Health Policy Research, convenes the State Policy Advisory Panel for the East Texas Rural Access Program. Bowers is the executive director for US Department of Health and Human Services Region VI in Dallas.

# Strategic Planning for Rural Health Networks Conference November 30 - December 2 W Little Rock, Arkansas



**Gary Wiltz, MD**, National Advisory Committee member & medical director - Teche Action Clinic, Franklin, LA (L), comments on Bob Cameron's presentation on "*Setting Goals and Evaluating Alternate Courses of Action*". Southern Rural Access Program Director **Michael Beachler** (R) moderated the session.

Alpha Center Senior Program Manager **Dan Champion** welcomes the group to the Thursday morning session. The Alpha Center, as part of its Networking for Rural Health project, co-sponsored the conference. The Networking for Rural Health Project and SRAP are supported by RWJF.



Arkansan **Jerry Standridge** leads the home state contingent in a show of Razorback pride at the networking reception. Although it may look like he's jitterbugging, he's really gearing up to teach the audience the state hog call --  
**woooooo-pig-souiiiiie...  
woooooo-pig-souiiiiie...  
Arkansas Razorbacks!!**

SRAP National Advisory Committee Chairman **Bill Brandon** (R) welcomes **Fay Boozman, MD**, Director - Arkansas Department of Health (L) and Arkansas **Lt. Governor Winthrop Rockefeller** to the networking reception at the Museum of Discovery.



## **Benedum Foundation collaborates with RWJF to improve health status of West Virginians**

When you combine the financial and human resources of a Foundation (RWJF) whose mission is "to improve the health and health care of all Americans" with those of a Foundation (Claude Worthington Benedum) whose founder directed it to "help people help themselves", you create a unique opportunity for lasting change. [RWJF](#) and the Benedum Foundation hope to bring about lasting change in West Virginia as they collaborate to improve the rural health care infrastructure through the Southern Rural Access Program (SRAP).

West Virginia is the geographic heart of Benedum's grantmaking. The foundation's by-laws state, "... a priority of concern shall govern the Foundation's consideration of projects and programs aimed at enhancing educational and cultural opportunities for the people of West Virginia, providing essential health and other community services and advancing the well-being of West Virginians generally." The Benedum Foundation was established in 1944 by Michael and Sarah Benedum in memory of their only child, Claude Worthington, who died in 1918 at age 20.

Headquartered at the Benedum-Trees Building in Pittsburgh the Foundation primarily focuses its grantmaking in West Virginia and Pittsburgh, the Benedum's native and adopted homes, respectively. As an independent foundation designed to exist in perpetuity, Benedum has made 5,193 grants totaling over \$145.4 million dollars since its establishment. With assets of \$300 million Benedum gives \$10 million to \$15 million annually in grants. In support of West Virginia's Southern Rural Access Program Benedum has given \$1.45 million, thus far.

In addition to SRAP, Benedum has supported other RWJF programs including, Smokeless States, Local Initiative Funding Partners, School Based Adolescent Healthcare, End of Life and Covering Kids (Children's Health Insurance Outreach and Enrollment Program). "Our grants program in West Virginia ranges from education to health and welfare to economic development," said **Beverly Railey Walter**, Benedum vice president for programs.

Benedum's primary focus is to work collaboratively with West Virginians in both the public and private sectors to help them build the capacity to deal more efficiently and effectively with the issues and problems which confront them as they see them. In West Virginia, Benedum's grantmaking is grouped into six categories: Education, Health, Human Services, Community Improvement, Economic Development and the Arts. In the health category Benedum believes that high quality, appropriate and affordable health care should be accessible to all West Virginians, specifically for high-risk groups such as children, older adults, the poor and people living in rural areas.

RWJF's recently published anthology, To Improve Health and Health Care 2000, cites the RWJF/Benedum Local Initiative Funding Partners' West Virginia school-based mental health program as an example of the Benedum Foundation's "sophisticated understanding of community needs in a state where 65 percent of the population lives in towns of fewer than 2,500 people." According to the anthology, mental health was one service that Benedum knew was greatly needed, despite being a low priority for state funding. Today, as a result of Benedum's commitment to school-based health clinics and their mental health component, West Virginia's school children have greatly improved health care access. Plus, school health center funding is now a state budget line item.

A 1994 report commemorating Benedum's 50 years of grantmaking outlined the philanthropy's principles and strategies. Specifically, it noted that the Benedum Foundation seeks fundamental change through long-term, holistic grantmaking and believes grantees are the most important element in the philanthropy process, despite continuous change.

Elaborating on the principle that grantees are the most important component the report stated, "Most significant, however, are the outstanding men and women among the Foundation's grant recipients who with enormous energy, creativity and a selfless commitment to others, have used the Foundation's resources as a springboard to bring about lasting change and improvement in society. The aspirations of these people constantly challenge us and their wisdom constantly enlightens us."

These very same words could have been written about the Southern Rural Access Program grantees and partners as they pool their energy, resources and ingenuity to improve access to basic health care in the rural South.



## Grant-making initiatives and outcomes

Louisiana and Texas were two of five states selected to participate in the National Rural Health Association's *Community Leadership Development Approach to Rural Policy Development Initiative*. The state's respective rural health associations received \$5,000 to begin holding annual state leadership development forums. The goal of the forums is to develop a cadre of rural leaders from three areas – healthcare, economic development and education – who will work together to identify needs and establish policy to benefit rural communities in the future.

In January the *Texas Institute for Health Policy Research* received a three-year, \$126,000 grant from RWJF's State Health Forums Program. Camille Miller, director of the Institute, noted that the first three educational forums for state policymakers will focus on the issues of the underserved, elderly and high-risk youths. The Institute is also a major subcontractor for East Texas's SRAP project.

### Meet Our NAC Member



**Joseph R. Rosier, Jr.**  
President/CEO, The Rapides Foundation

**Joseph R. (Joe) Rosier, Jr., CPA, CFA**, president and CEO of the [Rapides Foundation](#), knows all too well the challenges faced by the communities served by the Southern Rural Access Program. Having grown up in rural Central Louisiana he also has a deeply rooted interest in ensuring that the program succeeds.

"I know the issues from a professional and personal level," said the Louisiana State University-educated Rosier. "I know how limited the resources are in the the rural community and how important it is that they are utilized efficiently. We must be good stewards of the program because we won't have an opportunity to do it over again."

There are strong parallels between the objectives of the Southern Rural Access Program and the Rapides Foundation. "At Rapides we concentrate our efforts on improving access to healthcare, promoting healthy behavior and building capacities that enable people to address local concerns," noted Rosier. "By working with this program I can make RWJ more aware of the conditions in our area – the access issues and the lack of available resources. Together, we can achieve the objectives of both foundations as we build capacity to improve healthcare access."

Rosier said serving as a [National Advisory Committee](#) member is very much a two-way street. "Being a NAC member exposes me to the best practices in other southern states. I have become more aware of what is happening in these states and what other philanthropies and funding sources are trying to do to improve the situation. In return, I am applying to the Southern

Rural Access Program my experience and knowledge in working with organizations and communities in Central Louisiana who are facing similar challenges."

Rosier has served in his current capacity with the Rapides Foundation since 1995. Prior to that he spent eight years as executive director and treasurer and one year as controller for the Louisiana Baptist Foundation. His extensive background in accounting; financial, estate, gift and strategic planning; portfolio management and administration includes positions as vice president-treasurer for a life insurance company, bank accountant, proprietor of Rosier Trucking and legislative deputy auditor for Louisiana.

Rosier says he envisions the efforts of the Southern Rural Access Program resulting in an infrastructure that fosters an environment in which needed health care services can be provided and sustained in rural communities. "One of the greatest challenges we face is the ability to make it possible for physicians in rural communities to sustain their practices and desired quality of life. We must develop and demonstrate primary health care and promotion models that can be effective in rural areas where resident physician practices are not viable.

"It's important for those involved in the program to be very serious-minded about assessing the current condition and willing to make fundamental changes in the healthcare infrastructure where significant improvements in health care access can be obtained," added Rosier. "We need to take a fresh look at what we have and be willing to rethink how we do things – knowing that we have only so many resources available."

## Kaiser Media Fellows visit Alabama

A high-powered group of experienced healthcare reporters spent a week in Alabama in early February learning about health policy and health care delivery issues as part of a year-long media fellowship sponsored by the Henry J. Kaiser Family Foundation.

The group met with NAC member and University of South Alabama faculty member **Regina Benjamin, MD, MBA**; West Alabama Health Services Medical Director **Sandral Hullett, MD** and Alabama SRAP co-project directors **Wil Baker, EdD** and **Ruth Harrell**. The group's itinerary took them to Bayou la Batre, the small Gulf Coast shrimping village where Dr. Benjamin practices, a rural health clinic in Eutaw and the University of Alabama at Birmingham (UAB).

At UAB the fellows learned about AIDS research and clinical trials underway at the University, community-based care and prevention efforts and the demographics of the AIDS epidemic in the South.



**Sandra Hullett, MD**, Medical Director - West Alabama Health Services, (center right) discusses the healthcare challenges facing residents of rural West Alabama with Kaiser Family Foundation Media Fellows (L-R) **Brenda Wilson** - National Public Radio and **Charles Ornstein** - The Dallas Morning News, plus invited guest **Cathie Anderson**, Dallas Morning News. West Alabama Health Services along with the Alabama Family Practice Rural Health Board are co-lead agencies for the Alabama Southern Rural Access Program. This photo was taken at the health clinic in Eutaw.

## ***RWJF Communities in Charge* grants benefit six SRAP communities**

Six communities located within Southern Rural Access Program grantee states have been awarded grants through the Robert Wood Johnson Foundation-funded *Communities in Charge* program. Austin, TX, Birmingham, AL, Columbia, SC, El Paso, TX, Jackson, MS and Macon, GA have been identified as part of a group of 20 communities interested in improving access to health care services for low-income, uninsured individuals.

One hundred communities' submitted applications to RWJF and these 20 communities were selected as having the most promising and innovative proposals. Each of the communities identified has at least 37,500 low-income, uninsured individuals.

The *Communities in Charge* initiative will help broad-based community consortia design and implement sustainable new delivery systems that manage care, promote prevention and early intervention and integrate services. To be successful grantees will need to rethink the organization and financing of local care delivery by reallocating existing resources and securing new funding sources.

Phase I grants will be used primarily for research into the uninsured problem, development of a strong community-wide consortium, review of potential solutions and design of a delivery and financing system. Grantees will be expected to develop an overall framework and strategy for coordinating services and creating a new approach to health care delivery.

More information on this initiative can be obtained by visiting the website at [www.communitiesincharge.org](http://www.communitiesincharge.org) or calling the National Program Office at **216-736-7940**.

## ***Beverly Railey Walter -- Profile of a distinguished grantmaker***

A distinguished grantmaker and 1996 recipient of the Terrance Keenan Leadership Award in Health Philanthropy, **Beverly Railey Walter, MSW**, vice president for programs at the Claude Worthington Benedum Foundation, credits the award's namesake with teaching her how to work with and support grantees. "The greatest lesson I learned from Terry was to treat grant applicants with the dignity they deserve," said Walter in her acceptance speech.

That lesson has been put to the test hundreds of times during Walter's 30 years in the philanthropy field. The last 20 have been spent at the Benedum Foundation where in her words she has been able "to offer flexible support for bright, dedicated, sincere and hardworking people finding their voices in difficult policy areas."

Since 1996 she has been responsible for grants program planning and policy development in West Virginia and the Pittsburgh area. Prior to becoming a vice president for Benedum, she was the grants program director and a program officer.

Although she has lived in Pittsburgh for the past 21 years, Walter has played an instrumental role in West Virginia in developing school-based health centers, the state's Health Policy Research Institute and the Center for Adolescent Pregnancy Prevention; reshaping the public health program and rural health access improvement efforts; and welfare reform.

"I have had the opportunity to not only work on the design and evolution of projects, but also to take the hands-on approach to grantmaking by helping to restructure local health and human services to benefit vulnerable populations," said Walter. "Work at the grassroots level and strategic planning for health policy are not mutually exclusive. Those of us fortunate enough to work at community and state levels have an amazing opportunity to influence policy development and public education."

On behalf of the Benedum Foundation she has partnered with the Robert Wood Johnson Foundation on several projects – the Southern Rural Access Program, the Initiative to Improve End-of-Life Care and the Covering Kids Program. She is also a member of the RWJF Smokeless States National Advisory Committee.

Walter is the recipient of several prestigious awards – the *Distinguished West Virginian Award* (1996) and the Louis Gorin Award for ***Outstanding Achievement in Rural Health*** from the National Rural Health Association (1993), plus a commendation by the Commonwealth of

Pennsylvania for outstanding achievement in rural health (1993). She was recognized by the Charleston Gazette as one of the 25 most influential women in the greater Kanawha Valley (1993) and by the National Council of Jewish Women as one of the 100 most influential people in West Virginia (1993).

## A message from the program director --Michael Beachler

Partnerships between foundations who invest at the state or community level and ones whose interests are national in scope rarely occur. All Foundations have their individual mission, goals, program priorities and operating styles and few external forces exist to stimulate collaborative activities between Foundations at any level. Thus, opportunities to take advantage of the respective strengths of local, state and national philanthropies are often lost.

There are a few examples of local-national foundation partnerships, such as RWJF's Local Initiatives Funding Partners matching grants program. I have heard also from a number of foundation executives in Southern Rural Access Program (SRAP) states whose only contact with national philanthropies has occurred when a national philanthropy's investment has come to an end and the local grantees are then encouraged to seek ongoing support from their local foundation. However, I wouldn't recommend this as the ideal way in which to forge a productive long-term partnership.

The Southern Rural Access Program is attempting to create a much more vibrant partnership with philanthropies investing in the eight targeted states. For perhaps the first time ever RWJF staff shared a staff concept paper with representatives of a number of Southern philanthropies before taking the paper to the RWJ Foundation's Trustees. Two prominent foundation leaders in the region, **Charles (Pete) McTier**, president of Robert Woodruff Foundation (Atlanta) and **Joe Rosier**, chief executive officer of the Rapides Foundation (Alexandria, LA) are serving on SRAP's National Advisory Committee (see page 8 for a profile of Joe Rosier). Courtesy of Southeast Council of Foundations CEO **Martin Lehfelddt**, I have twice been invited to present on the program at the Council's annual meetings and to serve on the Southern Philanthropy Consortium, an effort to increase the amount of permanent philanthropic capital in the region.

We are encouraged by the progress to date. **Tom Chapell**, executive vice president of the Alabama Power Foundation, chairs Alabama's revolving loan fund work group and **Sister Jane Harrington** (Sisters of St. Joseph Foundation) has participated in the network work group efforts in West Virginia. The intellectual investment of these foundation executives is greatly appreciated and is certain to improve the developmental efforts in these states.

The most significant financial partnership has been in West Virginia with both the Benedum and Sisters of St. Joseph Foundation. Under **Beverly Railey Walter's** tremendous leadership the Benedum Foundation provided 100 percent of the support for West Virginia's planning grant efforts and evenly matched RWJF resources during the implementation stage. (*See related articles on Benedum and Walter.*) In Arkansas, the Winthrop Rockefeller Trust provided critical start-up for the Arkansas Center for Health Improvement, the SRAP lead agency. The Snyder Foundation has also provided matching support. Discussions about potential financial

partnerships are occurring in several other states. The 21st Century Challenge Fund will provide an additional opportunity to forge partnerships. It is hoped that we will be able to provide matching support to some important access-improvement efforts identified as innovative by Southern foundations.

We recognize that expectations must be kept modest and that we will have to be patient. Southern foundations have many important areas in which to invest and our grantees and this national program office have much to learn about their goals and program priorities. We look forward to working with the Southern philanthropic community over the next several years to improve care in underserved rural areas.

## Nearly \$600,000 in federal network grants given to SRAP communities

The Office of Rural Health Policy has awarded federal grants to communities that have been a high priority in three SRAP states. Rural Network Development Grants were given to the **Arkansas River Valley Rural Health Cooperative, Inc.** (ARVRHC), Paris, AR and the **Bayou Teche Community Health Network** in Franklin, LA. A Rural Health Outreach Program grant was given to the **Low Country Health Care Network** in Denmark, SC. All three of these communities received either technical assistance or start-up financial support for their efforts in 1999 through the initial Southern Rural Access Program grants.

The \$142,000 grant to the **ARVRHC** will fund a comprehensive planning effort designed to confirm the feasibility of a proposed community health plan. The 18-month project will support a complete community needs assessment, evaluate economic impact, include site visits and interviews and provide for the development of a business plan that will be used to guide the community plan. The anticipated outcome of the proposed plan will be a working business plan and an insurance product that can be offered to uninsured and underinsured residents and employer/employees within the service area.

ARVRHC was recently incorporated as a separate community-based not-for-profit organization expressly for the purpose of improving access to health care and health-related services for people in rural northwest Franklin, Logan and Scott counties.

The **Bayou Teche Community Health Network** will use its \$182,200 grant to devise a seamless health care delivery system that is comprehensive in scope and will improve access to care, improve efficiency of care, and reduce the overall cost of care. The grant will fund the formalization of a network management structure and identification and implementation of strategies to improve network efficiency and services.

The **Low Country Health Network**, comprised of 15 organizations, will use its 18-month \$250,000 grant to improve access to health care through affiliation agreements, shared managed information systems, teleconferencing and development of a locally controlled managed care product. The network will also work to develop strategies to address poverty, low birth weights, unusually high death rates and the lack of access to primary and specialized care for the rural, minority populations of 10 southeastern South Carolina counties.

## Around the States

### South Carolina

– The addition of a dedicated revolving loan specialist/planner position with the South Carolina State Office of Rural Health (SORH) appears to be a very promising effort. Since Avery Frick assumed this position nearly a year ago requests for information and loans have skyrocketed. From February to November 1999, over \$2.2 million in low cost financing has been provided to rural health care facilities through the SORH's loan fund program. "This is almost three times as much as was lent in the program in the first two years of its existence," said Frick.

South Carolina's revolving loan fund effort includes a strong partnership with Wachovia Bank, which has agreed to offer qualified rural health providers improved interest rates (generally below the prime) and extended terms of 15-20 years. The program was originally initiated through a \$900,000 grant from the US Department of Agriculture (USDA), Office of Rural Development.

In the first two years of the loan program, six loans were made. Since Frick joined the Office of Rural Health, 11 loans have been made. "All of our loans to date have been issued to rural health centers or solo practitioners," said Frick. "The loans have been used for renovations, new construction and equipment for providers."

The Rural Health Revolving Loan Fund Program makes money available to healthcare providers or facilities interested in starting a practice in a rural area or an already existing practice or hospital that needs improvements or upgrades. Priority is given to those providers and facilities that are currently involved in student and resident rotations or would be willing to do so.

Viewed as a valuable human resource for the rural community, Frick provides technical assistance to rural providers to increase their awareness of all the available financial resources so they can obtain the best deal possible. He links rural providers seeking capital with various financing sources such as the USDA, the Small Business Administration and the local Council of Government. Often times, the SORH merely provides leverage for rural providers to get a better deal through their local community bank. The results are wins for the provider, the local lender and the people of South Carolina.

### Texas

The US Department of Health and Human Services approved Texas's proposal to expand its limited state Children's Health Insurance Program (CHIP) by creating a separate non-Medicaid plan, which is expected to cover an estimated 423,000 by 2001. The CHIP expansion will cover children up to 18 years of age whose families have incomes at or below 200 percent of the federal poverty line. Under the expanded plan Texas is eligible to receive as much as \$558 million in new federal funds for FY '99 with enrollment expected to start in April 2000.

## Newsmakers

NAC member **Debra L. Griffin, MPH**, CEO & administrator - Humphreys County Memorial Hospital, was honored with the Small Hospital Section of the American Hospital Association's Shirley Ann Monroe Leadership Award.

**Rodney Parks** was hired by the Arkansas Enterprise Group to coordinate activities of the Arkansas Revolving Loan Fund, a SRAP-related initiative partially funded by the Robert Wood Johnson Foundation.

Welcome new WV Center for Rural Health Development staff members **Ken Stone**, Project Director, **Jim Toney**, Loan Fund Manager and **Ginger Thompson**, Communications Director.

**Gail R. Bellamy, PhD**, director of community research and program development for Scott and White Memorial Hospital in Temple, Texas, continues for a second year in her role as president of the National Rural Health Association (NRHA). Also, elected to NRHA positions were **Mary J. Huntley**, Charleston, WV (Statewide Health Resources) and **Monnieque Singleton, MD**, Denmark, SC (Population-Based Services) constituency group chairs and **Esther M. Forti, PhD, RN**, Charleston, SC (Research and Education) and **Sandra Y. Pope, MSW**, Charleston, WV (Statewide Health Clinics) policy board representatives. **Charles McGrew**, Little Rock, AR, was appointed to fill Huntley's vacant position on the Statewide Health Resources.