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RWJF awards more than \$4.2 million in Round II funding to five southern states

Total program awards near \$10 million

Between July and October of this year The Robert Wood Johnson Foundation awarded more than \$4.2 million in Round II funding to Southern Rural Access Program (SRAP) lead agencies in Alabama (\$689,749), Arkansas (\$837,105), Louisiana (\$847,202), Mississippi (\$986,113) and Texas (\$875,454). Round II funding previously had been awarded to South Carolina (\$981,930) and West Virginia (\$1,233,247). Round II funding for Georgia is anticipated to begin in December. Since the first grant award was made in early 1999 the Foundation has awarded nearly \$10 million in support of SRAP to improve the healthcare infrastructure in rural, medically underserved portions of these states.

"The approaches employed by the grantees and their key partners are quite innovative. The states have used their Round I planning periods well to craft program strategies that are tailored to best meet the needs of their underserved rural communities," explained **Michael Beachler**, SRAP program director. "The lead agency staff and their partners have worked hard and creatively to develop their access-improvement plans. We have encouraged our grantees to develop solutions which meet local needs while leveraging human and capital resources from the community, local, state and federal government entities, philanthropies and other funding sources."

SRAP has four fundamental components –

- development of rural health leaders
- recruitment and retention of primary healthcare providers
- development and strengthening of rural health networks
- development of rural loan funds.

A related 21st Century Challenge Fund effort provides matching support for program demonstrations or small analytical projects that seek to increase access to basic healthcare in underserved rural areas through efforts emphasizing risk taking and partnerships. This matching grants initiative is also funded by The Robert Wood Johnson Foundation and is administered directly by the National Program Office grants initiative is also funded by The Robert Wood Johnson Foundation and is administered directly by the National Program Office.

Round II Core Programmatic Area Strategies

Establish a cadre of health professions students committed to becoming leaders in rural health areas. – In Alabama two related programs are designed to recruit rural, underrepresented minority students into medical and other health careers. Through the University of Alabama (UAB) at Tuscaloosa-based Minority Rural Health Pipeline, strides are being made in the college recruitment of recent rural minority high school graduates into health professions

educational tracks. The program combines a 10-week summer enrichment program that focuses on Medical College Admission Test preparation and other related support to improve a student's chance of gaining acceptance into medical school. The other effort, the Tuskegee Area Health Education Center's Health College Connection Program, also has a multi-week summer program for recently accepted rural minority college students and enrolled college students. This effort matches the students with profession-specific preceptors, provides for visits to health professions schools and exposure to other health career activities. Students from both programs will have the opportunity to be considered for the University of Alabama Birmingham's Minority Medical Education Program, an enrichment effort that often reaches students later in their college careers. According to **Neil Christopher, MD**, Chair of the Alabama Family Practice Rural Health Board, "These new initiatives build on existing Alabama health efforts and have great potential to make a big difference in rural areas in upcoming years."

Mississippi has a similar program, the Medical Enrichment and Development Program, which provides academic and financial assistance to minority and disadvantaged college students who have a desire to work in rural areas. Like the Alabama efforts, this program provides MCAT preparation plus a six-week summer medical enrichment program that provides information, technical assistance, academic preparatory courses, clinical placements and visits to the University of Mississippi School of Medicine. The summer medical enrichment programs will be hosted by community colleges located in Clarksdale, Natchez and Meridian, Mississippi. Additional program funding is provided by the Phil Hardin Foundation, a Meridian, Mississippi-based philanthropy.

Recruit and retain primary care providers into underserved areas. – Three Area Health Education Centers will provide leadership for the regional recruitment and retention efforts in the East Texas project. "The Lake Country AHEC has hired a regional recruitment specialist to disseminate 'Tool Box for Recruitment and Retention' materials, as well as provide hands on support to help underserved communities with primary care recruitment issues," explained project director **Ingrid Bowden**. "The Coastal AHEC has recently hired a practice management specialist, Kelli Glenn, to provide technical assistance to physicians, community health centers, certified rural health clinics and other primary care practitioners." This practice management technical assistance aims to meet a need identified by East Texas physicians in a Round I survey that focused on provider retention issues.

"The Piney Woods AHEC will build on this physician survey by conducting a similar survey with physician assistants, nurse practitioners, nurse midwives and dentists," added Bowden. "Survey results will be analyzed and a report will be developed to share with individuals and healthcare organizations."

Build rural health provider networks serving multiple communities. – Arkansas has had success in developing rural health networks in three communities with a high proportion of impoverished and uninsured residents, a fragile hospital system and a low proportion of primary care practitioners. According to recently retired University of Arkansas Medical Sciences Chancellor **Harry Ward, MD**, "Rural health networks are key instruments in improving health in Arkansas because they have the ability to specifically address the

individual needs of Arkansas' communities by helping them develop visions of what healthcare improvements can occur in their hometowns."

In Louisiana support for a network coordinator has been continued to provide technical assistance and stimulate network activity. Two model networks currently are under development – BYNet and Vermillion Parish – and development will begin on networks in two additional parishes. The innovative Vermillion Parish model aims to build primary care capacity by working cooperatively with local hospital districts, parish police juries and community health centers. The model effort proposes that hospital districts or community health centers contract with the State Office of Public Health to provide WIC family planning and maternal and child health services. "The result of this effort will be the expansion of comprehensive primary healthcare services for the under and uninsured," emphasized project director **Marsha Broussard**.

Establish a revolving loan fund to help rural doctors, clinics and other providers secure capital financing at terms and conditions that best meet their needs. – Several of the grantee states have made significant strides in the development of revolving loan funds. West Virginia, South Carolina and Arkansas each have developed loan funds and issued several loans as of this time. In the second round of SRAP grants, funding support continues for a senior rural loan coordinator to work with providers, government agencies and banks to develop loan packages for Louisiana rural healthcare providers and a development specialist responsible for identifying and securing funding for the project's venture capital fund. Mississippi and Texas have both received planning resources to develop revolving loan funds.

It is anticipated that the increased availability of capital resources from these revolving loan funds will help rural communities recruit and retain providers, as well as improve and expand the types of health services offered to patients.

Five states receive Round II SRAP funding from The Robert Wood Johnson Foundation

Grants awarded between May 1 and October 1

Alabama

Lead Agency: Family Healthcare of Alabama

Primary Partner: Alabama Family Practice Rural Health Board

\$689,749 Round II grant award

Rural Health Leaders

Alabama's Minority Rural Health Pipeline Program has two components. A reconfigured Minority Rural Health Pipeline Program administered by the University of Alabama at Tuscaloosa (UAT), will focus on recent rural minority high school graduates enrolled in college. A 10-week summer experience will focus primarily on initial Medical College Admission Test (MCAT) preparation and other pre-medical school academic and related support for entry into medical school. Linkages with the University of Alabama Birmingham's (UAB) Minority Medical Education Program (MMEP) will be initiated, as well as development of year round activities to augment students' summer experiences.

The Tuskegee Area Health Education Center's Health College Connection Program provides a multi-week summer program for recent rural minority high school graduates accepted into college and enrolled college students interested in medical/health careers. Efforts will be made for a set of students interested in medical careers also to participate in the UAB's Minority Medical Education Program. Summer experiences will be conducted for students interested in other health professions. Medical and health professions students will be spend time with a variety of preceptors, visit health professions schools and participate in other activities. A program to augment the summer experience on a year-round basis also will be developed. Foundation funds for both the Tuskegee and the UAT program will support a part-time coordinator, student stipends, linkage opportunities with the MMEP, and some year round auxiliary activities.

Finally, a small amount of consultant resources will be used to plan ways to increase the number of advanced practice nurses in rural areas.

Recruitment and Retention

The Alabama Department of Public Health's Office of Primary Care and Rural Health in collaboration with the Southwest AHEC will lead the SRAP funded recruitment and retention effort. Community focus groups and forums will be conducted for eight southwestern counties involving healthcare sector and community representatives in an effort to assess needs and develop community-based strategies primarily for recruitment and retention of healthcare professionals. This project will be linked with Alabama's community development effort. The Office of Primary Care and Rural Health will also implement a web-based medical placement program.

Rural Health Networks

The Integrated Community Network for Quality Health Care project will engage in a process to develop and implement a healthcare system that will integrate and coordinate all of the healthcare resources for Perry County. Foundation resources will support a network coordinator and consultants to complete a community driven strategic plan and help guide plan implementation efforts. Key local partners in this effort are Judson College, the Perry County Commission, businesses and the community in general. The county commission will provide \$30,000 in matching funds.

Community Health Development

Alabama's community health development project activities will be a three-part collaborative effort. The Healthy Communities Capacity Building Technical Assistance Team will hire a technical assistance team coordinator to facilitate local, state and regional collaborative community healthcare planning efforts. This effort will be lead by the Alabama Cooperative Extension System located at Auburn University in cooperation with a steering committee. A healthcare economic impact analysis process known as IMPLAN will be a part of this process. Another component will provide support to the Escambia County Health Department for a part-time community development coordinator. The Health Communities Capacity Building Technical Assistance Team will be statewide in scope with close coordination with Alabama's community recruitment and retention forums, Escambia County and Perry County efforts.

Arkansas

*Lead Agency: Arkansas Center for Health Improvement, Inc.
\$837,105 Round II grant award*

Rural Health Leaders

Continued SRAP support has been provided to three interrelated rural health leaders efforts – a rural leaders coordinator in the University of Arkansas College of Medicine, a part-time rural family practitioner medical student mentor and a rural nurse practitioner leadership coordinator. Each of these efforts should lead to a nurturing environment for the development of a medical and nurse practitioner student's rural leader's pipeline and the fostering of improved communication about the School's Community Match and Rural Loan and Scholarship programs. The University of Arkansas College of Medicine and School of Nursing have provided matching resources for these efforts.

Support has also been provided to help Helena Regional Hospital plan the content of a new month long rural family practice residency program, as well as to help plan for a proposed "1 plus 2" rural residency program.

Recruitment and Retention

Support will also continue for the restructured Delta recruiter position now housed at the Delta Health Education Center, an organization with a strong recruitment and retention component and broad based funding. The Delta Recruiter was pivotal during Phase I in initiating the development of a recruitment and retention tool kit and county-level data matrix with objective need indicators, organizing a Delta Health Care Summit and publishing a newsletter. The Delta Recruiter will focus on helping healthcare organizations recruit additional providers.

Rural Health Networks

SRAP resources will continue to support an ACHI network specialist who provides technical assistance to emerging rural health networks in the state. The Arkansas Department of Health is providing matching support for this position. In addition, support will be given to increase the staffing and operational infrastructure of these rural health networks. Each of the networks serves communities with a high proportion of impoverished and uninsured residents, a fragile hospital system, and a low proportion of primary care practitioners.

White River Rural Health Network - The network has four major members, the White River Rural Health Center (a network of federally-funded community health centers); the North Arkansas Human Services System (a community mental health center provider); the Baptist Health Medical Center in Heber Springs; and the Baptist Health Medical Center in Little Rock. The primary focus of this network is to develop a community health center that will offer mental health/substance abuse services, as well as maintain strong linkages to the local hospital. The Baptist Hospital has made written commitments to match at least 50% of all funding to develop the center and other costs associated with the network.

Arkansas River Valley Rural Health Cooperative - The network includes membership from four small rural hospitals (three are Critical Access Hospitals) and other healthcare providers in Franklin, Logan and Scott counties. The network has received funding support (\$142,000) from the federal Office of Rural Health Policy, as well as from Catherine's Legacy (\$169,000), a St. Louis based charitable arm of the Sisters of Mercy Health System Inc. The network is piloting a pharmaceutical drug assistance program and a community health/disease management initiative. The network is also in the planning phase of developing a Community Health Plan Development Project. The community health plan project would provide a coverage type arrangement for low-income uninsured and underinsured adults in the tri-county service area.

Crittenden Community Health Network - Crittenden Memorial Hospital plays a major leadership role for this network that includes the Mid-South Community College, the YMCA, the state health department and some other local human services agencies. Crittenden Memorial Hospital, while based in the larger community of West Memphis, has made a significant commitment to nearby rural areas through the establishment of four certified rural health clinics and a mobile van (medmobile) that serves consumers in four even smaller communities. Network members identified the development of a health and wellness center in Crittenden as their highest priority. Many existing health and human services will be housed at this health and wellness center located in West Memphis and extensive outreach efforts to residents of the more rural, smaller outlying communities will be made.

Cross-Cutting Efforts

A community development technical specialist (co-funded by the Arkansas Department of Health) will help rural health networks, community health centers, small community-based agencies and others with grant writing to secure funds from state, federal and philanthropic efforts, including the RWJF 21st Century Challenge Fund. Communities in the 12 counties targeted by the Delta recruitment initiative, Community Match communities and the service areas of the three networks will be priorities. A second effort, the Health Care Data Analysis and Policy Working Group, will be led by Arkansas Advocates for Children and Families, the

lead agency for the RWJF Covering Kids Program in Arkansas. This project will conduct a comparative analysis of community healthcare needs assessments to produce policy recommendations. Findings from these assessments should help state health planners and policymakers learn effective ways to strategically distribute resources to rural areas, initiate public policies regarding access issues in these communities and consider new methods to deliver rural healthcare. ACHI and the Dolores and Thomas Bruce Foundation will provide matching funds for this effort.

Louisiana

*Lead Agency: Louisiana State University School of Medicine Key Partner: Louisiana Department of Health and Hospitals
\$847, 202 Round II grant award*

Chamber of Health/Community Leadership

The Chamber of Health intervention, led by the Southwest Louisiana Area Health Education Center, focuses on building community capacity and leadership skills of major stakeholders around healthcare access issues. A Chamber of Health director and coordinator will help facilitate the development of broad-based coalition involving policy makers, business and religious leaders, consumers and providers in St. Mary, Vermillion and one other parish. The St. Mary Parish Chamber will build on its Phase I grant work and will design a referral hotline for the parish, as well as a pharmaceutical discount program. The St. Mary Parish efforts have been enhanced by a commitment of matching resources from the LSU Health Sciences Center to develop a telemedicine service based at Franklin Foundation Hospital. In addition, a Chamber of Health Handbook will be developed to serve as a manual and teaching tool for future chambers.

Recruitment and Retention

The project will hire a regional recruiter to work with community leaders and health providers to recruit additional health care providers to underserved rural areas in the seven parish region.

Rural Health Network

Continued support for the Department of Health and Hospitals network coordinator will be provided in an effort to facilitate the development of local or parish-wide healthcare networks. Currently, two model networks are under development - the BYNet (serving St. Mary and Iberia parishes) and a second model serving Vermillion Parish. The network will also work to stimulate the development of networks in St. Martin and St. Landry parishes. The Bayou Teche Network is considering the development of a community health plan, a pharmaceutical discount program and a provider referral hotline for the residents of the St. Mary's parish. In addition to assisting in the development of these networks, the network coordinator will help with a study to improve the Medicaid Disproportionate Share Hospital Program in Louisiana. The coordinator will also work closely with the LSU Healthcare Sciences Center in planning and developing an expansion of the Telemedicine and Tele-Education services in Vermillion, St. Martin, Iberia and St. Landry parishes, all rural areas with disproportionate shares of underinsured and uninsured patients.

Rural Development Loan Fund

SRAP funds will continue to support a part-time senior rural loan coordinator responsible for working with providers, government agencies and banks to develop loan packages and a part-time senior rural health development specialist responsible for identifying and securing funding for the projects "venture capital fund." This Southeast Louisiana AHEC- led project has already secured a ten-year no-interest loan of \$500,000 from the Louisiana Public Finance Authority and has a \$100,000 request being reviewed by the USDA for its venture capital pool. Project staff will work with Small Business Development Centers to provide technical assistance to providers and has a primary banking partnership arrangement with Bank One.

Resource Development/Clearinghouse Activities

The part-time state program coordinator/resource development specialist is expected to continue stimulating interest and development of 21st Century Challenge Fund proposals and other public and private grant opportunities designed to improve healthcare access in rural areas. The Department of Health and Hospitals resource data bank coordinator will continue to develop a state clearinghouse/state resource data bank on foundation, state and federal funding opportunities related to rural healthcare access development.

Additional Matching Resources

The Louisiana State University Health Sciences Center has committed \$92,000 for telemedicine facilities and another \$122,914 for related personnel. The Rapides Foundation has made a \$165,000 grant to the Central Louisiana AHEC for an assessment of gaps and barriers to healthcare access in the four parish area included in the Rapides Foundation Service area. The grant award creates a strong link between the Louisiana Rural Health Access Program and the Rapides Foundation's access improved efforts and serves as a base for future collaborative efforts. In the Vermillion Parish, the Police Jury has committed \$15,000 to a feasibility study and the Abbeville General Hospital has made a cash pledge of \$310,000 for an expanded primary care development concept.

Mississippi

*Lead Agency: Mississippi Access for Rural Care (MARC)
\$986,113 Round II grant award*

Rural Leaders Pipeline

Support is provided for an expanded implementation of the Medical Enrichment and Development Program, an academic and financial assistance effort involving minority and disadvantaged college students who have a desire to work in rural areas. Leadership for this effort will be shared with MARC. Students from community and four year colleges, located within the state's Area Health Education Center regions, will participate in a MCAT preparation program. This six week medical enrichment program also provides informational, technical, academic preparatory courses, clinical placements and visits to the University Of Mississippi School Of Medicine. This project is a funding partnership between the Phil Hardin Foundation and the SRAP program.

Planning support will also be provided to help develop a year round MCAT preparation program that would augment the summer training.

Recruitment and Retention

Recruitment staff will be supported to continue existing recruitment and retention efforts, facilitate development of a state recruitment and retention plan, develop a locum tenens clearinghouse section and assist with recruiting Mississippians from out of state medical schools, back to Mississippi. In addition, support will be provided for a full-time practice management coordinator to implement the MARC Medical Practice Management Program led by the Mississippi Hospital Association. Resources will be provided for additional training for state level recruitment staff and other healthcare providers involved in recruiting health professionals. Finally, Practice Sights Medical Placement software will be fully implemented.

Rural Health Networks

Support will be provided to the Delta Rural Health Network, a hospital based horizontal network of ten hospitals, to assist with the development of local area vertical networks. Mini-grants to the three local networks will help develop collaborative activities with a variety of network stakeholders. Additionally, a full-time network coordinator for the Delta Health Network will be supported to help assess interest in the Network's Management Service Organization's services, foster the development of local area networks, develop network best practices models and other activities.

Support will also be provided for a collaborative community development effort that will help build coalitions in three counties to develop strategies to improve health access and reduce health disparities. This effort, led by the Mississippi Primary Health Care Association and the Mississippi Cooperative Extension Service, will support a community development coordinator and graduate intern to carry out this initiative. The project, funded by RWJF and the federal Bureau of Primary Health Care, will link the community development process with the local area network development process, when possible.

Revolving Loan Fund

The Enterprise Corporation of the Delta has received planning funds to provide leadership for the design of Mississippi's revolving loan fund model and proposal. The Mississippi Hospital Association has been a key partner in developing the initial ideas related to the loan fund.

State Policy Developments/Matching Resources

Several positive state-level policy developments designed to improve the primary care/rural health infrastructure have occurred. In 1999, the state legislature created a \$4 million per year, five-year program using tobacco settlement funds to provide 21 community health centers with new resources to expand primary and preventive services in the state. In the 2000 legislative session, the legislature passed a bill authorizing the licensing of physician assistants in Mississippi, continued the momentum on insurance expansion for the medically indigent and investments in Mississippi's new Area Health Education Center program. The legislature also passed a new scholarship program that provides for 20 scholarships per year (at \$25,000 per year) for University of Mississippi medical school students committed to practicing family medicine for a term of 10 years.

Texas

Lead Agency: East Texas Area Health Education Center at the University of Texas Medical Branch in Galveston

\$875,454 Round II grant award

Rural Health Leaders

Support is provided to Piney Woods AHEC for a primary care leadership program that targets college students who are interested, but not yet enrolled, in health career programs. The program will provide detailed information about hiring trends in East Texas, academic skills, admissions information and other related topics along with providing students with shadowing and observation experiences and mentoring from previous program participants and primary care professionals. The program targets underrepresented minorities and students from rural underserved communities and has been strengthened by the addition of an effort to counsel and mentor these primarily freshman and sophomore college students over a longer period of time.

Recruitment and Retention

Seven complementary recruitment and retention efforts will be supported in this Phase II project.

The Texas Department of Health will lead a "*Targeting High Need Communities*" effort. This effort helps identify a larger number of communities that qualify for federal and/or state practitioner incentive programs, as well as those communities that may have enough providers, but lack a sufficient number of providers who will serve the uninsured, Medicaid, or other vulnerable populations. The State Primary Care Office and Center for Rural Health Initiatives (State Office of Rural Health) will provide most of the resources to implement the *Practice Sights Medical Placement Software*. Southern Rural Access Program funds will provide limited support for travel and related expenses in this effort designed for improvement of the efficiency of staff recruiting providers to underserved areas in Texas. The Lake Country AHEC will hire a regional recruitment specialist to disseminate "*Tool Box for Recruitment and Retention*" materials, as well as to provide hands on support to help communities with primary care recruitment issues.

The *Piney Woods AHEC* will build on a successful Phase I survey of physicians that focused on retention-related issues. It will conduct and disseminate the results of a similar survey with physician assistants, nurse practitioners, nurse midwives and dentists. The *Coastal AHEC* will hire a practice management specialist to provide technical assistance on fiscal and practice efficiency issues to physicians, community health centers, certified rural health clinics and other primary care practitioners in rural areas. Seed support will be provided to the Center for Rural Health Initiatives to help launch a *locum tenens pilot* in East Texas that should complement a Visiting Physician Study being conducted for the State Legislature. Finally, the Texas Rural Health Association-led "*Communities That Care*" award program (see related story) will continue to recognize communities that meet the healthcare access needs of the underserved through innovative "grassroots" oriented efforts.

Rural Health Networks

Start-up staffing support will be continued for the Hardin and Tyler County Community Health Improvement projects (CHIP). The part-time CHIP project coordinators work to engage consumers, providers and community leaders and use a community development approach to identify and develop innovative solutions to pressing healthcare access needs in their counties. The intermediate range of this effort is to create a regional networking effort that involves three contiguous counties, Hardin, Tyler and Jasper. Three additional CHIP projects will be launched in the region, with one specifically targeted to Jasper County. Finally, a Rural Health Access Coordinator will be hired to provide technical assistance and training support for the CHIP projects and help identify resources that might help solve access problems.

Revolving Loan Fund

Piney Wood Consulting has received planning funds to provide leadership for the design of East Texas's revolving loan fund model and proposal.

State Agency Advisory Committee

The Texas Institute for Health Policy Research (the lead agency for Texas's State Health Leadership Forum's Program) provides leadership for the project's State Agency Advisory Committee. This initiative helps promote a health dialogue between ETRAP and multiple state policymakers and creates a mechanism where the lessons learned by the ETRAP effort can educate and influence state rural health policy efforts.

Arkansas receives \$1 million HRSA planning grant

The Arkansas Center for Health Improvement (ACHI), lead agency for the Southern Rural Access Program effort in Arkansas, recently received a one million dollar grant from the federal Health Resources and Services Administration to support planning efforts associated with the Arkansas Health Insurance Expansion Initiative. ACHI will lead a coalition of state government leaders, healthcare purchasers and providers, consumers and risk managers in developing and specifying plans guided by empirical information for expanding health insurance coverage in Arkansas.

Through the state planning grant the Arkansas Health Insurance Expansion Initiative will:

- Establish the Arkansas Health Policy Roundtable, a multidisciplinary project team, to guide the State Planning Grant Program.
- Examine and summarize existing information on health insurance status in Arkansas.
- Collect and analyze qualitative data obtained from key informant interviews with large employer and insurance company representatives and from focus groups with employers and households to assist in data interpretation.
- Collect and analyze quantitative data from employers and household members through new state data collection efforts using surveys available nationally to further inform and guide the development of viable options for expanding insurance coverage.
- Identify, evaluate and prioritize options for expanding insurance coverage.
- Generate and submit final reports to the Arkansas Governor, the General Assembly and the Secretary of the Department of Health and Human Services; initiate recommendations of the Roundtable.

"The Arkansas project will provide the first systematic statewide collection of information from households and employers regarding availability and need of health insurance," said **Joe Thompson, MD, MPH**, principal investigator. "Supplementing available national data, these efforts will provide regional information to guide development and build political consensus around recommended options."

Two SRAP states receive HHS grants

The Louisiana Public Health Institute and the Aaron E. Henry Community Health Center (Mississippi) have received \$899,357 and \$967,459, respectively, from the US Department of Health and Human Services under a new federal program designed to improve access to healthcare for uninsured Americans. Grants from the \$22 million Community Access Program (CAP) will help grantees in 22 states build integrated healthcare systems among local partner organizations, all of which are committed to expanding health services to uninsured individuals.

HHS Secretary **Donna E. Shalala** said in announcing the grants, "This grant program's goal is to assure that more uninsured people receive needed care, that the care received is of higher quality, and that the uninsured are served by providers who participate in accountable health systems." The integrated systems will link all levels of care, including primary healthcare, mental health services, substance abuse counseling and dental and pharmacy assistance. Grant amounts vary in size based on the scope of the project and the size of the service area.

CAP grant recipients will use the funds to create and expand collaboration among local partners through strategies such as management information systems, referral networks, care coordination and enrollment processes. Because racial and ethnic minorities in most communities are more likely than non-minorities to be uninsured, CAP grants support the federal government's goal – as stated in the Healthy People 2010 document – to eliminate disparities in health status among all groups by 2010.

More details on CAP can be obtained by calling **301-443-0536** or visiting its website at www.hrsa.gov/cap.

SRAP grantees attend Rural Health Network Leaders' Conference

The federal Office of Rural Health Policy and the Academy for Health Services Research/Health Policy through a grant from The Robert Wood Johnson foundation's Networking for Rural Health project invited representatives from the eight Southern Rural Access Program states to participate in the November Rural Health Network Leaders' Conference. State representatives included leaders of rural health networks supported under the Federal Rural Health Network Development Grant Program and/or the Networking for Rural Health Project.

Participants will explore the challenges faced by network executive staff and board members guiding and managing multi-institutional partnerships in the changing healthcare environment. The conference was designed to help participants improve their leadership skills, apply business planning methods, share best practices and mentor each other. Specific objectives included:

- Examine key leadership concepts.
- Discuss strategies for better understanding the healthcare marketplace.
- Review business planning fundamentals and apply these to a new business venture or project proposed by each participant's respective network.
- Share lessons learned from successful network projects related to improving access for the uninsured, credentialing practitioners and establishing network-wide information systems.
- Describe techniques for evaluating network activities and communicating with stakeholders about the value of your network's activities/services.
- Provide an opportunity for informal networking among participants.

Meet our NAC Member

Mike McKinney, MD, CEO/President, Centene Management

When asked how he viewed his role as a member of the National Advisory Committee, former country doc and legislator Mike McKinney, MD, quickly replied, *"I always remember that it's an advisory role. Although our advice seems to be taken 100% of the time, we still need to listen with an open mind. We need to look at every idea and see how it may work. Although some of the ideas presented are different than what I may initially propose, I make recommendations to support the grantees' ideas and recognize that they may need to do things differently than I may have originally thought."*



Doc McKinney, as his friends call him, spent 16 years living and practicing medicine in the small, rural community of Centerville, TX before becoming a Texas state representative, the state's health and human services director and then a managed care executive. He also served as the town's mayor for three years.

"Being a country doc was the most fulfilling thing I have ever done next to being a daddy. I miss that job more than any other job I ever held. As a rural physician you have tremendous impact on people's lives. Being the only doc in town I dealt with the healthcare needs of an entire community. I was their doctor and their teacher."

"My parents and my kin are all teachers ... and I'm a teacher at heart. Patients need someone who will go out of their way to help them and teach them how to be healthier – explain to them what is wrong and what will help. An even greater challenge is the general education of the public. We need to teach people good healthy lifestyles – wearing seat belts, strapping their children in, not smoking – things we don't immediately think of as healthcare, but are health-related."

McKinney is also a true believer in patient's having a "medical home". *"As a managed care advocate, I believe that patients need a doctor who in consultation with the patient will oversee all aspects of care, refer the patient to the appropriate specialist, but then get the patient back. They need a doctor who will make phone calls on their behalf and not turn them loose; one who will help them make the right decisions."*

Currently, McKinney is president of both Centene Management in Texas and Managed Health Services in Indiana – a Medicaid managed care company serving residents in Texas, Indiana and Wisconsin. *"I would do something else if this job was just for the paycheck, explained McKinney. "But, we can deliver on the promise of managed care if we get good doctors – doctors who care about their patients. We need these kinds of doctors in rural areas. If you get a bad doctor in a*

rural area, then you have a bad doctor because you don't have a choice. We want to get more good doctors in the rural areas and give people a choice.

"In the rural areas docs are feeling isolated. Telemedicine helps, but it still can't 'feel the belly'," emphasized McKinney. "It's hard professionally for doctors who are isolated from other doctors and it's hard on the patients who may get access to care, but not immediate access.

"I'm really biased toward healthcare in rural areas, the South in particular. People are really nice and there's something to be said about nice people," added McKinney. "Nice people in the South have a tendency to be neglected by government and educational systems. Many times people who have financial means don't choose to live in rural areas.

"These people need a voice. As a state legislator in Texas I was able to help develop and influence policy. I dealt with the whole state and was able to make incremental change to improve people's lives."

Adding more value to healthcare in the rural South is what Doc McKinney has done for a living his entire life whether he was wearing a white coat or a suit and tie. "We can't improve healthcare just by throwing money at the problem. But, if we throw in new and stimulating ideas, it will work. What I have found the most interesting and rewarding is the diversity of the program and seeing traditional political opponents present ideas for the common good. We have a tendency to become cynical when people do things for their own personal gain, but this effort is truly for the good of the whole."

McKinney says his faith in people working together for the common good has been restored during his time as a NAC member. "I have probably received more out of this effort than most of the participants. During a site visit to West Virginia the lead agency was well organized and I was really impressed with how government had given responsibility to non-bureaucrats to get the job done. On another site visit, this one to Alabama, I left feeling pretty good about things after hearing from officials and town folks from a small county that had spent a significant amount of its budget on emergency care. They came in with new ideas and a spirit of cooperation. They didn't want us to fund what they could fund, they wanted us to fund what they couldn't. After listening to them I wanted to fund them more than what they asked for."

Although he has faith in the program and thinks it's working, McKinney does think there are a few challenges to overcome. "The greatest challenge is overcoming the history of limited access to healthcare. It's not a new problem. It didn't happen quickly and it won't be cured quickly. We need to look for incremental change and be satisfied with a few good changes. Perseverance will be the key."

Quick Facts on Dr. Mike McKinney

Education:

University of Houston - BS with Honors

University of Texas Medical Branch at Galveston - Doctor of Medicine with Honors

Employment Highlights:

President - Centene Management Company and Managed Health Services; CEO/President - Superior Health Plan;

Vice President Centene Corporation (1998 - present)

Commissioner, Texas Health & Human Services Commission (1995-1998)

Medical Director and Vice President - National Heritage Insurance Company (1993-1995)

Consultant to Texas Health Commissioner (1991-1993)

Commissioner, Physician Payment Review Commission, Federal Office of Technology (1991-1993)

Medical Director of Leisure Lodge Nursing Home (1991-1977)

Solo Family Practitioner (1976-1992)

Honors:

Ten Best Legislators: [Texas Monthly Magazine](#)

Outstanding Freshman Legislator: Peers of 69th Legislative Session

Ten Most Effective Legislators: [Dallas Morning News](#)

Presidential Award of Merit for Exemplary Service: Texas Academy of Family Practice

Outstanding Legislator: Texas Medical Association

Legislative Service (1984-1991):

Member, Texas House of Representatives

Speaker Pro-Tempore, Texas House of Representatives (1989-1990)

Personal:

Born in Oklahoma City, OK. He and his wife, Lou Ann, have three sons, one daughter-in-law and one granddaughter.

Sheps Center spearheads SRAP evaluation and monitoring efforts

The Cecil G. Sheps Center for Health Services Research at the University of North Carolina (UNC) at Chapel Hill was awarded a nearly \$1.1 million grant to support an evaluation of the Southern Rural Access Program (SRAP), a long-term effort aimed at improving the healthcare infrastructure in eight medically underserved southern states. The evaluation, funded for a 48-month period by The Robert Wood Johnson Foundation, began May 1 and will end April 30, 2004. It will build on planning efforts completed by UNC in 1999.



Thomas C. Ricketts, III, PhD



Donald E. Pathman, MD, MPH

Thomas C. Ricketts, III, PhD, deputy director of the Cecil G. Sheps Center and associate professor of Health Policy and Administration at UNC Chapel, and **Donald E. Pathman, MD, MPH**, senior research fellow at the Sheps Center and director of research and associate professor of Family Medicine at UNC Chapel Hill, will spearhead the effort. Working in conjunction with evaluation staff from The Robert Wood Johnson Foundation, the evaluation team will assess the impact and degree to which the grantees are able to design workforce development, networks creation and low cost capital strategies to expand access to healthcare in these medically underserved rural areas. Key Foundation staff include **Nancy Fishman** and **James Knickman**.

"The evaluation will provide assessment and documentation of the program's impact in the respective states. It has been designed to optimize the use of existing data sources, minimize the research reporting burdens on grantees and provide timely and useful information to the program," explained Ricketts. Due to the variation among each state's interventions, much of the assessment will focus on the states achieving their individual goals.

There are three key elements of the evaluation project:

1.	Tracking of primary care professionals in the rural portions of the eight funded states to draw upon health professions data currently collected in each state with augmentation as necessary and possible. The availability of providers in January 2000 and January 2004 will be assessed. The changes in availability over the four-year period will be compared for communities targeted by the SRAP and non-intervention, comparison rural communities in each state.
2.	Creation of program logic charts outlining the activities, goals and measurable process and outcome objectives for each component of each state's program. States will then make regular reports to the SRAP Program Office and to the evaluation team on their progress in attaining each goal within the targeted timeframe.
3.	Gathering of population-based data on perceived access and demonstrated use of healthcare services in SRAP-targeted and non-intervention, comparison communities in each participating state. Data will be based on the US Centers for Disease Control and Prevention's annual Behavior Risk Factor Surveillance System (BRFSS) phone surveys. Baseline and post-intervention data will be compared.

Three underlying principles have been identified as necessary for a successful effort:

1.	Provide critical, state-of-the-art, but fair and constructive appraisal of each state's activities.
2.	For the evaluation team to remain detached in its execution, but at the same time to provide close technical assistance and encouragement to each state program and the National Program Office.
3.	Encourage the grantees to take leading roles in the evaluation of their own programs, modify their programs based on lessons learned and disseminate their findings.

Several risks and implementation challenges have been identified. According to Pathman, "The development of goal-oriented evaluation structures for network activity will potentially produce the greatest challenges. While the state-of-the art in the assessment of network activity is largely descriptive and performance measures are not apparent, there are a series of potential measures of outcomes and proposed impacts. Long term measures of health status and access changes require long term assessment of populations."

"The use of BRFSS in the short term may not pickup changes, but it does have the potential to provide outcome measures," added Ricketts. The UNC evaluation team has spent considerable time in the past few months working with the SRAP grantees in developing their own program logic. Dr. Pathman commented that "a number of lead agency staff in the SRAP states have said

that developing the program logic has a side benefit of helping key project partners become clearer about what they are really trying to accomplish with a specific program activity."

"We look forward to continuing our work with the grantees, national program office and Foundation in this interesting and vital grant program over the next several years," added Ricketts.

A Message from Program Director...Michael Beachler



In the past several months, the Southern Rural Access Program has experienced the most significant level of change in its short history. Many of the changes are good news. The grant awards the Foundation has recently made to Alabama, Arkansas, East Texas, Louisiana and Mississippi will provide exciting opportunities for the lead agencies and their partners to hire new staff and build new capacity to improve the rural health infrastructure in underserved communities in their states. The lead agencies and their partners work incredibly hard to craft their plans and the National Advisory Committee and the Foundation funded a large number of innovative ideas during this second grant award phase.

The decision of **Isiah Lineberry**, our former deputy program director, to become the new director of the Office Rural Health Services in Georgia is also good news – at least for Georgia rural health advocates and the Georgia Department of Community Health. The job is a good one and the move will also provide an opportunity for his wife Sheila and their two daughters to be nearer to family. We are indebted to Isiah for the considerable talents and dedication he brought to his work as deputy director for nearly three years. Isiah brought a level of dignity to his work that we all miss dearly here at the National Program Office. Our loss is truly Georgia's gain.

However, I am pleased to announce at this time that **Curtis Holloman** has accepted our offer to join the staff as deputy director. Some of you had the pleasure of meeting Curtis at our grantee meeting in Charleston earlier this month. Curtis will officially join us in Hershey December 11. As is the case with Isiah, one state's gain is another state's loss. In this case North Carolina has lost a very talented and hard working rural county health director.

Elize Brown, our program officer and primary contact at The Robert Wood Johnson Foundation, has moved on – returning home to California to be near her family and enter the doctoral program for public health at the University of California at Berkley. Elize displayed a tremendous level of energy, quickly learned both the people and ideas underlying this program and was an effective advocate for the program at RWJF. We will particularly miss her passion for improving care for the medically indigent and removing disparities in underserved communities.

Fortunately, **Anne Weiss**, our new senior program officer, is a very talented health professional who is working quite hard to become familiar with the program. Anne has already visited National Program Office staff in Hershey, Mississippi project staff in Jackson and met with South Carolina project staff before our November grantee meeting in Charleston.

Finally, **Jim Coleman**, CEO of Family Health Care of Alabama, and co-principal investigator of our Alabama project has decided to retire after a long and illustrious reign of leadership. Jim was much more than a successful CEO of a very important chain of community health centers in underserved West Alabama. He has been a visionary administrator and has provided national leadership in both the community health center and rural health movements. I don't believe that Jim will really retire. He will only have a little more time to focus on the broader health, healthcare and community development issues about which he cares so deeply.

Change is inevitable. Earlier this month, Americans had the opportunity to make voting decisions not only about the Presidency, Congress and key state offices but also whether local citizens in rural Arkansas and Louisiana want to tax themselves to help increase chances of keeping local hospitals open. These ballot box decisions will make a big difference in influencing how access-improvement efforts will be addressed over the next several years. We can't stop change. We can only strive to work together to nurture new leaders who will harness the wheels of change in a direction that benefits the priority populations in the communities in which this program is working. We look forward to the challenge.

Newsmakers

A warm welcome is extended to **Anne Weiss**, senior program officer - The Robert Wood Johnson Foundation, who assumed responsibility for the Southern Rural Access Program following the departure of former program officer **Elize Brown**.



Best wishes to **James W. Coleman** (left), former CEO - Family HealthCare of Alabama and co-principal investigator for the Alabama Rural Health Access Project, on his recent retirement after many years of dedicated service in seeking quality healthcare services for all. Replacing Jim as CEO is **Mark Causey**.

Congratulations to **Isiah C. Lineberry**, former deputy director - SRAP, on his recent appointment to the position of director of the Office of Rural Health Services - Georgia Department of Community Health.

Congratulations to **Regina Benjamin, MD, MPH**, NAC member and rural Alabama physician, on being honored by The Caring Institute with one of its 18 *National Caring Awards* at a ceremony in Washington, DC November 17.

Best wishes to **Amy Brock**, former assistant director - SC State Office of Rural Health and project director for the SC Rural Health Access Program, as she begins her new position as program manager for the Data Warehouse, Office of Research and Statistics - SC Budget & Control Board. Replacing Amy is **Roslyn Ferrell**, former coordinator of the State Office of Rural Health's Low Country Healthy Start Program and SCRIPTS program alumna.

A warm welcome to **Sandy Morgan**, revolving loan fund specialist, for the SC Rural Health Access Program.

Michael Beachler, SRAP director, was honored by Arkansas Gov. Mike Huckabee with *The Arkansas Traveler* distinction during an October site visit to Little Rock. The designation is bestowed upon out-of-state visitors who have contributed to the programs, enjoyment or well-being of the State of Arkansas or her people. This commission by the Governor authorizes Michael to serve as an Ambassador of Good Will from Arkansas to the people of other states, the people of nations beyond the border of the United States or wherever he may hereafter travel or reside.

Calendar of Events

8th Annual Texas Minority Health Conference: *Eliminating Health Disparities*

December 13-15, Dallas, TX

Sponsored by the Texas Health Foundation

For information call Eva Holguin at 512-458-7629.

12th Annual Rural Health Policy Institute

February 5-7, Washington Court Hotel, Washington, DC

For more information call the National Rural Health Association at 816-756-3140.

Communities That Care

The East Texas Rural Access Program presented "**Communities That Care**" awards to the Polk County Emergency Health Board and the Upshur County Dental Care for the Needy program. The program honors healthcare projects that make a difference in the lives of citizens of rural communities

The Emergency Health Board was recognized for its work to assist low-income family members who have acute illnesses that require immediate attention by providing medication and transportation assistance and limited physician's care until they can be linked to available health services. The Dental Care for the Needy program obtains free or reduced-rate dental services for persons that cannot afford needed dental care.

A snapshot review of the Autumn Grantee Conference hosted by the National Program Office & South Carolina State Office of Rural Health in Historic Charleston



(L-R) Conference hostesses Becky Seignious (SC) and Jeannie Nye (NPO) had plenty of smiles to share as they graciously registered participants, responded to a variety of needs and requests and, in general, made everyone feel comfortable.



(L-R) Robert Wood Johnson Foundation staff Anne Weiss, Joel Rosenquist and Dolores Slayton appear to be quite pleased with the unfolding of the SRAP Autumn Grantees Conference.



(L-R) Presenters Dr. Larry Braden (AR/UAMS) and Dr. John Wheat (AL/UAT) both had an opportunity to share their thoughts and experiences regarding medical school residency admissions and leadership efforts.



Fellow Alabamians Ben Rackley and Dr. Regina Benjamin stop to smile for the camera preceding Ben's presentation on "How to Make the Admissions Process Work -- Alabama SRAP efforts."



Frank Lopez, consultant to the Foundation, discusses Arkansas' communications efforts with project director Dr. Kate Stewart between sessions.



(L-R) Conference presenters Debbie Velez and Dr. Shirley Timmons discuss their main points prior to the session on NP, PA & CRNP rural leadership development efforts.



(L-R) Ingrid Bowden, Alex Garcia and Becky Conditt of the Texas contingent share their reactions to the day's programming during a well-deserved break.



Graham Adams (SC) is proud as a peacock in a Palmetto Tree as he observes the crowd at the opening networking reception.



Ken Stone (WV) highlights West Virginia's community leadership development efforts.



Norma Reed (GA) explains the curricula of the leadership development academy hosted by the University of Georgia's JW Fanning Institute.



Sharon Lansdale (WV) discusses her state's use of the evaluation logic as a project management tool at the Wednesday early bird session.



(L-R) Marsha Broussard (LA) and Debbie Shearer (MS) enjoy the warmth of the fire by the waterfront at Buddy's Boathouse.



Dolores Slayton (RWJF) just smiles at the intensity of the conversation between (L-R) Steve Shelton (TX) and Spencer Lester (RWJF) while awaiting the dinner bell for Frogmoor Stew at Buddy's Boathouse.



(L-R) SRAP Program Director Michael Beachler and recently announced Deputy Director Curtis Holloman share a few chuckles at the Thursday evening social event during the Autumn Grantees Conference.



Thursday evening's host, Buddy Watkins, demonstrates the finer points of oyster shucking.

South Carolina Governor Jim Hodges cheerfully accepts RWJF Round II funding check



It's all smiles in the Palmetto State as **South Carolina Governor Jim Hodges** (center) accepts a nearly \$1 million check from The Robert Wood Johnson Foundation on behalf of the South Carolina State Office of Rural Health. Also present for the check presentation ceremony were (L-R) **Cynthia Frazier**, **Robert Barber**, **Amy Brock**, **Buddy Watkins**, **Isiah Lineberry** and **Graham Adams**.

Alabama Governor Don Siegelman meets with ARAP staff in Montgomery



Staff from the Alabama Rural Access Program caught the ear of **Governor Don Siegelman** (center) during a recent visit to Montgomery. Shown with the Governor are (L-R) **Ray Spradling**, **Ellen Stone**, **Ruth Harrell**, **Mark Causey**, **Wil Baker** and **Lucy Sowell**.