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Georgia receives over \$700,000 in Round 2 funding

Georgia was awarded \$715,689 in Round 2 funding by the Southern Rural Access Program. Under the leadership of the Georgia Department of Community Health (DCH) and its primary partner, the Mercer University School of Medicine Georgia, the Rural Enrichment and Access Program (REAP) as its known in Georgia will continue and expand several programs funded in Round I, as well as implement several new programs.



REAP recognized during Rural Health Day in Atlanta

The Georgia Rural Enrichment and Access Program (REAP) was recognized February 9 during ceremonies in Atlanta celebrating Rural Health Day in Georgia. Shown from left to right with a giant replica of the \$715,689 Round 2 grant award check from RWJF to REAP are **Karen Minyard, PhD** - Georgia Health Policy Center; **Kathryn Martin** - REAP, **G.E. Alan Dever, MT, PhD, MD (hon)** - Mercer School of Medicine and **Isiah C. Lineberry** - Georgia Office of Rural Health Services.

"I firmly believe that we are molding public policy whose goal is to produce rural health care systems that are economically viable, culturally competent and productive of improved health outcomes," emphasized **William Rawlings, Jr., MD, FACP**, Chairperson - REAP Advisory Board. "As a practicing physician in a rural community I can personally attest to the fact that REAP represents the right type of program at the right time in the constantly changing evolution of rural healthcare delivery. Georgia is ready for health access solutions created with and by the communities served."

A leadership pilot program started by the University of Georgia's J.W. Fanning Institute for Leadership is one effort to prepare community residents with the skills they need to find solutions that will decrease, and eventually eliminate, health access barriers. The program is now offered as a formal Leadership Academy to community members of two new rural health networks and board members of two other fledgling rural health networks. An additional

"reinforcement" related leadership development experience for individuals associated with East Georgia Health Cooperative (EGHC) will also be offered along with support for refinements to and continued assessment of the Leadership Academy.

"I applaud the Rural Health Leadership Academy for bringing community leaders together to inform them of rural health issues and increase leadership skills among those who will be the change agents for improved health status in rural communities," said **Mary Kate Pung** - Magnolia Coastlands AHEC Director. "The steps taken by REAP through the Academy most definitely inform, encourage and engage leaders as change agents for improved access to care in rural Georgia."

Support will be given to Magnolia Coastlands Area Health Education Center to provide for a post-clinical training leadership development program for multi-disciplinary students participating in an eight-day clinical training experience at a migrant health clinic. The program will include a leadership development reunion, as well as stimulation of ongoing mentoring relationships between students and community clinicians and/or mentoring relationships between the health professional students and college or high school students from underserved rural communities.

In the area of recruitment and retention, support was provided for three staff positions to provide practice management technical assistance to physicians, community health centers and certified rural health clinics and other practitioners in underserved areas. The individuals, housed at the Area Health Education Centers, will address both fiscal issues (billing coding, revenue reimbursement maximization) and practice efficiency issues (patient flow, scheduling, customer-oriented service and corporate compliance).

Improved efficiencies in the overall recruitment effort will be achieved through the implementation of the Practice Sights software by the Office of Rural Health Services. This breakthrough for Georgia was made possible by the consolidation of state-level recruitment activities under the Department of Community Health this past year.

Funding for the development of a series of tools for the Rural Economic Development Council, a key advisor in rural investment strategy, was also approved. The toolkit consists of workshops, workbooks and economic modeling reports to document the economic influence of primary care providers and hospitals in rural communities.

Continuation funding was approved for staffing the nine-county EGHC. New resources were added to help the Cooperative accelerate the progress of its diabetes case management/tracking program and regional medical society efforts, plus help the Cooperative plan an oral health initiative.

Since its inception EGHC has made significant progress, including the following key actions:

- development of a shared biomedical waste removal service
- piloting of a nurse-led diabetes case management system
- development of a regional medical society that allows joint peer review activities, credentialing and formalized continuing education opportunities

- establishment of a member e-mail network
- installation of a new computer network among its community health centers and three of its hospitals.

Resources have been allocated to complete the planning process associated with the development of a revolving loan fund. A provider survey has indicated a high degree of need and interest in the revolving loan fund concept and progress has been made in meeting with banking representatives and other funding partners. Additional planning is needed to finalize the program model, confirm and finalize leveraged and matching fund commitments and develop a revolving loan fund application.

"The REAP project compliments a number of rural health access improvement investments made by Georgia policymakers in the last year, including investments in a new three million dollar rural health network/system development grant program modeled along the lines of the SRAP supported East Georgia Health Cooperative. Also worthy of mention are a \$75,000 legislative commitment to EGHC and \$60,000 in matching support for the SRAP-funded practice management technical assistance service," said **Michael Beachler**, SRAP program director. "Given this positive policy environment, we have great hope that the key partners will work together to maximize the benefit of these new public and philanthropic resources available in rural Georgia."

21st Century Challenge Fund supports local healthcare initiatives with \$1.3 million in matching grants

Total grants awarded to date exceed \$1.54 million

The 21st Century Challenge Fund component of the Southern Rural Access Program (SRAP) has been met with an overwhelming response since it first began accepting applications a year ago. This matching grants program has received 41 applications and approved funding for 10 projects totaling \$1,542,932. Another \$2,410,950 has been secured in matching grants collectively from 25 philanthropic, municipal, state, educational and other non-profit sources.

"We are pleased with the involvement of private philanthropy, said **Curtis E. Holloman**, SRAP deputy director." About 80% of the matching fund resources have come from private philanthropic sources.

"The first project we funded through this effort was a transportation initiative in West Virginia. Since that first grant award last May we have funded a second transportation project in West Virginia along with eight other projects addressing a variety of healthcare needs," explained Holloman. "In addition to transportation needs, preventive health and dental services have emerged as needs not being addressed adequately in the rural areas served by SRAP. Eight of the 10 approved projects focus on one of these critical needs. The other two projects address language barriers for Hispanics in East Texas and improved emergency medical services for cardiac patients in Central Louisiana."

Although not the largest funded 21st Century Challenge Fund project, the CATCH Kids school-based clinics program can boast the most matching sponsors with 11. According to one of those sponsors, **Benny Pippin**, executive director - Tupelo City Housing Authority, "Our recently opened CATCH Kids Children's Clinic is very successful. While we can supply the office space, utilities, phone service and copier, we can't provide the most essential part – the doctors and nurses. We're very grateful to all the organizations whose donations make CATCH Kids possible."

The CATCH Kids program provides accessible, comprehensive, quality medical and dental care to needy children in northeast Mississippi at no cost. CATCH Kids operates on the premise that the services it provides will create a brighter, healthier future for the children it serves.

The Catahoula Parish (LA) Mobile Dental Services Project and the Alabama Medicaid agency-administered "Smile Alabama" project both are concentrating their efforts on improving oral health through awareness, education and preventive programs. The programs differ significantly in that the Catahoula effort brings dental services to children and their families by transporting and setting up mobile clinics in their community, while the "Smile Alabama" program encourages Medicaid-eligible children to visit a participating dentist of their choice.

Increasing awareness and providing education and preventive services are the cornerstones of three of the projects. The Family Healthcare of Alabama-administered Rural Prevention Center and the Beaufort Jasper Hampton (SC) Comprehensive Health Services Health and Faith

Communities Collaborative Project are concentrating efforts on managing and reducing the incidence of hypertension and diabetes. The Rural Prevention Center also plans to offer interventions to combat an array of unhealthy behaviors and lifestyles beyond these two conditions. According to **Sandra Hullet, MD**, center director, "We expect over time to see a significant reduction in those factors that lead to rural Alabamians suffering disproportionate amounts of disease and disability."

The other project supports efforts by the National Black Church Family Council to establish a network of church laywomen to provide outreach, education and access to screening for minority women at risk for breast and cervical cancer. Partnering with the Alabama Breast and Cervical Cancer Program, underserved women in Alabama's Black Belt Region will receive culturally sensitive medical information and breast and cervical cancer screenings and treatments, as necessary.

The National Program Office has recently requested an additional one million dollars from The Robert Wood Johnson Foundation to compliment the \$1.5 million it received in 2000. "The additional funds would enable us to fund projects in Georgia and Louisiana that have received favorable internal and external reviews, as well as fund some other projects from the pool of nine applications we received in the January 2001 review cycle," explained **Jeannie Nye**, SRAP program coordinator.

As a result of the applicant response to date, the National Program Office recently decided to curtail the receipt of any additional 21st Century Challenge Fund applications.

21st Century Challenge Fund Project Summaries

WV Transportation for Health (\$235,201) – This two-year project administered by the Center for Rural Health Development, Inc. (WV) will assist five communities in reducing transportation barriers to healthcare by better coordinating existing resources and developing collaborative relationships to leverage additional resources. The initiative focuses on maximizing existing scarce resources for medically indigent individuals of all ages. (*Ken Stone, 304-766-1591*)

CATCH Kids (\$50,000) – This project expands the mission of Catch Kids, Inc. (MS) to make accessible, comprehensive, quality healthcare available to needy children at no cost through volunteer physician-led school-based and evening community clinics. Funds also will be used to form partnerships with area dentists who are willing to provide care to a limited number of children through in-kind donations or at a reduced cost. (*Valerie Long, 662-791-2194*)

Telecare Plus Spanish Language Expansion (\$50,000) – This one-year project administered by Trinity Mother Frances Health System Foundation (TX) will expand the existing TeleCARE Plus program to offer community telephone information and referral service in Spanish to Hispanics in a nine-county area in East Texas. Bilingual nurses and other healthcare professionals will be available 24 hours a day through a toll-free hotline to answer general health questions, assist with immediate medical needs, access physician referral information and supply Children's Health Insurance Program information. (*Emmitte Hall, 903-531-5868*)

Operation Heartbeat Emergency Medical Services Project (\$163,762) – The American Heart Association, Southeast Affiliate (LA), will implement Operation Heartbeat, an initiative aimed at improving the survival rate from sudden cardiac arrest from five percent to 20 percent, locally in six parishes. The program will strengthen all four links in the chain of survival – an effective 911 system, early CPR, early defibrillation and early advanced medical care. (*Tracy R. Jones, 318-443-7522*)

Rural Alabama Prevention Center (\$247,630) – Family Healthcare of Alabama (AL) will use its grant over a two-year period to establish the Rural Alabama Prevention Center. The Center will design, implement and coordinate interventions to reduce the causes of excess mortality and morbidity among rural, predominantly Black Alabamians. The interventions will include educational and preventive programs to promote healthy lifestyles among the medically underserved in West Alabama. Hypertension and diabetes have been identified as priority target conditions to be addressed. (*Sandra Hewlett, MD or Glenn Hughes, PhD, 205-372-2517*)

Diabetes/Hypertension Prevention and Screening (\$131,180) – Beaufort Jasper Hampton Comprehensive Health Service will use its two-year grant to support its Health and Faith Communities Collaborative Project by implementing a community-led initiative to reduce disparities in chronic disease among African-Americans in Beaufort, Jasper and Hampton Counties. The project will concentrate on diabetes and hypertension. (*Mary I. Mack, 843-987-7400*)

Transportation Evaluation (\$85,500) – The WV Center for Health Care Policy & Research (WV) will use its two-year grant to evaluate another 21st Century Challenge Fund project, the West Virginia Transportation for Health Project. Project evaluators will work with staff of the five lead agencies and key partners of the targeted counties to develop both program evaluation logic and a data collection plan and then reach consensus as to expected outcomes. The plan calls for a survey of transportation users, plus interviews with key health care providers and state policymakers. (*Sally K. Richardson, 304-347-1246 or Ray Goldsteen, PhD, 304-347-1354*)

Mobile Dental Services (\$249,668) – Catahoula Parish Hospital District #2 (LA) will use its 24-month grant to establish a mobile dental delivery system as an extension of the Sicily Island Medical Center's Family Dentistry Program. Funds will be used to support education and outreach activities and reduce geographic barriers by establishing a mobile dental service that will provide services to four parishes. (*Renee G. Ford, 318-389-5727*)

Smile Alabama! (\$250,000) – The Alabama Medicaid Agency (AL) plans to enhance dental outreach efforts through its *Smile Alabama!* campaign by asking dentists to accept at least one new Medicaid child per week in an attempt to recruit and retain a solid dental provider base for Medicaid children. The multi-faceted campaign will improve access for routine and preventive dental care through a statewide marketing and education effort, provider support and fair reimbursement. This initiative follows a recent statewide increase in dental reimbursement rates to 100% of Blue Cross/Blue Shield rates. (*Mary McIntyre, MD, 334-242-5574*)

Black Belt Rural Congregation Health Project (\$80,000) – This two-year grant will enable the National Black Church Family Council (AL) to establish a network of churches to provide outreach, education and access to screenings for minority women at risk for breast and cervical cancer. Using a network of church laywomen, culturally competent and sensitive medical information will be given to African-American women in a five-county area in the Black Belt region. (*Rev. Joseph W. Davis, 205-349-1417*)

Matching Grant Resources

Alabama Power Foundation, Inc. (AL)	Kennedy Memorial Foundation (TX)
Alabama Blue Cross/Blue Shield Caring Program Foundation (AL)	Meadows Foundation (TX)
Alabama Department of Public Health (AL)	Rapides Foundation (LA)
Alabama Medicaid Agency (AL)	Pentair Foundation (MS)
Avon Foundation Breast Care Fund (AL)	St. James Catholic Church (MS)
Beaufort County Government (SC)	Trinity Mother Frances Health System (TX)
Claude Worthington Benedum Foundation (WV)	Tupelo Women's Club (MS)
Drummond Company, Inc. (AL)	United Way of Northeast Mississippi (MS)
Greater Kanawha Valley Foundation (WV)	University of Alabama at Birmingham (AL)
Health Care Foundation of North Mississippi (MS)	University of Alabama at Tuscaloosa (AL)
Housing Authority of the City of Tupelo (MS)	West Alabama Health Services (AL)
Lee County Supervisors (MS)	W.K. Kellogg Foundation (MS)

Smile Alabama!



Mary McIntyre, MD MPH, project director - *Smile Alabama!*, discusses the Alabama Medicaid Agency's 21st Century Challenge Fund Proposal. SRAP deputy director **Curtis Hollman** listens attentively while **Lucy Sowell**, Alabama Rural Health Access Program, reviews supporting material distributed by Dr. McIntyre.

Mississippi Access for Rural Care (MARC) receives Round 2 grant funding



Marcus Garner, MARC Project Director, addressed the crowd of people gathered to celebrate the announcement that the MARC Program received a 16-month, \$983,606 Round 2 grant from SRAP. Joining him are (L-R) Health Professional Recruiter **Emily Berg**, Research/Community Projects Coordinator **Debbie Shearer**, Recruiter Administrator **Alvin Harrion**, Representative **Chester Masterson, MD**, Executive Director **Robert Pugh** and Community Development Coordinator **Abby Ingram**.

Meet our NAC member

Cornelia "Nela" Gibbons
Director of Planning - SC Department of
Health and Environmental Control



During her 15 years directing various policy planning, research and development initiatives for the state of South Carolina Nela Gibbons has experienced firsthand many of the changes affecting community health programming and funding. According to Gibbons, this practical experience has taught her that *"a lot of things sound good on paper, but whether they really work is another thing."*

She's been able to apply the lessons learned from her years in state government to the Southern Rural Access Program during site visits and proposal reviews to ascertain whether ideas are truly practical and can make an impact. *"The right sequence of events has to happen for an idea to become a reality and result in the outcome you desire,"* emphasized Gibbons.

"Through this program we're bringing together a group of people who have common and comparable challenges and opportunities," explained Gibbons. *"Concentrating on a geographic region of the country is a real strength of the program. We want everyone to feel morally and passionately concerned about the access to healthcare issue in the South, especially the improvement of the health status of our rural neighbors. We need to raise awareness of healthy lifestyles, not just access to a doctor."*

"The challenge goes further. It isn't just access to healthcare, but access to culturally competent healthcare. It's going to take a multiplicity of partners to build the necessary infrastructure to overcome these barriers," continued Gibbons. *"We need to pull the faith community, the business community, policymakers, government, non-profit organizations and whole list of other players together to make this work."*

Gibbons said improving health outcomes is a long-term process. *"We have just begun to identify and implement effective strategies through the Southern Rural Access Program. This is more than a three-year process. We need to provide support and leadership long enough to have an impact. The issues we are addressing in the rural South are so deeply entrenched. We have a lot of work to do to move things forward."*

A major concern of Gibbons' is that *"the country may be on the tip of an economic downturn."* In her home state, Gibbons said South Carolina state agency budgets may be cut 15% in the upcoming budget year. *"We've worked so hard over the past 10 years to get things where they are today,"*

stressed Gibbons. *"A downturn in state budgets could undo what we have worked so hard to achieve. Rural areas are often the first to see cuts. We need to be realistic in planning due to this possibility. Sustaining the efforts of the Southern Rural Access Program in spite of what's happening with the economy could be a major challenge."*

Gibbons explained that public health programs are the safety net for many rural residents. *"The budget cuts in South Carolina would be devastating to the people we serve. This reduction in funding would result in the loss of core healthcare services. It will also have a negative impact on our educational systems and economy since good health is the basic building block to children learning and to an overall healthy workforce."*

"RWJF funds help shore up existing programs in all the grantee states. Foundation support will be even more critical in the future so we don't lose the momentum we have built. We certainly don't want to go backwards."

Although concerned about a possible economic downturn, Gibbons remains optimistic and confident about SRAP. *"We're raising awareness across the grantee states of the critical healthcare issues facing rural communities. Local communities are being mobilized to participate in rural leadership development, (rural scholars) pipeline activities and recruitment and retention efforts. They are beginning to see the linkages between economic prosperity and healthy lifestyles. We've also seen success with local transportation initiatives, locum tenens programs and scholarship offerings."*

Gibbons emphasized that we must *"listen to the folks getting the grant resources. Their needs may have changed somewhat since the program's inception and we must fund what's needed now. We must be willing to listen and be responsive to their needs. Our efforts have been successful to date because we planned well, researched the issues, recognized the problems and took action based on what the people told us they needed. As we move forward with the program I hope we remember these lessons learned."*

Quick Facts on Nela Gibbons

Education:

University of South Carolina Master of Social Work

University of South Carolina BA - Secondary Education, graduated cum laude

Employment Highlights:

Director of Planning - SC Department of Health and Environmental Control

Director - Office of Health and Human Services, Office of the Governor of South Carolina

Director - Children's Foster Care Review Board Division & Continuum of Care for Emotionally Disturbed Children Division, Office of the Governor of South Carolina

Director - Children's Foster Care Review Board

Past Volunteer Service:

Commissioner - Greater Columbia Housing Authority

Commun-I-Care Advisory Board

Junior League of Columbia

Memberships:

Phi Beta Kappa - South Carolina Public Health Association
Leadership South Carolina Alumni Association

SRAP grantee states receive a variety of other grant resources

RWJF awards \$9.8 million to 14 organizations to help uninsured

The second round of "*Communities in Charge*" grants have been awarded by The Robert Wood Johnson Foundation to address the needs of the uninsured by challenging communities to improve the organizing and financing of services. The \$700,000 grants were given to communities with a minimum 250,000 population of which 15% or more of the population is low-income and uninsured.

These 14 recipients were selected from 20 communities that received planning grants in 1999. The Phase II implementation grants will help these communities design new service delivery and financing arrangements to care for the uninsured. Grant funds will help communities organize delivery networks that emphasize primary care, early intervention and reduced inpatient and emergency room usage; develop utilization management, quality assurance and management information systems; and implement outreach and enrollment programs.

Grantees in states also served by the Southern Rural Access Program include:

- Coordinated Health System of Jefferson County, Birmingham, AL
- Medcen Community Health Foundation, Inc., Macon, GA
- Jackson Medical Mall Foundation, Jackson, MS
- Indigent Care Collaboration, Austin, TX

HRSA awards nearly \$3 million to study rural health concerns

The Health Resources and Services Administration (HRSA) has allocated three million dollars to research ways to help rural residents receive affordable, accessible, quality healthcare. Three of the six research centers identified have ties to the Southern Rural Access Program – School of Rural Public Health at Texas A&M University, School of Public Health at the University of South Carolina (USC) and the Sheps Center for Health Services Research at the University of North Carolina.

The Centers will examine a variety of issues, including rural healthcare access, health disparities, health work force recruitment and retention, health delivery systems and minority health issues. USC will focus on the health of rural African Americans and Texas A&M will address the health status of Hispanics.

Poverty, language barriers and the lack of cultural sensitivities in healthcare also contribute to the poor health status among rural minority residents. By identifying the trouble spots in rural health, it is anticipated that better ways will be found to give rural Americans healthcare services that will improve their lives and their communities.

UTMB at Galveston receives CAP grant

The University of Texas Medical Branch at Galveston, lead agency for the SRAP effort in Texas, was recently awarded a nearly \$900,000 Community Access Program (CAP) grant from the Health Resources and Services Administration (HRSA). The grant will be used for transportation enhancement, technology infrastructure expansion, service delivery coordination and data collection and security maintenance in Galveston County.

Galveston County's distinct geography, inefficient patient screening and information tracking processes, plus a lack of coordination of care create a significant barrier to accessibility of healthcare for its more than 242,000 ethnically diverse residents. Grant money will be used to enhance the ConnectVan service through the purchase of an additional van to transport residents to non-emergency medical services. Community-wide implementation of "smart card" technology will improve efficiency in eligibility screening, referral, service delivery and tracking. Grant dollars also will be used to implement an active case management system to improve coordination of care with a specific focus on patients with chronic disease. In addition, a system to collect and share data while maintaining the security of potentially confidential information will be implemented to provide valuable data to make more informed decisions about allocation of scarce resources.

Through programs like the CAP HRSA hopes to achieve 100% access, 0% disparities in healthcare.

SRAP Director meets with officials from rural Alabama



SRAP Director **Michael Beachler** (R) addresses a group of elected officials and other concerned citizens while on a site visit to rural Perry County in Alabama this past January. Shown with Michael are (L-R) Marion Mayor **Ed Daniel** and Judson College President **Dr. David Potts**.

SRAP and Alabama Rural Health Access Program (ARHAP) staff meet with community leaders



SRAP and ARHAP staff paid a visit to rural Perry County during a January site visit to Alabama. Communications Officer **Crystal Hull** (front, third from left), ARHAP Co-Director **Dr. Wil Baker** (back, third from left), Program Director **Michael Beachler** (front, fourth from left), ARHAP Co-Director **Ruth Harrell** (front, fourth from right), ARHAP Assistant **Lucy Sowell** (front, third from right) and Deputy Director **Curtis Holloman** (back, second from right) met with these Perry County community leaders who have joined together to improve access to healthcare and the overall quality of life for their residents.

State and Federal Policy Updates

Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act – A major budget and spending bill signed into law late last year amended some of the spending-growth restraints enacted under the Balanced Budget Act of 1997 and provides at least \$11 billion in new federal healthcare spending for hospitals between now and 2005. Rural hospital payments are expected to increase by \$2.3 billion. The Medicaid and SCHIP component extends the ability of states to use their fiscal 1998 and fiscal 1999 SCHIP funding until the end of 2002 and will allow schools, homeless shelters and federally assisted housing sites to enroll Medicaid and SCHIP beneficiaries on a presumptive basis. The legislation also establishes a new prospective payment system for Federally Qualified Health Centers and increases the Disproportionate Share Hospital allotments for fiscal years 2001 and 2002.

Health Resources and Services Administration Budget – Congress increased its investment in Health Resources and Services Administration programs to \$6.23 billion, an increase of 32% over the past fiscal year. The fiscal year 2001 appropriation figures included an additional \$150 million for community health centers and an additional \$100 million for the Community Access Program. The National Health Service Corps Field and Recruitment lines were both increased by about \$5 million and support for the Area Health Education Centers program also increased by \$5 million. Federal support for State Offices of Rural Health was increased by one million dollars and the Outreach and Network grant programs received more resources, though virtually all of the \$27 million increase already has been earmarked by Congress. Support for telehealth programs also received a \$15 million increase in federal resources.

Delta Regional Authority – Congress also enacted the Delta Regional Authority providing a two-year authorization for the program and appropriating \$20 million for the current fiscal year. The program concentrates funding on the poorest localities in a eight state region (including select counties in Mississippi, Alabama, Louisiana and Alabama) and directs the bulk of the funds to economic infrastructure and transportation projects. A complimentary New Markets Legislation, a law that creates tax incentives to encourage business development in low-income rural and urban areas in the country, was also passed this year. Although national in scope, the Delta Region and other underserved rural communities in the South will be one of the bill's major beneficiaries.

Arkansas – State voters approved the Tobacco Settlement referendum spending plan (Act 1) by a nearly two to one vote. About \$17.4 million annually will be used toward anti-smoking programs (e.g counter-marketing campaigns, cessation programs and school-based educational activities) demonstrated to be effective in reducing teen tobacco use. About \$8.7 million annually will be invested to support a minority health initiative designed to reduce disparities in screening and treatment rates of unrecognized hypertension, regional programs of the Arkansas Center on Aging, a new Arkansas College of Public Health and expanding support for Area Health Education Centers. The two million dollars per year in new AHEC resources will allow the Delta Health Education Center (the SRAP contractor for the Delta Recruiter effort) to become a full fledged AHEC. About \$16.4 million will be invested to support expanded eligibility guidelines and benefit improvements in the Medicaid program. Another \$12.5 million per year will be used for research and development purposes and five million dollars per year to support health and research-related capital construction projects. Finally, \$100

million of settlement resources will be placed in the Arkansas Health Century Trust, a vehicle designed to sustain the above programs after the 25 year settlement period. Interest from the trust will also provide annual support for program evaluation (\$600,000) and a one million dollar community health grant program.

A referendum calling for a 10-year, one percent county-wide sales tax was approved by voters in western Arkansas' Franklin County. The tax will support Arkansas River Valley Rural Health Cooperative's Mercy Hospital/Turner Memorial, a 25-bed rural hospital recently designated as a Critical Access Hospital. The sales tax will generate about \$350,000 for the hospital and an additional \$215,000 of county resources for emergency medical services, the health department and a rural fire department. St. Edwards Mercy Medical Center administers the hospital through a management and lease arrangement with the county. Without the financial commitment from the community it is likely that the hospital would have closed.

Georgia – Gov. Roy Barnes' 2002 budget proposal includes an allocation of \$23.8 million in state funds to help reduce the waiting list for home- and community-based services for the frail elderly and a \$19 million plan to reduce the number of uninsured Georgians. Specific provisions of his uninsured plan include contributing to the cost of care for the working disabled to help them maintain Medicaid coverage, expanding eligibility of PeachCare (CHIP) and raising payments to providers that treat a disproportionate share of uninsured or poor residents. This proposal adds to the \$38.7 million of tobacco money Barnes had requested for the current year's budget, including \$28 million to build a cancer treatment facility at Grady Memorial Hospital. The remainder of the tobacco money will fund smoking cessation programs. The proposal also requests an additional \$375,000 to support the development of community health centers in rural underserved areas of the state.

Texas – Last year the Legislature made a long-term commitment to rural health by allocating \$50 million from the tobacco settlement into a Rural Health Facilities Improvement Program.

A message from the program director ... Michael Beachler



The Fall of 2000 brought many exciting policy-related events to both the Southeast region and the country. Arkansas voters passed two important health-related referendums and in West Virginia, a new Governor (Bob Wise) was elected. In December, the 106th Congress passed a budget that should help underserved rural areas better serve priority populations with access problems.

Nationally, rural voters were a major factor in George W. Bush's close victory over Al Gore for the presidency. Mr. Bush carried a staggering 2,477 counties, while Mr. Gore prevailed in just 676 counties. Mr. Bush claimed virtually every small town (and all eight of the SRAP states) while Mr. Gore took virtually every major city and most of their surrounding suburbs. As a recent Newsweek article noted, "The result some pols fear is a cultural split that will only make it more difficult to find progress on pressing issues like healthcare."

It seems premature to predict that Congress will not be able to make any progress on healthcare issues over the next few years. With a closely divided Congress and ex-governors in both the White House and at the helm of the Department of Health and Human Services, federal actions will most likely be incremental and favor continued flexibility and experimentation at the state-level.

Many analysts believe that Congress will expand its sights beyond a focus on coverage issues that dominated the discourse last session to include an additional emphasis on bolstering programs that serve priority populations with severe healthcare access problems. During his campaign Governor Bush called for an additional \$3.6 billion to build 1,200 community health centers and programs nationwide. He also proposed the establishment of a "Healthy Communities Innovation Fund" to provide \$500 million in grants over five years to fund projects addressing high priority health risks, such as diabetes. The president has also voiced support for strengthening and expanding the National Health Service Corps.

The 107th Congress will consider the reauthorization of the National Health Services Corps, the Community and Migrant Health Centers Program and several Office of Rural Policy programs, including the FLEX program that provides support to states regarding Critical Access Hospitals. These programs are an essential part of the service delivery infrastructure that provides services to priority populations living in underserved rural communities and compliments the major components of the Southern Rural Access Program.

Over the past several years these programs have evolved to give states and communities a larger partnership role. State and local rural health advocates need to become better educated on issues related to the reauthorization process of these three federal programs. I recommend the National Rural Health Association's web site (www.NRHA.org) as one important source of information, especially on the National Health Services Corps program. These programs can only best meet the needs of underserved rural communities, if community and state leaders responsible for serving these populations make their voices heard. Don't be afraid to speak up!

Around the States

Sincere sympathy to the friends and colleagues of **Mervin L. Trail, MD** - Chancellor - LSU Health Sciences Center, who died in January. Through his leadership the Louisiana Rural Health Access Program was launched. Chancellor Trail continued to be strong supporter of the program and will be greatly missed.

Congratulations to **Graham Adams, PhD**, director - SC State Office of Rural Health, who recently earned his doctoral degree.

A *warm welcome* to the following individuals who have joined the Southern Rural Access Program family:

Becky Conditt – Rural Health Network Development Specialist for the Texas project. (936-639-7823)

Karen Duncan – Assistant Program Coordinator for the Texas Health Professions Survey. (936-639-7823)

Alex Garcia – Program Coordinator - Piney Woods AHEC, responsible for Texas Primary Care Leadership Pipeline.(936-639-7823)

Kelli Glenn – Practice Management Specialist - Coastal AHEC, responsible for providing technical assistance in support of Texas' recruitment and retention efforts. (409-938-2284)

Annjo Lemons – Communications Director for the MS Primary Health Care Association providing communications support for the MARC project in Mississippi. (601-352-2502)

Kathryn Martin – Program Director - REAP, Georgia's Rural Enrichment and Access Program. (478-301-2723)

Denise Morris-Trahan – Project Coordinator for ETRAP, the East Texas Rural Access Program. (409-772-7884)

Chris Roberts – Program Coordinator - Lake Country AHEC, responsible for Toolbox for Community Health Resources/Regional Recruiter for the Texas project. (903-877-5788)

Diane Trantham – Project Coordinator for the SC Rural Health Access Program. (803-771-2810)

Best wishes to **Debbie Shearer** who has accepted a position as deputy legal counsel and healthcare policy advisor for Mississippi Governor Ronnie Musgrove. Previously, she was the research/community projects coordinator for MARC.

Newsmakers

Congratulations to **Larry Braden, MD**, physician mentor - Arkansas Rural Access Program, upon being named the 2000-2001 *Arkansas Family Doctor of the Year* by the Arkansas Academy of Family Physicians. According to sources at the Arkansas Center for Health Improvement, Dr. Braden is a well respected in the medical school and medical community for his training and development of future physicians planning to practice in rural Arkansas.

National Advisory Committee members **Regina Benjamin, MD** and **Gary Wiltz, MD**, were featured November 17 on the Discovery Health Channel in a piece entitled, Medicine on the Bayou. Both of these family practice physicians have been instrumental in providing desperately needed healthcare to poor and uninsured residents in rural southern Alabama and Louisiana.

Calendar of Events

Creating Healthy Communities

Regional Training & Development Center, Tyler, TX

Keynote Speaker: Ernesto Cortes, Jr.,

Regional Director - Industrial Areas Foundation

Fee: \$30

For details, contact Martha Light, 903-533-5275.

SRAP Grantee Conference

Rural Health Networks & The 21st Century Challenge Fund

May 30-June 1

Kellogg Conference Center

Tuskegee University, Tuskegee, AL

Call Sandy Rauchut, 717-531-2090, for information.