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ECD and MARC establish revolving loan fund in Mississippi



Governor Ronnie Musgrove announces the partnership between ECD and MARC to establish revolving loan fund for healthcare infrastructure improvements in rural Mississippi. (L-R) are **Bill Bynum**, ECD president & CEO, **Billy Percy**, **Curtis Holloman**, SRAP deputy director and **Robert Pugh**, Mississippi Primary HealthCare Association executive director.

Mississippi joins Southern Rural Access Program (SRAP) funded states Arkansas, Louisiana, South Carolina and West Virginia in establishing a revolving loan fund to address healthcare infrastructure needs in underserved rural communities. The revolving loan fund project will provide start-up support to improve access to capital for a broad range of not-for-profit and proprietary providers.

The Mississippi Rural Health Care Loan Fund is managed by the Enterprise Corporation of the Delta (ECD), a not-for-profit development finance organization, in partnership with Mississippi Access for Rural Care (MARC), the lead agency for the SRAP effort in Mississippi.

At a spring news conference Mississippi **Governor Ronnie Musgrove** said, “With the establishment of the Mississippi Rural Health Care Fund, community health centers, rural clinics, physicians, pharmacies and dentists in medically underserved areas of Mississippi can get financing to enhance and increase their practices to better serve the people in the rural areas of our state.”

“Research shows that healthcare in rural areas of the state consistently ranks among the lowest in the nation. Critical barriers to receiving health services include the ability to afford quality healthcare or the lack of access to primary care providers, which results in inadequate care,” added Bill Bynum, ECD chief executive officer. “Our goal is to develop a viable healthcare infrastructure in rural areas of the state. We are committed to improving the quality of life of individuals and families in rural areas of the state.”

ECD is one of the nation’s leading community development financial institutions. ECD’s mission is to improve the quality of life for low and moderate income residents of Arkansas, Louisiana and Mississippi by providing market-driven financial and technical assistance to firms, entrepreneurs and homeowners, forging strategic partnerships with private, public and

not-for-profit sectors, and in general, promoting the development of the region's human and economic assets.

“The greatest strength of the Mississippi Rural Health Care Fund is ECD's proven track record in working with the public and private sectors to make loans available in low income, poor communities,” emphasized Curtis E. Holloman, SRAP deputy director. “ECD has been a responsible partner in financing a variety of non-healthcare related businesses and will be able to apply that expertise to the healthcare financing arena.

“The Rural Health Care Fund will provide capital for much needed facilities improvement and construction in underserved areas of Mississippi and for the purchase of medical equipment in communities where there may be no other resources, added Holloman. “These types of projects, along with loans for practice start-up or management services, computerized information systems or training systems, should provide the building blocks necessary to improve the rural healthcare infrastructure in Mississippi.”

Most of the \$605,850 in RWJF grant funds will be used for unrestricted seed capital to provide equity to make individual loans. The remaining grant funds will be used for marketing and technical assistance efforts.

In addition to the funding provided by the Robert Wood Johnson Foundation through the Southern Rural Access Program, partners providing leverage capital include Am South Bank, BankPlus and Trustmark National Bank. Federal government partners include the Small Business Administration, Department of Agriculture, Department of Housing and Urban Development, Department of Health and Human Services and Bureau of Primary Care along with the Mississippi Hospital Equipment and Facilities Authority. The leveraging of these public and private funding sources could result in \$10 million being made available in loans over the next five years.

Scenes from a site visit to West Virginia



Jim Toney, loan fund manager, provides an update on the revolving loan fund. He is flanked by **Bob Whitler**, loan fund committee member (l) and **John Reger**, loan fund advisor (r).



Paul Nusbaum, Secretary - Dept. of Health and Human Resources, chats with RWJF's **Anne Weiss** while SRAP Director **Michael Beachler** and **Jill Hutchinson**, CEO & Executive Director - WV Primary Health Care Association, engage in their own conversation in the background.



Sister Jane Harrington, CEO - Sisters of St. Joseph's Charitable Fund, **Michael Beachler**, **Jerry Rouche**, Senate Health Committee, and **State Senator Roman Prezioso** discuss the state of healthcare in rural West Virginia.

Three 21st Century Challenge Fund grant awards made

Recent approval of three more 21st Century Challenge Fund projects has raised the total number of projects funded to 13, resulting in total grant awards of over \$1.7 million since the Fund's inception. Matching grant dollars continue to exceed the required 50/50 match as 21 partners have collectively given over \$2.5 million to this innovative effort to improve healthcare in some of the nation's most underserved areas. This round of funds will be used to develop a transportation project in Allen Parish, Louisiana; a sickle cell telemedicine network in southern Alabama and an EMS service in South Carolina's Low Country.

Allen Parish Transportation Network

The 21st Century Challenge Fund has committed \$113,336 over a two-year period to Health Enrichment Network, Inc., to develop a transportation network in Allen Parish, Louisiana. The network in collaboration with business leaders, health and human service providers, as well as private and public partnerships within the community, will address the severe lack of transportation and establish a transportation brokerage program.

Funding will be used to initiate and support the operation of a transportation service designed upon a "co-op" partnership model. This shared-system approach is designed to increase the use of vehicles owned by churches, head start agencies, and senior service providers for medical transportation of elderly and low-income individuals. The Health Enrichment Network will establish a project coordinator's position for planning, organizing and implementing the transportation system. A dispatcher position will be funded to set-up routes, dispatch drivers and schedule riders utilizing the fleet of vehicles owned by network members. A computer and software dispatch system will also be purchased to ensure efficient and cost effective operations, as well as collect client usage data.

The project will provide underserved seniors and medically indigent families living in Allen Parish with access to primary healthcare services, specialty healthcare services, health screenings and prevention education programs.

The Rapides Foundation has committed \$132,276 over a 24-month period to support this effort. In addition to matching SRAP funded items, Rapides is supporting the continuing work of a consultant who has assisted Allen Parish with community planning.

Project Director: Sandy G. Ray (318-215-0613)

Children & Youth Sickle Cell Project

The 21st Century Challenge Fund has committed \$150,000 over a 24-month period beginning July 1 to support operations for a network to deliver medical services to sickle cell patients residing in rural Alabama. The University of South Alabama's Comprehensive Sickle Cell Center will establish a Children & Youth Sickle Cell Network to serve clients in Southwest Alabama.

Access to health care services for patients with sickle cell disease continues to be a major problem creating risk for early death. The project will utilize telemedicine technology to establish satellite clinics in Washington, Clarke, Baldwin and Monroe Counties. The Area Health Education Center will maintain and equip the telemedicine sites.

In addition to providing access to local treatment and medical care, education and case management services will be provided to sickle cell patients and their families. The project will provide subspecialty consultation for patient care and healthcare personnel in the rural counties with continuing education and training. Health professional education services will be made available to physicians, nurses and other healthcare personnel, as well as the general community. Newborns diagnosed with sickle cell disease will be monitored to promote early and continuous access to medical care and age appropriate education in conjunction with suitable screening programs.

Funds will support a full time registered nurse who will serve as network coordinator. The coordinator will work with a halftime physician assistant and a part-time case manager to staff the clinics. The coordinator will manage the overall operation for the sites, as well as assume responsibility for arranging the health professional training experiences and conducting community education events. The case manager will provide patients with care coordination and medical case management services.

The matching source for the project is the College of Medicine at the University of South Alabama. It has committed \$150,000 in new funds over the two-year period for the sole purpose of supporting the network operations.

Project Director: Betty S. Pace, MD, Associate Professor, 334-460-6109.

Low Country Emergency Medical Services Initiative

The 21st Century Challenge Fund awarded an 18-month grant for \$114,680 to the Low Country Health Care Network (LCHCN). The Network has targeted four counties in the “Low Country” of South Carolina: Allendale, Bamberg, Barnwell and Hampton. The goal of the project is to reduce fatality and disability from cardiac disease through improving the emergency medical service delivery systems’ response to cardiac arrest and heart attacks. A collaborative of hospitals, fire departments, industries, county and volunteer ambulance services, and other first responders will work together to achieve this goal.

The Emergency Medical Services (EMS) Initiative will provide training for rural personnel to provide the appropriate level of care to sustain lives in cardiac arrest victims. The initiative will purchase automated external defibrillators (AED) as part of an effort to foster implementation and utilization of the devices throughout the four counties. In addition to the training and equipment purchasing, the network will develop and implement a patient tracking and care coordination system to assist with the prevention of future cardiac arrest among patient survivors. A final component of the project will collect, analyze and assess the effectiveness of AEDs in this rural area. The Network anticipates state policy makers developing policy based upon lessons learned from this project.

21st Century Challenge Funds will provide personnel support for the LCHCN Director for overall start-up and management of the project. Through contractual arrangements, funds support a lead coordinator and four part-time county coordinators. The lead coordinator will provide and arrange training, as well as supervise the work of the county coordinators. The hospital based county coordinators will collect data and supply patient tracking and service coordination. Funds will provide for an evaluation consultant who will help design and provide guidance and technical assistance on the evaluation of the program. Finally, funds will be used to train first responders and other providers through the Low Country Area Health Education Consortium.

The Duke Endowment, a regional philanthropy serving the Carolinas, committed matching funds of \$114,680. The state's Critical Access Program will contribute \$24,000 to purchase eight AEDs for the four counties.

Project Director: Kathy Schwarting, 803-793-5983

The 21st Century Challenge Fund provides support for innovative pilot demonstrations or small analytical projects that address specific healthcare problems and increase access to basic healthcare within the eight states served by SRAP. The program encourages risk-taking and finding viable solutions to the challenges faced by medically underserved rural communities.

Information about this matching grant program can be obtained by calling **Jeannie Nye** at 717-531-1167.

Prior approved projects include:

- Transportation for Health (WV)
- CATCH Kids (MS)
- Telecare Plus Spanish Language Expansion (TX)
- Operation Heartbeat Emergency Medical Services Project (LA)
- Rural Alabama Prevention Center (AL)
- Diabetes/Hypertension Prevention and Screening (SC)
- Transportation Evaluation (WV)
- Mobile Dental Services (LA)
- Smile Alabama (AL)
- Black Belt Rural Congregation Health Project (AL)

Alabama Primary Health Care Association assumes co-lead for Alabama project

The Alabama Southern Rural Access Program Stakeholder Board has chosen a new co-lead for the project. Effective August 1, the Alabama Primary Health Care Association under the leadership of executive director Al Fox (251-271-7068) will replace West Alabama Health Services in this key role. The Alabama Family Practice Rural Health Board under the leadership of Neil Christopher, MD, (256-582-3015) will remain as co-lead.

Wil Baker, PhD and Ruth Harrell remain as co-project directors along with administrative assistant Lucy Sowell (251-947-6288).

Tuskegee provides rich historical background for Spring '01 Grantee Conference

The sixth Southern Rural Access Program (SRAP) Grantee Conference was held in historic Tuskegee May 30 - June 1. Nearly 100 people gathered in this rural eastern Alabama community to learn about rural health networks and the 21st Century Challenge Fund.

The conference focused on two of the ways SRAP is attempting to improve access and increase the overall health status of residents of the eight southern states it serves – development of rural health networks and a matching grants program to fund innovative projects such as transportation services, preventive health, oral health and improved emergency medical services.

Network development sessions covered a variety of topics, including:

- Involvement of Clinicians
- Focusing on Expanding Primary Care Capacity
- Community Driven Network Models
- Developing Management Service Organization Activities
- Multiple Strategies to Increase Access to Care
- Lessons Learned

Marian Gray Secundy, PhD, director - Tuskegee University National Center for Bioethics Research and Health Care, opened the conference with a discussion about the US Public Health Service Syphyllis Study. The Syphyllis Study, conducted between 1932 and 1972, involved nearly 600 African American men living in and around Macon County, Alabama.

According to Dr. Secundy, “For many African Americans, the Syphyllis Study heightened suspicions about the public healthcare system and exacerbated fears about medical

exploitation. Too many people of color still avoid participating in clinical trials, donating organs or blood and many still refuse medical care, including treatment for HIV. One of our many jobs at the Center is to keep the investigation alive to reverse this terrible legacy. Our job is to improve access to high quality healthcare for people of color.”

In addition to these sessions, SRAP Director Michael Beachler and Steve Greeley (a senior associate with DCA, an organization that helps guide social causes to successful results) discussed building support for your cause. According to Greeley, “Causes build support by encouraging partnership in a focused plan of action.”

He explained that grantees can create focus by defining their cause using the SMART method:

- S Specific (Who are you serving, what change is possible in their lives?)
- M Measurable (How will you know you are successful?)
- A Acceptable (Why now?)
- R Reasonable (Are the results you seek realistic?)
- T Time Limited (When do you want to accomplish these results?)

Greeley stressed that leadership must be provided by conveying the power of an idea and endorsing the approach; leading your organization to provide essential expertise and infrastructure; mobilizing support and assuming responsibility for the overall result. Regarding financial support he told the audience to focus on what it will take to succeed and to think big. He cautioned them by saying, “If you start out by asking for support, you’ll get advice. If you start out by asking for advice, you’ll get support.”

Dr. Secundy’s presentation also set the stage for another relevant discussion, aptly called a Dialogue on Historical and Cultural Barriers to Care. The session was facilitated by James Herman, MD, MSPH, associate dean for primary care - Penn State College of Medicine and SRAP medical consultant, and Isiah Lineberry, executive director - GA Office of Rural Health Services.

Tuskegee Conference Photos



Ben Bloom (MO) is captured by surprise making a point to a packed crowd.

Grasping every word is **Kathryn Martin** (GA) seated to the right.



Curtis Holloman (NPO) tries to turn away from the camera, but isn't quick enough.

Listening intently to the presentation are **Ben Rackley** (AL) and **Ray Cockrill** (AR).



Mary Mack (SC) discusses disparities in healthcare from the provider's viewpoint.

Louisiana's **Paul Landry** discusses expanding primary care rural health networks.



Lucy Sowell (AL) and **Jeannie Nye** (NPO) were present throughout the conference to meet everyone's needs with a smile, a kind word and a helping hand.

A little bit of soul, a little bit of rock
and a little bit of the blues...

Michael Beachler (NPO), **Steve Shelton** (TX) and **Dolores Slayton** (RWJF) kept the dance floor hoppin' all night long following the BBQ dinner on the back patio of the Tuskegee Conference Center.

A local pair of DJs provided the music.





Kristy Nichols (LA) finds that a little music can be Good for the body & soul after a day of sitting.



Bob Redford (AR) and **Jason Anders** (AR) enjoy a few laughs after the BBQ dinner.



Scot Mitchell (WV), **Sharon Lansdale** (WV) and **Don Pathman** (NC) hopefully set aside the business of the day and avoided any conversation about network development, program logic or evaluation. The BBQ and dance was a time for much needed relaxation and light conversation for most folks.

ECD awards grant to Arkansas Center for Health Improvement to develop strategies for healthcare change in the Delta

The Arkansas Center for Health Improvement (ACHI) was awarded a \$69,825 grant from the Enterprise Corporation of the Delta (ECD) to study health, healthcare and policies affecting the Delta and develop strategies for change. ACHI is the lead agency in Arkansas for the Southern Rural Access Program.

All of the counties and parishes in the Delta region of Arkansas, Mississippi and Louisiana are wholly or partially designated as medically underserved areas or health professional shortage areas. The concentration of poverty in the Delta also has a major influence on health and healthcare access. The percentage of Delta residents that live at or below the federal poverty level in 1997 was estimated to be 22% (AR), 23% (MS) and 24% (LA) – nearly double the national average of 13%.

“Solutions to problems surrounding access to healthcare can come from changes in public policy”, said Kate Stewart, MD, MPH, ACHI associate director and director – Arkansas Southern Rural Access Program. “The central objective of the study is to inform policymakers and community development practitioners in Arkansas, Mississippi and Louisiana through a policy-focused discussion paper on healthcare. A by-product of the project will be a database containing indicators for the Delta counties and parishes of each state both as regions within the states and as regions across state lines.”

Key informant interviews will be conducted to obtain in-depth information about programs and policies. These interviews will be conducted with at least 25 persons representing state legislators, governor’s office representatives, the Arkansas State University Delta Studies Center, the Delta Health Education Partnership Program, the Good Faith Fund, the Mid-South Delta Initiative and the Witness Project. In addition to these key sources, the project will draw expertise and participation from several other organizations focused on rural and/or health improvement efforts. These entities include the Arkansas Enterprise Group, ACHI, ECD, Louisiana Public Health Institute, Mississippi Health Advocacy Program, the Social Science Research Center and the Southern Rural Access Program.

The study hopes to accomplish the following:

- analyze the current environment of the targeted Delta region (including sociodemographic, health and healthcare data) to detail the scope of the problems addressed.
- provide information about policy and program options that are either proven to or have the potential to positively influence health and healthcare through innovative and effective approaches.
- recommend strategies for implementing options that engage key organizations, individuals and policy makers who can promote policies and programs.

- describe strategies for regional and community-level application of best practice models, newly developed programs and policy changes.

Stewart expects the project to be completed by the end of the year

A message from the program director...Michael Beachler



Just over two and a half years have passed since the South Carolina State Office of Rural Health was awarded the first Southern Rural Access Program grant. Since December 1999, 17 planning, implementation and revolving loan fund grants have been awarded by the Foundation. The Penn State College of Medicine has awarded an additional 13 grants from the 21st Century Challenge Fund, the matching grants component of the program. So what can we say about the progress of the program to date?

On balance, I believe that the program has launched a series of very solid grants consistent with the Foundation's program design. Most of the projects have been very productive and are increasingly being seen as agents of innovation within the respective states and the region. Health professional students are being provided leadership development opportunities, providers are being recruited, networks are being built and loans are being made.

Project directors, key subcontractors and National Program Office staffs are increasingly being asked to present some of these innovative efforts at state, regional and national meetings. Lead agencies have generally done a very good job of working with multiple agencies within their states. A number of sites have been very creative about leveraging additional resources from local and state public agencies, as well as capitalizing on a positive policy environment within their respective states. The pace of development and depth of partnerships with local philanthropies and multiple federal agencies have exceeded our expectations.

The program is not without challenges. This most recently can be illustrated through our Alabama project, which has spent the past several months negotiating a lead agency transition from West Alabama Health Services to the Alabama Primary Health Care Association. This was prompted by severe financial and management problems at West Alabama Health Services, which led to the termination of its core \$6 million annual grant from the federal government's Bureau of Primary Health Care. Multiple agencies and individuals within Alabama have worked exceedingly well with Foundation and National Program Office staff in order to ensure that Alabama's project could continue activities and that an orderly transition with a very solid new lead agency, the Alabama Primary Health Care Association, would occur. The financial and management problems of West Alabama Health Services highlight the fragility of the rural health infrastructure in this country. The transition plans developed by key players within the state and target communities, federal agencies and the national program office highlight the resiliency of rural communities, as well the potential for rebuilding the rural health infrastructure.

In January 2002 the Foundation will make a decision about the reauthorization of the southern Rural Access Program. I am optimistic that the grantees and national program office will provide the Foundation with the evidence that justifies the need for a vibrant second phase of the program. Much work needs to be done by lead agencies, subcontractors, national program office and Foundation staff in the next few months to help build that case. The promise and productivity of the program to date will in large part make that case. We will also

need to reflect on the “lessons learned” from the challenges we have faced, not only in Alabama, but from the entire program, to make the next phase more productive. We are confident that we will be able to learn from our collective accomplishments and challenges to make this program a stronger one in upcoming years.

Sandra B. Nichols, MD

Senior Medical Director– UnitedHealthcare of Alabama, Inc.



National Advisory Committee (NAC) member Sandra B. Nichols, MD, knows the healthcare issue from all sides of the equation. “I’ve been fortunate to see the healthcare access issue from five perspectives,” explained Dr. Nichols. “I grew up in an underserved area without adequate healthcare and I understand the issue from the grassroots. I have worked in a rural clinic as the sole practitioner for the entire county and in a rural hospital with minimal access to care. I understand what people go through to receive healthcare.

“As the state health officer and director of the Arkansas Health Department, access was one of my top priorities. And now, working for UnitedHealthcare, we strive to remove the hassle factor out of the administrative aspect of healthcare, so physicians can spend time providing the best care possible.”

Dr. Nichols began her medical career as chief resident for the Department of Family and Community Medicine at the University of Arkansas Medical Sciences (UAMS) and then completed a fellowship in occupational and environmental medicine through the same department. Her experience includes primary care medicine, emergency medicine and nursing home care.

In addition, Dr. Nichols is well versed in the administrative and health policy side of medicine. She served as the interim medical director for the Mid Delta Health Clinic in the mid 1990s, director of the Arkansas Department of Health for four years, and currently, is senior medical director of UnitedHealthcare of Alabama, Inc.

“Working with the NAC is one of the most fascinating and honorable things with which I have been involved,” said Dr. Nichols. “I am in the unique position of having been on both sides of RWJ’s (The Robert Wood Johnson Foundation) efforts. While I was the state health officer in Arkansas, the Health Department was a recipient of an RWJF grant.

“I have been very impressed with what RWJ has done to address the issue of healthcare access. The leadership demonstrated by the Foundation, and the opportunity for my participation as a NAC member have allowed me to focus my energy on improving access to care for the Southern states.

“Addressing the issue of the many uninsured and underinsured citizens of this country is our greatest challenge as healthcare providers. The entire health system must be supported so that no one is left behind,” emphasized Nichols. “The Southern Rural Access Program and the 21st Century Challenge Fund alone can’t successfully do the job of radically improving access to healthcare. Everyone’s voice must be heard. Communities need to determine the desired outcome and be able to shape their own future.”

Dr. Nichols further believes there should be a doctor in every community and that rural health networks need to be developed. “We have to recruit and retain providers to ensure access to care in rural areas. We need to grow our own rural health leaders – we must get the young adults in the communities to commit to supplying our future leaders. We need to encourage providers to take advantage of the revolving loan funds to build rural healthcare networks.

“There must be partnerships of multiple entities. Physicians must have the ability to provide patients with the care they need. Government and insurance must be a part of the solution. We need to branch out and work with other programs to improve care. The Southern Rural Access Program is laying the foundation. SRAP should be the nucleus – the springboard – for the future of every single program in the South.”

Dr. Nichols said she feels strongly that the program has made an impact on providers and residents in the first several years. “Each state has had unique successes and we’ve learned that not everything works in every area. We need to continue to respect different innovative, creative solutions in these communities. Consumers, healthcare providers, social service providers, insurers, financial organizations and government should be working toward the common goal of access to quality healthcare. Until we all come together, we will continue to have unresolved issues with access to healthcare in this country. The Southern Rural Access Program is the model for a national cooperative effort and I am excited to be a part of the transformation of the face of healthcare.”

Sandra B. Nichols Fast Facts

Education:

UAMS (MD, Chief Resident, Fellow)
Tennessee State Univ. (MS/Biology)
Columbia College (BA/Chemistry)

Employment Highlights:

Senior Medical Director – UnitedHealthcare of Alabama, Inc.
Medical Director – UnitedHealthcare Corp. of Arkansas
Director – Arkansas Dept. of Health
Medical Director – Holly Grove Health Clinic
Primary Care/Emergency Physician

Awards/Honors:

Arkansas Hospital Association’s Distinguished Service Award (1998)
RSVP Award for Volunteerism (1998)
Campaign for Healthier Babies Person of the Year (1997)
Public Health Leadership Institute Scholar (1996)
Arkansas Business Distinguished 40 Under 40 (1995)
Who’s Who in the South and Southwest (24th-28th editions)
National Medical Fellowship (1993)
US Dept. of Justice FBI Director’s Community Leadership Award (1995)

Publications:

Textbook – Goldsmith, Simmons, Nichols, “Occupational Hazards”, Family Medicine Principles and Practice, Springer-Verlag, 1994 & 1995.

Articles – Arkansas Medical Society Annual Reports (1995-1998) & weekly healthcare related newspaper articles published statewide (1995-1998).

Newsmakers

Congratulations to **James M. Herman, MD, MSPH**, medical consultant and esteemed conference presenter for the Southern Rural Access Program, who was named an F. Marian Bishop Fellow of the Society of Teachers of Family Medicine (STFM). Herman, associate dean for primary care and Hershey Foods Corporation Professor – Penn State College of Medicine and chair – Department of Family and Community Medicine – The Milton S. Hershey Medical Center, was among the first three F. Marian Bishop fellows to be named this past spring.

The one-year fellowship develops qualified senior family medicine faculty to successfully assume positions of greater responsibility in academic medicine through the use self-development initiatives, mentorships with current deans and formal educational opportunities. It is the only career development program that provides capable family medicine educators with the skill sets needed to successfully compete for high-level academic positions, such as dean or vice president of academic affairs.

* *

Best wishes to National Advisory Committee (NAC) member **Tom McRae** who has accepted the position of president – Mountain Association for Community and Economic Development, a certified development financial institution located in Berea, KY. Tom can be reached through email at tmacrae@maced.org.

Back at home in his native Texas is NAC member **Mike McKinney** who relocated from Indiana, but is still working for Superior Health Plans. Dr. McKinney's new phone number is 512-482-9559. His email remains the same at mmckinney@centene.com.

Congratulations to NAC member **Regina Benjamin, MD, MBA**, associate dean for rural health at the University of South Alabama College of Medicine, who made history in July when she was elected president-elect of the Medical Association of Alabama. She is the first woman and first African American to be elected to this leadership position.

* * *

A hearty welcome is extended to the following individuals who have joined the “SRAP family”:

Jonathon Chapman, data resource specialist, Louisiana Rural Health Access Program.

Grace LeLeaux, pre-med program coordinator – Southwest Louisiana Area Health Education Center.

Kathy Rhoad, physician recruiter – Low Country Health Care Network, who will recruit physicians, nurse practitioners, physician assistants and other needed healthcare specialists in South Carolina's Low Country.

* * *

Charlotte Keys, founder and executive director – Jesus People Against Pollution, was named an RWJF 2001 Community Health Leader for her efforts to mobilize her community in Columbia, MS to demand health and environmental justice after learning of severe health problems plaguing the old and young in her community as a result of a 1977 explosion at a local chemical plant. Keys lost her job as a county clerk when she discovered and publicly discussed lawsuits filed by several workers against Reichold Chemical.

RHPC, RWJF and consultants work together to assist SRAP grantees



Due to competing interests and time constraints it's been proven nearly impossible to gather the Rural Health Policy Center staff (national program office), Southern Rural Access Program consultants and RWJF staff together for any single event, let alone one which requires everyone to be at a precise location at a precise time with a smiling face. But in Tuskegee, eight of the 11 people critical to assisting SRAP and 21st Century Challenge Fund grantees did just that.

Pictured from L-R are (back) **Michael Beachler**, program director; **Bill MacBain**, consultant; **Curtis Holloman**, deputy program director; and **Jim Herman, MD, MPH**, medical consultant. (front) **Anne Weiss**, RWJF senior program officer; **Jeannie Nye**, program coordinator; **Crystal Hull**, communications officer; and

Dolores Slayton, RWJF program assistant. Not present were **Sandy Rauchut**, RHPC staff assistant, **Spencer Lester**, RWJF financial analyst, and **Frank Lopez**, RWJF communications consultant.

Calendar of Events

West Virginia Rural Health Conference

Ninth Annual Conference

October 17-19

Embassy Suites, Charleston, West Virginia

SRAP Grantee Phase II Applicant Workshop

November 1-2

Atlanta, GA

By invitation only of NPO or grantee lead agency.

Rural Minority Women: Reaching Out and Reaching Goals in the New Century

National Rural Health Association 7th Annual Rural Minority Health Conference

December 6-8

Sheraton Four Points Riverwalk, San Antonio, TX

Grant resources flow to SRAP states from a variety of sources

The *Office of Rural Health Services* of the Georgia Department of Community Health **awarded 11 community grants** to help 54 rural counties throughout Georgia develop health networks. Most of the counties are federally designated health professional shortage areas and contain 11 of the state's critical access hospitals. Awards of approximately \$250,000 each were made to the 11 networks. Funding for these multi-county efforts came from the State of Georgia's tobacco settlement resources. The award recipients include:

- Albany Area Primary Health Care, Inc.
- Coastal Rural Health Services, Inc.
- Coffee County Board of Health
- East Georgia Health Cooperative
- Green-Morgan-Putnam Health Care Council, Inc.
- Monroe County Hospital
- John D. Archbold Memorial Hospital
- Liberty Regional Medical Center
- Peach Regional Medical Center
- Taylor Regional Hospital
- Tri-County Health Systems, Inc.

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The federal *Office of Rural Health Policy* **awarded 13 Rural Health Outreach and 15 Network Development grants** to communities throughout the nation. Receiving network development grants were the SRAP-supported Arkansas River Valley Rural Health Cooperative (Ratcliff, AR) and East Georgia Health Cooperative, Inc. (Louisville, GA), plus the Tug River Health Association (Gary, WV). Receiving rural health outreach grants were Charles Henderson Memorial Association (Troy, AL), John D. Archbold Memorial Hospital (Thomasville, GA) and Low Country Health Care System, Inc. (Fairfax, SC).

The Rural Network Development grants are given to organizations that want to establish vertically integrated systems of care offering primary and acute care services in rural communities through formal collaborative partnerships involving shared resources and possible risk-sharing. The Rural Health Outreach Grant Program encourages the development of new and innovative healthcare delivery systems in rural communities that lack essential healthcare services. The program emphasizes service delivery through creative strategies requiring the grantees to form a network with at least two additional partners to provide care that would otherwise not be available.

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The *US Department of Health and Human Services* **awarded the Texas Department of Insurance a one-year \$1.35 million grant** to develop strategies to expand affordable health care coverage to the uninsured. Nine states received grants totaling \$10.2 million. Last year 11 states, including Arkansas, received \$13.6 million in total awards.

Under the State Planning Grants Program, administered by the Health Resources and Services Administration, grantees from state agencies will conduct studies to identify characteristics of their uninsured population. States will use the information they collect to design approaches that provide affordable health insurance benefits similar in scope to the Federal Employees Health Benefits Program, Medicaid and coverage offered to state workers.

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The Robert Wood Johnson Foundation, through its Supporting Families After Welfare Reform: Access to Medicaid, SCHIP and Food Stamps program, has awarded grants to state agencies in Alabama, Georgia and South Carolina. Receiving funds are:

- Alabama Department of Human Resources (\$75,000)
- Georgia Department of Community Health (\$249,550)
- South Carolina Department of Social Services (\$36,130).

The Southern Institute on Children and Families serves as the national program office for this new \$6.8 million initiative of RWJF, the US Department of Health and Human Services and the US Department of Agriculture. The program helps states and large counties solve problems in eligibility processes that make it difficult for low-income families to access and retain Medicaid, the State Children's Health Insurance Program or food stamps, especially while making the transition from welfare to work.

Four SRAP communities receive RWJF Communities in Charge grants

Four Southern Rural Access Program (SRAP) communities have received three-year grants from The Robert Wood Johnson Foundation to develop programs to help organize, finance and provide health care services to people without insurance. The grants, which average \$700,000, were made through Phase II of the *Communities in Charge: Financing and Delivering Health Care to the Uninsured* program. The program challenges local communities to rethink how funds and services are organized for the uninsured.

SRAP communities include Coordinated Health System of Jefferson County (Birmingham, AL), Medcen Community Health Foundation, Inc. (Macon, GA), Jackson Medical Mall Foundation (Jackson, MS) and Indigent Care Collaboration (Austin, TX).

“Increasingly, the challenge of providing health care to the uninsured is falling disproportionately to local communities,” said **Judith Whang**, senior program officer at RWJF. “*Communities in Charge* is intended to give communities the chance to test new ways of organizing and financing care locally for the uninsured.”

Communities in Charge gives local organizations the opportunity to develop effective, sustainable models that tailor services and financing to their respective communities. It’s expected that the communities will build leverage at the local level to ensure that their uninsured residents receive affordable and comprehensive healthcare and ultimately identify a new set of tools and approaches for other communities facing similar challenges.

State Health Policy Briefs

Arkansas – In March, Governor Mike Huckabee signed HB 1660, the “Small Employer Health Insurance Purchasing Group Act,” into law. The bill allows employers with less than 100 employees who work at least 30 hours per week to join health insurance purchasing groups (HIPGs). HIPGs are responsible for providing health benefit plans to participating employees and their dependents by contracting with health insurers, HMOs or hospital and medical service organizations.

On March 3, Gov. Huckabee also signed HB 1674 into law; thereby, establishing a rural health access pilot program to assist government, communities, public and private agencies and uninsured residents in building a more comprehensive and responsible health care system for poor, uninsured working adults between the ages of 18 and 65.

The Arkansas River Valley Rural Health Cooperative (ARVRHC), instrumental in drafting the legislation, will manage the pilot program in its service area. The program, which received support from the state departments of Health and Insurance, has no mandated benefits, no mandated reserves and is exempted from state insurance laws. ARVRHC expects to begin providing services later this year. If the pilot proves successful, it is anticipated that permanent legislation will be passed before the program sunsets June 30, 2003.

Georgia – Gov. Roy Barnes approved a mid-year budget adjustment appropriating \$1 million to help increase the Medicaid reimbursement rates of 33 small rural hospitals. When combined with federal funds these rural hospitals will receive a \$2.5 million boost. All the hospitals receiving the additional funds are critical care hospitals or have agreed to become one within two years. Critical care hospital designation is given for eligible hospitals with fewer than 25 beds in counties with populations less than 35,000 who agree to serve only a limited number of patients and provide only primary and emergency care.

Mississippi – Gov. Musgrove signed SB 2916, thereby, expanding last year’s Medical Education Scholarship Program to include a loan repayment component for family medicine physicians who agree to serve in a primary care critical need area. The awards, which began July 1, will be given first to graduates of the University of Mississippi School of Medicine or those who have completed a three-year family practice residency program in Mississippi, followed by those people born in Mississippi who have completed a certified family practice residency program in another state, and lastly, to board-certified family practice physicians trained and in practice outside Mississippi. Recipients who fail to practice for a period of eight years in an officially designated area must pay the full amount of the loan, plus interest, within 90 days of leaving practice. The previous legislation called for a 10-year payback period.

Organizations associated with the Mississippi Access to Rural Care program played a key role in the development of the recommendations that helped lead to this legislation.

Gov. Ronnie Musgrove also signed HB 444 that reauthorizes the state’s Children’s Health Insurance Program (CHIP) and enhances the dental component. To equate dental services covered under CHIP with those of Medicaid, amalgam and composite restorations, sealants, stainless steel crowns and treatment of periodontal disease were all added as covered services.

The previous law only covered preventive dental care and routine dental fillings. The bill allows for the exclusion from the program of any healthcare providers who do not agree to hold the families of recipients harmless for charges in excess of plan payments for covered benefits. The legislation also strengthens CHIP by adding presumptive eligibility, a provision that allows a child to be immediately covered while the state processes a more formal application.

HHS awards \$20.5 million in new grants to expand access to care in six SRAP communities

The US Department of Health and Human Services issued two rounds of New Start/Expansion grants in the past few months in a nationwide effort to expand access to healthcare for some 350,000 medically underserved residents. The first round of grants, totaling \$11.3 million, was awarded in late March and the second round, worth \$9.2 million, was announced in early June.

Six Southern Rural Access Program communities were among 54 community health centers awarded grants. Beaufort Jasper Hampton Comprehensive Health Services (SC), Family Health Centers, Inc. (SC) and WomenCare, Inc. (WV) were among the first 25 grantees. East Jefferson Community Health Center (LA), G.A. Carmichael Family Health (MS) and Valley Health Care, Inc. (WV) were included in the second round. First round grant awards will be used for expansion while second round grant awards will be used for creation of new healthcare sites in medically underserved areas.

Community health centers serve all people regardless of ability to pay and target their services in areas where people face barriers to accessing high-quality culturally competent care. Through extensive partnerships with local providers, hospitals and managed care organizations, health centers build local systems of care that increase residents' access to health services.

Tobacco Settlement and Related Legislation Updates

Arkansas – The state legislature overwhelmingly approved 12 appropriations bills in its last session to implement the health improvement plan approved last November by Arkansas voters. The appropriations, contained in House Bills 1745-1756, were funded from tobacco settlement monies. In addition, Governor Huckabee agreed to allow a dormant tobacco tax that was passed by the legislature in 1997, but never imposed, to be levied at 2.3 cents a pack on cigarettes and a flat 2% on other tobacco products. The funds will be used for breast cancer research and treatment.

Listed below is a brief description of how the tobacco settlement money will be used:

- Placement of the first \$100 million in a trust fund to ensure that money is available for future tobacco prevention and cessation programs based on an anticipated return of \$64 annually after 25 years of compounding interest at a conservative rate of 8%.
- Expansion of the Medicaid program to extend hospital length of stays, increase outpatient hospital reimbursements, provide prescription drug coverage for pregnant women with incomes up to 200% of the poverty level and those older than 65 whose incomes are below 100% of the poverty level and limited home personal care for those over the age of 65. It is anticipated that the total direct return to the state will be \$4.5 billion during the next 25 years.
- Full implementation of the recommendations by the Centers for Disease Control and Prevention to provide grants to local communities for prevention and cessation programs.
- Creation of a state School of Public Health at the University of Arkansas for Medical Sciences (UAMS) in Little Rock to serve as a catalyst for changing the health awareness culture of the state and as a continuing education center for healthcare professionals throughout Arkansas. For every dollar invested in the School, it's anticipated that another \$6 will be generated as a result of matching federal and private funds for health promotion.
- Expansion of the Donald W. Reynolds Center on Aging and the Department of Geriatrics at UAMS to train physicians on the special needs of older adults.
- Development of a research component at UAMS, the University of Arkansas at Fayetteville and Arkansas State University at Jonesboro to bolster the state's research capability and attract additional grants from the National Institutes of Health, the National Science Foundation and other sources.
- Additional funding for the Delta's Area Health Education Center.

- Funding for the Arkansas Minority Health Commission for an education, identification and outreach campaign to decrease the hypertension rate among minorities, especially African Americans.

West Virginia – Governor Bob Wise signed two healthcare-related tax bills. Effective January 1, 2002, SB 116 imposes for the first time a tax (7%) on the wholesale price of smokeless tobacco, pipe tobacco and cigars. This is in addition to the 17 cents per pack tax already imposed on cigarettes. It's anticipated that this new tax will generate \$1 million the first year and \$2 million in successive years.

Effective July 1, 2001, SB 177 phases out the healthcare provider tax on doctors and other healthcare practitioners over the next 10 years. Currently, medical doctors pay two percent of their gross earnings in tax while dentists, podiatrists, chiropractors, emergency medical service providers and other practitioners pay 1.75 percent.