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Robert Wood Johnson Foundation reauthorizes Southern Rural Access Program

At its January 2002 board meeting, the Princeton-based Robert Wood Johnson Foundation Board of Directors approved \$18.9 million over four years in additional grants for the eight states participating in the Southern Rural Access Program (SRAP). The reauthorization is the second phase of a long-term commitment by RWJF to improve access to basic healthcare for millions of residents in rural areas of the South who have been identified as having the worst health status in the nation. The Phase II reauthorization brings the total grant making investment to \$32.8 million for the eight target states. The program is targeted at geographically concentrated areas of Alabama, Arkansas, Georgia, Louisiana, Mississippi, South Carolina, Texas and West Virginia

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Southern Rural Access Program Grantee Project Summaries

The grantee project summaries highlight each state's new projects, as well as those initiatives receiving continuation or transitional funding in Phase II.

University of Southern Maine Assessment finds numerous examples of exemplary and exciting SRAP components at work

Last year The Robert Wood Johnson Foundation commissioned the University of Southern Maine's Edmund S. Muskie School of Public Service - Institute for Health to perform an assessment of the Southern Rural Access Program. The process involved discussions with staff from the Foundation and national program office, grantees and the evaluation team from the University of North Carolina at Chapel Hill.

A message from the director

Michael Beachler, director - Southern Rural Access Program, acknowledges the incredibly busy and challenging past year and offers words of gratitude to those who assisted with the case for reauthorization

SRAP awards 21st Century Challenge Fund grant to WV Center for Healthcare Policy and Research

Through the 21st Century Challenge Fund matching grants program the Southern Rural Access Program awarded \$26,613 for a 12-month Phase II Pediatric Preventive Oral Health Project sponsored by the West Virginia Center for Healthcare Policy and Research. The aim of the project is to enlist the support of family physicians, nurse practitioners, physician assistants and pediatricians in developing and implementing oral health-related preventive clinical care in six community health center sites

RWJF awards Revolving Loan Fund grant to South Carolina

Through the Southern Rural Access Program the Robert Wood Johnson Foundation awarded the South Carolina State Recruitment and Retention Center a 36-month grant in the amount of \$481,000. The funds will be used to establish affordable financing rates for healthcare providers in rural communities. These funds serve to strengthen the Rural Health Revolving Loan Fund, a program developed in 1997 to offer "lower interest, longer term" loans to rural providers.

Newsmakers

David M. Beasley, Bill Bynum, Becky Conditt, Hilda Heady, Kate Stewart, Rhonda Kotelchuck, Michael Beachler, Graham Adams and McLeod Regional Medical Center.

RWJF Program supports community-based health projects

The Local Initiative Funding Partners (LIFP) is a matching grants program designed to establish partnerships between the Robert Wood Johnson Foundation and local grantmakers in support of innovative, community-based projects that improve health and healthcare for underserved and at-risk populations.

Smokeless States funds given to SRAP states

Six organizations located in Southern Rural Access Program states were awarded grants through the Smokeless States: National Tobacco Policy Initiative.

Texas "Communities That Care" Program recognizes two efforts

United Methodist/St. Paul's Health Care Outreach in Emory, TX and Angelina College of Vocational Nursing at East Texas Medical Center in Crocket, TX has received 2001 "Communities That Care" Awards from Public Health Region IV.

HHS awards \$28.9 million in grants to improve healthcare in rural America

The US Department of Health and Human Services (HHS) awarded \$28.9 million in grants to expand clinical services and strengthen community-based healthcare systems in America's rural areas. The grants build upon the Department's overall commitment to improving rural health.

HHS allocates \$6.3 million to improve healthcare in Mississippi Delta Region

A new \$6.3 million initiative, the Mississippi Delta Rural Development Network Grant program, announced last fall by the Health and Human Services Health Resources and Services Administration, will help improve the health of people who live in the Mississippi Delta. The initiative includes \$5.28 million in grants to create networks that improve access to primary care services and a \$1 million contract to help small rural hospitals improve their operations and financial performance.

Louisiana's Vermillion Parish receives network grant

The Vermillion Parish Rural Health Network, a community-based, vertically integrated healthcare network comprised of healthcare, social service, consumer, government and businesses, received a grant award for \$197,340 from the federal Office of Rural Health Policy's Rural Health Network Program for the year 2002 with recommended future support for years 2003 and 2004 in the amount of \$177,540 and \$179,604, respectively.

\$18.9 million available for new grants over next four years

Robert Wood Johnson Foundation reauthorizes Southern Rural Access Program

At its January 2002 board meeting The Robert Wood Johnson Foundation (RWJF) Board of Directors approved \$18.9 million over four years in additional grants for the eight states participating in the Southern Rural Access Program (SRAP). The reauthorization is the second phase of a long-term commitment by RWJF to improve access to basic healthcare for millions of residents in rural areas of the South who have been identified as having the worst health status in the nation. The Phase II reauthorization brings the total grant making investment to \$32.8 million for the eight target states. The program is targeted at geographically concentrated areas of Alabama, Arkansas, Georgia, Louisiana, Mississippi, South Carolina, Texas and West Virginia.

Administered by the Rural Health Policy Center at the Penn State College of Medicine, the program initiated its grant making effort in December 1998 with the following goals:

- increase the supply of providers in underserved areas
- strengthen the healthcare infrastructure
- build capacity at state and local levels to tackle health care problems.

To achieve these goals Phase II of the program will continue to focus on rural health leadership development; recruitment and retention of primary healthcare providers; rural health network development; and revolving loan fund development. A special opportunities fund, the 21st Century Challenge Fund also makes grant dollars available for small analytical or pilot demonstration projects that support the program's key components.

“Residents of rural areas in the South continue to experience significant disparities in health status and access to care. The states targeted by the Southern Rural Access Program have for too many years been under-invested by both public policymakers and private philanthropies,” emphasizes Michael Beachler, director – Rural Health Policy Center. “The healthcare problems in these states is daunting – too few providers in rural areas, not enough students being properly prepared for careers in healthcare; too many uninsured people; and not enough capital for infrastructure improvements. We made noteworthy strides in Phase I to alleviate some of these problems and are confident that we will make an even greater impact in this phase.”

“We will continue to build on the strengths of the program as we move toward developing the leadership, economic and health infrastructure needed to sustain new providers for the long-term,” said Curtis E. Holloman, SRAP deputy director. “The program's purpose and major objectives remain the same, although there have been some modifications in the program design. Upon reauthorization emphasis shifted from statewide and geographically dispersed projects to more geographically concentrated projects with a community development focus. The hope is that by clustering or layering interventions in smaller, more defined communities

significant and measurable changes will occur that can be sustained and replicated in other communities in the future.”

Another significant change to the program is the declining funding levels set for years 2, 3 and 4 of the program. “To encourage sustainability at the end of the Foundation’s involvement, the funding level for core grants would be gradually reduced such that sites would be funding 50 percent of core grant activities by the fourth year,” explained Beachler. “In addition, the allocation of funds among the grantees is being determined by each state’s ability to tightly refocus its activity,” added Beachler. “A smaller set of community models with the potential for replication should emerge from Phase II. In time communities that have addressed their most pressing infrastructure needs should be able to recruit additional providers and alleviate that long standing access to care issue.”

It is anticipated that of the \$18.9 million in new grants made available by RWJF, \$13.3 million will be allocated to core grant components, \$3.5 million for additional revolving loan fund seed capital grants, \$1.5 million for the 21st Century Challenge Fund and \$600,000 for a new effort, planning for a single regional forum.

This new effort will provide resources for the eight SRAP states to begin collaborative planning for a single regional forum owned by them, rather than RWJF or the national program office. This structure would serve as a forum for sharing best practices, developing technical assistance resources, conducting data/policy analysis and other core functions.

As independent assessment of the program by staff at the University of Southern Maine’s Edmund S. Muskie School of Public Service found that in Phase I the program had demonstrated a highly successful implementation of program components; developed impressive partnerships with a wide range of government, community and philanthropic entities; impacted policymaking; and had secured significant ownership by its stakeholders. These successes can be attributed to the program’s design and the people and resources chosen within each of the states.

“The program was designed to fund interventions that would have the greatest impact and chance for success,” said Michael Beachler, SRAP program director. “The grantees were challenged to be strategic, innovative and creative in their approaches. Their success has paid off with an additional four-year commitment by the Foundation. Grantees also have the opportunity to find more partners willing to provide resources and funding to sustain some of the program’s interventions beyond RWJF’s funding and the College of Medicine staffing support.”

Southern Rural Access Program Quick Facts

- To date, the Robert Wood Johnson Foundation has authorized \$37 million to improve access to basic healthcare in the eight states served by the Southern Rural Access Program.
- Phase II of the Southern Rural Access Program will focus its efforts on a rural population of over 4.4 million people in 165 counties across eight states.
- As of Summer 2001, 51 providers in six states have been placed or recruited into rural underserved areas.
- Through Summer 2001, 520 health professional students participated in SRAP supported pipeline activities.
- To date, 309 health professional students have become engaged in long-term mentorship-type relationships.
- Twenty-four rural health networks have received some funding, leadership training and/or other technical assistance from SRAP supported efforts in the eight states.
- There are an estimated 41 networks throughout the eight states that have developed as a result of SRAP, other private or public funding.
- SRAP states represent the greatest regional concentration of states that are using Practice Sites Medical Placement Software to improve the efficiency of state recruitment efforts. Currently, seven states are using the software and the eighth grantee anticipates purchasing it in Phase II.
- As of May 2002, the 21st Century Challenge Fund awarded nearly \$2.27 million to 15 grantees.

Southern Rural Access Program Grantees, Award Amounts & Target Regions

Phase II Grants

Alabama Primary Health Care Association, Inc. \$991,690

Target Region: 18 counties in the Black Belt region of the state encompassing a population of nearly 350,000. Specific counties include Bibb, Bullock, Butler, Choctaw, Clarke, Conecuh, Crenshaw, Dallas, Greene, Hale, Lowndes, Macon, Marengo, Monroe, Perry, Sumter, Washington and Wilcox.

Southern Development Financial Bancorporation (Revolving Loan Fund)
\$500,000

Target Region: 48 counties in southwestern and southcentral Arkansas and the Arkansas Delta including Arkansas, Ashley, Bradley, Calhoun, Chicot, Clark, Clay, Cleveland, Columbia, Craighead, Crenshaw, Crittenden, Cross, Dallas, Desha, Drew, Garland, Grant, Greene, Hempstead, Hot Spring, Howard, Independence, Jackson, Jefferson, Lafayette, Lawrence, Lee, Lincoln, Little River, Lonoke, Miller, Mississippi, Monroe, Montgomery, Nevada, Phillips, Pike, Poinsett, Prairie, Randolph, Quachita, Saline, Sevier, St. Francis, Union, White and Woodruff.

University of Arkansas Foundation, Inc. \$973,273

Target Region: 14 counties in the Arkansas Delta encompassing a population of nearly 318,000. Specific counties include Arkansas, Ashley, Chicot, Crittenden, Cross, Desha, Drew, Lee, Lincoln, Mississippi, Monroe, Phillips, St. Francis and Woodruff.

Louisiana State University \$972,666

Target Region: 14 parishes in southcentral and west Louisiana encompassing a population of over 580,000. Specific parishes include Acadia, Allen, Assumption, Beauregard, Cameron, Jefferson Davis, Evangeline, Iberia, Iberville, Pointe Coupee, St. Landry, St. Mary, St. Martin and Vermilion.

Mississippi Primary Health Care Association \$1,048,925

Target Region: 31 counties in the northwest (Delta) and southwest parts of the state encompassing a population of over 690,000. Specific counties include Adams, Amite, Attala, Bolivar, Carroll, Claiborne, Coahoma, Copiah, Franklin, Grenada, Holmes, Humphreys, Issaquena, Jefferson, Lawrence, Leflore, Lincoln, Montgomery, Panola, Pike, Quitman, Sharkey, Sunflower, Tallahatchie, Tunica, Walthall, Warren, Washington, Wilkinson, Yalobusha and Yazoo.

South Carolina State Office of Rural Health

\$986,480

Target Region: 17 counties in the eastern central part of the state encompassing nearly 664,000 people. Specific counties include Allendale, Bamberg, Barnwell, Berkeley, Calhoun, Chesterfield, Clarendon, Darlington, Dillon, Florence, Hampton, Jasper, Lee, Marion, Marlboro, Orangeburg and Williamsburg.

University of Texas Medical Branch at Galveston

\$957,160

Target Region: 16 contiguous counties in the far eastern part of the state encompassing a population of nearly 495,000. Specific counties include Angelina, Cass, Hardin, Harrison, Jasper, Marion, Morris, Nacogdoches, Newton, Panola, Rusk, Sabine, San Augustine, Shelby, Titus and Tyler.

Center for Rural Health Development, Inc. (WV)

\$1,267,108

Target Region: 25 counties in the western part of the state encompassing a population of over 635,000 people. Specific counties include Boone, Braxton, Calhoun, Clay, Doddridge, Fayette, Gilmer, Jackson, Kanawha, Lewis, Lincoln, Logan, McDowell, Mingo, Nicholas, Pleasants, Raleigh, Ritchie, Roane, Tyler, Upshur, Webster, Wirt, Wood and Wyoming.

NOTE: All the abovementioned grants are for a two-year period beginning April 1, 2002. The grant for Georgia, also a SRAP participant, will commence July 1, 2002 for a 21-month period. Information on this grant award will be announced in the next issue of Rural Health Connections.

Southern Rural Access Program Grantee Project Summaries

Earlier this year the Robert Wood Johnson Foundation gave its vote of approval to renew the Southern Rural Access Program for four more years beginning April 1. It is anticipated that of the \$18.9 million in new grants made available by RWJF, \$13.3 million will be allocated to core grant components, \$3.5 million for additional revolving loan fund seed capital grants, \$1.5 million for the 21st Century Challenge Fund and \$600,000 for a new effort – planning for a single regional forum.

The renewal grants reward the eight grantees for developing or continuing geographically concentrated projects that have a community development orientation in the program's three core component areas – rural health leadership development, recruitment and retention of healthcare providers and rural health network development. Each state is also eligible for a separate seed grant for revolving loan fund development or continued support. The fifth program component, the 21st Century Challenge Fund, provides 1:1 matching dollars for small projects or pilot demonstrations that support the overall goals of the Southern Rural Access Program in the target regions.

In each of the core component areas there have been numerous noteworthy implementations in Phase I. For example, rural leader's development through student pipeline enrichment and mentoring programs has proven to be successful in all eight states. Practice management technical assistance has been a useful resource in all the states while locum tenens services have benefited communities in South Carolina and Texas. Regional recruiters have increased the supply of healthcare providers in Arkansas, Mississippi, Texas and West Virginia. Network development activities have resulted in viable networks in Arkansas, Louisiana, Mississippi, South Carolina and Texas and improved collaboration among interested parties in Alabama and West Virginia. Four states – Arkansas, Mississippi, South Carolina and West Virginia – have been awarded nearly \$2.1 million in revolving loan fund seed capital, plus an additional \$500,000 Phase II award was made to Arkansas.

The state summaries that follow highlight the grantee's new projects, as well as those initiatives receiving continuation or transitional funding in Phase II.

ALABAMA

The Primary Health Care Association and the Alabama Family Practice Rural Health Board will provide the leadership for the Alabama effort.

Rural Health Leaders

The University of Alabama at Tuscaloosa's (UAT) Minority Rural Health Pipeline Program will continue to 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 Minority Medical Education Program (MMEP) will continue, as well as the year round activities which augment the students' summer experiences.

The Tuskegee Area Health Education Center's Health College Connection Program will continue to provide a multi-week summer program for recent rural minority high school graduates accepted into college, and enrolled college students interested in medical/health careers. A set of students interested in medical careers will participate in the University of Alabama's Minority Medical Education Program. They will conduct a summer enrichment experience for students interested in other health professions. Medical and health profession students will spend time with a variety of preceptors, visits to health profession schools and other activities. The effort will continue to include year round activities to supplement the summer experience. 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.

Recruitment and Retention

This new University of South Alabama AHEC-led project will support two full-time recruitment facilitators to work in designated AHEC areas representing the Black Belt counties. Program partners Tuskegee AHEC and Southwest Alabama AHEC will provide co-funding. In addition to recruitment, the recruiters will develop and implement a "recruitable communities" strategic plan. The recruiters will utilize the state's Office of Primary Care and Rural Health Practice Sights Medical Placement Software to identify potential applicants, and encourage relationships with local providers and clinics between professionals and the communities.

The Alabama Primary Care Association will provide leadership for the project's start-up practice management technical assistance service. The Practice Management coordinator will provide assistance to physicians, community health centers, certified rural health clinics, rural hospitals and other practitioners in the Black Belt target area. The assistance will address both fiscal issues and practice efficiency issues.

Rural Health Networks

Judson College, located in Perry County, will administer an expanded network during Phase II. The Perry County Network will broaden its efforts to incorporate a neighboring county that is part of the federal Office of Rural Health Policy's Delta Rural Development Network. The Tombigbee Regional Commission, the federal program's grantee and lead agency, has committed to support fifty percent of a second network coordinator position. The Network will continue to work toward developing a health care system that will integrate and coordinate resources for the region. Foundation resources will support Network Coordinators and operational cost to continue a community driven strategic plan and implementation efforts.

Community Health Development

Alabama's community health development project is a collaborative effort led by the Alabama Cooperative Extension System located at Auburn University. The effort organizes a Technical Assistance Network (TAN) to provide in-kind sharing of their expertise to counties in the target region. A Technical Assistance Network Coordinator will work with other Cooperative Extension System staff to conduct a Rural Health Works process, which will result in an economic analysis process known as IMPLAN. The TAN will also develop a toolbox and

resource directory. Three communities will engage in a strategic planning process with the assistance provided by the TAN.

Revolving Loan Fund

Resources have been allocated to complete the planning process associated with the development of a revolving loan fund. The Hope Unity Fund, a nonprofit community and economic development organization, will provide the leadership for development of the fund. Additional planning is needed to finalize the program model, identify and leverage matching fund commitments and develop a revolving loan fund application.

Co-Project Directors:

Wil Baker and Ruth Harrell (334-947-6288)

ARKANSAS

The Arkansas Center for Health Improvement, created in 1997 with start-up resources from the Winthrop Rockefeller Charitable Trust, University of Arkansas for Medical Sciences (UAMS), Arkansas Department of Health and Arkansas Community Foundation will provide overall leadership for the Arkansas effort.

Rural Health Leaders

Continued SRAP funding has been provided to two interrelated rural health leaders efforts - a part-time rural leaders coordinator in the University of Arkansas College of Medicine and part-time rural family practitioner medical student mentor. These efforts should lead to a nurturing environment for medical students interested in careers in rural Arkansas areas and should foster improved communication about Arkansas's Community Match and Rural Loan and Scholarship programs. The University Of Arkansas College Of Medicine provides cash matching resources for these two efforts.

Recruitment and Retention

The project will continue to support the Delta Area Health Education Center to improve its regional recruitment efforts. The project will continue to support an individual who will focus recruitment and community development efforts on eight Northern Delta Counties. The project will also add a second Delta Recruiter to focus on recruitment and community development needs in six Southern Delta Region counties. Matching resources will be provided by the Delta Area Health Education Center, anticipated fees from local providers and communities and other local sources.

The Arkansas Medical Society will provide leadership for a new practice management technical assistance service that will be made available to physicians, community health centers, certified rural health clinics and other practitioners in underserved areas. This individual will address both fiscal issues (billing coding, revenue reimbursement maximization) and practice efficiency issues (patient flow, scheduling, customer-oriented service and corporate compliance).

Matching resources will be provided in the second year from the Arkansas Medical Society and fees generated by community providers.

Rural Health Networks

Arkansas's rural health network strategy will be closely linked to the new federally funded Mississippi Delta Rural Development Network program. SRAP resources will continue to support an ACHI network specialist who will provide technical assistance to networks in other needy rural areas and emerging networks, particularly in the Delta Region. The project will also provide partial support for a new network development specialist focusing exclusively on the target Delta Region.

In addition, the project will provide \$40,000 of "seed capital" for cross-county efforts designed to help compliment the federally supported network development efforts. Finally, a modest amount of transitional funding will be provided to the Arkansas River Valley Rural Health Cooperative, Delta Hills Community Access Program and the Crittendon Community Health Council, the three networks that SRAP supported with start-up funds in Phase I of the program. The Arkansas Department of Health and the Mississippi Delta Rural Development Network will provide matching support for the project's network activities.

Cross-Cutting Efforts

A Community Development Technical Specialist (co-funded by the Arkansas Department of Health) will continue to 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.

Project Director:

Kate Stewart, MD, MPH (501-660-7586)

ARKANSAS REVOLVING LOAN FUND

The project will provide continued support to Southern Financial Partners (SFP) to help further develop a revolving loan fund (RLF) to improve access to capital for a broad range of not-for-profit and proprietary health care providers. The renewal funding for this loan fund builds on the Fund's successful track record of closing over \$3.7 million in loans to rural healthcare providers and leveraging more than \$7.5 million. Currently, more than \$7.5 million potential loans are in the pipeline.

The fund will consider many different uses of loan proceeds, including practice start-up, renovation, working capital, practice management services, rent, equipment, training systems and other infrastructure improvements such as transportation services or computerized information systems. Foundation funds will be used for unrestricted seed capital. SPF has committed \$300,000 in seed capital and \$178,027 in in-kind support. It is anticipated that USDA will approve a Rural Business Enterprise Grant (RBEG) application for an additional \$99,000 in seed capital. Through creative leveraging of public and private resources, it is estimated that another \$5 million in loans will be made to healthcare providers in Arkansas.

The loan fund's resources are leveraged through creative "packaging" of funds from other RLF partners and lenders. The flexibility of the unrestricted seed capital is the glue that molds funds from varied sources into loan packages geared to the unique needs of the fund's target population. This creative partnering and layering of funding allows the RLF to incorporate loan funds, guarantees and loan repurchasing by RLF financial partners and other lenders to make funds available to rural healthcare providers who otherwise would not have access to loans. Other key financial partners are the Arkansas Center for Health Improvement, the Small Business Administration, Arkansas Capital Corporation Group, banks, the Arkansas Department of Economic Development, the Arkansas Department of Health's Rural Revolving Loan Fund and the Arkansas Development Finance Authority.

Project Director:
Deborah Slayton (870-246-9739)

LOUISIANA

The Louisiana State University (LSU) Medical Center and the Louisiana Department of Health and Hospitals provide the leadership for the Louisiana project.

Community Health Provider Networks

Louisiana will combine the efforts of the Chamber of Health strategic planning process with that of network development in Phase II of the project. The goal of the effort is to support and build local capacity. The Southwest Louisiana AHEC led project supports a Network Development Director and a Coordinator to conduct planning and network development activities. The project will complete the Chamber of Health Network Development strategies begun in Phase I. The Chamber planning process will culminate with a Community Health Improvement Plan, and the formulation of Community Health Networks in two new parishes where none exist. Matching resources from the Pfizer Foundation will enable the project to help develop community health networks in additional parishes in the target region.

Recruitment and Retention

The project will continue to support a regional recruiter and work with community leaders and health professionals to recruit additional health care providers to underserved rural areas. This Southwest Louisiana AHEC led effort is in the startup stage. The recruiter will develop provider and community profiles as a part of the process, and a system for routinely identifying provider candidates for rural placements according to best profile matches.

The Department of Health and Hospitals will provide leadership for a new practice management technical assistance service. A specialist supported by the grant will provide technical assistance to help improve the operational and financial efficiency of certified rural health clinics, community health centers and private physicians in the target region. A comprehensive marketing and promotional campaign of the services is a key component.

Rural Health Leaders

During Phase II, the Southwest Louisiana AHEC will continue to develop its community based pipeline program. The effort will fill a gap in pipeline programs with the state university system and will be expanded to include pre-medical students from the University of Louisiana in Lake Charles, and to include one of the university nursing programs, focusing on advanced nurse practice preceptor opportunities. In addition to expanding the preceptor opportunities, a pipeline development coordinator will develop and implement a didactic component to the program. The project will seek a HCOP grant to fund the educational component of the program. The Southwest Louisiana AHEC will provide leadership for this activity.

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 project's "venture capital fund." The Southeast Louisiana AHEC will continue to administer the fund. The Louisiana Public Financing Authority has provided \$500,000 and the USDA has provided \$99,000 to help provide start-up support for the project's "venture capital fund." The project plans to seek venture capital from RWJF in Phase II. The project will support SCORE volunteers to help provide additional technical assistance to providers on loan fund issues.

Project Director:

Marsha Broussard (504-680-9352)

MISSISSIPPI

The Mississippi Primary Health Care Association, representing 21 community health centers and other community-based primary health care organizations, provides leadership for Mississippi's Rural Access for Care (MARC) Program.

Rural Leaders Pipeline

Support will continue for the Mississippi Medical Enrichment and Development Program (MMED), a rural leader's effort that provides a six-week summer enrichment program, financial assistance and mentoring for rural minority and disadvantaged college students who have a desire to work in rural areas. The MMED program will be enhanced through the addition of a second year course (MMED II) that will target returning students and include advanced courses and longer clinical experiences. Leadership for this effort is shared between MARC and the four educational partners that will host the summer enrichment programs; Coahoma Community College, Copiah-Lincoln Community College, Meridian Community College and Alcorn State University School of Nursing (MMED II). 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. The Phil Hardin Foundation continues to be a funding partner for this effort.

Recruitment and Retention

Continued support will be provided for the Recruitment Administrator, a partnership between the State Office of Primary Care and the MARC program. This recruiter will focus on recruitment activities in the 31-county target region and will work closely with the state and federal incentive programs designed to attract practitioners. Recruitment staff will continue to implement the Practice Sites Medical Placement software in the region and expand the state-funded educational loan repayment program to include other healthcare professionals. The recruitment administrator will also continue to target Mississippi born health professional students attending out-of-state medical and other health professional schools and residency programs in order to enhance the chances that these Mississippi natives will return.

The Mississippi Hospital Association will continue to lead an expanded Practice Management Technical Assistance Program. Matching support from the Bowers Foundation, the federal Office of Rural Health Policy's FLEX program and Mississippi Hospital Association resources will enable the technical assistance service to expand from 1 FTE to 4 FTE staff. Staff will focus both on improving the operational and financial efficiency of both ambulatory care providers (certified rural health clinics, community health centers and private physicians), as well as outpatient and inpatient services at rural hospitals.

New support will be provided for consultants to enhance the new federal Bureau of Primary Health Care's Management for Growth Initiative. This is an effort designed to help communities secure the capacity and expertise to secure federal funding under the Community Health Center program.

Rural Health Networks

Continuation support will be provided for the Health Information Specialist of the Delta Rural Health Network, a hospital- led horizontal network of 20 rural hospitals. The network has a Management Support Organization that will continue to expand its services (e.g. consolidated reference lab programs, mobile MRI, outpatient specialty clinics; sharing of physician specialists and joint purchasing programs). The Health Information Specialist will focus her activities on ensuring that coding and diagnosis for Medicare patients is appropriate in the network's hospitals.

Project Director:
Marcus Garner (601-355-7226)

SOUTH CAROLINA

The South Carolina Office of Rural Health provides leadership for this effort. The office is a statewide not-for-profit organization whose mission is to improve the accessibility, availability and affordability of health care in rural South Carolina.

Rural Health Leaders

Support will continue for the Community Incentive for Diversity (CID) Program to provide scholarships, mentoring and leadership development seminars to encourage minority student enrollment in nurse practitioner, physician assistant and certified nurse midwife programs. This pipeline scholarship program provides a leadership curriculum whereby students engage in learning experiences that help them acquire the skills necessary to become effective leaders. The mentoring component pairs a student with a practicing minority provider of the same discipline to foster professional and social support. Incentives encourage community-based practitioners to serve as mentors. A half-time Academic Support Coordinator arranges academic and social support for students at the participating schools. The SC AHEC's Healthcare Recruitment and Retention Center provides leadership and matching support for this project.

A second continued leader effort is the South Carolina Rural Interdisciplinary Program of Training (SCRIPT), a five-week summer enrichment program for students. This activity is an extension of an existing federally funded training program targeting rural health profession students. The project, currently in the Low Country AHEC, plans to continue to expand its efforts to the Pee Dee. Funding will allow for delivery of three SCRIPT sessions each year. Resources provide partial funding for two Community Based Education Coordinators, operational support, and student stipends.

Recruitment and Retention

The Regional Locum Tenens Project will transition to target the Pee Dee and Low Country area. The effort is a partnership with the Office of Rural Health and three family practice residency programs: University of SC School of Medicine, Medical University of SC, and Anderson Area Medical Center Family Medicine Residency Program. The state AHEC Recruitment and Retention Program and Family Practice Residency Programs provide matching funds for this effort. In addition, one pediatric locum tenens physician, supported by state AHEC Recruitment and Retention Program resources, will also provide services to pediatricians serving rural under-served areas. Utilizing physician faculty from the three programs, each site will provide up to 18 weeks of locum tenens coverage for rural physicians.

The South Carolina Medical Association provides continued leadership for Project Stay Put, South Carolina's practice management technical assistance program. The Practice Management Consultant will provide practice management assistance for rural medical practices to make them become more financially stable. Additionally, the consultant will provide information and link providers to low cost educational offerings to help them comply with Health Insurance Portability and Accountability Act provisions.

Rural Health Networks

Support will continue for the Low Country Health Care Network, a vertically integrated network of local healthcare organizations in Allendale, Bamberg, Barnwell and Hampton counties. The effort focuses on enhancing physician and other provider recruitment and educating area residents about health screenings. In addition to resources to continue network

development, funds are used to retain a Network Provider Recruiter. Network members provide matching funds for this effort. The network plans to augment its activities to provide marketing efforts for member physicians and hospitals.

Revolving Loan Fund

The Revolving Loan Fund Specialist supported in the first phase will continue to market SC Office of Rural Health/US Department of Agriculture revolving loan fund partnership with Wachovia/First Union and other private banks. In October 2001, the South Carolina Recruitment and Retention Center was awarded a \$481,684 seed capital grant from RWJF to help build the fund. The Specialist will serve as a marketing agent for the fund and a single point of contact for other financing resources for rural healthcare providers.

Project Director:
Roslyn Ferrell (803-771-2810)

TEXAS

The East Texas Area Health Education Center (AHEC) at the University of Texas Medical Branch at Galveston provides overall leadership for the East Texas Rural Access Program (ETRAP). This project has distinguished itself through the strong grass roots involvement of over 200 individuals in the target region. In addition, the Texas Institute for Health Policy Research convenes a State Agency Advisory Committee that provides a link between ETRAP and state policy makers.

Rural Health Leaders

Support will continue for the Piney Woods AHEC led Health Care Admissions Planning Service. This is a multi-faceted effort designed to nurture the entry of rural and disadvantaged college age students into health professions careers. The effort includes two-day health convocations targeted at first and second year university and community college students; matching of convocation students with a mentor already attending graduate-level health professional schools; individualized assistance with admissions planning for students; and the convening of community health careers promotion events.

Recruitment and Retention

Coastal AHEC will continue its Practice Management Technical Assistance Service effort designed to help improve the operational and financial efficiency of individual certified rural health clinics; community health centers and primary care and specialist private practices in the region. The service will add group workshops aimed at improving the financial management skills of family practice residents and practice managers or owners. A new Locum Tenens Relief Service will be offered to practitioners in the target region by faculty and residents from the Family Practice Residency Program at the University of Texas Health Center Tyler.

The Lake Country AHEC's Regional Recruiter will continue to provide hands-on assistance to communities and health care providers in their efforts to recruit practitioners. A Practice Sites Support Team consisting of the regional recruiter, staff from the Texas Department of Health Community Health Provider Resources, the State Office of Rural and Community Affairs and the East Texas AHEC will continue efforts to use and market medical placement software. The software will efficiently match practice opportunities in rural communities with new providers that are interested in state and federal incentive programs designed to attract practitioners into underserved areas.

Rural Health Networks

Funding will continue for the East Texas Health Access Network efforts to improve healthcare services to meet individual community needs. The network is comprised of health and social service providers and community leaders from Jasper, Newton, Sabine, San Augustine and Tyler counties. Services will include conducting health screening for residents, developing resource directories, implementing a transportation program, and assist in the designation of communities as dental practitioner shortage areas.

Revolving Loan Fund

The Northeast Texas Economic Development District (Inc) will continue to lead planning efforts for the development of a revolving loan fund. It is anticipated that in the first round of Phase II, the necessary financial resources will be leveraged so that a loan fund can be made operational.

Project Direction:

Steve Shelton, Principal Investigator (409-772-7884)

Ingrid Bowden, Project Director (409-772-7884)

West Virginia

The Center for Rural Health Development (Center) provides overall leadership for the West Virginia Rural Health Access Program. Key partners in this effort are the West Virginia Department of Health and Human Resources, Office of Community and Rural Health Services and the West Virginia University Health Sciences Center. The Claude Worthington Benedum Foundation provided original start-up support for the Center in the mid-1990s and has been the key philanthropic funding partner for this effort since 1998. It is anticipated that the Benedum Foundation will consider making an additional financial commitment to this project in Summer 2002.

Rural Health Leaders

Continued support has been provided to the West Virginia University-led Rural Leadership Fellowship program. This effort provides 12 health professions students per year two months of leadership development in rural healthcare settings in association with the state funded West Virginia Rural Health Education Partnerships (RHEP). This effort will add an additional RHEP site in southern West Virginia, expand the program to include resident physicians and

offer fellows who have completed the program an opportunity for more in-depth leadership exploration.

Recruitment and Retention

The project will support three related recruitment and retention efforts. First, the West Virginia University College of Medicine-led Recruitable Communities project will refine its work by targeting clusters of communities and/or a county rather than individual communities. The project will help key community leaders improve their ability to recruit and retain providers through a coordinated community involvement approach involving the West Virginia Cooperative Extension Service and West Virginia University faculty volunteers from many academic disciplines. The project will also place greater emphasis on practitioner retention by establishing a community retention committee, convening regional retention workshops and assigning mentoring practitioners to providers newly recruited to the community.

The Coordinated Placement effort will continue to support part time placement counselors at the West Virginia School of Osteopathic Medicine and Marshall University School of Medicine. The West Virginia University College of Medicine provides in-kind support for a placement coordinator, thus creating an approach that involves all of the states' medical schools. The three schools will work together to provide greater individual contact with health professional students and residents through telephone contact, individual meetings in either school or community settings or through web-based vehicles. The placement counselors will help make students and residents more aware of West Virginia's various financial incentive programs and multiple placement opportunities.

The project will also initiate a new Practice Management Technical Assistance Service that will be made available to physicians, community health centers, certified rural health clinics and other practitioners in underserved areas. This individual will address both fiscal issues (billing coding, revenue reimbursement maximization) and practice efficiency issues (patient flow, scheduling, customer-oriented service). Matching resources are also being provided by the Sisters of St. Joseph Charitable Fund, Kanawha Valley Foundation and fees provided by community providers.

Rural Health Networks

Partners in Health Network will provide leadership for an effort that brings together two other existing networks in the target region for Quarterly Network Advancement Meetings. These Network Advancement Meetings will explore shared service development opportunities as well as provide enhanced opportunities for networks to learn from each other. An initial project will bring together a network of behavioral health providers called First Choice, state agencies, community health centers and network members to explore the integration of primary and behavioral health care, perhaps creating pilot projects within the region.

Revolving Loan Fund

The West Virginia Rural Health Infrastructure Loan Fund project will provide \$500,000 for unrestricted capital to replenish the revolving loan fund originally started in late 1999. The West Virginia legislature has provided an additional \$1 million in seed capital in 2002. This brings the total public and private resources (state, Benedum and RWJF Foundations, USDA) awarded to seed the loan fund since December 1999 to \$3.75 million. In addition, RWJF has awarded an additional \$155,000 to support the staffing and operational cost of the loan fund for the next two years. These combined resources will provide affordable financing to for-profit and not-for profit providers for new construction, renovation and expansion, purchase of equipment and technology, pre-development loans, refinancing, bridge and working capital loans.

Project Director:
Sharon Lansdale (304-766-1591)

University of Southern Maine Assessment finds numerous examples of exemplary & exciting SRAP components at work

Last year The Robert Wood Johnson Foundation commissioned the University of Southern Maine's Edmund S. Muskie School of Public Service – Institute for Health Policy to perform an assessment of the Southern Rural Access Program. The process involved discussions with staff from the Foundation and national program office, grantees and the evaluation team from the University of North Carolina at Chapel Hill. Recommendations were presented to Foundation staff as part of the reauthorization process. Listed below are the major findings from this assessment regarding program implementation, early impact and sustainability.

Program Implementation

- This program is being successfully implemented; implementation progress varies across states and program components. In general, implementation progress at this stage in the program is consistent with what we would expect for a program of this magnitude and complexity.
- Lead agencies are committed to the program and have demonstrated considerable leadership in implementing the program. In turn, the lead agencies are partnering with subcontractors that appear equally dedicated and effective.
- We observed numerous examples of exemplary and exciting program components, with an impressive level and range of activity and local commitment, excitement and capacity.
- Perhaps the most impressive feature of this program has been the extent to which the program has stimulated partnerships among organizations that have not typically worked together in the past.

Early Impact and Sustainable Capacity

- This program has attracted significant attention from policy, provider and philanthropic communities, despite a relatively modest per state investment.
- Many compelling stories show that program components have great potential for success. However, these programs are relatively small, locally based initiatives. Moreover, they are geographically and programmatically dispersed in and among the eight states. The likelihood is small that these demonstration-type programs alone can change the complexion of statewide trends in primary care access and infrastructure capacity, given the very large roles that insurance coverage, state and federal budgets, employment and the general economic environment play in access.

- We are doubtful that without a more intensive community development strategy it will be possible to recruit and retain primary care providers in the majority of the underserved communities that are the targets of this program. In our view, a more intensive community development strategy is central to the capacity-building objectives of this program because it is impossible to have effective primary care recruitment and retention without focusing on community capacity.

A message from the program director . . . Michael Beachler



The last year has been an incredibly busy and challenging one for the Southern Rural Access Program family. Grantees, subcontractors and other key partners have worked very hard to carry out their efforts, as well as to provide a significant amount of information to the National Program Office, the Foundation, University of North Carolina Chapel Hill evaluators and the University of Southern Maine assessment team. This information was a very important component of the process that ultimately resulted in the successful reauthorization of SRAP this past January. We thank you not only for your considerable efforts but also your incredible patience and graciousness throughout this arduous process. We also want to applaud the responsiveness and creativity you displayed in readjusting your projects to the new focus of Phase II of this program.

We also want to acknowledge the considerable and very professional efforts of Andy Coburn and the USM assessment team along with Don Pathman and Jennifer Albright from the University of North Carolina evaluation team. Your sensitivity to the sites' needs and the common sense of your insights have helped make it easier to cope with the challenges of the past year.

A special thanks goes to Anne Weiss and the rest of the Foundation staff. You did an incredible job working with us to understand and work through the many intricacies of this complex grant program and serving as an effective advocate within the Foundation. Yes, we had an occasional difference of opinion, but that just means we were both doing our jobs! Phase II of the program has a solid design, one that this office and the sites will work hard to successfully implement.

Four more years! The reauthorization is a substantial one and provides a wealth of opportunity for the sites to build upon the lessons of the past three and a half years. The Foundation's challenge to have the projects focus on moving toward program sustainability in 2002 is preferable to deferring those discussions until 2005 or 2006. We look forward to working with all of the Southern Rural Access Program family members to make this Phase of the program an even more productive one.

SRAP awards 21st Century Challenge Fund grant to WV Center for Healthcare Policy and Research

Through its 21st Century Challenge Fund matching grants program the Southern Rural Access Program awarded \$26,613 for a 12-month Phase II Pediatric Preventive Oral Health Project sponsored by the West Virginia Center for Healthcare Policy and Research. This collaborative project involves primary care providers from six federally funded community health center sites, faculty from West Virginia School of Dentistry and Nursing, the West Virginia College of Medicine and the Center for Health, Policy and Research.

The Sisters of St. Joseph Charitable Fund has committed \$26,613 to the project. The federal government's Office of Rural Health Policy has committed \$99,889 to this phase of the project, an addition to the support it provided in Phase I.

The aim of the project is to enlist the support of family physicians, nurse practitioners, physician assistants and pediatricians in developing and implementing oral health-related preventive clinical care in six community health center sites. Specifically, the program will work with these healthcare providers to coordinate oral health patient education into well baby/child visits and routine office visits. Training materials and procedures developed in Phase I of the project will be test piloted at community practices. The addition of two pilot sites without a dentist provider, Minnie Hamilton Healthcare and Wirt County Health Services Association, will enable the project to test the concept of referrals to dentists external to the primary practice site.

A planned Phase III of the project will expand the pilot to all targeted children in the pilot sites with the anticipation that the West Virginia Medicaid and Child Health Insurance Programs will pay primary care practitioners for the preventive dental services through the use of a Section 1115 waiver.

SRAP funds will provide partial support for West Virginia University faculty associated with the project, health center costs associated with both training and the delivery of preventive dental care, travel costs and website development.

Sally K. Richardson, executive director - West Virginia Center for Healthcare Policy and Research, will serve as project director. Specific questions about the initiative can be directed to her at 304-347-1246.

RWJF awards Revolving Loan Fund grant to South Carolina

Through the Southern Rural Access Program The Robert Wood Johnson Foundation (RWJF) awarded the South Carolina State Recruitment and Retention Center a 36-month grant in the amount of \$481,000. The funds will be used to establish affordable financing rates for healthcare providers in rural communities. These funds serve to strengthen the Rural Health Revolving Loan Fund, a program developed in 1997 to offer “lower interest, longer term” loans to rural providers.

Recently, a survey by the State Office of Rural Health of rural health clinics, Federally Qualified Health Centers (CHCs), small rural hospitals, sole proprietors and group practices was conducted. The results indicated that over 50% of the respondents requested financial assistance in meeting their capital needs with respondents requesting a cumulative total of over \$23 million in capital.

“Since November 1998, SRAP core grant dollars have supported a loan fund specialist to market the Recruitment and Retention Center/Wachovia/US Department of Agriculture revolving loan fund,” said **Curtis E. Holloman**, deputy director – Southern Rural Access Program. “With this addition of nearly half a million dollars from the Foundation, the South Carolina Recruitment and Retention Center will have a greater ability to assist other types of providers, not just private physician offices and rural health clinics as was the case previously.

“Since its inception, the revolving loan fund has approved 31 loans worth \$5.45 million through increased marketing efforts, technical assistance and accelerated loan closings,” added Holloman. “I am optimistic that we will see even more loans closed due to the infusion of more capital and more flexibility as to which types of providers we can assist. This should lead to a significant improvement in the state’s rural healthcare infrastructure.”

The Rural Health Revolving Loan Program is a valuable resource for rural health care providers trying to access capital. As a result of the RWJF grant, loan funds will be made available for equipment purchases, new construction, existing property renovations, debt consolidation and lines of credit.



South Carolina Revolving Loan Fund receives check for nearly \$500,000

State Senator **Harvey Peeler** (center) joins South Carolina Rural Health Access Program (SCRHAP) staff in announcing the receipt of a check for \$481,000 from The Robert Wood Johnson Foundation. From left to right are **Cindy Moore**, CFO - SC State Office of Rural

Health; **Mitch Wilkens**, Revolving Loan Fund Specialist; **Diane Trantham**, SCRHAP Coordinator; and **Roslyn Ferrell**, SCRHAP Project Director.

Newsmakers

Former South Carolina Governor **David M. Beasley** has been named chairman of the National Advisory Committee on Rural Health. The Committee advises the Secretary of the Department of Health and Human Services on health issues affecting rural communities. Beasley served as Governor of South Carolina from 1995-1999 during which time he increased the number of primary care providers working in underserved rural areas of the state and oversaw dramatic coverage expansion for health insurance to low-income children through both Medicaid and the Children's Health Insurance Program.

Congratulations to **Bill Bynum**, executive director – Enterprise Corporation of the Delta. He was honored recently with the “IMPACT Award” by the National Community Capital Association, a national membership organization comprised of community development financial institutions (CDFIs).

Congratulations to **Becky Conditt** on being promoted to the director of Piney Woods AHEC. Becky also serves on the Executive Board of the Texas Rural Health Association.

Hilda Heady, MSW, chair – Advisory Committee for the West Virginia Rural Health Access Project, recently published an article in the January 2, 2002 issue of the Journal of the American Medical Association. The article is entitled “A Delicate Balance: The Economics of Rural Health Care Delivery.”

Kudos to **Kate Stewart, MD, MPH**, Arkansas Center for Health Improvement, upon her appointment to the Journal of Rural Health Editorial Board. Kate is the principal investigator for the Arkansas Rural Health Access Program.

Congratulations to **Rhonda Kotelchuck** and colleagues at **Primary Care Development Corporation** on receiving the “Innovation Award” for fostering access to improved primary health care at the 17th Annual Conference of the National Community Capital Association. Rhonda was the keynote speaker at the August 2000 SRAP Revolving Loan Fund Meeting.

SRAP Director **Michael Beachler** was appointed to the Board of Directors of Capital Link, an organization dedicated to providing technical assistance on capital financing issues to community health centers across the country. He was also appointed to the Board of the Community Health Facilities Fund, a national intermediary that arranges capital financing for mental health, substance abuse and developmental disability providers caring for vulnerable populations.

Graham Adams, PhD, has assumed the interim executive director position for the South Carolina State Office of Rural Health following **Buddy Watkins'** retirement.

Congratulations to **McLeod Regional Medical Center**, Florence, SC on being honored by RWJF and the Institute for Healthcare with a “Pursuing Perfection: Bold Steps for Improving Health Care” award. McLeod, located in the Pee Dee target region of the state, participated in a seven-month initial phase in which it received a \$1.5 million grant, the second largest, to develop comprehensive plans for systematically improving healthcare quality.

RWJF program supports community-based health projects

The Local Initiative Funding Partners (LIFP) program is a matching grants program designed to establish partnerships between The Robert Wood Johnson Foundation (RWJF) and local grantmakers in support of innovative, community-based projects that improve health and health care for under-served and at-risk populations.

LIFP provides 36- or 48-month grants of \$100,000 to \$500,000. Grants must be matched dollar-for-dollar by local sources and represent new funding specifically designated to support the proposed project. In 2003, it's estimated that nearly \$8 million will be awarded.

Under LIFP, a local grantmaker (e.g., community or family foundations, corporate grantmakers and others) proposes a funding partnership with RWJF on behalf of a local applicant for grant funds to support projects that are consistent with the foundation's two main areas of interest: health and health care.

Projects designed to improve health may promote healthy communities and lifestyles; address community and social factors that affect individual health such as social isolation; work to increase the adoption of healthy behaviors such as physical activity and proper diet; or seek to decrease the use and adverse health and social consequences of tobacco, alcohol, and illegal drugs.

Projects designed to improve healthcare may enroll more Americans in health insurance programs; remove or reduce cultural and economic barriers that create disparities in care; expedite the adoption of best practices in the care of people with chronic disease; provide supportive services to help vulnerable older persons stay in their communities; or increase the number of people who receive high quality care at the end of life.

For more information contact Pauline M. Seitz or Orrin T. Hardgrove at Health Research and Educational Trust of New Jersey at 609-275-4128 or email Orrin at thardgrove@njha.com. To review some of the currently funded projects or for more information, visit the Local Initiative Funding Partners website at www.lifp.org.

Key 2002 Deadlines

- July 1 Online pre-registration will be available at www.lifp.org.
- July 26 Deadline to complete online pre-registration.
- August 1 Deadline for receipt of Stage I application.
- September 24 Notification sent to applicants invited to submit full Stage II proposals.
- December 3 Deadline for receipt of invited Stage II proposals at the LIFP office.

Grants will be awarded July 1, 2003.

Smokeless States funds given to SRAP states

The following organizations located in SRAP states received funding from RWJF's Smokeless States: National Tobacco Policy Initiative:

- American Lung Association, Little Rock, AR (\$1,179,496)
- Texas Congress of Parent-Teachers Association, Austin, TX (\$1,087,519)
- American Lung Association of Georgia, Smyrna, GA (\$965,918)
- Louisiana Public Health Institute, New Orleans, LA (\$901,284)
- American Cancer Society, Mid-South Division, Birmingham, AL (\$900,000)
- Partnership for Healthy Mississippi, Jackson, MS (\$900,000)

Texas “Communities That Care” program recognizes two efforts

United Methodist/St. Paul’s Health Care Outreach in Emory, TX and Angelina College of Vocational Nursing at East Texas Medical Center in Crocket, TX have received 2001 “Communities That Care” Awards from Public Health Region IV, located in the ETRAP target region. The United Methodist/St. Paul’s project involves coordination among the church and a healthcare team to bring a mobile healthcare clinic to the church for a one-day clinic each month. In addition to providing primary health care, the team assists with making referrals to other providers and has hosted a health fair and two immunizations clinics. The project’s goal is to become self-sufficient and open a permanent setting for the clinic and healthcare program. The Angelina College project involved the re-establishment of a vocational nursing school to respond to the growing shortage of nurses. The first class of 10 graduated in July 2001 with most having accepted a position in the target area.

HHS awards \$28.9 million in grants to improve healthcare in rural America

The US Department of Health and Human Services (HHS) awarded \$28.9 million in grants to expand clinical services and strengthen community-based health care systems in America's rural areas. The grants build upon the department's overall commitment to improving rural health.

The programs help rural providers work better together and pay for services that otherwise would not be available, including additional emergency medical services, dental care, prenatal care and mental health services to rural areas in desperate need of them.

The Rural Health Outreach grants and Rural Health Network Development grants, funded by HHS' Office of Rural Healthy Policy Health Resources and Services Administration (HRSA), support a wide range of programs and services vital to rural health care:

- Rural Health Outreach Grants totaling \$23.1 million will help increase access to primary health care services for rural Americans within their own communities, especially for poor, elderly, disabled and minority residents. This year's allocation provided funding for 39 new grantees to support services, including primary medical and dental care, mental health treatment, health promotion, health education and hospice care. These grants will help establish new partnerships between health organizations and schools, churches, emergency medical services providers, private practitioners and other groups to improve the delivery of clinical care. Ten of these 39
- new grantees are located in Southern Rural Access Program states.
- Rural Health Network Development Grants totaling \$5.8 million are awarded to public and nonprofit organizations representing networks of at least three health care providers or organizations to help strengthen regional and local service delivery systems in rural communities. By integrating clinical, information, administrative and financial systems, these networks help ensure that rural consumers get the best possible health care and enable providers to cut overhead by sharing resources. This fiscal year 10 grantees received new network grants and two of these are located in Southern Rural Access Program states.

FY 2002 New Start Rural Health Outreach Grantees From Southern Rural Access Program States

Meadows Regional Medical Center Inc., Center, GA, \$200,000
Lowndes County Board of Health, Clyattville, GA, \$191,307
Laurens County Board of Health, Dublin, GA, \$172,180
Toombs County Board of Health, Lyons, GA, \$174,633
Alcorn State University, Alcorn, MS, \$200,000
Hampton Regional Medical Center, Varnville, SC, \$198,750
Palo Pinto General Hospital, Fort Wolters, TX, \$200,000

South Plains Health Provider Organization, Plainview, TX, \$182,800
Van Independent School District, Van, TX, \$163,102
West Virginia University Research Corporation, Morgantown, WV, \$198,297
Summersville Memorial Hospital, Summersville, WV, \$199,177

**FY 2002 New Start Network Development Grantees From Southern Rural Access Program
States**

Greene Morgan Putnam Communities, Eatonton, GA, \$200,000
Vermilion Parish Rural Health Network, Gueydan, LA, \$197,340

HHS allocates \$6.3 million to improve healthcare in Mississippi Delta Region

A new \$6.3 million initiative, the Mississippi Delta Rural Development Network Grant program, announced last fall by the Health and Human Services' Health Resources and Services Administration will help improve the health of people who live in the Mississippi Delta. The initiative includes \$5.28 million in grants to create networks that improve access to primary care services and a \$1 million contract to help small rural hospitals improve their operations and financial performance.

The Delta region – which covers 205 rural counties in Alabama, Arkansas, Illinois, Kentucky, Louisiana, Missouri, Mississippi, and Tennessee – is characterized by high poverty and unemployment, racial disparities in health, and too few resources to meet current health needs. “This initiative will bring more primary healthcare services to more people in the Delta, which has some of the nation’s highest rates of preventable disease, disability and death,” HHS Secretary Tommy G. Thompson said. “And it will help stabilize small rural hospitals that provide critical safety-net services and are often economic engines in their communities.”

The \$5.28 million in eight rural development grants are intended to strengthen access to primary health care in the region. Funds will support the development of statewide networks, which will in turn help rural Delta counties form local outreach networks. The local networks will determine critical health needs, improve coordination among primary care providers, strengthen emergency medical services and develop community approaches to specific health problems. Funds were awarded through competitive grants with the amount of each award based on the number of rural Delta counties in each state.

According to SRAP Program Director Michael Beachler, “Southern Rural Access Program grantees and stakeholders recognize the tremendous opportunity that this exciting, new federal grant program has to reinforce the work they have been doing for the past three and a half years. Several individuals and agencies that provided leadership for the SRAP project will play a similar role in the new Delta State Rural Network Development program within their respective states.

“For example, the Louisiana Delta State Network grant is led by the Southeast Louisiana Area Health Education Center, a major subcontractor in the Louisiana Rural Health Access Program (LRHAP), added Beachler. “Marsha Broussard, the LRHAP project director since its inception, will serve the same role for Louisiana’s new federally funded project. The Alabama, Arkansas and Mississippi SRAP projects also have leadership connections and targeted counties in their Phase II SRAP program which are included in this new federal effort.”

In many rural communities, small hospitals deliver the full range of health care – including inpatient, outpatient and emergency medical services, skilled nursing care and home health services – to all residents, including insured and uninsured consumers, as well as Medicare beneficiaries. As a result, many of America’s 2,100 small rural hospitals face financial challenges that could harm the quality of their clinical care. In the Delta region, half of all small rural hospitals are losing money. About 80 small rural hospitals in the eight-state region

will be eligible for assistance. The Mountain States Group of Boise, IA, and the National Rural Health Resource Center of Duluth, MN are providing leadership for this effort.

Grants were awarded to the following entities located in the Southern Rural Access Program target area:

Tombigbee Regional Commission

Camden, AL, \$385,501

Contact: John Clyde Riggs, executive director or Sherea L. Bowden, program coordinator, 334-682-4234

Mid-Delta Community Consortium, Inc.

Helena, AR, \$942,831

Contact: Anna Huff, project director, 870-572-9028

Southeast Louisiana Area Health Education Center

Natalbany, LA, \$733,301

Contact: Brian P. Jakes, principal investigator or Marsha Broussard, project director, 504-568-6893

Aaron E. Henry Community Health Center

Clarksdale, MS, \$1,132,80

Contact: Mitch Morris, project director, 662-624-4292

The primary contacts for Delta State Hospital Technical Assistance are Terry Hill, National Rural Health Resource Center, 218-720-0700, and Christy Crosser, Associate Project Director, 303-422-3215, ext. 1.

Louisiana's Vermilion Parish receives network grant

The Vermilion Parish Rural Health Network, a community-based, vertically integrated healthcare network comprised of healthcare, social service, consumer, government and businesses, received a grant award for \$197,340 from the federal Office of Rural Health Policy's Rural Health Network Program for the year 2002 with recommended future support for years 2003 and 2004 in the amount of \$177,540 and \$179,604, respectively. The grant will be used to implement the community health plan developed with the assistance of Southern Rural Access Program funds last year by Vermilion Parish, a predominantly rural area located within the Louisiana Rural Health Access Program (LRHAP) target region.

“This network grant will provide us with resources to implement the recommendations made by community leaders in the parish,” said Kristy Nichols, LRHAP Community Health Network Director who helped facilitate the planning efforts for the Vermillion Parish.

Specifically, the plans calls for:

1. Formalization and expansion of the Vermilion Parish Network.
2. Engagement in business development activities that will increase access to healthcare services and improve the economic stability of local healthcare providers.
3. Development of a comprehensive prescription drug program that will increase access to and utilization of medication for the uninsured.
4. Expansion of clinical capacity to increase access to primary care for the uninsured and underinsured. Implementation of these goals is expected to reduce costs through joint physician recruitment, improved provider organizational efficiencies and more efficient and effective systems for managing patient care.