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GA Health Policy Center provides leadership for Rural Health Network Technical Assistance Project

The Health Resources and Services Administration (HRSA) awarded the Georgia Health Policy Center an 18-month, \$969,172 contract, effective September 9, to provide technical assistance to grantees of two federal Office of Rural Health Policy's (ORHP) programs – Rural Network Development Program and Mississippi Delta State Rural Development Initiative. Known as TAP, the Delta Network Technical Assistance Program aims to improve systems of healthcare in rural areas by ensuring grantees receive support in implementing plans; helping grantees maximize grant-funded activities and fostering grantees' sustainability.

“The Georgia Health Policy Center, as well as the entire family at the Andrew Young School of Policy Studies at Georgia State University, is honored to have the opportunity to assist communities and organizations throughout the country who are working diligently at the local level to assure access to quality health care and to improve health status. We look forward to working with our partners like Penn State in helping communities develop the understanding and skills to do their work smarter, bolder, and faster,” said Tina Anderson Smith - Program Director. “Based on our grassroots understanding of the challenges rural networks face, the keys to success for network development, and the types of technical assistance that propel the development process, the Georgia Health Policy Center is confident about the potential of our approach to effectively advance the development of rural health networks across the country.”

The Rural Network Development Program is designed to further ongoing collaborative relationships among healthcare organizations by funding rural health networks that focus on integrating clinical, information, administrative and financial systems across members. The Mississippi Delta Rural Development Initiative aims to help improve the health of people who live in the Mississippi Delta region. The initiative includes two activities: \$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 State program targets rural counties in Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri and Tennessee that are participating in the Delta Regional Authority, an economic development effort adopted by Congress in 2001. The Rural Health Network program is a federal effort started in the mid 1990s that reaches 33 networks in 20 states located from Vermont to California.

One of the major challenges of providing technical assistance to these grantees is the range of diversity among the grant recipients. Not one of the grantees has a similar profile in relationship to geography, geographic scope, size and definition of target populations, culture, mission, members, activities and developmental stages. Even “what it means to be rural” is defined differently depending which grantee is being described.

According to Neal Stockmyer, operations manager – Georgia Health Policy Center, “Because of the high degree of need identified by HRSA this has been a very fast-paced project. Once the contract was awarded we quickly identified subcontractors and immediately hit the road to assess the grantee's TA needs. Now, we are prioritizing those needs to determine the

best way to deliver technical assistance – onsite, teleconferencing or geographically clustered meetings – in an effort to develop a comprehensive technical assistance plan. In some cases, the grantees needs are greater than our capacity and we will need to identify other resources to fulfill those needs.”

The Georgia Health Policy Center (GHPC) first began providing technical assistance to rural communities and developing rural health networks with the creation of the Networks for Rural Health program in 1997. Over the past five years, the Georgia Health Policy Center has provided assistance to 23 county-level community-based rural health network initiatives and 20 multi-county, regional rural health networks in Georgia. In total, 73 rural Georgian counties have received some form of technical assistance from the GHPC team.

In addition to its work in Georgia, GHPC staff have served as consultants or made presentations based on lessons learned from their experience in 15 other states. Staff has provided technical assistance to HRSA’s Community Access Program, the Academy for Health Services Research and Health Policy and the Agency for Health Research and Quality. Collectively, this experience along with a systematic case study research project of 12 networks in Georgia has helped the Center better understand the kinds of technical assistance that result in better outcomes.

Specifically, GHPC’s research has shown the following:

- Longer duration of technical assistance relationships is more important than quantity of technical assistance resource investment.
- Better outcomes are associated with networks in which the members are aware of the need for change, but are not in a crisis.
- Strong local leadership and awareness of the need for change is a powerful receipt for positive outcomes.
- Improvements in health system integration usually are apparent first, followed by improvements in financial indicators.
- Clinical improvements are the most difficult and take the longest.

The GHPC has used its experience and research knowledge to devise smarter, faster and bolder ways to help networks. ORHP Grantees can expect to receive a systematic, but flexible approach to technical assistance that measures against known keys to success.

The approach includes:

- Conducting interviews
- Developing tailored technical assistance plans
- Providing and brokering technical assistance
- Documenting progress, celebrating successes and adjusting technical assistance plans
- Continuing to have a presence in the process.

To accomplish its mission GHPC has partnered with the following:

- Penn State College of Medicine Rural Health Policy Center (national program office for the Southern Rural Access Program)
- CRL Consulting
- Baumgartner Health LLC
- National Rural Health Resources Center
- National Cooperative of Health Networks.

Delta Network Technical Assistance Program

Key Project Staff

<p>Tina Anderson Smith, MPH Director, Community Health Systems Development, Georgia Health Policy Center</p> <p>Smith serves as project director. She has experience in community development, public health, state health policy research and program evaluation and rural hospital market research and business development. A rural Georgia native, Smith has been involved in efforts to support improvements in access to care for rural citizens for the past 11 years.</p>	<p>Eric Martin, MPH, MSN Rural Health System Developer – Networks for Rural Health Program Georgia Health Policy Center</p> <p>Martin serves the project in the roles of peer coordinator and technical assistance team leader. His experience includes work in public health, advanced practice nursing, mental health and substance abuse, health systems information technology and case management. His current assignment with GHPC includes program evaluation and lead developer for rural health systems information technology infrastructure building.</p>
<p>Karen J. Minyard, PhD Executive Director - Georgia Health Policy Center</p> <p>Minyard serves as senior advisor to the project. Her areas of specialty are strategic management and healthcare financing. She is an advocate for basic restructuring of local healthcare systems with a focus on access to care and health status improvements. Prior to pursuing her doctorate, Minyard worked in nursing & hospital administration for 15 yrs.</p>	<p>Catherine Leimohn, MPP, BSPH President - CRL Consulting, Inc.</p> <p>Liemohn serves as a technical assistance team leader for the project. She has more than 13 years experience in healthcare and benefits consulting on the national level, including having served as the executive director of the East Georgia Health Cooperative.</p>
<p>Neal E. Stockmyer, MA, MHA Research Associate - Georgia Health Policy Center</p> <p>Stockmyer serves as operations manager and a technical assistance team leader for the project. His experience includes physician group and practice management; hospital administration; providing assistance to small rural hospitals considering Critical Access Hospital designation; and providing technical assistance to the Rural Enrichment and Access Program (a SRAP grantee) supported East Georgia Health Cooperative. In addition, Stockmyer has 15 years experience in a variety of healthcare administration positions.</p>	<p>Michael Beachler, MPH Director – Rural Health Policy Center Penn State College of Medicine</p> <p>Beachler is a technical assistance team leader for the project. He is the national program director for the Southern Rural Access Program, an effort to improve access to basic healthcare in eight of the most underserved rural states in the country. He has 23 years experience of healthcare experience with expertise in health philanthropy, state health policy and community health planning.</p>

Claudia A. Lacson, MD, MPH

Research Associate - Georgia Health Policy Center

Lacson serves the project in the roles of evaluation coordinator and technical assistance team leader. She has experience in Latino health issues, community health systems development and cross-cultural healthcare. At GHPC Lacson provides technical assistance to state and federally funded networks located in Georgia and across the nation.

Curtis E. Holloman, MA

Deputy Director – Rural Health Policy Center
Penn State College of Medicine

Holloman is a technical assistance team leader for the project. He is the deputy director for the Southern Rural Access Program, an effort to improve access to basic healthcare in eight of the most underserved rural states in the country. He has served as the health director for two different North Carolina counties and as a chief operating officer for a rural community health center.

Eric R. Baumgartner, MD, MPH

President - Baumgartner Health, LLC

Baumgartner is a technical assistance team leader for the project. His business, Baumgartner Health, specializes in population health and access to care. Other experience includes serving in a variety of local and state posts, including state health officer and director of the Office of Public Health for Louisiana. He also served as the director of the HRSA Community Access and State Planning Programs. A major portion of his current work involves providing technical assistance to communities participating in the Community Health Leadership Network.

Special summer supplement of the Journal of Rural Health highlights Southern Rural Access Program

A special issue of the Journal of Rural Health scheduled for publication in August 2003 will focus solely on the Southern Rural Access Program, perhaps the largest philanthropic investment launched to improve the rural healthcare infrastructure. Funded by The Robert Wood Johnson Foundation this issue will provide an in-depth look at the program's components, including accomplishments, challenges and lessons learned. Readers will better understand the magnitude of this regional effort; the generations-old barriers to improving access to care in this underserved area; the methodologies used; the innovativeness of the solutions; the dedication of the project staff and key partners; and the progress made to date through ongoing local and regional collaborations among private, public and government entities.

The issue will also bring to the attention of rural health advocates and policymakers nationwide the need to support improvements in access to healthcare in under-served rural areas throughout the country. "Hopefully, by profiling these interrelated projects that address specific SRAP components, policymakers will have a greater appreciation for the efforts of the eight SRAP grantees, emphasized Michael Beachler, SRAP director. "The Southern Rural Access Program may be the largest philanthropic investment ever launched to improve the rural healthcare infrastructure and we want to tell our story."

To accomplish this enormous task the Rural Health Policy Center invited Gail Bellamy, PhD, director of Community Studies - West Virginia Institute for Health Policy Research, to serve as guest editor along with co-editor Crystal Hull, ABC, SRAP Communications Officer. As guest editor Gail will ensure that manuscripts match peer review needs; reflect the highest standards of practice and scientific inquiry; prepared in a style and format relevant to rural health scientists and professionals; represent an original work and that neither the submitted manuscript nor a version of it has been published elsewhere nor is being considered for publication elsewhere.

A nine-member advisory committee co-chaired by Bellamy and Hull includes:

- Graham Adams, PhD, director – South Carolina State Office of Rural Health
- Michael Beachler, MPH, director – Rural Health Policy Center/Southern Rural Access Program
- Marsha Broussard, MPH, program director – Louisiana Rural Health Access Program
- Helen Miner, RN, PhD, director – Lake Country AHEC
- Karen Minyard, PhD, executive director – Georgia Health Policy Center
- Donald Pathman, MD, MPH, associate professor – UNC at Chapel Hill
- M. Katherine Stewart, MD, MPH, program director - Arkansas Southern Rural Access Program

The Journal of Rural Health, published quarterly by the National Rural Health Association, offers original research encompassing evaluations of model and demonstration projects to improve rural and urban differences and mathematical models examining use of health care services by rural residents. To subscribe to the Journal call 816-756-3140, visit the National Rural Health Association website at www.nrharural.org or send an email inquiry to pubs@nrharural.org.

Proposed Journal of Rural Health Articles & Authors

Southern Rural Access Program: An Overview

Michael Beachler, MPH and Curtis E. Holloman, MPA

Rural Health Policy Center/Southern Rural Access Program, Penn State College of Medicine

James Herman, MD, MSPH

Family and Community Medicine, Penn State College of Medicine

Use of Program Logics in the Southern Rural Access Program Evaluation

Donald Pathman, MD, MPH, Samruddhi Thaker, MD, MPH and Jennifer Albright, MPH

University of North Carolina at Chapel Hill

West Virginia Transportation for Health: Defining Success

Gail R. Bellamy, PhD

WVU Institute for Health Policy Research

Kendall Stone

Raymond L. Goldsteen, PhD and Sally K. Richardson

WVU Institute for Health Policy Research

Rural Physician's Perceptions Regarding the Role and Practice of the Nurse Practitioner, Physician Assistant and Certified Nurse Midwife

Stephanie Burgess, MSN, RN, CS, FNP

University of South Carolina

Rosanne H. Pruitt, PhD, RN, CS, FNP, Clemson University

Patricia Maybee, EdD, RN, CS, FNP, Private Family Practice

Arnold E. Metz, Jr., MA, PA-C

Medical University of South Carolina

Jean Leuner, PhD, RN, CS

College of Nursing, Medical University of South Carolina

Assessment of West Virginia's Four Financial Incentive Programs for Rural Physicians

Jody Jackson, RN, MPH

West Virginia University Office of Rural Health

Claude K. Shannon, MD, PhD

Department of Family Medicine, West Virginia University

Donald E. Pathman, MD, MPH

University of North Carolina at Chapel Hill

Developing a Statewide Strategy for Rural Health Network Development

Karen Minyard, PhD, Georgia Health Policy Center

Isiah Lineberry, Georgia Office of Rural Health

Tina Anderson Smith, MPH, Georgia Health Policy Center

Tracy Bird, Georgia Department of Community Health

Improving Access to Capital for Health Care Infrastructure: The Experience of the Southern Rural Access Program's Revolving Loan Fund

M. Kathryn Stewart, MD, MPH

Arkansas Center for Health Improvement

Deborah Slayton, Southern Financial Partners

Michael Beachler, MPH

Rural Health Policy Center/Southern Rural Access Program, Penn State College of Medicine

Connecting Our Resources: Louisiana's Network Development Approach

Marsha Broussard, MPH

Louisiana Rural Health Access Program

Kristy Nichols, MPH, LA Office of Rural Health

Robin Blackwell, Louisiana Rural Health Access Program

Nichole M. Dupree, MPH

Louisiana Rural Health Access Program

Alabama Rural Leaders Pipeline: Future Health Care Professionals

Benjamin P. Rackley

Tuskegee Area Health Education Center

John Wheat, MD, MPH

University of Alabama at Tuscaloosa

Robert H. Garner, PhD

University of Alabama at Tuscaloosa

Evolution of Southern Rural Access Program Practice Management Strategies

Graham Adams, PhD, SC State Office of Rural Health

Rita Salain, Salain Consulting

Kelli Glenn, MBA, RD, Coastal AHEC

Curtis E. Holloman, MPA and Jeannie Nye

Rural Health Policy Center/Southern Rural Access Program, Penn State College of Medicine

Mary Patterson, Mississippi Hospital Association

Sally Harrison, BSN, RN, Mississippi Hospital Association

Recruitment of Rural Healthcare Providers: A Regional Recruiter Strategy

Holly Felix, MPA, Arkansas Center for Health Improvement

Joy Shepherd, MPH, CHES, Delta AHEC

M. Kathryn Stewart, MD, MPH

Arkansas Center for Health Improvement

Development of a Statewide Medicaid Dental Outreach Initiative

Mary Greene-McIntyre, MD, MPH, John Searcy, MD and Mary Finch, MBA, JD

Alabama Medicaid Agency

Arkansas River Valley Rural Health Cooperative: A Network Success

M. Kathryn Stewart, MD, MPH and Debbie Veach

Arkansas Center for Health Improvement

Robert Redford, Jr. and Kendall Poe

Arkansas River Valley Rural Health Cooperative

Rebecca Hines

Federal Office of Rural Health Policy

A Multi-Faceted Approach to Rural Recruitment: The Recrutable Community Project

Claude K. Shannon, MD, PhD, West Virginia University

Lessons Learned in Phase I of SRAP

Michael Beachler, MPH

Rural Health Policy Center/Southern Rural Access Program, Penn State College of Medicine

Donald E. Pathman, MD, MPH

University of North Carolina at Chapel Hill

USDA, RWJF provide funding for Texas revolving loan fund

Grant awards from the United States Department of Agriculture (USDA) and The Robert Wood Johnson Foundation (RWJF) will provide much needed capital for the start of a revolving loan fund for residents served by the East Texas Rural Access Program (ETRAP). The Northeast Texas Economic Development District (NETEDD) will administer the fund.

“NETEDD has extensive experience in administering three successful loan funds, each of which has had a relatively low default rate,” emphasized Michael Beachler, Southern Rural Access Program director.

The USDA grant came in the form of a hard cash Rural Business Enterprise Grant (RBEG) for use in the 15 northern most counties of the 38-county ETRAP region. RBEG grants target small businesses that do not meet the requirements for other loan programs. To be eligible for RBEG monies healthcare providers must practice in communities of 50,000 or less with priority given to applicants from communities with 25,000 people or less; have less than \$1 million in projected gross revenue; and employ 50 or fewer people. Public bodies and not-for-profit entities, including Federally recognized Indian Tribes are eligible.

The RWJF grant will be used to provide equity in making individual projects become bankable loans. The seed capital can be used for reserves and subordinated loans along with private and public financing sources to complete individual loan packages.

“The RBEG grant will be an important piece in our funding puzzle. We have had pre-application discussions with several professionals who currently operate primary care health clinics in rural areas. These are areas where no other primary care facilities exist and patients are driving miles to see a doctor, PA, or NP,” said Jerry Sparks, NETEDD economic development manager and loan fund project director. “Through our meetings we’ve had the opportunity to listen to the residents of these rural communities and hear about their need for access to primary health care. If we can use the revolving loan fund to help improve that access, we will plant the seeds for improving lives for years to come.”

In addition to the RWJF and USDA funds, NETEDD is expected to apply for another RBEG grant in 2003 that would target projects in the southern ETRAP counties and to apply for grants from the Meadows Foundation and Economic Development Administration for additional seed capital resources. Other key partners include four private banks (Hibernia, Regions, Guaranty and BancCorp South).

As with the other SRAP loan funds, both not-for-profit and for-profit healthcare providers will be targeted as recipients of loans that will generally range from \$50,000 to \$500,000. RWJF funds can leverage up to 25% of the total loan. Funds can be used for renovation, construction, equipment, working capital and refinancing of loans.

RWJF-supported loan funds must have a minimum leveraging requirement of 6:1. “Based on NETEDD’s positive experiences with economic development oriented loan funds, we are confident that the 6:1 leveraging ratio will be exceeded,” projected Beachler.

It is anticipated that a new loan fund specialist, funded through a combination of re-budgeted ETRAP and NETEDD funds, will provide marketing and technical assistance support for the fund. The SRAP-supported ETRAP practice management specialist and regional recruiter will also help market the loan fund to rural healthcare providers in the region. The SRAP-supported East Texas Health Access Network has already served as a stimulus to increase provider interest in the loan fund effort.

A Message from the Southern Rural Access Program Director ...Michael Beachler



One of the three major goals originally set for the Southern Rural Access Program in 1997 was to “build capacity at the state and community level to tackle health care problems.” Building capacity is probably an overused term and it means many things to different people. The term runs the risk of being so broad that it is not very useful.

Yet, it is clear in my mind that there are some very concrete examples of progress being made in the Southeast concerning improved capacity and problem solving abilities.

The awarding of the federal Office of Rural Health Policy contract to the Georgia Health Policy Center to provide technical assistance for two of its national grant programs; the Rural Health Network and Delta States Rural Development Networks Program is a stellar one. The Georgia proposal was selected as the most competitive of the six bidders all of whom had extensive and impressive rural health development backgrounds.

This national contract reflects acknowledgement of the skills, experience, vision and leadership abilities of a very talented set of individuals working at the Georgia Health Policy Center (GHPC). Building capacity starts with the issue of human capital. **Karen Minyard** has assembled a very impressive team of talented individuals that have launched some very productive rural health systems development work in Georgia and are very ready to provide leadership on a national level. This team has a complementary set of professional skills and backgrounds that have displayed tremendous cultural sensitivity in an increasingly diverse and complex state.

Key state health policy and philanthropic leaders in Georgia such as **Gary Redding, Russ Toal, Jim Couch, Isiah Lineberry** and **Pete McTier** (CEO of Woodruff Foundation) deserve praise for providing the financial resources to Karen to enable her to build her staff. These state leaders also helped craft a favorable policy strategy (including a state funded rural health network program and reimbursement strategies for critical access hospitals) that enabled the technical assistance efforts of Karen and her staff to bear greater fruit. Hopefully, this state policy progress can continue as Georgia’s new Governor, **Sonny Perdue**, takes office.

Karen, **Tina Anderson Smith** and their team have an uncanny knack of reaching out to other organizations to build stronger and more inclusive arrangements. Their outreach efforts to the National Rural Health Resource Center and the National Cooperative of Health Networks will bring added strength to this multi-state technical assistance effort. **Curtis Holloman** and I look forward to adding our skills and experience to this effort as well. This Georgia-led effort should make a solid contribution to the national rural health field for years to come.

New RWJF Hablamos Juntos program seeks to improve communication among physicians and Latino patients

A new Robert Wood Johnson Foundation program, Hablamos Juntos: Improving Patient-Provider Communication for Latinos, recently made its first grant awards. Ten organizations were selected to develop affordable models to help English-speaking providers communicate more effectively with their Spanish-speaking patients. Translated, “Hablamos Juntos” means “we speak together.”

Communication between providers and patients is of critical importance in a successful healthcare interaction. As the Latino population in the United States continues to grow, reducing language barriers can play an important role in improving healthcare and reducing ethnic disparities.

“We know from talking with providers that they have more trouble making a diagnosis when there is a language barrier and are more concerned with the risks of complications when they do not know about patients’ medical history or other treatments they are receiving,” said Yolanda Partida, Hablamos Juntos national program director. “It is a problem for patients as well, when providers are unable to meet informed consent responsibilities or explain the options available for care. The inability to speak English, in particular, has been empirically associated with less care-seeking and diminished access for patients. Given the rapid rise in the Latino population there is a tremendous need for better models of interpretive services and strategies to have these services available for all health organizations in a community.”

The ten Hablamos Juntos projects will use their \$150,000 planning grants over the next year to design innovative, affordable models to improve patient-provider communication, including language interpretation services, printed materials and signage. Upon successful completion of the planning phase, each site will be eligible for a two-year grant of up to \$850,000 to implement the proposed model.

Two of the grantees serve populations in the Southern Rural Access Program target region – En Espanol in Birmingham, AL and Greenville Hospital System Foundation, Inc. in Greenville, SC. Lisa Theus (205-939-9929 or itheus@enesoanol.org) is the contact for the Alabama project and Frederick D. Hobby (864-455-7115/ or hobby@ghs.org) is the contact for the South Carolina Project.

Georgia Department of Health announces Phase II grant at October news conference in Albany

At an October 24 news conference at Albany State University (ASU) the Georgia Department of Health announced receipt of a \$808,450,21-month grant from The Robert Wood Johnson Foundation. The new grant will support Phase 2 efforts of the Rural Enrichment and Access Program (REAP), administered by the Mercer University School of Medicine. New to this phase is a partnership between REAP and the ASU-sponsored Health Careers Opportunity Program (HCOP) for individuals from minority and disadvantaged backgrounds.



GE Alan Dever, PhD, MT, MD, Chair – Department of Community Medicine at Mercer University (far right) joins other key partners to celebrate REAP’s new grant award. The partners include (L-R) **James Couch**, GA Department of Community Health Deputy Commissioner; **Portia Shields**, Albany State University President; and **Isiah Lineberry**, Office of Rural Health Executive Director.



Key partners in the REAP effort gathered in Albany for the announcement of the new RWJF grant. From (L-R) are **Andre’ Thomas**, REAP Director; **James Couch**, GA Department of Community Health Deputy Commissioner; **Portia Shields**, Albany State University President; **Elizabeth Lovett**, ASU HCOP Manager; and **Isiah Lineberry**, Office of Rural Health Executive Director

News from around the states

Congratulations to Allen Smart, vice president – The Rapides Foundation (Alexandria, LA), on being named to the RWJF Local Initiatives Funding Partners Program National Advisory Committee.

Congratulations to Sharon Lansdale, executive director – Center for Rural Health Development, on her appointment by West Virginia Governor Bob Wise to the Health Care Advisory Council. In this role she will provide guidance, review results and options and make recommendations about plans and strategies for expanding health coverage for the uninsured. The work of the Council is funded through a State Planning Grant from HRSA.

A warm welcome is extended to the following new members of the Southern Rural Access family:

- Janis Ritter, MEd – practice management specialist for the Piney Woods AHEC, a key partner of the East Texas Rural Access Program
- Loretta Duncan – practice management specialist for the Arkansas Medical Society, a key partner of the Arkansas Rural Health Access Program
- Jeannie Jump – coordinator for communications and other project-related activities for the South Carolina State Office of Rural Health, the lead agency for the South Carolina Rural Health Access Program.

Mississippi Governor Ronnie Musgrove signed into law HB 2, which puts substantial limits on medical malpractice lawsuits against physicians, hospitals and nursing homes.

The law, which takes effect January 1, caps pain-and-suffering damages in medical malpractice cases at \$500,000, increasing to \$1 million by 2017 with no further adjustment for inflation. The new law also defines more narrowly the financial responsibility of parties in a malpractice lawsuit and requires lawsuits be filed in the county where the alleged injury occurred.

ETRAP goes to Washington

The East Texas Rural Access Program (ETRAP) was highlighted in an early October ad in Roll Call, the bi-weekly independent newspaper circulated on Capitol Hill and widely read by members of Congress and their staff. **Larry Brown, MD**, a rural physician practicing at the Newton Family Clinic in Jasper, Texas was featured in the ad.

The Roll Call ad campaign is an initiative of The Robert Wood Johnson Foundation's Connect Project. The Connect Project, started in 1997, works with grantees to help them build relationships with members of Congress and other policymakers. The goal of the ad campaign is to educate and inform members of Congress and their staff about the unique work of RWJF grantees in their states and districts.

These ads also will serve to educate policymakers about the health challenges facing people in their states and districts, illustrate how RWJF grantees like ETRAP are tackling those problems and highlight how the Southern Rural Access Program is a valuable regional resource for underserved rural residents.

Ingrid Bowden – ETRAP; **Carlene Wilson** – Piney Woods AHEC; and **Crystal Hull**, National Program Office, all worked together to make this ad a reality. If you are a SRAP or other RWJF grantee and would like more information on the Connect Project, please contact **Ann Searight**, RWJF Communications Officer at asearig@rwjf.org.

Rural Health Policy Center hosts another successful SRAP grantee conference

The Southern Rural Access Program convened another information-packed grantee conference September 25-27 in Charleston, West Virginia. Hosted in part by staff of the Center for Rural Health Development, Inc., the West Virginia grantee, the conference drew an audience of more than 100 people.

Focusing on several key areas – revolving loan funds, recruitment & retention efforts, communications and sustainability – there was something of value for everyone. The meeting kicked-off with a lead agency group discussion led by RWJF Senior Program Officer Anne Weiss on the possible development of a regional forum to address rural healthcare issues once RWJF funding for the Southern Rural Access Program ceases. According to Michael Beachler, SRAP Director, “I was pleased with the grantees’ willingness to put ideas on the table and commit to exploring the idea of a regional forum in greater detail over the course of the next year. Folks from each of the states shared their perspectives, asked questions and agreed to further explore the idea with colleagues back home.”

Later Wednesday all conference participants were invited to an informal reception to network, renew old friendships, meet new members of the SRAP family and enjoy the music and song of a local musician.

Thursday’s full schedule of events opened with a plenary panel on “Sustainability: Lessons Learned From Other RWJF Programs.” Each of the presenters shared their organization’s story on the steps taken to ensure that the program would continue beyond RWJF funding.

Jane Callahan, CEO – Vallejo Fighting Back Partnership, encouraged the early morning group to be opportunistic; build relationships and work with their partners; be a neutral convenor; find a credible expert in the community to support your cause; think “systems”, not “project”, when engaged in strategic planning; be research-oriented; and spend political capital wisely.

Three sets of concurrent sessions provided ample learning opportunities for the remainder of the day. Grantees could choose sessions related to practice management technical assistance, drawing down resources for AHECs, loan fund monitoring and risk management, communications as a resource development strategy, West Virginia’s Recruitable Community Project, and using business plans and marketing strategies as tools to promote sustainability.

“An Evening at Tamarac” provided a much needed respite from the intensity of the day’s conference agenda. Following dinner and a tour of the shops and artisan works folks were treated to an evening of local storytelling on the importance of coal mining in West Virginia’s history, economy and culture followed by a one-act, four-scene play based on oral histories from life in a West Virginia coal camp.

Friday’s “Open Space” breakfast roundtable sessions were a well-received addition to the conference. Participants had the choice of attending one of three facilitated sessions on Recruitment, Loan Funds or Practice Management Technical Assistance. Brief opening remarks

by experts in the respective subject area provided the catalyst for 90 minutes of information sharing, probing and brainstorming. Based on the conference participant surveys, the sessions provided significant benefit to those who were able to attend and are expected to be incorporated in future conference agendas.

Autumn '02 Grantee Conference Photos



SRAP Director Michael Beachler (L) and RWJF Senior Program Officer Anne Weiss (R) listen intently as the grantees share their ideas about the regional forum concept.

Kate Stewart (R) - Associate Director, Arkansas Center for Health Improvement, makes a point during the project directors' meeting with support from colleague Elaine Wootten (L) - Assistant Project Director.



Curtis Holloman (L), SRAP Deputy Director; along with Roslyn Ferrell (C), Project Director and Mitch Wilkens (R), Revolving Loan Fund Specialist, of the South Carolina State Office of Rural Health jot down notes during the regional forum discussion.



Marsha Broussard - LRHAP Program Director; Sharon Lansdale - Executive Director - Center for Rural Health Development (WV); Marcus Garner - MARC Program Director; Al Fox - Executive Director, Alabama Primary Health Care Association; and Robert Pugh - Executive Director, Mississippi Primary Health Care Association, share their ideas on the concept of a regional forum

Mark Your Calendars

Southern Rural Access Program Spring Grantee Conference

Sponsored by the Rural Health Policy Center in partnership with the federal Office of Rural Health Policy and the Georgia Health Policy Center.

When: Wednesday, April 23 - Friday, April 25, 2003

Where: Wyndam Garden Hotel, Memphis, TN

Focus: Rural Health Networks

Invitees: SRAP Grantees, Delta States Grantees

(Representing the states of Alabama, Arkansas, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Missouri, South Carolina, Tennessee, Texas and West Virginia.)

More details will follow as they become available.