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# Rural Health Connections

A publication of the Southern Rural Access Program National Program Office

## Southern Regional Health Consortium hires director; begins strategic plan development process

The Southern Regional Health Consortium's (SRHC) Governing Council selected **Joy Campbell** as its first executive director and expanded its membership (see listing on page 2) to include a second representative from each of the participating eight states. Campbell assumed her new role April 12. Her office is located at the South Carolina Office of Rural Health in Columbia.

Campbell said her "strong belief in SRHC's mission to improve the health status and quality of life for residents in the Southern states" lead her to pursue the executive director position. Her self-described passions are "helping to improve systems, outreach program development, policy development and advocacy." She stresses, "There must be a voice for those who can't access services and we must educate our policy makers regarding issues that negatively impact the people of our states."

Campbell has spent her career in advocacy and policymaking. As founder and president/CEO for eight years of the South Carolina Campaign to Prevent Teen Pregnancy, her efforts to increase public awareness and generate support from the state General Assembly about the need to curb rising teen pregnancy rates resulted in \$19.5 million in block grants for county level prevention programs. She also developed strong editorial support for investing state resources in teen pregnancy prevention that ultimately generated support from public and private sources to put the SC Campaign on sound financial footing.

Prior to her work with the SC Campaign, Campbell worked for the Council on Abuse and Neglect where in recognition of the correlation between child abuse and teen pregnancy, she organized the first teen pregnancy legislative day. Based on the correlations she identified between child neglect, teen pregnancy, low birth weight babies and infant mortality, Campbell conceptualized, created and implemented Special Delivery, an award winning pilot program designed to encourage low-income mothers to get early and consistent prenatal care.

Numerous organizations and former South Carolina Governors Carroll Campbell and Jim Hodges have recognized Campbell for her work on behalf of children and families.

"The greatest strength of the SRHC Council is its collective wealth and variety of experience and expertise," said Campbell. "The success of the SRHC is dependent upon our ability to capitalize on the strengths of every Council member." She also added that the health administrators and educators, healthcare providers, researchers, social workers, local and state government leaders, policymakers, financial institutions, philanthropies and young people that are involved in this effort each bring a unique perspective. "It's very unusual to have this many disciplines at the table. Generally, when you're working on healthcare issues you are dealing primarily with healthcare providers. With this initiative there is genuine collaboration."

Completing the strategic planning process is the most pressing objective for the newly formed SRHC. The addition of eight new Governing Council members – one from each state – and the selection of affiliate members will bring more voices to the planning process. In addition, the creation of an Advisory Committee comprised of individuals and organizations with similar interests will create opportunities to link with other sources for additional types of information and resources.

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**Joy Campbell**

## 21<sup>st</sup> Century Challenge Fund awards two more grants

Through its 21<sup>st</sup> Century Challenge Fund the Southern Rural Access Program funded two projects based in West Virginia. A \$51,550 grant to the Center for Aging and Health Care will help senior citizens access health care benefits through a program called SEARCH. A \$24,730 grant to the West Virginia Primary Care Association will help strengthen and improve the healthcare infrastructure of School-Based Health Centers.

### SEARCH Project

The SEARCH (Screening Elders to Access Referrals, Care and Healthcare) benefits project will use an internet-based network coupled with one-on-one assistance to link older adults with benefits and services. According to Rowena Sizemore, project social worker, "Older adults who live in underserved rural areas often do not receive federal, state or local services and benefits available to them that, if utilized, might help them to maintain or improve their health and functional status, quality of life and independence in the community."

The project will link older adults to program and services through a network of existing community organizations in a six-county area. The participating organizations will host a comprehensive web-based system called Benefits CheckUp. Developed by the National Council on the Aging the program targets older adults aged 55 and over and makes them aware of programs such as discount drug programs, homemaker services or the Social Security Disability program.

Collectively, the Bernard McDonough Foundation, Parkersburg Area Community Foundation, Camden Clark Memorial Hospital, Mountain State Blue Cross & Blue Shield, ACCESS and the Sisters of St. Joseph Charitable Fund contributed \$56,000 in matching dollars.

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# Southern Regional Health Consortium

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According to Campbell, the planning process includes individual state assessments; further analysis of survey data compiled previously by researchers at the University of North Carolina under the auspices of the Southern Rural Access Program; analysis of regional data to learn whose doing what well and what common interests exist; and state-by-state self-assessments and identification of needs. "Once we complete these steps, the Consortium will develop a data driven strategic plan and prioritize needs based on the information collected," explained Campbell.

Current plans call for distribution of the findings to key stakeholders along with a summary of the key benefits each state can expect to derive from its participation. Based on these findings proposals will be written to support programming to achieve the goals set forth in the strategic plan.

"Identifying issues common among the states, prioritizing the most urgent issues and finding resources to tackle them will be the greatest challenges facing the SRHC," said Campbell. "Some issues will naturally surface. Our job is to find consensus and to ensure that we implement a strategy that will be equally beneficial to all eight states."

One area that Campbell doesn't see as a great problem in the

foreseeable future is funding. In January, the Robert Wood Johnson Foundation awarded a \$600,000 grant to the South Carolina Office of Rural Health, as the fiscal agent, to plan and establish the SRHC over the course of the ensuing two years. An additional \$150,000 from unspent funds in the last funding phase of the Southern Rural Access Program will also be redirected to SHIC operations.

As for the future of SRHC Campbell envisions that in five years SRHC will be known for its technical assistance, research, policy development, education, advocacy and other resources devoted to addressing a multitude of healthcare issues in the southern states. When asked where she thought the consortium would be in 10 years she hesitated briefly, but then replied, "I think the SRHC will be a nationally recognized resource for providers, researchers and policymakers on healthcare matters of importance to the southern states and the nation. Ultimately, the Center will become a resource to other states beyond the original eight SRAP states."

**NOTE:** The SRHC (formerly called the Southern Health Improvement Consortium) is a regional collaboration with representation from Alabama, Arkansas, Georgia, Louisiana, Mississippi, South Carolina, the eastern part of Texas and West Virginia – the eight states targeted by RWJF's Southern Rural Access Program.

## Southern Regional Health Consortium Membership

AL	John Higgenbotham, PhD, MPH Clyde Bargainer, DrPH	Institute for Rural Health Research Office of Primary Care and Rural Health	University of Alabama AL Department of Public Health
AR	Kate Stewart, MD, MPH Amy Rossi, MSW	College of Public Health Arkansas Center for Health Improvement	University of Arkansas Medical Sciences
GA	Isiah Lineberry Andre' Thomas	Office of Rural Health Services Rural Enrichment and Access Program	Department of Community Health Mercer University School of Medicine
LA	Marsha Broussard, MPH Kristy Nichols, MS	Louisiana Rural Health Access Program Office of Primary Care & Rural Health	LSU Health Sciences Center Department of Health and Hospitals
MS	Robert M. Pugh Ray Williams	Mississippi Primary Health Care Association Enterprise Corporation of the Delta	
SC	Graham Adams, PhD Mark Jordan	Office of Rural Health Office of Primary Care	SC Dept. of Health & Environmental Control
TX	Steven R. Shelton, MBA, PA-C Camille Miller	East Texas AHEC Texas Institute for Health Policy Research	University of Texas Medical Branch
WV	Sharon Lansdale, RPH, MS Drema Mace	Center for Rural Health Development Office of Rural Health Policy	Department of Health & Human Resources



## News and Notes



A warm welcome to **Joy Campbell**, the new Southern Health Improvement Consortium's executive director. Joy's office is located at the South Carolina Office of Rural Health in Columbia, SC. She can be reached by calling 803-771-2810.

**David Brown, PhD**, has replaced **Jim Nemitz, PhD**, as the new director of the Rural Recruitment and Retention Program at the West Virginia School of Osteopathic Medicine (WVSOM). **Nemitz** has assumed the position of associate dean for WVSOM. Best wishes to both in their new positions.

**Jonathon MacClements, MD** has accepted a new position as director - Medical Education at the University of Texas Health Center at Tyler (UTHCT). In this role he will be responsible for guiding graduate and undergraduate medical education. Dr.

MacClements also managed the locum tenens project for the East Texas Rural Access Program and is an assistant professor and director of the Family Practice Residency Program at UTHCT.

**Bret Chandler** of Appalachian Health Solutions, Inc. is now providing practice management services on behalf of the West Virginia Rural Health Access Program. Chandler can be reached at 304-766-1596 or [bret.chandler@appalhealth.com](mailto:bret.chandler@appalhealth.com).

**Marsha Marze** joined the staff of the South Carolina Office of Rural Health as rural health clinic coordinator. She can be reached at 803-771-2810 or [marsha@scorh.net](mailto:marsha@scorh.net).

**Joel Sellers** joined the staff of the Louisiana Department of Health and Hospitals as a practice management specialist. She can be reached at 225-342-1584 or [jsellers@dhh.la.gov](mailto:jsellers@dhh.la.gov).

## Development Corporation of Middle Georgia receives \$500,000 to establish Rural Healthcare Revolving Loan Fund in Georgia

Through its Southern Rural Access Program the Robert Wood Johnson Foundation awarded the Development Corporation of Middle Georgia a \$500,000 grant to establish a revolving loan fund. The Georgia Department of Community Health/Office of Rural Health Services and the Georgia Rural Enrichment and Access Program (REAP) at Mercer University School of Medicine were instrumental in developing the loan program for rural providers.

According to **Tom McMichael**, president – Development Corporation of Middle Georgia, “The fund will help strengthen the economic infrastructure, as well as promote job growth in these medically fragile and economically depressed rural areas.”

According to the U.S. Department of Health and Human

Services Index of Medically Underserved, at least a portion of every county in Georgia qualifies as a Medically Underserved Area. One way to address this shortage and lack of access was the creation of a loan fund with rates and terms affordable to healthcare providers in rural and underserved areas of Georgia.

“The establishment of this loan fund will help improve the state of healthcare in rural Georgia by improving access to capital for healthcare projects, leveraging private investment in rural healthcare infrastructure and giving providers a means to build new and renew existing healthcare systems and operate them more profitably,” said **Terry Coleman**, Speaker of the Georgia House of Representatives, during a February 10 news conference announcing the grant.



**Front (L-R)** State Senator **Ross Tolleson**; Dean **Ann Jobe, MD**, Mercer School of Medicine; **Thomas McMichael**, Development Corporation of Middle Georgia; State Rep. **Larry O’Neal**; Speaker of the House **Terry Coleman**; and **Curtis Holloman**, Southern Rural Access Program. **Back (L-R)** **Andre Thomas**, REAP; **Isiah Lineberry**, Office of Rural Health; and State Rep. **DuBose Porter**.

## HRSA awards ETHAN a nearly \$200,000 network development grant

The federal Health Resources and Services Administration (HRSA) awarded a first-year \$199,787 Rural Health Network Development Program grant to the East Texas Health Access Network (ETHAN). The grant, renewable for two more years will provide much needed resources to help improve access to care in five of east Texas’s most economically depressed and geographically isolated counties – Jasper, Newton, Sabine, San Augustine and Tyler. The grant period began May 1.

“We are truly honored and excited to have received this grant,” exclaimed **Lesa Reaves**, ETHAN volunteer coordinator. “Especially since we were one of only five networks in the nation to be awarded the grant.”

The grant dollars will be used to:

- ❖ Employ additional network staff.
- ❖ Develop leadership within the community and among network members to support future sustainability.
- ❖ Create linkage between safety net providers through a common web-based information system to comprehensively screen patients prior to referral.
- ❖ Develop a multi-county, web-based resource directory to improve access to program information.

- ❖ Expand current health promotion and prevention activities.
- ❖ Implement a chronic disease management program targeting the uninsured and underinsured.
- ❖ Improve the health status of the target population by implementing a patient tracking, evaluation and program adjustment system.

ETHAN was formed in 2001 as a multi-county collaborative to address the issues that prevent residents from accessing healthcare and social service programs at the most cost effective and appropriate level of care available. With start-up financial support from the Southern Rural Access Program network members have been collaborating for close to three years to develop an integrated system of care that can effectively triage patients into primary, secondary and tertiary levels of care in a more cost effective and efficient manner.

Network members include consumer advocates from each of the five participating counties, public and state health departments, a federally funded healthcare center, three rural hospitals, a hospital based rural health clinic, a home healthcare agency, a dialysis center, a women’s health nurse practitioner, social service agencies and a faith-based non-profit organization.

## NAC member Tom McRae remembered by SRAP

For those associated with the Southern Rural Access Program (SRAP) **Tom McRae** (June 11, 1938 – January 29, 2004), was probably best known for his work as a member of its National Advisory Committee (NAC) and for his strong leadership role in developing the Arkansas revolving loan fund. However, over the course of his 40-year career this well-liked and respected Southern gentleman applied his legal and financial expertise to improve and sustain community and economic development in the South way beyond his work with SRAP.



"Tom was a talented public servant, rural advocate and true gentlemen in every sense of the word," said **Michael Beachler** – SRAP program director. "He not only helped shape Arkansas's successful revolving loan project, but has provided valuable guidance to many other of our loan fund projects through his role as a conference presenter and a NAC member. The Southern Rural Access Program family misses him dearly."

A native of Arkansas, McRae graduated from the University of Arkansas (UA) with a degree in history followed by a juris doctorate from the UA School of Law in 1963. After spending two years as a Peace Corps volunteer in Nepal, McRae joined the war on poverty with a two-year stint working in the Office of Economic Opportunity in Washington, DC.

He then returned home to Arkansas to direct the Model Cities Program in Texarkana. His public service continued when he was appointed chief of staff to Governor Dale Bumpers and then as director of the Ozarks Regional Commission.

McRae then made his mark in the philanthropic community when he became the first president and CEO of the Little Rock-based Winthrop Rockefeller Foundation. In his 14 years there he

directed far-reaching studies of sustainable agricultural development and environmental protection along with education and tax reform. McRae made his next impact on the rural Southern community when he became the first program director of the Mid South Delta Local Initiative Support Corporation (LISC). While there he organized new rural development initiatives in the 56-county Delta region encompassing portions of Arkansas, Mississippi and Louisiana. He served on the LISC Local Advisory Committee until his death.

It was during McRae's four years as president of the former Arkansas Enterprise Group (AEG) that he cemented his grasp on rural economic development. He established the model system of loan review and administration for AEG's non-profit loan fund, administered a high-risk loan portfolio, provided technical assistance to borrowers, operated human resource development and training programs and advanced public policy initiatives. He also directed an effort that raised \$12 million from private philanthropy, individuals and corporations to make loans and investments to create jobs, stimulate entrepreneurship and provide affordable housing in rural Arkansas.

McRae was a strong believer that communities need a viable, healthcare infrastructure to sustain community economic development. In a November 2001 Rural Health Connections profile McRae said, "You can't deal with just one rural issue and be effective. You must have collaborative partners working across the board. You must develop awareness that rural healthcare and rural economics are inextricably entwined. Rural development can't be done categorically."

In his later years McRae served as president of Mountain Association for Community Economic Development.

McRae, who died of Lou Gehrig's Disease, will be missed greatly by those who knew him personally and professionally.

## 21st Century Challenge Fund grant

(continued from page 1)

The project director is **Brenda Wamsley**, executive director – Center for Aging and Health Care. She can be contacted at 304-422-2853 or 800-865-2242.

### School-Based Health Center Practice Improvement

This project will implement three inter-related efforts – a comprehensive operational assessment, group technical assistance and development of a toolkit. Assessments of at least five school-based health centers and their sponsoring agencies will be conducted as a basis for developing an action plan to improve the financial status of each center through enhanced reimbursement and improved operations.

The assessment outcomes will be used to produce a written action plan outlining performance benchmarks, timetables and assigned duties. Technical assistance will include hosting three workshops for health center and sponsoring partner staff. The toolkit will contain "common principles of practice" that can be used by all the centers to enhance their revenue.

The Sisters of St. Joseph Health and Wellness Foundation has committed \$80,000 to the project for a three-year period. Funds will be used to partially support a sub-contract with Appalachian Health Solutions, Inc. to provide technical assistance related services.

The project director is **Jill Hutchinson**, executive director – West Virginia Primary Care Association. She can be contacted at 303-346-0032.

### Southern Rural Access Program & Pennsylvania Office of Rural Health

### Summer 2005 Joint Conference

June 7-9, 2005  
Crowne Plaza Hotel  
Harrisburg, Pennsylvania

For rural health advocates, providers, health professional school faculty and researchers, health insurers and state policymakers.

# Low County Healthcare Network poised to receive more than \$1.8 million in HRSA grants over three-year period

Through its Healthy Communities Access Program the federal Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care awarded the Low Country Health Care Network (LCHCN) an \$851,650 grant. Renewable for two years, the total grant amount potentially could exceed \$1.8 million. Since its inception LCHCN has received nearly five million dollars in grants from a variety of sources for programs and services.

Serving residents of Allendale, Bamberg, Barnwell and Hampton Counties in the rural "low country" region of South Carolina, LCHCN is focused on improving coordination of services, quality of care and the efficiency and effectiveness of existing services. Based on 2000 census data, 48% of the residents of these four counties live below the federally defined poverty rate.

"Our goal for the next three years is to make it easier for the people who need health care to get health care," explained **Kathy Schwarting**, LCHCN executive director. "Through this program we will identify individuals who may not have a family physician and often use the emergency room as their primary source of healthcare. Patients will be offered the option of meeting with a case manager who will assist them in finding a primary care physician, applying for Medicaid or other health-related programs, linking them with social service agencies and providing access to health education programs and other services."

According to Schwarting, "Each county will have a case manager, pharmacy assistance coordinator, Medicaid eligibility workers and a health educator."

Specifically, grant monies will be used to:

- ❖ establish a system of care coordination and information dissemination with an emphasis on preventive healthcare and chronic disease prevention
- ❖ electronically link providers and coordinators via a patient database
- ❖ ensure target population access to medications through implementation of a pharmacy assist program
- ❖ provide cultural competence provider and staff training
- ❖ enhance non-emergency healthcare transportation systems
- ❖ increase provider financial stability through improved billing, coding and accounts receivable systems
- ❖ develop a regional strategy for recruitment and retention of physicians.

It is anticipated that these activities along with a marketing campaign to educate consumers about positive lifestyle measures will lead to a decrease in the severity and incidence of acute and chronic diseases such as diabetes, hypertension, obesity and cancer.

LCHCN members serving these counties include Hampton Regional Medical Center, Allendale County Hospital, Bamberg County Hospital, Barnwell County Hospital, Low Country Health Care Systems and the South Carolina State Office of Rural Health. The network has implemented a variety of programs such as the "Screenings Save Lives" program that involves every physician and hospital in the four-county area.



**Four rural hospital CEOs join together to create the Low Country Health Care Network**

(L-R) **Ken Hiatt**, CEO - Allendale County Hospital; **Dave Hamill**, CEO - Hampton Regional Medical Center; **Kathy Schwarting**, Executive Director - Low Country Health Care Network; **Warren Hammett**, CEO - Bamberg County Hospital and Nursing Center; and **Bob Waters**, CEO - Barnwell County Hospital.

# National Rural Health Association chooses Hilda Heady as president-elect



The National Rural Health Association has chosen **Hilda R. Heady** of West Virginia to serve as president, effective January 2005. For the next year she will serve as president-elect.

Heady has been an active NRHA member and leader since 1989 and is a founding member

of the West Virginia rural health association. She is the past secretary of NRHA and has served as member of the board for eight years. She has also served on many national and state task forces addressing rural health and healthcare reform issues.

"I'm delighted that Hilda will become the president of the National Rural Health Association," said **Wayne Myers, MD**, a recent NRHA president. "There are very few people who have

worked so effectively in such a range of rural responsibilities – stabilizing a struggling hospital, leading in the rural policy debate and developing a national model for rural health professions education across institutional boundaries in partnership with rural communities. We, rural Americans, are proud to have her as our spokesperson."

Heady holds a masters degree in social work from West Virginia University and is currently the executive director of the West Virginia Rural Health Education Partnerships (RHEP) and associate vice president for rural health at West Virginia University. In a nine-year period beginning in 1992 RHEP aided in the recruitment of nearly 500 healthcare professionals into rural underserved areas of West Virginia.

Heady has also played a vital role in West Virginia's Rural Health Access Project, including serving as chair of the project's advisory council for several years.



## Newsmakers



Congratulations to National Advisory Committee member **Sandra Nichols, MD**, on her new position as chief operational officer and chief medical director for Amerigroup's Washington, DC-based office.

Hats off to **Crystal Hull, ABC**, SRAP communications officer and Penn State graduate student, upon her recent induction into Pi Alpha Alpha, the National Honor Society for Public Affairs and Administration.

Best wishes to **Mary Mack** upon her June 30 retirement as deputy executive director of Beaufort Hampton Jasper Comprehensive Health Service in Ridgeland, SC. In addition, Mary served as project director for a 21st Century Challenge Fund grant.

**Michael Beachler**, SRAP Director, has been selected as a member of the inaugural Selection Committee of the Jacksonville, Florida-based Blue Foundation for a Healthy Florida Community Health Award.

Congratulations to the leadership team at **Lawrence Memorial Hospital**, a 25-bed critical care facility in northeast Arkansas, upon being recognized as the 2004 Health Leaders Top Leadership Team in Healthcare for Small Hospitals. Lawrence Memorial is one the main hospitals in the SRAP-supported Mississippi River Delta Health Associates healthcare network.

Hats off to **Phoebe Putney Hospital** in Albany, Georgia for winning the Foster McGraw Award – the most prestigious accolade given by the American Hospital Association.

## Southern Rural Access Program joins national effort to connect uninsured children with the health coverage they need and deserve

More than 8.5 million kids in America do not have health coverage. Many of them are eligible for low-cost or free coverage through either the State Children's Health Insurance Program (SCHIP) or Medicaid, but they are not yet enrolled. Unfortunately, many working parents of children who are eligible for these programs are unaware that low-cost or free coverage is available for their children.

SCHIP and Medicaid provide child health coverage opportunities for working families. For instance, the children in a family of four that earns up to \$37,000 a year are eligible for coverage in many states. In some states, including California and New York, a family of four can earn up to \$47,000 a year or more and their children can still qualify.

African-American and Hispanic children are more likely to be without health coverage. Nearly 14 percent of all African-American children and more than 20 percent of Hispanic children in the U.S. are uninsured, but many are eligible for coverage through SCHIP or Medicaid. Among non-Hispanic white children, more than seven percent are uninsured.

The Southern Rural Access Program has joined with *Covering Kids & Families*, a national initiative of The Robert Wood Johnson Foundation designed to increase the number of children and adults who benefit from federal and state health coverage programs. Later this summer, *Covering Kids & Families* will launch its annual Back-to-School Campaign with events taking place in all 50 states and the District of Columbia in August and September. The campaign will also use public service announcements, media outreach, and corporate and organizational partnerships to get the word out that there is help available for these hard-working families and their children.

"Millions of children could be helped if more parents were aware of these valuable programs," said **Sarah Shuptrine**, director, *Covering Kids & Families*. "Parents work hard to provide for their children, and they are often faced with hard choices on how best to care for them, such as having to choose between buying groceries or buying medicine. These parents are often forced to delay medical care—care children must have in order to live, learn and grow."

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# A message from the Southern Rural Access Program Director

. . . Michael Beachler



The Southern Rural Access Program (SRAP) grantees are busy gearing up to implement the Phase 2, Round 2 projects that were funded in April 2004. These two-year grants are the last major grants that will be made in all eight states and represent a significant opportunity to fully develop and sustain the efforts made by the states over the past six years.

(See supplement for project descriptions of these eight grants.)

The projects are an exciting blend of continuation of 2002 to 2004 Round 1 efforts and, surprisingly, a number of new efforts. While collectively the Round 2 grants are \$1.7 million less than the Round 1 grants (\$5.77 million versus 7.5 million) virtually every Round 1 effort will continue to be funded at some level. In addition, Arkansas, Louisiana and South Carolina added new practice management specialists and Arkansas, Louisiana and Mississippi secured new SRAP funds to enhance the operations of their loan funds.

**How are the states doing more with less?** The answer is that the sites have been highly successful in leveraging both

public and private resources to take the first critical steps to sustaining the positions created with SRAP resources. Many of the sites have been highly creative in securing local, state or federal public funds, securing grants from local philanthropies or generating fees from providers for the valuable services that project staff provides. A few projects have already found external funding to completely sustain network, recruitment or practice management efforts initiated with Robert Wood Johnson Foundation funds. This all has occurred during a period of severe budget problems in many states. Sites are to be commended for their hard work and creativity.

Clearly, more hard work and creativity will be needed to continue this progress. In some states taking the second or third steps will be much more difficult and some tough decisions may need to be made. Fortunately, we have a new ally – the Southern Regional Health Consortium or SRHC – to help the projects further their sustainability efforts.

We have a wonderful opportunity to institutionalize the efforts initiated under SRAP, if grantees, subcontractors, other state and federal partners, the SHIC leadership and this office continue to be bold, resourceful and work smart.

**NOTE:** See page 1 for an article on SRHC and its Executive Director Joy Campbell.

## Covering Kids & Families Campaign

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Everyone supporting the mission of the Southern Rural Access Program is encouraged to help spread the word about programs that can help parents faced with these hard choices. The *Covering Kids & Families* Back-to-School Campaign Action Kit has all the tips and templates you need to participate at any level, whether you want to set up an enrollment event or write a letter to the editor. Free materials are available for you to distribute to potentially eligible families, including fliers and posters urging

them to call 1(877) KIDS-NOW to find out if they are eligible.

These materials can be viewed and ordered at [www.coveringkidsandfamilies.org/communications/materials/order](http://www.coveringkidsandfamilies.org/communications/materials/order).

As families prepare their children to start a successful school year, the *Covering Kids & Families* Back-to-School Campaign will focus attention on the importance of health coverage for all children. The staff at the Southern Rural Access Program hope you will get involved and help make this a healthy school year for all of America's children and their families.

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The Southern Rural Access Program is a long-term investment to improve access to basic healthcare for some of the nation's most medically underserved residents in eight Southern states. The program supports geographically concentrated projects within each state.

Under this program grantees will work to:

- ♦ Establish a cadre of health professions students committed to becoming leaders in rural health areas.
- ♦ Recruit and retain family practitioners, physician assistants, nurse practitioners, dentists and other primary care providers into underserved communities.
- ♦ Build rural health provider networks serving multiple communities.
- ♦ Establish a revolving loan fund to help rural doctors, clinics and other providers secure capital financing at terms and conditions that best meet their needs.

For more information on the Southern Rural Access Program visit our website at [www.srap.org](http://www.srap.org) or contact Crystal Hull at 717-531-1166/[clhull@psu.edu](mailto:clhull@psu.edu).

# Two 21<sup>st</sup> Century Challenge Fund grants close; exhausts \$1.5 million RWJF authorization

The two remaining open projects funded from the November 2000 \$1.5 million 21<sup>st</sup> Century Challenge Fund authorization from the Robert Wood Johnson Foundation have closed. The authorization awarded 12 grants ranging from \$50,000 to \$250,000. Each of the projects achieved some measure of success; although some projects were able to document broader and more sustained accomplishments due to support received from other sources. Coincidentally, the last two projects to close were two of the most successful projects funded.

## Children Youth Sickle Cell Network

The University of South Alabama Children Youth Sickle Cell Network (CYSN) is a telemedicine project focused on providing subspecialty medical care, education and case management services to sickle cell patients and their families; monitoring newborns diagnosed with sickle cell disease; and educating physicians, other healthcare providers and the public about sickle cell disease.

The CYSN project accomplished its objectives of providing access to subspecialty medical care through local clinic visits, consultations with USA providers using telemedicine technology, diagnostic evaluations at the USA Medical Center and case management services provided by social workers from the Sickle Cell Disease Association of America's Mobile Chapter; family, provider and community education; and the monitoring of newborns diagnosed with Sickle Cell Disease (SCD). Two of the four rural satellite clinics that were established with grant funding will continue. Future plans also include expanding coverage to include other hematological disorders outside of SCD. Funding will be provided by the Department of Pediatrics and the College of Medicine at USA with the hope that the program will become a cash neutral venture.

## Smile Alabama

The Alabama Medicaid Agency's Smile Alabama is a statewide initiative aimed at increasing the number of dental providers participating in the Medicaid program and increasing the number of children receiving dental care.

The Smile Alabama project exceeded its goal of increasing the number of Medicaid-eligible children receiving dental services by five percent to 8.61%. The program also increased the number of Medicaid participating dentists by an astonishing 56.7% – well beyond its goal of 15%.

Programs and materials made possible as a result of grant funding along with additional funds from project partners will enable the agency to continue to implement much of the state's oral health strategic plan. While outreach and recruitment activities will be emphasized less due to funding limitations and an agency reorganization; provider retention and recruitment activities will still be a part of the Agency's ongoing efforts. Technical assistance will be available for dental providers and written information, especially for obstetrical care providers, day care centers and Head Start Programs, will be distributed until supplies are exhausted. The two staff members whose salaries were partially covered by grant funds will now be funded by the Medicaid Agency.



## Smile Alabama!!

Medicaid Dental Program Associate Director **Tina Edwards** meets with **Dr. Johnny Griffin** to discuss Alabama's increased rate schedule for dentists.

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# RWJF awards last round of funding for Southern Rural Access Program

**JULY 2004**



## **Southern Rural Access Program**

In its last round of funding to the Southern Rural Access Program (SRAP) the Robert Wood Johnson Foundation (RWJF) awarded a total of \$5,773,945 to the lead agencies of the eight states served by this effort to improve access to healthcare in some of the nation's most rural and underserved areas. The target region includes Alabama, Arkansas,

Georgia, Louisiana, Mississippi, South Carolina, the eastern part of Texas and West Virginia.

The remaining one million dollars in grant funding from the

foundation is earmarked for \$500,000 seed capital grants to the Economic Corporation of the Delta and the South Carolina Office of Rural Health for revolving loan funds in Mississippi and South Carolina, respectively. Applications have been received from both entities and a decision by RWJF is expected in Fall 2004.

This special supplement to Rural Health Connections summarizes the projects funded in the last round of the program. More information on previously funded initiatives and target regions can be found by visiting the Southern Rural Access Program website at [www.srap.org](http://www.srap.org), selecting Grantees from the button on the left and then selecting one of the eight states listed under the Project Summaries heading.

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## **Alabama**

### **Phase II, Round II Grant \$666,145 for 24 months (4/1/04-3/31/06)**

The Alabama Primary Health Care Association is the lead agency for the Alabama project. Wil Baker, EdD and Ruth Harrell serve as project co-directors.

#### **Rural Health Leaders**

The University of Alabama at Tuscaloosa's (UAT) Minority Rural Health Pipeline Program (MRHPP), an initiative that has received Southern Rural Access Program (SRAP) funding since 1999, will continue to focus on recruiting recent high school graduates from the 18-county Black Belt region who are interested in careers in medicine. The primary goal of the program is to increase the number of minority students from rural Alabama in the pipeline progression from high school graduation through undergraduate study to the point of acceptance into medical school while nurturing a career commitment to practice in rural Alabama. Since its inception, two of the 26 students participating in the project have enrolled in medical school.

Another goal of the program is to sustain contact with school counselors, physicians, other healthcare professionals and community members within the target region to publicize the program's achievements and encourage participation by qualified applicants.

The program, which can accommodate eight students, offers a variety of year-round activities, including a community-based experience, to prepare these future healthcare leaders. A 10-week summer program focuses primarily on initial Medical College Admission Test (MCAT) preparation. The program also provides pre-medical school academic and related support for interested students.

The Tuskegee Area Health Education Center's (TAHEC) College Connection Program administers the Health College Connection II Program (HCCP-II), a summer enrichment program designed to increase awareness of rural health concerns among students interested in pursuing careers as health professionals serving rural areas. Thirty-six students completed the 2003 summer program. HCCP-II's future program goals include intensifying recruitment through mass mailings and an electronic newsletter along with year-round activities, such as online tutors, phone calls, onsite visits by HCCP-II staff and a Health Summit to augment the summer experience.

Support from the National Center for Minority Health and Health Disparities will be sought to help sustain the MRHPP at UAT while TAHEC funds, grants and fee collections will support the HCCP.

#### **Recruitment and Retention**

The practice management technical assistance service implemented in the last grant period will continue. The practice management coordinator will assist primary care providers, including federally qualified healthcare centers, rural health centers and rural hospitals in the 18-county target region to improve financial and operational efficiency. Since the program's implementation, over 40 on-site consultation visits have been made. The coordinator will work in conjunction with the Black Belt Network Expansion Program and the Recruitable Communities Program to assist primary care practices in sustaining viable practice management and fiscal operations.

In addition, funds have been allocated to purchase additional practice management consultation services to provide technical assistance in specific clinical areas, identify and develop a sustainability plan for the service.

Funding will also continue for a regional recruiter who will work with communities to recruit primary care providers. The recruiter will organize community forums with the goal of mobilizing community residents into groups willing to develop strategic healthcare provider recruitment and retention plans. TAHEC will provide matching funds for this effort.

### **Rural Health Networks**

The Black Belt Expansion Network effort focuses on two counties in the severely depressed Black Belt – Perry and Sumter.

Judson College in partnership with Sowing Seeds of Hope, will continue its mission to improve the health status of Perry County residents by developing an integrated healthcare network. To accomplish this goal development of a strategic healthcare plan will be completed and implemented. The plan will focus on volunteer transportation services, pharmaceutical assistance, children's health insurance programs, care teams/parish nursing and healthcare service expansion through extended clinic hours. A \$17,000 federal Delta Rural Health Network Program grant to Sowing Seeds of Hope will support healthcare activities and implementation of the medication assistance program and volunteer transportation efforts.

The University of West Alabama's newly created Center for Economic and Community Development in collaboration with the Alabama Department of Public Health and the Sumter County Hospital are engaging in a similar effort in Sumter County. The project will focus on pharmaceutical assistance, volunteer transportation services, care teams, health education program and health fair screenings. A \$17,000 federal Delta Rural Health Network Program grant will support healthcare activities and implementation of the medication assistance program and volunteer transportation efforts.

Other sources of support for recruitment and retention efforts will come from the Perry County Commission, Volunteers of America, Babcock Reynolds Foundation and HRSA.

## **Arkansas**

**Phase II, Round II**  
**\$754,286 for 24 months (4/1/04-3/31/06)**

The College of Public Health at the University of Arkansas Medical Sciences is the lead agency for this project. Kate Stewart, MD, MPH is the project director.

### **Rural Health Leaders**

Southern Rural Access Program funding will continue for a part-time primary care physician to mentor primary care residents and medical students on a biweekly schedule to nurture rural interest and counsel the students about practice decisions. Since SRAP funding began for this initiative, 58 residents and 21 medical students have been precepted in rural health issues and topics by Larry Braden, MD, physician mentor. In addition to the direct

preceptorship benefits, this program has improved communications about Arkansas's Community Match and Rural Loan and Scholarship Programs.

### **Recruitment and Retention**

Building on the success of the Delta recruiters' placement of 11 healthcare providers in rural communities funding will continue to support the effort of a recruiter in the northern portion of the Delta and one in the Southern portion of the Delta. The Delta recruiters offer much needed technical assistance in community development; medical staff planning; and recruitment and retention of primary care providers. Based on prior activity it is anticipated that another 14 providers will be recruited to the region in this two-year grant period.

In addition to the work of the Delta recruiters, the use of a Practice Management Coordinator has proven successful in helping providers maintain viable rural practices through targeted interventions. Previously, the project employed one coordinator who worked in cooperation with the Arkansas Medical Society to provide practice evaluation and improvement planning to rural physicians. The coordinator addressed both fiscal issues (billing, coding and revenue reimbursement maximization) and practice efficiency issues (patient flow, scheduling, customer-oriented service and corporate compliance).

The coordinator's efforts resulted in 13 initial practice assessments and 13 follow-up visits. The current goal is to provide service to at least 10 new practices in each of the next two years. This goal will be achieved with the addition of a second practice management coordinator who will work in conjunction with the Community Health Centers of Arkansas to provide technical assistance to community health centers and prospective federally qualified health clinics.

### **Rural Health Networks**

In the last two years three new networks were formally organized and began implementing defined program interventions through the assistance of the community development technical specialist. Two other networks started in Phase I of SRAP achieved full sustainability. Through the work of the specialist, approximately \$1.7 million of funds were secured from a variety of health and healthcare-related efforts to help over 20 communities in the target region. This funding period the specialist will work on bringing two implementation-phase networks and two new networks to sustainability over the next two years. Previously, the specialist provided service to a broader region. However, in this round the specialist will focus more narrowly on the targeted networks with intensive technical assistance to identify and secure resources.

In addition, a network development consultant will be retained to provide technical assistance to targeted networks developed through HRSA's Arkansas Delta Rural Development Network Program in partnership with the Mid-Delta Community Consortium.

## Revolving Loan Fund

The Arkansas Revolving Loan Fund, the first SRAP loan fund to receive a seed capital grant from the Robert Wood Johnson Foundation, was awarded its first \$500,000 grant in 1999. In April 2002, a second seed grant of \$500,000 was awarded based on the loan fund's successful track record of closing millions of dollars in loans. Through leveraging of this last grant Southern Financial Partners made eight loans totaling \$1,175,963 in the target region.

In the current grant cycle funds were allocated to match resources from Southern Financial Partner, the Fund's agency home, to hire a capital development officer. It is anticipated that the capital development officer will raise one million dollars in new capital during this two-year grant period.

## Georgia

**Phase II, Round II**  
**\$696,875 for 24 months (4/1/04-3/31/06)**

The GA Department of Community Health is the lead agency for this project. Mercer University School of Medicine administers the project. Andre' Thomas serves as the project director.

### Rural Health Leaders

Through Albany State University the Junior Enrichment Program will continue to provide enrichment and mentoring to students from 14 southwest counties -who are interested in becoming family nurse practitioners, physician assistants and physicians. The program, which can accommodate 40 students, will assist students in gaining admission to their program of study; assign them mentors; engage them in mock interviews; assist them with writing their personal statements; provide counseling; disseminate financial information; and expose them to primary care practices. A host of healthcare-related organizations – Phoebe Putney Memorial Hospital, Southwest Georgia Area Health Education Center, Mercer University School of Medicine, Emory University School of Medicine, the Medical College of Georgia and Morehouse College School of Medicine – will provide learning experiences. Other entities supporting the effort include a local pharmaceutical company, local health departments and clinics and several other universities.

In the last grant period 40 pre-med, advanced nurse practitioner and physician assistant students participated in the six-week multifaceted health careers preparation enrichment experience. Four of the five pre-med/physician assistant students applied for medical school and one has been accepted through the early admission process. As of this writing, the others are still awaiting notification.

Other documented services include 116 hours of standardized testing review, 32 hours of mock interviews, clinical shadowing and financial aid workshops. Another accomplishment was the creation of new partnerships with regional colleges and universities in the target region.

### Recruitment and Retention

Through the Georgia Practice Management Initiative (GPMI) practice management specialists will continue

assisting medical offices in improving their administrative functions and financial stability. Through consultations and workshops the specialists will provide overall practice assessments, including assistance with chart of accounts, fee scales, billing practices, coding, collection policies, payer analysis, patient flow/scheduling and human resource management; provide leadership development; and help ensure HIPAA compliance. GPMI has set a goal of providing 45 practice consultation visits and six workshops in the southwest targeted service area over the next two years.

In addition, the GPMI collects and reports data on a variety of practice parameters such as number of practice days, number of visits per day, hours of operation, number of years in existence, HPSA status, rural status, FTE provider and non-provider staff, type of practice, payer mix, types of technical assistance offered, number of onsite, travel and report hours invested and types of recommendations.

RWJF, the Georgia Department of Community Health's Office of Rural Health Services, the Southwest Georgia Area Health Education Center (AHEC), the Three Rivers AHEC, the Magnolia Coastlands AHEC, and the Georgia Statewide AHEC Network Program Office all provide support for this effort. Priority for RWJF-funded practice management services is given to Medicaid enrolled primary care providers located in rural REAP counties. Practice management services are also offered to rural primary care providers in the Southwest Georgia and Three Rivers service areas.

### Rural Health Networks

A case management program to improve outcomes for chronically ill residents and provide an integrated, cost-effective model of healthcare delivery will be implemented by the Spring Creek Health Cooperative. Two case managers will strive to improve health status, eliminate health disparities, promote wellness and affect health system cost savings by providing access to preventive and medical care, health education and patient monitoring through the management of 180 indigent, chronically ill patients at risk for heart attack and stroke in a three-county area. This single point of contact approach will target individuals who have established patterns of inappropriate healthcare utilization, less than optimal medication utilization; are uninsured or underinsured; and have no medical home.

An enhancement to the program is the addition of a coordinated pharmaceutical access service. The service will assist chronically ill patients in obtaining prescribed medications via state and local sources, the national Pharmaceutical Assistance Program and federal drug pricing and discount programs. Patients will receive help completing pharmaceutical access applications. The Cooperative will charge a low monthly management fee of \$3 per person/per month.

### Revolving Loan Fund

The goal of the newly established revolving loan fund is to sustain and increase access to healthcare and improve the quality of healthcare in rural and medically

underserved areas of Georgia by making loans to rural health providers, including those that serve the indigent. The objective is to make capital available to medical providers who are not able to independently access the financing system. In a separate grant award, RWJF provided \$500,000 in seed capital to fund a healthcare revolving lending program.

The loan fund, developed by the Georgia Department of Health's Office of Rural Health Services, Mercer University School of Medicine and the Development Corporation of Middle Georgia (DCMG) is administered by DCMG in partnership with the state's Small Business Development Centers. The DCMG will manage all lending activities, including loan underwriting, processing, approval and monitoring.

In addition to the actual lending activity, the DCMG will work with local colleges, universities and technical schools to establish ongoing technical assistance programs to assist providers with enhancing their business skills. Initial marketing efforts will focus on students at local community colleges and medical schools; staff and providers at medical conventions and healthcare associations; and Area Health Education Center consultants who work with and understand provider needs.

To date, the DCMG has received commitment letters from various financial institutions totaling \$6.1 million. The DCMG has also committed resources from some of its other loan programs as additional leverage and is identifying private foundations for contributions to increase the loan pool.

## Louisiana

**Phase II, Round II**  
**\$850,315 for 24 months (4/1/04-3/31/06)**

The Louisiana State University Health Sciences Center is the lead agency for the project. Marsha Broussard, MPH, is the project director.

### Recruitment and Retention

In Louisiana, regionally based direct provider recruitment services did not exist before the implementation of the Louisiana Rural Health Access Program (LRHAP). Within the first nine months of the hiring of the state's first healthcare recruiter in 2002, three new providers were hired in the LRHAP pilot region. The early success of this effort combined with the renewed rural focus of the Bureau of Primary Care and Rural Health led to efforts to expand the program.

The expansion of Practice Sights was the catalyst for integrating existing recruitment programs offered by Central, North and South West AHECs, the Medical Job Fair, Med Job Louisiana, loan repayment and J-1 Visa programs offered by the Bureau of Primary Care and Rural Health. As a result of this integration, there are now recruiters serving both southern Louisiana (partially funded by LRHAP funds) and northern Louisiana (totally supported by state funds) and the new statewide

recruitment and retention program assumed the name, Med Job Louisiana.

In addition to Med Job Louisiana, practice management services will be expanded. The Bureau of Primary Care and Rural Health will completely fund the practice management coordinator whose focus will include rural health clinics, federally qualified health centers and private practices. LRHAP funds will support consultant costs to train the new practice management coordinator and help in the area of rural health clinic certification. A new partner, Building Healthy Communities, Inc. will split with LRHAP the funding of a second practice management specialist whose focus will be providing services to small rural hospitals.

Past practice management activities included hosting a billing and reimbursement workshop for rural health clinics and the development of a Rural Health Clinic Manual that explains regulatory requirements and reimbursements. The long-term goal is to improve the fiscal viability of primary providers by equipping them with the tools they need to realize higher revenues.

### Rural Health Networks

Since the inception of LRHAP, community health networks were developed in Vermilion, Iberia and St. Landry Parishes and substantial technical assistance was provided to previously existing networks in St. Mary and Allen Parishes. A noteworthy result is that several of these networks have received grant resources totally around one million dollars from federal, state and philanthropic resources to initiate new services in underserved rural communities. During this round efforts will be concentrated on bringing these parish level networks together to work on a regional agenda through community health planning and network development. LRHAP funds will provide partial support for a community network development director and a pharmacy access network coordinator. A regional pharmacy access program has been identified as an area of collaboration for the existing networks. To achieve this goal a regional planning forum will be held to explore the best way to proceed in expanding and strengthening the existing programs.

### Revolving Loan Fund

At the inception of the Louisiana Revolving Loan Fund the Louisiana Public Health Institute (LPHI) was the fiduciary agent and the South East Louisiana Area Health Education Center (SELAHEC) housed the two administrative staff. In 2003, all responsibilities were moved to SELAHEC.

The loan fund made significant progress in 2003 when it successfully applied for a \$500,000 seed capital grant from RWJF. In addition, the loan fund leveraged an additional \$300,000 in zero interest funds from the Louisiana Public Facilities Authority and \$37,000 from the Bureau of Primary Care and Rural Health to supplement administrative costs. Since its inception the loan fund has made and/or facilitated four million dollars in direct or subordinated loans. LRHAP funds will provide partial support for a senior loan coordinator, a senior loan development specialist and a new part time loan

coordinator. With the new funding it's anticipated that six million dollars in new loans will be developed to improve access to primary care in rural Louisiana.

## Mississippi

### Phase II, Round II

**\$767,488 for 24 months (4/1/04-3/31/06)**

The Mississippi Primary Health Care Association is the lead agency for the project known as the Mississippi Access to Rural Care (MARC) project. Marcus Garner is the project director.

### Rural Health Leaders

The MARC Medical Enrichment and Development (MMED) will continue at its two existing sites, Coahoma Community College and Copiah-Lincoln Community College. The long-term goal of the program is to increase the number of students choosing to practice in rural Mississippi as a result of being exposed to a program that emphasizes the significant healthcare needs of the rural areas. A workforce development coordinator, partially funded by RWJF, oversees and manages this program. The Mississippi Area Health Education Center Program provides matching funding.

MMED is a six-week medical enrichment program that provides didactic sessions and primary care clinical exposure to minority and disadvantaged college level students from rural areas in Mississippi. Forty-five students participated in this program during the last grant period and it is anticipated that 48 students will participate in MMED over the next two years. The program is offered in two parts – MMED I for sophomore-level students and MMED II for those who have completed MMED I. The program provides opportunities to increase the student's chances of being accepted into health professional schools. Specifically, MMED I offers sessions geared toward improving student's math and science proficiency along with test taking and reasoning skills; exposes students to rural clinical practices; and requires completion of a research assignment that addresses health disparities and needs in their placement site or the community at large. MMED II expands on MMED I by providing more in-depth course work specific to students' areas of interest and offering longer clinical experiences.

### Recruitment and Retention

Through the work of a recruitment administrator MARC's recruitment and retention strategies include recruiting and retaining licensed primary care providers to underserved rural areas of the state and tracking students throughout their professional training.

In the last grant period the recruiter administrator was successful in placing 31 health professionals in rural underserved areas. This included the successful recruitment of 11 American born health professionals, seven of whom were placed in the MARC target region. The recruiter administrator also provided technical assistance to rural facilities with the placement of 20 J-1 Visa, internationally trained physicians. Staff also provided research to help improve policy on financial incentives to

health professional students and residents by reducing the time of service obligations for the state's loan forgiveness and scholarship programs.

Future plans for the recruiter administrator include enhancing and marketing the state's loan repayment program; recruiting Mississippi residents enrolled at out-of-state medical schools and residency programs; and incorporating the federal clinical/non-clinical staff rural recruitment and retention program with the RWJF supported recruitment and retention program.

The Mississippi Hospital Association-led practice management component will continue to provide technical assistance to healthcare facilities on issues such as human resources, reimbursement, coding, collections and clinical operations. In the last funding cycle 38 rural healthcare facilities were assisted through this service. Staff from the practice management service also played a key leadership role in the development of the first billing and coding curriculum ever offered at two Mississippi community colleges.

It is expected that at least 40 facilities will be helped in the next two-year phase as a result of the work of the SRAP-approved coding specialist and practice management coordinator. The Mississippi Hospital Association completely funds a third practice management coordinator. It is also anticipated that 80% of these facilities will experience revenue increases or other types of business enhancements.

### Rural Health Networks

Staff from the Mississippi Primary Health Care Association (MPHCA) will have an important technical assistance role in the Office of Rural Health Policy's Delta States Rural Development Network Program. MPHCA staff will provide technical assistance to community coalitions and networks supported by the federally funded program.

### Revolving Loan Fund

Mississippi's revolving loan fund is funded through a separate grant from RWJF and administered by the Economic Corporation of the Delta (ECD). As of April 2004, ECD has closed \$2.3 million in loans. ECD's loan review committee has approved an additional \$1.4 million in loans. To enhance the activities of the loan fund, funds in this grant will be used to partially support a loan credit analyst specialist. The credit analyst specialist will have primary staff responsibility for analyzing and underwriting health care loans.

## South Carolina

### Phase II, Round II

**\$819,560 for 24 months (4/1/04-3/31/06)**

The South Carolina Office of Rural Health (SCORH) is the lead agency for South Carolina's Rural Health Access Program. Roslyn Ferrell, MHA, is the project director.

### Rural Health Leaders

The Community Incentive for Diversity (CID) project will continue to provide scholarship, leadership and

mentorship opportunities for minority students with the goal of increasing the supply of professionally trained minority nurse practitioners, physician assistants and certified nurse midwives. The project provides financial, social, professional and academic support to students in the 17-county target region.

Through two leadership sessions students learn about time management, professional development and conflict management. Each student is assigned a mentor who assists the student with career decisions, academic support, conference notifications, finding preceptor sites and other professional and personal issues. In exchange for the stipends, students are obligated to practice in a rural/underserved area for two years upon graduation. To date, 11 students have completed the program and nine of them are working in rural/underserved areas in South Carolina.

A second leader development initiative based out of the Low Country Area Health Education Center, the South Carolina Rural Interdisciplinary Program of Training (SCRIPT), immerses students into a rural community for five weeks. Robert Wood Johnson Foundation support has assisted 157 students in completing the program. After completion of the program these health professions students, representing 13 disciplines and six South Carolina universities, are better prepared for roles as rural providers. The experience from the program also increases the likelihood that the students will select a rural, underserved community for practice following graduation. Additional sources of funding for SCRIPT include grants from local, state, federal and philanthropic resources, including the Low Country AHEC and a HRSA Bureau of Health Professions Interdisciplinary Rural Training Grant.

### **Recruitment and Retention**

South Carolina's Rural Health Access Program manages three distinct efforts related to the recruitment and retention of healthcare professionals – a practice management service, a regional locum tenens service, and a rural health clinic technical assistance service.

Project Stay Put is a practice management technical assistance program based at the South Carolina Medical Association. This service assists providers in improving billing, accounts receivable and reimbursement, as well as assessing coding and documentation practices. Improving a provider's fiscal viability enhances the likelihood that the provider will remain in that rural location. The goal of the program is to provide technical assistance to 30 rural providers over the next 24 months and conduct 12 educational programs. The project provided technical assistance to 27 sites and conducted 28 workshops during the last phase of funding. Revenue generated from the sales of HIPAA, coding and practice management materials and workshops will sustain Project Stay Put.

Through the Regional Locum Tenen's Program board-certified, primary care providers assume patient care responsibilities for providers who need time away from their practice for personal or professional reasons. When these physicians are not providing locum tenens services,

they spend their time seeing patients through their respective residency program or teaching resident physicians. The University of South Carolina School of Medicine, South Carolina AHEC, three Family Practice Residency directors and SCORH developed the network of regional locum tenen's sites throughout the state. Fifty-six weeks of locum tenens services were provided during the last phase of implementation. The regional locum tenen's program will sustain itself through user fees and other state related subsidies.

A new initiative of the SCORH will provide technical assistance to rural health clinics seeking federal certification. A rural health clinic coordinator was hired to help improve the financial viability of these practices. Designation as a Certified Rural Health Clinic brings enhanced reimbursement for Medicaid and Medicare visits in return for providing a higher level of service such as care by a nurse practitioner, physician assistant, certified nurse midwife or provision of certain lab services. The coordinator will host cost report workshops and reimbursement seminars along with providing financial technical assistance to help providers improve their practice structures.

### **Rural Health Networks**

The Low Country Health Care Network (LCHCN) is a vertically integrated network serving four rural counties. The staff have spent the past four years fostering relationships between healthcare organizations; recruiting healthcare providers; promoting shared programs; and engaging in group purchasing and equipment buying in an effort to improve quality of care and streamline healthcare costs. In addition, a physician recruiter works with communities to assess needs and determine which providers or services are in demand. The recruiter's goal is to bring 10 new providers to the region over the next two years. A significant achievement for the LCHCN was the purchase of a mobile MRI for use by member hospitals. The program, which began in January 2004, is expected to generate revenue to help sustain the network beyond current RWJF support.

The SCORH will launch a new initiative concentrated on creating and nurturing new networking efforts. By offering network development planning grants, SCORH hopes to increase the number of new networks in the state. Using Medicare Rural Hospital Flexibility Program (Flex) funds SCORH will encourage the development of linkages and partnerships among and between Flex-eligible small rural hospitals and their community partners. In addition, SCORH will collaborate with community development specialists within the South Carolina Department of Health and Environmental Control to link with state resources wherever possible. SRAP funds will be used to engage consultants working with emerging networks, data and needs analysis and meeting expenses related to network development.

### **Revolving Loan Fund**

Developed in 1997 prior to the start of SRAP, the Revolving Loan Fund Program (RLFP) has established relationships with the USDA, HUD, SBA, Business Carolina, commercial lenders and others. Recently, SCORH

developed a new partnership with the Centers for Disease Control, the USC School of Medicine and the BestChance Network to assist rural healthcare facilities in complying with the Americans with Disabilities Act. As of December 31, 2003 the Revolving Loan Fund Program had facilitated and/or closed 56 loan requests totaling more than \$18.9 million. The loan fund has approved and closed over \$1.3 million in-house loans leveraging SRAP seed capital. The types of loans approved include the purchase of equipment, funding of renovations/construction projects or establishing working capital lines of credit. In this round of funding, RLFP proposes to make at least eight loans using Foundation seed capital and 30 providers will receive assistance in leveraging better rates and terms on their loans.

## Texas

### Phase II, Round II \$759,276 for 24 months (4/1/04-3/31/06)

The East Texas Area Health Education Center at the University of Texas Medical Branch in Galveston is the lead agency for this project known as ETRAP (East Texas Rural Access Program). Ingrid Bowden is the project director.

#### Rural Health Leaders

The Piney Woods AHEC will continue to implement the Health Careers Admissions Planning Service (HCAPS). The effort primarily targets rural, minority students who are the first in their family to attend college or are from underserved/disadvantaged backgrounds and are enrolled pre-medical, pre-dental, pre-pharmacy or another health professions course of study. Students are provided with academic skill building resources, general health career information, financial aid information and interviewing skills development.

In the last grant period HCAPS was successful in enrolling a combined 69 students at the four college/university convocations; providing reinforcement activities for 16 students who were matched with a mentor and assisting 35 students (12 of whom were accepted) with entrance into health professions schools. The goals for this grant are for 60 students to attend at least one of six health career convocations; 14 pre-health professional students to be matched with a mentor; and individualized assistance to be given to 25 students.

#### Recruitment and Retention

A practice management specialist will continue to provide hands-on assessments for a minimum of 24 practices and will conduct follow-up visits with at least half of these practices. This Piney Woods AHEC-based specialist conducts onsite business reviews; offers practice improvement recommendations; and makes referrals to connect practices with other resources. Practices will continue to be charged according to a four-tiered fee schedule. A coding workshop will be developed and offered at least twice in this grant period. In the last grant period the specialist provided assistance to 16 practices, resulting in an average savings of \$106,409 per practice. In addition, 43 practitioners attended one of four financial workshops and 229 health professionals or practice

managers attended one of three workshops on HIPAA regulations.

Faculty and family practice residents from the University of Texas Health Center at Tyler will continue to provide locum tenens services to meet the relief needs of individual rural primary care practitioners in the northern half of the ETRAP region. In addition, family practice residents from the St. Paul Health Care Outreach Program will provide service in a limited region. The locum tenens project is sustained through fees paid by recipients of the service. Faculty from the University of Texas Medical Branch will pilot a new locum tenens telemedicine service. This service will allow patients to be evaluated and treated during their physician's absence utilizing telecommunications technology involving trained non-physician health professionals at their local provider's office and a physician at another location.

A regional recruiter will continue to assist communities with their recruitment needs. The goal is to recruit a minimum of 12 primary care providers and six specialists to the ETRAP region. In the last grant period eight providers were recruited. The recruiter, based at the Lake Country AHEC, is also working on development of a business plan for income producing services such as contractual recruiting services for hospitals and/or clinics; recruitment plan development for communities; and candidate preparation services.

Another recruitment effort, installation of Practice Sights medical placement software, will continue and a website, [www.texaspracticesites.org](http://www.texaspracticesites.org), will go online so that providers and communities can enter their provider profiles and recruitment needs, respectively, into an online database.

#### Rural Health Networks

ETHAN, the East Texas Health Access Network, will continue to provide health screening and health education programs and administer its medical equipment loaner program. ETHAN's goal is to conduct a minimum of 500 health screenings and education sessions in this grant round. In addition to a fulltime director, a part-time coordinator will establish a volunteer community health worker program to assist in diabetes education, risk assessments and health screenings. African-American communities will be targeted for the diabetes and education program. Recent grants from the federal Office of Rural Health Policy (\$594,663 over 3 years); \$33,778 from the Christus Fund; \$25,000 from St. Luke Episcopal Charities and \$5,000 from the Trull Foundation will help ETHAN expand services provided to its targeted counties. ETHAN will partner with RxMed Connection and other community programs to provide free or low cost medication assistance to uninsured individuals. Also, to be implemented is the Jesse Tree WebCare System, a web based tool designed to assist in matching clients to available community services.

#### Revolving Loan Fund

The North East Economic Development District will continue to administer the ETRAP Revolving Loan Fund. The loan fund was implemented in the last grant period

with a \$500,000 seed capital grant from RWJF. One loan has been made as of April 2004. Partial support for a revolving loan fund specialist has been provided with this grant to help determine loan project eligibility, provide assistance in loan packaging, serve as the primary contact for funded loans and market the program.

## West Virginia

**Phase II, Round II**  
**\$460,000 for 24 months (4/1/04-3/31/06)**  
**\$460,000 (Benedum Foundation match)**

The West Virginia project is administered by the Center for Rural Health Development, Inc. Sharon Lansdale is the project director.

### Rural Health Leaders

The Rural Leadership Fellowship will continue. During the previous grant, the Fellowship placed 11 health professions students in two-month leadership development experiences in rural healthcare settings. Working in collaboration with the newly established Area Health Education Center (AHEC), the Leadership Fellowship will expand to include resident physicians and newly practicing physicians. The goal is to place 14 resident or postdoctoral physicians in fellowships in this funding phase. The fellows are supported by both a physician mentor from one of West Virginia's three supporting medical schools and a community mentor who helps the fellow apply his or her newly learned theory into practice. The supporting medical schools are Marshall University School of Medicine, West Virginia School of Medicine and the West Virginia School of Osteopathic Medicine.

### Recruitment and Retention

Three initiatives – the Recruitable Community Project, Coordinated Placement Services and Practice Management Technical Assistance – comprise West Virginia's recruitment and retention efforts.

The Recruitable Community Project (RCP), initiated in 1998, focuses on increasing a rural community's recruiting potential. The RCP has developed collaborative relationships among academic institutions, the state cooperative extension service, state and national experts, key volunteers and communities. To help foster sustainability, the RCP project has been transferred from the West Virginia University Department of Family Medicine to the Office of Rural Health Policy within the state's Bureau of Public Health and state funds will support the project coordinator. The goal of RCP for this two-year phase is for two communities in each of the years to have completed the process and recruited one healthcare professional.

The Coordinated Placement initiative was developed to create a mechanism that would give placement professionals within the Bureau for Public Health's Division of Primary Care and the three medical schools, potential recruits and practice sites access to current data about practice and candidate availability. The program's goal is to place 13 primary care practitioners and/or specialist

physicians in rural practices in each of the two years of this phase.

Practice Management Technical Assistance will continue to be provided by Appalachian Health Solutions (AppalHealth), a wholly owned subsidiary of the Center for Rural Health Development. Appalhealth focuses its efforts on the delivery of targeted technical assistance to individual healthcare providers. Staff will respond to a specific request, analyze an entire practice or provide group assistance via meetings and conferences.

Appalhealth provided technical assistance to 29 individual providers and convened seven workshops during the last grant period. The practice management specialist has expertise in reviewing governance, financial management, facility and equipment needs, regulatory compliance, patient flow, personnel, purchasing and inventory management, marketing, planning, patient satisfaction, insurance, telephone systems, appointment scheduling, medical records and transcription. Goals for this service in this funding phase include providing 40 personalized evaluations and conducting six technical assistance workshops.

### Rural Health Networks

In an effort to strengthen the rural health infrastructure by focusing on strategies to improve the operational efficiency among rural health providers, funds have been allocated to conduct semi-annual network advancement forums throughout the WVRHAP target region. The forums are an offshoot of quarterly network advancement meetings focused on identifying strategies for linking primary and behavioral healthcare that were held in the last phase. The region's networks include Partners in Health Network, the lead agency for the effort, the Nicholas-Webster Network and the Mid-Ohio Valley Rural Health Alliance.

### Revolving Loan Fund

Since its inception in April 2001, the Loan Fund has been administered by the Center for Rural Health Development to make loans available to qualified rural healthcare providers, including incorporated licensed physicians, dentists, primary care clinics, hospitals, behavioral health specialists, EMS units and other types of healthcare providers. Funds are available for both not-for-profit and for-profit providers at comparably low-interest rates and favorable terms. As of April 2004, the loan fund has closed 21 loans with total project costs of nearly \$11.2 million.

In addition to the one million dollars in seed capital grants provided by Southern Rural Access Program, the Loan Fund has secured an additional \$4,565,000 in seed capital investments from the Benedum Foundation, State of West Virginia, USDA, the federal Department of Treasury's Certified Development Financial Institution program, the Appalachian Regional Commission and West Virginia's Small Business Development Center program. Goals for this grant period include approving at least 10 loans in the next two years.