

The Robert Wood Johnson Foundation awards \$22.5 million over a four-year period for Phase II of the Southern Rural Access Program

Hershey, PA (March 20, 2002) – At its January 2002 board meeting The Robert Wood Johnson Foundation (RWJF) Board of Directors approved \$22.5 million over four years for the reauthorization of the Southern Rural Access Program (SRAP). The reauthorization is the second phase of a long-term commitment by RWJF to improve access to basic healthcare for millions of residents in rural areas of the South who have been identified as having the worst health status in the nation. The Phase II reauthorization brings the total eight-year investment to \$32.8 million for grant making, technical assistance, administration and evaluation of the program. The program is targeted at geographically concentrated areas of Alabama, Arkansas, Georgia, Louisiana, Mississippi, South Carolina, Texas and West Virginia.

Administered by the Rural Health Policy Center at the Penn State College of Medicine, the program was first authorized in 1997 with the following goals: (1) increase the supply of providers in underserved areas; (2) strengthen the healthcare infrastructure; and (3) build capacity at state and local levels to tackle health care problems. To achieve these goals the program focuses on rural health leadership development; recruitment and retention of primary healthcare providers; rural health network development; and revolving loan fund development. A special opportunities fund known as the 21st Century Challenge Fund also makes grant dollars available for small analytical or pilot demonstration projects that support the program's key components.

“Residents of rural areas in the South continue to experience significant disparities in health status and access to care. The states targeted by the Southern Rural Access Program have for too many years been under-invested by both public policymakers and private philanthropies,” emphasized Michael Beachler, director – Rural Health Policy Center. “The healthcare problems in these states is daunting – too few providers in rural areas, not enough students being properly prepared for careers in healthcare; too many uninsured people; and not enough capital for infrastructure improvements.”

According to James M. Herman, MD, MPH, associate dean – primary care and professor and chair – Department of Family and Community Medicine, the College of Medicine has been a good home for the Southern Rural Access Program because of its experience in leadership development, primary care infrastructure building and managed care. “The College is honored to have earned the continuing trust of The Robert Wood Johnson Foundation in providing technical assistance and direction to the largest rural health grant program ever launched by a philanthropy in this country. Through the tremendous efforts of the staff at the Rural Health Policy Center we have provided the leadership necessary to continue this complex program and make a lasting difference in the lives of those being served.”

“We will continue to build on the strengths of the program as we move toward developing the leadership, economic and health infrastructure needed to sustain new providers for the long-term,” said Beachler. “The program's purpose and major objectives remain the same, although there have been some modifications in the program design.

Upon reauthorization emphasis shifted from statewide and geographically dispersed projects to more geographically concentrated projects with a community development focus. The hope is that by clustering or layering interventions in smaller, more defined communities significant and measurable changes will occur that can be sustained and replicated in other communities in the future.”

As independent assessment of the program by staff at the University of Southern Maine’s Edmund S. Muskie School of Public Service found that in Phase I the program had demonstrated highly successful implementation of program components; developed impressive partnerships with a wide range of government, community and philanthropic entities; impacted policymaking; and had secured significant ownership by its stakeholders. These successes can be attributed to the program’s design and the people and resources chosen within each of the states. “The program was designed as a competitive process whereby the grantees were challenged to design interventions that would have the greatest impact and chance for success,” continued Beachler. “The grantees were challenged to be strategic, innovative and creative in their approaches. Their success has paid off with an additional four-year commitment by the Foundation and an opportunity to find more partners willing to provide resources and funding to sustain some of the program’s interventions beyond RWJF’s funding and the College of Medicine staffing support.”

The Robert Wood Johnson Foundation, based in Princeton, NJ, is the nation's largest philanthropy devoted exclusively to health and healthcare. It concentrates its grantmaking in four goal areas: to promote healthy communities and lifestyles; to assure that all Americans have access to basic healthcare at reasonable cost; to improve care and support for people with chronic health conditions; and to reduce the personal, social and economic harm caused by substance abuse – tobacco, alcohol and illicit drugs.

The Penn State College of Medicine, located in Hershey, PA, is committed to improving the quality of life and serving the community through improved health, education of health professionals and the discovery of knowledge.

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