

Rural Health *Connections*

A quarterly publication of the Southern Rural Access Program National Program Office

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RWJF Board of Trustees visits Delta; spends time with ASRAP staff

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At a November 17, 2003 news conference in downtown Charleston, West Virginia Tony T. Brown, Director of the US Treasury's Community Development Financial Institution (CDFI), announced a \$1.7 million grant from the United States Treasury's CDFI Fund to the Center for Rural Health Development to kick off the Center's 10th anniversary celebration. The Center is the Southern Rural Access Program grantee in West Virginia.

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Building upon its success in the eight Southern states targeted by the Southern Rural Access Program (SRAP), The Robert Wood Johnson Foundation approved a 24-month \$600,000 grant to help plan and establish the Southern Health Improvement Consortium (SHIC). Based on the lessons learned, successes achieved and relationships developed since SRAP's first grant award in 1998, this proposed interstate regional collaboration will enable the program related efforts to work more effectively by taking advantage of regional interaction to address access to healthcare services and address regional health status improvement issues.

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Upcoming Events

Cover the Uninsured Week '04 to make uninsured issue a focus of national discussion

Building on the success of last year's Cover the Uninsured Week's effort, The Robert Wood Johnson Foundation, the California Endowment and other funders along with more than 800 national and local organizations and thousands of Americans will join efforts to make the issue of the uninsured a focus of national discussion.

New RWJF program encourages active living

In November 2003 The Robert Wood Johnson Foundation announced the awarding of "Active Living" grants to 25 communities to increase active living, a way of life that integrates physical activity into daily routines. The Berkeley Charleston Dorchester (SC) Council of Governments was the only community in the eight-state Southern Rural Access Program region to receive a grant.

Southeast Louisiana AHEC receives in excess of \$837,000 to support revolving loan fund

The Robert Wood Johnson Foundation (RWJF), the Louisiana Public Facilities Authority (LPFA) and the Louisiana Department of Health and Hospitals (DHH) collectively awarded more than \$837,000 in grants and an interest free loan to the Southeast Louisiana Area Health Education Center Foundation, Inc. (SELAHEC) to support the Louisiana Rural Loan Fund.

Brian Jakes, CEO – SELAHEC, announced the financial support at a November 11 news conference in Baton Rouge. Joining Jakes in making the announcement were **William Jenkins**, president – Louisiana State University System; **Michael Beachler**, director of the Southern Rural Access Program; **James W. Parks II**, president and CEO of the LPFA; and **Marsha Broussard**, project director for the Louisiana Rural Health Access Program (LRHAP).

Two loan recipients, **Tina Monlezun, CRNP**, a nurse practitioner at Lake Arthur Health Clinic, and **Linda Sharpless, RN**, owner of JD Kid Kare Multi Practice Clinic, both shared their personal stories of how their loans have enabled them to improve access and service to their patients.

The Louisiana Rural Loan Fund, a component of the Louisiana Rural Health Access Program, is a joint project of the Louisiana State University Health Science Center and DHH. Administered by SELAHEC, the fund was created in 1999 with a \$500,000, 10-year no interest loan from LPFA and a \$99,990 grant from the USDA's Rural Business Enterprise Program.

The \$500,000 RWJF grant and the \$300,000 LPFA 10-year interest free loan add much needed capital to provide direct and subordinated loans to help improve access to primary healthcare in rural Louisiana communities. The \$37,248 grant awarded on behalf of the DHH Community-Based and Rural Health Programs will be used to acquire software and equipment necessary to streamline and expedite loan request processing. Grant monies also will be used to provide technical assistance, advice and financial underwriting support. A part-time loan specialist will also be recruited to support loan requests in the central and northern Louisiana parishes.

In addition to assisting healthcare providers, the loan fund should help improve the economic stability of rural Louisiana communities.

"Economically depressed rural communities often have difficulty providing sufficient cash flows necessary to sustain health care practices," Jakes said. "Efforts to sustain health resources often translate to positive financial and economic well being of a community."

Both non-profit and for-profit healthcare providers will be eligible for loans. Loan amounts can range from \$10,000 to \$500,000 and can be used for start-up costs, equipment, renovations, new construction, working capital and refinancing of existing loans. "There are areas in our state where no primary care facilities exist and patients are driving miles to see a doctor, physician assistant, nurse

practitioner or other health professional,” said Jakes.

Since its inception, the Rural Loan Fund has reviewed or provided technical assistance for \$12.5 million in loan requests. It has facilitated \$4 million in direct or subordinated loans. With the new funding provided by RWJF, LPFA and DHH it is estimated that \$6 million in new loans will be developed to improve access to basic healthcare in rural Louisiana.



There was no shortage of checks at the announcement of the grant award supporting the Louisiana Rural Loan Fund. Supporting the effort are (L-R) **Michael Beachler**, SRAP; **Brian Jakes**, SELAHEC; **Tina Monzelun**, CRNP, loan fund recipient; **Bill Jenkins**, LSU System; **Marsha Broussard**, LRHAP; **Linda Sharpless, RN**, loan fund recipient; and **Jim Parks**, LFPA.

RWJF Board of Trustees visits Delta; spends time with ASRAP staff

As part of its September 24-25 site visit to the Mississippi Delta, members of the Robert Wood Johnson Foundation Board of Trustees met with **Kate Stewart, MD, MPH** and **Elaine Wootten, MA**, project director and deputy director, respectively – Arkansas Southern Rural Access Program and **Bob Redford, LCSW**, executive director – Arkansas River Valley Rural Health Cooperative. It wasn't your ordinary meeting setting, though – the presentations by and subsequent discussions with the threesome and others representing Southern Rural Access Program investments in the region took place onboard a bus in transit from the Peabody Hotel in Little Rock to the Boys, Girls and Adults Community Development Center in Marvell, Arkansas.

"I knew they were in for a surprise," said Wootten, "when one of the trustees commented during dinner that downtown Little Rock was the most rural place they had ever been. I had to laugh to myself at the stunned looks on their faces as we drove deeper and deeper into the Delta the next day."

The visit to the rural South, the first ever by RWJF Board of Trustees, was in response to a suggestion from a former Clinical Scholar and current Foundation grantee in Arkansas. According to **Calvin Bland**, chief of staff and special advisor to the President and CEO of RWJF, "Arkansas citizens constitute slightly less than one percent of the US population and the state receives one half a percent of RWJF funds. Arkansas, and particularly the Delta region, continues to face numerous social, racial and economic challenges that directly and negatively affect health. So, while we are funding some important work there, the opportunities and future challenges are great."

In addition to the bus presentations, the Board learned about the SRAP-supported Arkansas Rural Health Revolving Loan Fund from **Bill Brandon**, chairman and CEO and **Deborah Slayton**, vice president for Foundation and Government Funding – Southern Development Bancorporation and **Thomas Bailey, MD**, a loan fund recipient and private physician practicing in Helena. The Board also learned about another SRAP investment – the Mississippi Medical Enrichment Development Program – from **Linda Young** and **Jerome Shaw**. Delta recruiter **Joy Shepherd** and **Clifton Collier**, assistant executive director – Lee County Cooperative Clinic, provided an update on a newly opened satellite clinic located in the Delta.

There are 40 active RWJF grants in Arkansas totaling nearly \$8.5 million and representing 11 programs. Twenty-eight of the grants provide \$35,000 in support to individual Faith In Action projects administered by faith-based groups who work together to ameliorate the stress and strain on the chronically ill in their communities. Southern Rural Access Program funding, including the revolving loan fund grant, is focused on improving access to healthcare and accounts for over 17% of the investment in Arkansas.

More information on the Board's site visit to Arkansas can be obtained by calling **Elaine Wootten, MA**, deputy director – Arkansas Southern Rural Access Program, at 501-526-6628.

WV Center for Rural Health Development receives CDFI grant; celebrates 10th anniversary



CDFI Fund Director **Tony Brown** presented a check for \$1.7 million to the Center at a November 17 news conference.

Joining him were (L-R) **Bill Shires, John Reger, Leah Heimbach, Sally Susman, Evan Jenkins, Sharon Lansdale, Moses Skaff, Tony Brown, Pat Kelly, Beverly Walter, Jerry Roueche, Michael Beachler** and **Anne McCuskey**.

At a November 17 news conference in downtown Charleston **Tony T. Brown**, Director of the U.S. Treasury's Community Development Financial Institution Fund, announced a \$1.7 million grant from the United States Treasury's Community Development Financial Institution (CDFI) Fund to the Center for Rural Health Development, to kick off the Center's 10th anniversary celebration.

CDFI

The Center, the only West Virginia organization to receive a CDFI Financial Assistance Component grant during this round of funding, received the second-highest amount in the nation. Thirty-four awards totaling nearly \$23 million were made nationwide to CDFIs.

The Center administers the West Virginia Rural Health Infrastructure Loan Fund, which provides flexible, low-cost financing to rural health providers to build or improve facilities, or purchase equipment or technology. The U.S. Treasury certified the Center last year as a CDFI. CDFIs include community development banks, credit unions, loan funds, venture capital funds and micro enterprise loan funds. The CDFI Fund's mission is to expand the capacity of financial institutions to provide capital, credit and financial services in underserved markets.

Beverly Railey Walter, vice president - the Claude Worthington Benedum Foundation and **Michael Beachler**, program director - Robert Wood Johnson Foundation's Southern Rural Access Program (SRAP), representing the Center's two key funding sources, touted the public-private partnership that has been built through the Loan Fund.

"The West Virginia Rural Health Access Program is the type of public-private partnership which the Benedum Foundation has come to expect of its grantees. Such collaborations are required to assure that healthcare will be available and accessible in rural communities. Leaders must work together at community, state and national levels to overcome health care challenges. As always, we are pleased to be working with the U.S. Treasury, the state of West Virginia, the Robert Wood Johnson Foundation and other funders of this program," Walter said.

"We are extremely pleased that the grant awarded by The Robert Wood Johnson Foundation through the Southern Rural Access Program and the funding awarded by the West Virginia State Legislature last year was pivotal in helping the Center obtain the CDFI grant," said Beachler. "Through its highly competitive rural health infrastructure loan the Center has been a good steward of leveraging and using Foundation funds to improve access to healthcare in West Virginia's rural communities."

"The Center for Rural Health Development has shown tremendous dedication to financing health care access for all West Virginians. This grant will add to their overall mission and provide an opportunity for our state's health care infrastructure to further develop," said **Rep. Shelley Moore Capito** (R-WV) in a prepared statement delivered by her district director, **Anne T. McCuskey**.

Sharon Lansdale, Center executive director, said the \$1.7 million will fund the loan pool and provide technical assistance to potential loan recipients. The new grant will bring the total Loan Fund pool to more than \$5.6 million.

Dee Scritchfield, executive director of the Coplin Memorial Health Care Center in Elizabeth, WV, said the loan her organization received from the Loan Fund has improved the local economy, as well as health care and is important to improving health care services in rural areas. "We not only were able to expand services, but we've been able to expand our workforce from five to 30 employees," explained Scritchfield, whose clinic is the only healthcare provider in Wirt County, the smallest county in the state. "We are now able to provide good jobs in the healthcare field."

Stritchfield further stressed, "We would not have been able to secure funding for the construction of a community health center in our rural area without the commitment from the Loan Fund. We hope that the Loan Fund will continue to grow so that other communities have the same opportunity we have had to improve health care services."

To date, the Center has used nearly \$2.6 million of loan pool funds to attract banking institutions to invest in rural health care projects to create more than \$8.4 million in rural health care infrastructure capital improvements. The Loan Fund receives funding from the state and federal governments, as well as charitable organizations. It also accepts charitable gifts from philanthropic corporations or individuals.

Tom Senker, CEO of Forbes Regional Hospital in Monroeville, PA, who provided the keynote address said, "Clearly, the Center has not only recognized the dangers threatening healthcare in West

Virginia, but it has also decisively seized the opportunity. Through an innovative partnership model, we have in our midst an entrepreneurial and creative organization serving as a catalyst to promote sustainable solutions for a healthy West Virginia. Congratulations to all involved in this unique partnership."

10th Anniversary Celebration

Walter was named the first recipient of the Rural Health Leader award by the Center for Rural Health Development at the organization's 10th Anniversary Dinner.

"The Center simply would not exist had it not been for the vision and commitment of Beverly Railey Walter," said **Leah Heimbach**, President of the Center's board of directors. Walter is vice president of the Claude Worthington Benedum Foundation, based in Pittsburgh, PA. The Benedum Foundation provided nearly \$10 million to West Virginia last year, much of it for health-related projects.

Heimbach, who has served on the Center's board since it was created 10 years ago, said the Benedum Foundation provided the seed money which started the Center and was its primary source of funding until 2000. She said Walter, through her work at the Foundation, has been a leading advocate for providing rural communities with better access to healthcare.

"Beverly truly cares about the health of rural West Virginians," Heimbach said.

In 2004, Walter will celebrate 25 years of working for the Claude Worthington Benedum Foundation, a regional independent foundation with grants programs in West Virginia and southwestern Pennsylvania. Since 1996, she has been the Foundation's vice president for programs. Her awards are numerous and include the 1995 Grantmakers in Health "**Terrance Keenan Leadership Award**", the 1993 National Rural Health Association's **Louis Gorin Award for Outstanding Achievement in Rural Health** and the 1996 **Distinguished West Virginian** award. The WVU Foundation has also recognized her as a Mountaineer Executive.

The Center also honored three former board members as Directors' Emeritus – **Scot Mitchell**, **Rick Simon** and the late **Tony Minard**.

Mitchell currently is administrator of Wheatland Memorial Hospital and Nursing Home in Harlowton, MT. Previously, he served on the Center's Board of Directors from 1998 until 2003 and as its president from 2002-2003. Under his leadership the Loan Fund doubled the amount of funding in its lending pool. Prior to taking the Montana post, he managed health policy research projects for the West Virginia University Institute for Health Policy Research in Charleston and worked as a healthcare consultant in West Virginia.

Simon is executive director of Tri-County Health Clinic in Rock Cave and Primary Care Systems in Clay. He currently serves as a consultant for Northern Pocahontas Health Clinic in Durbin. He served on the Center's Board of Directors from 1998 until 2003.

Minard served as president of the Center's board of directors from its inception until his death in 1997. He retired in 1995 as vice president of Camden-Clark Memorial Hospital in Parkersburg, a post he had held since 1986. Prior to becoming vice president of the institution, he had served there as a physical therapist since 1967.

RWJF funds Southern Health Improvement Consortium – an expansion and continuance of SRAP

Building upon its success in the eight Southern states targeted by the Southern Rural Access Program (SRAP), the Robert Wood Johnson Foundation (RWJF) approved a 24-month \$600,000 grant to help plan and establish the Southern Health Improvement Consortium (SHIC). Based on the lessons learned, successes achieved and relationships developed since SRAP's first grant award in 1998, this proposed interstate regional collaboration will enable the program related efforts to work more effectively by taking advantage of regional interaction to address access to healthcare services and address regional health status improvement issues.

The problem of access to healthcare, which results in severe healthcare disparities, is a challenge that has repeatedly frustrated those who attempt to alleviate it. RWJF's experience indicates that collaborative efforts, especially in regions with severe healthcare access problems like the South, can initiate efforts to improve access while allowing stakeholder groups to learn from each other's efforts.

SHIC's specific mission is to improve access to healthcare services and positively influence the health and well being of citizens in Alabama, Arkansas, Georgia, Louisiana, Mississippi, South Carolina, Texas and West Virginia. The consortium will engage in strategic planning, sustain current SRAP efforts and collaborate to attract additional funding. The consortium plans to use existing relationships to achieve higher levels of program sharing with the potential to greatly expand the impact on policy and health outcomes for the region.

Specific goals of the SHIC are to ensure continuation of existing SRAP activities and cultivate new activities to strengthen rural health infrastructure in targeted states by:

1. creating a data-informed strategic plan to promote current SRAP activities, foster additional health improvement efforts and establishing core consortium functions.
2. sustaining and strengthening current SRAP activities to improve access to healthcare while implementing the strategic plan.
3. developing sustainable resources, primarily funding, for future healthcare activities and consortium core funding.

What was once a planning committee is now the SHIC Governing Council. SHIC's organizing charter members are:

Alabama	John Higgenbotham, PhD, MPH UAT Institute for Rural Health Research
Arkansas	Kate Stewart, MD, MPH UAMS College of Public Health SHIC Chairperson
Georgia	Isiah Lineberry GA Dept of Community Health
Louisiana	Marsha Broussard, MPH LSU Health Sciences Center
Mississippi	Robert Pugh MS Primary Health Care Association SHIC Vice Chairperson

South Carolina **Graham Adams, PhD**
SC Office of Rural Health
Secretary

Texas **Steve Shelton, MBA, PA-C**
East Texas AHEC

West Virginia **Sharon Lansdale**
Center for Rural Health Development

At its December 2003 meeting the group elected a slate of officers to provide leadership to the consortium. The officers are Stewart (chairperson), Pugh (vice chairperson) and Adams (secretary). In addition, the consortium chose the South Carolina Office of Rural Health to serve as the RWJF grantee and a search is currently underway to hire an executive director. An additional council member from each state also will be invited to join in the spring.

Speaking on behalf of the governing council, Stewart, Pugh and Adams stated, "Our vision for this consortium is that it will provide a mechanism to identify and address program and policy needs that are common across the region. We believe the accomplishments of the Southern Rural Access Program and our state and regional partnerships have created a unique opportunity to develop and sustain this type of effort. The foresight of the Foundation in supporting the consortium is consistent with the leadership RWJ has shown through the Southern Rural Access Program and we are all very excited about their investment in the SHIC."

In the future, the consortium plans to address other areas of health-related need, such as disparity reduction, disease management initiatives and implementation of interventions needed to improve health status. Additional funding will be solicited from regional and national philanthropies and state and federal funding agencies to help sustain the effort.

Three 21st Century Challenge Fund projects close

The 21st Century Challenge Fund made its first grant in February 2000. Since that time 20 grants have been made totaling \$2,621,858. Thirteen grants have closed as of December 31, 2003. Three notable projects – Access Georgia: Rural Health Matching Grants Initiative, Operation Heartbeat and Low Country Emergency Medical Services AED Initiative are included in that count and are profiled in this article.

Access Georgia: Rural Health Matching Grants Initiative

Support for community initiatives by not-for-profit organizations that are designed to increase access to health services, improve community health status for underserved rural populations in Georgia and maximize resources was the focus of this partnership between the Georgia Health Policy Center and the Philanthropic Partnership for a Healthy Georgia, an innovative, groundbreaking private-public partnership between the Georgia philanthropic community, the Georgia Department of Community Health and the Southern Rural Access Program. Project funding was made possible by a \$500,000 21st Century Challenge Fund grant and \$1.5 million in matching dollars.

Discretion was left to the communities as to how they would use their grant resources. For communities with no history of collaboration, the grants provided an incentive for providers or local elected officials to initiate dialogue about sharing healthcare resources and developing new health partnerships. These start-up networks focused on developing trust among partners and clarity of purpose. For communities with networks that have been in place for five or more years, the development grants offered an opportunity to add programs to an already sophisticated array of existing activities and build additional organizational infrastructure.

Regardless of the network's maturity status, a rural health systems developer/project officer was assigned to each community to build and cultivate relationships, provide coaching and other forms of technical assistance. Working together they were able to achieve several significant accomplishments:

- Creation of a statewide multi-level learning system that has influenced policy decisions and budgets, resulting in the formation of new partnerships and programs.
- Improved community access to an array of funding opportunities through local and regional collaboration that resulted in successfully competing for more than \$10 million in cash and in-kind contributions. Of this amount 60% originated outside the state of Georgia and 5% was secured from local matching dollars.
- Continuation by the Georgia Health Policy Center to provide targeted technical assistance to the existing and emerging networks and engage in peer mentoring and learning.
- Maturity of the networks to a stage where evaluation of outcomes is timely and appropriate.

A difficulty of the effort was the ability to fairly balance the needs and interests of the state with that of the philanthropic organizations and the communities being served. The weak economy continues to present a challenge to state and federal governments and philanthropies operating with

tight budgets. That combined with an increasing number of unemployed workers creates more demand on the healthcare safety net

Future efforts may focus on nurturing and improving the sustainability of existing networks, expanding networks, expanding the number of rural communities engaged in the network development process, building additional statewide capacity for providing facilitative and technical support for communities engaged in transforming their systems of care, and ensuring that the impact of networks on the viability of area providers, access to care and health status are adequately documented.

Operation Heartbeat

The American Heart Association Southeast Affiliate used its nearly \$164,000 21st Century Challenge Fund grant to reduce the risk of cardiovascular disease and stroke by increasing public access to automated external defibrillators (AED) in public buildings in 11 parishes where large numbers of people congregate, teaching CPR courses to the community and educating the public on the use of AEDs and the signs of a heart attack. The Rapides Foundation and the American Heart Association provided matching funds.

Since May 2003 the program has placed 13 AEDs and is awaiting the arrival of 23 more AEDs. As a direct result of an AED being available and first responders being trained, a 65-year old man's life was saved in LaSalle Parish. Prior to the AED placement, the average time to access defibrillation for this rural Olla community would have been at a minimum 15-20 minutes – too much time to have saved his life.

To achieve its objectives the program has hosted two conferences to educate community leaders interested in AED placement; placed articles in local newspapers; advertised on billboards and partnered with local news media to air public service announcements and garner coverage on morning news shows.

The project will continue with funding from the American Heart Association's general budget and continued support from the Rapides Foundation.

Low Country Emergency Medical Services AED Initiative

Using 21st Century Challenge Funds the Low Country Health Care Network in South Carolina launched a program to purchase and distribute 40 AEDs and provide training on their use to first responders in a four-county area. The Network also worked with local industries to provide AED training to their personnel and identify coordinators at local hospitals to collect program-related data. The Duke Endowment and the South Carolina Office of Rural Health provided matching support.

While staffing, training course scheduling and AED upgrading posed challenges throughout the project, significant collaborations and relationships were formed among many different organizations within and among the counties that will enable the project to grow and sustain itself. The four county EMS directors, who had not typically worked together prior to the start of the AED program, came to rely on each other's strengths and resources as the project progressed. The relationship between the hospitals, EMS units and fire departments was also strengthened.

While firm data isn't available, anecdotal evidence suggests that the effort was successful in meeting its stated objectives.

Autumn grantee conference highlights rural leader development and provider recruitment and retention efforts

Rural health leaders and recruitment and retention experts convened in Austin, Texas in late October to discuss ways to increase the number of health professions students committed to becoming leaders in rural health and how to successfully recruit and retain providers in underserved rural communities. Over 80 people attended the two and one half day conference that boasted 30+ presenters and facilitators representing physicians, academic medical centers, medical schools and other healthcare related organizations and associations.



(L-R) Facilitator **Rita Salain** (GA), **Peggy Lamee** (GA) and **Sally Harrison** (MS) during Friday morning breakfast roundtable.

During the conference's opening plenary session, RWJF Senior Program Officer **Anne Weiss** outlined the Foundation's grantmaking portfolio. She explained the four portfolios as being:

- **Human Capital Portfolio** – To promote leadership in and improve the current and future health and healthcare workforce.
- **Vulnerable Populations Portfolio** – To promote innovative community-based solutions to health that in combination with social factors affect health and healthcare outcomes for society's most vulnerable people.
- **Pioneering Portfolio** – To explore and create new or especially innovative and high-risk approaches to grantmaking.
- **Targeted Portfolio** – To help address specific systemic problems in health and healthcare over a defined time period.

Weiss also discussed the Foundation's efforts to combat childhood obesity, tackle the nursing shortage problem, eliminate racial and ethnic disparities and improve overall quality of care for persons with chronic illnesses.



(L-R) **Sally Patterson** (MS), **Ruth Harrell** (AL) and NAC member **Frances Henderson** (MS) smile for the camera.

Following the opening plenary session participants could choose among rural leadership development and recruitment and retention presentations. Among those presenting was **Charles Terrell, EdD**, vice president – Division of Community and Minority Programs, Association of American Medical Colleges (AAMC) and program director - RWJF's Minority Medical Education Program. Terrell focused his remarks on diversity, one of the AAMC's four mission areas.

Terrell stressed that diversity is important because it shapes education for all students, increases access to high quality healthcare services, broadens the medical research agenda, advances cultural competence and ensures equal opportunity for anyone interested in a medical career. He explained that the need for diversity is so great because "America is becoming more diverse, but its medical schools are not." Terrell cited the discouraging fact that one in four Americans are black, Hispanic or Native American; however, only one in ten medical students and one in 100 full professors represent these minorities.

According to Terrell, in the Commonwealth Fund's recently released report, "**The Right to Equal Treatment: An Action Plan to End Racial and Ethnic Disparities in Clinical Diagnosis and Treatment in the United States**," the report concluded that "racial and ethnic minorities live sicker and die younger. Disparities in health status are the consequences of environmental factors, behavioral risk factors and lack of access to medical care. A significant contribution is also made by racial and ethnic disparities in medical care."

To improve the health status and increase the longevity of under- represented minorities the AAMC has implemented a variety of pipeline programs aimed at increasing diversity in medical education and increasing participation in community health issues.

Here's what some of our other experts had to say...

... **Don Pathman, MD, MPH**, associate professor - Cecil G. Sheps Center for Health Services Research, on recruitment and retention through scholarship, loan repayment and related programs – "More medical students with loans fulfill their obligations with service and are retained longer in their service sites than students in scholarship programs."



... **Michael D. Adelman, DO**, vice president of Academic Affairs & dean – West Virginia School of Osteopathic Medicine, stated the advantages of dually accredited residency programs – “Larger applicant pool, can help fill program slots, increased chance of getting better MD and DO residents, can offer dual board certification and structure provides more support to programs, meets CMS requirements for number of years in a program depending on MD/DO, more opportunity to recruit into your community and opportunity to share faculty.”

... **Marc B. Hahn, DO**, Dean – Texas College of Osteopathic Medicine, cited the challenges of osteopathic and allopathic partnerships for GME – “Limited funding for new programs, CMS cap at established training sites, limited resources for identification and development of academic faculty and program directors, continued loss of uniquely osteopathic institutions and closer working relationships between ACGME and the AOA council on post-graduate training.”

... **Robert B. Walker, MD, MS**, professor and chairman – Family and Community Health, West Virginia University, “Citizens of rural America come later to care and have worse health outcomes than their urban and suburban counterparts. The graduate medical education system in the United States has had enormous impact on healthcare access and quality in its inner cities. Rural America has been denied this asset.”

... **Jack M. Colwill, MD**, professor – University of Missouri Columbia and director – RWJF’s Generalist Physician Initiative, on the role of medical schools in producing rural physicians – “Foster medical school commitment through admissions, rural education and family practice residencies; contact Congress to support Title VII; legislate state funding mandates; and enhance retention.”

... **Nelson A. Tilden, PhD, MHA**, consultant, on if rural provider retention is really possible – “It depends, if your initial recruitment was done thoroughly, you develop a proactive retention program and pay close attention to the key predictors of retention failure related to compensation, spouse and family, providers professional satisfaction and community attitudes, then it’s possible.”

... **Lisa Shugarman, PhD**, associate health policy researcher – The Rand Corporation, commenting on trends in Medicare bonus payments to health professional shortage areas and possible implications for access to care – “Bonus payments are one of several policies designed to protect and increase access to physician’s services in rural and inner-city areas. Although total spending for physician’s services increased through the decade, bonus payments are declining. Rural physicians are not claiming the bonus payment for eligible services. The bonus payment program is intended to encourage physician retention in HPSAs, but we’re unclear as to why there is a low use of bonus payments.”

... **Hilda R. Heady, MSW**, executive director – West Virginia Rural Health Education Program, outlined her state’s legislative strategy principles: community members are stewards of the partnership, know your representation districts, know committee assignments, keep track of who knows who, maintain year-round contact with legislators by community members, communicate regularly, schedule meetings with legislators and trainees while on rotation, plan local events, educate newly elected officials and host an annual legislative Rural Health Day.”

The majority of the presentations made at the conference can be found by visiting the Southern Rural Access Program website at www.srap.org, clicking on "Library of Documents" and then selecting "Autumn 2003 Austin Grantee Conference".



Presenter **Jonathon MacClements, MD** (TX) and **Ingrid Bowden** (TX) engage in lively discussion during the Wednesday evening networking reception.

NAC member **Mike McKinney, MD** (TX) and **Camille Miller** (TX).



(L-R) **Loretta Duncan** (AR), **Dexter Jones** (TX), **Joy Shepherd** (AR), **Vernail Rowe** (AR) and **Elaine Wootten** (AR) enjoy each other's company during dinner at Esther's Follies.



South Carolina's contingent included **Kathy Schwarting, Misty O'Shea, Cindy Moore, Diane Kennedy, Jeannie Jump, Roslyn Ferrell** and **Jim Bradford, MD** (L-R).



Enjoying the festivities at Esther's Follies are **Alvin Harrion** (MS); **Andre' Thomas** (GA); **Marcus Garner** (MS); and **Linda Young** (MS).



The host state of Texas was proudly represented by East Texas AHEC staff members **Steve Shelton, Ingrid Bowden, Mary Wainwright** and **Jennifer Taymor**.

Two 21st Century Challenge Fund grants awarded

State Board for Community and Junior Colleges and Mississippi State University receive \$60,000 and \$53,000 grants, respectively

Through the Southern Rural Access Program's 21st Century Challenge Fund two grant awards were made in Mississippi – one to the State Board for Community and Junior Colleges and the other to Mississippi State University.

State Board for Community and Junior Colleges

A new medical billing curriculum has been added to the Mississippi community and junior college system in an effort to improve medical billing procedures at the state's rural hospitals. The State Board for Community and Junior Colleges (SBCJC) will provide workforce training for medical billing coders and develop a vocational certificate program in medical billing at several of the state's junior and community colleges.

Funding for curriculum development has been made possible through a \$60,141 grant from the Southern Rural Access Program's 21st Century Challenge Fund, a \$60,552 grant from the Bower Foundation and a \$60,872 grant from the Enterprise Corporation of the Delta. SBCJC has also committed \$13,400 to the two-year project through its workforce education division while the Mississippi Hospital Association has pledged \$600 to cover workshop expenses.

The Mississippi Hospital Association has estimated that rural health providers left untapped a potential \$30 million in reimbursements because their billing departments were unable to handle the billing and coding requirements. It's anticipated that better trained staff will be able to overcome these challenges and reap increased reimbursements, resulting in improved retention of providers in rural areas.

The goal of the project is to educate and prepare medical billing clerks for work in hospitals, community health centers, physician offices and other providers delivering care in rural underserved area. Currently, no organized training programs for medical billing clerks exist in Mississippi.

The project will have three distinct training options. Level I training will consist of non-credit classes targeted at current employees to enhance their skills. Level II training will take the form of a one-year, modular non-credit certificate program. Level III training will lead to an associate's degree from the Community College Associates in Applied Sciences Degree Program. Copiah-Lincoln Community College will develop and pilot both the Level I and Level III training curriculums during the first year of the project. Project funds will be used for start-up support for faculty and consultants, as well as office operation costs related to the project. The project will also support costs related to a seminar in the second year that will disseminate the results of the pilots to other community colleges in Mississippi. It is anticipated that Copiah-Lincoln Community College funds will be used to continue the project in the two pilot community colleges after 21st Century Challenge funding ends.

More information on this project can be obtained by calling **Carol Moss, EdD**, at 662-323-7697.

Mississippi State University

Jeralynn S. Cossman, PhD, a medical sociologist at Mississippi State University knows that Mississippi has one of the nation's highest enrollment rates in the Medicaid program. She plans to use the one-year \$53,502 21st Century Challenge Fund grant to research whether state Medicaid recipients have the same access as private patients to physicians and quality healthcare.

In addition to SRAP funds, the Bower Foundation, Mississippi State University, Mississippi Health Policy Research Center and the Mississippi Division of Medicaid collectively matched \$181,710 for the effort.

A Research Fellow at MSU's Social Science Research Center (SSRC), Cossman will conduct her study under the auspices of the SSRC's Mississippi Health Policy Research Center, the Bower Foundation-funded entity that focuses on issues of health in Mississippi. **Arthur G. Cosby**, SSRC director and head of the health policy center, and Cossman as co-investigators will analyze data both from the state Medicaid program and the Mississippi State Board of Medical Licensure to create an objective snapshot of Medicaid enrollment rates by county, Medicaid providers and physician-patient ratios for the general, as well as Medicaid, population.

As the research team begins to analyze data early in 2004, Cossman said she plans to develop health 'maps' that will show the drive time required for Medicaid and non-Medicaid patients to reach a physician. "Comparison of the two will indicate whether there is comparable physical access to physicians in Mississippi for both populations."

In addition, the research will provide data to determine how recent reductions in reimbursement rates have affected access by Medicaid patients both to general physicians and specialists; and how physician participation in Medicaid has been impacted by reimbursement changes and the state's legal climate. The results will be shared with state policymakers, medical associations, hospital groups and others as background for planning and evaluation.

"This project is of utmost importance for informing policies related to Medicaid, the impact of current health policies and the development of new health care programs," emphasized Cossman.

More information on this project can be obtained by calling **Jeralyn S. Cossman, PhD**, at 662-325-7880.

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



Happy New Year to all of you!

Rural health advocates received a significant holiday present from Congress in its passage of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 last month. This new law represents the most significant change to the program since the mid-1960s. The National Rural Health Association estimated that the legislation provides approximately \$28 billion over the next 10 years to correct a number of basic inequities in Medicare's reimbursement system for rural providers.

Many of our Southern Rural Access Program funded staff members have important roles to play in helping underserved rural communities fully realize the benefits from this new law. For example, each of our eight projects have practice management technical assistance services to help improve the operational and financial efficiency of physicians, hospitals, community health centers and rural health clinics. The practice management staff can help rural physicians take advantage of the new 5% bonus payments available for practice in rural underserved areas, as well as the other fee schedule enhancements (1.5% update and three year floor for geographic work index.) They can also help Federal Qualified Health Centers take advantage of the new cost-based wraparound for Medicare patients, as well as help them determine whether it makes financial sense for them to deliver care in skilled nursing facilities.

Many of the SRAP funded rural health networks include small rural hospitals that also will benefit from the reimbursement provisions in the law. The full market basket updates available for hospitals that participate in Center for Medicare and Medicaid Services quality initiative, the reduction of payment disparities for rural hospitals and the improved payment and eligibility provisions for Critical Access Hospitals all represent major gains.

These increased resources should enable hospital-led networks to stabilize their operations and incrementally strengthen their access improvement efforts. Many of our rural health networks already work on pharmaceutical access issues and the new Rx Drug Discount Card available to Medicare beneficiaries in April 2004 and the Part D prescription benefit available in 2006 represent major new opportunities. The enhanced payment opportunities should help physicians, community health centers, hospitals and others improve access to needed capital available through our program's loan fund.

While Congress has crafted a viable strategy to help rural providers and communities, execution always trumps strategy. Rural health advocates need to educate both themselves and elderly Medicare beneficiaries about the myriad provisions of this very complex law. To make progress our project staffs need to celebrate just a bit and then continue to work hard on the detailed oriented implementation tasks with both their provider and community partners. This law may be "As Good As It Gets" for rural providers and communities so let's take advantage of the opportunity.

Introducing our new staff member — staff assistant Todd Hobe



Todd Hobe, a native of Birmingham, AL, moved to the Hershey area last summer. He is a 2002 graduate of the University of Alabama at Birmingham where he earned a BA in history with a minor in chemistry. While at UAB he worked for seven years as a student assistant and one year as an office service specialist II in Cell Biology. Prior to joining the Rural Health Policy Center staff he was an administrative assistant for the Pennsylvania Higher Education Assistance Agency. Todd can be reached at **717-531-2090**. His email address is thobe@psu.edu.

h h h h h *News and Notes* g g g g g

Congratulations to the **East Texas Health Access Network** (ETHAN) members and **Carlene Wilson**, network director, upon their selection as a Texas Rural Health Association "Communities That Care" recipient.

Ingrid Bowden, ETRAP project director, has assumed the role of project coordinator for the Sealy Center on Aging's East Texas Geriatric Education Center, an educational program for students and healthcare professionals in East Texas wanting to learn more about the health needs of older adults. The program will focus on older minorities and those who have been institutionalized or live in a rural area. Courses will teach healthcare professionals to be culturally sensitive and understand the essential role of all disciplines involved in the deliver of geriatric healthcare.

Development of this program is made possible by a \$1.1 million HRSA grant to the University of Texas Medical Branch at Galveston. Programming delivery is expected to begin in January. In this new role Bowden will act as a liaison between UTMB and the Brazos, Coastal, Lake Country and Piney Woods AHECs for program implementation. She will continue her role with the ETRAP project.

RWJF has awarded the University of Alabama at Birmingham's **Alabama Practice Based Research Network** a Prescription for Health grant for its "Testing PDA-Based Interventions for Smoking and Unhealthy Diet" program. Under the direction of principal investigator Myra Crawford, PhD, the Network will use PDA technology to implement two evidence-based best practice protocols to guide patient interventions around smoking and diet. Community health advisors will be used to promote and support patients attempting to change their habits. Prescription for Health is a five-year initiative funded by The Robert Wood Johnson Foundation in collaboration with the Agency for Healthcare Research and Quality. Under this initiative, primary care practice-based research networks will develop creative, practical strategies for promoting healthy behaviors among patients in their practices that can be easily adopted by other primary care practices. Sedentary lifestyle, unhealthy diet, tobacco use and risky drinking, the four health risk behaviors that have been identified as the nation's leading causes of preventable disease, disability, health care burden and premature death, will be targeted.

RWJF has awarded the **DeSoto Health & Wellness Center** a \$300,000 Local Initiatives Funding Partners (LIFP) grant to provide affordable, quality primary health care services for the working uninsured in the greater Walls, Mississippi area. The LIFP is a partnership between RWJF and local grantmakers that supports innovative, community-based projects to improve health and healthcare for underserved and at-risk populations. LIFP provides grants of \$100,000 to \$500,000 per project, which must be matched dollar for dollar by local grantmakers such as community foundations, family foundations, corporate grantmakers and others. The total award is paid out over a three-year or four-year period. Grants are awarded through a competitive process that begins when a project is nominated by a local funding partner. Local funding partners for this project are the Robertson Foundation, Reeves-Williams Builders, Entergy Foundation, United Way of the Mid-South and Baptist Memorial Health Care Foundation.

The Southern Rural Access Program welcomes **Joennell Tanner-Henry** to the family. Since July she has worked as a program developer/coordinator for both the Louisiana Rural Health Access Program and the Better Health for the Delta projects. She is responsible for various functions, including fiscal and

contractual management. Joenell can be reached at 504-680-9351 or via email at jhenr1@lsuhsc.edu.

h h h h h ***Newsmakers*** g g g g g

Congratulations to **Ruth Harrell** upon being inducted into the Alabama Nursing Hall of Fame. Harrell began her 40-year career in nursing as a staff nurse following receipt of her nursing diploma from St. Margaret's Hospital School of Nursing. She earned her BSN from the Medical College of Georgia College of Nursing and her MPH from the School of Public Health at the University of Alabama at Birmingham. From 1987 to 1993 Harrell served as the director of nursing for the Alabama Department of Public Health. Upon retirement she remained active in the nursing profession and in 1999 was appointed co-project director for the Alabama Southern Rural Access Program.

Harrell currently chairs the Committee on Professional Practice for the Alabama State Nursing Association. She has served as president of the Alabama Public Health Association in addition to giving her time to many government task forces and committees, studying issues from the nursing shortage to problems affecting the public's health. Harrell is credited with leading the way for the Alabama Advanced Practice Council to proceed with the development of a statewide Nurse Practitioner Network with one of the Alabama's largest employers. Her list of awards includes the **Lamplighter Award** from the Alabama League of Nursing, the **DG Gill Award** from the Alabama Public Health Association and the prestigious **Ruth Freeman Distinguished Career Award** from the Public Health Nursing Section of the American Public Health Association.

SRAP National Advisory Committee member, family physician and associate dean for rural health at the University of South Alabama College of Medicine **Regina Benjamin, MD**, was recognized by Good Housekeeping magazine in its September 2003 issue as an "Inspiring Women". Of Benjamin and four other women the article stated, "She could have done anything. Friends predicted big jobs and big futures for these talented women. But each found riches in helping others instead."

Upcoming Events

Phase II, Round II Reverse Site Visits

Double Tree Hotel, Atlanta, GA

Concurrent Sessions

February 4

9:00 a.m. –	1:30 a.m.	Texas and Alabama
12:30 p.m. –	3:00 p.m.	Arkansas and Louisiana
3:15 p.m. –	5:45 p.m.	West Virginia and Georgia

February 5

8:30 a.m. – 11 a.m. Mississippi and South Carolina

Southern Health Improvement Consortium

Planning Meeting

Double Tree Hotel, Atlanta, GA

February 5, 1:00 p.m. – 5:00 p.m.

February 6, 8:00 a.m. – 1:00 p.m.

National Rural Health Association

15th Annual Rural Health Policy Institute

February 21-25, Grand Hyatt Hotel, Washington, DC

For more information contact **Eli Briggs** at briggs@NRHArural.org or call (703) 519-7910

National Rural Health Association

10th Annual Rural Minority and Multicultural Health Conference

May 25, Sheraton Harbor Island Hotel, San Diego, CA

For more information contact **Rosemary McKenzie** at rmckenzie@NRHArural.org

44 million Americans live without healthcare coverage

Cover the Uninsured Week '04 to make uninsured issue a focus of national discussion

There are nearly 44 million Americans living without health coverage – including eight million children. Being uninsured means going without care when you need it. It means minor illnesses become major ones because care is delayed. It means one significant medical expense can wipe out an entire family's bank account. The escalating cost of healthcare is making health coverage less affordable for a growing number of businesses and working Americans. Reversing this disturbing trend and ensuring that all Americans have access to affordable health coverage, private or public, is the goal of **Cover the Uninsured Week**.

Building on the success of last year's **Cover the Uninsured Week's** effort, The Robert Wood Johnson Foundation, The California Endowment and other funders along with more than 800 national and local organizations and thousands of Americans will join efforts to make the issue of the uninsured a focus of national discussion. From May 10-16, 2004 events will be held coast to coast so that more Americans can learn about this critical problem – who is affected, why they are uninsured, the consequences of being uninsured to physical and financial health – and how this issue affects every American, not just those who are uninsured.

"The unacceptably higher number of uninsured Americans, a majority of them in working families, means that Americans from every walk of life and point of view can and must work very hard in the coming year to guarantee that all Americans have the healthcare coverage they need," said **Risa Lavizzo-Mourey, MD, MBA**, president and CEO of The Robert Wood Johnson Foundation. "The moral leadership of (honorary chairmen) President's Ford and Carter and many of the nation's former top health officials from many administrations demonstrates wide support for making certain that all Americans have high-quality and affordable healthcare coverage.

The nation's faith community is expected to play a leading role in the effort and will make its collective voice heard in declaring healthcare coverage a common community value according to the teachings of diverse faith traditions. Many major faith groups are working together to plan national and local activities.

Events before and during **Cover the Uninsured Week** will include health and enrollment fairs, interfaith outreach, seminars for small businesses on acquiring and maintaining health coverage, news conferences and campus activities, as well as a broad array of events organized by local coalitions and volunteers. Many of these events will offer medical screenings for the uninsured and other members of the community, as well as opportunities to enroll eligible children and adults in the State Children's Health Insurance Program and Medicaid. In conjunction with these activities findings from four major research studies will be released.

"In addition to speaking out about the need to provide health coverage for all Americans, we will create opportunities for those who want to do something now to help the uninsured, emphasized Lavizzo-Mourey. "This issue affects all Americans. Virtually every insured American is one pink slip or one new job away from being uninsured. We know all too well the uninsured are often forced to delay

care and suffer with illness. Tragically, the uninsured sometimes die sooner as a result."

Anyone in a position to make a difference in creating awareness about this issue is urged to do so. Businesses and organizations can create awareness by providing a link to the **Cover the Uninsured Week** website; including information on the effort in organization communications such as newsletters and email updates; and bringing this issue to the attention of local news media and other interested groups in your community.

More information on this nationwide effort can be found at www.CovertheUninsuredWeek.org or by calling **Alison Gould** at 202-572-2978.

New RWJF Program encourages active living

In mid-November The Robert Wood Johnson Foundation announced the awarding of "Active Living" grants to 25 communities to increase active living, a way of life that integrates physical activity into daily routines. Each community partnership is eligible for up to \$200,000 over a five-year period to develop and implement strategies to increase opportunities and remove barriers to routine physical activity, especially among low-income Americans who are most likely to be inactive and are most vulnerable to poor health outcomes.

Innovative approaches will address community design, land use, transportation, architecture, trails, parks and other issues that influence healthier lifestyles. This new initiative supports the Foundation's mission to promote healthy communities and lifestyles by helping communities create places, programs and policies that make physical activity something everyone can access and enjoy.

"We believe these partnerships and their proposed work represent the leading edge of a growing national trend to increase physical activity," said [Risa Lavizzo-Mourey, MD, MBA](#), RWJF president and CEO.

The Berkeley Charleston Dorchester (SC) Council of Governments (COG) was the only community in the eight-state Southern Rural Access Program region to receive a grant. The COG plans to use the money to develop a three-county bicycle/pedestrian network plan that will increase physical activity opportunities in new neighborhood parks, trails and greenways. Key partners include Medical University of South Carolina, The Citadel, South Carolina Department of Health and Environmental Control, Charleston County Parks and Recreation Commission and the Charleston Metro Chamber of Commerce.

More information on this program can be found by visiting the Active Living website at www.activeliving.org.