

RURAL HEALTH NETWORK DEVELOPMENT GRANTEES BY STATE

ARIZONA

Gila River Rural Health Network

D06RH00152

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Fiscal Year	2001	2002	2003
Grant Award	\$190,456	\$190,787	\$195,603

The Gila River Indian Community (GRIC) proposes to establish a network to link medical and administrative information systems and to encourage data sharing among health care providers both on and off the GRIC reservation. The GRIC, a 372,000-acre span of open desert in central Arizona, includes parts of Pinal and Maricopa counties.

The network will function under the auspices of the Gila River Indian Community Department of Public Health. The other partners include the Ak Chin Tribe, Pinal County Public Health, the Arizona Department of Health Services (ADHS), and the Gila River Health Care Corporation, a private, on-reservation provider of hospital and clinic services to GRIC and Ak Chin members.

The network will increase the community's capacity to design and deliver health care services according to the needs of on- and off-reservation tribal member populations. In addition, the network will improve the quality of care through accurate disease surveillance and will allow multiple agencies to coordinate care across organizational and governmental boundaries. The network will consist of "people resources" through ongoing relationships and "system resources" through an information management system, which will provide access to timely and accurate health information about Gila River Indian Community members. The network will help to overcome the following two major systemic and practical problems:

- No collaborative planning of prevention, service, and policy strategies among the Tribal entities and the off-reservation providers currently exists.
- Lack of collaboration among on-reservation health providers and off-reservation providers results in "loss through follow-up" and duplication of services.

Ndee Health Web

D06RH00175

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Fiscal Year	2002	2003
Grant Award	\$199,977	\$199,977

The White Mountain Apache Tribe (WMAT) established the Ndee Health Web, a community-based effort by tribal members and health care providers, to integrate public health care activities. WMAT is a community of 18,000 people living in a rural area of 1.7 million acres on the federally designated Fort Apache Indian Reservation in southeast Arizona. Three primary health care providers – the Indian Health Service, White Mountain Tribal Health Authority, and Johns Hopkins University – provide health care services on the Reservation, but planning and service delivery have not been coordinated. The remote nature of the Reservation, coupled with the fact that the Apache people living there are considered to be the most traditional of all American Indian groups, create significant barriers to accessing health care and increase the importance of a comprehensive and coordinated health care delivery system.

Although blending Apache culture and modern medicine presented a significant challenge, the Ndee Health Web achieved its initial goal of transitioning health care delivery from a service-driven model of crisis intervention to a client-driven model of prevention and early intervention. The next phase of the project seeks to move beyond coordination into full integration of a medical delivery system for the Reservation by centralizing medical transportation services, developing a coordinated and comprehensive case management system to treat the chronically ill population, designing a formal community health plan, administering an annual community health survey to 500 residents, building the capacity of community presidents to serve as leaders in health promotion, facilitating regional health care planning retreats, improving technology coordination among medical providers, developing viable opportunities to generate revenue for Ndee Health Web activities, and performing a formative evaluation of the Ndee Health Web project.

Southwest Navajo Vertically Integrated Health Care Network

***D06RH0094**

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*Fiscal Year	1999	2000	2001
Grant Award	\$199,990	\$200,000	\$200,000

The Southwest Navajo Nation covers more than 2,000 square miles in northern Arizona. The 14,000 members of the Nation must frequently travel to Indian Health Service (IHS) centers in Winslow, Tuba City, Chinle, or White River, Arizona, to fill their health care needs. This can mean round trips of more than 90 miles to access health care.

The Southwest Navajo Vertically Integrated Health Care Network brings services closer to Navajo people, "rather than having the people always travel to the services." A midlevel provider will be hired to be onsite at an IHS satellite clinic under the supervision of the IHS physician in Winslow, allowing provision of primary health care locally and furthering development of other integrated services in a continuum of care. With the collaboration of Arizona Kidney Disease and Hypertension Centers, Renal Integrated Health Services Network, and Fresenius Medical Corporation the development of preventive and treatment services for kidney disease and hypertension can take place within the community. Ultimately, the Network will provide preventive education, primary health care, and quality assurance-based referral decisions on tertiary and specialized medical care.

***Grantee has received a no-cost extension.**

CALIFORNIA

Health Leadership Network

D06RH00258

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Fiscal Year	2003	2004	2005
Grant Award	\$200,000	\$200,000	\$200,000

The Health Leadership Network (HLN) is a consortium of 10 health care service providers in Lake County, California, dedicated to improving the health of pregnant women and young children. The network aims to serve as a think tank, infrastructure builder, quality enhancer, and systems integrator to support programs and policies that will elevate the well-being of the network's target population, thereby creating a healthier community overall. Specifically, the network's goal is to ensure delivery of prenatal care and access to oral and mental health

services for the county's scattered pockets of people living at or near the poverty level. Through its activities, the network's members hope to make a positive impact on the essential development that transpires during a child's earliest years.

HLN members represent both of the local hospitals and all of the key organizations that interface with children and pregnant women in the community. They include Sutter Lakeside Hospital, Adventist Health Redbud Community Hospital, Lake County Department of Health Services, Children and Families Commission/First Five, Sutter Lakeside Community Services, Easter Seals, Lake County Office of Education, Employment Development, and two direct-care providers. Because resources are limited, these entities already work together in some way. However, a no formal structure in the community identifies shared goals, a common vision, or a mission to interlink and coordinate services, pool resources, and develop consistent, holistic health policies. The network grant will be used to create such a formalized network to provide these activities in Lake County. The grant will support development of a comprehensive strategic plan to identify service priorities, duplication and gaps in service, outreach and intervention methodology based on the county needs assessment, shared services tracking, coordinated marketing activities, and development of a sustainable infrastructure for countywide health promotion programs.

Lake County's population of 55,300 enjoys an environment of natural beauty with a lake view from nearly every perspective. However, Clear Lake, the picturesque centerpiece of the community, is also a major transportation barrier, making access to health services difficult. It is nearly 100 miles around Clear Lake's periphery, and 45 percent of residents do not have adequate transportation. In addition, Lake County currently ranks 55 among 58 counties for the poorest health status in the State of California. The most recent statistics from the Lake County Children's Report Card indicate that an estimated 56 percent of the area's children live in families without self-sufficient income, and an estimated 30 percent live in poverty. The county recently ranked lowest for late or no prenatal care. Approximately 50 percent of mothers younger than age 15 receive no prenatal care in their first trimester; 18 percent of the county's total births are to teen mothers. More than half the mothers enrolled in the Family Resource Center Birth to Five programs suffer from depression, as determined by a standardized depression screen, and incidents of domestic violence and child abuse and neglect are on the rise. These factors, coupled with the area's depressed economic conditions, have led to Lake County being labeled the Appalachia of the West.

North Coast Clinics Rural Health Network

D06RH00223

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Fiscal Year	2003	2004	2005
Grant Award	\$198,995	\$198,864	\$198,856

The North Coast Clinics Network (NCCN) is composed of eight federally qualified health centers (FQHCs), two rural health clinics (RHCs), a family planning clinic, and a county public health agency. The network's service area is approximately the size of New Jersey and encompasses three northern California counties. Humboldt and Del Norte Counties on the Pacific Coast and Trinity County to the east extend from 200 miles north of San Francisco to the Oregon border.

Hidden among the area's natural beauty of unspoiled beaches and ancient redwood forests are pockets of economically depressed, socially disenfranchised, and medically underserved residents who depend on NCCN's clinics for health care. Low education levels and lack of alternative employment have impeded economic recovery from the decline in the area's timber and fishing industries. In addition to economic depression, the area also experiences problems with violence, substance abuse, and mental illness at levels usually associated with inner cities. Poverty, mountainous topography, harsh winter weather, and lack of public transportation pose significant barriers to health care for area residents. In addition, telephone and other communication and connectivity devices are often marginal or unreliable. These constraints, along with limited staff time and resources, impede coordination and information-sharing between clinics without the intermediation of the network. More than one-third of the service area population depends on member network clinics for primary health care. These clinics are small, widely dispersed, and often understaffed and overworked. They depend on NCCN to assist them in information-sharing, community education, joint purchasing, technical assistance, staff training, and planning and expanding capacity.

The major purpose of NCCN's proposed project is to build and strengthen network fiscal and operational capacity while fostering parallel growth and development in each of the network's member clinics. Most importantly, the project strives to respond to the needs and concerns of patients to build confidence and trust in the community. Specifically, the project will create and implement an integrated disaster preparedness and emergency response plan; create a networkwide staff training plan to ensure that staff are appropriately trained in emergency response and disaster preparedness, financial management, and administration; and offer continuing education for health care providers. Other project activities include establishing an employee training and development center that also will be open to health and human service providers; extending the availability of basic telehealth and telemedicine training and operations to all clinics; and expanding network capacity to provide access to specialists, workshops, and conferences outside the area that are not now available. The network will ensure its own sustainability by updating and expanding its strategic plan and developing alternative income sources, including fees for services, fiscal sponsorships, rents, and service contracts, thereby decreasing its dependency on grants.

Rural Health Design Consortium

D06RH00249

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Fiscal Year	2003	2004	2005
Grant Award	\$200,000	\$200,000	\$200,000

The Rural Health Design Consortium (RHDC) is a seven-county integrated network of rural California hospitals comprising hospital leaders, health care professionals, trade organization representatives, State agency representatives, facility design representatives, and rural community leaders. RHDC acts under governing bylaws to explore a uniform approach to using compliance with SB 1953 (California's current legislation pertaining to hospital seismic safety) as a "disruptive innovation" opportunity to redesign how and where health care is delivered in rural California. RHDC seeks to work in collaboration with 12 California rural hospitals, providers, and organizations to establish a health care delivery model that will (1) provide continued access to appropriate and affordable primary medical, dental, and behavioral health services, (2) promote positive changes in communities with respect to economic and personal health, and (3) establish linkage with specialty and tertiary centers. Using established criteria to identify the most at-risk rural facilities in the State, the consortium implemented membership standards to include hospitals that have an average daily census of fewer than 15 patients, are farther than 30 miles or longer than 30 minutes from the nearest acute care facility, and are not meeting seismic regulations.

Approximately 75 percent, or 117,000 square miles, of California's landmass is rural. Health care in this vast area is delivered in an uncoordinated manner by small rural hospitals, community-based clinics, sole practitioners, and allied health professionals who provide service to approximately 2.6 million residents. These rural hospitals and clinics serve a culturally diverse and ignored population, many of whom are underinsured or uninsured. Inadequate capitalization, narrow operating margins, and sweeping legislative changes further challenge rural health care providers. Poor financial conditions mean that rural hospitals do not have the resources to stay technologically current or to compete for dwindling professional resources, such as registered nurses, respiratory therapists, radiology technologists, pharmacists, and clinical laboratory scientists.

The RHDC project plan is to establish a framework for the redesign of rural health delivery. The framework is based on engaging communities to participate in specific research data, service inventories, analysis of existing and potential linkages, needs assessments, and economic impact analysis. Results of the research will be used to redesign rural community services and their delivery, including the design of a rural core health facility to serve as the hub of the new system. In short, the project hopes to create a stabilized health care continuum that ensures access to basic health and wellness services throughout rural California.

Imperial Valley Community Health Organization

***D06RH00105**

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*Fiscal Year	2000	2001	2002
Grant Award	\$200,000	\$179,980	\$186,199

The Imperial Valley Community Health Organization (IVCHO) is a newly constituted corporation serving Southern California's only designated rural county, which is significantly underserved for most health care services. More than half the population is either uninsured or is covered by the Medi-Cal program. Medical management and administrative services are outsourced by county providers and businesses to entities located outside the community, representing a significant drain of local dollars and resources.

IVCHO's mission is to maximize health care opportunities for the community by providing a locally owned, collaborative, administrative services organization dedicated to improving access to health care services and to reducing the number of uninsured individuals through valleywide health administrative coordination. Networking partners in this project include representatives from local community organizations, health care facilities, a bank, physician groups, and other health-related services. Through local control and coordination of administrative and medical functions, IVCHO aims to develop local standards for medical care that are appropriate to the local provider community and that reflect local needs and values. In addition, it will further local accountability and responsibility for health care and will keep local health care dollars in the community.

***Grantee has received a no-cost extension**

Nevada County Long Term Care Integration Program

***D06RH00119**

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*Fiscal Year	2000	2001	2002
Grant Award	\$199,935	\$199,685	\$199,771

Consumers, public agencies, and service providers in the rural mountain community of Nevada County are developing a vertically integrated health system that brings together all health and health-related services for the publicly funded, long-term care population. This integrated system has been achieved through the partnership efforts of health and human service agencies, medical associations, a hospital and a hospice, and supportive service organizations.

The project intends to pool all public funding for the long-term care population, beginning with Medicaid, and to create a coordinated, countywide system of services. Problems of the current care system, such as service fragmentation, inadequate health care access, and cost-shifting incentives, will be alleviated through strategic use of the consolidated funding pool. Savings from increased efficiencies will be invested in expanded community services that promote consumer independence and quality of care.

The 3-year integration project is using funds from the Rural Network Development Grant to support its goals to:

- Track information on long-term care consumers, services, and costs in the long-term care network
- Evaluate the existing long-term care service and financing systems
- Design alternative service delivery models and funding mechanisms
- Work with service providers and funding sources to implement the integrated long-term care system.

***Grantee has received a no-cost extension**

COLORADO

San Luis Valley Healthcare Network

D06RH00217

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Fiscal Year	2001	2002	2003
Grant Award	\$200,000	\$200,000	\$200,000

The San Luis Valley Rural Healthcare network, which includes the Conejos County Hospital District, Rio Grande Hospital, San Luis Valley Medical Clinics, San Luis Valley Regional Medical Center, and Valley-Wide Health Services, represents the leading health organizations in its six-county service area in south-central Colorado. The network has developed a plan of action that provides patients and residents with a higher quality and greater variety of health products and services. The entire health care community also benefits from the implementation of programs focused on resolving chronic issues confronted by this economically depressed region, such as health insurance affordability and staff recruitment and retention.

The San Luis Valley has the unenviable distinction of having five medically underserved and six health professional shortage counties, which is worsened by the region's geographic "enclosure" within the surrounding mountain ranges. In addition, the network must address the health issues of the State's largest Hispanic population and a large contingency of citizens in their dependant ages. All of these factors are essential for the network to provide the products and services necessary to improve access to health care and health care delivery among local providers for the diverse, scattered communities that constitute the San Luis Valley.

Grand County Rural Health Network

***D06RH00110**

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*Fiscal Year	2000	2001	2002
Grant Award	\$158,802	\$197,000	\$192,000

The Grand County Rural Health Network is a rural network of four health care providers in north-central Colorado whose membership includes a public hospital district, an outpatient clinic, a medical center, and a public health care office. A preliminary assessment of health care needs in the county identified a lack of nonemergency care physicians, an uncertainty among patients about the location and scheduling of specialists, a lack of diagnostic technology, and patient distrust of local health care facilities.

Over the next 3 years, members of the Network will use funds from the Rural Network Development Grant to form a 501c3, not-for-profit organization—the Grand County Rural Health Network.

GCHD goals include:

- Offering additional services not now possible
- Effectively providing less duplicative and improved quality of care
- Reducing the subsidy now demanded to provide basic health care
- Stabilizing the now-tenuous future of local health care.

***Grantee has received a no-cost extension**

FLORIDA

Healthcare Services Integration Demonstration Project

D06RH00252

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Fiscal Year	2003	2004	2005
Grant Award	\$199,008	\$193,008	\$193,008

The Heartland Rural Health Network consists of more than 25 organizations, including 1 Critical Access Hospital and 4 other hospitals, all of the county health departments from the 5-county service area, the Area Health Education Center, federally qualified community health centers, and representatives from consumers, local government, and other organizations. The network covers an area of 4,870 square miles of some of the most rural counties in Florida—Highlands, Hardee, DeSoto, Polk, and Charlotte; nearly all of the five counties are Medically Underserved Areas and Health Professional Shortage Areas. The region depends on a strong agricultural base and therefore has a significant number of migrant and seasonal workers. Patient outmigration is rampant. In Hardee County alone, 92 percent of inpatient hospital care is rendered outside the county, resulting in a \$42 million annual loss.

In 1993, the State of Florida passed legislation authorizing the creation of rural health networks. That legislation was very specific in delineating the purpose of these networks: (1) to provide an effective continuum of care for all patients in the network, (2) to ensure the availability of a comprehensive array of services, (3) to reduce outmigration and increase the use of rural health care providers, (4) to enhance access to and efficient delivery of high-quality health care, (5) to support the economy and protect the health and safety of rural residents, and (6) to serve as laboratories to determine the best way to organize rural health services.

Believing that few, if any, rural health networks in Florida have come close to meeting the intent of this legislation and that networks need to reinvent themselves, the Heartland Rural Health Network Health Care Services Integration Demonstration Project will use network grant funds to conduct a 3-year pilot study. The network will become a “laboratory,” as suggested by Florida legislation, and organize into an integrated health care delivery system, initially in the two most rural counties in the network, Hardee and DeSoto. The network designed the Health Care Services Integration Model, which if properly implemented will ensure that the network effectively meets the legislative intent for which it was created. Specifically, network leadership and staff will work side by side with health care providers in resolving delivery issues common to all rural areas. It will also align network activities with the needs and interests of its members, thus ensuring sustainability. The project strives to reduce outmigration, expand services, increase revenues to local providers, greatly enhance access to care, and ensure efficient delivery of care. The network’s goal is to create a model so effective that other networks in Florida will want to replicate it.

GEORGIA

East Georgia Health Cooperative

D06RH00136

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Fiscal Year	2001	2002	2003
Grant Award	\$199,803	\$178,383	\$186,226

The nine geographically isolated counties in the East Georgia Health Cooperative, Inc. (EGHC) are described as the “poor belt” of east Georgia. These counties are characterized by long-term population loss, lack of employment opportunities, high levels of poverty, low levels of education, and low levels of infrastructure and government service development. In addition, a legacy of limited access to health care facilities and health care professionals results in a less healthy population (53 percent African American and 47 percent Caucasian).

To address the serious health care access issues in this 9-county region, 4 hospitals, 3 community health centers with 7 clinic sites, 3 rural health clinics, more than 60 physicians, and the District Public Health Director have joined forces to improve the access, scope, and viability of health care services. EGHC is a 501(c)(3) entity that is duly incorporated in the State of Georgia.

The project goals are (1) to establish and maintain an organizational infrastructure to address identified areas of need and (2) to establish a comprehensive network-wide mechanism for implementing and conducting outcome improvement plans that focus on identified clinical areas. To accomplish these goals, EGHC will hire a full-time executive director, establish a system-wide outcomes improvement database, implement the Diabetes Mellitus Outcome Improvement Plan, and use the knowledge and expertise gained by the diabetes plan to establish additional outcome improvement plans in other clinical areas.

GMP Health Network

D06RH00179

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Fiscal Year	2002	2003	2004
Grant Award	\$200,000	\$200,000	\$200,000

The Greene-Morgan-Putnam Community Health Council, Inc. (GMP Health Network), was formed from a grassroots effort to provide quality health care services at a reasonable cost, to help local hospitals respond to the changing reimbursement environment, and to create a healthier population in this three-county rural area of Georgia. Greene, Morgan, and Putnam counties border Lake Oconee, one of Georgia's largest lakes, formed in 1979 by the completion of Wallace Dam. Although the counties have experienced tremendous economic and population growth from an influx of affluent retirees over the last 10 years, analysis shows that the area has significant rural health care challenges – high poverty, low education levels, and high numbers of uninsured residents. Additionally, the health care infrastructure is fragile and inadequate to meet the needs of its varied consumers. The Network, comprised of health care providers, social service agencies, local county governments, hospitals, and citizen representatives from the three counties, aims to make health care available to 100 percent of the population, reduce disparity, and promote health through regional resource-sharing and prevention.

Turner County Connection Health Network

D06RH00262

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Fiscal Year	2003	2004	2005
Grant Award	\$196,160	\$195,210	\$198,099

The Turner County Connection is a 501(c)(3) grassroots community collaborative consisting of representatives from safety net providers, government agencies, civic organizations, ministerial associations, the business community, consumers, and service organizations in Turner County, Georgia. Through grant funding, the Turner County Connection supports a variety of local health, education, and social services projects. The Turner County Connection Health Network functions as a committee of the collaborative and comprises all of the more than 20 local and regional health care providers and key service organizations. Turner County, Georgia, has no local hospital. Like so many other rural areas, the county suffers from high rates of poverty and unemployment, lack of health insurance, and health provider shortages. All these factors

contribute to a lack of access to adequate health care and social support services for area residents. Because of decades of ignoring prevention activities and the effect of deleterious decisions made during childhood and adolescence regarding lifestyle and personal behavior, many of the county's residents have deteriorated health status by middle age. Cardiovascular disease, stroke, and diabetes are all causes of death that can be delayed or prevented through education and a change in lifestyle choices.

In response to the region's serious health care access issues, the Turner County Connection Health Network has developed a three-pronged local health care strategic plan that includes (1) community health education, screenings, and enrollment, (2) comprehensive case management services for individuals with special needs and chronic conditions, and (3) community service coordination and resource development. With network grant funds, the project will develop an infrastructure that maintains an integrated health system and coordinates care for the area's underinsured and uninsured residents. Specifically, the project will seek to enroll 100 percent of Turner County school system students and at least 20 percent of adults in health screening and education classes, workshops, and activities yearly. In addition, the project will provide access to appropriate community health support services for 100 percent of the adults enrolled in chronic-disease case management programs. Other project activities involve establishing a community volunteer program and preparing five grant proposals, including a Health Resources and Services Administration (HRSA) Community Access Program (CAP) grant proposal. The project also will develop a chronic-disease case management database capable of long-term tracking of enrolled patients and will create an accepted set of shared clinical protocols and a standard enrollment/patient intake process for local comprehensive interdisciplinary case management activities.

ILLINOIS

Regional Behavioral Health Network

D06RH00168

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Fiscal Year	2002	2003	2004
Grant Award	\$150,780	\$149,215	\$151,630

The Regional Behavioral Health Network, comprised of the Sarah Bush Lincoln Health Center, Coles County Mental Health Center, and the Human Resources Center of Edgar and Clark Counties, seeks to increase access to an integrated, comprehensive system of behavioral health services for the resident population of the rural east central area of Illinois comprised of Clark, Coles, and Edgar Counties. Each of these counties is designated a Federal Health Professional Shortage Area (HPSA) for mental health services. The 3-county population is approximately 90,000 with an average population density of 55 persons per square mile. An estimated 12 percent of the total population and 16 percent of children under age 17 live in poverty. A significant portion of the population is uninsured.

The limited resources of rural mental health providers, combined with the substance abuse, suicide, and depression problems of the area’s rural population complicate the delivery of mental health services. The Network aims to improve access to behavioral health services through a 24-hour crisis/triage/assessment system, to increase utilization of the system through education and marketing outreach, to meet or exceed industry standards for providing emergent, urgent, and routine care, and to reduce triage and assessment costs while increasing system capacity.

Community Health Action Team Technology Network

D06RH00236

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Fiscal Year	2003	2004	2005
Grant Award	\$188,914	\$188,914	\$186,928

The Community Health Action Team (CHAT), a partnership between Graham Hospital, the Fulton County Health Department, and the Fulton-Mason Crisis Service, was formed in 1995 to conduct health care needs assessments and to address priority health needs in rural Fulton County, Illinois—population 38,250. Priority health care issues identified through the assessments were (1) the need for an improved health care delivery system for the medically indigent, e.g., access to health information and services, (2) the need to decrease the incidence of chronic diseases such as heart disease, cancer, and respiratory disease, and (3) the need to reduce the incidence of domestic violence. An ongoing needs assessment by CHAT’s steering committee also indicates a lack of service connection between providers and consumers. Inadequate access to health information and services, combined with no central location for storage and dissemination of updated information that can aid providers in referring a client to appropriate services, results in vulnerable populations being left alone to navigate a frustrating maze of services. Failure to provide referrals during the time of expressed need leads to unresolved health issues that manifest as untreated chronic illnesses, financial deterioration, and social isolation. Other factors that serve as barriers to adequate health coverage coordination include Fulton County’s large geographic area (866 square miles), lack of public transportation, aging population (18.3 percent aged 65 and older), increasing unemployment rates, lack of health insurance, high incidence of family violence, and absence of a countywide computer network.

In response to the need to effectively connect consumers with health information and services, CHAT formed a technology committee consisting of five major social service agencies, a hospital, a public health department, a college, emergency medical services, a pharmacy, the CHAT coordinator, the regional office of education, and a computer technology consultant. With network grant monies, the project will develop a computer network to connect service providers, create a Web site and a provider intranet service, and utilize Palm PCs for home visit programs. The project’s key components will include Web site promotion, online service updates, enrollment of member organizations, long-term sustainability planning, assessment of unmet needs, and seamless access to services for consumers—especially vulnerable citizens in Fulton County.

INDIANA

Improving Mental Health Services for Rural Indiana Communities

D06RH00230

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Fiscal Year	2003	2004	2005
Grant Award			

The Rural Mental Health Provider Network is a 6-member network of providers in 32 rural Indiana counties, with a total population of approximately 1 million persons. The network aims to sustain and enhance mental health services for residents and providers through training and cost-effective cooperative administrative measures. A serious barrier to accessing mental health care services in the area is the distance residents must travel to a midsized city to see mental health providers. On average, rural residents are separated from care by up to a 45-minute drive. A lack of public transportation leaves rural residents isolated from centrally located health care providers who often serve multiple counties. Three of the counties are designated Mental Health Professional Shortage areas. An additional barrier for many rural residents is the stigma of receiving care for mental health needs. Anonymity and privacy are lost when a person passing by a rural community mental health center can recognize every care or truck in the parking lot. Another barrier is the high turnover rate of caseworkers and other midlevel mental health professionals in rural centers. Rural isolation interferes with services, patients find it difficult to navigate the maze of social services, and case managers face language barriers and cultural differences—the Hispanic population has increased by 202 percent in the past decade.

The Rural Mental Health Provider Network has developed a program to respond to the mental health needs of uninsured and indigent residents and to improve the lot of mental health care providers in the rural communities of Indiana. The focus of the program is to provide education and training on how to diagnose behavioral health disorders, understand the treatment options available, and use cost-effective cooperative administrative measures. In particular, the program will explore the possibility of voice, video, and data systems to enhance education and training opportunities for rural mental health workers and will aim for a 10-percent reduction in staff turnover. The first year of the program will include evaluation and development of training needs, broadening strategic plans for the network, and setting initial plans for group purchasing and combined administrative needs. The second and third years will focus on implementing and evaluating the program initiatives. One goal is to increase the number of case managers by 20 percent over the 3-year period.

IOWA

Balanced Health.BDF

D06RH00123

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Fiscal Year	2001	2002	2003
Grant Award	\$200,000	\$200,000	\$200,000

The Balanced Health Project.BDF (BDF represents the three participating counties: Buchanan, Delaware, and Fayette) focuses on expanding and formalizing current efforts to increase health care access for our youngest residents in rural northeast Iowa. As in many rural counties throughout the United States, children and youth in this three-county area have limited access to sufficient health care services, and thus the area is in desperate need of a better health care service delivery system.

The Balanced Health Project.BDF has 16 network member—11 school districts, Palmer Community Health, People’s Community Health, Regional Medical Center Community Health, BDF Community Empowerment Area, and the Higher Plain. This project builds on current school reform efforts in Iowa that make school districts the connecting point between every student in the district and the community health care providers. This project replicates a successful model for increasing health care access that was recently piloted in another rural Iowa community.

Integrated Service Pathways (ISP) Network

D06RH00127

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Northwest Iowa Mental Health Center
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Spencer, Iowa 51301
Phone: (712) 262-2922

Fiscal Year	2001	2002	2003
Grant Award	\$196,500	\$196,500	\$196,500

The Seasons Center for Community Mental Health (formerly known as Northwest Iowa Mental Health Center) is a private nonprofit agency that has provided community mental health services for 41 years to nine counties in northwest Iowa. The Seasons Center serves as the applicant agency for the Integrated Service Pathways (ISP) Network. The ISP Network project is a program uniquely designed to provide mental health and dual-diagnosis services to the mentally ill who are housed in rural county jails. Many of these inmates, due to access problems associated with obtaining health care in a mental health professional shortage area, have their first point of access for care in the county jails.

The ISP Network has three major goals: (1) to establish an integrated service network among four existing delivery systems, (2) to ensure that all inmates of county jails throughout the eight-county service area have access to comprehensive services for mental illness and dual-diagnosis, and (3) to ensure that all treatment staff and network members have proper training on dual-diagnosis. This training includes uniform record keeping, necessary consultation around treatment and behavior management, and documentation standards.

A Comprehensive Systems Approach to Patient Safety

D06RH00283

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Fiscal Year	2003	2004	2005
Grant Award	\$199,943	\$199,467	\$199,913

The Patient Safety Health Care Network of North Iowa (PSHCN) is a coalition of nine small primary care hospitals and a larger secondary referral center. The network serves 14 sparsely populated counties in north-central Iowa. These counties have a very high percentage of elderly residents (19 percent), a depressed farm and agricultural business economy, and low wages. All 14 counties are Health Professional Shortage Areas and 7 also are Medically Underserved Areas. The network seeks to develop, implement, and evaluate an integrated patient safety plan that will significantly improve the quality of patient care and reduce medical errors in network hospitals, clinics, and pharmacies. Many factors make patient safety a high priority for network members and necessitate an integrated, systemwide approach to patient safety. These factors include the area’s high percentage of elderly residents at risk for experiencing medication errors, especially adverse drug reactions, who have limited transportation options and inadequate knowledge of their medications; the language barrier in the small but growing population of Spanish-speaking residents; a shortage of nurses, surgeons, and pharmacists; budget deficits that lead to staff cuts, leaving remaining network staff with too many responsibilities; and the relatively low occurrence of serious medical errors, making them especially difficult to track in small health care facilities.

During the past 5 years, all network hospitals and clinics have monitored some types of medical errors in their facilities. These monitoring efforts have improved patient safety in scattered areas and raised awareness of patient safety among providers. However, because of a lack of standardization, these improvements have not adequately or substantially increased patient safety across the network. PSHCN will develop standardized documenting, tracking, and data analysis systems that will generate accurate, actionable information about sources and types of medical errors; establish common benchmark goals; implement and evaluate best clinical practice guidelines and protocols to improve major patient safety processes and reduce medical errors; and prepare a well-researched plan to acquire and implement targeted, cost-effective, and appropriate information technologies to support safe patient care. Through these efforts, PSHCN hopes to lessen pain and suffering, save lives, minimize lost productivity and household income, improve confidence and satisfaction in the rural health care system, and reduce medical costs over time.

Partners Networking to Promote Agricultural Health and Safety

***D06RH00101**

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*Fiscal Year	2000	2001	2002
Grant Award	\$174,587	\$184,501	\$196,905

This project recognizes that the current financial dilemmas being faced by farm families in Clay County, Iowa, and their exposure to hazardous farm work are leading to a greater need for preventive, mental health, and social services developed specifically for the agricultural population. The Network is responding to these needs by improving the health and safety of the farming community through the coordination of health care services offered by a local network of providers. Network members are the Mercy Family Clinic-Spencer, the Seasons Mental Health Center, Community Health Services, and the Lakes Area Decategorization/Empowerment. Steps to achieve project goals are:

- Expanding farmers' access to care
- Coordinating care services
- Restraining the cost of care for farmers
- Improving the quality of care.

Over the next 3 years, the Network will focus on completing an intensive strategic planning process, which will include mobilizing the community, collecting data, and identifying community resources, and on implementing community action plans.

***Grantee has received a no-cost extension**

KANSAS

FourRivers Community Health Alliance

D06RH00135

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Fiscal Year	2001	2002	2003
Grant Award	\$191,900	\$143,600	\$196,400

The FourRivers Community Health Alliance (FCHA) service area is in rural south-central Kansas, which is south of Sedgwick County and the urban area of Wichita. Initially, FCHA includes Cowley, Harper, and Sumner counties; however, additional counties may join FCHA in the future, especially Elk and Chatauqua counties (both are critically underserved areas and designated as Health Professional Shortage Areas).

The purpose of this project is to reconfigure an existing community-based organization, Sumner Community Health organization (SCHO), into FCHA and to expand current community health improvement initiatives and future strategies into Cowley and Harper counties. FCHA's mission is to build healthier communities in south-central Kansas by integrating and coordinating clinical, administrative, and economic health care decision making to optimize the scope, quality, and cost effectiveness of a locally appropriate continuum of health promotion, disease prevention, clinical health care, and related services. This mission focuses on community needs identified by SCHO and other community health assessment efforts in recent years. These needs include reducing teen pregnancy rates, reducing adverse health behaviors, improving nutrition and increasing exercise among seniors, improving access to remote areas, improving local access through public transportation, and improving access by addressing the 9.2 percent uninsured population.

Northwest Kansas Health Alliance

D06RH00218

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Fiscal Year	2003	2004	2005
Grant Award	\$179,849	\$173,227	\$151,575

The Northwest Kansas Health Alliance, founded in 1991 in response to the Essential Access Community Hospital/Rural Primary Care Hospital (EACH/ RPCH) Program, serves 15 counties and is composed of 14 Critical Access Hospitals and Hays Medical Center, the support hospital. All of the partner members are located in northwest Kansas except for one, which is in south-central Nebraska. As small rural hospitals face more and more financial challenges, addressing quality-of-care issues is a priority for these hospitals, regulators, and consumers. A major concern in rural communities is access to high-quality patient care services, especially in light of the closure of nearly 200 rural hospitals over the past decade. After 11 years of successful operation, the Northwest Kansas Health Alliance has the capability and commitment to develop a performance improvement (quality of care) model that is responsive to the needs of its member hospitals and the communities they serve. Using a network approach, the alliance will develop a sustainable, replicable model by which rural hospitals can create and sustain strong performance improvement programs. The alliance will use the network grant to offer participating hospitals the ability to improve their delivery of health care services by restructuring and stabilizing their performance improvement programs to meet the challenges of today's demanding health care environment.

While young people migrate from small towns across America to the large cities in search of employment, middle-aged and elderly residents tend to stay put. This situation holds true in northwestern Kansas where between 1990 and 2000, each of the 15 counties in the project service area lost population, except for 1, which increased by 6 people. During that time, the average net population loss in northwest Kansas was 6.33 percent. As the region's population decreases, the average age of residents increases. Concurrently, the number of employed residents decreases, thus reducing the area's tax base. As a result, even Critical Access Hospitals in northwest Kansas are experiencing financial difficulties. In this environment, it is a challenge for rural hospitals to remain open. Working as a partnership to leverage resources, expertise, and commitment, the Northwest Kansas Health Alliance will develop tools, techniques, and practices to support improvement programs at individual rural hospitals. The project will address the area's specific top-10 trouble areas as identified by the alliance that originally placed hospitals in the network at risk. In addition, the alliance will share the lessons learned from this project with other rural communities and health care providers nationwide so that others can benefit from these efforts.

LOUISIANA

Vermilion Parish Rural Health Network

D06RH00203

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Vermilion Parish Rural Health Network
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Fiscal Year	2002	2003	2004
Grant Award	\$197,340	\$177,540	\$179,604

The Vermilion Parish Rural Health Network, comprised of local health care, social service, consumer, Government, and business representatives, seeks to develop a community-based health plan in Vermilion, a rural parish (county) in southwest Louisiana with a population of 53,782. According to Census 2000, over 50 percent of the parish's population is at or below 200 percent of the Federal Poverty Level. An estimated 25 percent of the residents are uninsured. Vermilion's heart disease mortality is the third highest in the State, and mortality resulting from diabetes is twice the national average. The parish faces severe shortages of primary care physicians, leaving local consumers without a usual source of primary care. The Network seeks to formalize and expand its reach in order to improve the economic stability of local health care providers, to develop a comprehensive prescription drug program that will improve access to medications for the uninsured, to expand clinical capacity to increase primary care to the uninsured, and ultimately to increase access to health care services for all Vermilion parish residents.

MARYLAND

Mental Health Services Network of Garrett County, MD

***D06RH00100**

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*Fiscal Year 2000
Funding Amount \$92,353

Mountain Top Mental Health Associates, Inc., is a not-for-profit corporation that manages the Public Mental Health System in Garrett County, Maryland, a rural county in the northwestern corner of Maryland. The region has few resources and few providers of mental health. Mountain Top Mental Health Associates, Inc., is committed to the development of a rural network whose membership will include a public mental health system management agency, public health departments, hospitals, and psychiatric rehabilitation and treatment providers.

This networking venture aims to address a number of identifiable critical issues, including physician shortages; the lack of availability and accessibility to all levels of behavioral health treatment; fragmented continuity of care; and social, financial, and cultural barriers to behavioral health treatment.

The ultimate goal of the 1-year planning grant is to provide a seamless array of quality mental health services for the mentally ill of Garrett County by developing an accessible, comprehensive network among rural stakeholders in the public health system. Steps to achieving this goal are:

- Expanding and improving the accessibility to mental health services by increasing the scope of services among existing providers and by increasing the number of providers through improved cooperation, shared risk, and enticement
- Ensuring that patients receive the correct and appropriate level of high-quality care to meet their needs and that the care is provided when needed
- Reducing the impact of mental illness within the community through prevention, early identification, and timely treatment
- Integrating information systems to support the delivery of coordinated clinical services.

***Grantee has received a no-cost extension**

MICHIGAN

Upper Peninsula Health Care Network

***D06RH00115**

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*Fiscal Year	2000	2001	2002
Grant Award	\$199,690	\$165,835	\$170,116

The Upper Peninsula Health Plan is a rural network provider whose membership includes six small health care organizations, the regional referral center, and a qualified health plan. The plan's primary purpose is to continually improve the quality and appropriateness of health care for 15 rural counties in Michigan's Upper Peninsula while restraining administrative cost and duplication of effort among network partners. Specific project initiatives include:

- Focusing on specific disease states throughout the continuum of care
- Developing clinical practice guidelines
- Centralizing practitioners' credentials.

All network partners are contributing to the development of clinical practice guidelines, the design of data collection tools, data collection and interpretation, and the implementation of interventions to improve quality of care. The Upper Peninsula Health Plan will establish and maintain the centralized "credentialing" services and will provide the software for this program.

***Grantee has received a no-cost extension**

MINNESOTA

Itasca County Health Network

D06RH00278

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Fiscal Year	2003	2004	2005
Grant Award	\$198,965	\$197,841	\$197,327

The Itasca County Health Network involves key participants from a broader network of health care providers who participate in the Itasca County Medical Care (IMCare) program. The IMCare program has been operating in Minnesota for 20 years and has established extensive collaboration and cooperation among all the health care providers in Itasca County. However, communication and coordination among network service providers are currently limited to physical and facsimile transfer of information. The network grant will enable the Itasca County Health Network to cooperatively design an electronic information system to support and expand provider communication protocols, consumer information and education, and an enhanced continuous quality improvement system. Electronic transmission of information will increase the efficiency and viability of health providers. The network also seeks to increase the use of telehealth technologies for electronic transmission of client and system information. This improvement is especially important in a county that has only 11.3 physicians per 10,000 residents.

Itasca County, located in the central part of northern Minnesota, has a population of 43,992 and covers 2,665.06 square miles. Of 21 communities in the county, only 5 have a population greater than 900 residents. The area's median annual family income is \$6,000 below the State average, and the county frequently experiences the highest unemployment rate in northeastern Minnesota.

The Itasca County Health Network members include the newly merged Itasca Medical Center and Grand Rapids Clinic, Northern Itasca Health Care Center, Northland Counseling Center, a dentist, a pharmacist, and the Itasca County Health and Human Services Department. A design team, with participants from each network member, will develop the information system, which can then be expanded for use among all IMCare program providers and all health care consumers. The first phase of development will target families and children; the second phase will target persons with chronic and mental illness; and the third phase will target the elderly. The project also will produce a Web site to provide health information, education, and resources for consumers and providers.

Central Minnesota Health Information Network

D06RH00255

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Fiscal Year	2003	2004	2005
Grant Award	\$200,000	\$200,000	\$200,000

The Central Minnesota Health Information Network (CMHIN) is a 7-county consortium of rural health care providers composed of 10 hospitals and 3 medical centers. CMHIN was formed to respond to the tenuous survival of rural health care facilities in central and west-central Minnesota. Over the past 20 years, more than 30 rural hospitals have closed in the State of Minnesota. Currently, 20 percent of rural Minnesota hospitals are financially troubled and face increased emphasis on cost containment because of a general decline in vital resources. Specifically, the lack of access to information technology causes expensive inefficiencies, professional staff shortages, and measurable declines in reimbursements. In addition to the decline in resources, local rural facilities are finding it difficult to respond to the complex health care needs of an aging population. (An average 19 percent of the seven-county population is older than age 64 with three counties ranging from 22 to 26 percent.) At the same time, local rural facilities are struggling to meet the demands of a changing health care environment that requires more sophisticated services, cost accountability, and expanded documentation of health outcomes. The Minnesota Hospital Healthcare Partnership reports that 5 of the hospitals in the network with 50 beds or fewer average a 2.9 percent bottom line, leaving them with insufficient funds to invest in electronic technology or to attract the professional workforce needed to serve their local communities.

Geographic conditions and the remote locations of the seven counties mean that many communities in the target service area do not have access to primary health services. All seven counties are Medically Underserved Areas (MUAs), and three communities in the region are Health Professional Shortage Areas (HPSAs). Distance issues also make connectivity a financial impossibility for most small providers in the network. CMHIN is developing a strategic plan for the formation of a health information network that will (1) implement connectivity between providers, (2) bring contemporary electronic information technology exchange to the rural environment, (3) support providers in the design of systems that comply with security and information privacy requirements, and (4) provide a regional intranet for data-sharing and online access to information resources for health care providers and students. Using network grant funds, CMHIN will enable providers to work collaboratively and efficiently with each other and help them overcome the barriers of limited financial, technical, and information resources that will ultimately enhance the continued viability of central and west-central Minnesota health care providers.

MISSISSIPPI

Greater Delta Health and Human Services Network

D06RH00277

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Fiscal Year	2003	2004	2005
Grant Award	\$200,000	\$200,000	\$200,000

The Greater Delta Health and Human Services Network (GDHHSN) is a collaborative of more than 40 health, education, and social service provider organizations involved in the development and implementation of an integrated health and social services support delivery system in a 10-county area of the Mississippi River Delta. In support of GDHHSN efforts, the G.A. Carmichael Family Center, a 330-bed federally funded health center, together with the Delta Area Health Education Center, Delta State University, and Delta Health Ventures, is spearheading an initiative to develop and implement a coordinated case management and outreach system among network members. The initiative will enhance patient and client access to quality primary health care, human support services, and followup by linking network members electronically.

High poverty levels, low educational status, low accessibility to health care, and a large African American population characterize the Mississippi River Delta. Health outcome indicators in the area reveal infant mortality and chronic disease rates that far exceed those in the rest of the State and the Nation. Recently, Mississippi earned the dubious distinction of having the most obese population in the United States. Statistically, the Mississippi River Delta region is the poorest in the Nation.

Throughout the 10-county region, the project strives to develop a coordinated case management protocol for patient/client assessment, referral, and followup; provide training for using the system; identify and train 20 community volunteers as lay community outreach workers to facilitate the case manager's service plan; connect network providers electronically using a wide area network (WAN) to enhance communications and the sharing of information; and develop a video conferencing/distance learning network for staff training. The project also will deliver a consumer-based education and training service and provide orientation and training to member organizations' staff regarding HIPAA rules and regulations and their implications for electronic transfer of information. Project stakeholders believe these goals and activities correlate with the purpose of the integrated rural health network, which is "to foster collaboration and integration of functions among network entities to strengthen the rural health care system."

MISSOURI

Boonslick Rural Network Consortium

D06RH00134

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Fiscal Year	2001	2002	2003
Grant Award	\$199,959	\$199,951	\$199,985

Key rural health stakeholders in Cooper and Howard counties in rural central Missouri organized a collaborative effort called the Boonslick Rural Network Consortium (BRNC). The vision is to develop a vertically integrated health care system in both counties to enhance coordination and continuity of care, to improve access to quality health services, and ultimately to improve the health status of residents (98 percent white and 2 percent nonwhite with a larger aging population) in the service area.

The consortium comprises six nonprofit health care/social service agencies with avid records of social and community service among the target population. BRNC will continuously seek to include new partners for health care improvement in Cooper and Howard counties as the project progresses. Ultimately, BRNC is preserving local access to primary care and providing collaboration for the recruitment and retention of health care professionals (both counties are designated as health professional shortage areas by the State).

Mercer Putnam Sullivan Rural Network Consortium

D06RH00281

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Fiscal Year	2003	2004	2005
Grant Award	\$199,437	\$203,455	\$200,216

The Mercer Putnam Sullivan Rural Network Consortium (MPSRNC) seeks to establish a rural health network in Mercer, Putnam, and Sullivan Counties in Missouri. The consortium's primary goal is a vertically integrated health care system in the three-county area that enhances coordination and continuity of care, improves access to quality health services for the underserved population, and ultimately provides better health status to residents. The consortium comprises nine nonprofit health care and social service agencies located in rural north-central Missouri.

All three counties in the target service area are designated geographic and low-income Health Professional Shortage Areas. According to the 2000 census, population density in Mercer, Putnam, and Sullivan Counties is 8.3, 10.1, and 11.1 residents per square mile, respectively, compared with the overall State density of 81.2 persons per square mile. Approximately 20.5 percent of the population in the three-county area is 65 years of age and older compared with the State level of 13.5 percent. Sullivan County has a very high Hispanic population compared with the State (8.8 percent versus 2.1 percent). The poverty level in all three counties is higher than the State average. The two hospitals serving these three counties, Sullivan County Memorial Hospital and Putnam County Memorial Hospital, are Critical Access Hospitals. Mercer County does not have a hospital. Additional barriers to care include prescription medicine costs for the elderly, a language barrier in the Hispanic population, lack of transportation, lack of reimbursement, travel times, and lack of communication among health care providers due to a lack of linkage.

MPSRNC will develop information systems to support patients and clinicians in decision-making, analyze practices, and explore opportunities for improvement. The consortium also will develop and establish evidence-based patient education services and care management services to provide coordination among and information support to health care providers and agencies. Other specific activities include developing nursing care assessment and patient education tools; initiating accessibility to software at local hospitals, clinics, health departments, and the Latino Center to identify sources of free pharmaceuticals; developing and providing bilingual (English-Spanish) patient instruction during care services; and providing education and training for clinicians who care for the Hispanic population. Lastly, the consortium will be open for enlargement and will continuously seek new partners for health care improvement in the tri-county area.

NEBRASKA

The Rural Occupational Health and Safety Network

D06RH00153

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Rural Comprehensive Care Network of Nebraska
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Phone: (402) 826-3737

Fiscal Year	2001	2002	2003
Grant Award	\$200,000	\$200,000	\$200,000

The Rural Comprehensive Care Network of Nebraska is expanding through an integration of representatives from the business community into the network's governance structure. The three partners are South East Rural Physician Alliance, Blue River Valley Health Care Network, and Nebraska Safety Council. Butler, Saline, and Seward counties in rural southeast Nebraska will serve as the pilot sites for the development of the network's activities.

The network and its members conducted four surveys to determine the health needs of the service area. The community health survey and the inpatient and outpatient hospital data showed an out-migration of 52 to 60 percent of health services. In addition, 12.51 percent of the area's employees have reportable injuries compared with 8 percent for the State. The data indicate the network must work with local businesses to meet the needs of the community.

More than 906 businesses with approximately 14,384 employees are located within the service area. The network activities include an occupational health and safety program to reach local businesses with needed services. The Rural Occupational Health and Safety project will focus on the following six goals:

- Build a stronger network between businesses and health care providers.
- Coordinate activities for businesses to create healthier and safer working environments.
- Target health care providers by developing occupational health and safety protocols and job descriptions for local businesses.
- Target employee services that support new services in the community and lower the cost of health care.
- Develop a healthy community.

NEVADA

Integrating Rural and Frontier Hospital Information Systems Through Shared Expertise and Technology

D06RH00275

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Fiscal Year	2003	2004	2005
Grant Award	\$199,705	\$192,139	\$180,629

The Nevada Rural Hospital Partners (NRHP) is a consortium of all 11 of Nevada's small, rural, not-for-profit hospitals serving 13 counties over a vast geographic area of 58,000 square miles. The target service population is 200,000 people, with a density of approximately 3.4 persons per square mile. Distance, isolation, and low population density create challenges to Nevada's rural health care delivery system; the rural hospitals in the network are the only hospitals serving the target service area. Ten of NRHP's 11 member hospitals will participate in the NRHP Shared Information Technology Project to address the basic "dis-integration" of management information systems, a technologic issue common to small rural hospitals. Management information systems often are cobbled together from disparate components because the facility lacks the necessary financial resources to buy a fully integrated system or because the fully integrated system does not serve departmental needs. The resulting management information systems are inefficient and lead to an increased risk of error in patient information, a reduction in staff productivity because a tremendous number of staff hours are dedicated to inputting patient information by hand, billing errors and increased claims rejections, and a squandering of resources that could be spent on clinical rather than administrative issues.

The NRHP Shared Information Technology Project builds on network successes using shared database technology and internal, hospital-specific solutions. Upon completion, the project expects that patient identifier and billing information in at least 3 departments in the 10 participating network hospitals will be automatically posted to billing software, greatly increasing productivity and decreasing cost. Using an existing virtual private network and an existing wide area network (WAN), the project will provide access to centralized, shared database information. The WAN enhances the network's ability to increase focus on delivery of health services in two ways. First, it brings greater technologic and administrative integration to the frontier and rural hospital system. Second, coupled with NRHP members' commitment to the strength of group effort, it opens the door to shared information system applications that enable individual member hospitals to improve the integration of internal management information systems and to share more complex applications. Existing interactive compressed video technology will be used to communicate and coordinate the project.

Carson City Network for Health

D06RH00219

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Fiscal Year	2003	2004	2005
Grant Award	\$200,000	\$200,000	\$200,000

The Carson City Network for Health was established in 2002 with the goal of procedurally linking and integrating the health services in Carson City, Nevada. Although network members represent a wide variety of health service providers and have been working together for years, to date their services have been fragmented. Even among agencies providing similar or complementary services, lack of coordination can lead to duplication of services. The inefficiencies created by this lack of linkage result in barriers to complete service, a health system that is difficult to navigate, and hardships for clients and providers alike. This project strives to provide collaborative relationships among all health organizations to increase efficiency, cost-effectiveness, and quality of care for clients in Carson City. Members of the network include the Nevada Public Health Foundation, the Consolidated Municipality of Carson City, the Carson City Mental Health Coalition, Carson-Tahoe Hospital, Nevada Health Centers, Inc., HealthSmart, and the Nevada State Health Division Bureau of Community Health.

Carson City, the capital of Nevada, is located in northwestern Nevada at the foot of the Sierra Mountains. In terms of area, the Consolidated Municipality of Carson City (both a city and a county) is Nevada's smallest county, with 146 square miles. But the growing population—52,359 in 2000, up 23 percent from 1999—makes Carson City the third largest county and the largest rural county in the State. Carson City's population density of 346 residents per square mile is 2 times and 5 times greater than Clark and Washoe Counties, respectively, the only 2 counties in Nevada classified as urban. Roughly 10 percent of Carson City residents and 13.7 percent of its children live in poverty; 17.6 percent are uninsured. The growing population puts a strain on government services in this uniquely "urban" rural area because revenues have not kept pace with population growth. In addition, the city has enough water to support a population of only 80,000.

To allay some of the burden on the Carson City government, the Carson City Network for Health strives to achieve unity of health care services. The project will create two products to improve health care delivery to all Carson City residents. The first product is customer-oriented, no wrong-door entry and referral procedures that simplify client navigation of Carson City health services, improve coordination among agencies, and improve access to services, especially for the area's underserved residents. The no-wrong-door system will allow clients to obtain all the services they need in an efficient, cost-effective manner, no matter where they enter the system. The second product is a strategic plan for continuous maintenance and improvement of the network. The strategic plan will provide Carson City with a systematic approach to evaluate future improvements to the health services system and an assessment tool to evaluate Carson City's capability to create a regional health district. The project also plans to provide a needs assessment and a blueprint for developing a public health department for Carson City and its vicinity.

NEW HAMPSHIRE

Caring Community Network of the Twin Rivers

D06RH00177

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Fiscal Year	2002	2003	2004
Grant Award	\$200,000	\$200,000	\$200,000

The Caring Community Network of the Twin Rivers (CCNTR), representing 12 rural towns in central New Hampshire, was established in response to significant barriers (geographic, financial, social) to health care access for residents and the lack of coordination among health care providers. All of New Hampshire is a Medically Underserved Area (MUA) and Twin Rivers is also a Health Professional Shortage Area (HPSA). The Twin Rivers population is a sparse 29,000, most of whom have low to moderate income. Residents face a number of health disparities and health risk factors including higher than State average rates for: consumption of alcohol and other drugs, early onset of alcohol and drug use in youth, school dropout, and teen pregnancy. The region also has a disproportionately high number of elderly residents and an out migration of young people due to economic depression.

CCNTR, comprised of local child and family services, community action programs, the local hospital, nursing association, school district, and other community-oriented organizations, strives to integrate systems of health care across the Network and develop direct programming for: development of preliminary methods of assessing community needs, increased access to primary health care and dental services, broad-based prevention activity for alcohol and drug abuse prevention and youth risk behaviors, and engaging local town officials in joint efforts to develop and improve a true community health system for this rural region of New Hampshire.

NEW MEXICO

Hidalgo County Health Consortium

D06RH00120

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Fiscal Year	2001	2002	2003
Grant Award	\$188,078	\$199,623	\$198,548

The Hidalgo County Health Consortium (HCHC) has been collaborating for more than 4 years to develop services and programs that respond to community needs. In doing so, HCHC has developed a strategic health plan that identifies priority interventions for Hidalgo County. Based on these priorities, the network works toward improving financial and other access to existing services by vertically integrating patient enrollment and direct patient services, as well as developing and promoting a locally defined set of publicly supported community health benefits.

Hidalgo County is in southwest New Mexico with a projected population of 6,487 that is divided evenly between Hispanic and Anglo residents. The county seat, Lordsburg, is among the poorest communities in New Mexico, with a per capita income one-third that of the county as a whole. Moreover, the recent closure of the Phelps-Dodge Copper Corporation smelter will further reduce the per capita income countywide.

HCHC is developing the Hidalgo Health Plan as an integrated service model that is transferable to other communities. The goals of the plan are to encourage early access to a well designed preventive and primary medical, dental, and mental health services for people regardless of their ability to pay.

NEW YORK

Genesee Valley Health Partnership

D06RH00254

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Fiscal Year	2003	2004	2005
Grant Award	\$200,000	\$126,460	\$121,460

The Genesee Valley Health Partnership (GVHP) consists of 32 government and human service organizations, health care providers, insurers, and educational institutions in Livingston County, New York. GVHP's guiding mission is to improve the health outcomes of Livingston County residents through collaboration, education, prevention, and practice. Specific partnership objectives include strengthening the local health system by building community coalitions and using the Mobilizing for Action through Planning and Partnership (MAPP) process, and improving health care access for residents, including prehospital care, primary care, hospital, and aftercare health services.

Livingston County, located directly south of Rochester, New York, has a population of 64,328 and comprises 17 towns and 9 villages. More than 11 percent of the general population lives below the poverty level; 16.1 percent of the region's children live at or below poverty. Forty physicians and 21 dentists practice in Livingston County, but none accepts new Medicaid patients. Using health assessments, GVHP and the local health department have identified the region's most significant health care problems. They include chemical dependency, lack of immunization, violence, mental health problems, teen pregnancy, inactivity and poor nutrition, lack of respite care, inadequate access to health care, exposure to toxins and infectious agents, and five leading screenable causes of death.

Past, current, and future partnership activities are driven by studies conducted in the county. They include lack of nonemergency transportation to and from health care appointments; difficulty recruiting and retaining volunteer emergency medical services personnel; difficulty in retaining health care professionals; a lack of dentists accepting Medicaid; lack of an efficient, user-friendly referral system between aging service providers; lack of health prevention and education for school-age children addressing violence, teen pregnancy, and substance abuse; and lack of outreach materials concerning environmental health hazards. The 5-year-old partnership strives to continue offering services to Livingston County that fill the gaps in these community services.

NORTH CAROLINA

Hertford Chronic Disease Management Network

D06RH00138

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Ahoskie, North Carolina 27910
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Fiscal Year	2001	2002	2003
Grant Award	\$197,610	\$195,055	\$194,645

The proposed project will enable a rural North Carolina county to develop an organized network to manage chronic disease - the number one cause of death and illness in the project area, in North Carolina, and the United States. The Hertford Chronic Disease Management Network's mission is "To improve the quality of life and reduce the toll of illness and death due to chronic disease in Hertford County by providing a full range of accessible services and programs, because the county is far from out-of-county health care resources, and Network members share a history of successful collaboration.

The Network selected a multi-level, community-based approach to chronic disease management due to the multiplicity of factors leading to high rates of diabetes, cardiovascular disease, asthma, cancer and other chronic medical conditions. Strategy includes testing initiatives new to its health system: an indigent medications program and a primary care office-based chronic disease management and health education delivery model. During the first year of project funding, the Network will focus on patients with diabetes, because the county's diabetes rate is high, because diabetes can be controlled with prescription medications, and diabetes management outcomes are measurable.

The Network is governed by a board composed of representatives of a local community hospital, a district health department, local primary care physicians, the county office of aging, and a tertiary hospital located sixty miles from the project site.

Network member commitments, one-fourth of the first year budget, include cash and in-kind contributions of medical direction, marketing, financial management expertise, furnishings and renovated facilities. The Network will pursue reimbursement strategies during the three-year project period to sustain itself after federal funding ends.

Northeastern North Carolina Network for Core and Essential Public Health Functions

D06RH00198

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Fiscal Year	2002	2003	2004
Grant Award	\$200,000	\$200,000	\$200,000

The Northeastern North Carolina Network for Core and Essential Public Health Functions was established to address the health care needs of the 425,633 residents in 18 rural counties of northeastern North Carolina. Of these counties' residents, 21 percent live at or below the Federal Poverty Level, only 58 percent have graduated from high school, and 8 of the 18 counties have been designated as Health Professional Shortage Areas (HPSA). The majority of the counties have been designated as Tier One counties, or those whose rate of unemployment, average per capita income, and percentage of population growth identify them as the counties most in need of economic development. Because lower levels of socioeconomic status are directly associated with higher levels of mortality and morbidity, local health departments struggle to render services and perform essential public health functions in the face of great need and limited resources.

Core public health functions, deemed the responsibility of local health agencies, include assessing community health needs, developing and implementing local public health policies and programs to impact these needs, and ensuring quality health services are available and accessible to the entire population. Because North Carolina, unlike other States, does not provide funding to local health departments for these core functions, the Network partners, including the University of North Carolina Institute of Public Health, the North Carolina Division of Public Health, and the local health directors from 16 of the 18 counties represented, seek to integrate local public health agency services and to leverage funds to support these functions.

PENNSYLVANIA

Huntingdon County Wellness Improvement Network and System (WINS)

D06RH00183

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Fiscal Year	2002	2003	2004
Grant Award	\$200,000	\$200,000	\$200,000

The Huntingdon County Wellness Improvement Network and System Project seeks to establish an integrated health care system with a strong network of providers who are sufficiently staffed, have adequate financial and technological support, and collaborate within a multidisciplinary framework. Huntingdon County, located in Pennsylvania's scenic ridge and valley region, is spread over 895 square miles of wooded and mountainous terrain and has a population density of 50.9 per square mile. Although the county's Raystown Lake attracts 1.5 million visitors annually, Huntingdon County is a rural environment designated as a Health Professional Shortage Area (HPSA).

Network membership consists of the local hospital and several community-based agencies dedicated to providing health service to children, adults, and families, including child care and mental health and substance abuse treatment. The Project's goal is to develop and implement strategies that increase the number of health care professionals in the county; strengthen and integrate the health care and social service delivery systems; promote health, wellness, and disease-prevention to reduce risk and cost of chronic behaviorally-related diseases; improve the availability of clinical data to monitor outcomes; provide better quality and coordinated services; and support the expansion of services to meet community health needs.

Pennsylvania Mountains Healthcare Alliance (PMHA)

D06RH00187

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Pennsylvania Mountains Healthcare Alliance
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Fiscal Year	2002	2003	2004
Grant Award	\$200,000	\$200,000	\$200,000

The Pennsylvania Mountains Healthcare Alliance (PMHA) is a network of seven community-based rural hospitals formed out of the struggle by small local hospitals to remain viable, retain sufficient qualified personnel, and provide health care service in this mountainous region of Pennsylvania. PMHA is located in the Pennsylvania counties with the highest number of residents with incomes 200 percent below the Federal Poverty Level. The PMHA region is designated both a Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA). PMHA facilities are either "Medicare Dependent" or "Sole Community" hospitals that serve a large number of the frail elderly and are the single source of health care in the region.

PMHA strives to keep its hospitals viable by maximizing resources in order to reduce costs. Its goals are to install an integrated Data Management and Information System in each participating hospital to help physicians access data to assist with evaluating their performance against standards identified through analysis of the data, to adopt best practices to improve quality of services, and to ensure that consumers receive quality, affordable care and appropriate lengths of hospital stay. The Alliance's broader goal is to establish a model network structure to help other rural hospitals reduce costs, analyze services, adopt best practices, and improve health care.

The Susquehanna Valley Rural Health Partnership

D06RH00259

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Fiscal Year	2003	2004	2005
Grant Award	\$200,000	\$200,000	\$200,000

The Susquehanna Valley Rural Health Partnership (SVRHP) is a three-county network comprising The Williamsport Hospital (TWH), Muncy Valley Hospital (MVH), Jersey Shore Hospital (JSH), and Bucktail Medical Center (BMC). This horizontal network of providers has a long history of working together to improve health care in rural north-central Pennsylvania and sharing similar patient demographic and health statistics. Although network development is a relatively new concept for providers in rural Pennsylvania, SVRHP believes that further collaboration will enhance the sustainability of the fragile local rural health infrastructure. One of the network members, TWH, has been ranked among the 100 Most Wired Hospitals every year since 2000 and is committed to sharing its expertise with rural providers in the region. The network's three other members transitioned to Critical Access Hospitals in the last year and use TWH as their network facility.

The tri-county service area served by SVRHP covers 2,576 mainly rural square miles. Over the past 10 years, rural health care providers in the Susquehanna Valley of north-central Pennsylvania have experienced trends common to rural providers throughout the United States. Reductions in reimbursement levels and a shift from inpatient to outpatient care have diminished cash flow, resulting in shortages of nurses and allied health professionals. These financial and staff constraints bridle the ability of individual rural hospitals to provide easy access to primary and specialty health services, invest in technology, provide prevention-focused outreach, and comply with regulations such as HIPAA. Working together, the network strives to benefit the local community by providing an integrated electronic information system that will (1) improve inpatient care by allowing even the most rural health care providers in the network to access accurate medical record information simultaneously, (2) improve access to specialty physicians, (3) develop a referral network that expedites patient care, and (4) enhance the ability of network members to share resources and information on compliance issues and other patient/administrative concerns. The project also strives to conduct joint recruitment and retention of key medical personnel and to improve patient care through the development and implementation of collaborative performance improvement initiatives based on the balanced scorecard methodology. In addition, Web portals will be implemented throughout the network to provide access to a medical digital library and lifetime clinical records of network patients.

SOUTH CAROLINA

Low Country Health Care Network

***D06RH00103**

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*Fiscal Year	2000	2001	2002
Grant Award	\$181,850	\$162,747	\$152,916

The Low Country Health Care Network (LCHCN) serves 10 rural counties in the lower western section of South Carolina. Its service area has a long history of poor-health mortality and morbidity rates; severely depressed economic conditions; and a predominantly poor, Medicaid-eligible, or uninsured population. The Network comprises rural health clinics, private physician offices, a community health center, rural county hospitals, public health offices, community consumers, and a variety of other health-related organizations. The overall goal of LCHCN is to provide a vertically integrated health delivery system that respects member autonomy while focusing on common-ground issues that enhance health services, promote healthier communities, accommodate changing conditions throughout the service area, and reduce member operating costs.

Specific steps toward achieving this goal include:

- Increasing access to care
- Strengthening and expanding the services that the Network can offer to underserved areas
- Improving coordination of care
- Improving the cost-efficiency of providing health services
- Maximizing the quality of care.

***Grantee has received a no-cost extension**

TENNESSEE

Community Health Network

D06RH00235

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Fiscal Year	2003	2004	2005
Grant Award	\$199,479	\$199,479	\$199,479

The Community Health Network is composed of 13 separately owned community health centers serving 23 counties in rural Tennessee. The membership consists of eight federally funded health centers located in Tennessee, one federally funded health center in Mississippi, two rural health clinics, two federally qualified health center (FQHC) look-alikes, and a network of birthing centers. All of the network members provide primary health care services. The consortium was formed to address the economic burden placed on Tennessee's rural community health centers by the demand for constant attention to information systems used for billing, record-keeping, and data reporting. The expense of maintaining and upgrading hardware, training staff, choosing vendors, purchasing software, and troubleshooting network and connectivity problems has put significant strain on network members' financial and personnel resources.

The Community Health Network will serve as the central organization that handles information system needs for the entire network. Acting as a collective, the network will purchase in quantity to receive lower prices, bargain with vendors for services and software, maintain a centrally located training and help desk, and share a chief information officer. Using network grant funds, the project will integrate the health centers' systems beginning with business technology. The anticipated benefits include achieving economies of scale and cost efficiency; sharing staff expertise across network members; improving access to capital and new technologies; and enhancing members' ability to respond to changes in business and health care reporting requirements, such as HIPAA, shifts in reimbursement, and new Government regulations. Though still in its formative stage, the network will use Federal funding to become a self-sustaining organization that strengthens the health care delivery system in rural and medically underserved communities in Tennessee.

TEXAS

East Texas Behavioral Healthcare Network

D06RH00238

Rex Menasco
East Texas Behavioral Healthcare Network
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Fiscal Year	2003	2004	2005
Grant Award			

The East Texas Behavioral HealthCare Network (ETBHN) is a 7-member collaboration of community mental health and mental retardation centers. The centers serve 34 counties in rural East Texas with a total population of approximately 2 million residents. Because of the rural nature and low income of many parts of the service area, privately funded services for persons with mental illness or mental retardation are not available or are inadequate. More than 17 percent of the total population in the service area live below the Federal poverty level and depend solely on the community mental health centers for services and medication. State funding limitations add to the challenge of providing mental health care services to the target population of adults and children diagnosed with mental illness, serious emotional disturbance, mental retardation, or developmental disability. In addition, behavioral health professionals of all types are significantly underrepresented in rural East Texas.

The network partners face unique challenges in delivering care effectively and efficiently to the region's residents. The mission of ETBHN is to improve the quality of service, enhance the operating efficiency, and expand the capacity of behavioral health care in the communities of East Texas. This goal will be achieved through greater integration of center clinical and administrative activities. ETBHN will provide services in the areas of increasing access to care, ensuring continuous quality improvement, cost savings, data gathering and reporting, and coordinating center efforts. Services range from 24-hour crisis care, including crisis stabilization and respite, to supported employment opportunities, supported housing, in-home assistance, and more. Among the expected outcomes are an integrated telemedicine system, provider service evaluations, best practices, a community needs assessment, a cultural and linguistic competency survey, and pharmacy benefit management. A specific project goal is the establishment of a remote patient monitoring and interactive video system for center patients in inpatient facilities.

VIRGINIA

Our Health Network's Community Health Initiative (CHI)

D06RH00232

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Fiscal Year	2003	2004	2005
Grant Award	\$191,468	\$199,927	\$195,114

Our Health Network's Community Health Initiative (CHI) is a 13-member consortium that aims to expand and improve health and social service delivery to underserved rural, uninsured, low-income, and minority populations in Frederick and Clark Counties in Virginia, as well as the City of Winchester. Network membership includes public and private health care providers; government, human, and social services; and one health screener. Through a three-phase process, the network will use the grant to execute a capacity-building, marketing and outreach, and program/service refinement and expansion initiative among the region's major health and social service providers.

The target service area population is 95,000, and the network expects to serve 20,000 residents annually. According to the 2000 census, more than 13 percent of the Winchester population lives below the Federal poverty level compared with the Virginia State poverty rate of 9.6 percent and the U.S. poverty rate of 11.3 percent. Poverty and lack of education represent the primary factors in a population's hardships, particularly in terms of its health, and also pose significant barriers to access to health care services. Many medical visits and expensive procedures can be avoided by providing citizens, especially parents of young children, with access to information and basic medical services.

To reach its target clients, the CHI project will be headquartered in the new, state-of-the-art, 27,000 square foot Community Services Building (CSB), located in a low-income area of downtown Winchester, Virginia. The CSB will be home to 7 of the 13 Our Health Network members and will offer an innovative one-stop-shopping model for service delivery. CHI's major goals are to increase the number of underserved residents receiving health and social services in a quality manner; to enhance public awareness of the CHI, the CSB, and their services; and to improve health and social service provider productivity and efficiency. The network will achieve these goals by expanding its infrastructure and organizational capacity, conducting a comprehensive marketing and outreach effort, and refining and improving the area's health and social service delivery network so that it is more productive, cost-effective, and focused on quality customer service.

Northern Neck Children's Advocacy Committee

***D06RH00214/D06RH00092**

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*Fiscal Year	1999	2000	2001
Grant Award	\$200,000	\$200,000	\$200,000

The Northern Neck Children's Advocacy Committee (NNCAC) was established in 1996. The Northern Neck is a peninsula in the northeastern region of Virginia consisting of four rural counties. NNCAC, along with the Chesapeake Medical Group, Rappahannock General Hospital, Three Rivers Health District, and the Northern Neck Free Clinic, are establishing a network to enhance and coordinate community services and to prevent overlap of services. The network partners will combine resources to build a blended Comprehensive Health Involvement Project (CHIP) and Healthy Families site. CHIP, with ten sites providing a medical home for 4,200 children, coordinates the efforts of private health care providers, local health departments and community nonprofit agencies. Healthy Families is the other major home visiting program in Virginia, with a strong emphasis on preventing child abuse and neglect. By blending CHIP and Healthy Families NNCAC can prevent unnecessary duplication and administrative structures. The home visiting services will strengthen the network of health care providers by adding staff that can extend the reach of the health care system. The network's goals include improving the quality of care received for low-income children receiving home-visit services, improving care for pregnant women, and expanding access to care through increased outreach and enrollment, patient education, and effective use of health resources.

***Grantee has received a no-cost extension**

WASHINGTON

Eastern Washington Rural Critical Access Hospital Network

D06RH00270

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Fiscal Year	2003	2004	2005
Grant Award	\$200,000	\$195,680	\$193,243

The Eastern Washington Rural Critical Access Hospital (CAH) Network is composed of six federally designated CAHs in four rural counties of eastern Washington State. Each hospital faces common challenges and opportunities in the areas of Government regulation, organizational administration, and service delivery. By addressing these challenges and opportunities in the form of a collaborative rural network, CAH Network members will achieve significant economies of scale, cost efficiencies, continuous quality improvement, enhancement of local continuums of care, and stabilization of local rural health care systems for the service area's entire population. To achieve these goals, the CAH Network plans to develop a shared chief financial officer resource to implement a standardized financial system; create centralized network resources, standards, and systems to improve clinical efficiency and outcomes; facilitate and ensure corporate compliance (HIPAA and Medicare) by all network members; develop an organizational performance benchmarking capability; and enable a joint contracting capability for medical specialty services and business consulting services. The six founding CAHs anticipate that other CAHs in eastern Washington will join the network in the future.

Eastern Washington is a dry, sparsely populated region characterized by small, remote communities and extreme variations in climate. This intensely rural area relies on resource-based industries made possible by Federal dams and land reclamation projects. The network area's total population of 44,701 has a disproportionately large and growing percentage of seniors aged 65 and older (17 percent versus 11.5 percent statewide), a significant Native American population (6 percent), and a significant Hispanic population, which is projected to grow by 48 percent between 2001 and 2006. At least one of the counties in the network is a designated frontier county. Most of eastern Washington is characterized by economic distress. In the network's service area, per capita income runs from 29 to 38 percent lower than statewide per capita income. Aside from the network member organizations, the nearest available significant hospital and health care services for most residents in the service area are in Spokane—up to 100 miles away. The region's highways are typically icy in winter, and portions are frequently closed because of blowing snow or whiteout conditions.

Twin Harbors Pharm-Assist Network

D06RH00227

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Fiscal Year	2003	2004	2005
Grant Award	\$197,460	\$197,460	\$199,054

Twin Harbors Pharm-Assist is a formative, vertical network created to address the growing problem of access to pharmaceutical drugs for the underinsured and uninsured populations in four rural counties of southwestern Washington State. Using the network grant, the project will engage in strategic development, pilot telehealth equipment, and manage network expansion that will culminate in improved access to pharmacy services for residents in four rural counties. In the first year of the project, network membership will include rural Grays Harbor and northern Pacific Counties, with phased expansion into two neighboring counties in the second and third years. The members are Mark Reed Hospital of McCleary, Shoalwater Indian Tribal Clinic, Willapa Harbor Hospital of South Bend, South Bend United Pharmacy, Coastal Community Action Program of Grays Harbor County, and CHOICE Regional Health Network.

Residents of the sparsely populated Grays Harbor and Pacific Counties are sicker, poorer, and more likely to be uninsured than residents in other parts of Washington State. Lack of health insurance, high poverty rates, decreasing Medicaid reimbursements to pharmacists, lack of prescription drug coverage for Medicare enrollees, and the threatened solvency of local pharmacies all contribute to fewer and fewer people having consistent access to the prescription medications they need. Low-income and elderly residents are especially affected by these factors.

The Twin Harbors Pharm-Assist project strives to address and ameliorate the medication challenges faced by residents in these rural areas. Because the project is still in its formative phase, the network does not yet have a strategic business plan or specified activities. However, network members have experience in developing business plans and will complete one within the first 10 months of the project. Specific goals are to develop a network to collectively implement a prescription assistance program in the target service area; centralize the application, certification, and reorder processes for manufacturers' pharmacy assistance programs (PAPs); improve pharmaceutical access capacity for rural areas; identify efficiencies and opportunities for expanded access as a result of the project's initial work; and investigate and pilot infrastructure and resources to accommodate sites for telehealth and other developing technologies.

WEST VIRGINIA

McDowell County Health Advisory Council

D06RH00141

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Fiscal Year	2001	2002	2003
Grant Award	\$180,547	\$185,843	\$185,186

The McDowell County Health Advisory Council (MCHAC) was established in May 1999 to bring cohesive and integrated services to this medically underserved area. McDowell County is the poorest county in West Virginia, which is the poorest state in the United States. Sixty three percent of the population is under 200% of poverty, and 85% of school children are eligible for the free lunch program. The September 2000 unemployment rate was 9.9% as compared to 4.1% nationwide. Further, McDowell County has the highest birthrate to unwed mothers under age 18 years in West Virginia.

MCHAC was formed to gain the maximum benefit from its limited health and social services resources. Funding from the WV Department of Public Health enabled the Council to undertake a professional needs assessment, which aided plans for development of a rural health network. The Council identified five MCHAC member agencies where a logical network connection could be developed. These included the local hospital, Community Health Center, mental health center, and County health department and school district. Cash and in-kind contributions of \$59,946 are available for this initiative.

This proposed network builds on prior Council planning to promote coordination of services, integrate programs to improve healthcare outcomes, and to expand access to care by overcoming geographic, transportation, and economic barriers. With further validation, the Council has identified the following priorities: Health promotion and education, planning and program development, resource development, health manpower recruitment, physician retention, primary care service expansion, children's health insurance enrollment, outcomes measurement, and data sharing.

The MCHAC proposes to staff the Council with a Project Director, Community Health Educator, and Research Associate to inventory community health assets, coordinate a community health awareness program, identify and target high risk groups with specific strategies and resources, investigate appropriate sources of funding, and develop grant applications that amplify the effect of integrated service delivery.

Key to sustaining the Council is cross-leveling of patient and diagnostic data that identifies County needs. This permits a greater focus on child and adolescent health problems, and enables the measurement of improved health status.

WISCONSIN

Iowa County Health Coalition

D06RH00162

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Fiscal Year	2002	2003
Grant Award	\$70,179	\$83,586

The Iowa County Health Coalition Network was formed to address the lack of coordinated health care in Iowa County, a small community in rural southwestern Wisconsin. Network members include a local hospital, the local health department, a local university extension, and several community-based agencies dedicated to providing health, mental health, and substance abuse services to women, children, and the aging population, in particular. Health care providers in Iowa County, already operating with limited resources, face the challenge of increased demands for health and social services. Currently, 14 percent of the county's population is over age 65 with significant increases in the elderly population expected by 2010. Iowa County residents also have a lower per capita income than State and national averages, as well as a lower percentage of adults over age 25 with a college degree.

These factors—age, poverty, and lack of education—combined with the lack of communication among health care providers, have resulted in the inappropriate use of health resources (over-utilization, underutilization, and duplication of some services), lack of knowledge of how to access certain health resources, and lack of time to learn about resources. The Iowa County Health Coalition Network seeks to develop a Community Health Information Network (CHIN) to promote local health care programs, identify gaps in services, share programmatic and health care information among providers and consumers through a Web-based system, and develop and implement plans to increase access to prescription medications and non-emergency transportation for the elderly.

Preventive Health Needs of Menominee Health Nation

***D06RH00197**

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*Fiscal Year 2002
Funding Amount \$108,000

The overall goal of the Menominee Health Network Implementation Project is to implement a formal health network in Menominee County/Nation to address preventive health needs. The project will focus on the need for collaboration in community building, with specific goals to build on the achievements of the current grant. Menominee County/Reservation is designated a Health Professional Shortage Area (HPSA). According to the 1998 Census Dress Rehearsal, the Menominee County population is 4779, 86% being Native American, and 40% under the age of 18. The 1997 Bureau of Indian Affairs Labor Force Report documented that 56% of the Menominee earned less than poverty level wages.

A health planning initiative was completed for the Menominee community and identified four priority areas for health planning; Addictive Behaviors, Injury, Violence, and Chronic Illness, which are also the focus of the current planning grant.

Community organizations committed to this project include Menominee Tribal Clinic, Shawano Community Hospital, Maehnowesekiyah Treatment Center, Menominee County Human Services, College of the Menominee Nation, and Menominee Indian School District. Also participating in the planning group are UWExtension, Menominee County Government, and various recreation, commercial, and social services providers.

The Menominee Health Network will implement the network design, develop a coordinated system for delivery of services, and plan for governance and assessment of the network structure and operation, and will implement the initiative related to the four health priorities.

***Grantee has received a no-cost extension**