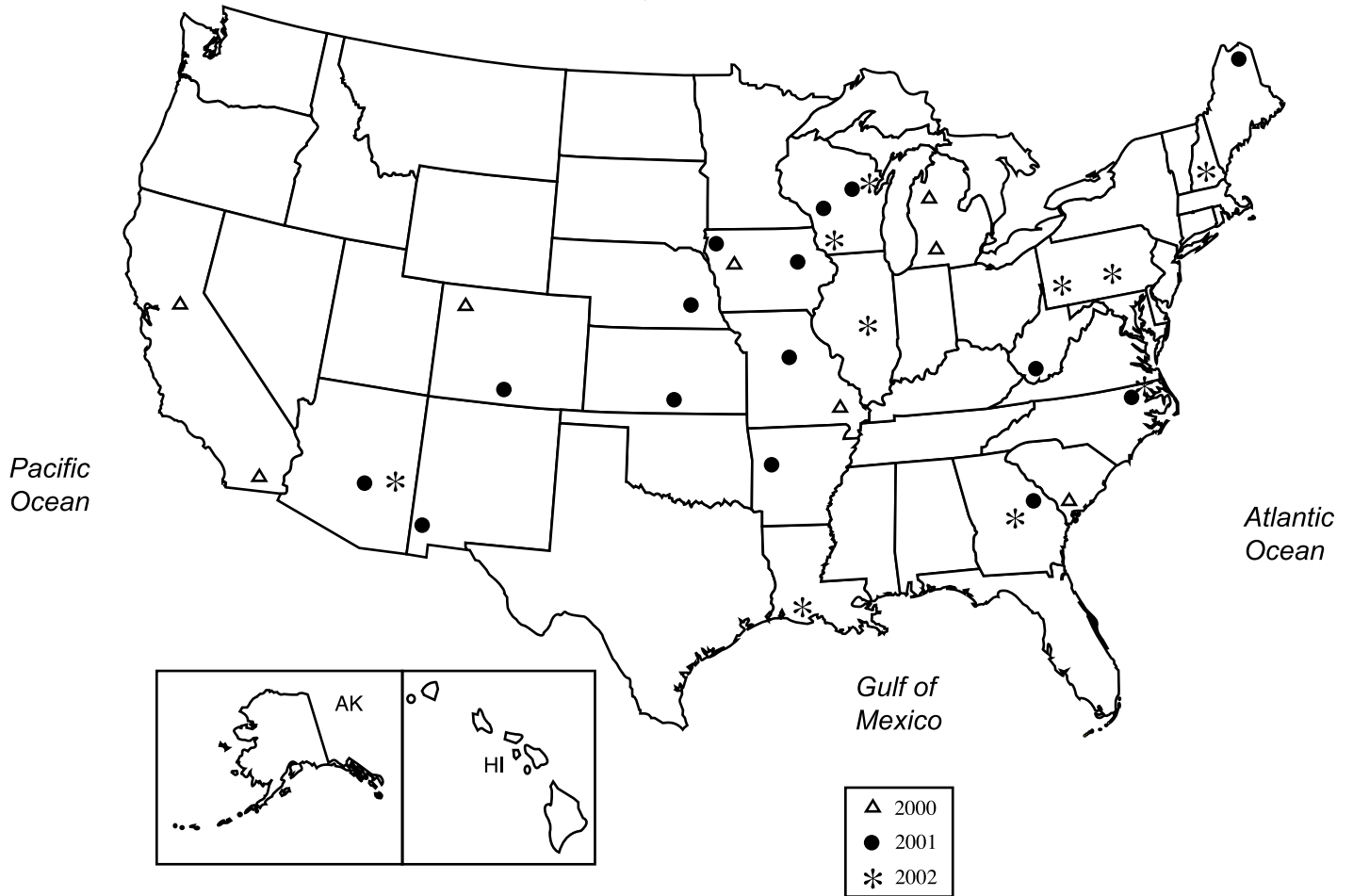


**NETWORK DEVELOPMENT PROJECTS**  
 2000, 2001 and 2002



Rural Health  
**NETWORK DEVELOPMENT**  
 Grantee Directory  
 FY 2002

# **RURAL HEALTH NETWORK DEVELOPMENT GRANTEES BY STATE**

## **ARIZONA**

### **Gila River Rural Health Network**

#### **DO6RH00152**

Teresa Wall  
Gila River Indian Community  
P.O. Box 7  
Department of Public Health  
Sacaton, Arizona 85247  
Phone: (520) 562-3321, x1019

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**

Donna Vigil  
White Mountain Apache Tribe  
Tribal Health Authority  
P.O. Box 1210  
Whiteriver, Arizona 85941  
Phone: (520) 338-4955

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.

## **ARKANSAS**

### **Arkansas River Valley Rural Health Cooperative**

#### **D06RH00148**

Bob Redford  
Arkansas River Valley Rural Health Cooperative  
P.O. Box 208  
Ratcliff, Arkansas 72951  
Phone: (501) 635-4400

Fiscal Year	2001	2002
Grant Award	\$199,250	\$200,000

The newly constituted Arkansas River Valley Rural Health Cooperative (ARVRHC) has developed a community health plan to better serve low-income, uninsured residents of Franklin, Logan, and Scott counties in west-central Arkansas. Through these extensive planning efforts and community needs assessments, ARVRHC has designed an innovative program model, *Community HealthLink*, to maximize service utilization within its rural service area, and to partner local communities and health care providers with public and private organizations to support and oversee the program. In addition, the community needs assessments identified other areas of need that ARVRHC has factored into its overall program objectives. In response to these additional needs, *Community HealthLink* will include a hospital-based community health education and disease management program and prescription drug assistance. At this time, ARVRHC enrolled approximately 200 individuals in a *Community HealthLink* pilot study.

The program's service area is rural and sparsely populated with a total population of 48,600. Roughly 20 percent of the residents live below the Federal poverty level, and more than half live below 200-percent poverty level. Based on Federal criteria, the Arkansas Department of Health classified the entire tri-county area as a Medically Underserved Area and a Health Professional Shortage Area.

## **CALIFORNIA**

### **Imperial Valley Community Health Organization**

#### **DO6RH00105**

Mary Slade  
Imperial Valley Community Health Organization  
612 J Street, Suite 4  
Imperial, California 92251  
Phone: (760) 355-3172

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.

### **Nevada County Long Term Care Integration Program**

#### **DO6RH00119**

Phyllis Murdock  
 County of Nevada Human Services Agency  
 950 Maidu Avenue  
 P.O. Box 1210  
 Nevada City, California 95959  
 Phone: (530) 265-1659

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.

## **COLORADO**

### **Grand County Rural Health Network**

#### **DO6RH00110**

Diane Marsch  
Grand County Rural Health Network  
PO Box 2180  
Granby, Colorado 80446  
Phone: (970) 887-3064

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.

### **San Luis Valley Healthcare Network**

#### **D06RH00217**

Stephanie Goldbranson  
Valley Wide Health Services  
SLV Rural Healthcare Network  
204 Carson Avenue  
Alamosa, Colorado 81101  
Phone: (719) 588-2331

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.

## **GEORGIA**

### **East Georgia Health Cooperative**

#### **DO6RH00136**

Catherine Liehmohn  
East Georgia Health Cooperative  
131 College Circle  
Swainsboro, Georgia 30401  
Phone: (770) 395-1003

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**

**DO6RH00179**

Mari Robb  
 Greene-Morgan-Putnam  
 Community Health Council, Inc.  
 P.O. Box 4283  
 403 Alice Walker Drive  
 Eatonton, Georgia 31024  
 Phone: (706) 923-0701

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.



# ILLINOIS

## Regional Behavioral Health Network

### DO6RH00168

Bruce Morgan  
Sarah Bush Lincoln Health Center  
1000 Health Center Drive  
Mattoon, Illinois 61938  
Phone: (217) 258-2119

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.

# IOWA

## Partners Networking to Promote Agricultural Health and Safety

### DO6RH00101

Carolyn Sheridan  
Spencer Municipal Hospital  
1217 Second Avenue East  
Spencer, Iowa 51301  
Phone: (712) 264-6107

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.

**Balanced Health.BDF**

**D06RH00123**

Art Finnigan  
 Delaware County Extension Council  
 212 1<sup>st</sup> Street East  
 Independence, Iowa 50644  
 Phone: (319) 354-5105

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**

Joan Blundall  
Northwest Iowa Mental Health Center  
d.b.a. Seasons Center for Community Mental Health  
201 E. 11<sup>th</sup> Street  
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 know 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.

## **KANSAS**

### **FourRivers Community Health Alliance**

#### **D06RH00135**

Sherry Warner  
Sumner Community Health Organization, Inc.  
1323 N. A Street  
Wellington, Kansas 67152  
Phone: (620) 326-2060

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.

## **LOUISIANA**

### **Vermilion Parish Rural Health Network**

#### **DO6RH00203**

Robert Hensgens  
 Vermilion Parish Rural Health Network  
 d.b.a. Gueydan Memorial Guest House  
 1201 Third Street  
 Gueydan, Louisiana 70542  
 Phone: (337) 536-6584

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.

# MICHIGAN

## Behavioral Health & Wellness Network of Northwest Michigan

### DO6RH00118

Marcy Rosen  
Mercy North Health Services  
400 Hobart Street  
Cadillac, Michigan 49601  
Phone: (231) 527-1420

Fiscal Year	2000	2001	2002
Grant Award	\$168,036	\$183,500	\$200,000

The Behavioral Health & Wellness Network of Northwest Michigan is a group of health care organizations that provides and administers health care services. The purpose of BHN is to develop targeted initiatives that, although designed for the northwest Michigan rural service area, create a similar scope and effectiveness to those services available in urban areas. An overarching goal of the group is to develop a continuum of care that is available to clients “on the spot” in rural health care providers’ offices, clinics, organizations, and hospitals as well as to develop community-identified organizations to reach underserved populations. The Network activities are:

- Enhancing and expanding the Network by formally developing BHN
- Providing ongoing professional development for Network members
- Designing BHN products that could provide behavioral health care
- Providing Network members with expert legal and organizational advice
- Developing an integrated Network that allows consumers easy access
- Developing consultation services to provide rural Network members with an easy, inexpensive way to access expert medical and behavioral health knowledge.

Funds from the Network Development Grant will allow the Network to overcome a number of barriers to service provision, including lack of transportation, limited personal resources, cultural differences, and the stigma of seeking help. The project will strengthen the behavioral health care delivery system by developing a strong provider network in collaboration with physicians’ offices, community organizations, tertiary care facilities, universities, and underserved communities.

## **Upper Peninsula Health Care Network**

### **DO6RH00115**

Joy Strand  
Helen Newberry Joy Hospital  
502 West Harrie Street  
Newberry, Michigan 49868  
Phone: (906) 293-9259

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.

## **MISSOURI**

### **Ozark Foothills Health Care Network**

#### **DO6RH00116**

Greg Batson  
Ozark Foothills Regional Planning Commission  
3019 Fair Street  
Poplar Bluff, Missouri 63901  
Phone: (573) 785-6402

Fiscal Year	2000	2001	2002
Grant Award	\$106,200	\$200,000	\$200,000

The Ozark Foothills Health Care Consortium is a cooperative consisting of 29 members drawn from medical, social service, educational, and governmental communities. Since its inception in 1996, the consortium has addressed the significant needs for improved medical care within the Ozark Foothills, a severely impoverished, five-county region in southeast Missouri. Its mission is to combat major health care challenges in the area, such as teenage pregnancy, tuberculosis, low infant-immunization rates, and the lack of essential medical services.

The consortium has initiated two successful single-purpose medical projects and has laid the foundation for the creation of a comprehensive, fully integrated health care network. It is

preparing to undertake the areawide needs assessment, prioritization, and planning necessary to move the group forward to full Network status.

The consortium will use funding from the Network Development Grant to aid the group in scheduling a series of Network development experiences and critical-issue review sessions, securing the staff support necessary to assist in drawing the network together, and improving the consortium's current direct service delivery programs.

## **Boonslick Rural Network Consortium**

### **DO6RH00134**

Brenda Campbell  
Cooper County Memorial Hospital  
17651 Highway B  
Boonville, Missouri 65233  
Phone: (660) 882-7461

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).

## **NEBRASKA**

### **The Rural Occupational Health and Safety Network**

#### **DO6RH00153**

Joleen Huneke  
Rural Comprehensive Care Network of Nebraska  
995 E. Highway 33, Suite 2  
Crete, Nebraska 68333  
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.

## **NEW HAMPSHIRE**

### **Caring Community Network of the Twin Rivers**

#### **DO6RH00177**

Richard Silverberg  
Caring Community Network of the Twin Rivers  
Health First Family Care Center  
841 Central Street  
Franklin, New Hampshire 03235  
Phone: (603) 934-0177

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**

Charlie Alfero  
 Hidalgo Medical Services  
 500 E. DeMoss Street  
 Lordsburg, New Mexico 88045  
 Phone: (505) 542-8384 ext. 403

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.

# **NORTH CAROLINA**

## **Hertford Chronic Disease Management Network**

### **D06RH00138**

Ann Martin-McAllen  
Hertford-Gates Health Department  
d.b.a. Hertford-Gates Health Agency & District Health Department  
P.O. Box 246  
Winton, North Carolina 27986  
Phone: (252) 358-7833

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**

Barbara Earley  
Albemarle Regional Health Services  
P.O. Box 246  
Winton, North Carolina 27986  
Phone: (252) 358-7833

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**

Gary Sauers  
J.C. Blair Memorial Hospital  
1225 Warm Springs Avenue  
Huntingdon, Pennsylvania 16652  
Phone: 814-643-8631

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**

Christine Garner  
Pennsylvania Mountains Healthcare Alliance  
P.O. Box 572  
DuBois, Pennsylvania 15801  
Phone: 814-375-4691

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.

## **SOUTH CAROLINA**

### **Low Country Health Care Network**

#### **DO6RH00103**

Kathy Schwarting  
 Low Country Health Care Network  
 328 South Palmetto Avenue  
 P.O. Box 367  
 Denmark, South Carolina 29042  
 Phone: (803) 793-6000

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.

## **VERMONT**

### **Connecticut Valley Health and Human Services Network**

#### **D06RH00117**

Linda Minsinger  
Visiting Nurse Alliance of Vermont & New Hampshire, Inc.  
46 South Main Street  
White River Junction, Vermont 05001  
Phone: (802) 295-2604

Fiscal Year	2000	2001	2002
Grant Award	\$193,883	\$151,000	\$61,556

The Connecticut Valley Health and Human Services Network (CVHHSN) represents consumers and a broad spectrum of social service and health care agencies and institutions and targets 42 contiguous eastern Vermont towns. It was formed specifically to create an interorganizational model of long-term, home- and community-based care for the rural region's frail elderly and disabled population.

The ultimate goal of CVHHSN is to enroll eligible individuals into an appropriate health care program, assume financial risk for their health care, and be recognized by Federal and State payers as a permanent provider through a case-rates model adapted to a rural environment. These goals will be achieved through incorporating:

- Care-management teams in four regions
- Consumer and provider online access to service information and to information on how to receive assistance and care
- Provider access to appropriate online medical information
- A unified planning and governance structure.

## **WEST VIRGINIA**

### **McDowell County Health Advisory Council**

#### **D06RH00141**

Tim Crofton  
Tug River Health Association, Inc.  
P.O. Box 507  
Gary, West Virginia 24836  
Phone: (304) 448-2101

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**

### **Jackson County Community Health Network**

#### **D06RH00142**

Deborah Lutjen  
Jackson County Community Health Network, Inc.  
808 Red Iron Road  
Black River Falls, Wisconsin 54615  
Phone: (715) 284-8724

Fiscal Year	2001	2002
Grant Award	\$197,938	\$197,355

The Jackson County Community Health Network, Inc., comprised of the HoChunk Nation Department of Health, Black River Memorial Hospital, Krohn Clinic, Jackson County Health and Human Service, Western Wisconsin Technical College and the Black River Falls School District is submitting a grant application to continue the collaborative efforts initiated through the Rural Health Network Planning Grant in May 2000.

The networks goals and objectives for fiscal years 2001 to 2003 are to:

- Promote community access to health care service.
- Improve the health status of targeted groups by providing appropriate and responsive health services
- Improve the quality, cost-effectiveness, and efficient delivery of community health care services
- Identify community needs and challenges to delivery of high quality and cost-effective care, and propose solutions

To accomplish the goals and objectives, the funds will allow the Network to:

- Hire a full-time Project Coordinator
- Utilize legal counsel to develop memoranda of agreement with new network members (between 7 and 15 total members).
- Complete a feasibility study on a merger between Black River Memorial Hospital, Krohn Clinic and Ho-Chunk Health Care Center. Each has outgrown its facilities and needs to expand. The study will assess location, resources and community acceptance.
- Develop trust to promote collaboration with the Native and non-Native communities through sensitivity training.
- Complete an action plan to address the lack of work force in the health care field, as well as other priority areas identified from the needs assessment, Hometown Health, that will be completed by April 30, 2001.

Ongoing evaluation of the project and corrective actions will be accomplished with a final evaluation conducted at the end of the project. The total cost of the project for the first year is \$197,938.

## **Iowa County Health Coalition**

### **D06RH00162**

June Meudt  
Iowa County Health Department  
1205 N. Bequette Street, Suite 1  
Dodgeville, Wisconsin 53533  
Phone: (608) 935-2810

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.

## **Menominee Health Network**

### **D06RH00197**

Lynette Turner  
Menominee Indian Tribe of Wisconsin  
Menominee Tribal Office  
P.O. Box 910  
Keshena, Wisconsin 54135  
Phone: 715-799-6200

Fiscal Year	2002
Grant Award	\$122,882

Menominee County/Reservation, located in rural northeastern Wisconsin, is a designated Health Professional Shortage Area (HPSA). According to 1998 Census data, the county's population is 4,779. Native Americans comprise 86 percent of the population and 40 percent are under the age of 18. The 1997 Bureau of Indian Affairs Labor Force Report documented that 56 percent of working Menominee residents earned less than poverty level wages. Between 1986 and 1999, the labor force grew by 183 percent. Consequently, unemployment rates in the county are higher than the State and national averages. Efforts to promote health among members of the Menominee community are difficult in this challenging social environment.

The Menominee Health Network Implementation Project, in collaboration with the Menominee Indian Tribe of Wisconsin and the Menominee Collaborative Council, seeks to implement a formal community-based health network to address local health concerns through preventive health measures. Its focus is on reducing the incidence of addictive behaviors, injury, violence, and chronic disease, especially among the youth in the county, and to make better use of the resources and services already available, though not necessarily well integrated, in the community.