

## Appendix E

# Rural Health Care Projects Funded by the Robert Wood Johnson Foundation and the W.K. Kellogg Foundation

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Private foundations have played a significant role in promoting innovative rural health care projects. These foundations have intended to establish the basis for lasting, effective change through creative project planning and design, research and experimentation, education and training, and encouraging the coordination of community resources. Two of the major foundations that have provided innovative support for rural health care programs are The Robert Wood Johnson (RWJ) Foundation of Princeton, NJ and the W.K. Kellogg Foundation of Battle Creek, MI. Recent relevant projects supported by the RWJ and Kellogg foundations are described briefly below.

### *The Robert Wood Johnson Foundation*

The Robert Wood Johnson Foundation, established in 1972, in recent years has focused much of its efforts on building and strengthening the infrastructure of the rural health care system. The following describes those projects that are most specifically focused in this area.

- **Rural-oriented training activities** supported by the Foundation in the early 1970s included: scholarship support to encourage students from underserved areas to go into medicine (a precursor of the National Health Service Corps); and institutional support to develop primary care training programs for physicians, physician assistants, child health practitioners, nurse practitioners, family care assistants, and emergency care providers who represented those practitioners most needed in underserved areas.
- **The Rural Practice Project** was launched in 1975 to demonstrate how medical practices might be developed in rural areas so as to meet both the health care needs of the community, and the financial and professional needs of rural physicians. Foundation funds were used to cover the operating deficits of the 14 model rural practices for a period of 4 years. Some sites were unable to achieve financial stability, and several had considerable staff turnover in physicians. The availability of a hospital to a practice was found to be critical to financial and professional survival and development.
- **The Rural Infant Care Program**, initiated in 1979, funded 10 medical schools to work with State health departments in improving perinatal care in isolated rural areas. The objective of this program was to develop and enhance linkages between rural health services and tertiary medical centers and create regional networks of perinatal care. Although some of the medical services under this program were cut back or reorganized after Foundation funding ended, the regional relationships and services in many States that showed clear improvements in maternal and infant care remain substantially in place.
- **The Rural Hospital Program of Extended Care Services** was launched in 1981 to encourage small rural hospitals to develop swing-bed services.<sup>2</sup> Five State hospital associations were funded to develop the capability to provide technical assistance and education to interested rural hospitals. The Foundation subsequently funded 26 individual hospitals to implement their particular swing-bed models and funded an evaluation of the program, which found positive benefits both to the hospitals and their communities.
- **Rural Efforts To Assist Children at Home**, a project that began in 1984, was funded in cooperation with the Florida Department of Health and Rehabilitative Services and the University of Florida Medical Center. Under the program, 20 nurses from rural communities received special training to assist university-based pediatric specialists and local physicians in providing routine management of chronically ill children in the rural communities where they lived. The nurses also worked with schools and families to assist them in meeting the medical and rehabilitative needs of the children. Florida subsequently extended the program statewide.
- **The Hospital-Based Rural Health Care Program**, which began in 1987, funds consortia of rural hospitals. Its goal is to allow rural hospitals to explore strategies to strengthen their financial positions, to explore alternatives to closing (e.g., conversions and diversification) and, where applicable, to help them to close. The program emphasizes the development of regional affiliations to enable appropriate referrals outside the community, and to enable closure and conversion efforts to be examined within a regional context. Thirteen sites were funded and some 185 hospitals participate in the program.
- In July, 1989, the Foundation awarded grants to 13 community health care projects run by and for American Indians and Alaska natives. Included are

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<sup>1</sup>Information for this appendix was provided by Nancy Barrand of The Robert Wood Johnson Foundation and Helen Grace of the W.K. Kellogg Foundation.

<sup>2</sup>See ch. 6 for a discussion of hospital swing bed services.

projects designed to prevent alcohol and drug abuse, control diabetes, reduce domestic violence, and improve maternal and infant health among tribal populations in eight States.

### *The W.K. Kellogg Foundation*

*The W.K. Kellogg Foundation*, established in 1930, concentrates most of its health-related philanthropy in the areas of community-based, problem-focused health services. Rural efforts focus on new collaborative approaches for health services delivery, rural leadership development, and training of local government officials. Recent major Foundation projects pertaining fully or in part to rural health care are described below.

- A 3-year project in northeastern Montgomery County, MD, which began in 1986, funded the creation of a community-wide network of volunteers to provide support services not available to isolated elderly. Secondary goals were to transfer a share of the responsibility for care of the elderly from the government to the community, and to provide meaningful social roles for adolescents and elderly through an intergenerational volunteer network. Preliminary results suggest that the volunteer services have decreased the need for some hospital and nursing home services and provided relief to families.
  - In 1989, the University of Illinois instituted a 3-year project whose goal is to train community-based, paraprofessional, primary care outreach workers to link people in need of services with health care providers. The project is oriented to both rural and inner-city residents.
  - The Medical College of Georgia, in 1988, began a 3-year project to reduce infant mortality and improve maternal and infant health in rural east central Georgia. Activities include establishing a case management system for high-risk newborns using an electronic database and discharge planning and infant tracking program and using a nurse-managed mobile health unit to promote timely access to health care for mothers, infants, and children in a medically underserved rural area.
  - In 1988, the Children's Defense Fund started a 3-year project to reduce infant mortality and morbidity and adolescent pregnancy in rural Marlboro County, SC. The project used outreach workers to provide health education and promote maternal compliance for self-care of the mother and care of her infant.
  - A 4-year project started by Mississippi's Alcorn State University, in 1987, is intended to improve access to health services for adolescents by providing mobile health screening and services for youth in nine rural and urban communities in Mississippi.
- Target communities are characterized by high rates of teenage pregnancy, trauma, substance abuse, sexually transmitted diseases, high levels of poverty and unemployment, few numbers of health care facilities and personnel, and poorly coordinated social services.
- In 1985, the University of North Dakota and Lutheran Hospitals and Homes Society began a 5-year project (the Affordable Rural Coalition for Health (ARCH)). The project's purpose is to reorganize health services to develop models of comprehensive, integrated, cost-effective health care delivery in several small communities in North Dakota, Colorado, and Wyoming. Such restructuring may take into account both horizontal (hospital to hospital) and vertical (hospital to nursing home to home care, etc.) relationships among major health care providers. A second goal is the establishment of a future-oriented, participatory process for communities wishing to be involved in designing an optimal rural health care system.
  - Initiated in 1983, a regionalized demonstration project at the University of Washington School of Medicine is designed to restructure the services provided by selected rural hospitals in the States of Washington, Alaska, Montana, and Idaho. It is intended to demonstrate ways rural hospitals in this region can assess and modify their financial structure and the types, quantity, and quality of services provided.
  - A joint project with the National Rural Health Association and the Hospital Research and Education Trust, which started in 1987, includes 13 rural community-oriented primary care demonstrations for the improvement of community-based health services. The project awarded grants to a variety of community health and human service organizations (e.g., group practices, community hospitals, public health departments, and social service agencies), who work with community leaders to define community-based health service needs and implement necessary reorganization.
  - The 6-year Alliance for Rural Health Management Improvement project, which began in 1982, developed a 7-part rural health care improvement program for rural hospitals in 13 western States. The project provided training and job development for small hospital executives and trustees; developed a volunteer consulting corps of retired health care executives; encouraged rural health care/small business alliances and joint practice among rural hospitals; improved quality assurance committees in rural health care settings; and provided rural postgraduate fellowships to recent health administration graduates.

- Two projects at the University of Alabama at Birmingham have focused on improving education of allied health professionals. The first project, which began in 1976, established and disseminated a curriculum to train allied health generalists who could perform a variety of basic tasks (e.g., assist in patient examinations, administer medications, and keep medical records). A second project, which began in 1987, involves a series of clearinghouse activities to document multiskilled models throughout the country, develop a consultancy program of experienced educators and practitioners, and disseminate information on multiskilled practice, including an updated, state-of-the-art publication and directory.
- In 1987, the National Association of Community Health Centers (NACHC) began a 3-year project to produce well-informed leaders for federally funded community and migrant health centers (urban and rural). The program selects qualified candidates to be matched with health center preceptor sites. On completion of the residencies, individual residents will be matched with health centers where they will be prepared to assume management positions.
- A 4-year project by the University of Missouri, started in 1987, is developing support services to assist the elderly to remain in home settings in their community. The "Center On Rural Elderly" serves as a resource center for health and human service professionals interested in serving elderly who reside in small towns and rural communities. It disseminates educational materials on topics such as preventive health services, support for caregivers, and intergenerational relations between elderly persons and younger generations. In addition, Center staff are producing a planning guide to assist in the development and implementation of educational programs for local elderly groups and the development of programs to enhance the community involvement and leadership of recently retired persons.