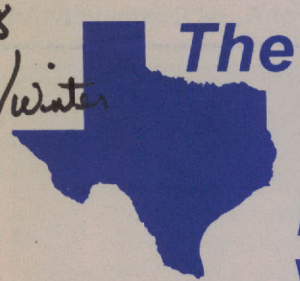


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# The Rural Texan

Winter 2003

Office of Rural Community Affairs

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## Rural America's True Competitive Advantage

### *Entrepreneurial Character, Strong Education, Ties to the Community are the Rural Building Blocks*

By Chuck Hasebrook, Center for Rural Affairs

Rural America will not survive by luring factories searching for cheap labor. Even Mexico cannot win at that game. Factories are closing there in the face of lower wage competition from China.

Thirty years ago, wage levels were the competitive advantage of Rural America. Today, we must find a different competitive advantage.

The new competitive advantage of Rural America is the entrepreneurial bent of rural people; their work ethic, motivation, and skills. A strong educational system is critical in realizing those advantages.

We can only maintain our living standards in a globalizing economy if our workers, small business people, and farmers are more skilled and productive than low-wage workers in the developing world.

Development of self-employment opportunities and locally-owned small business development is also essential. Small business is more responsive than big companies and can find opportunities that big companies with big overseas plants will miss. And when local entrepreneurs find those opportunities, they will probably remain in the community because it's their community. It's where they want to be.

Finally, the motivation and responsibility that come from ownership can be a competitive strength for rural communities - where self-employment levels have always been high. Helping rural people start small businesses is one way to tap into that. Employee ownership plans are another way to nurture the sense of responsibility and motivation that have drawn many employers to rural workers.

What can community leaders and state policymakers do? First, provide support to local people starting small businesses - lending technical assistance, training, and marketing. Communities must make use of such programs and policymakers must fund them.

We have to invest in education, including building entrepreneurial training programs in rural schools. Our education system is our greatest competitive advantage. We can help family farmers and ranchers move beyond production of cheap commodities for international markets. A better alternative is to tap high value specialty markets that pay a premium for products with unique attributes or products produced in ways that consumers support.

(Continued on page 13)

## Rural-Focused State Agency Cuts Ribbon on East Texas Technical Assistance Center in Nacogdoches

### ORCA, Local Officials Celebrate Event

By Linda Trinh, ORCA

The Office of Rural Community Affairs (ORCA) joined East Texas and Nacogdoches officials in a ribbon cutting ceremony on Thursday, December 18, 2003 at the Nacogdoches City Hall in Nacogdoches, the county seat of Nacogdoches County. The ceremony marked the agency's first step in establishing an office in east Texas.



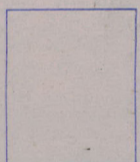
State and local officials were on-hand to celebrate the opening of the Nacogdoches Technical Assistance Office. Robt. J. "Sam" Tessen (center with scissors) received the honors of cutting the ceremonious red ribbon.

Local residents, media, and state and city officials attended the ceremonial event. Senator Todd Staples and Representative Wayne Christian celebrated the opening of the East Texas Field Office along with Nacogdoches County Judge Sue Kennedy, City Manager Jim Jeffers, Deputy City Manager Victoria LaFollette, and City Commissioner Bradley Reynolds. From the Nacogdoches Economic Development Corporation, President and CEO Judy McDonald and Chairman Mike Aikin were also on-hand to help in the ribbon cutting ceremony.

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**Volume 2, Issue 4, Winter 2003**

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# Rural Scholar Program Helping Physicians Help Rural Communities

By Marlo Canales

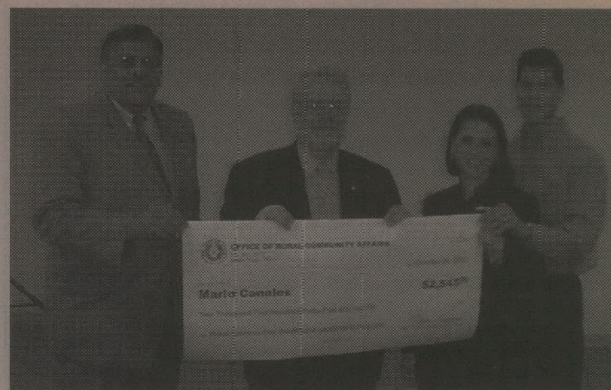
Any Mexican-American child who has ever hurt themselves has heard this little song from a loving relative: "Sana, sana, colita de rana..." In my case, my "abuelita" (grandmother) always knew how to make me feel better: a little song, a spoonful of sugar, a "sobada" (rub) on my "pansita" (belly) when I had eaten too much candy, and a prayer. Yes, my grandmother always had a healing touch. Perhaps that is why when given the incredible opportunity she never had to become college educated, I chose a profession that allowed me to make people feel better: pharmacy.

I went to The University of Texas at Austin (UT) with a minority scholarship. Without it, an education at one of our nation's best schools would have been impossible. Therefore, I was off to Longhorn Land, Austin, Texas, but it might as well have been Mars. It was far from home and different on so many levels. Compared to my hometown of Roma, Texas (Starr County), Austin seemed huge. The campus population was five times the size of Roma! My dorm had its own zip code. My resident advisor had green hair. My chemistry class had over 400 students and they were ALL valedictorians of their respective high schools. However, I was determined and remembered my parents' encouraging words: You have just as much right to be there as anyone else. By the time I

left UT in the winter of 1999, I had a Bachelor of Science degree in pharmacy, a new appreciation and tolerance of my fellow man, and a \$44,000 college loan debt.

Love for my community and for a certain young man who became my husband brought me back to Roma. For the past three years, I have worked diligently to better the lives of those I serve. Starr County is considered one of the poorest counties in the United States and healthcare professionals are sparse. Many residents are uneducated and unhealthy. However, we are also very proud, hardworking, and family-oriented. This is home. This is where my heart is.

Through my job, I'd heard of physicians' assistants getting their student loan debt paid by Office of Rural Community Affairs (ORCA). Then a good friend of mine in pharmacy school became a participant in the Outstanding Rural Scholars Recognition Program through ORCA. She suggested that I contact Dave Darnell to see if ORCA had anything for a pharmacist who had already incurred the debt and was practicing in a rural county. Dave was so helpful. He directed me to ORCA's website where I downloaded the application, printed it, filled it out, and sent it in with all the necessary documents. Then a few months later, I received a generous check. It was so easy!



Marlo Canales accepting her ceremonial award check at the Kingsville presentation event. Pictured from left to right: Representative Juan Escobar, Robt. J. "Sam" Tessen, Marlo Canales, and Omar Canales.

Attending the awards assembly held by ORCA on the Texas A&M Kingsville campus was an amazing experience. Sam Tessen, Executive Director of ORCA, handed me a Texas sized check like the ones given to winners on *The Price is Right*. I had my picture taken, and I met fellow Starr County natives, State Representative Juan Manuel Escobar and his Chief of Staff, Fred Cantu.

I am incredibly grateful to ORCA and to my state for helping me to secure this grant. I hope that my gratitude can be seen by each life I touch through pharmacy in my rural community.



# From the Desk of...

## The Executive Committee Chair

One of the Office of Rural Community Affairs' (ORCA) ultimate goals is, and has always been, to partner with rural communities to address local long range needs, objectives, and strategies. To meet this goal, ORCA's Executive Committee has begun reviewing the agency's programs and services to ensure the continuing delivery of beneficial opportunities to rural Texas communities. The Committee recently formed a Regional Allocation Task Force to implement this process.

The Regional Allocation Task Force is comprised of members of ORCA's Executive Committee, Regional Review Committee representatives, directors of various Councils of Government, and State Review Committee representatives. The Task Force's first project is to review the current allocation formula for ORCA's \$85 million Community Development Block Grant (CDBG) program.

At the Executive Committee's December 2003 meeting in Kountze (Harris County), Task Force members discussed and considered the creation, development, organization, membership, and structure of the Task Force. Discussions included the prioritization of CDEG projects eligible for funding.

Communications continued at a meeting held in Austin on January 7, 2004, where discussions included the advantages and disadvantages of the current state allocation formula and areas that the current allocation formula should be considered for revision.

As the Task Force moves forward in the review of ORCA's CDBG program, the Executive Committee will also move forward in assessing the variety of benefits and opportunities available to rural Texas communities through the multifaceted CDBG program, and other agency programs and services.

We are committed to making a difference and listening to valuable input from rural Texans. ORCA's door is always open for comments and suggestions regarding the agency and any other rural issue of concern.

We look forward to working with you for the benefit of rural Texas.

William M. Jeter III  
Chair, ORCA Executive Committee

## The Executive Director

It has been two exciting years! It is hard to believe but the Office of Rural Community Affairs (ORCA) is already two years old. So much has transpired in these past years; so much has been learned. Creating a new state agency dedicated to the rural communities and issues of our state has been an exciting journey. Together, we all have come this far.

The agency was created to develop policy specifically addressing economic and quality of life issues affecting small and rural communities across Texas and to administer programs designed to enhance rural healthcare, community development, and improve rural leadership capacity. Achieving these goals has proven to be a challenge worthy of the needs of our rural communities. It is clear that doing things as they have been done in the past was not the intent of the new agency. It was time to revisit former methods and seek out new solutions and different approaches. The need for change for the future was built into the organization of the agency. But it was quickly learned that rural Texas is not only huge but cannot be viewed as a single, one-size-fits-all entity. To do our job, it was important first to listen and learn.

Many of the activities of the agency were organized with the goal of listening and learning in mind. Through Executive Committee meetings, public hearings, workshops, and awards ceremonies, our agency has visited many rural communities all across the state. The effort has been to go to the people rather than having folks coming to the agency. We have heard input and comments from citizens from all across the state. We have met so many local leaders and citizens from all types of communities and heard both numerous success stories about budding small businesses and about needs and barriers communities are facing. We have heard about the multiple issues surrounding access to health care through clinicians, hospitals, and clinics about financial aspects, recruiting and retaining healthcare professionals.

We have learned much about economic development, rural health, community development, transportation, housing, agriculture, tourism, water, natural resources, border issues, wildlife, local leadership, public utilities, urban sprawl, law enforcement and judicial processes, and telecommunications. We have gotten to know leaders and members of many organizations, like Councils of Government, professional associations, regional organizations, economic development groups, transportation alliances, Chambers of Commerce, and others. The opportunity to develop working partnerships with these and other groups has been a highlight of the development of the agency and its mission.

The commitment of the nine members of the agency's Executive Committee has been very noteworthy as they have led the agency in the development of its mission. They have taken on the mantle of learning and reviewing the agency's programs and reached beyond the typical to help prepare those programs to address future needs.

Working with members of the Legislature has also been a very constructive experience. The leadership and members of the Rural Caucus of the Legislature have worked hard for consideration of rural needs and advocacy for rural-friendly policies. The urban and suburban members of the legislature have been open to dialogue about the inter-relationship of rural, suburban, and urban segments for the economy of the entire state.

The result of all this over the past two years is something unique and innovative. All of these activities have begun to come together into the beginnings of a comprehensive and realistic picture of rural Texas today. Like putting pieces of a puzzle together, it is easier to understand the multiple relations between all the various and critical pieces of life in rural Texas. That picture has the potential to become the roadmap to what the rural of rural Texas can be in the future. The Office of Rural Community Affairs is on course as it was intended.

Robt. J. "Sam" Tessen  
Executive Director

### Office of Rural Community Affairs'

## Second Annual All-Rural Summit Rural Challenge 2004: Status Quo or Ready to Go?

Be sure to pass this event information along in conversations or during meetings. This is an important conference for all rural Texans!

**Why:** This *Second Annual All-Rural Texas Summit* will provide attendees with information on various rural Texas activities important to the development of smaller communities.

**Who:** The Summit is perfect for representatives from all rural perspectives.

**Where:** The Summit will take place at T bar M Ranch / Hotel and Conference Center, which is centrally located in New Braunfels, Texas (Comal County).

**When:** Tuesday, April 27 and Wednesday, April 28, 2004

Contact ORCA today to register and for more information about the *Second Annual All-Rural Texas Summit!*

### Texas Shores a Great Freebie!

*Texas Shores* is produced by the Texas A&M Sea Grant Program. Each quarterly magazine deals with one major topic - wetlands, water quality, fishing, marine archaeology, seafood safety, and many more!

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## Access to Medical Care:

### A Recurring Problem for Rural Communities

By Sandeep Rao, Texas Medical Association

The question was one of access. I had always heard of the dearth of specialists in rural areas.

Heading into the homestretch of my fourth and final year of medical school, with only four months, 15 days, and 23 hours remaining before graduation, I had elected to spend the month of December with a rural and community medicine rotation at the Kellogg Community Clinic in Socorro, Texas, a small town just outside El Paso.

My accompanying thought, especially as an orthopaedic surgery applicant/hopeful, was whether I'd be bored—whether the experience would leave us just spinning our wheels with patients, unable to provide the necessary care and follow-up to patients presenting with problems outside the range of traditional family medicine.

But, that all changed with the first few patients that day. I was pleasantly surprised as I got to hone my clinical skills with chief complaints that included, lower back pain, wrist stiffness, numerous cases of knee pain, and diabetic foot problems. Better yet, the opportunity to educate these predominantly Spanish-speaking patients provided a newfound and interesting challenge.

Eventually, with our clinic referral, patients would make their way despite the distance—by bus or car, if available—to our teaching campus in downtown El Paso to undergo Computed Tomography's (CTs) or Magnetic Resonance Imaging's (MRIs) or visit with surgical specialists on staff. Many of the patients regularly visited the surgeons at our campus and had either undergone or were waiting for complex procedures such as cervical disk fusions or joint replacements.

After talking with other students rotating through the other El Paso County rural towns of Fabens and San Elizario, this scenario didn't seem to be much different. The joint partnership with the university seemed to provide these patients with access to necessary specialists.

As a student just about to embark on my surgical career, without a true idea of potential practice settings and only minimal exposure to rural medicine thus far, I came away impressed with the opportunities for access to specialists available to patients in rural areas.

At the same time, I knew not all underserved areas have a medical campus within close proximity. And, until these communities are provided with the opportunity to interface with teaching facilities—and, similarly, medical students and residents are provided with this exposure—many patients will be left in the dark.

Sandeep Rao is a fourth year student in the joint MD/MBA program at Texas Tech Health Sciences Center School of Medicine-El Paso campus. He is also the Student Representative on the Texas Medical Association's Committee on Rural Health.

#### ORCA Fact:

ORCA Executive Director, Robt. J. "Sam" Tessen has requested that all 2003 Community Development Block Grant contracts now include a special condition that requires all grantees to erect a sign at the ORCA project area that identifies the improvements as a joint effort between the city or county and ORCA.



# Guest Column

## How to Supply Rural Areas with Medical Providers: Grow our Own

By Cr. Nancy W. Dickey, Texas A&M System Health Science Center

Rural areas across the breadth of the United States, and to a large degree across the entire world, have a more difficult time recruiting and retaining health care providers. The issue is often discussed from the perspective of hospitals and physicians but the concerns range into virtually every arena of health care providers, including pharmacy, nursing, allied health, and others. These shortages are, at the least, a significant contributor to the differential of health measures and health outcomes populations who live in rural areas.

Much has been written over the last two decades or more about proposals and successful programs that enhance the numbers of health care providers who are willing to live and practice in rural and underserved areas. However, because a good share of the solution appears to be that of identifying individuals who have grown up or spent a substantial portion of their growing-up years in small towns and rural areas, it is a perpetual process of identification, recruitment, and mentoring in order to have a continuing supply to replace those who die or retire.

A recent re-read of a delightful book by Fitzhugh Mullins, MD, *Big Doctoring in America: Profiles in Primary Care*, reminded me again of the importance of recruiting into the health professions training those people who have already demonstrated their satisfaction with the joys and rewards of small town America. As one reads the stories that Dr. Mullins sets forth, it is clear that there are those individuals who enter health professions training with a "calling" to serve populations in need or who have a commitment to the pleasures that a small town lifestyle offers but would like to pursue a health professions career. It is clearly these individuals that community leaders, rural educators, and health professions schools must identify, educate, and encourage to return to their roots in order to meet the continuing need for professionals who will meet rural health care needs.

In *Big Doctoring*, Connie Adler, MD, addresses her rural practice by saying, "In my mid-twenties in the early 1970's, I was 'called.' That was when I knew exactly what I wanted to be doing: working with women in labor and delivering babies. That was one of the clearest moments in my life, and since then I have known that's really where I belong. I came back east to start on my uncertain but determined journey to medical school. This is the need that I fill in this community.

It's important to me to be of service. I get enormous amounts back from my patients. It's tremendously rewarding. There's nothing I would rather be doing."

She was called. She realized that she likes rural living and she has the opportunity to meet her patients and community's needs and they give back in many ways.

Of course, one need not go to the library or even very far from home to hear the same sorts of stories. I, myself, chose family medicine rather than one of the more esoteric subspecialties because I wanted to be able to practice in a small town. It seemed clear to me that small towns needed broad specialties rather than narrow, limited specialties. Hence, my specialty was chosen by my predilection for rural America, rather than the other way around. A conversation with Dot Snyder, from Waco, simply reinforced that when she talked about her husband, a gastroenterologist, and her life in Waco. Being a big city girl, she was appalled at the thought of going to a small town. Once there, she discovered that there were in fact extraordinarily rewarding and challenging opportunities for her. As a supportive wife, Ms. Snyder chuckled and said to me, "You can take the boy out of the country but you can't take the country out of the boy," in describing why her husband chose to return with his newly minted specialty boards to a relatively rural area of the state.

Clearly, communities who are concerned about the ongoing challenge of having adequate numbers of physicians and other health professionals need to realize that one of the obligations rests on their shoulders. That is, they, the community must early and continuously identify the young boys and girls—the emerging men and women—in their community who have the compassion, love of people, and intellectual capacity to become health care professionals. The community needs to nurture; they need to plant the seeds of dreams; and they may even need to create occasional scholarships or financial incentives. But it is these young men and women who grew up in Haiko, Centerville, Fort Stockton, and thousands of other small towns who are most likely to return to their roots as family physicians, obstetricians, pharmacists, emergency department nurses, and all of the others who are required to assure the quality of health care that those of us who live in the US have come to expect, even if we choose to live a non-urban existence.

## Village of Vinton Pulls Together to Complete Community Development Project

By Linda V. Trinh, ORCA

The Village of Vinton in El Paso County was awarded a \$300,000 Community Development grant for flood and drainage facilities from the Office of Rural Community Affairs (ORCA) on May 8, 2001.

During the course of construction, costs were high and changes at the local level almost jeopardized the project's completion.

The county volunteered labor and equipment and the engineer in charge of the project redesigned the drainage pond using the county's resources. In the end, everybody pulled together and the project was completed on May 7, 2003. The community was so proud of their team work and accomplishments that they erected a sign at the site. The sign only cost them \$25 to produce.





# Spotlight on..

## RRHA of Texas: Improving the Lifestyles of Rural Texans

By Neal Sox Johnson, RRHA of Texas

Rural Rental Housing Association of Texas, Inc. (RRHA of Texas), a non-profit organization established in 1977, is located in Temple, Texas (Bell County). The Association is dedicated to the improvement of the lifestyle of our rural citizenry. In providing safe and affordable housing, both borrower and lender have committed themselves to safeguarding the borrower's investment and maintaining adequate security for the lender. RRHA is, therefore, dedicated to the enhancement of rural multi-family housing through promotion of professionalism of apartment management.



### Members Served

RRHA of Texas currently serves almost 800 Texas Rural Development (TxRD)-United States Department of Agriculture (USDA) financed project members who control almost 27,000 apartment units in Texas, and more than 100 associate members from across the USA. Many members are involved with the Texas Department of Housing and Community Affairs (TDHCA) programs, including tax credits.

### Changing Times

Due to changing times and federal programs in the past decade, the RRHA of Texas mission remains, but the emphasis has changed. The federal government for multi-family housing (MFH) production loans for new construction in rural areas has been severely reduced.

RRHA of Texas now devotes more emphasis on preservation of the 800 existing and aging TxRD Section 515 MFH projects in rural Texas needing rehabilitation and other servicing actions. New construction MFH production loans in rural and urban areas generally utilize non-government debt loan funding from conventional lending sources. They also compete for tax credits, trust funds, and/or HOME program funds for equity financing through TDHCA.

For additional information regarding RRHA of Texas, visit [www.rrhatx.com](http://www.rrhatx.com) or contact Sox Johnson at 254-778-6111 or e-mail [office@rrhatx.com](mailto:office@rrhatx.com).

Can you guess what this is?



Find out in the next  
Rural Texan!

## The City of Alpine

By Linda V. Trinh, ORCA

Alpine, Texas, the county seat of Brewster County, is located in a wide valley in the foothills of the Davis Mountains. The town began in the spring of 1882, when a few railroad workers and their families pitched their tents along a small spring-fed creek at the foot of what is now known as "A" Mountain.

As the town grew the residents petitioned for its name to be changed to Alpine, and on February 3, 1888, the name of the local post office was officially changed. Alpine grew very slowly until 1921. Then came the opening of Sul Ross State Normal College (now Sul Ross State University) and the construction of the first paved roads into the area. The college, along with ranching and the transcontinental railroad, made Alpine the center of activities in the Big Bend area of Texas. In the early 1940s, with the establishment of Big Bend National Park, Alpine came to be looked upon as the entrance to the park. Since the early 1960s the rapid influx of affluent retired people into the area has been an important factor in the town's continued growth.



The snow covered Brewster County Courthouse in Alpine, Texas.

Alpine is listed as one of the fifty safest and most economical places for retirement in the United States. It is often spoken of as the "heart of the Big Bend," the "Alps of Texas," "out where the West begins," and the "economic, cultural, and recreational center for Trans-Pecos Texas."

Today, Alpine has become the service center of the Big Bend region, and capitalizes greatly on its wealth of natural resources and recreational opportunities. Alpine's economy is growing and the local university creates more cultural resources than one might expect from a small town.

For more information on the city of Alpine, call the Alpine Chamber of Commerce at 800-561-3735 or visit [www.alpinetexas.com](http://www.alpinetexas.com).

## A Texas "Wind Rush" is Under Way The General Land Office Pioneers a New Frontier

By Jerry Patterson, General Land Office

When recent blackouts in the Northeast made national headlines, talk of a possible energy crisis ensued. Meanwhile, the Texas General Land Office (GLO) is leading a project that has gained national recognition for its ability to generate sustainable energy.

The Texas General Land Office unveiled its Plan for Sustainable Energy earlier this year. The plan brings sustainable energy, primarily wind energy, into the mainstream electricity market in Texas. Among the Plan's initiatives are incentives for new transmission lines to West Texas wind farms, and opening state lands for wind power generation and exploration.

It was also recently announced that as early as April 2004, the GLO will make leases on state-owned lands available for wind power generation or exploration.

The 'open for wind business' sign is on the GLO's door. The oldest state agency will once again be a pioneer of land initiatives, while finding a new revenue source for the Permanent School Fund.

This initiative is the starting gun for a 21st Century Wind Rush, where "wind prospectors" can lease land to develop wind power. The Land Office hopes to create an arena for businesses to step in with existing technology, as well as emerging technologies.

The GLO involvement with sustainable energy started with the Texas Wind Power Project, which won the Department of Energy's prestigious Utility Technology Award in 1996. Formed through a partnership between the GLO, the Lower Colorado River Authority and a private contractor, the project boasts 112 wind turbines on state lands in the Delaware Mountains. Nearly half a million dollars has been earned for the Permanent School Fund through the Texas Wind Power Project, and more than \$3 million will be earned over the project's 25-year lease period.

The GLO has a constitutional mandate to earn money for the Permanent School Fund, and has helped the fund grow in value to about \$18 billion. The Plan for Sustainable Energy will generate money for the fund as long as the wind keeps blowing.

For more information on the GLO's Sustainable Energy Plan, contact Richard Bone at 512-475-1525 or visit [www.glo.state.tx.us/wind](http://www.glo.state.tx.us/wind).

## Hope in the Face of Challenge

By Thomas D. Rowley, Rural Policy Research Institute

I confess to a certain glass-is-half-empty view of rural America: The situation is bad and may well get worse. In my defense, I come by that jaded perspective honestly enough. Having spent nearly a decade in the federal rural policy arena and another half-decade closely observing that same arena, I'm well-versed in the statistics of need and the politicians, policies, and programs that purport to aim—and often miss—at meeting those needs. Together, they leave one—or at least, me—nothing if not depressed.

The opportunity then to get away from Washington and out into the countryside to see firsthand some efforts that truly help is more than a breath of fresh air; it's almost enough to convert me from pessimist to optimist—almost.

Not surprisingly, the best solutions to problems in rural health care and economic development, social services, and every other facet of life—come from within the local community, from people who understand the need and the culture, and often from people who have themselves walked in the shoes of those they now seek to help. Yes, federal, state, and other assistance can and should also come from “outside.” The vision and the plan for achieving it, however, must come from within.

In Appalachian Kentucky, the Southeast Kentucky Community Access Program (SKYCAP) helps low-income people avoid the many “potholes” in the health care system by sending a Family Health Navigator to walk along with them and steer them clear. Assistance can include anything from help in getting free prescriptions to understanding a doctor's orders to replacing a kerosene heater that aggravates respiratory ailments.

“Our whole goal is to make them self-sufficient,” says navigator Sabrina Feltner. “We're not a laundry service or a transportation service, but if that's what they need...”

Intimate knowledge of the context, the culture, the people, and the need does several things to enhance a solution's chances for, well, solving problems: enabling identification of actual needs; knowing who the partners are that can contribute to the effort; and increasing the dignity with which clients are treated and the dignity that they, as a result, feel. All of which contribute to the most important characteristic of locally grown solutions: trust.

Judy Jones, is Director of the University of Kentucky's Center for Rural Health—administrative home of SKYCAP. She describes the near-futility of what she calls “externally imposed solutions.” No matter how well-intentioned such outside solutions are, says Jones, they don't understand the context, the culture, or the people. And the people, therefore, don't trust them.

While looking at SKYCAP, I had the privilege of going out with Feltner as she checked in on one of her clients. To say he “trusts” her help is a gross understatement.

“I don't know what I'd do without her,” he says with tears in his voice. “She's like a second daughter to me.”

Looking at the “rural problem” from Washington can be depressing. Looking at rural solutions on the ground is nothing short of inspiring.

Innovative rural health efforts are the subject of a forthcoming book by Rowley for the National Rural Health Association, due out in Summer 2004.

For more information about the Rural Policy Research Institute, call 573-882-0316 or visit [www.rupri.org/editorial](http://www.rupri.org/editorial).

## A Fundamental Transformation of Health, Human Services in Texas

By Stephanie Goodman, Texas Health and Human Services Commission

House Bill (HB) 2292, passed by the 78th Texas Legislature, mandated a fundamental transformation of health and human services in Texas and set the stage for significant improvement in the quality of services delivered to Texans.

The Texas Health and Human Services Commission (HHSC) will oversee this transformation, which will merge 12 state agencies into four new departments under the direction of HHSC. The goal is to create a system that is client-centered, efficient in its use of public resources, and focused on results and accountability.

The state's health and human services agencies currently spend nearly \$20 billion per year to administer more than 200 programs, employ 50,000 state workers, and operate from more than 1,000 locations across the state. Today, many Texans seeking health and human services face an array of organizations, office locations, and overlapping programs. This fragmentation can make the system difficult to navigate for clients.

Over the course of the transformation, clients will begin to see more organized and integrated delivery of services. Imagine what a difference this transformation will make to a low-income family that includes a working couple, two children and an elderly parent. Under today's complex system, that family must complete four separate applications – at multiple state offices – to qualify for food assistance, Children's Health Insurance Program, a community care program and help with Medicare premiums. HHSC's goal for the transformation is to provide that family with access to

all those services, and others, through a single point of contact.

HB 2292 realigns similar functions of the existing health and human services agencies into four new departments:

- Texas Department of Family and Protective Services: Formerly the Department of Protective and Regulatory Services.
- Texas Department of Assistive and Rehabilitative Services: Includes programs currently provided by the Texas Rehabilitation Commission, Commission for the Blind, Commission for the Deaf and Hard of Hearing and the Interagency Council on Early Childhood Intervention.
- Texas Department of Aging and Disability Services: Consolidates mental retardation and state school programs, community care and nursing home services programs, and aging services programs.
- Texas Department of State Health Services: Includes the programs provided by the Texas Department of Health, the Texas Commission on Alcohol and Drug Abuse, and the Health Care Information Council, plus mental health community services and state hospital programs.

The Texas Department of Assistive and Rehabilitative Services and the Texas Department of Family and Protective Services are scheduled to begin consolidated operations in early 2004. State Health Services and Aging and Disability Services will begin consolidated operations later in 2004.

## CMS Issues Payment Reforms for Hospital Outpatient Services

The Centers for Medicare & Medicaid Services (CMS) issued an interim final rule with comment period revising payment policies for hospital outpatient services to Medicare beneficiaries. The rule modifies payments to hospitals in rural areas and payments for certain radiopharmaceuticals, drugs, and biologicals that were established in a final rule published in November 2003. These changes reflect provisions in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (DIMA), which was signed by President George W. Bush on December 8, 2003.

The new rule extends for two years special payments to small rural hospitals to ensure that they are paid at least as much under the outpatient prospective payment system (OPPS) as they had been paid under the prior cost-based methodology. These payments were first authorized for a period of two years by the Balanced Budget Refinement Act of 1999, and were scheduled to end for services on or after January 1, 2004. As required by the DIMA, the new rule also makes sole community hospitals in rural areas eligible for these payments. In all, more than 1,000 small rural hospitals and sole community hospitals in rural areas will benefit from these payments.

“These changes will help to strengthen and preserve access to care in rural areas by providing higher Medicare payments to many small, rural hospitals,” Health and Human Services Secretary Tommy G. Thompson said. “We will continue to take appropriate steps to ensure that millions of Americans who live in rural communities have access to quality health care.”

The rule also implements a number of statutorily required changes to the way Medicare pays for radiopharmaceuticals and drugs and biologicals in the hospital outpatient setting. Among these are:

- Basing payment rates for radiopharmaceuticals and drugs and biologicals that are no longer eligible for pass-through payments on whether there is a single source or multiple sources of the product, and whether a multiple source product is classified as an innovator or non-innovator;
- Establishing different payment rates for drugs with pass-through status in 2004 depending on the date of Food and Drug Administration approval. Drugs approved before April 1, 2003 will be paid at 85 percent of the average wholesale price (AWP), while those approved on or after April 1, 2003 will be paid at 95 percent of AWP; and
- Paying for brachytherapy sources on a cost basis.

The final rule was published in the January 6, 2004 *Federal Register*. Comments will be accepted until March 8, 2004, and, if appropriate, a second rule responding to comments will be issued later in the year.

For more information, contact CMS at 877-267-2323 or visit [www.cms.hhs.gov](http://www.cms.hhs.gov). For more information about the *Federal Register*, visit [www.gpoaccess.gov/fr/](http://www.gpoaccess.gov/fr/).

## The Importance of Education for the Future of Texas

By Don W. Brown, Texas Commissioner of Higher Education

Education has never been more important for the future of Texas and its people, no matter where they live – in rural areas, in urban areas, along our borders, or along the Gulf Coast. Studies indicate that people with more education tend to earn much higher incomes, help build and sustain strong economies, and have a higher quality of life. Clearly, Texas must close the educational gaps between it and others, as well as among its people and regions, to ensure a brighter future for all the people of the state.

Fortunately, Texas is responding to this challenge with a new plan, called *Closing the Gaps by 2015*. *Closing the Gaps* lays out four goals: to close the gaps—both within the state and when Texas is compared to other states—in student participation, student success, excellence, and research.

The first goal, to close the gaps in participation, calls for enrolling an additional 500,000 students in Texas higher education by 2015. To meet the goal, the state must find ways to academically prepare and enroll an additional 300,000 students—beyond the 200,000 additional students already expected, based on trends from the 1990s.

Our higher education institutions and the State of Texas are working hard to meet this goal. For example, the Texas Legislature continues to fund a public awareness and motivational campaign called *College for Texans*. This campaign uses advertising and works with local community-based organizations to tell students, their parents, and others how to prepare for college academically and financially. For more information about College for Texans, visit [www.collegefortexans.com](http://www.collegefortexans.com).

The state's community colleges provide the primary higher education opportunity for many rural Texans. In fall 2003, these colleges enrolled more than 500,000 students—considerably more than other types of higher education institutions. Public universities enrolled an additional 470,000 students. Total enrollment, including private and public institutions of all types, reached nearly 1.15 million this fall.

Over the past three years, higher education enrollment in Texas has increased by about 160,000 students—more than triple the total enrollment of The University of Texas at Austin. Texas won't reach its enrollment goal, however, unless all of its people participate in higher education. The state now

appears to be on track to meet its enrollment goals for its Black population, and enrollment of Hispanics is rapidly increasing (although the state is not yet quite on track to allow us to meet our enrollment goal for them).

The second goal of the *Closing the Gaps* plan is to close the gaps in success. The goal calls for a 50 percent increase in the number of degrees, certificates, and other higher education credentials awarded by 2015. Some of the targets leading to the goal also call for increasing the number of graduates in certain fields – such as engineering, computer science, allied health, and nursing.

Progress is mixed. The number of associate's and bachelor's degrees and certificates awarded increased by more than 8,000 between 2001 and 2002. The previous year-to-year gain – from 2000 to 2001 – totaled only 396. In addition, the number of degrees awarded to Hispanics and African Americans over the past two years puts the state on track for those historically underrepresented groups.

However, Texas has not increased the number of college graduates in allied health and nursing disciplines over the past two years. In fact, fewer allied health and nursing degrees and certificates were awarded in 2002 than in 2000. Also, the number of graduates in technology disciplines has increased only marginally.

The third goal challenges the state to substantially increase the number of nationally recognized programs and services at colleges and universities in our state. Reaching this goal will take sustained effort and support over many years, and progress cannot be measured accurately this early in the life of the *Closing the Gaps* plan. On the bright side, virtually all of the state's higher education institutions report having at least one nationally recognized program on their campuses.

The fourth goal is to close the gaps in research. It calls for increasing federal science and research funding to Texas higher education institutions by 50 percent – from \$845 million in 2000 to \$1.3 billion, in constant dollar adjusted for inflation, by 2015.

Texas has nearly achieved this goal. Federal obligations for federal science and engineering research totaled \$1.28 billion in Fiscal Year 2001. Texas now ranks third among the states in the amount of federal science and engineering research obligations, up from sixth place as recently as 1998.

Although much more work is needed, Texas is clearly closing the gaps in higher education participation, success, excellence, and research. The state must now maintain this early momentum and build on it.

For more information about *Closing the Gaps by 2015*, call 800-242-3062 or visit [www.theeb.state.tx.us](http://www.theeb.state.tx.us).

## Enterprise Facilitation Workshop a Success

By Jacquie Shillis, ORCA

The "Enterprise Facilitation: Unleashing the Power of Entrepreneurship" workshop was held on November 21, 2003, in Austin, Texas. The event was co-sponsored by ORCA and two programs from The University of Texas at Austin's IC<sup>2</sup> (Innovation, Creativity & Capital) Institute: Research and Regional Development, and CBIRD-Global (Cross Border Institute for Regional Development-Global).

Workshop participants included a cross section of economic development professionals from cities, economic and community development corporations, Councils of

Government, universities, agencies, utilities, and the private sector. Attendees were treated to a lively presentation by Ernesto Sirolli about the origin of enterprise facilitation, the theory underlying the approach, and practical considerations for implementation. The day concluded with a question and answer session.

For more information about enterprise facilitation, visit [www.sirolli.com](http://www.sirolli.com) or call 1-877-sirolli (1-877-747-6554).

**Attention all  
Rural Texan readers!**  
If you want to continue receiving *The Rural Texan*, be sure to fill out the **Subscription Renewal Notice on page 16** and return it to ORCA!

## The Oregon Story: Country Doctors, Rural Medicine

The practice of health care in rural Oregon is rich with colorful characters, wonderful stories, and disturbing problems. *Country Doctors, Rural Medicine*, a new addition to Oregon Public Broadcasting's Oregon Story series, offers viewers a hefty dose of each. This program paints an often-entertaining, character-driven portrait of modern rural medicine. Yet, another message runs through this hour, too: health care is in trouble in rural Oregon.

Today's country doctors defy stereotypes. They may speak with a drawl and drive a pickup. Moreover, come elk season, they will often disappear into the woods with everyone else in town. However, these are some of the finest health-care professionals in the state, who tend to practice a sort of whole-person care rarely seen in urban medicine.

Yet, even in the care of such skilled practitioners, rural Oregonians face a bleak health-care future. Rural doctors, nurses, dentists, and other providers are in critically short supply, and the situation is getting worse, because as rural populations grow poorer and older, the practice of medicine there gets less and less profitable. In addition, for rural communities, the challenge of recruiting and keeping medical professionals is becoming ever more difficult.

*Country Doctors, Rural Medicine* is filled with unique characters, whose down-home humor and engaging stories reveal surprising wisdom and sophisticated insights. Viewers will hear tales of snake-handling cowboys and loggers crushed by trees, of a "deer-smashing" dentist and a ranch woman's unique skills with needle and thread.

*Country Doctors* also explores and explains the problems that plague rural health care and makes no bones about the looming crisis. Yet, this program looks forward with hope. It is unabashed in its celebration of the successes of rural medicine and strongly suggests that rural practice is a uniquely rewarding experience, which up-and-coming medical professionals might do well to consider.

*The Oregon Story* series explores Oregon's ever-changing social, cultural, and economic relationships with the land. Each story is supplemented by an online site that provides additional facts, educational tools, and a starting point for further discovery. More information on *The Oregon Story* is available on at [www.opb.org/programs/oregonstory/](http://www.opb.org/programs/oregonstory/).

Oregon Public Broadcasting (OPDB) is a statewide network of community-supported learning resources, including OPB Television, an affiliate of the Public Broadcasting Service (PBS), and OPB Radio, presenting local news coverage and the programs of National Public Radio (NPR) and Public Radio International (PRI). The OPB Web site is [opb.org](http://opb.org).

Reprinted from an article by Carol Howard in the Summer 2003 *Office of Rural Health* newsletter.

For a copy of the complete article, call 866-674-4376 or visit [www.ohsu.edu/oregonruralhealth](http://www.ohsu.edu/oregonruralhealth).

### ORCA's Mission:

"To assist rural Texans who seek to enhance their quality of life by facilitating, with integrity, the use of the resources of our state so that sustained economic growth will enrich the rural Texas experience for the benefit of all."



# Learning Opportunities

## A Sampling of Opportunities Available to Rural Texans

### Conferences, Events Around Texas

**Water Environment Association of Texas and the Texas Section American Water Works Association: Texas Water 2004<sup>®</sup> Conference - Texas Water 2004<sup>®</sup>** is the largest water conference in the five state region taking place April 5-8, 2004. For more information, call 512-693-0060 or visit <http://www.texas-water.com/pages/131572/index.htm>.

**Texas Library Association: Texas Library Association (TLA) Conference 2004** - TLA Annual Conference offers an unparalleled opportunity to reach decision-makers from throughout Texas and from every segment of the library community. The conference will take place March 17-20, 2003 in San Antonio, Texas. For more information, call 800-580-2852 or visit [www.tsla.org](http://www.tsla.org).

**Humble Trade Days** - Join the hundreds of other eager shoppers and attend this three-day antique, craft and collectible sale, and festival. More than 100 booths assembled in the Humble Civic Arena. There will be free parking and admission. The event will take place on February 13-15, 2004 in Humble, Texas. For more information, call 281-446-4140 or visit [www.humblecc.com](http://www.humblecc.com).

### Online Training Opportunities

**Continuing Education For Texas Health Care Professionals** is available through the Nurse Oncology Education Program, a statewide cancer education project of the Texas Nurses Association. For more information regarding program offerings or to request educational materials, contact the Nurse Oncology Education Program at 800-515-6770, e-mail [noep@texasnurses.org](mailto:noep@texasnurses.org) or visit [www.noeptexas.org](http://www.noeptexas.org).

### Online Grant Funding Resources

**Texas Department of Health Funding Information Center: The Funding Alert** - *The Funding Alert* lists current funding opportunities related to public health interests and many social service issues, including: funding news and information, rules, regulations and notices, funding opportunities, grant writing class listings, funding awards, and new publications. This useful weekly notification system summarizes many federal, State, and private foundation funding opportunities. To have *The Funding Alert* delivered to your e-mail, fill out the online form at <https://www.tdh.state.tx.us/fic/subscribe.htm>.

**The State of Texas Governor's Office: The Grant Alert** - *The Grant Alert* is a project of the State Grants Team in the Governor's Office. It is a compilation of information about current funding solicitations offered by federal, state, and private grant funding resources. *The Grant Alert* is updated at least weekly. For more information, call 512-463-8465 or visit <http://www.governor.state.tx.us/divisions/stategrants/grantalert>.

**Grants.gov: The Portal To Federal Grant Funding Opportunities** - This site allows organizations to electronically find and apply for competitive grant opportunities from all federal grant-making agencies. To search for current federal funding opportunities or to sign-up for automatic e-mail updates regarding federal funding opportunities, call 800-518-GRANTS or visit <http://www.grants.gov>.

### Grant Writing Training

**State of Texas Governor's Office: Grant Proposal Writing Training** - The Governor's Office State Grants Team provides grant proposal writing training to state agencies, political subdivisions of the state, and nonprofits on a cost sharing basis. The Grants Team's proposal writing training workshop is designed to familiarize novice and intermediate-level proposal writers with various aspects of proposal writing: funding research (federal, state, and private), how to plan projects that meet agency goals and constituent needs, and the "how-to's" on writing successful grant proposals. The three-day seminar includes a proposal writing and critique exercise; in the two-day format, the writing exercise is replaced with an abbreviated proposal outlining activity followed by peer critique. For more information about the Governor's State Grants Team, call 512-463-8465 or visit [www.governor.state.tx.us/divisions/stategrants](http://www.governor.state.tx.us/divisions/stategrants) or e-mail [grants@governor.state.tx.us](mailto:grants@governor.state.tx.us).

**Research Associates: Developing Successful Grants a One-Day Workshop** - An upbeat, easy-to-understand workshop for those who have written a few grants or have never written a grant at all. This workshop is also helpful to the experienced grant developer who wants to polish their grant-writing skills. The workshop takes place February 23, 2004 in Austin, Texas and February 25, 2004 in Dallas, Texas. For more information, call 803-750-9759 or visit [http://www.grantexperts.com/new\\_page\\_1.htm](http://www.grantexperts.com/new_page_1.htm).

### Need To Write A Winning Proposal?

**The Grantsmanship Center** - A top-notch group that offers grant writing seminars also provides samples of successful requests in fields such as art, health, education, children and families, minorities, and community development. For more information, call 213-482-9867 or visit <http://www.tgcgrantproposals.com>.

**Grant Proposal.com** - GrantProposal.com has examples of winning applications, as well as tips from funders and strategies for every aspect of proposal writing. For more information, visit <http://www.grantproposal.com>.

**School Grants** - SchoolGrants.org is geared to K-12 grant seekers (but transferable to any type of nonprofit), this site offers tips, funding opportunities and more than twenty samples of successful requests to private and public sources. For more information, call 972-438-8281 or visit [http://www.schoolgrants.org/proposal\\_samples.htm](http://www.schoolgrants.org/proposal_samples.htm).

**Civis** - Subscribe to this site to find government funding opportunities and samples of proposals that got the thumbs-up from a variety of state and local agencies. For more information, call 877-232-4847 or visit <http://www.ecivis.com>.

### Continuing Education Opportunities

**The Southwest Center** - The National Center for Farmworker Health (NCFH), a collaborative partner with the Southwest Center, assembled an advisory group of occupational physicians, migrant farmworkers and their advocates, and health educators to develop a low-literacy, bi-lingual educational handout. The information is available in both poster size and letter size primarily distributed to and through Community and Migrant Health Clinics. For more information, call NCFH at 512-312-2700.

**US Department of Health and Human Services: Data Books Describing the Nation's Safety Net** - The health care safety net is the nation's system of providing health care to low-income and other vulnerable populations. In an effort to monitor the safety net, the Agency for Healthcare Research and Quality and the Health Resources and Services Administration have collaborated on the production of two data books and a tool kit for local policymakers. In addition, a web-based profile tool allows users to create their own reports of data. For more information or to order printed copies of the books, call 800-358-9295 or visit [www.ahrq.gov/news/pubcat/c\\_order.htm](http://www.ahrq.gov/news/pubcat/c_order.htm).

### New Safety Brochures Available for Download

The National Highway Traffic Safety Administration has several injury prevention brochures available for download or order. For more information or to request a copy of any of the listed brochures below, call 301-386-2194 or visit [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov).

- Spanish-language *How Wearing Seat Belts Can Help You Save Money, Time, and Your Life*. This brochure was developed to inform Spanish-speaking audiences about the need and importance of wearing safety belts and how to correctly wear them. The brochure also includes advice about child passenger safety, and information on air bag safety.
- *Driving When You Have Glaucoma; Driving When You have Cataracts; and Driving When you have Macular Degeneration*. These products were developed in partnership with the American Optometric Association to help drivers who have specific medical conditions and the families of those drivers, especially when making decisions about driving ability, risk, and safety.
- Spanish-language *Should Pregnant Women Wear Seat Belts* brochure. This product was developed to inform Spanish-speaking expectant mother about the need to wear seat belts during pregnancy and educate them about how to correctly wear the seat belt.
- *Safety Belts and Hispanics - 2003 Report*. This fact sheet provides important information and statistics on injuries, fatalities, and economic costs due to the low safety belt use among Hispanics. One important objective of this fact sheet is to stimulate dialogue among policy makers representing Hispanics.
- *Safety Belts and African Americans - 2003 Report*. According to 2001 data, motor vehicle crashes are the leading causes of death in African Americans from birth through 14 years of age and the second leading cause of death for African Americans between 15- 24 years of age. Increasing safety belt and child safety seat use will reduce the problem. The fact sheet provides important and statistics on injuries, fatalities, and economic costs.





# Funding Opportunities

## A Sampling of Opportunities Available to Rural Texans

### Workforce Training Grants

**The Workforce Center of West Central Texas: Workforce Investment Fund** - The Workforce Investment Fund assists small and medium businesses by providing financial assistance for customized training, upgrading skills of current employees, developing new training programs, creating new high-skill or high-wage jobs or retraining employees for new or emerging occupations. Eligible Counties include: Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell, Jones, Kent, Knox, Mitchell, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, and Throckmorton counties. For more information, call 800-457-5633 or visit <http://www.workforcesystem.org/WIF.htm>.

**North Central Texas WorkForce: North Central Texas Skills Development Fund** - The Workforce Investment Fund assists small and medium businesses by providing financial assistance for customized training, upgrading skills of current employees, developing new training programs, creating new high-skill or high-wage jobs or retraining employees for new or emerging occupations. Eligible Counties include: Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, and Wise counties. For more information, call 888-548-WORK or visit <http://www.dfwjobs.com/news.html>.

**WorkSource of the South Plains: Skills Enhancement Project** - WorkSource of the South Plains is soliciting applications for employee work skill enhancement and training activities from South Plains area employers. The training requested should be geared towards providing a new skill or enhancing the skill level of an existing worker, thereby improving their chances for promotion and ultimately resulting in increased wages. The training requested should go beyond training what the employee has already received or training that the employer normally provides. Eligible Counties include: Bailey, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, King, Lamb, Lubbock, Lynn, Motley, Terry, and Yoakum counties. For more information, visit [www.southplainsworkforce.com](http://www.southplainsworkforce.com).

**Texas Workforce Commission: Skills Development Fund** - The Skills Development Fund assists businesses and labor unions by designing, financing, and implementing customized job training programs in partnership with public community and technical colleges for new or existing jobs in local businesses. This fund successfully merges business needs and local job training opportunities into a winning formula for people to work. For more information, call 512-463-8844 or visit [www.twc.state.tx.us](http://www.twc.state.tx.us).

**Texas Workforce Commission: Self-Sufficiency Fund** - The Self-Sufficiency Fund Program assists businesses by designing, financing and implementing customized job training programs in partnership with public community and technical colleges, a higher education extension service, & community-based organizations for the creation of new jobs and/or the retraining of existing workforce. For more information, call 512-463-8844 or visit [www.twc.state.tx.us](http://www.twc.state.tx.us).

### Spotlight on Private Foundation Grants

**The Tocker Foundation** assists libraries in making services more accessible to individuals who by reason of distance, residence, handicap, age, literacy level or other disadvantage

are unable to receive the benefits of public library services. Grants are distributed to assisting libraries to serve as community information referral centers and provide literacy and bilingual programs. The foundation partners with community libraries to meet the particular needs of the community. For more information, call 512-452-1044 or visit [www.tocker.org](http://www.tocker.org).

**Robert Wood Johnson Foundation: Faith In Action Grants** - The Faith In Action program focuses on the ideal of community volunteerism, of neighbors helping neighbors. With more Americans living longer lives, many face the challenge of caring for a family member who suffers from arthritis, diabetes, cancer, Alzheimer's, AIDS, or other long-term health condition. The Faith In Action grants are designed to support faith-based community efforts to help meet the challenge of developing sustainable volunteer caregiver programs. For more information, call 888-631-9989 or visit [www.rwjf.org](http://www.rwjf.org).

**The Verizon Foundation** provides grants to support programs that help bridge the digital divide, foster basic and computer literacy, help enrich our communities, and create a skilled workforce. The Verizon Foundation has five major funding priorities: *Verizon Reads*: Dedicated to the fight for a more literate America; *Verizon Connects*: Putting information technology to work for communities; *Verizon Works*: Programs that prepare the workforce of the future; and *Verizon Wireless HopeLine*: Programs that confront domestic violence with technology solutions. For more information, call 800-621-9900 or visit <http://foundation.verizon.com>.

**Swalm Foundation: Grants for Texas Health-Care Nonprofits** - Swalm Foundation grants are made to human service organizations in Texas that serve the homeless, the educationally and economically disadvantaged, survivors of domestic violence, victims of child abuse and neglect, and the mentally or physically disabled. The foundation is particularly interested in funding rural projects. Programs related to literacy, early childhood development, after-school activities, parenting, senior assistance, and health education are some of the areas that the Foundation has supported in the past. The Foundation is especially interested in assisting organizations in parts of Texas that have very limited resources, including small towns and rural areas. For more information, call 714-464-1321 or visit [www.swalm.org](http://www.swalm.org).

**Cooperative Development Foundation: Cooperative Enterprise Grants** - A number of funds are administered to support cooperative activities ranging from helping people from welfare to work, creating affordable housing co-ops for rural seniors, and creating value added co-ops to help farmers increase their market share. Applications are being accepted on an ongoing basis. For more information, contact Elizabeth Bailey at 202-383-5459 or visit [www.coopdevelopment.org](http://www.coopdevelopment.org).

**Hasbro Children's Foundation Grants** - The Hasbro Children's Foundation is committed to improving the emotional, mental, and physical well-being of children, birth through age 12, through the support of innovative direct service programs in the areas of health, education, and social services. Local grants for model community programs range from \$500 to \$35,000. For more information, write to the Review Committee, Hasbro Children's Foundation, 10 Rockefeller Plaza, 16th Floor, New York, New York 1002 or visit [www.hasbro.org](http://www.hasbro.org).

**RGK Foundation Grants** - RGK Foundation awards grants in the broad areas of education, community, and medicine/health. For more information, call 512-474-9298 or visit [www.rgkfoundation.org](http://www.rgkfoundation.org).

**Women Helping Others (WHO) Foundation Grants** - WHO supports grass-roots charities serving the overlooked needs of women and children. Grants are provided to organizations serving women and/or children in the United States and Puerto Rico. Specific projects and programs addressing health, education, and social service needs are our priority. The Foundation recognizes the value of new programs created to respond to changing needs and will consider funding projects of an original or pioneering nature within an existing organization. Funding requests for the year 2004 will be accepted beginning April 1, 2004 until September 16, 2004. For more information, call 800-946-4663 or visit <http://whofoundation.org>.

### National, Federal Grants, Services Available

**General Services Administration Personal Property Donation Program** - Federal surplus personal property donation programs enable nonfederal organizations to obtain property that the Federal Government no longer needs. Personal property includes all types and categories of property except land or other real property, certain naval vessels, and records of the Federal Government. It embraces such items as hand and machine tools, office machines and supplies, furniture, appliances, medical supplies, hardware, clothing, motor vehicles, boats, airplanes, construction equipment, textiles, communications and electronic equipment, and gifts and decorations given to Government officials by foreign dignitaries. It is offered on an "as is, where is" basis, without warranty of any kind. For assistance, contact the General Services Administration at 800-488-3111 or visit <http://www.gsa.gov/Portal/gsa/ep/contactus.do>.

**US Fire Administration: Assistance to Firefighters Grant Program** - The purpose of this program is to help the nation's fire service community by providing vital funds to local fire departments across the country. Fire departments can apply for multiple activities in one of the four program areas: Fire Operations and Firefighter Safety Program; Fire Prevention Program; Emergency Medical Services Program; or Firefighting Vehicle Acquisition Program. For more information, call 866-274-0960 or visit [www.usfa.fema.gov](http://www.usfa.fema.gov).

Assistance with the *Learning and Funding Opportunities* pages provided by David Nobles, ORCA.

### Preserve America: Explore and Enjoy our Heritage!

Communities may now apply for special designation as a *Preserve America* Community, which will recognize communities that:

- protect and celebrate their heritage;
- use their historic assets for economic development and community revitalization; and
- encourage people to experience and appreciate local historic resources through education and heritage tourism programs.

For more information about this White House initiative, call 202-606-8503 or visit [www.preserveamerica.gov](http://www.preserveamerica.gov)

## EPA Grant Aims to Reduce Risk to Water, Wastewater Systems

*Voluntary Guidelines would help Identify, Mitigate Vulnerability to Terrorist Attacks, Natural Disaster*

By Norida Torriente, American Society of Civil Engineers

To support water and wastewater utilities in implementing security standards to protect the public from potential bio-terrorism and other threats, the Environmental Protection Agency (EPA) has awarded a \$1.6 million grant for the development of voluntary guidelines that will provide a basis for developing new industry standards.

The American Society of Civil Engineers (ASCE), together with the American Water Works Association (AWWA) and the Water Environment Federation (WEF), will work to develop guidance that cover the design, construction, rehabilitation, installation, operation, and maintenance of water, wastewater, and storm water infrastructure systems. The guidance materials will aid water and wastewater utilities in mitigating vulnerabilities of their systems to man-made threats and natural disasters, mitigating potential disasters throughout the design and construction of new systems, and the operation and maintenance of existing ones.

"Providing risk reduction guidance for water, wastewater, and storm water systems is a critical step in protecting our nation's infrastructure and the public from potential terrorist threats," said ASCE Executive Director Patrick J. Natale, PE, FASCE. "Through our collaboration with the AWWA and WEF, and with the support of the EPA, we will be able to provide resources for local communities to thwart economic disaster and illness among the public.

"We are delighted to partner with ASCE, AWWA, and EPA to provide much needed guidance for protecting our critical water infrastructure," said WEF Executive Director, Bill Bertera.

The guidelines and other resources will be disseminated through technical sessions, workshops, and conferences in order to educate designers, owners, and operators of water, wastewater, and storm water systems. As the lead agency responsible for water infrastructure security, the EPA has fostered public/private partnerships with non-profit associations, government agencies, and utilities to develop effective guidelines and solutions to protect the nation's drinking water supply, wastewater, and storm water infrastructure.

In June 2002, President George W. Bush signed into law the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (PL 107-188), requiring over 8,000 community water systems serving populations of 3,300 or more to conduct and submit vulnerability assessments and emergency response plans to EPA. There is currently no similar requirement for vulnerability assessments by wastewater utilities; however legislation providing funding for wastewater utilities to implement security improvements has been approved by the House of Representatives and is pending in the Senate. The standards to be developed under Water Infrastructure Security Enhancements Standards Committee (WISE SC) will help water and wastewater utilities to identify and prioritize security concerns, conduct vulnerability assessments, and develop security plans.

## Youth Attraction as a Rural Community Goal

*Developing Realistic Goals for Re-Population*

Like most of his high school classmates who graduated from high school in Holbrook, Nebraska, in the 1980s, Craig Schroeder left town to attend college in an urban area. Craig majored in Ag Economics/Rural Community Development and, like many of his rural peers, he was an above average student. Craig, however, is an exception to the educated rural youth paradigm: Craig returned to Holbrook to pursue a career and start a family. Holbrook is located in Furnas County, in southwest Nebraska. Between 1990 and 2000, the county's population declined from 5,553 to 5,324—a net loss of 229 people. Most people living in low-density counties may interpret these numbers as painful indicators of youth out-migration and aging population—seemingly irreversible trends that are leading to the slow death of small towns all across the Great Plains. Craig Schroeder, however, is challenging rural leaders to think differently and to take action to reverse the youth out-migration trend, and thereby also the aging of rural communities.

Schroeder is now a senior associate with the Center for Rural Entrepreneurship and the former director of the Nebraska Rural Development Commission. Much of his current work focuses on changing the attitudes of rural community leaders regarding the loss of its youth and young families.

Schroeder believes that we need a new way to talk to communities and leaders, and he has devised a straightforward formula for determining how many young people must be attracted back to a county to mitigate population decline. To illustrate, he uses the following example based on a 10-year population change of -6.9%, which is average for a town of 1,000 in western Nebraska.

1,000 (population) X 6.9% (rate of loss) = 69 people net loss over 10 years

69 people divided by 10 years = 6.9 people net loss per year

The goal then is to attract an additional seven young people each year over the next decade.

Although these numbers are easier to conceptualize, many rural leaders may still be discouraged. Why would young people want to come back to stay? Where are seven new, good jobs going to come from—each and every year for the next decade?

Schroeder, however, explains that youth attraction goals are actually more achievable when overlaid on real-life demographics. Young people leave town as singles, but they often return as young married people who, on average, will eventually have two children, according to actual census data. This cuts the attraction goal from seven to only two or three high school graduates per year.

"If a community of 1,000 understands that they need to get only two or three kids to return to the community—with their spouses and children—the community can mitigate population decline. Attract six to seven kids, and the community actually experiences a modest sustained growth of two percent," Schroeder says.

Schroeder suggests a number of ways communities can respond to the challenge of retaining and attracting young people and families:

- Target specific young people before they are juniors or senior in high school—the earlier the better.
- Identify their aspirations. Develop personal relationships with adult mentors and use peer networks to connect youths with young adults who have recently made the decision to return to the community.
- Deal at the micro level, not the macro level. When we make presentations to an entire student body at an assembly in a high school gym, that is the macro level and it has little impact.
- Replace negative attitudes and peer pressure to leave with positive encouragement, tools, and resources to help young people create their own careers locally through entrepreneurial enterprise.

Adapted from an article in the Fall 2003/Winter 2004 issue of *Visions from the Heartland*.

For a copy of the complete article, call 402-423-8788 or visit [www.heartlandcenter.info](http://www.heartlandcenter.info).

### TCEQ Publications Now Available!

The Texas Commission on Environmental Quality (TCEQ) has a list of publications available addressing topics on how to cost-effectively manage waste.

The following publications are now available:

**Tool Kit of Resources on Managing Municipal Solid Waste (GI-294)** – helps local governments properly manage and dispose of municipal solid waste.

**Industrial and Hazardous Waste: Rules and Regulations for Small Quantity Generators (RG-234)** – explains environmental regulations for businesses that generate, handle, store, treat, or dispose of hazardous waste.

**Environmental Guide for Texas Printers (RG-392)** – suggests ways printers can reduce waste and ensure compliance with environmental regulations.

**Environmental Guide for Surface Coaters (RG-404)** – offers ways to save money through waste reduction, and contains appendixes with useful examples.

**Let's Tackle the Grease in this Kitchen** poster (GI-290) – illustrates the do's and don'ts of handling grease and how to prevent grease from blocking sewer lines for food service facilities.

For more information, contact TCEQ toll free at 800-447-2827 or visit [www.tnrc.state.tx.us](http://www.tnrc.state.tx.us).

# The Civic Economy

## Part 1 of 2 Part Series

By Ernest Sirolli, Sirolli Institute

I would like to discuss the Civic Economy and Enterprise Facilitation: two topics of great interest to me that address the creation of wealth from within your communities, nurturing both the intelligence of your people, and the principles of mutuality and reciprocity.

Before I explain what I mean by the Civic Economy and Enterprise Facilitation, let me share some data with you:

- During the last 10 years small firms generated virtually all of the new jobs.
- Small business dominates several sectors of the American economy. Ninety-nine percent of construction firms are small; 99.6 percent of businesses in professional, scientific, and technical services are small; and so are 99.3 percent of the firms engaged in health care and social assistance.
- American banks increased their micro-business loans by 10 percent in 2001. The dollar value of small-business lending also increased: as of June 2001, outstanding micro-business loans increased by \$5.4 billion to a total of \$126.8 billion.
- The fastest growing sectors were in the service industry: namely medical, outpatient care, restaurants, computer and data processing, day care, training, and counseling.
- High technology is dominated by small business. Ninety four percent of high technology companies are defined as small business and 73 percent of those have 20 employees or less. The smallest firms (fewer than 10 employees) benefit the most from being online.
- Women are emerging as a true force in small business. At present more than nine million women own firms that employ 19 million people.
- Businesses owned by Hispanics are one of the fastest-growing segments of the US economy: 82 percent in the five years from 1987 to 1992, and going strong.
- Small businesses owned by African-Americans experienced 50 percent growth in the same period.
- The number of businesses owned by Asians and Pacific Islanders rose 30 percent, and their total receipts climbed by 68 percent. The number of businesses owned by American Indians and Alaskan Natives rose 84 percent, and their receipts grew by 179 percent.
- The most recent data show that over 99 percent of the country's employers are small businesses. Those businesses employ more than half of the private workforce.

Recent communication with some of my associates has revealed some interesting anecdotal facts that I also wish to share with you:

- LaDonna Boyd, economic development director for Dakota Electric in Dakota County, MN, told me recently that the city of Hastings is deciding the future of its Industrial Park and its possible transformation into a golf course.
- Joanne Pratt, futurist and President of Joanne H. Pratt & Associates, Inc. a consulting firm focusing on work place trends, states: "Leading edge entrepreneurs are demonstrating that the Internet offers unparalleled opportunities for small business by developing imaginative ways to conduct e-business."
- In the city of Minneapolis there is one home-based business every 11 households. Yvonne Fizer, my Canadian partner, tells me that in Calgary the figures

are one home-based business in every seven households.

- In 1996 thirty million Americans worked for themselves or were running their own small businesses. Current projections predict that by the year 2025, half of North America's workforce will be self-employed.

### What do these data mean?

A true entrepreneurial revolution is taking place. Entrepreneurship is back in fashion!

Entrepreneurship is widespread across the socioeconomic spectrum and self-employment is becoming a viable alternative for millions of men and women, including minorities and immigrants, who have both the means and the willingness to start their own enterprises.

What is the significance of this revolution for community leaders and local development agencies? Communities that want to ride the entrepreneurial wave will have to re-think their economic development strategies.

Working with entrepreneurs, with their innovation and creativity, requires a different set of skills than those that are successful with larger firms. In addition to honing these new skills, community leaders and development agencies must develop infrastructures that involve *people* as well as bricks, mortar, and high-speed Internet services.

### The Civic Economy

In recent years, new studies have begun to link economic prosperity to civic qualities such as social capital, mutuality, and reciprocity. A *Civic Economy* is emerging.

According to such studies, the "economy" is simply millions of people doing beautifully what they love to do. A good economy is fostered by social conditions that allow creativity and intelligence to blossom.

For example, in a recent study of Italy's 20 regional governments, Robert Putnam, Professor of Government at Harvard, wrote brilliantly about the difference between the "best" and the "worst" regions of Italy. He demonstrated that the difference between the two types of regions could be directly attributed to civic values and attitudes, more than it could be attributed to economic and geographic factors. In the best region people volunteer, collaborate, network, and assist each other. In the worst region people compete, undermine, belittle, and backstab each other.

To capture the passion, entrepreneurship, innovation, and creativity of local people, we must create an environment that promotes mutuality and reciprocity. Mutuality and reciprocity suggest that the success—personal and financial—of every citizen is what ultimately makes the entire community successful.

Volunteering and networking are also important to the Civic Economy. Entrepreneurs and business executives know very well that business is about people. Service clubs, chambers of commerce, main street associations and a myriad of formal and informal networks make referrals possible and provide the social glue for prosperous business.

For more information about the Sirolli Institute, call 877-747-6554 or visit [www.sirolli.com](http://www.sirolli.com). In the upcoming spring edition of *The Rural Texan*, look for the second part of this article that will discuss Enterprise Facilitation, passion and skill, and the Trinity of Management.

# How Prepared are You?

Be it fire, floods, tropical storms, tornados, or even terrorist attacks, how prepared are you? No matter where we live, safety has taken on a whole new meaning. What is the best defense against disaster? Be prepared. If you think things through and have a plan, decision making at the time of a disaster can come easier, quicker, and with more confidence.

Having a plan or gathering a few supplies doesn't make you crazy — just prepared in the event a disaster does occur. Some things to consider are:

**Develop a family communications plan:** Your family may not be together at the time of a disaster. Have a plan in place on how you will contact members of your family. Consider a plan where each family member calls, or e-mails, the same friend or relative in the event of an emergency. Hold a family meeting and talk about this plan of action. Keep a current list of telephone numbers (lamination works well).

**Designate a meeting place:** It is important to know where shelters are located in your community in the event your home is no longer a safe place to be. Check with your child's school or daycare to find out what type of emergency plans they have in place and where your child will be in the event of a disaster. Provide them with information where you will be in the event you cannot get to your child's school or daycare.

**Create a disaster supply kit:** Have on hand, a stocked first aid kit as well as a disaster supply kit. Identify what emergencies you are most likely to face. This will help tailor these kits to your needs. Kits should include, but are not limited to, such items as:

First Aid	Disaster Supply Kit
Sterile gloves	One gallon of water per person, per day
Sterile dressings	Three-day supply of non-perishable foods
Antibiotic cream	Sleeping bags and backpacks
Burn ointment	Can opener and eating utensils
Adhesive bandages	Flashlight/batteries
Eye wash solution	Garbage bags and toiletries
Thermometer	
Prescription Meds	
Cleansing agents	
Scissors, tweezers	
Aspirin and other non-prescription drugs	

Other items to consider, important family documents, blankets, additional clothing, entertainment items, i.e., games, etc.

Every good coach has a "game plan" for his team. The outcome is to win. You have higher stakes in your game plan — to survive!

Reprinted with permission from the December 2003 issue of *Captiol News* from the Texas Department of Public Safety.

For more information, contact the Texas Department of Public Safety at 512-305-9073 or visit [www.txdps.state.tx.us](http://www.txdps.state.tx.us).

## Guaranteeing You a Place to Hunt and Fish!

The Theodore Roosevelt Conservation Partnership is gathering the support of the nation's leading hunting, fishing and conservation groups together to help make "Open Fields" legislation a reality. The bill would make \$50 million available to states to provide landowners with incentives to open their land to hunting, fishing, birding and other outdoor activities.

For more information, call TRCP at 202-508-3449 or visit [www.trcp.org](http://www.trcp.org).

## Texas Milk Numbers Up; Texas Dairies Down

Texas milk volume continues to increase and the number of milk producers continues to decline, as noted by numbers in the Milk Market Administrator's Reports.

In a year's time, Texas lost about a dozen milk producers, but gained about 33.3 million pounds of milk production. The Milk Market Administrator's Report for October 2003 shows the state had 835 milk producers generating 449.2 million pounds of milk for the month; and, in October 2002, 846 producers making 416 million pounds of milk.

In the yearly comparison, from October 2003 to October 2002, the top four milk producing counties remain in the same order: Erath, Hopkins, Comanche, and Lamb.

In October 2003, Erath County continued to hold the No. 1 spot with 118 producers and 96.2 million pounds of milk; compared to 114 producers and 97.4 million pounds in October 2002.

Hopkins County continues to hold the No. 2 spot, according to October 2003 figures, and remains the county in the state with the most producers: 160. These producers generated 40.5 million pounds of milk for the month. In comparison, in October 2002, the county had 164 producers and 38.15 million pounds of milk.

In October 2003, No. 3 Comanche County recorded 35 producers and 35.9 million pounds of milk; down from the 38 producers and 36.5 million pounds recorded in October 2002.

Lamb County increased the number of milk producers from 5 in October 2002 to 8 in October 2003; and the volume of milk—29.1 million pounds in October 2003 compared to 22.5 million pounds in October 2002.

A year ago, Parmer County was not even on the Top 10 Texas Counties list of the Milk Market Administrator's Report, but in October 2003, figures show the county's rapid climb in production. Situated in Texas' Panhandle, butting Clovis, N.M., the county has five producers, which generated 15.6 million pounds of milk in October 2003. This is a 213.36 percent increase from the previous year. September 2003 figures also reflect the county's climb, with a 497.24 percent increase in milk production from the same month the previous year—14.1 million pounds—and again, from five producers.

Adapted from an article in the December 11, 2003 issue of *Country World News Central Texas*.

For the complete article call 800-624-2668 or visit [www.countryworldnews.com](http://www.countryworldnews.com).

### Want to E-Mail ORCA?

To e-mail a member of the ORCA staff, address the message to the staff member's first initial and full last name@orca.state.tx.us.

For example, to e-mail Linda Trinh use [ltrinh@orca.state.tx.us](mailto:ltrinh@orca.state.tx.us).

Just want to send comments to the agency in general?

Send your e-mail to [orca@orca.state.tx.us](mailto:orca@orca.state.tx.us).

## CMS Announces Payment Increases for Physicians in Compliance with Historic Medicare Reform Law

The Centers for Medicare & Medicaid Services (CMS) issued a final rule that will increase payments to more than 875,000 physicians and other health care professionals for services under the Medicare Physician Fee Schedule by an average of more than 1.5 percent for calendar year 2004.

These increases were part of the Medicare Prescription Drug, Improvement, and Modernization Act (DIMA) and replace payment rates published in November 2003 that would have reduced payment rates by an average of about 4.5 percent. The earlier rates were based on formula required by Medicare law, but President Bush signed the DIMA law on December 8, 2003 that included provisions to raise physician payment rates. The new, higher rates became effective January 1, 2004.

Physicians in some rural and other areas will see an additional increase in payments as a result of the DIMA provision requiring CMS to change how it adjusts payments to recognize area cost differences. This provision will increase Medicare payment to physicians in some areas of the country by as much as 4.8 percent. A separate provision, affecting physicians in Alaska, will result in more than a 52 percent increase in average physician fee schedule payments for 2004.

"We've moved quickly to implement these changes and provide physicians with the higher payments on time with the New Year," Health and Human Services Secretary Tommy G. Thompson said. "By raising payment rates instead of reducing them, we create incentives for physicians to continue to treat Medicare beneficiaries."

Because of the late timing of the change in payment rates under this rule, CMS is extending until February 17 the deadline for physicians to decide whether or not they want to participate in Medicare in 2004. Nearly 90 percent of physicians enrolled to treat Medicare beneficiaries chose participating status in 2003, and nearly 95 percent of Medicare claims are submitted by participating physicians. Participating physicians are paid using a higher fee schedule than that used for nonparticipating physicians, but agree to accept assignment and to bill beneficiaries only for the 20 percent co-payment.

The new rule will establish more accurate Medicare payment for drugs and their administration. The rule reduces payment for injectable and certain other drugs covered by Medicare to more closely reflect the prices actually charged to physicians by their suppliers. Currently, Medicare pays for these drugs at the lesser of the physician's actual charge to Medicare or 95 percent of the average wholesale price (AWP). Under the new rule, Medicare will pay for most of these drugs at the lesser of the actual charge or 85 percent of the April 1, 2003 AWP. In addition, Medicare will increase payment for the administration of drugs.

As required by the statute, certain drugs will continue to be paid at 95 percent of the AWP. These include blood clotting factors; drugs or biologicals that are new in 2004; pneumonia, influenza and hepatitis B vaccines; certain drugs or biologicals furnished in connection with renal dialysis services; and certain infusion drugs that are furnished through certain items of durable medical equipment, such as a nebulizer.

Still other drugs, specifically identified as overpaid in studies by the General Accounting Office or the Health and Human Services Office of Inspector General, may be paid as low as 80 percent of the AWP. However, the rule also permits the manufacturer to submit data and other information to CMS to support a request for higher reimbursement for any drug paid under Part B.

The final rule with comment period was published in the January 6, 2004 *Federal Register*, and became effective January 1, 2004. Comments will be accepted until March 8, 2004. CMS will review and respond to public comments through additional rulemaking later in 2004.

For more information about CMS, call 877-267-2323 or visit [www.cms.hhs.gov](http://www.cms.hhs.gov). For more information about the *Federal Register*, visit <http://www.gpoaccess.gov/fr/>.

## Awards, Recognitions Around Texas

**Dr. Nova J. Silvy**, Regents Professor in the department of wildlife and fisheries science at Texas A&M University, was presented with the prestigious Aldo Leopold Award for 2003. Silvy, a Texas Wildlife Society member for 35 years and recently its president, has won multiple awards in this arena, including Professor of the Year seven times. He was recognized his passion for wild animals during his boyhood in rural Missouri and Arkansas, which he followed to complete a doctorate at Southern Illinois University. He is considered the nation's leading authority on two endangered species - Florida Key deer and the Attwater's prairie chicken.

Governor Rick Perry appointed as the Chair of the Texas Commission on Environmental Quality (TCEQ) Commission, **Kathleen Hartnett White** of Valentine, Texas. White has been serving as TCEQ Commissioner since October 15, 2001. She was confirmed by the Texas Senate on March 6, 2003 and her term will expire on August 31, 2007.

The Executive Committee and staff of the West Central Texas Council of Governments honored Executive Director **Brad Helbert** on his retirement after 30 years of service to the council.

**State Representative Carter Castell** of New Braunfels was honored as "Legislator of the Year" at the annual meeting in College Station of the Texas Association of Regional Councils. Representative Castell is in her first term as a legislator and serves on the House County Affairs Committee and the House Government Reform Committee.

## South Texas Area Thirsty for Water from Mexico

A long-standing water debt is costing Texans both jobs and dollars. The water debt stems from a 1944 treaty between Mexico and the United States that requires Mexico to release a minimum annual average of 350,000 acre-feet of water into the Rio Grande.

An acre-foot is enough water to cover an acre of land with one foot of water, or roughly 326,000 gallons of water. The International Boundary and Water Commission (IBWC) conducts assessments of Mexico's water releases every five years, and in the latest assessment, conducted in October 2002, the commission found that Mexico owed the United States nearly 1.5 million acre-feet of water, or about 500 billion gallons.

Texas Comptroller Carole Keeton Strayhorn estimated this water debt cost Texans more than 3,000 jobs and \$105 million in personal income in 2002. The Comptroller also estimated Texans would have gained an additional \$143 million in personal income by 2007 if water deliveries had been kept current and available for agricultural production.

According to IBWC, in May 2002 Mexican President Vicente Fox guaranteed that Mexico would meet its obligations to the treaty, reduce deficits in water deliveries to the US and help meet the demands of downstream communities on both sides of the border.

### Falling behind

The IBWC is responsible for monitoring boundary and water treaties between the US and Mexico and settling differences that arise in the application of the treaties. According to IBWC's Sally Spener, IBWC staff are also the official "keepers of the debt."

Spener said that until 1992, Mexico had been up-to-date on its deliveries, at least with regard to the five-year reporting cycle. If Mexico delivered less than its obligatory 350,000 acre-feet of water in a given cycle year—October to October—it made up the difference the following year.

The treaty provides for the distribution of water between the US and Mexico from two rivers that make up part of the border between the countries—the Rio Grande in Texas and the Colorado along a 24-mile stretch in Arizona. Spener said the US has always met its obligations, but when Mexico's deliveries fell behind, Mexican officials blamed "extraordinary drought." She said the treaty does not define "extraordinary drought," and US representatives want Mexico to meet the terms of the treaty.

The Rio Grande is essentially two separate rivers in this case: the river as it comes out of New Mexico and down to El Paso and the river downstream from El Paso.

Spener said the water flow downstream of El Paso is very low until the river is fed by the Rio Conchos, flowing from Mexico about 100 river miles—100 miles of winding river as opposed to 100 miles in a straight line—downstream. She said releases from the reservoirs along the Rio Conchos in

Mexico feed into the Rio Grande and ultimately flow into one of two international reservoirs further downstream: the Amistad and Falcon.

### Water, but not enough

The Amistad and Falcon reservoirs have water, but not nearly what they should have, according to Carlos Rubinstein, Texas Commission on Environmental Quality (TCEQ) watermaster for the region. A watermaster oversees the flow of a river and monitors releases. Rubinstein said the reservoir situation is better than it has been, but isn't great.

Rubinstein said the two reservoirs combined have 1.1 million acre-feet in them, which is roughly 34 percent of capacity.

Despite the low levels, the situation is better than it has been in recent years.

Texas Agriculture Commissioner Susan Combs estimated that South Texas farmers lost \$259 per acre in 2001 and 2002 due to the water debt.

Some farmers will recover a portion of their losses in the form of economic aid. Combs announced in July 2003 that \$10 million in federal aid for nearly 466,000 acres will be divided among farmers in South Texas. Farmers will receive an average of more than \$21 an acre. Eight million dollars of that aid will go to farmers in Cameron and Hidalgo counties.

### Going with the flow

Despite the large water debt, Mexico is making an effort to stay current in 2003 and to slowly whittle away at the deficit, according to Spener.

Spener said there was an understanding at the beginning of 2003 that Mexico would deliver up to 400,000 acre-feet of water—50,000 more than required—by the end of the cycle year in October. It had delivered almost 300,000 acre-feet of that by June 2003.

The Rio Grande is the sole source of water for communities, businesses and farmers along the 1,200-mile border between Texas and Mexico. Along with the increased demand from a growing population along the river and decreased releases from upstream reservoirs in Mexico, the river faces a new enemy slowing its progress: hydrilla. The invasive weed chokes waterways and threatens wildlife.

Eliminating the water debt and providing water reserves for the growing population of the Lower Rio Grande Valley is key for groups such as the IBWC and state and federal agencies. In some cases, according to Combs, more definitive steps may be necessary, including halting US deliveries of water from the Colorado River or possibly stopping economic development foreign aid.

Adapted from an article from the October 2003 issue of *Fiscal Notes* by Clint Shields.

For a complete copy of the article, call toll free 800-531-5441 or visit [www.window.state.tx.us](http://www.window.state.tx.us).

### Rural America's True Competitive Advantage (continued from page 1)

We should redirect our publicly funded research programs for agriculture and business. We must refocus our research on production systems and business models that use the management and skills of highly motivated and well-educated owner operators to cut costs, add value, and gain a competitive advantage. Developing industrialized models based on large-scale production and unskilled labor ultimately leads to farms and businesses moving offshore in search of cheap labor.

For more information, contact the Center for Rural Affairs at 402-846-5428 or visit [www.cfra.org](http://www.cfra.org).

## Medicare Announces Special Geographic Classification Appeals Procedure

The Centers for Medicare & Medicaid Services (CMS) issued a notice outlining procedures for hospitals meeting specific criteria to follow to request reclassification to geographic areas with higher payment rates under Medicare's Inpatient Prospective Payment System (IPPS).

The notice implements a one-time-only appeals process required by Congress in the Medicare Prescription Drug Improvement and Modernization Act of 2003 (DIMA). This appeals process will provide relief to certain hospitals in rural areas that fall just outside Medicare's existing criteria for reclassification to geographic areas that have higher payment rates for Medicare services. Congress has allocated up to \$900 million dollars over three years for the added payments to these hospitals resulting from the reclassifications.

To be considered for reclassification under the provision, hospitals are required to file an appeal by February 15, 2004. Successful reclassifications will become effective for discharges during the three-year period beginning April 1, 2004. Priority under the notice will be given to hospitals that have submitted quality data under Medicare's National Voluntary Hospital Reporting Quality Initiative.

The reclassification appeals will be reviewed and decided by the Medicare Geographic Classification Review Board. The law provides general guidance for determining eligible hospitals and authorizes the Secretary of the Department of Health and Human Services to apply other criteria as necessary.

Medicare pays hospitals for inpatient services provided to Medicare beneficiaries according to IPPS. Payment under the IPPS is based on the average cost of treating patients with a similar diagnosis. However, the actual amount received by a hospital for a particular case depends on a number of factors, including the geographic area in which the hospital is located. As a general rule, hospitals in urban areas, as defined by the Census Bureau's Metropolitan Statistical Areas (MSAs), are paid at higher rate than those in rural areas.

Regulations in effect since 1990 have provided hospitals meeting certain criteria with the opportunity to seek reclassification to another MSA with a higher wage index, and every year since then, several hundred hospitals have been able to avail themselves of this process.

The current MSAs are based on Census data from 1990. Earlier this year, the Census Bureau announced revisions to the MSA structure. CMS is evaluating the impact of these changes on the hospital payment methodology and will address these issues in a separate regulatory proceeding.

The notice is published in the January 6, 2004 *Federal Register*.

For more information, contact CMS at 877-267-2323 or visit [www.cms.hhs.gov](http://www.cms.hhs.gov).

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next *Rural Texan*!

**Rural-Focused State Agency Cuts Ribbon** (continued from page 1)

ORCA's East Texas Technical Assistance Center will be staffed by an agency representative who will provide capacity building and technical assistance to city and county officials, economic development groups, and rural Texans representing cities under 50,000 in population and counties having a population under 200,000 within a 48-county area.

The ORCA representative will also offer technical assistance and program information on all ORCA funded programs; provide information on other programs administered by the state for the benefit of rural communities, and provide assistance in other areas of interest when requested, such as business development, economic development, housing information, information on other programs geared toward rural development, and small and minority owned business expansion and retention.

The East Texas Representative will also staff and provide the same services through an additional satellite office in Lufkin, the seat of Angelina County.

"With the opening of the East Texas Field Office, we will have the opportunity to deliver services to rural Texans in more efficient and effective ways," explained William Jeter, ORCA's Executive Committee Chair. "ORCA's field office representative will have the resources to provide on-site technical assistance for grant applications, grant management, economic development, community development, and related projects and opportunities. This representative will be an asset to rural communities by helping them develop and explore their own unique solutions to their problems and needs."

"The opening of this field office is an indicator of how important the citizens of East Texas are to this agency," notes Robt. J. "Sam" Tessen, ORCA's Executive Director. "East Texans will have ready and easy access to this agency's community development, rural health, and economic development services. This is an effort on the part of this agency to reach out to all of East Texas. This will also be an opportunity for this agency staff to live in East Texas and better understand their strengths and needs. We look forward to a strong and positive relationship."

ORCA's East Texas Technical Assistance Center will open its office in room 303 of the building when the staff position has been filled. ORCA administrators estimate the field office will begin operations in late February or early March 2004.

**The 10 Most Dangerous Jobs in US**

(Occupation fatalities per 100,000)

Timber Cutters	117.8
Fishers	71.1
Pilots, Navigators	69.8
Structural metal workers	58.2
Drivers-sales workers	37.9
Roofers	37.0
Electrical power installers	32.5
Farm occupations	28.0
Construction laborers	27.7
Truck drivers	25.0

Source: Bureau of Labor Statistics; survey of occupations with minimum 30 fatalities and 45,000 workers in 2002

**A Rural Texan Talks...  
About Policy, Health Care in Rural Texas**

What can we say about health care for rural areas in Texas these days? A lot has happened in recent years and we often talk more about loss of services than about improvements and access. However, we can say that policy—from the federal level, state level, or private business level—has influenced the health care services we receive, and that most of the impact has been in the budget arena. For every two steps forward, we seem to take one step back!

An issue that has always been on the minds of rural citizens has been access to quality health care. This was pointed out recently in *Healthy People 2010*, a national research project by the Southwest Rural Health Research Center at Texas A&M University System School of Rural Public Health. A total of 999 surveys were mailed to state and local rural leaders and 501 responded. To assess the level of agreement among these leaders, the survey asked respondents to rank specific rural health priority areas. There was substantial agreement, across the 50 states, on top priorities with "Access to quality health services" ranked first. "Heart disease and stroke", "diabetes", "mental health and mental disorders", and "oral health" were placed in the top five of rural priorities by at least one third of respondents. Some of these quality of care, and access to care issues, were addressed by Debbie Phillips, MD, the leader of the National Rural Health Association's task force developing an association policy brief on "Rural Quality Care."

In her initial draft to the work group, Dr. Phillips said that the concept of quality health care does not vary from urban to rural settings. The focus of quality clinical efforts remains on providing the right service at the right time in the right way to achieve optimal outcome and the elementary differences in the rural-urban context are within scope and scale. There are a variety of rural health issues such as shortages of primary care health care providers and specialists, lower reimbursement rates for rural practitioners, and risk factors among rural residents; however, none of these mean that residents should expect or receive a lower quality of care.

Attracting quality providers to rural areas is a big problem. Many doctors want the lifestyle that suburban/urban life brings. However, there also are questions of how to gauge the quality of medical training of some providers.

The other problem with getting physicians in rural areas is financial. Rural primary care doctors endure longer hours due to less coverage and generally receive lower rates of reimbursement. Can this be fixed? Telemedicine will help. Equalize the reimbursement. Subsidize medical school. The rural communities need the best primary care doctors that schools can produce.

Another provider playing a large part in providing health care services in rural communities is the local hospital. This article will not address the hospitals' concerns because they are mainly budget issues that are complex and tied primarily to Medicare and Medicaid reimbursement policies. Hospitals have their advocates constantly working to maintain these services in rural Texas. What should be noted is a recent report from the Department of Health and Human Services' Office of the Inspector General (OIG) that addressed the trends in rural hospital closures over an 11-year period, from 1990 to 2000. The OIG's findings on this national review of closures revealed that:

- 208 hospitals closed, in 39 states (7.8 percent of all rural hospitals). Texas, with 24 closures, led the list of states.
- Rural hospitals that closed were generally smaller and treated fewer patients than rural hospitals nationally.
- Generally, hospital closures resulted from business-related decisions or low number of patients.
- Following a closure, alternative forms of health care were

often available within the community.

- New rural hospital openings, critical access hospitals, and rural health clinics have reduced the overall impact of the rural hospital closures.

So how are other health care services in Texas rural communities? The July 28, 2003 *Austin American-Statesman* looked at the impact of state cuts in funding and found that rural areas fear the worst with these cuts looming. The newspaper reported 24 Texas counties with no primary care physician. According to the Office of Rural Community Affairs, there are 64 counties without hospitals, 40 without dentists, and 13 without pharmacists. Regional mental health centers cover vast geographical areas and further cuts are being planned. In 1999, there were 444 certified rural health clinics; today there are 338.

There may be an expansion in the community health center family with the new federal expansion grant funds to increase the Federally Qualified Health Centers to 1,000 more centers nationwide. Currently there are about 80 of these centers serving rural Texans. Managed care insurance policies are not provider friendly as evidenced in their policy to bundle or down code procedures. What will be the consequences when the provider starts managing healthcare according to how they are reimbursed, since the idea is to curtail expenses?

Again, someone's policy has put this into action. Is this a situation of two steps forward in providing quality healthcare but one step back in reimbursement?

How do we take care of the uninsured and underinsured? With the budget cuts to Medicaid and the resulting fallout, do we turn patients away? Do we take the ever-mushrooming medical discount card business from patients that walk in the door?

It is simply a discount program that buys doctors' names from the healthcare provider networks and requires the patient to pay for services received at the time of service according to the provider's contracted rates. Interesting that there are some discount programs that charge up to \$99.95 a month for a family plan and advertise up to 80 percent discount on healthcare services. In this situation, I think the rural patients took two steps forward in trying to help themselves, and then took six steps back for the amount of money they eventually paid.

Whose policy was at play here? It must have been a business policy of some company to sell the discount cards. The Texas Department of Insurance does caution people to be careful and understand fully what they are buying with these discount card programs. My experience is that most people do not really understand that it is not insurance and that they must pay in full at the time of the office visit for services according to the contracted network rate the doctor is on. It is "policy" to do it that way in order to receive the discount. Does policy affect how we as rural Texans receive our health care services? You bet it does.

As I pointed out at the beginning of this article, there is concern for access to quality care. A high concern for the treatment of heart disease, diabetes, mental health, and oral health should be our priority for policy development in rural Texas. We can watch, monitor, and react to policy, whether in the budget or with new programs. We need to be vigilant and speak out when it affects not only access to health care we receive but also speak to the quality we must have as rural citizens.

Adapted from an article in the Fall 2003 *Rural Health Focus* newsletter by Ramsey Longbotham, Executive Director of Texas Association of Rural Health Clinics.

For a copy of the complete article, call 512-299-9530 or visit [www.trha.org](http://www.trha.org).



# ORCA's Program Activities

## Special Water Project Increases Awareness of Water Issues in Rural Texas

By Jennifer Alfs, ORCA

The Office of Rural Community Affairs (ORCA) is working with the US Army Corps of Engineers on a special project, "Water: Preparing Today for Texas' Future in the 21st Century." The project is specifically designed to educate rural Texans about local, regional, and state water issues.

The components of this project include: conducting an inventory of small water projects and technologies and barriers to implementing those technologies; hosting a conference on small size water technology; providing leadership development to help educate local leaders on the various aspects of water issues; and youth education and outreach.

The first portion of the project was completed by the Office of Center Operations and Community Services at the University of Texas - Pan American. Their main focus was to compile an inventory of technologies applicable to small water systems. This activity focused on identifying, inventorying, and describing examples of water technologies with a common denominator of applicability in rural or small communities. The inventory also includes barriers to implementing such technologies.

The results of the inventory have been made available to rural communities, researchers, vendors, policy makers, and the rural public via hard copy distribution and an electronic version on the ORCA website. It is estimated that several hundred copies were disseminated and nearly 500 hits were made to the electronic version.

The second component of the project included the "Water Technologies for Rural Texas" Conference, which was held on December 2, 2003, at the Red Lion hotel in Austin, Texas. More than 100 individuals participated in the one-day event. Funding for the event was provided by the US Army Corps of Engineers.

Attendees included a cross-section of representatives in the water arena, such as local officials, public works directors, state and federal agencies, water supply corporations, river authorities, engineers, consultants, vendors. The day was full of information, with presentations on drinking water standards and treatment technologies, conservation technologies, and wastewater treatment technologies.

After learning about these technologies, the participants broke into smaller groups to discuss benefits and challenges of the technologies, as well as general water issues. Several organizations also made presentations on resources for funding and technical assistance.

Presentations from the "Water Technologies for Rural Texas" Conference are available from ORCA's website.

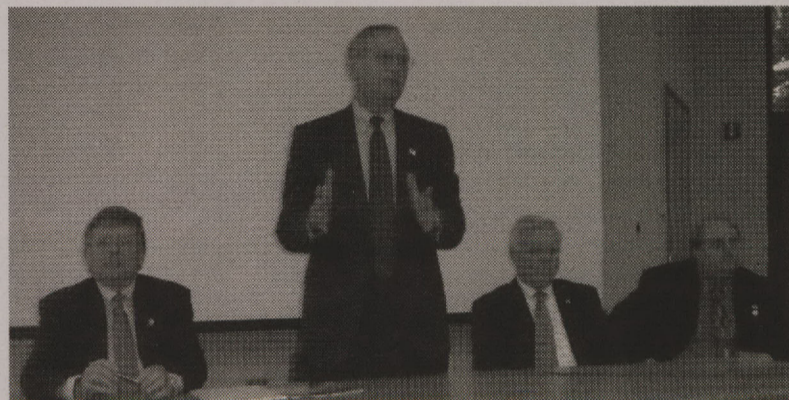
The final component of the project will include leadership training that will be offered regionally utilizing on-site cluster training, focusing on those communities with a population less than 3,300 and scholarships for water-related leadership training to local leaders.

## State Officials Recognize \$60.1 Million Grant Efforts Throughout State of Texas

By Jill McFarren, ORCA

The Office of Rural Community Affairs (ORCA) honored 375 rural Texas grant recipients at ceremonial check presentation events held throughout the state in September, October, and November of 2003. The awardees were honored for having secured a total of \$60,187,584 in grants from the rural-focused agency since February 2003.

The first ceremonial check event took place on September 10, 2003 in Midland, the seat of Midland County. The Midland event honored 93 grant recipients from the west Texas area for securing a total of \$10,925,193 in grants. On September 29, 2003, 123 North and Central Texas grant recipients were honored in Granbury, the seat of Hood County, for securing \$15,730,424 in grants. A total of 77 South Texas grant recipients met in Kingsville, the seat of Kleberg County, on October 28, 2003 to receive their ceremonial checks totaling \$18,884,117. The final check event took place in Lufkin, the seat of Angelina County, which honored 82 grant recipients from the east Texas area for securing \$14,647,850 in grants.



East Texas legislators participated in a special legislative roundtable following the ceremonial check presentations. Pictured from left to right: Representative Charles L. "Chuck" Hopson (District 11), Representative Jim McReynolds (District 12), Representative Reuben Hope (District 16), and Representative Dan Ellis (District 18).

The oversized checks presented at the morning events represented monetary awards granted to Texas in support of economic development projects and health care services in the region. Those who attended the events were honored with a check in the amount of their award, which ranged from \$993 to \$800,000. Some awardees received checks made out for "tuition" instead of a dollar amount, which represented reimbursement for tuition costs incurred for their health care professional career training at accredited Texas schools. Students accepting the tuition grants have agreed to provide health care services in a rural area following their graduation.

"We wanted to celebrate the success of each of these grant recipients who worked hard to prepare the applications required to secure these funds for their communities," notes Robt. J. "Sam" Tessen, MS, ORCA's Executive Director. "The commitment exemplified by these awardees reflects the sincere devotion rural Texans have to their neighbors. This strong dedication deserves more than just a letter from the state; This type of allegiance deserves personal recognition from the federal, state, regional and local officials and citizens who all benefit from this determination to keep rural Texas thriving."

Following the Kingsville and Lufkin ceremonial check presentations, South and East Texas legislators attended and participated in legislative roundtables. The afternoon legislative discussions provided a timely opportunity for citizens and local and state officials to come together to continue dialogue about the complex challenges that continue to face rural areas of the state.

## The Inaugural Rural Texas Summit Report Available Online

By Jill McFarren, ORCA

The full report of the Inaugural Rural Texas Summit, hosted by the Office of Rural Community Affairs (ORCA) in February 2003 is now available on ORCA's website at [www.orca.state.tx.us](http://www.orca.state.tx.us). The event marked the first time representatives from 98 rural interest groups, including federal, state, county, and local officials and representatives, community leaders, stakeholders, rural Texans, and others, had gathered to discuss rural issues and brainstorm possible solutions to rural concerns.

The areas of discussion spanned a wide range of topics including health and human services, education, agriculture and natural resources, county and community affairs, border issues, economic development, taxes, housing, and

transportation, utilities, and communications. Attendees participated in facilitated breakout sessions, which encouraged interaction and focused discussions vital to the goal of opening doors and encouraging communications between the representatives from various groups and organizations. The resulting interaction led to the development of a common language among diverse perspectives, a recognition of the interdependency of rural issues, and a list of possibilities and opportunities.

The Second Annual All-Rural Texas Summit, *Rural Challenge 2004: Status Quo or Ready to Go?*, will take place April 26-28, 2004 in New Braunfels, Texas (Comal County). This Summit will provide attendees with information on various rural Texas activities important to the development of smaller communities. One of the highlights of this year's Summit will be a showcase of rural communities who have successfully enhanced their future viability through various activities, including but not limited to: business attraction and retention; downtown revitalization; job creation; and public health opportunities. The event will also include equally important and additionally useful information on relevant topics to share and facilitate the building of successful communities.

For more information and to register, contact ORCA.

## Colonias In Texas: Challenges for Aging Well

By Lilliana Santoyo, Texas Department of Aging

This is Part II in a series of five articles that discusses the challenges faced by older adults who live in unincorporated rural areas known as *colonias*. Conditions such as geographic isolation, language barriers, inadequate education, inadequate workforce development programs, and substandard health and environmental conditions prevent many residents from obtaining needed health and human services.

The Health and Human Services (HHS) *Colonias* Initiative has emphasized developing models of coordinated, interagency service delivery that are responsive to the needs and conditions of local *colonias*. The guiding principle of the Initiative is service delivery that is culturally competent, readily available, and tailored to the needs of *colonia* residents. The Initiative therefore improves the lives of *colonia* residents by supporting good health, self-sufficiency, and increasing the residents' ability to access health and human service programs such as food stamps, health screenings, and assistance, referrals, and information. Through this collaborative project, Health and Human Service agencies<sup>1</sup>, the Texas A&M University *Colonias* Program, the Texas Workforce Commission, the Texas Education Agency, and other private and non-profit agencies work together to ensure residents are able to access health and human services.

Chronic conditions, such as arthritis, heart disease, and diabetes, which are most common among older adults, require more care, are more disabling, and are more difficult and costly to treat than the conditions common among younger population groups. An estimated 90 percent of older adults

age 75 and older adults have between two to three chronic medical conditions, and some older adults have as many as 10 or 12 conditions that necessitate a well-coordinated care plan that ensures access to appropriate services. However, the number of services along the border region, particularly those that are culturally appropriate are limited. Communication between patients and health care providers is sometimes inadequate due to language barriers, and the lack of health information at an appropriate literacy level. The cultural values, degree of acculturation, and health beliefs also affect how *colonia* residents utilize the health care system.

Residents must also be aware of services available. In many instances, stigma of social services discourages many residents from obtaining needed assistance. One notable feature of the Initiative is its work with *promotoras*. *Promotoras* are *colonia* residents who are trained on the services and eligibility requirements of HHS agencies, and deliver outreach and advocacy activities to *colonias* residents. Since *Promotoras* are *colonia* residents themselves, they provide a culturally sensitive approach intended to produce greater participation in the programs by those who need them. *Promotoras* are an instrumental, effective connection between residents and services. *Promotoras* also serve to communicate the needs of residents to service providers, conduct regular home visits to *colonia* residents, and help arrange for residents to receive services at the Community Resources Centers, a key focal point of information and service delivery located in close proximity of the *colonias*.

Among the agencies collaborating in the Initiative at the local level are the area agencies on aging (AAAs). AAA's designated under the federal Older Americans Act coordinate with community partners, both public and private to assist older Texans lead independent, meaningful, dignified lives in their own homes and communities. Along the Texas-Mexico border region, AAAs are the visible entity within the community whose sole purpose is to serve older Texans. AAAs provide access and assistance services and a number

of other supportive services through their contracted providers and vendors, such as congregate and home delivered meals, benefits counseling, referrals and legal awareness. Many other state and local agencies also contribute significantly to the well being of older Texans. Services provided by HHS agencies and the HHS *Colonias* Initiative partners include Food Stamps, Temporary Assistance for Needy Families (TANF), Medicaid, counseling, food distribution, nutrition programs, physical fitness, job training, adult education, citizenship classes, housing assistance, food and clothing distributions, vision and hearing, and health screenings, mental health services and referrals, and medical transportation.

Services provided as a result of the HHS *Colonias* Initiative have made a difference in the lives of many *colonia* elders.

The diversity of population, the number of *colonias*, and the distance between *colonias*, however, provides unique challenges for service providers committed to assisting *colonia* residents. Furthermore, there are a significant number of *colonias* that still do not have electricity, running water, sewage, and paved roads, or easy access to health and human services in their community. In the next issue of the *Rural Texan*, we will look at each of the border regions and highlight unique challenges for service providers and the special needs of elder *colonia* residents.

<sup>1</sup> Texas Department on Aging, Texas Department of Protective and Regulatory Services, Early Childhood Intervention, Texas Department of Human Services, Texas Department of Alcohol and Drug Abuse, Texas Commission for the Blind, Texas Department of Health, Texas Department of Mental Health and Mental Retardation, Texas Department for the Deaf and Hard of Hearing, Texas Rehabilitation Commission

For a free copy of Part I of this series, which appeared on page 11 of the Fall issue of *The Rural Texan*, contact ORCA.

## Subscription Renewal Notice

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