



DELTA HEALTH ALLIANCE

Solutions for a Healthy Tomorrow



Making all the right connections

ANNUAL REPORT JULY 1, 2009 - JUNE 30, 2010





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ABOUT: DELTA HEALTH ALLIANCE

Head for the horizon on a country road in the Mississippi Delta, and the panorama is striking: An endless expanse of land and sky that seems unchanged, eternal. Take a closer look, however, in Delta homes and schools, in churches and workplaces, in hospitals and clinics, and what you'll find is a dramatically evolving landscape. People are living, learning and working healthier. A panoramic view of health in the Mississippi Delta shows a region transforming itself.



The Delta Health Alliance (DHA) is leading a healthcare transformation. Where obesity and related chronic disease have taken root, community vegetable gardens now bloom, with educational programs yielding important changes in diet and lifestyle. Where healthcare providers and healthcare dollars are both in short supply, technology is now filling the gaps through telemedicine and electronic medical records, while improved medical access and intervention are preventing and modulating problems right from the start. Just as one example, last year the DHA Delta Pharmacy Patient Care Management Project saved its participating diabetes patients more than \$15,000 each in medical costs, and asthma patients more than \$22,000 each, while significantly improving the health of all these patients.



A comprehensive approach: DHA addresses the Delta's urgent health problems with a multi-disciplinary approach that spans the region's wide spectrum of health needs. These needs fall generally within three broad categories: first, the necessity for a better educated population equipped with the knowledge to initiate and maintain healthy habits to fight obesity and corollary chronic diseases; second, the necessity for improved access to healthcare services; and third, the necessity for technological improvements that will allow the Delta's healthcare system to function more effectively and raise standards of care.



Active involvement: Because of the scope of the problems, DHA is guided by the recognition that while no single solution is sufficient, all solutions are best formulated through collaboration with active, knowledgeable partners and implemented from the ground up through collective community involvement. To date, DHA has formed 26 such partnerships, with state and local government agencies, with universities and community colleges, with hospitals and clinics, with schools, grassroots organizations, and faith-based groups. Currently, these partnerships are actively engaged in the implementation of 45 projects.



Verifiable results: For DHA, real results are a requirement. Thus, no matter the partnership or project, one principle remains constant: all DHA initiatives must be evidence-based, developed through the application of the latest science and medical research, and continually monitored with outcomes objectively measured to evaluate effectiveness.

Delta health statistics remain dire: More than 30% of Delta residents are obese, and more than 70% are overweight or obese. Delta residents suffer from diabetes, high blood pressure and other chronic problems at a rate 50% higher than the national averages, and as a percentage of the population, more infants die here in their first year of life than anywhere else in America. Changing these statistics is what DHA is all about.



DELTA HEALTH ALLIANCE

Solutions for a Healthy Tomorrow



As chairman of Delta Health Alliance, I am pleased to present our Annual Report and to share this year's good news of success and opportunity.

Our achievements in 2010 were many, though the highlight occurred when we became the only organization in the country to receive two highly-coveted national grants, the Beacon technology grant and the Promise Community planning grant. Together totaling \$15 million, these two awards will open vital new opportunities for realizing a healthier, more vibrant Mississippi Delta. The Beacon grant will help establish the electronic health record as a strategic tool to fight diabetes and to promote better health care; the Promise grant will offer greater potential for a Delta-wide Promise Community in the near future.

The Alliance earned these grants because of results we were able to show with our on-going programs, and examples of this chain of cause and effect—hard work leading to success leading to greater opportunity—can be seen all across the region. Making neighbor-to-neighbor connections in Indianola meant the community could come together to build a playground in a matter of hours and thus provide years of healthful, happy play for children and families, in turn building stronger bodies and stronger community bonds. Thanks to our Asthma Clinic, asthmatic children could breathe easier and so could their parents, while the decline in the incidence of acute attacks meant busy emergency room staffs got more breathing room as well. Medication management created significant savings and improved outcomes; wellness programs flourished; education initiatives opened a world of life-changing choices for Delta children. Alliance programs “work” on every level, since better health and better choices inevitably lead to a more productive and economically viable region.

Of course, success wouldn't be possible without a commitment to our founding principle of collaboration. Alliance partnerships are key to the strength and vitality of our programs. We are reaching more people, connecting more people and connecting with more people because of our collaborations. This year, our 26 partners have done stellar work, and it has been our privilege to work side by side with them.

It has also been, as always, our great privilege to serve this region and its people, who have responded to our efforts with enthusiasm and determination. While there are still many challenges ahead, it is with pleasure that I not only present this year's Annual Report, but also look forward to more success and opportunity in the year ahead.

Sincerely,

John M. Hilpert

John M. Hilpert
Chairman, Delta Health Alliance
President, Delta State University

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In a region where ties run deep, to families, to the land, to the past, these new connections promise to bridge the gap between the Delta today and the healthy Delta of tomorrow.

A RECORD YEAR: **PARTNERSHIPS**

Making all the right connections:

26 partnerships, 45 projects, one important goal. While it is a common purpose that binds those numbers into a singular force, no matter where you look, connections are at the heart of the health story of the Mississippi Delta—the connections that create and sustain the problems, as well as the connections that are being made to create effective solutions.

The link is well established between obesity and diabetes, heart disease and other chronic conditions; so too is the correlation between obesity and lifestyle. Recognizing those connections, DHA's comprehensive approach is aimed at breaking the chain of ill effects by attacking it at multiple points.

Making connections is also central to the success of DHA projects, from the personal connections our programs make that help Delta residents both understand and act on the link between health and lifestyle habits, to other connections, such as:

- *Connecting people with needed health services.*
- *Connecting healthcare providers with the technology necessary for greatly enhanced efficiencies and communication.*
- *Connecting potential clinicians with the right educational resources in order to expand clinical support for the region.*
- *Connecting underprivileged children to the world of learning.*
- *Connecting neighbors with neighbors in community projects that make for a healthier, more vibrant environment.*
- *Connecting collaborative partners from across the region and the nation for added vision, strength and effectiveness in solving problems.*

How education and lifestyle changes are

The problem: The Delta's most serious health problems do not exist in isolation. The correlation is clear between obesity and a range of chronic diseases: obesity can lead to hypertension, heart disease and diabetes, which can then give rise to critical complications such as kidney failure and diabetic retinopathy. These cascading effects not only result in a lower standard of general health, but also place a greater strain on the Delta's health care system.

The solution: Breaking the chain of linked health problems with a powerful and interrelated web of educational and behavioral modification programs.



The power to change begins with the power of knowledge.

Education is the cornerstone of any lifestyle change, and because information is disseminated more effectively when it's communicated through multiple sources and in multiple settings, DHA's efforts in education and lifestyle change span boundaries. Our messages reach people where they live and learn, work and worship, and through community-wide endeavors that empower volunteers in spreading knowledge, awareness and enthusiasm

Home

Good habits at birth—and even before.

Introducing the principles of sound nutrition even before infancy, DHA's **StartSmart Childhood Obesity Prevention** assists mothers and children from late prenatal stages all the way through early childhood, with a focus on learned parenting skills and actions such as breastfeeding which support the development of positive diet and health behaviors in mother and child.

School

Making the grade with nutrition and physical education.

A school-and community-based program, **Eating Good And Moving Like We Should** provides for the introduction of school gardens, the incorporation of nutrition and physical education into class curriculum, and strategic assistance in achieving system-wide improvements to meet criteria for the USDA's Healthier School Challenge. Community efforts include a voluntary weight loss program, healthy cooking classes for children and parents, and community outreach at health fairs, parent group meetings and teacher in-service training.



Workplace

On-the-job health promotion.

Employees who work together—and also work out together and eat well— make for a healthier, more productive labor force. Through Worksite Wellness programs and other employer-sanctioned health promotion, the **Healthy Lifestyle Challenge Initiative** seeks to expand wellness activities and to create a learning community of employers and employees.



Church

Following good health habits religiously.

Because church is a cornerstone for life in the Mississippi Delta, collaborative programs involving faith-based organizations have been strategically deployed to bring the message of healthy living to regional congregations. **Body and Soul**, and **ATTACK (Approaches To Take Absolute Control through Knowledge)** are getting many “amens” from church members for their focus on prevention of chronic diseases through healthy eating and physical activity.

Healthcare

A prescription for knowledge.

Using the Coordinated Approach to Child Health (CATCH) program, students at University of Mississippi pharmacy school are working to improve dietary health habits and physical activity among elementary students through the **Delta Pharmacy Patient Care and Obesity Management project**.

Community

Good health, home-grown from the ground up.

Bountiful harvests from the new **Community Gardens** are fresh and appetizing symbols of the ground-up community collaborations that are moving the Delta forward toward a new era of good health. **Get Healthy, Trim Down Delta** is engaging residents through Community Action Groups in the fight against obesity, while **TEAM (Training, Education, Access, and Management) Sugar-Free**, covering

a 21-county area, offers diabetes education for diabetic patients and access to diabetic retinopathy screening.

Home, school, work, worship, community—thanks to an all-encompassing approach, connections are being made on every level, including the deep personal connections that will lead to the kind of change that ensures a better life. Delta residents are now making the crucial association between nutrition, physical activity and obesity and its related effects. Lifestyles are being changed, and with those changes rates are declining in obesity, diabetes and other chronic conditions. That in turn is translating into better health and a reduced demand on health care services.

Thanks to connected and coordinated solutions, the Mississippi Delta is learning and growing healthier and stronger every day.



turning
the page
on the
Delta's
chronic
health
problems





The ONLY ONE in the country!

That's the distinction achieved by DHA when it received both the multi-million dollar federal Beacon technology grant and the federal Promise Community planning grant. That's what a record of success can lead to!

A RECORD YEAR: NEW FUNDING

How a record of success led to a banner year of funding and recognition, which in turn promises more success ahead:

Leading light: As the name suggests, the **Beacon Community** program has been designed as a pilot project to showcase innovative ways that Health Information Technology (HIT) can be used across the nation to raise healthcare quality and lower costs, while bringing about overall health improvements.

Out of a pool of more than 200 applicants, only 17 organizations were designated Beacon Communities by the U. S. Department of Health and Human Services. As for DHA's designation, Anna Lyn Whitt, DHA Project Director for HIT grants, points to the Beacon program's need for timely results and DHA's readiness to produce them. "We already had the experience and the infrastructure to spend the funds productively and immediately."

At the time of the award, HIT implementation was already ongoing in the Mississippi Delta through several DHA projects, including the Electronic Health Records (EHR) Project, helping Delta clinics convert to EHR, and the Delta Rural Hospital EHR project, a pilot hospital program pioneering the shared use of HIT staff.

The \$14.67 million Beacon grant will now allow DHA to expand the region's existing HIT infrastructure, by connecting Delta providers with Mississippi's statewide Health Information Exchange, by helping more providers leverage funds for EHR conversion.

Fundamentally, Beacon is about better connections leading to better care for everyone, according to Aaron McKethan, Ph.D., Beacon's National Program Director. "Beacon projects, like the one here in the Mississippi Delta, are using HIT to facilitate better communications and coordination among the myriad providers involved in the typical patient's care to ultimately deliver more personalized and effective healthcare for the whole community."

A promise kept: It was also a fierce competition for the U.S. Department of Education's Promise Community planning grants; only 21 organizations out of more than 330 applicants were chosen. **Delta Promise Community** was selected because of a real need, explains Kenneth Wheatley, who served as lead grant writer for the project, "but it was also important that we already had our foundations in place. We'd brought all the players to the table, and we'd demonstrated we could do the work."

That work is a comprehensive continuum of services for children from birth to age 18 – cradle to career – designed to boost educational achievement and ensure the healthy development of all the children in a targeted community. Inspired by the renowned Harlem Children's Zone in New York, the Delta Promise Community was already a year underway in its initial implementation in Indianola when the planning grants were awarded.

"Our summer programs were particularly successful," Wheatley notes. More than 600 youth, from age 3 to 18, participated in Promise Camps centered on activities ranging from performing arts to character development to certified childcare and nursing. More than 350 volunteers from all across the area came together to build a KABOOM playground in a matter of hours.

Not all progress will materialize as quickly as the playground, but the more than \$330,000 planning grant will help the Promise Community expand on its Indianola activities even as it readies itself to apply for a more sizeable implementation grant. In the meantime, DHA continues to seek out and develop best practices from all over the nation.

How DHA's comprehensive services are

The problem: For a baby born in the Delta, the commonplace goal of “getting ahead” is not so common. In fact, it could be said babies here are born already a step behind, birthed in a region with the highest infant mortality rate in the nation, where chronic disease, fragile family finances and low educational attainment are all too common instead. Even worse, because these conditions tend to reinforce each other, the resulting cycle often chokes off the chance for underprivileged children to ever catch up.

The solution: A broad and all-inclusive approach that ensures support in healthcare, education and life skills at each stage of a child's development, from infancy all the way to a healthy productive adulthood.





Starting Strong

Maternal-infant health gets crucial support starting before birth.

Targeting existing gaps in healthcare services, the **Delta Infant Mortality Elimination (DIME)** program gets help to women and infants through case management and more effective use of available services, while the **Delta Early Learning Project (DELP)** offers several support programs, including the **Postpartum Doula** to help families for up to 3 months after the birth of a child; the **Maternal-Infant Home Outreach Worker (MiHOW)** program providing support after that time, and the **Sisterhood** program supporting teen mothers in their efforts to stay in school.

Stretching Out

Opening doors and opening minds for children eager to live and learn.

Access to good healthcare is key for child development, which DHA supports through several targeted programs: The **Indianola Promise Community (IPC) Family Clinic** will soon serve children from infancy through 18, while the **Delta Asthma Clinic** currently provides diagnostic, treatment, and preventive care for uninsured and underinsured children within the Good Samaritan Health Center. The **Children's Oral Health** project aims to improve the oral health of children who attend licensed day care centers in selected areas.

Young minds require the same nurturing and care that young bodies need. Currently, The **Dolly Parton Imagination Library** provides a free book once a month to more than 8,300 Delta children, while **DELP's Promise School** promotes pre-reading skills to encourage school readiness and **Delta Promise Community** encourages educational and emotional growth through a variety of programs, including the K-6 after-school and summer academic support programs, the new South Gate Park and the popular IPC Summer Camps.

DHA also seeks to strengthen the school systems with the **IPC Parent-Teacher Network**, and with the **DELTA** program (Developing and Enhancing Leaders and Teachers for Achievement of Healthy and High-Achieving Students and Schools.)



Reaching for the Sky

The right tools for teens as they build skills for life.

DHA works to keep teens fit and drug-free, beginning with **T.E.E.N (Targeting Exercise Energy Now)**, teaching middle-schoolers how to incorporate exercise into their daily lives, and with **D.A.R.E.® to Take Charge of the Delta** drug abuse prevention.

As teens look to the future, to college and to careers, they can take advantage of several DHA programs for solid preparation. The **Delta Summer Promise Initiative** helps teens improve reading, math and English skills; at the **Raspberry Men's Club Summer Camp** teens prepare for their upcoming grade level, for college or for work, while the **College Readiness and Workforce Development** Program at the Kepler Institute of Technology offers certification in nursing and childcare as well as college prep courses.

A Community of Promise

Building success upon success, and a model for the future.

Using the best practices of the groundbreaking Harlem's Children Zone in New York, the Delta Promise Community unites healthcare, education, community and faith-based services to provide a comprehensive system of support from cradle to career that will help all of the Delta's people realize their promise as citizens and leaders.

Currently in its initial implementation stage in Indianola, the Promise Community will serve as a model, offering methods and strategies that all Delta communities can replicate in the future.

Delta children shouldn't have to work so hard to play catch up. The Promise Community, like other DHA projects, aims to insure this region's children are learning and living well right from the start.



helping
healthy
lives
unfold in
the
Mississippi
Delta





A RECORD YEAR: **BY THE NUMBERS**

325% Increase in enrollment at the Delta State University School of Nursing since DHA began funding the program to help alleviate the nursing shortage.

1,015,690 Number of individuals whose health records are stored on the DHA Electronic Health Records system, making it easier for doctors to diagnose and treat illnesses and prescribe medications.

456 Number of health care professionals who use the DHA Electronic Health Records system.

1,700% Increase in number of patients treated at the Good Samaritan Clinic in Greenville since DHA funding allowed the clinic to expand its hours and enhance its services.

86,083 Number of individuals in the Delta who have received medical services or health education from a DHA program during the 2009–2010 fiscal year.

8,300 Number of pre-school children in the Delta who have received free books from the DHA / Dolly Parton Foundation Imagination Library project.

2,304 Number of visits that mothers in Washington, Sunflower and Leflore Counties who are part of the Maternal Infant Health Outreach Worker program have received from trained staff to help them with pre-natal and post-natal care.

5 Number of Delta hospitals that have telemedicine capabilities in their emergency rooms connected to UMMC's physician staff, as a result of DHA funding.

500 Patients served by 15 Community Mental Health Centers and the State Hospital through the TelePsychiatry program.

How information technology is

The problem: Chronically ill patients at a chronically underserved medical area. Hard-working health professionals eager to devote more time and attention to patients and less time to unwieldy paperwork. New capabilities could make that goal a reality and raise the overall standard of care, but all too often Delta health providers lack the resources to implement the kind of cutting-edge technologies that could yield those much-needed improvements.

The solution: Assistance, support and guidance for healthcare providers as they chart a new course in electronic health records and forge powerful new connections with patients and with each other.



The future is now for electronic health records (EHR).

With the passage of the American Recovery and Reinvestment Act (ARRA) of 2009, the race was on for nationwide EHR conversion, since ARRA offers time-sensitive incentive payments for those providers who meet targeted deadlines achieving “meaningful use” in their EHR adoption.

Here in the Delta, however, the race for EHR adoption was well underway by the time ARRA passed. In fact, the progress in this area, in the expertise gained and in the collaborative working relationships already in motion, played a decisive role in the award of the Beacon Grant to DHA, which will in turn help accelerate the progress going forward toward the goal of meaningful use.

Healthcare providers in the Mississippi Delta are connecting—with each other, with patients, and with a brighter future.

Information Central

Health Information Exchange (HIE): The vital link.

One of the centerpiece projects funded through the Beacon grant is the coordination and connection of at least 80% of the Delta providers who have EHR to a centralized, statewide HIE, thus facilitating the movement of healthcare information and bringing instant communication to the region’s providers.

Perfecting Practices

Clinicians come on board, go on-line.

With DHA’s help and support, 225 Delta clinicians have welcomed the new technology with enthusiasm. Already 17 provider groups, representing 52 physical locations, are active on the DHA EHR system, with 7 clinics in the implementation phase. 280,590 patients currently have data on EHR systems.



opening
a new
era of
performance
for
Delta
healthcare

Time Share

Delta hospitals pioneer innovative implementation with a shared resource.

Using the seed money from DHA's **Rural Hospital EHR Project**, three hospitals—North Sunflower Medical Center, King's Daughters Hospital and South Sunflower Medical Center—are currently in the process of installing EHR through an innovative implementation model that allows them to use a shared Chief Information Officer. DHA expects the shared CIO model to be a usable example for future EHR implementations, helping to provide the kind of cost savings that will make the technology more accessible to other Delta facilities.

Technology PRN

Medication assessments and counseling for diabetic patients.

Funded through the Beacon grant and implemented through a collaboration with the University of Mississippi Pharmacy School, DHA's **Pharmacy Adherence** program will provide bi-monthly medication reviews and counseling for diabetic patients. The information gathered during these sessions will be documented into the EHR for review by the prescribing provider, which means problems with adherence can be immediately addressed.

Sweet Success

EHR clinical features to drive down blood sugar levels—and costs

Through the Pharmacy Adherence program and through the clinical decision support customized into Delta clinicians' EHRs, thanks to the Beacon grant, the Delta healthcare system is poised over the next three years to realize a 15% improvement in blood sugar levels and blood pressure among diabetes patients; to cut excess healthcare costs for diabetic patients by 10%; and to improve medication management measures among diabetic patients by 20%.

Visible results

Clinicians able to see instant information, without the task of indecipherable handwriting. Patients are able to see their progress, not just on a screen, but in their own wellbeing. A healthcare system that is able to see improvements in both quality and cost of care. DHA technological connections make for sound and far-sighted solutions.



Making all the Right Connections

The Projects of Delta Health Alliance

Eating and Living Well

Healthy Lifestyles or "Body & Soul"

Get Healthy, Trim Down Delta

Sound the ATTACK (Approaches To Take Absolute Control through Knowledge)

Pharmacy Patient Care and Obesity Management

Eating Good And Moving Like We Should

StartSmart Childhood Obesity Prevention

Workplace Healthy Lifestyle Challenge Initiative

Education

Delta Early Learning Program

Dolly Parton's Imagination Library

D.A.R.E. to Take Charge

Addressing the Teaching Shortage in the Delta

Tobacco Cessation

Access to Care

Addressing the Nursing Shortage

Project Redirect:
Enhancing our Community Health Centers Through the Medical Home Model

21st Century Model for Chronic Disease Care

Delta Infant Mortality Elimination (DIME)

T.E.A.M. (Training, Access and Management) Sugar-Free

Rural Health Scholars

Children's Oral Health

Delta Pharmacy Patient Care Management Services

Maternal Infant Health Outreach Worker (MIHOW)

Community Outreach and Behavioral Health Education Initiative (COBHEI)

Delta Health System Improvements

Electronic Records and Telemedicine

Delta Rural Hospital Electronic Health Record Project

Electronic Health Records (EHR) TeleICU Care

TeleStroke

Beacon Project

Health Information Exchange Pharmacy Intervention

Indianola Promise Community

Indianola Promise Community

Eating and Living Well

Healthy Lifestyles or “Body & Soul”

Partner: Mississippi Valley State University

Goal: To increase fresh fruit and vegetable consumption in the Delta through a combination of educational, self-help, and peer-counseling programs administered by trained lay church members in faith-based settings. Outcomes will consist of health screenings focused on diabetes, hypertension, and obesity; establishment of new Wellness Centers in local churches; conducting a body-mass-index screening of targeted participants; and providing health education, support services, and tracking to encourage weight loss. The program will encourage healthier behaviors and lifestyle changes and identify effective interventions in overcoming regional barriers to fruit and vegetable consumption.

Get Healthy, Trim Down Delta

Partner: Mississippi State University

Goal: To encourage Carroll, Holmes, Leflore, and Sunflower counties to organize for change to reduce and prevent the incidence of obesity through grassroots efforts. Subsequent to three successive community forums which identify necessary actions to combat obesity, Community Action Groups (CAGs) will be formed to implement those actions. Local residents will also be recruited as volunteers to educate others on the health risks associated with obesity as well as strategies to overcome environmental factors conducive to obesity. Modeled after Mississippi State University Extension Service’s Master Health Education Volunteer Program (MHEV), this project encourages broader local involvement in existing programs targeting needed individual changes while promoting other prevention factors identified through forum and community action group discussions.

Sound the ATTACK (Approaches To Take Absolute Control through Knowledge)

Partner: University of Southern Mississippi

Goal: To reduce the incidence of chronic health problems such as diabetes, hypertension and cardiovascular disease by utilizing Community Health Advisors (CHAs) to promote nutrition and increased physical activity. The CHAs will conduct community forums in targeted service areas to identify potential participants, develop program logistics and build community support for the program. Once the training structure is established, participants will attend a health education workshop followed by a supermarket tour focusing on food label reading and a physical activity workshop; a county-wide cook-off will also be held.

Pharmacy Patient Care and Obesity Management

Partner: University of Mississippi School of Pharmacy

Goal: To assess and improve the knowledge and habits of nutrition and physical activity of a targeted group of Delta elementary students; to increase the physical education activities in Delta schools. In the long term, the project anticipates a reduction in childhood obesity rates and in co-morbidities related to the high prevalence of obesity, and more community engagement in promoting healthy lifestyles. After collecting data, including physical biomarkers, UM pharmacy students will implement the Coordinated Approach to Child Health (CATCH) program in the schools. Learned strategies may then be used for future statewide efforts aimed at reducing obesity in children and families.

Eating Good And Moving Like We Should

Partner: University of Mississippi, Department of Nutrition and Hospitality Management

Goal: To address the incidence of obesity in the Delta through a community-based nutrition and physical education program that includes BMI assessment. The project includes the incorporation of nutrition and physical education into third grade curriculum at targeted elementary schools, the collection of school-wide BMI and Fitnessgram data, the creation of school gardens, and assistance to schools in reaching higher levels in the U.S. D.A’s Healthier U.S. Schools Challenge. The community component includes a voluntary weight management program, counseling by nutrition professionals as well as nutrition and exercise “coaches,” community cooking classes for parents and children and other community outreach activities.

StartSmart Childhood Obesity Prevention

Partner: USDA-Agricultural Research Service

Goal: To promote breastfeeding through a culturally tailored, enhanced nutrition and healthy behaviors curriculum added to the Maternal Infant Health Outreach Worker Program (MiHOW) and to the home-based program at Cary Christian Center. StartSmart is designed to be implemented during the late prenatal period and continue through early childhood. During prenatal visits, with the aid of a lactation consultant, MiHOW outreach workers collect information on participant knowledge, barriers, self-efficacy, and social support in regard to breastfeeding; this data is then used to design a personalized intervention to support breastfeeding initiation and success. The nutrition and healthy behaviors component of StartSmart is adapted from the Infant Feeding Activity and Nutrition Trial (INFANT) and focuses on learned parenting skills and actions which support the development of positive diet and health behaviors in mother and child.

Workplace Healthy Lifestyle Challenge Initiative

Partner: Delta State University College of Business

Goal: To assess and improve the health status of employees in the Delta by increasing: a) the number of employers who provide Worksite Wellness programs, b) the number of employees who receive health promotion education at their worksite, and c) the number of employees who adopt health promoting behaviors. Delta Business Institute of Health (DBIH), a newly established program at the DSU College of Business, is implementing the project in 9 counties, beginning with a survey to establish baseline data on worksite health promotion. Initially, DBIH will work with a minimum of 12 employers and a minimum of 500 worksite employees to develop and expand worksite health promotion activities. At the end of the program year, DBIH will sponsor a conference for participating and non-participating area employers to review activities with the aim of recruiting additional employers to the program and assisting in the formation of a learning community of employers and employees.

CONNECTION POINT

Diet plus exercise—people across the Delta are making the connection between better choices and better health.

Access to Care

Addressing the Nursing Shortage

Partner: Delta State University

Goal: To increase the quantity and quality of nurses in the Delta by expanding recruitment/retention efforts, providing scholarships and loans, reducing attrition and increasing the graduation rates, increasing the number of nursing faculty, and making capital improvements. Since the program began, the Delta State University nursing school has more than doubled its enrollment, with more than 200 students enrolled in Fall 2010. The retention rates have also risen dramatically, to more than 80 percent, while 96.55 percent of the graduating class in 2010 passed the NCLEX-RN on first write, compared to 72 percent for the class of 2007; the overall pass rate is currently 94 percent.

Project Redirect: Enhancing our Community Health Centers Through the Medical Home Model

Partner: Mississippi Primary Health Care Association

Goal: To provide financial and programmatic support to community health centers and hospitals as they develop collaborative relationships to promote the Medical Home model of primary care. Among other aims, the Medical Home model seeks to address the reliance of the non-urgent patient population on emergency departments for primary care, which is both ineffective and costly. After organizational and patient assessments, optimal hospital/health center partnerships were formed, which are currently engaged in the development and implementation of collaborative service delivery models that encourage patients to adopt community health centers as regular sources of care. Anticipated outcomes include a reduction in non-urgent hospital visits, an overall increase in community health center utilization, improvements in infrastructure and work-flow, and improvements in the management of patients' diseases and records.

21st Century Model for Chronic Disease Care

Partner: Local Clinics

Goal: To utilize an evidence-based Patient-Centered Medical Home model (PCMH) employing primary care teams in rural clinics to meet the needs of uninsured and underinsured patients suffering from chronic disease, with the long-term aim of greater self-management. Care teams include a nurse practitioner, clinical nurse, patient navigator (who is a licensed social worker), and community health workers, along with the support of the project's clinical pharmacist and registered dietician. By the end of 2010, three associated clinics were operational, in Washington, Humphreys and Leflore Counties, with a clinic in Sunflower County set to join in 2011. During a one-year period from 2009 to 2010, more than 5,400 uninsured patients received a level of care previously unavailable to them; a study of more than 200 hypertension patients showed uncontrolled hypertension dropped by 15 percent, while a group of more than 150 diabetes patients experienced a 21 percent drop in uncontrolled diabetes. Other expected outcomes include reduction of absenteeism and improved quality of life. The project also sponsors community gardens in Belzoni and Leland.

Delta Infant Mortality Elimination (DIME)

Partner: Mississippi State Department of Health

Goal: To reduce infant mortality by targeting existing gaps in comprehensive health care services for women and infants, and by enhancing knowledge and assisting in the development of health care policy related to high-risk care of women and children. For caregivers and staff, the project provides for participation in infant death reviews, greater access to professional education, and dissemination of program data and activities. For patients, DIME promotes the utilization of available services through a variety of avenues: an expanded field staff, expanded case management services including follow up services and home visitation activities for pregnant and non-pregnant women and families with high risk infants. DIME also promotes improved access to health services through, among other means, the provision of transportation and greater access to public resources.

T.E.A.M. (Training, Access and Management) Sugar-Free

Partners: Northwest Mississippi Regional Medical Center, Mississippi State Department of Health (MSDH), the University of Tennessee Hamilton Eye Institute, and the Delta State University Delta Area Health Education Centers (AHEC).

Goal: To improve the health of Delta diabetic patients by providing education and personal health management throughout a 18-county area, and by increasing access to diabetic retinopathy screening through the installation of non-dilated screening cameras through the community. Diabetic retinopathy screening is provided at Indianola Family Medical Center, North Sunflower Medical Clinic (Ruleville), Aaron Henry Community Health Center (Clarksdale), and the Greenville Clinic. Free Diabetes Education programs will be held in each county at least once annually.

Rural Health Scholars

Partner: University of Mississippi Medical Center

Goal: To alleviate the Delta's physician shortage and to encourage medical students to consider practicing medicine in the Delta. In collaboration with the Family Practice and Internal Medicine departments of University of Mississippi Medical Center (UMMC), the project provides a one-month clinical rotation for up to 24 UMMC medical students at participating clinics in Belzoni, Vicksburg, Greenville, Greenwood, Charleston, and Cleveland. The students receive hands-on training, while also helping with community service projects sponsored by local civic organizations, a positive cultural and education experience that may influence students to return and establish practices in the Delta.

CONNECTION POINT

Connecting medical students with clinical training in the Delta is helping create a solution to the region's physician shortage.

Children's Oral Health

Partner: Mississippi State Department of Health

Goal: To provide dental risk assessments, screenings and oral health education for moderate to high-risk children who attend licensed child care centers. A joint collaboration with the State Department of Health and Mississippi State University, the project exceeded its targeted enrollment in 2009-2010, with a total of 469 children receiving oral health screening at their child care centers, and with 28 Cavity Free Kids education training sessions held. In 2010-2011, the project expands to include four more counties, with a targeted goal of more than 8,000 children.

Delta Pharmacy Patient Care Management Services

Partner: University of Mississippi School of Pharmacy

Goal: To utilize Medication Therapy Management, working within community pharmacies, to reach people in the community and help them identify how they can better treat their chronic diseases and use their medication. Specialized MTM efforts focused on the targeted gap disparities of asthma and diabetes, while generalized MTM centered on overall appropriate medication usage. In the first two years of the project, 450 patients were enrolled in 11 pharmacies in eight counties. In addition to improved health outcomes, last year the health cost savings from medication therapy management for general chronic conditions was \$4,662, for participants with diabetes \$15,129, and for people with asthma \$22,031. An MTM support center and the enrollment of patients in an insurer-based model is planned for the coming year.

Maternal Infant Health Outreach Worker (MIHOW)

Partner: Mississippi Valley State University

Goal: To expand the Maternal Infant Health Outreach Worker program to improve access to appropriate services for low-income families, and to create a new component, Project LAMB (Live Alive Mother and Baby). MiHOW aims to reach mothers with children under the age of three through strength-based interventions that improve health and child development for low-income families.

Community Outreach and Behavioral Health Education Initiative (COBHEI)

Partner: Tougaloo College/Owens Health and Wellness Center

Goal: To improve the mental health and well-being of children, youth and families in the Indianola community. Developed in collaboration with Life Help Community Mental Health Center, the Indianola School District, and other organizations, the project will also identify in-school and out-of-school activities that improve the development and well-being of children, and will enlist all stakeholders in a collaborative effort to establish a coordinated system of health and support services, using the school district as a point of focus.

Delta Health System Improvements

Partner: Mississippi State University Social Science Research Center

Goal: To analyze the health system of the 18 Delta counties in order to assist policymakers and stakeholders in making informed decisions on needed system changes. With help from local project partners, including Mississippi State Department of Health, and Mississippi Office of Nursing Workforce, the team of faculty and researchers from Mississippi State University will conduct an in-depth assessment of the health system based on key inputs (financing, organization, payment, regulation and behavior) and how these impact health system outcomes as well as health status, financial risk protection, and public satisfaction. In addition to recommendations for system-level improvements, the project will also produce a “tool-kit” for analysis of the health system; an interactive user-friendly database allowing policy makers and planners to track health outcomes; a report on health system impacts; and a stakeholder meeting to disseminate the results and discuss future actions.

Delta Asthma Clinic

Partner: University of Mississippi Medical Center

Goal: To provide diagnostic, treatment, and preventive care for uninsured and underinsured children served by the Good Samaritan Health Center. Objectives include an improved understanding of asthma care through education for patients and caregivers, focusing on preventative measures to decrease asthma symptoms; preliminary data suggests this has resulted in a significant drop in emergency room/hospital visits. Additionally, health information technology and the collaboration of the 21st Century Team has been brought to bear in reducing barriers to medication compliance.

Pre-Medicine Support Program

Partner: Delta State University

Goal: To increase primary care capacity in the Mississippi Delta through Pre-Med Support Program. Project assists DSU pre-med students with the medical school application process through an academic/testing support lab. Students are also educated about the specific medical issues facing the Delta.

BLUES (Better Living Utilizing Electronic Systems) Project

Partner: Agency for Healthcare Resources and Quality

Goal: To examine the impact of healthcare information technology on the management of diabetes by comparing differences between clinics that utilize EHR with clinics which do not. Four clinics were studied, two in urban settings and two in rural settings. Currently, provider interviews are being conducted, and data will now be analyzed. Results are expected to provide insight into the efficacy of HIT models that can be used in implementing an integrated HIT system for optimal diabetes care.

CONNECTION POINT

Healthcare professionals joining together to provide team care means improved outcomes and self-management for patients with chronic disease.

Education

Delta Early Learning Program

Partner: Mississippi State University

Goal: To address targeted areas of children's health and educational development in Indianola through a variety of program components, including: 1) DELP services to support families for up to three months after the birth of a child; 2) Maternal Infant Health initiative to increase access to care for families with young children; 3) a Delta Promise School to facilitate the transition for children entering kindergarten; 4) a Parent Promise School/Sisterhood program to provide weekly training classes for pregnant teens and those who have very young children; 5) a Childcare Resource and Referral Network; 6) a multi-faceted Youth Development project covering grades K-12; 7) Pilot Freedom Schools After School program ; and 8) Young Ladies Leadership Development activities.

Dolly Parton's Imagination Library

Partner: Mississippi Valley State University

Goal: To foster reading by young children by sending a free, age-appropriate book once a month to participating children under the age of five. More than 6,000 children in six counties have enrolled and received free books in the program, which is sponsored by the Dolly Parton Foundation, and this year DHA will expand the Imagination Library into four more counties, and will continue to enhance program goals by having readers go into daycares and Head Start Centers to read to the children.

D.A.R.E. to Take Charge of the Delta Project

Partner: Delta Council

Goal: To coordinate substance abuse prevention programs for middle school students throughout the Delta by collaborating with community and other service organizations to initiate or expand Drug Abuse Resistance Education (D.A.R.E.®), the nationally recognized model for the prevention of drug abuse and crime. The project will also evaluate the impact on key performance measures as supported by the Office of Justice Programs and disseminate those results.

Addressing the Teaching Shortage in the Delta

Partner: Delta State University

Goal: To foster leadership development in Delta schools and communities while establishing the presence of caring, capable teachers who can influence life choices, through DELTA: Developing and Enhancing Leaders and Teachers for Achievement of Healthy and High-Achieving Students and Schools. In collaboration with DSU's Department of Education, DELTA provides Leadership Training scholarships, faculty training, and a Literacy Enhancement Clinic to promote high quality leadership for Delta schools and communities and to help recruit, train, and retain high-quality teachers for Delta schools.

Tobacco Cessation

Partner: Office of Tobacco Control

Goal: To encourage and support tobacco-free lifestyles through a variety of program activities that work to prevent the initiation of tobacco use among youth, reduce exposure to secondhand smoke, promote tobacco cessation services, and eliminate tobacco-related disparities. These activities include community interventions, youth prevention programs such as Reject All Tobacco! (RAT) and Generation Free, and a tobacco quit line.

Electronic Records and Telemedicine

Delta Rural Hospital Electronic Health Record Project

Partner: MS Hospital Association, Health, Research & Educational Foundation

Goal: To “jump-start” the implementation of electronic medical records (EHR) in three small rural Delta hospitals through the provision of seed funds, and to create a replicable cost-effective HIT (Health Information Technology) implementation model that utilizes a shared Chief Information Officer (CIO). The CIO serves as HIT specialist for all three facilities, and will transfer knowledge to key designated staff within each hospital to improve self-sufficiency, self-confidence, and HIT skills and competence at the local community level. The project will also document replicable “best practices” and “lessons learned” regarding HIT/EHR implementation and meaningful exchange of health care information.

Electronic Health Records (EHR)

Partner: Delta Hospitals and Physicians

Goal: To unite the health information systems of Delta providers and improve access to health records for patients and authorized providers through the implementation of electronic health records (EHR). This large-scale collaborative effort will improve patient safety, reduce medication errors, enhance the coordination of care, improve work flows, reduce time to process patients, lower costs, and significantly cut billing errors. Currently there are 16 Provider groups, representing 34 physical locations active on the DHA Electronic Health Records (EHR) system, with 11 more clinics in the implementation phase; 234,147 patients currently have data on EHR systems. Outcomes are now being measured in conjunction with the Beacon grant, including physician utilization and adherence to best practices with regard to annual screenings and immunizations/vaccines for adults.

TeleICU Care

Partner: University of Mississippi Medical Center

Goal: To provide specialized ICU care for Delta patients through an eICU unit at University of Mississippi Medical Center that provides remote monitoring of patients at four critical care access hospitals in the Delta. An electronic link allows UMMC specialists to use the latest diagnostic technology to monitor critical care patients; the project demonstrates better patient outcomes, increased access to care, provider satisfaction, and cost savings through utilization of the VISICU service.

TeleStroke

Partner: University of Mississippi Medical Center

Goal: To improve access for stroke victims to life-changing medical care via interactive telemedicine with University of Mississippi Medical Center (UMMC) specialists who can diagnose, prescribe and treat patients remotely using standardized protocols. Through high-speed internet and telecommunications, Tele-Stroke links UMMC specialists in Jackson with physicians and other health care personnel in the rural Delta. Hospitals in five Delta counties have joined the MS Delta TeleStroke network; this year, three more facilities will implement the program, which includes a media component to increase awareness of the TeleStroke network, and of the importance of seeking immediate help at the onset of symptoms. Outcomes include improved access to care for stroke patients, timely delivery of stroke-busting medications that prevent brain damage, and overall reduction of disability associated with stroke.

TelePsychiatry in the Delta

Partner: University of Mississippi Medical Center, Department of Psychiatry and Human Behavior

Goal: To reduce disparities in mental health treatment for those living in the rural Mississippi Delta region and to improve the quality of services delivered to those seeking mental health care at local community mental health centers in the Delta. The program links isolated communities to mental health service providers via live two-way audio/video connections, thus allowing Delta patients consultation with Jackson psychiatrists, resulting in increased access to quality care for mental health patients, reduced travel time to providers, and improved mental health outcomes. With close to 100 percent positive response rating from participants during the initial implementation in a two-county radius, the project aims to increase coverage to include the entire region this year.

Beacon Project

Health Information Exchange

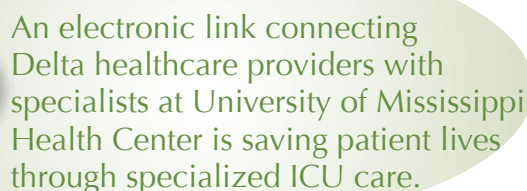
Goal: To connect at least 80 percent of healthcare providers with electronic health records (EHR) to a centralized, statewide Health Information Exchange (HIE), which DHA will coordinate for all providers who serve Delta patients. This electronic network will facilitate movement of healthcare information within the region, community and hospital system, while meeting both HIPAA and HITECH requirements that ensure the security of all patient records.

Pharmacy Intervention

Partner: University of Mississippi Medical Center Department of Pharmacy

Goal: To improve medication adherence by diabetic patients through pharmacy intervention supported by electronic health records (EHR). The project is a collaborative effort funded by Beacon which expands on the current Medication Therapy Management program through the utilization of health information technology. After individuals with a diagnosis of diabetes are identified using the AllScripts® EHR, a clinical pharmacist and/or pharmacy student will perform bi-monthly medication reviews with these patients for 12 months, assessing the patient's level of medication adherence, discussing reasons for non-compliance, and identifying any potential or actual medication related problems. Data collected during these telephone consultations will be documented in the EHR for review by the prescribing physician, and patients may be referred for longer face-to-face visits.

CONNECTION POINT



An electronic link connecting Delta healthcare providers with specialists at University of Mississippi Health Center is saving patient lives through specialized ICU care.

Indianola Promise Community

Indianola Promise Community

Partner: Indianola Promise Steering Committee

Goal: To focus an unprecedented level of resources and funding in a comprehensive continuum of support services to help the children of Indianola become healthier and have higher educational achievements. Modeled after the successful Children's Zone program in Harlem, New York, this community-led initiative provides grants for a wide range of programs, including after-school tutoring, summer school opportunities, mentoring, work-study, health screening, primary care, prenatal and family planning services. All program components are planned, developed, and implemented with the involvement and approval of the Promise Community Steering Committee. Instead of individual programs addressing individual needs, the Promise Community offers a collective approach that spreads resources over a child's first 18 years. The programs are designed to work with each other to address educational, health care, and social issues of all of Indianola's children, all at the same time.



DELTA HEALTH ALLIANCE

Solutions for a Healthy Tomorrow

FINANCIAL REPORT

I am pleased to report that Delta Health Alliance (DHA) remains in sound financial health. The continued financial health and organizational development of DHA is due in large part to the dedicated and innovative personnel who have kept their focus on the organization's core mission.

Fiscal year 2010 was an exceptional period for Delta Health Alliance, reflecting the success of advancements made in improving financial management system functionality, expanding oversight of financial management applications, and promoting greater individual and program accountability.

During this year, we set out to define the necessary controls associated with our major financial processes. While our focus as a young organization was primarily on establishing policies and procedures, internal controls, and assessing the adequacy of the financial and accounting systems, the organization pursues a broader vision for controls that also includes a focus on effective and efficient interaction with our many various programs.

As Delta Health Alliance increases its reach by seeking out new opportunities for funding and program, the finance department has broadened its scope in order to be able to provide adequate management to the variety of interaction necessary for both our funding sources and program activities. Our goal for the future year is to continuously improve our processes in order to provide the most efficient compliance with all regulations and best practices.

The management of Delta Health Alliance is responsible for the preparation and fair presentation of the financial statements. The financial statements that follow have been prepared in conformity with generally accepted accounting principles and were generated internally by DHA from the audited financial statements.

Based on the above, I certify that the information contained in the accompanying financial statements fairly presents, in all material respects, the financial condition revenue and expenditures of the organization.

H. Marlin Womack, Jr.
Vice President, Finance

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www.deltahealthalliance.org

Financial Summary

2009

2010

REVENUES AND SUPPORT

SUPPORT:

Contributions	\$ 42,368	\$ 75,000
Federal financial assistance:		
HRSA Rural Health Care Services Outreach grant	\$ - 0 -	\$ 103,695
HRSA - Delta Health Initiative grant	\$ 18,300,949	\$ 26,030,330
RD Rural Community Assistance Partnership grant	\$ 35,944	\$ 288,744
HRSA - AHRQ The BLUES Project grant	\$ 293,174	\$ 650,605
HRSA - Delta State Rural Development Network grant	\$ 404,168	\$ 571,488
USDA - RUS Distance Learning	\$ 329,724	\$ - 0 -
HRSA Telehealth Network grant	\$ - 0 -	\$ 102,703
USDA - Delta Human Nutrition	\$ - 0 -	\$ 122,668
Univ. of Southern MS - Lower Mississippi Nutrition	\$ 20,481	\$ - 0 -
Other grants	\$ 28,919	\$ 327,530
Total Support	\$ 19,455,727	\$ 28,272,763

REVENUE:

Program, service fee and other income	\$ 352,290	\$ 95,898
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TOTAL UNRESTRICTED SUPPORT AND REVENUE	\$ 19,808,017	\$ 28,368,661
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EXPENSES

PROGRAM SERVICES (*Grants to subrecipients*):

University of Mississippi Medical Center	\$ 4,894,947	\$ 2,188,073
University of Mississippi	\$ 783,980	\$ 1,274,328
Delta State University	\$ 1,531,371	\$ 2,457,104
Mississippi State University	\$ 988,203	\$ 1,122,567
Mississippi Valley State University	\$ 553,787	\$ 731,316
University of Southern Mississippi	\$ 336,732	\$ 417,817
Mississippi Department of Health	\$ 369,036	\$ 784,573
Capps Center	\$ 399,286	\$ 218,456
Mississippi State Hospital Association	\$ 742,200	\$ 106,292
Jackson State University	\$ 227,414	\$ - 0 -
Mississippi Primary Care Association	\$ 115,796	\$ 577,228
Other Grants Awarded	\$ 421,815	\$ 627,000
Total Program Services	\$ 11,364,567	\$ 10,504,754

DHA ADMINISTERED PROJECTS (*Program Services*):

Electronic Health Records - Operating Expense	\$ 2,736,273	\$ 8,265,054
Construction and Capital Improvements	\$ 35,692	\$ 659,168
Health Literacy	\$ - 0 -	\$ 547,476
Delta Asthma Clinic	\$ - 0 -	\$ 134,238
Indianola Promise Community	\$ - 0 -	\$ 1,709,357
21st Century Model for Chronic Disease Care	\$ 194,669	\$ 1,851,890
Total DHA Administered Projects	\$ 2,966,634	\$ 13,167,183

SUPPORTING SERVICES:

General and Administrative (Including Indirect Costs)	\$ 3,160,958	\$ 3,949,541
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TOTAL EXPENSES	\$ 17,492,159	\$ 27,621,478
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Increase in unrestricted net assets	\$ 2,315,858	\$ 747,183
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NET ASSETS AT BEGINNING OF YEAR	\$ 4,288,864	\$ 6,604,722
PRIOR PERIOD ADJUSTMENT*	\$ (1,737,326)	

NET ASSETS AT END OF YEAR	\$ 6,604,722	\$ 5,614,579
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* Fiscal Year 2010 Beginning July 1, 2009 - June 30, 2010

Budget Report

July 1, 2010 through June 30, 2011

DELTA HEALTH ALLIANCE PROJECTS¹	Annual Budget
MVSU-Promoting Wellness	\$ 300,000
DSU-Nursing Shortage	\$ 1,381,500
DSU School of Nursing - Construction Projects	\$ 800,000
DSU-Delta Teacher Shortage	\$ 1,400,000
DSU - Pre-Medicine Support	\$ 242,733
DSU- Workplace Healthy Lifestyle Preventive Education	\$ 250,000
UM-Delta Pharmacy Patient Care Mgt	\$ 1,500,000
UM- Delta Pharmacy Patient Care & Obesity Mgt	\$ 400,000
UM-Eating Good and Moving Like We Should	\$ 475,000
UMMC-Improving Critical Care: VISCU	\$ 1,300,000
UMMC-TelePsych & Mental Hlth	\$ 573,197
UMMC-Rural Health Care Scholars	\$ 300,000
UMMC-Asthma Clinic Project	\$ 138,738
MSU-Delta Early Learning	\$ 2,600,000
MSU Extention- Get Healthy Trim Down Delta	\$ 199,927
MSU - Delta Health System Improvements	\$ 200,000
MSU- Delta Pregnancy Prevention	\$ 750,000
MSU- Delta Promise Program	\$ 274,012
MSU- Diabetes Biomarker Clinical Study	\$ 119,739
USM-Approaches to Take Control through Knowledge	\$ 299,998
MPCA-Community Health Center	\$ 500,000
Tougaloo-Community Outreach and Behavioral Health Education Initiative (COBHED)	\$ 100,000
MSHA- Hospital Based E H R	\$ 800,000
MDH-Delta Infant Mortality Elimination	\$ 500,000
MDH-Children's Oral Health Project	\$ 428,764
USDA- StartSmart Childhood Obesity Prevention	\$ 246,026
USDA Healthy Lifestyles	\$ 157,778
DHA-Electronic Health Records	\$ 5,677,809
DHA - Health Literacy	\$ 480,490
DHA-Delta Asthma Project	\$ 11,262
DHA-21st Century Primary Care Model for Chronic Disease	\$ 2,008,199
DHA-Indianola Promise Community	\$ 1,135,715
DHA-TelePsych & Mental Health	\$ 26,796
DHA-D.A.R.E Program	\$ 499,592
DHA-StartSmart Childhood Obesity Prevention	\$ 74,991
DHA-Healthy Lifestyles	\$ 82,541
DHA-Mini-Grants	\$ 370,139
TOTAL FOR DHI PROJECTS	\$26,604,946
NON-DHI GRANTS²	
Oat	\$ 246,676
Team Sugar Free	\$ 631,235
Promise Neighborhood Grant	\$ 286,750
Beacon	\$ 4,418,073
Rural Health Care Services (CHW)	\$ 125,000
Tobacco Free Coalition	\$ 228,000
National Eye Institute Grant	\$ 55,279
TOTAL FOR DHI PROJECTS	\$ 5,991,013

¹ The Project Totals include only HRSA-DHI Projects and does not include other grant funding to partners.

² These Grants have various grant year dates.

Board Members

Dr. John Hilpert (Chairman)
President,
Delta State University

Mr. Bill Kennedy (Secretary)
Past President,
Delta Council

Dr. Donna Oliver
President,
Mississippi Valley State University

Dr. Gregory Bohach
Vice President, Division of Agriculture,
Forestry & Veterinary Medicine
Mississippi State University

Dr. Claude Brunson
Senior Advisor to the
Vice Chancellor for External Affairs
University of Mississippi Medical Center

Dr. Cass Pennington
Delta Council

Mr. Bruce Brumfield
Community Representative

Representative Willie Bailey
Community Representative

Mrs. Lisa Percy
Community Representative

Executive Staff

Dr. Karen C. Fox
President and Chief Executive Officer

Dr. Robert Dale
Vice President of Clinical Affairs and
Chief Medical Officer

Mr. Richard Washington
Vice President of Administration

Mr. Marlin Womack
Vice President of Finance

Mr. Thomas Edwards
Vice President of Programs &
Community Development

Mr. Taylor Strickland
Vice President of Information Systems

Mr. Josh Davis
Director of Institutional Advancement

Ms. Beth McCullers
Director of Sponsored Programs

Dr. Jan Chambers
Director of Research

CONNECTION POINT

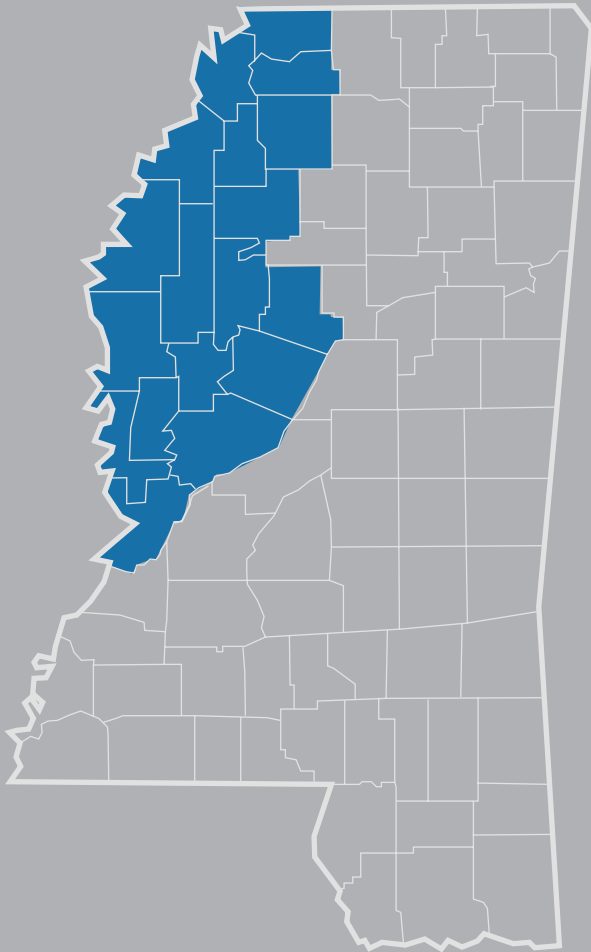


Connecting three rural hospitals in an innovative EHR implementation provides for a shared CIO and pioneers a new path for affordable technology.

DHA

Service Area

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“We’re seeing real change from the ground up, improvements that promise a brighter future for the entire region. At Delta Health Alliance, we’re proud to be a catalyst for that change.”

Karen C. Fox, PhD
President and Chief Executive Officer

Delta Health Alliance

...at a glance

Delta Health Alliance is a tax-exempt, non-profit organization, headquartered in Stoneville, Mississippi, that aims to improve the health of the 400,000 men, women, and children who call the Mississippi Delta their home.

The presidents of Delta State University, Mississippi State University, and Mississippi Valley State University, the vice chancellor of the University of Mississippi Medical Center, and Delta Council are joined by four community representatives to form the nine-person board that governs the organization and its staff of 60.

The chief funding for Delta Health Alliance comes from an appropriation from Congress, though additional grants and funding to expand the Alliance’s reach are constantly being sought. Virtually all of the Alliance’s work is done in collaboration with local partners, which number 26, and which represent the full spectrum of organizations involved in health care: state and local government agencies, universities and community colleges, hospitals, clinics, schools, grassroots organizations, and faith-based groups.



DELTA HEALTH ALLIANCE MISSION STATEMENT

The mission of Delta Health Alliance is to improve the health of the men, women, and children who make the Mississippi Delta their home.

Delta Health Alliance aims to carry out this mission in three ways. First, we will seek to understand the fundamental causes of poor health in the region through comprehensive research programs and statistical analysis of relevant data. Second, we will fund programs to increase access to health care professionals. Third, we will educate residents of the Delta in ways that encourage them to adopt healthy lifestyles.

The programs we fund and the projects we undertake to achieve this mission must meet three demands.

First, our initiatives will be done in collaboration with organizations currently at work in the Delta – community groups, schools, colleges, universities, public health agencies, hospitals, and clinics. Delta Health Alliance recognizes that in fulfilling its mission, people will have to change. And real change and sustainable change can only occur when individuals and organizations, working together, are empowered to act. It is for this reason that Delta Health Alliance believes in creating partners in our mission. Nevertheless, where existing organizations or institutions do not exist to carry out a specific component of the mission, or are inadequate to the task, or are unwilling to join us as partners, we will work to create the organizational infrastructure necessary to accomplish this mission.

Second, our initiatives will focus on specific ways to increase the capacity of institutions and organizations to improve the delivery of health care over the long term and to increase the capacity of communities to build networks and relationships that promote greater individual involvement in the health care system. We believe in funding programs that will lead to change that is both sustainable and enduring.

Third, our initiatives will be evaluated on the basis of objective statistical data that is produced and recorded as part of the projects. We will not fund a program that relies on an evaluation of anecdotal results.





DELTA HEALTH ALLIANCE

Solutions for a Healthy Tomorrow

The Delta Health Alliance is funded through the Delta Health Initiative by the Office of Rural Health Policy, Health Resources & Services Administration, U.S. Department of Health and Human Resources.



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