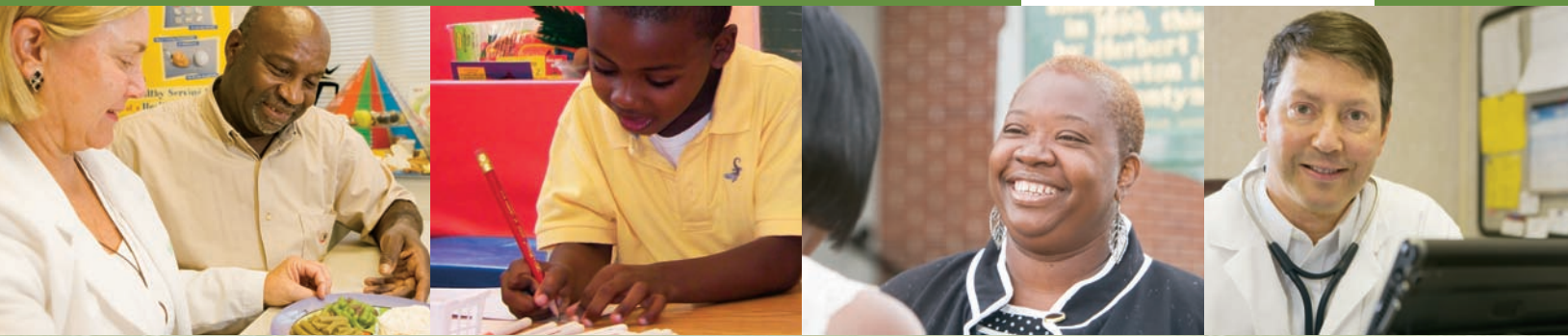


# DELTA HEALTH ALLIANCE

Changing the world of health care in the Mississippi Delta  
*...one healthy lifestyle at a time.*



## ANNUAL REPORT

JULY 1, 2008 - JUNE 30, 2009



## FROM THE CHAIRMAN



As chairman of the Delta Health Alliance, I am pleased to present our Annual Report and to share some thoughts about our work over the past year and into the future.

Annual reports tend to focus on financial statistics, bottom lines, and corporate measures of success. While these are important indicators of our progress, we wanted this report to have a different focus. Here, we emphasize the faces behind the statistics, the stories behind the numbers.

That's why, inside these pages, you get more than charts and graphs. You will get to know some of our local partners who are meeting the long-standing challenges of the Delta every day. You will meet people such as nursing student Emily Newman, cardiologist Kenneth Hahn, preschooler Kerry Watson, and aircraft painter Leon Hughes. Each has a story to share about themselves and about the Delta Health Alliance.

And how is the Alliance changing lives? By improving access to health care and by providing education for healthier lifestyles. We accomplish this mission by applying the latest science and medical research to our programs; by engaging community partners in our mission; and by constantly measuring the results to evaluate the effectiveness of our programs.

We know a healthier Delta requires a commitment to change from all of us. For individuals, it means altering their diets and lifestyles. For health care providers, it requires changing their practice methods. For government agencies, it demands new ways of reaching individuals who need help. Bringing about that change, nurturing that change, and building on that change is what the Delta Health Alliance is all about.

Our partners—universities, churches, physicians, hospitals, and even those we serve—are the pillars of our success. They prove that when people must take ownership of their own health and communities commit to taking care of each other, we can all show success.

Apart from the humanitarian reasons for providing the tools people need for healthier lives, the very economy of our region is at stake. Sick people and parents with sick children cannot work. Men and women battling chronic diseases are often unreliable employees or small business owners. Unhealthy children miss school. These are the hard truths that affect our communities and steal our opportunities.

The Delta Health Alliance will be guided first and foremost by ensuring our work contributes to our overarching goal of helping to improve the lives of people across the Delta. In that spirit, I look forward to reporting back in next year's letter even greater successes built upon the promises of today.

Sincerely,

*John M. Hilpert*

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



## Mission Statement

---

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

The 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. The 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 the 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.



## Table of Contents

---

Letter from the Chairman . . . . .	1
Mission Statement . . . . .	2
About Delta Health Alliance . . . . .	4
Creation of the Delta Health Alliance . . . . .	5
Our Greatest Hits. . . . .	6
Success Stories . . . . .	7
Programs . . . . .	13
Financial Information . . . . .	17
DHA Staff & Board Members. . . . .	20
DHA At A Glance . . . . .	Inside Back Cover

# About the Delta Health Alliance

---

**F**or decades, the statistics that describe the health of Delta citizens have remained among the worst in the country. Obesity rates exceed a third of the population; many chronic conditions, such as diabetes and high blood pressure, are 50 percent above national averages; and more infants in the Delta die within their first year of life (as a percentage of the population) than anywhere else in the United States. To make matters worse, the ranks of health care providers who serve the Delta are shrinking while the cost of medical care and prescription drugs is increasing.

Responding to these challenges requires a new approach, a different approach. The Delta Health Alliance (DHA) is a three-year-old organization that is changing health care in the Mississippi Delta by improving access to health care and providing education for healthier lifestyles. We accomplish this mission in four ways:

- **First**, the Delta Health Alliance links the three major universities that serve the Delta with the University of Mississippi Medical Center and with the Delta Council, the region's economic development organization.
- **Second**, the latest findings from the fields of science, medicine, and public health are used to create our programs.
- **Third**, every one of these initiatives will be assessed regularly on the basis of objective statistical data that is produced and recorded as part of the projects.

- **Fourth**, we do our work through community partners, recognizing that long-lasting change only occurs from the bottom up.

To make a difference, to break the cycles that foster poor health and a less than adequate health care system takes time. It takes money. It takes constant assessment and reassessment of program data. And it takes everyone working together toward a common goal.

**While those common goals may be measured with statistics, behind all those numbers are real stories -- the men, women, and children of the Delta who are making use of Delta Health Alliance programs, taking responsibility for their health, and improving their lives.**

- **In Cleveland**, it's Emily Newman, a 56-year-old retired teacher who is fulfilling her high school dream of becoming a nurse and, at the same time, helping ease the nursing shortage in the Delta. Emily's opportunity came by way of DHA's partnership with Delta State University's School of Nursing and the scholarships it provides to students.
- **In Greenville**, it's cardiologist Kenneth Hahn, one of many Delta physicians who have incorporated Electronic Health Records into their medical practices to improve efficiency, increase patient safety and care, and create better doctor-patient communication -- new healthcare technology made possible by DHA.



## Cochran sought and found a new way for the Delta

Thad Cochran



- **In Indianola**, it's 4-year-old Kerry Watson, who proudly and loudly shows off his reading skills to a visitor at the Indianola Promise School, an early-learning summer program that is preparing hundreds of Delta children for kindergarten. This successful project was launched through a collaborative effort between DHA and Mississippi State University's Early Childhood Institute.

- **In Leland**, it's Elijah Jones, a 64-year-old, semi-retired mechanic who thought he would probably die until he found The Good Samaritan Health Center in Greenville. With no health insurance and unable to afford the medicine he needs to control his diabetes and hypertension, Jones found new life through Good Samaritan, whose partnership with DHA has meant more staff and technical support to expand services and hours for low-income residents.

Similar stories are found in the telemedicine project that links emergency room physicians in rural Delta hospitals with specialists at the University of Mississippi Medical Center in Jackson. And they are found in the Body & Soul program that is teaching Delta residents how good nutrition means a healthier life. The Delta Health Alliance understands that true success in the Delta is not a solo effort. It's a partnership with local organizations and with Delta residents themselves - a mission in which everyone plays a role.

Elected to the United States Senate in 1978, Thad Cochran has been one of Mississippi's strongest friends at the nation's capital. A proponent of health and educational programs that can make a difference, he has authored and supported legislation for teacher training, vocational education, medical research and rural development. Senator Cochran has always understood that effective change requires collaboration and teamwork.

It was for all these reasons that when a group of Delta citizens asked him to help create a different kind of health care advocacy organization in the Mississippi Delta, he jumped at the chance. He nurtured the idea through Congress and for the last four years has made sure that funding for the Delta Health Alliance was a priority.

As a result, and for the first time in the state's history, an organization has been created and properly funded to offer a comprehensive set of initiatives to improve the health of the men, women, and children who call the Delta their home.

The lives touched by the programs and initiatives of the Delta Health Alliance are further evidence of Senator Cochran's lasting legacy for our state.

***The Mississippi Delta is benefitting from a concerted effort to provide people with the care and information they need to be healthy individuals. The Delta Health Alliance is successfully spearheading this effort, and I support its work to improve the lives of Mississippians in this region.***

- U.S. SENATOR THAD COCHRAN -

## Our Greatest Hits

---



Photo courtesy of Billy Johnson/Highway 61 Blues Museum

**260%** Increase in enrollment at the Delta State University School of Nursing since DHA began funding the program to help alleviate the nursing shortage.

**640,489** 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.

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

**215%** 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.

**18,150** Number of individuals in the Delta who have received medical or educational services from a DHA program during the 2008–2009 fiscal year.

**52%** Percentage of pre-school children in Humphreys County who have received free books from the DHA / Dolly Parton Foundation Imagination Library project.

**207** Number of mothers in Washington and Leflore Counties who are part of the Maternal Infant Health Outreach Worker program and who have received multiple visits 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.

## **Improving Access to Health Care Providing Education for Healthier Lifestyles**

---

That's how the Delta Health Alliance is changing the world of health care in the Mississippi Delta.





## Growing More Nurses in the Delta



Cleveland, Miss. – After a successful career as a teacher with the Memphis city schools, Emily Newman has started a second career. Today, the 56-year-old Delta resident is a third-semester junior in the Delta State University School of Nursing.

Thanks to a collaborative effort between Delta State University and the Delta Health Alliance – aimed at curbing the serious nursing shortage in Mississippi – Newman is now on a scholarship that pays the cost of tuition, books, and uniforms. It's called the “nursing shortage scholarship,” and Newman – who has a 3.26 cumulative grade point average – does not take it lightly.

“I treat nursing school as a job, eight to five every day,” said Newman, who lives on campus. “It's a rigorous program, but I understand I am being prepared to deal with individuals with life-threatening illnesses. I'm in the right place.”

The partnership between Delta State University and the Delta Health Alliance, which began in 2006, seeks to increase the quantity and quality of nurses in the Delta through recruiting and retention, through scholarships and loans, and by reducing attrition and increasing graduation rates. Statistics thus far suggest that the partnership is working. Consider:

- Despite an increase in the nursing school's admission standards in 2008, the number of qualified applicants is twice the number of those who can be admitted (about 75 applicants for 45 positions). Five years ago, there were not enough qualified applicants to fill a class of 30.
- The retention rate for nursing students has jumped from 50 percent in 2006 to 80 percent in 2008.
- Classroom and laboratory sizes have doubled to keep up with the increase in nursing students since the partnership with the Delta Health Alliance.

- Recruiting has risen from about 20 activities a year in 2003, mainly held at community colleges, to nearly 100 events that are now more community oriented and aimed at attracting more applicants into the nursing program.

Perhaps the biggest key to success is the special attention offered to Delta State's nursing students—attention not found in many other schools, say students and administrators.

“The faculty here is great at identifying a strength in a student and encouraging that student,” said Teresa Haynes, a third-semester junior nursing student from Cleveland. “When they help us on a personal level, we can move forward in the academic area. They keep the goal right in front of us. We're not just numbers to them.”

Dr. Libby Carlson, Dean of the School of Nursing, says the school pays close attention to support programs for students, such as orientation that includes parents; “ready programs” that prepare students before they begin; and a full-time, on-site counselor available the moment a student needs assistance.

It is important, Carlson said, for a bond to develop between student and faculty member. “I always know the name of every student who comes through these doors.”

The partnership with the Delta Health Alliance has made a tremendous difference in the success of the nursing school – and in the success of the students, she said. “As the standards have been going up, we've been able to keep pace. We've always been an excellent school, and we are getting better and better. The Delta Health Alliance has helped make that happen.”

## Replacing Paper Records With Electronic



Greenville, Miss.—There's no doctor's black bag anymore; only a tablet-size personal computer; no hard-to-read handwritten prescriptions; just a mouse-click transmission to any pharmacy, anywhere in the country; no charts or bulky paper records; simply a series of commands that keeps every aspect of a patient's care in a virtual world. Welcome to a new age of medicine in a region of America that has historically been left behind when it comes to technology and health care. It's called Electronic Health Records (EHR), and it's quickly taking hold in the Mississippi Delta. Just ask Dr. Kenneth Hahn.

"If I had to ever handwrite a prescription again it would be a total disaster," said Hahn, a Greenville cardiologist. "We could not function now without electronic records. It just blows my mind."

Improved efficiency. Increased patient safety. Better doctor-patient communication. More accurate and complete medical records. It all translates into an even higher level of care for Delta residents.

Hahn is one of more than three dozen Delta physicians who are now using EHR thanks to the Delta Health Alliance, which is funding every aspect of the new system. The EHR project began in 2007 by first building the technological infrastructure necessary to make it work. A year later, the first doctors were using the new system, and their numbers are growing.

"We're talking about groups of people who have been in a manual, paper-based process all of their careers," said Chuck Fitch, chief information officer for the Delta Health Alliance. "We began with three or four physician groups in the Delta and showed them the system. It took about a month before the doctors began easing out of the paper system and started using electronic records. Now, we have more business than we can keep up with."

Without the Delta Health Alliance, a five-group physician practice, as an example, could expect to spend between \$150,000 and \$250,000 to set up a similar system. The Alliance provides a turn-key operation that includes: implementation, training, redeployment of office flows,

ongoing support, and, of course, the tablet-size personal computers.

"My staff takes care of all that," said Fitch. "The benefit to them financially is that they don't have to invest in computer servers and trained staff and some of the most complex software on the market."

Once it is working, the advantages to both doctor and patient are plentiful. With PC in hand, Hahn can process every aspect of a patient visit, from time of arrival to time of discharge.

He can review a patient's history, trend vitals such as weight, and see lab results. He can better manage medications for improved health and patient safety, and help patients save money with generic drugs. He can send prescriptions to local pharmacies or mail-order pharmacies with a click of his mouse. He can keep better track of his daily clinic schedule, down to the minute. He can access patient records from home in the middle of the night if emergencies arise. And he can more accurately process medical fees and charges, ensuring proper reimbursement for care.

Hahn estimates that EHR has increased his productivity significantly, allowing him to see two to three more patients in a clinic session. "And my patients absolutely like this," he said.

"They are watching everything. They look at their medication list, their trends, and some of their lab values. They know if I walk in without my tablet, something is missing."

Wilma Malone is one of those patients. She knows the value of EHR firsthand.

"The first time he came in with the computer and showed me, I said, 'That's really something good,'" said Malone, a Greenville resident who has been a patient of Dr. Hahn's for about nine years.

"It means he has more time to give me. The more he has to write, the less time he's able to spend talking with patients. And Dr. Hahn is one who likes to give a lot of patient care," she said. "I am so glad you [the Delta Health Alliance] are doing this now. When you give a doctor the technology to be even more efficient, that's a wonderful thing."

## Teaching Early for a Lifetime of Success



Indianola, Miss.—Kerry Watson likes to read with his eyes closed. He knows his favorite book by heart—the one about the giant and the kid who plays a ukulele. A large pair of green toy binoculars hangs around his neck as he recites, just in case something in the distance catches his attention. “They taught me how to read it,” Kerry says of the book. “They’ve been helping me.”

Kerry Watson is four years old, and “they” are the teachers at the Indianola Promise School, an early learning and reading program in the Mississippi Delta that is preparing children for kindergarten. The Delta Health Alliance has partnered with Mississippi State University to make the project possible.

“This is the first time this has happened in the Delta. It is very much needed and greatly appreciated,” Promise School teacher Carolyn Lee said of the collaboration between the Alliance and the university. “We see so much achievement and excitement. These children are really getting what they need to be prepared for the next step.”

What began in 2008 with a daily summer enrollment of about 120 children has grown to include more than 170 students. With 12 children and two or three teachers per class, each child receives the individual attention needed to learn. From 8:00 a.m. to 2:30 p.m. each day, five days a week, the young students are involved in activities that will put them about nine weeks ahead of other kindergartners, said Victoria Brown, school manager.

At the Promise School, they learn reading, math, science, and social skills. They discuss news of the day, write in journals, learn self-help skills, and just talk with their teachers. There is free play and structured play outside on the playground. There is Sesame Street and Between the Lions inside on the DVD player. There is breakfast, lunch, snacks, and naps. It’s a full day. “It keeps them up on the things they need to know to have a smooth transition to kindergarten,” said Lee. “They need this to fill that gap.”

After the first summer program concluded in 2008, several students were “shadowed” for their first year of kindergarten, said Brown. “And what we found was that

the Promise School made a very large difference in reading and in their social skills—how to share and get along.”

A second early reading program is also making a difference in the Delta counties of Leflore, Washington, and Humphreys. Called the Dolly Parton’s Imagination Library, it is a partnership between the Delta Health Alliance and Mississippi Valley State University that mails free books each month to pre-school kids up to their fifth birthday. Already more than 3,500 children are enrolled.

“We want to make sure of several things,” said Eunice Bray, director of the Delta Health Initiatives at the university. “First, that we catch these children at a very young age. Second, that they are being read to by their parents. And third, that they are prepared for kindergarten.”

Staff members not only work nights and weekends to enroll children into the program, they also go into communities and read to children themselves, along with student readers from Mississippi Valley, said Bray. They work with the U.S. Postal Service and local postmasters to track those children whose families have changed addresses to make sure they keep receiving their books. Otherwise, the books would be discarded.

“We find that these children are actually teaching their parents to read to them. The books create a sense of ownership, and the children are insisting that they be read,” said Bray. “This is such a win-win.”

When asked why a health care organization is helping children prepare for kindergarten, Karen Fox, Delta Health Alliance CEO, explains, “The more educated a citizen is, the healthier a citizen is. They learn more about health care and wellness. The world of physicians and hospitals and prescriptions is less daunting. And they have the learning skills to absorb more information.”

Back at the Indianola Promise School though, Kerry Watson shouts out the last few words on the last page of his book, slaps the cover closed, and throws his big green binoculars to his eyes. Something in the distance has caught his attention.

## The Good Samaritan of the Delta



Greenville, Miss.—The pounding headaches. The lack of sleep. The depression. The inability to hold a job. Just as Leon Hughes was ready to lose all hope, and possibly his life, he found a Good Samaritan.

“I wouldn’t be here without this place. I’ve lost nearly 50 pounds. I don’t have the headaches. I’m sleeping. And, I’m able to work,” said Hughes, who suffers from hypertension.

The “place” to which he refers is the Good Samaritan Health Center in Greenville, a patient-centered medical home for primary care for the uninsured, like Hughes. For a minimal fee based on income, patients receive the treatment and medication they need for chronic diseases such as diabetes, cardiovascular disease, and high blood pressure.

Open since 2006, the Good Samaritan Health Center recently partnered with the Delta Health Alliance to provide additional staffing and technical support in order to expand the clinic’s scope of services and its hours.

“It has made a difference to life itself,” said Hughes, clad in an “I Love Jesus” ball cap and a perpetual smile. After three years of unemployment due to severe high blood pressure, Hughes is today flying high after landing a job last year prepping airplanes for painting. He is one of many success stories emanating from the Good Samaritan Health Center.

Each week, an average of 50 uninsured patients come to the center, said Jane Calhoun, Director of Field Operations for the Delta Health Alliance. The goal is to double that. And, as Calhoun explained, “Our model looks at more effective ways to provide primary care by changing the traditional models.”

This new model seeks to make patients more active members of the health care team and take responsibility for self-management of their chronic illnesses. A nurse practitioner teams with nursing staff to perform follow-up activities and patient monitoring, saving the doctor time to see new patients and treat more serious cases.

“The Delta Health Alliance has provided a dedicated nurse practitioner, a dedicated nurse, funding for equipment, and a clinic manager,” said Calhoun, adding that the center has

moved to electronic medical records and is using patient management software that has improved the overall operation. But it is the personal attention and commitment to those without health insurance that patients truly appreciate.

“They are wonderful people up there,” said Linda Street of Greenville, whose diabetes had rendered her legally blind until the center arranged for surgery that has given her back her eyesight. “I couldn’t afford to be treated. I couldn’t get any insurance. They go out of their way to help us. They are miracle workers.”

The same sentiment is also being heard among small business owners who cannot afford health insurance for their employees. Consider Carolyn Cochran, who, with her husband, operates a cotton farming operation outside of Greenville.

“Several of our employees began using the clinic, and it’s just been a blessing,” said Cochran. “I feel so passionate about this place because we’ve found ourselves in similar situations with the rising cost of health care.”

Cochran’s employees have taken advantage of classes focused on diabetes, nutrition, and smoking cessation as a means to provide preventative care. In return, Cochran’s business makes regular donations to Good Samaritan—a program of giving that the center is working to expand to other Delta employers who lack affordable health insurance for their employees. Called the “Delta Plan,” employers can enroll their employees for a modest fee.

The care and attention provided by the Good Samaritan Health Center have a way of rubbing off on the patients it serves. Take Leon Hughes, the hypertension patient who lost 50 pounds:

“Those folks helped change my life,” he said. “I felt if they could help me, I needed to do something to help myself. So I started riding a bike five miles a day, and I lost all that weight. Everybody gives something. That’s what this is all about.”

As this report goes to press, the Delta Health Alliance is establishing similar clinics in Belzoni and Indianola.

## Taking Care of the Most Vulnerable



Itta Bena, Miss.—In a world full of excuses, Kimberly Cross hasn't one to offer.

A 24-year-old single mother to a 21-month-old daughter and a 9-month old son in one of the poorest regions of America, Kimberly managed to go to college during both pregnancies, receiving a business administration degree in May 2009 from Mississippi Valley State University.

One more fact about Kimberly: her infant son was born blind.

"It's been hard," she said. "But it would have been a lot harder without the MIHOW program. It's been a Godsend."

MIHOW, or the Maternal Infant Health Outreach Worker program, is a collaboration between Mississippi Valley State University (MVSU) and the Delta Health Alliance aimed at improving access to appropriate health care services and resources for low-income mothers and expectant mothers.

"We are trying to prevent infant mortality. We are trying to catch these moms while they are pregnant," said Eunice Bray, director of the Delta Health Initiatives at MVSU. "We go in and try to educate them. We problem solve. Healthy babies and healthy moms is our goal."

For Kimberly, who signed up for the program at a recruiting seminar just before the birth of her son, help came in the form of monthly at-home visits; of teaching her the "stepping stones" of infant development and learning; of making sure she didn't miss scheduled doctor's appointments; and of providing the tools she needed to be a better mom.

"My baby boy likes to listen to music, so they gave me songs," Kimberly said. And through the MIHOW program, she was able to find money for the tuition she needed to complete her undergraduate degree. "That was big. Otherwise, I would have had to go to school part-time and found a job to pay for it," she said.

In the Mississippi Delta, the statistics surrounding the MIHOW program are eye opening:

- Of the nearly 300 mothers who have enrolled in the program in Leflore and Washington counties, approximately half are teenagers.
- Of the mothers in the program, approximately 80 percent live in homes with no fathers.
- Almost all of the mothers assisted through the program will not have fathers who are actively involved in their child's growth and development.

"If we don't help these moms, the cycle will continue," said Bray. "We're not talking about just infant mortality, but children with all sorts of problems. To have these pregnant teens go see their doctors regularly, we view as a success."

Rosie Thomas, one of the program's 12 site workers, said a key element is building trust, not just with the mothers, but with the entire family. Much of the information about pregnancy and infant health that they think is correct is wrong. "I had one mom say to me, 'You answered questions my own mom couldn't answer.'"

The MIHOW program is infant centered, dealing with issues that may cause young mothers to have unhealthy children. And the Delta Health Alliance is helping ensure its success.

"The Delta Health Alliance is the thread that ties us together," said Bray. "They have provided the funding and the support when we need it. They are like the undergirding that holds us all together."

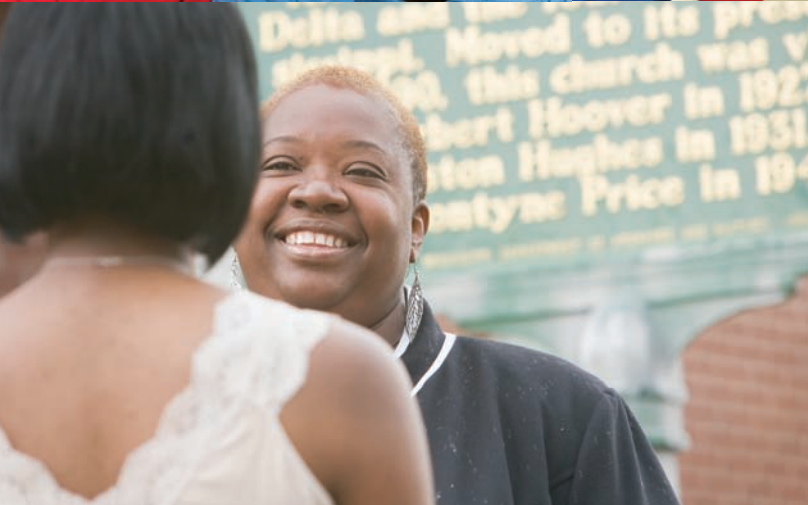
As for Kimberly's children, "My daughter exceeded everything they told me about through the stepping stone program. My son is taking a little longer, but he's finally catching up to other babies his age."

And Kimberly? "My plan is to get into the master's program at Valley. And, hopefully, when I graduate with my MBA, the economy will have gotten a whole lot better."

No excuses.

# Delta Health Alliance Program Summaries

---



## Major Projects of the Delta Health Alliance

### Healthy Lifestyles or “Body & Soul”

*Partner: Mississippi Valley State University*

The Body & Soul program’s goal is 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 across the Delta. Outcomes will consist of health screenings focused on diabetes, hypertension, and overweight/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 interventions that work effectively in overcoming regional barriers to fruit and vegetable consumption.

### Tele-stroke

*Partner: University of Mississippi Medical Center*

This program addresses the epidemic of stroke facing the Delta by linking doctors at the University Medical Center (UMMC) in Jackson with physicians and other health care personnel in rural hospitals through high-speed telecommunications and Internet connections. Instead of spending precious time bringing patients from the Delta to UMC, this program brings the specialists in Jackson directly to the patients and their doctors in clinical settings throughout the Delta. Diagnoses can be made, treatments ordered, and prescriptions filled all via the high-speed Internet connections designed specifically for this project. Outcomes will include improved access to care to stroke patients, timely delivery of stroke-busting medications that prevent brain damage, and overall reduction of disability associated with stroke. The program will provide access to life-changing medical care that would otherwise be unobtainable in isolated, rural communities.

### Electronic Health Records (EHR)

*Partner: Delta Hospitals and Physicians*

This project represents a regional effort to unite the health information systems of different providers and improve access to health records for patients and authorized providers. 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. As of the close of 2009, more than 640,000 individuals had their health records stored on the Delta Health Alliance (DHA) Electronic Health Records system, making it easier for doctors to diagnose and treat illnesses and prescribe medications. And, at the close of the year, 170 health care professionals were using the DHA Electronic Health Records system.

### Addressing the Nursing Shortage

*Partner: Delta State University*

This project responds directly to the critical need for more nurses to serve the Delta region. This collaborative relationship aims 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, Delta State University has experienced a 260 percent increase in enrollment; 222 students have graduated, and 164 are currently enrolled. The retention rate for nursing students has increased from 50 percent in 2006 when the grant started to 85 percent in 2009.

### Enhancing the Workforce Through Technology Training

*Partner: Charles W. Capps, Jr. Technology Center*

The Capps Center aims to make delivery of work skills and advanced technical training more available to Delta workers and area industries, and to increase the number of underskilled, unskilled, or unemployed workers who are trained. The Capps Center specifically focuses on improving skill sets of health care workers, both professional and staff, and improving competencies, satisfaction, retention, and performance. Outcomes include pre-employment education and certification training to new workers; training to employees of small businesses, health care clinics, and companies; providing training specific to the health care industry; monthly training sessions specifically on health care; and customized training sessions for home health agencies and home nurses.

### Health Literacy

*Partner: Mississippi Valley State University*

Known as the MIHOW project—Maternal Infant Health Outreach Worker—this program targets one of the most critical needs in the Delta—children’s health and wellness. The project has a goal of improving access to appropriate health services for low-income families with young children. Services include monthly at-home visits, help with making scheduled physician visits, and providing materials about infant development and learning. Through the end of 2009, more than 300 mothers have enrolled in the program in Leflore and Washington counties, and about 80 percent live in homes with no fathers. MIHOW is

all about increasing the number of children entering school with the literacy skills needed for future development and increasing the number of families with young children that are linked to appropriate services and programs that foster healthy early development.

### **Delta Pharmacy Patient Care Management Services**

*Partner: University of Mississippi*

This effort utilizes rural pharmacists to assist in medication management of Delta patients through coordinating medication use and health outcomes for these patients, utilizing Electronic Health Records supported by telemedicine to improve safety and adherence to pharmaceutical therapy, and evaluating the efficacy of Pharmacy Patient Care Management Services on medication adherence and disease management. This project has to date been implemented in eight community pharmacies in Coahoma, Panola, and Yazoo counties, with plans to expand into Bolivar, Holmes, Leflore, Sunflower, Tallahatchie, and Warren counties. The community impact will be a reduction in medication errors and improved clinical and economic outcomes for beneficiaries in Delta communities.

### **Dolly Parton's Imagination Library**

*Partner: Mississippi Valley State University*

The goal of this project, funded in part by the Dolly Parton Foundation, is to foster reading by young children by mailing a free book once a month to children who join the program. More than 3,000 children in Leflore, Sunflower, and Washington counties are receiving a free book mailed to their homes each month. During the coming year, the program will be expanded to one or two more counties.

### **Delta Early Learning Program**

*Partner: Mississippi State University*

The Delta Early Learning Project is designed to address the targeted areas of young children's health and educational development in Indianola and will: (1) implement a Maternal Infant Health program to increase access to care for families with young children; (2) implement a Delta Promise School to facilitate the transition for children entering kindergarten; and (3) create a Parent Promise School/Sisterhood program that provides weekly training classes at one or more of the local schools for pregnant teens and those who have very young children. The community impact will be families with young children receiving appropriate care in a timely fashion with children who are given the tools and skills needed for early success in school.

### **Telepsychiatry in the Delta**

*Partner: University of Mississippi Medical Center*

The Mental Health Services Improvement—Telepsychiatry in the Delta project was developed to address two critical needs: (1) to reduce disparities in mental health treatment for those living in the rural Mississippi Delta region; and (2) to improve the quality of services delivered to those seeking mental health care at local community mental health centers in the Delta. The program will link isolated communities to mental health service providers via live two-way audio/video connections by allowing patients to come to a community health center in the Delta and talk with a psychiatrist. But the doctor is in Jackson, and the conversation takes place over video and audio high-speed connections. The program collaborates with community mental health centers in Clarksdale and Greenwood and will expand services to clinics in Charleston, Indianola, and Belzoni. The community impact will be increased access to quality care for mental health patients, reduced travel time to providers, and improved mental health outcomes.

### **21st Century Model for Chronic Disease Care**

*Partner: Local Clinics*

This project utilizes an evidence-based patient-centered medical home model (PCMH) that creates primary care teams in rural clinics that can meet the many needs of patients with chronic disease, including diabetes, hypertension, and cardiovascular disease. This model will be piloted in three clinics serving the working poor who are living with diabetes, hypertension, or heart disease. Outcomes include increased access to appropriate care, improved blood pressure and other clinical measures, reduced cost of care, reduction in absenteeism, and improved quality of life. The community impact will be a reduction in disease and mortality as well as a stronger economy from less lost time at work and reduced medical costs. The first clinic to adopt this project was the Good Samaritan Center in Greenville. The Delta Health Alliance is now operating a similar clinic in Belzoni and will soon open one in Indianola. Since the Delta Health Alliance adopted the Good Samaritan Center, the number of patients seen by clinic staff has increased 215 percent.

### **Addressing the Teaching Shortage in the Delta**

*Partner: Delta State University*

The College of Education at Delta State University aims to foster leadership development in Delta schools and communities while establishing the presence of caring, capable teachers who can influence life choices. The project provides Leadership Training scholarships, faculty training, and a Literacy Enhancement Clinic. The outcomes will be high-quality leadership for Delta area schools/communities and scholarships/support for the recruitment, training, and retention of high-quality teachers for Delta schools.



## **Remote ICU Care**

*Partner: University of Mississippi Medical Center*

Technology makes this program possible, in partnership with the University Medical Center (UMMC). Hospitals in the Delta that have patients in need of ICU care can keep those patients under local care but, at the same time, electronically link those patients to a new remote monitoring center at UMMC. At this center, specialists can use the latest diagnostic technology to monitor these critical care patients, even though they are hundreds of miles away. In doing so, the Delta Health Alliance is bringing first-class care to the Delta's neediest patients, but doing it over the Internet. In this way, Delta hospitals can retain more patients while providing them with more specialized care.

## **Enhancing our Community Health Centers Through the Medical Home Model**

*Partner: Mississippi Primary Health Care Association*

This project provides financial and programmatic support to community health centers and hospitals to develop collaborative relationships and service delivery models. It aims to assess organizational readiness among potential collaborators, assess the patient characteristics and center utilization in local communities, initiate and provide expanded services to patients, and analyze patient utilization of the centers to determine cost effectiveness and reduction of non-urgent hospital use. Anticipated outcomes will be changes in the number and percentage of patients who utilized the community health centers as regular sources of care, 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.

## **Rural Health Scholars**

*Partner: University of Mississippi Medical Center*

New doctors are coming to the Delta, thanks to the Rural Health Scholars program. Working in partnership with the University Medical Center (UMMC), up to 20 medical students a year will spend part of their academic semester practicing with doctors throughout the Delta. The goal is not only to help alleviate the physician shortage in the Delta, but also to encourage medical students to consider locating their practices in the Delta once they graduate. As part of the program, students from UMMC complete a one-month course at one of the clinics in Belzoni, Vicksburg, Greenville, Greenwood, Charleston, and Cleveland that are partnering with the Delta Health Alliance and UMMC. The students receive hands-on training by interacting with patients and medical staffs, while at the same time helping with community service projects sponsored by local civic

organizations. This enables them to gain educational and cultural experiences that will enhance their personal growth, as well as influence them to return and establish practices in the Delta.

## **Children's Oral Health**

*Partner: Mississippi State University*

Joining with the State Department of Health, Mississippi State University is working with 31 licensed child care centers in Coahoma County to enroll students in a special program aimed at giving them the best dental care possible. Children will receive risk assessments, screenings, oral health education, and fluoride varnish applications.

## **Indianola Promise Community**

*Partner: Indianola Promise Steering Committee*

Modeled after the highly successful Children's Zone program in Harlem, New York, the Indianola Promise Community project is designed to focus an unprecedented level of resources and funding to help the children of Indianola become healthier and have higher education achievements. It is a community-led initiative that will provide grants for programs ranging from after-school tutoring, summer school opportunities, mentoring, work-study, health screening, primary care, and prenatal and family planning services. All of the program components will be 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.



## FROM THE VICE PRESIDENT FOR FINANCE



I am pleased to report that the Delta Health Alliance (DHA) ended the year in excellent financial health. The continued financial 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 2009 was an exceptional period for DHA, 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 past year, we set out to identify work-flow restrictions and to clearly define the necessary controls associated with our major financial processes. While our focus, as a young organization, was primarily on establishing policies, procedures, and internal controls, and assessing the adequacy of the financial and accounting systems, the organization has also pursued a broader vision for controls that also includes a focus on the effectiveness and efficiency of business and programmatic processes.

The management of DHA is responsible for the preparation and fair presentation of the consolidated 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 that were submitted to our Board of Directors on February 23, 2010.

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

- Richard A. Washington  
Vice President,  
Finance and Administration

# Financial Summary

2009

2008

## REVENUES AND SUPPORT

### SUPPORT:

Contributions	\$42,368	\$42,468
Federal financial assistance		
CDC Community Health Promotions Programs grant		\$254,427
HRSA - Delta Health Initiative grant	\$18,300,949	\$12,868,683
RD Rural Community Assistance Partnership grant	\$35,944	\$135,771
HRSA - AHRQ The Blues Project grant	\$293,174	\$73,729
HRSA - Delta State Rural Development Network grant	\$404,168	\$174,360
USDA - RUS Distance Learning	\$329,724	-
USDA - Human Nutrition	\$5,494	-
Univ. of Southern MS - Lower Mississippi Nutrition	\$20,481	-
Other Grants		
Sanofi-Aventis	\$10,000	-
Mississippi Department of Health Tobacco Cessation	\$8,425	-
Nurse Family Partnership	\$5,000	-
<b>Total Support</b>	<b>\$19,455,727</b>	<b>\$13,549,438</b>

### REVENUE:

Program, service fee and other income	\$352,290	\$166,355
---------------------------------------	-----------	-----------

<b>TOTAL UNRESTRICTED SUPPORT AND REVENUE</b>	<b>\$19,808,017</b>	<b>\$13,715,793</b>
---	---------------------	---------------------

## EXPENSES

### PROGRAM SERVICES (Grants to subrecipients):

University of Mississippi Medical Center	\$4,894,947	\$3,021,034
University of Mississippi	\$783,980	-
Delta State University	\$1,531,371	\$1,158,486
Mississippi State University	\$988,203	\$1,352,768
Mississippi Valley State University	\$553,787	\$326,348
University of Southern Mississippi	\$336,732	\$241,334
Mississippi Department of Health	\$369,036	-
Capps Center	\$399,286	\$476,646
Mississippi State Hospital Association	\$742,200	\$471,747
Jackson State University	\$227,414	\$324,883
Mississippi Primary Care Association	\$115,796	\$885,849
Other Grants Awarded	\$421,815	\$26,050
<b>Total Program Services</b>	<b>\$11,364,567</b>	<b>\$8,285,145</b>

### DHA ADMINISTERED PROJECTS (Program Services):

Electronic Health Records - Operating Expense	\$2,736,273	-
Construction and Capital Improvements	\$35,692	-
21st Century Model for Chronic Disease Care	\$194,669	-
<b>Total DHA Administered Projects</b>	<b>\$2,966,634</b>	<b>-</b>

### SUPPORTING SERVICES:

Program Support, Administrative, and Indirect Costs	\$3,160,958	\$3,594,275
---	-------------	-------------

<b>TOTAL EXPENSES</b>	<b>\$17,492,159</b>	<b>\$11,879,420</b>
-----------------------	---------------------	---------------------

Increase in unrestricted net assets	\$2,315,858	\$1,836,373
-------------------------------------	-------------	-------------

<b>NET ASSETS AT BEGINNING OF YEAR</b>	<b>\$4,288,864</b>	<b>\$2,452,491</b>
--	--------------------	--------------------

<b>NET ASSETS AT END OF YEAR</b>	<b>\$6,604,722</b>	<b>\$4,288,864</b>
----------------------------------	--------------------	--------------------

\* Fiscal Year 2009 Beginning July 1, 2008 - June 30, 2009

\*\* Fiscal Year 2008 Beginning July 1, 2006 - June 30, 2008 (One year authorization was expended over a two-fiscal year period)

\*\* During the 2008 Fiscal Year, the accounting basis was changed from Cash to Accrual and the Fiscal Year Period changed from calendar year to a July through June period.

# Budget & Expense Report

DELTA HEALTH ALLIANCE SUB-RECIPIENT PROJECTS / July 1, 2009 through January 31, 2010

Account Title	Year-to-Date	Annual Budget	Budget Variance (over)/under
MVSU-Healthy Lifestyles	47,952	559,055	511,103
MVSU-Promoting Wellness	-	685,661	685,661
<b>TOTAL MS VALLEY STATE UNIVERSITY</b>	<b>47,952</b>	<b>1,244,716</b>	<b>1,196,764</b>
DSU-Nursing Shortage	205,462	1,076,173	870,711
DSU School of Nursing - Construction Projects	189,059	725,311	536,252
DSU-Delta Teacher Shortage	402,732	1,929,641	1,526,909
<b>TOTAL DELTA STATE UNIVERSITY</b>	<b>797,253</b>	<b>3,731,125</b>	<b>2,933,872</b>
UM-Delta Pharmacy Patient Care Mgt	166,398	1,404,340	1,237,942
Nutritional Needs of Students	65,102	286,680	221,578
<b>TOTAL UNIVERSITY OF MS</b>	<b>231,500</b>	<b>1,691,020</b>	<b>1,459,520</b>
Improving Critical Care: VISCU	376,667	1,800,590	1,423,923
TelePsych & Mental Hlth	7,173	767,727	760,554
Rural Health Care Scholars	41,405	398,137	356,732
Telestroke	-	250,000	250,000
<b>TOTAL UNIV OF MS MEDICAL CENTER</b>	<b>425,245</b>	<b>3,216,454</b>	<b>2,791,209</b>
MSU- HIV Testing	-	53,563	53,563
MSU-Delta Early Learning	286,948	969,842	682,894
MS Delta Children's Oral Health Project	82,562	618,898	536,336
<b>TOTAL MS STATE UNIVERSITY</b>	<b>369,510</b>	<b>1,642,303</b>	<b>1,272,793</b>
Getting on Target with Community Health Advisors	133,819	459,271	325,452
<b>TOTAL UNIV OF SOUTHERN MS</b>	<b>133,819</b>	<b>459,271</b>	<b>325,452</b>
Capps Center-Workforce Training	3,490	358,563	355,073
<b>TOTAL CAPPS</b>	<b>3,490</b>	<b>358,563</b>	<b>355,073</b>
MSHA- HealthCare Workforce	-	114,699	114,699
MSHA-Ruraltel Emergency	-	94,052	94,052
<b>TOTAL MS HOSPITAL ASSOCIATION</b>	<b>-</b>	<b>208,751</b>	<b>208,751</b>
MPCA-Community Health Center	60,908	1,084,204	1,023,296
<b>TOTAL MS PRIMARY CARE ASSOCIATION</b>	<b>60,908</b>	<b>1,084,204</b>	<b>1,023,296</b>
Community Outreach and Behavioral Health Education Initiative (COBHED)	-	250,000	250,000
<b>TOTAL TOUGALOO COLLEGE</b>	<b>-</b>	<b>250,000</b>	<b>250,000</b>
MS Dept of Health-Delta Infant Mortality Elimination	177,361	1,367,710	1,190,349
<b>TOTAL MS DEPT. OF HEALTH</b>	<b>177,361</b>	<b>1,367,710</b>	<b>1,190,349</b>
D.A.R.E. Program	105,546	743,566	638,020
<b>TOTAL D.A.R.E. PROGRAM</b>	<b>105,546</b>	<b>743,566</b>	<b>638,020</b>
Electronic Health Records	3,466,440	5,551,458	2,085,018
DHA - Health Literacy	103,847	244,200	140,353
Delta Asthma Project	553	129,536	128,983
21st Century Primary Care Model for Chronic Disease	510,807	2,037,373	1,526,566
Indianola Promise Community	63,605	1,235,133	1,171,528
<b>TOTAL DHA ADMINISTERED PROJECTS</b>	<b>4,145,252</b>	<b>9,197,700</b>	<b>5,052,448</b>
<b>TOTAL FOR DHI PROJECTS<sup>1</sup></b>	<b>\$6,497,836</b>	<b>\$25,195,383</b>	<b>\$18,697,547</b>

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

## DHA Board Members

---

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

**Dr. Donna Oliver** (Vice-Chairman)  
President,  
Mississippi Valley State University

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

**Rep. Willie Bailey**  
Community Representative

**Mr. Bruce Brumfield**  
Community Representative

**Dr. Mark Keenum**  
President,  
Mississippi State University

**Dr. James Keeton**  
Vice Chancellor,  
University of Mississippi Medical Center

**Dr. Cass Pennington**  
Community Representative

**Mrs. Lisa Percy**  
Community Representative

## DHA Executive Staff

---

**Dr. Karen Fox**  
President and Chief Executive Officer

**Mr. Ricky Boggan**  
Chief Operating Officer

**Ms. Anna Lyn Whitt**  
Special Assistant to the CEO

**Mr. James Hahn**  
Senior Vice President of Policy and Programs

**Mr. Richard Washington**  
Vice President of Finance and Administration

**Dr. James C. Gilmore**  
Chief Medical Officer

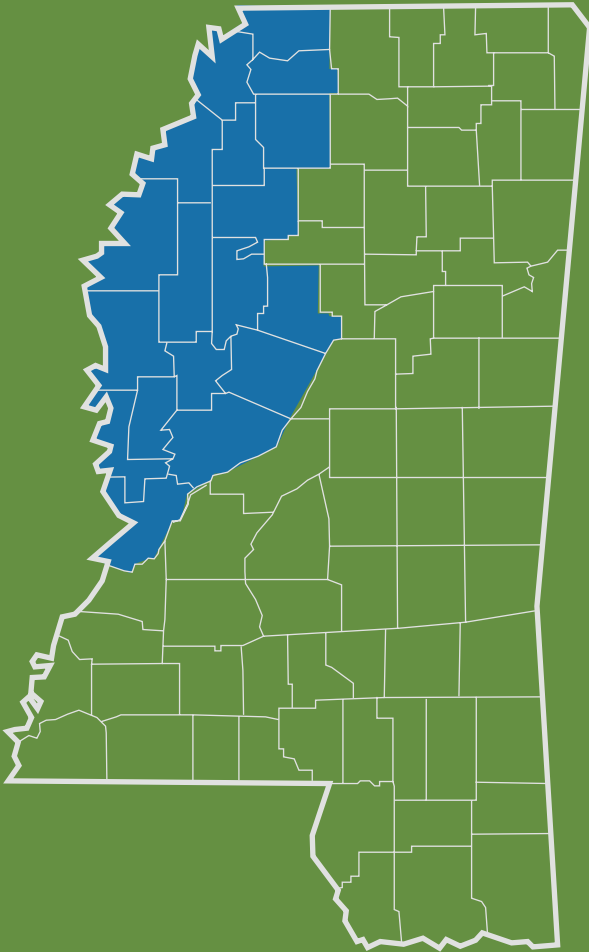
**Mr. Chuck Fitch**  
Chief Information Officer and  
Vice President for Information Systems

**Mr. Thomas Edwards**  
Vice President of Development

**Ms. Beth McCullers**  
Director of Sponsored Programs

## Delta Health Alliance

### Service Area



*“I am so proud to be part of an organization that measures success in lives. Through the efforts of the Delta Health Alliance, we see the faces of real success.”*

Karen C. Fox, PhD  
President and Chief Executive Officer

### **Delta Health Alliance...at a glance**

*The 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 the 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 the 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



Post Office Box 277

Stoneville, MS 38776

662-686-3520

[www.deltahealthalliance.org](http://www.deltahealthalliance.org)