

THE  
DELTA  
HEALTH  
ALLIANCE  
*...at work*



A Report from the Field



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



## DELTA HEALTH ALLIANCE

Solutions for a Healthy Tomorrow

### FROM THE CHIEF EXECUTIVE OFFICER



Welcome to this third edition of our Report from the Field, a periodic publication we use to highlight some of the 41 programs we sponsor, along with their partners and constituents.

The Delta Health Alliance is a four-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 is 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 have left the Mississippi Delta on the bottom of virtually all health care rankings, takes time. It also takes money. It takes constant assessment and reassessment of program data.

And it takes everyone working together toward a common goal of changing the way health care is delivered. Bringing about that change, nurturing that change, and building on that change is what the Delta Health Alliance is all about.

Karen C. Fox, Ph.D.  
*President & CEO*

## Delta Health Alliance at work

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

**891,104** 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.

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

**250%** 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.

**7,000** Number of pre-school children in the Delta who have received free books from the DHA / Dolly Parton Foundation Imagination Library project.

**871** 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 the University of Mississippi Medical Center's physician staff, as a result of DHA funding.

**400** Patients served by 12 Community Mental Health Centers and the State Hospital representing 12,000 TelePsychiatry encounters.

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## Growing More Nurses in the Delta

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CLEVELAND, MISS.—As a high school student, Emily Newman was told by her guidance counselor that she probably wasn't smart enough to become a nurse. When she retired in 2006 after a successful four-decade career in the Memphis city schools, she realized her dream.

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.

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- The retention rate for nursing students has jumped from 50 percent in 2006 to 80 percent in 2008, 2009, and 2010.
  - Classroom and laboratory sizes have doubled to keep up with the increase in nursing students since the partnering 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 University nursing students—attention not found in many other schools, say students and administrators. Dr. Libby Carlson, dean of the school of nursing, says the school pays close attention to support programs for students, such as orientation 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.”

Last year, the School of Nursing was able to acquire a nursing simulation lab, which doubled the nursing clinical practice space. These life-size mannequins provide simulation-based education to challenge and test students’ clinical and decision-making skills during realistic patient care scenarios and allow trainers to replicate a wide variety of acute and chronic conditions that provide students with “hands-on” experience in the safety of a lab.

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 Records



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 keep 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 300 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.

“We’re talking about groups of people who have been in a manual, paper-based process all of their careers,” said Taylor Strickland, VP of Information Systems for the Delta Health Alliance. “We began with three or four physician groups in the Delta, our ‘guinea pigs,’ 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, our business is really booming.”

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 turnkey operation that includes: implementation, training, redeployment of office flows, ongoing support, and, of course, the tablet-size personal computers.

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“My staff takes care of all that,” said Theresa Hill, Associate VP of Information Systems. “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.

“I would not do a session without it [EHR],” he said.

Hahn estimates that EHR has increased his productivity significantly, allowing him to see two to three more patients in a clinic session. More patients per doctor means greater access to health care for more Mississippians. “And my patients absolutely like this,” he said. “They are watching everything. They look at their medication list, their trends, 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 first-hand.

*“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. 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

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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’s so much needed and so much 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, students 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.”

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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 Bolivar, Coahoma, Sunflower, Leflore, Washington, and Humphreys. Called the Imagination Library, it is a partnership between the Delta Health Alliance and The Dolly Parton Foundation that mails free books each month to pre-school kids up to their fifth birthday. Already more than 6,000 children are enrolled.

“Our primary goal is to enhance families’ home literacy environment to promote more parent/family involvement in early literacy. It is our hope to provide a rich literacy environment for young children and to foster meaningful and nurturing parent-child interactions that result from reading together,” said Brooks Ann Gaston, project manager.

Staff members not only work nights and weekends to enroll children into the program, they also go into communities and read to children themselves, as well as other community readers. 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.

Gaston said, “Shared reading of picture books between adults and young children in the home context is an important contributor to school readiness and later literacy achievement, and we at DHA are helping to make that happen.”

“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, “Research studies prove that 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

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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 is partnering 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’s 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 flying high today 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 65 uninsured patients come to the center, said Lynda Wyant, director of clinical affairs for the Delta Health Alliance. As Wyant explained, “Our model looks at more effective ways to provide primary care by changing the traditional models.”

This new model seeks to empower patients to become 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 health care team with nurse

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practitioner, clinic nurse, registered dietician, clinical pharmacist, and patient navigator,” said Wyant, adding that the center has implemented an electronic health records system 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. But they go out of their way to help us. They are miracle workers.” That 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.”*

The Delta Health Alliance has established a similar project in partnership with the Gorton Clinic in Belzoni, and will soon open one in Greenwood.

## Taking Care of the Most Vulnerable

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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.

And 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.

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 find a job to pay for it."

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

- Of the nearly 300 mothers who have so far 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.
- Most all of the mothers assisted through the program will not have partners who are actively involved in their child's growth and development.

“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 Thomas. “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.

## Overcoming Asthma

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GREENVILLE, MISS. — Dr. Gailen Marshall calls it a “moral imperative” and he’s determined to fulfill it.

As chief of the Division of Allergy and Immunology at the University of Mississippi Medical Center (UMMC), he oversees a chronic disease care program that is combating one of the most pervasive chronic illnesses in the Mississippi Delta – asthma.

“There is a significant population in the Delta with limited resources to take care of them,” says Dr. Marshall. “With asthma, they don’t get all that sick, and then all of a sudden, they’re at death’s door. We want to make sure we don’t wait until that happens.”

Through a partnership begun in 2009 with the Delta Health Alliance and the Good Samaritan Health Center in Greenville, UMMC has implemented the Delta Asthma Clinic. Twice each month, Dr. Marshall and his staff help low-income, non-insured and under-insured Delta residents control their chronic asthma in a region of America where such incidences are high and where such care has typically occurred in hospital emergency rooms.

“When you’re underserved, you’re mindset is to receive treatment in the emergency room, because you know you can at least get in the door,” says Dr. Marshall. “We’re trying to change that.”

### **The project is designed to have a threefold impact on asthma care in the Delta:**

- To provide first-rate chronic asthma care of underserved patients with cutting edge therapy;
- To offer educational assistance to patients and their families about issues related to asthma such as smoking cessation, allergen avoidance and proper use of medications and devices;

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- To plan and implement a research program with these patients as participants to better understand the factors that lead to the disease and to develop and implement specific interventions.

“The fact is we don’t know yet why they have higher incidences of asthma,” says Dr. Marshall. But possibilities include lack of knowledge about the disease, limited resources to pay for medication and the historical mindset of just treating the acute illness and not the underlying causes.

Uninsured patients who come for treatment at the Good Samaritan Health Center on the second and fourth Fridays of each month are charged the clinic’s minimum \$10 fee. Between 20 and 40 patients per session are provided care. Dr. Marshall, two UMMC fellows, and two nurses provide diagnostic care, treatment, and preventive care for children and adults.

The program aims to develop reliable relationships with local emergency departments and pharmacies, and to track clinic data such as refill prescriptions and asthma tests. The project is also establishing research protocols to look at the various environmental components of patients’ lives to better treat them. UMMC and the Delta Health Alliance hope to expand the program to other clinics to broaden their assistance to asthma sufferers throughout the Delta.

Most patients have never had access to this level of care for several reasons, including lack of transportation that has hindered their ability to travel to see doctors at the UMMC clinic in Jackson.

“Once we get them in the door at Good Samaritan, we’re pretty confident we’ll get them to return,” he says. The no-show rate is low, and patient loads are increasing. The goal is to make patients see the clinic as a positive experience that is going to improve their quality of life.

The success of the program is due, in large part, to the support of the Delta Health Alliance, says Dr. Marshall.

*“DHA has been critical. There is no way we would have had the resources to have this program without them. No way we could have accomplished this without their help. And I look forward to continuing our partnership.”*



## Getting Prescription Drugs Right

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STONEVILLE, MISS.—In a region of America where money for health care is tight and diseases such as diabetes and hypertension are as common as cotton and soybean fields in the summer, patients here always ask the same two questions:

“Am I getting the right medicine to make me feel better?”

“Can I afford the medicine I need?”

A new program launched by the Delta Health Alliance and the School of Pharmacy at the University of Mississippi is working to make sure the answer to both questions is always “yes.”

“As pharmacists, we want to get out from behind the counter and become more involved in patient care,” said Tommy Spell, coordinator of community development at the School of Pharmacy. “The opportunity is certainly there.”

Known as Medication Therapy Management (MTM), this new effort is a partnership between pharmacists and patients that promotes the safe and effective use of medications, and helps patients achieve targeted outcomes at the lowest costs possible. Begun as a pilot project in July 2008, the program focuses on two areas:

- Generalized MTM – the pharmacist partners with patients to conduct a complete review of all medications, ensures that diseases are addressed by medications with no adverse reactions, and sees that patients are taking their medications.
- Specialized MTM – the faculty from the School of Pharmacy focuses on specific diseases such as asthma and diabetes and provides direct patient care in Delta pharmacies. Recommendations are then made to the patients’ physicians.

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Once both programs are in full swing, the goal is to assist 2,500 patients. To be part of the Generalized MTM program, pharmacists must commit to at least half a day each week to meet with patients.

“We’re trying to address the health provider shortage in an area that has the largest need and the least resources,” said Leigh Ann Ross, associate dean for clinical affairs at the School of Pharmacy. “Many patients see their pharmacy as a source of health education. So there is a brick and mortar place to be in every community already.”

Funding from the Delta Health Alliance goes to support faculty and staff at the School of Pharmacy and participating local pharmacists. It also pays for supplies, tests, screenings, and demonstrations. It’s a team approach that allows pharmacists to participate in the development of the physician’s plan for the patient.

“We as pharmacists still take care of patients at the local level,” said Spell. “We want to make sure they have the right drugs. We want to find opportunities to save the patients money by ensuring they have the lowest-cost drugs, and we want to avoid duplication of therapy.”

Patient education, community outreach, and removing the barriers that prevent low-income patients from affording needed medicine are the keys to the success of the program, said Spell.

Another key component of the program is incorporating the use of Electronic Health Records (EHR) in as many avenues as possible.

Physicians who are already utilizing EHR through another program funded by the Delta Health Alliance, such as Greenville cardiologist Kenneth Hahn, would be able to electronically share part of the patient’s medical chart with the pharmacist. Having access to those records, with the patient’s consent, would help pharmacists better work with patients to prevent dangerous drug interactions and to provide sound advice with the confidence that comes from being fully informed on the patient’s medical history. The result is that the expertise of the pharmacist would become an integral part of the total package of care provided to the patient.

The bottom line when it comes to MTM, said Spell, is to “target pharmacists who have a real desire to be part of the project and to make sure the model is a success.”

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*“This is a team effort,” he said.*

*“And it’s the patient who always comes first.”*

## Body & Soul

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SWIFTOWN, MISS.—If the human body is truly a temple, then the members of Leflore County’s Holy Truth Church of God in Christ have learned that good eating habits are among the best ways to protect it.

“We encourage healthy eating. Every Sunday, we prepare meals that incorporate fruits and vegetables into our diets,” said Susie Gowdy, a member of Holy Truth. “The people are excited about it.”

In the Mississippi Delta—where poor nutrition is inextricably linked to a host of health problems—the Delta Health Alliance is building pillars of hope and help through churches such as Holy Truth and their congregations, who are taking an active role in bettering their dietary habits.

Through its Body & Soul program, a partnership with Mississippi Valley State University, the Agricultural Research Service, and Delta churches, the Alliance has established a nutritional intervention project that is improving eating habits to combat hypertension, diabetes, and obesity.

“Church members see other members benefiting, and they, in turn, want to know how themselves,” said Lisa Tussing of the USDA Agricultural Research Service. “In our initial pilot program, we saw members of one church drastically change their eating habits.”

### **The programs four pillars of hope and help are:**

- **Pastoral leadership** – gaining the commitment of Delta church pastors to engage their congregations through their messages and to encourage members to participate.
- **Educational activities** – educating church members about healthy eating lifestyles.
- **Healthy church environment** – creating healthy eating policies within churches and making healthy foods available at all church functions.

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- **Peer counseling** – training church members to educate other members about good nutrition.

Established in 2008 with a pilot program involving three churches and more than 50 individuals, the Body & Soul program is now reaching hundreds of individuals.

Going against the generational grain of poor nutritional habits, the project is creating an environment in which participants work together in their efforts to eat better, lose weight, and improve their overall health.

*“In the Delta, you have to break the cycle of poor nutritional habits. Most people in this area aren’t accustomed to healthy eating,” said Onufrak. “This program creates a situation where participants feel they’re not trying to do these things alone. Socially, it makes it a little easier to eat healthy food when you’re doing it around friends and family.”*

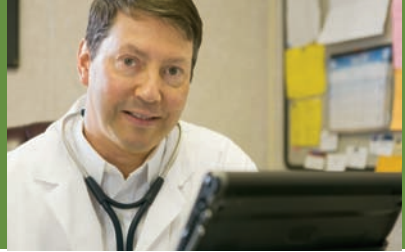
It’s as simple as switching from white bread to whole wheat; from white rice to brown; from sugar-loaded sodas to 100 percent fruit juices. Coupled with increased physical activity, the result is overall better health.

Said Gowdy, who has served as a peer counselor at Holy Truth Church of God in Christ, “After a while, it just begins to click. Our members say, ‘Look, I’m not eating right. I need to eat right to stay healthy.’ They feel better, and it shows. This has been a great program for us. It really works.”

Small but sustainable change is the hope. The Delta Health Alliance’s Body & Soul program is the help.

## Bringing Telemedicine to the Delta

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RULEVILLE, MISS.—The seemingly insignificant act of reading the label on a soda can and then focusing to read the numbers on the can’s bar code only becomes important when put into the context of saving lives.

So when medical staff at the University of Mississippi Medical Center in Jackson trained the lens of their remote camera on the soda can 120 miles away in the emergency room of North Sunflower Medical Center in Ruleville, they knew they had the vision to bring specialized, often lifesaving health care to the rural regions of the Mississippi Delta.

“To be able to see is huge,” Joanie Perkins, director of practice management at North Sunflower, likes to say. “To be able to see well is better.”

North Sunflower Medical Center is one of the growing number of rural hospitals that now have access to better care through the innovative Telemedicine Program, a partnership between the University of Mississippi Medical Center (UMMC) and the Delta Health Alliance. A dozen rural Delta hospitals are expected to be part of the new effort within the next three years.

Say a burn victim in critical condition is wheeled into North Sunflower’s emergency room. Once on the table, a mounted camera controlled by medical staff at UMMC in Jackson focuses on the injuries while doctors, as well as the patient, speak to one another remotely. Program software analyzes information about the patient’s condition, alerting physicians if the patient goes into cardiac arrest, for instance. Decisions on the best treatment or whether to transport the patient to another hospital are made on the spot.

“It’s all about access to care,” said Sam Dawkins, director of Program Administration for the Delta Health Alliance. “Most of the specialists are in Jackson. And, until now, many of the rural hospitals in the Delta

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just didn't have access to that kind of care." And just because a hospital such as North Sunflower is situated in a more rural part of the state "doesn't mean we shouldn't be able to offer our patients the same type of care that the larger metropolitan hospitals get," said Perkins.

"Can you imagine getting hurt miles away from the nearest trauma center? So to be brought into a room and have the best specialists from UMMC to back up our physicians, with an expert looking over your shoulder, makes the patient feel so much better."

**With stroke patients, said Perkins, the sequence of care is carefully choreographed to ensure the best possible outcomes:**

- Once at the rural hospital, the patient undergoes a CAT Scan.
- UMMC is notified.
- The CAT Scan is accessed remotely and read, along with the patient's history.
- Doctors determine whether the patient is a candidate for the highly effective clot-busting drug, tPA.
- At the same time the drug is administered, a helicopter from UMMC is dispatched to take the patient to Jackson.

But the Telemedicine Program is not limited to emergency care. It also offers help to those in need of psychiatric services in an area woefully underserved. Patients can go to their local community mental health center in the Delta and, from an office-type room equipped with high-definition video equipment, can "meet" with specialists at UMMC. Even a patient's body language can be seen and assessed by the doctor.

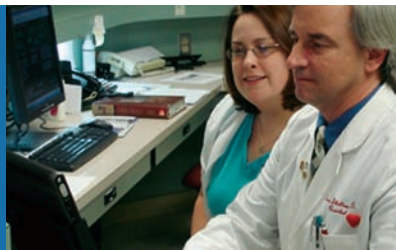
"The continuity of care is there from the moment the doctors put their 'eyes' on our patients through the lens," said Perkins.

She credits the Delta Health Alliance for the program's success.

*"We wouldn't have this without them. They are the people who have made this a reality. They are making sure that what they wanted to happen has happened with the funds provided. They are allowing us to provide the kind of care the people of the Delta need and deserve."*

## A Program Called Beacon

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STONEVILLE, MISS.—Dr. Jim McIlwain has a vision that one day soon health care providers in the Mississippi Delta – doctors, hospitals, pharmacists, nursing homes, home-health agencies – will be connected in a way that drastically changes the landscape of health care in one of the nation’s most impoverished regions.

“This is the real health care reform. This is the way you do it,” he said. In partnership with the Delta Health Alliance, Dr. McIlwain of Information & Quality Healthcare, Inc. is helping to coordinate a recently awarded \$14.7 million grant from the American Recovery Act Beacon Community Program to bring new health information technologies to the Delta.

The new Beacon Grant project will create a health information exchange in collaboration with 15 partners, which is the official form for connecting networks of electronic health records (EHR) systems. The ultimate goal over the three-year program period is to connect physicians with hospitals with pharmacists so that all of these health care providers have a seamless and secure way of exchanging patient information.

“The new health information exchange will expedite the flow of information and improve care coordination, helping us break the Delta’s long history of poor health care quality and health outcomes,” said Dr. McIlwain. “It’s about increasing care while reducing costs.” The effectiveness of the program will come from places such as the University of Mississippi’s School of Pharmacy, a project partner that will use the electronic health records system to help diabetic patients in the Delta better adhere to their medication regimens, which can be complicated and more demanding than for other illnesses.

Through phone calls with Delta residents with diabetes, pharmacy project staff will assess patients’ medication histories, their adherence to their medication, and their understanding of its use and importance. The information that is gleaned will be documented and placed into an electronic health record that can be shared with patients’ doctors.

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“In the past, physicians would get a call to refill a medication and it would be refilled,” explained Dr. Leigh Ann Ross of the University of Mississippi’s School of Pharmacy. “With an electronic health record, physicians can be automatically alerted to patients who are not adhering to the medication, and then together the physician and patient can make an informed decision on how to adjust their regimen. It helps doctors better manage their disease.”

Dr. Ross said that the School of Pharmacy’s inclusion in the project is testament to the Delta Health Alliance’s understanding that an effective health care team must include everyone. Other partnerships in the Beacon Grant project include those with Delta State University’s School of Nursing in Cleveland, Mississippi, which will be able to expand its curriculum to include training on EHRs for nursing students. It includes a partnership with the Charles W. Capps, Jr. Technology Center in Indianola, which will provide training programs for Delta clinicians on the use of electronic health records.

### **The goals for the three-year program are:**

- To achieve a 60 percent adoption rate among primary care providers in the Delta using electronic health records.
- To connect 80 percent of EHR users to Mississippi’s statewide health information exchange.
- To show a 15 percent improvement in blood sugar levels and blood pressure among diabetes patients.
- To cut excess health care costs for diabetic patients by 10 percent.
- To improve medication management measures among diabetic patients by 20 percent.

Dr. McIlwain understands the magnitude of such an undertaking, but credits the Delta Health Alliance with helping to remove potential roadblocks.

“I think DHA has been extremely important,” he said. “There can be a lot of barriers with doctors seeing the need for this. Through DHA’s assistance, these barriers will be reduced through their financial assistance and the education and training that they provide.”



## Visits to Delta Dentists

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JONESTOWN, MISS.—Minutes after having two teeth pulled, Deandria Mathews sat with tears in her eyes, but not from the pain of a dental visit - but because she had the rare opportunity to even see a dentist. “Not too many people would do that for you,” said the 24-year-old Jonestown resident. “It was scary, but it was great.”

And not too many people would describe oral surgery as “great,” but in a region of America where good oral health is a challenge at best, Deandria’s experience was “a blessing,” she said. Her last dental visit was in 2008. Her teeth had been hurting for two months, and she could not afford the cost of a regular dental visit.

Since 2009, the Delta Health Alliance has partnered with the Mississippi State Department of Health and Mississippi State University’s Social Science Research Center to improve oral health in the Mississippi Delta. And though the program is helping residents of all ages, such as Deandria, special emphasis has been placed on children to try to break a cycle of poor health when it comes to teeth. “By incorporating good oral health among child-bearing adults, it does impact the oral health of children. So we are really reaching out to families,” said Dr. Nicholas Mosca, director of the Office of Oral Health for the State Department of Health.

Dr. Mosca has the facts to support his concerns about Delta residents. Data show that 56 percent of children between three and five years old in Head Start programs in 2008 had a history of tooth decay, either treated or untreated. Seven percent of all students in Head Start needed urgent treatment. To compound matters, residents of only two counties in the Delta Health Alliance’s service area have access to fluoridated drinking water, which helps harden tooth enamel. Using a state-of-the-art mobile unit called “Tomorrow’s Dental Office Today,” or TDOT, which was initially put into service in the wake of Hurricane Katrina, dental staff have been busy assessing the oral health of children in Coahoma County, as well as treating the dental needs of adults who cannot afford regular dental treatment. TDOT is self-contained, fully functional, two operator dental office.

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Surgery, treatment, and even digital X-rays are conducted and taken inside the unit. The mobile center is stocked with all the tools needed to provide quality care to Delta residents.

In the first nine months of the program, 18 of 24 licensed child care centers in the county have participated. In the first six months, 381 screenings were conducted and 376 children were treated for tooth decay in the form of seals and varnishes. Risk assessments are also conducted to gather information about factors such as diet and eating habits that affect healthy teeth. The goal is to have “cavity-free” kids.

The Delta Health Alliance is expanding the project to include five counties - Holmes, Issaquena, Sharkey, Leflore, and Sunflower. Ultimately, the program will reach more than 100 child care centers with a potential total enrollment of more than 8,000 children. “The reason for working with child care centers is to catch kids early to promote good oral health,” said Dr. Mosca. “Hopefully, by educating these children, they will develop better skills and habits that will lead to a healthier life.”

Dr. Mosca credits the Delta Health Alliance with much of the program’s success: “I think one key is that these programs do not work without strong social networking ties. One of the reasons that the partnership with DHA is so important is because the community is so familiar with DHA and trusts them.” In just a two-day period recently, more than 100 residents of the small Jonestown community in Coahoma County streamed through TDOT’s double doors, some of whom had never before visited a dental office. Dentists volunteered their time and expertise to take care of those who couldn’t afford to pay. In appreciation, residents brought food to the dental staff and made sure that their generosity did not go unrecognized.

*One of the last patients of the last day was Deandria’s cousin, Shaquila Johnson. “I was the last to find out about it,” the 23-year-old chuckled, moments after she underwent a tooth extraction. “It doesn’t really hurt, not like it did. What they’re doing for us is just so helpful to people. And the people who live around here won’t forget it.”*

## Indianola Promise Community

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INDIANOLA, MISS.—Something promising is happening in Indianola. Holding a tumbler full of grape juice, Rev. Herron Wilson began pouring a pitcher full of water into it. As he did, the juice spilled into a bowl he had placed underneath, while 60 children watched, spellbound. “People can change. If we choose to do wrong, we can fix it by choosing to do what’s right. As we continue choosing to do what’s right, look what happens.” He held up the tumbler, now completely filled with clear water, and the children erupted in applause. They got it.

### Summer Camps

Rev. Wilson leads a summer camp called the Character Development Summer Mentoring Camp. It’s one of many Indianola Promise Community (IPC) summer camps, serving over 600 campers, ranging in age from 3 to 18, throughout Indianola. Each camp has its own purpose. Delta Missions’ camp is focused on character development. From swimming lessons to music to college preparation, hundreds of Indianola students are experiencing the educational adventure of their lives.

In several of these programs, tests administered to the students to determine their level of knowledge before the program began and after the program, as well as the effectiveness of the curriculum, showed post-test scores that were statistically higher than pre-testing.

### What Is IPC?

IPC is a Delta Health Alliance initiative uniting health care, education, community and faith-based services to provide people the opportunity to realize their promise as active members and leaders in the Indianola community. Starting with prenatal care, through infancy, as toddlers, teens, students and high school graduates, IPC will fortify the efforts of Indianola youth as they tackle life’s many challenges. Once this concept takes root in Indianola, it will be applied in other Delta communities.

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## **Delta Early Learning Program**

The Delta Early Learning Program, a partnership between DHA and The Early Childhood Institute at Mississippi State University, is building high quality early childhood education that provides the foundation for greater learning potential and healthier living. The initiatives within this comprehensive program have had great success, including:

### **South Gate Park**

At the Bethune Recreation Center, in what was once an open field, 350 Indianola volunteers spent a Saturday in August building a playground designed by South Gate's children. It took only six hours to complete the playground and install all of its equipment, thanks to the volunteer efforts of neighborhood residents, city leaders and KaBOOM!

### **Promise School**

The Promise School prepared 100 Indianola students for kindergarten. With 12 children and two or three teachers per class, each child received the individual attention needed to learn. These young students were involved in activities that put them about nine weeks ahead of other kindergartners.

### **IPC Headquarters**

The newly refurbished IPC Headquarters office on Front Street will help offer residents greater access to health care - by assisting local physicians and already established health care entities provide evaluation and treatment, as well as screening for dental care, prenatal care, and chronic conditions like heart disease. The building will also provide a place for residents to meet with IPC managers to plan and evaluate IPC programs.

### **Something Promising Is Happening in Indianola.**

B.B. King summed it up best, as he signaled an enthusiastic thumbs-up after hearing a blues quartet of summer campers perform in his honor at the B.B. King Museum. "That was wonderful. On beat. Always stay on beat," he urged. IPC exists to make sure the development of Indianola's youth always stays on beat.

## “The Doctor Will See You Now”

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CLARKSDALE, MISS. — Before TelePsychiatry, mental health patients in the Delta were waiting three to six months to see a psychiatrist. Today, the Delta Health Alliance, the University of Mississippi Medical Center (UMMC) and the Mississippi Department of Mental Health are putting TelePsychiatry to work through Community Mental Health Centers throughout the Delta to provide mental health patients more access to mental health care.

TelePsychiatry connections are now available in these regions within the Mississippi Department of Mental Health System, as a result of this partnership: Region 1 (serving Coahoma, Quitman, Tallahatchie, and Tunica counties), Region 5 (serving Bolivar, Issaquena, Sharkey, and Washington counties) and Region 6 (serving Attala, Carroll, Grenada, Holmes, Humphreys, Leflore, Montgomery, and Sunflower counties).

Through videoconferencing over secure broadband private networks, adult and child psychiatrists who work in Jackson can now provide patients throughout the Delta with a complete range of psychiatric services via interactive video connections. Hundreds of patients are being provided a full range of psychiatric treatment, from medication to counseling, in thousands of visits, virtually eliminating travel time.

It was an hour before closing on Thanksgiving. A Community Mental Health Center patient in Clarksdale had stopped taking her medication. Her husband brought her in after she attempted to kill herself. With no space at local crisis centers or hospitals, the patient would be sent to prison until a psychiatrist could see her. Using TelePsychiatry, Dr. Gray Norquist, director of UMMC's Department of Psychiatry and Behavioral Sciences, was able to evaluate the patient, bring in legal experts, and arrange for her to be admitted into the local state hospital for observation and treatment. The result? The patient has returned to regular medication, comes in regularly for psychiatric visits, and is living happily with her family.

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There are 10 caseworkers who work out of the Clarksdale Community Mental Health Center. Each manages about 50 patients. A powerful new approach to alcoholism and drug addiction is called motivational therapy. Recently, leading authorities in this approach held training sessions from Jackson for caseworkers in one of Clarksdale's satellite offices in Fairland, through a TelePsychiatry connection. Once certified, caseworkers took what they learned to the field to serve patients where they live, making sure patients stay healthy between visits.

Busy schedules made that tough in the past. Now, shorter blocks of time can be scheduled across more days, because no traveling is involved, making all sorts of training possible for every Community Mental Health Center throughout the Delta.

In the near future, wireless connections will improve rural patients' access to psychiatric treatment through TelePsychiatry. The psychiatrist will be able to make house calls using TelePsychiatry, through laptops. Approaches are now being tested to extend these mobile treatments to other kinds of medicine as well. Devices that look like slings containing sensors will enable physicians in Jackson to monitor the vital signs of patients throughout the Delta without requiring those patients to ever leave home.

*Thanks to TelePsychiatry and the dedication of local agencies, if you live in the Delta, the Doctor can see you now.*

# Projects of Delta Health Alliance

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## Eating and Living Well

### Body and Soul

U.S. Department of Agriculture

### Prevent Chronic Disease (ATTACK)

University of Southern Mississippi

### Lowering Childhood Obesity

University of Mississippi

### Preventing Obesity

Mississippi State University

### Obesity Education

University of Mississippi

### Breastfeeding & Nutrition Education

U.S. Department of Agriculture

### Promoting Physical Education

Delta State University

## Education

### Imagination Library

Local Libraries

### Overcoming the Teacher Shortage

Delta State University

### Delta Early Learning Program

Mississippi State University

### DARE

Delta Council

## Electronic Records and Telemedicine

### Electronic Health Records

Local Physicians & Clinics

### Tele-ICU (VISICU)

University of Mississippi Medical Center

### TelePsychiatry

University of Mississippi Medical Center

### Rural Hospital Electronic Records

Mississippi Hospital Association

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## **Improving Access**

### **21st Century Clinics**

Local Clinics

### **Overcoming the Nursing Shortage**

Delta State University

### **Medical Home Model**

Mississippi Primary Care Association

### **Outreach to Mothers (MIHOW)**

Mississippi Valley State University

### **Pharmacy & Patient Management**

University of Mississippi Medical Center

### **Reducing Infant Mortality**

Mississippi Department of Health

### **Delta Health Rural Scholars**

University of Mississippi Medical Center

### **Children's Oral Health**

Mississippi Department of Health

### **Asthma Clinic**

University of Mississippi Medical Center

### **Community Outreach Education**

Tougaloo College

### **Pre-Med Support**

Delta State University

### **Delta Health Planning**

University of Southern Mississippi

## **Indianola Promise Community**

### **Indianola Promise Community**

City of Indianola

## **Beacon Project**

### **Beacon Project**

Using electronic health records to fight diabetes.



# Visit our new website

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Solutions for a Healthy Tomorrow

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**BB King Museum IPC summer campers kick off another day of fun.** [Read more, >>](#)

### Welcome

Welcome to the official website of the Delta Health Alliance (DHA). DHA is changing health care in the Mississippi Delta. Delta residents are gaining access to higher quality health care quicker, thanks to DHA. Delta residents are also learning how to stay healthy, thanks to educational services and community outreach programs from DHA. Here are a few of the...

[Read More >>](#)

### Signup

Receive the latest news and updates.

« **October 2010** »

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Mouseover [links](#) to see events; click them to see full calendar.

### Health Topics

That Change Your Life 

### For Moms

From maternal infant health programs to early learning schools for pre-schoolers, the Delta Health Alliance is helping moms and their kids to make a better life in the Mississippi Delta.



### DHA Success Stories

#### Maternal Infant Health



### Event Registration

EHR & Telemedicine Summit  
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## DELTA HEALTH ALLIANCE

Post Office Box 277 • Stoneville, MS 38776

662-686-7004

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

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