Growing a Healthy Workforce in the Delta

A Proposal for Projects And Programs to Improve Health in the Delta

Delta Regional Authority

January 2010

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Executive Summary

Recognizing that health plays a vital role in the productivity and well-being of the region, the DRA's health advisory committee has been working for the last year to develop a strategic plan for the agency to have a real impact on health in the Delta. The DRA has a long and successful history of bringing together various agencies and local groups for the betterment of the Delta Region. This leadership role as facilitator, coordinator and relationship-builder has proven invaluable to the region and represents a unique and critical asset. For this reason, we believe that focusing on activities that build on the DRA's strengths will ensure the success of their activities in the health arena.

Consistent with DRA's current success in the arena of economic development, we believe that the following principles must guide efforts in the health arena:

1. **Empowerment** – sustainability requires that local leadership be empowered to own their health issues and the local solutions.

2. **Local Determination/Local Effort** – similarly, local solutions should be driven by grassroots efforts so that programs are tailored to the unique needs of each area and local leadership is invested in the process and outcomes.

3. **Accountability** – all investments require accountability to ensure efficient and appropriate use of resources. The current Federal Grant Program requires that local agencies sign a contract to deliver promised outcomes or forfeit grant monies. A similar approach should be used with the health program to ensure realistic goals and responsible management of funds.

4. **Coordination/Alignment** – building on its strengths as coordinator, facilitator and relationship-builder, the DRA should emphasize activities that
   - leverage other federal, state, and local funding,
   - bring together various agencies and groups with similar interests or responsibilities,

- compile and organize information on health needs, best practices, and available funding so that it is easily accessible for local leadership in the Delta, and
- work to eliminate fragmentation and duplication of federal, state and local efforts.

5. **Monitoring and Updating** – to ensure maximum relevance and impact, the DRA must continuously monitor and update the information it makes available and its communication and coordination methods.

In 2009 the Delta Regional Authority commissioned a study of health and healthcare in the Delta region. That study, ***Growing a Healthy Workforce in the Delta***, was released in the summer of 2009. The report released a series of ten recommendations regarding the information necessary for undertaking grassroots efforts to improve the health of the communities and their workforces. It recommended that DRA support the grassroots efforts with information on effective projects that are currently being undertaken, valid measures of existing health conditions in each of the DRA counties, and a grant program that would help the communities initiate the programs.

Further discussions once the report was published brought the realization that such substantial undertakings would require ongoing support and oversight by the DRA. A review of the recommendations and refinement occurred at a meeting of the Health Advisory Committee in December of 2009. This meeting, led by Mr. Bill Triplett, Senior Advisor to the Federal Co-Chair of DRA, reviewed the recommendations and the expected costs and processes necessary to put the recommendations into place.

The recommendations support each other, similar to pieces of a puzzle. Each is connected in its intent and its purpose. They must be considered in totality and, once implemented, lay the ground work for a successful program to support the communities in the Delta region as they embark on efforts to improve themselves.

Growing a Healthy Workforce in the Delta requires preparation, planning, tools and nourishment, similar to that of an agricultural effort. Three basic components are proposed for this major effort. The first component, "Ground Preparation," involves 'preparing the soil' so that it can produce strong, healthy yields. This component of the project will involve hiring a

Director of Health Programs to coordinate the ongoing efforts and programs to ensure success. This component will also include the expansion of the DRA web site to enhance information sharing, increase local input, and facilitate the ongoing monitoring of projects and activities. Local and regional meetings will also take place as a part of this component to create local coalitions that can serve as the front line in the push for improved health. To this end, the DRA Leadership Institute will be used in this and other components of the program to promote and educate regional leaders about the program. Finally, the Health Advisory Committee will continue to meet to monitor the progress of the DRA on all projects and suggest any midcourse corrections.

The second component of this effort will be "Tool Provision." The activities of this component will provide critical information to local groups as they develop and implement projects to address problems in their specific geographical area. Information will include local Health Statistics and Tool Kit information suggesting successful projects and programs (best practices) to address specific health or workforce issues. Coordination with existing organizations, both private and governmental, will assure productive and efficient coordination of resources.

The final component of the program will be "Seed Planting" for the region. This component will establish and administer a Grant Program to fund local and/or regional coalitions comprised of stakeholders as they undertake projects and activities to improve the health and wellness of their local communities. This grant program will be administered in a manner consistent to the existing Federal Grants Program and will require similar concrete outcomes.

The DRA knows that there are very exciting health-related programs at work in the Delta region. The intent of the agency is not to replace or duplicate these programs in any way, but to support, facilitate, augment and coordinate their efforts in meaningful ways that can benefit the individuals and communities of the Delta region. Focusing on the strengths of the agency in convening, coordinating, and empowering local leaders while requiring accountability, this action plan will ensure that the DRA achieves maximal impact on the health of the region from its investment.

Summary of Project Expenses

Estimated Program Costs:	
Project	**Subtotal**
PROJECT COMPONENT ONE: Ground Preparation	
Employ a Full-time Director of Health Programs	$ 134,450.00
Organize Regional and Sub-Regional Workforce Task Coalitions	$ 29,000.00
Establish Technical Assistance Programs Through HRSA & USDA	$ 23,745.00
Integrate Programs into DRA Leadership Institute	$11,195.00
Health Advisory Committee to Monitor Progress	$28,000.00
Component One Subtotal	**$ 226,390.00**
PROJECT COMPONENT TWO: Tools Provision	
Produce County Health Data on the DRA Web Site	$ 78,005.00
Improve Health Data with Coordination of State Resources	$ 69,720.00
Set up Tool Kit Information on the DRA Web Site	$ 12,360.00
Establish a Wiki-Style Input Capability on the DRA Health Web Site	$ 9,045.00
Convene and Coordinate Rural Health Organizations Improvement Efforts	$ 40,800.00
Convene and Coordinate Rural Health Government Agency Initiatives	$ 29,200.00
Component Two Subtotal	**$ 239,130.00**
PROJECT COMPONENT THREE: Seed Planting	
Initiate a Grant Program to Fund Local Health Initiatives	$ 1,034,480.00
Component Three Subtotal	**$ 1,034,480.00**
Total Funding Requested for Growing a Healthy Workforce in the Delta	**$ 1,500,000.00**

Project Summary

PROJECT	NEED	PROCESS	IMPACT MEASUREMENT	GUIDING PRINCIPLE(S)	OUTCOME	COSTS
GROUND PREPARATION						
Employ Full-Time Director of Health Programs	Local groups need support to undertake projects and activities to improve local health and workforce productivity. Increased support by DRA in health improvements requires continuous oversight and leadership.	Establish a job description and employ a full time Director that will oversee day-to-day activities and coordinate with the Federal Co-Chair all initiatives. Equip office and cover travel expenses	Number of successful projects, identification of quantifiable improvements in health of communities that undertake projects.	Empowerment of Local Leadership Local Determination Accountability Coordination/Alignment Monitoring/Updating	Delta communities will have established health programs with direct support from the DRA offices and will have a known contact in DRA to assist with the programs.	$134,450.00
3.h:Organize Regional and Sub-regional Workforce Task Groups	Communities are often not organized sufficiently to take advantage of resources that are available to them and need help getting started with health projects.	Provide support through educational programs, direct support from the Director of Health Programs, and exposure to health data and examples of successful community projects.	Number of active projects that are established during specified time periods.	Empowerment of Local Leadership Local Determination	Successful projects result in improved health of the community citizens.	$29,000.00
3.e:Establish Technical Assistance Programs	Technical assistance programs are needed to help the organized regional and sub-regional groups plan and initiate projects.	Technical assistance programs will be developed and presented in all states within the region. Targeted communities will be provided support in using resources.	Number of technical assistance programs presented. Number of groups that use TA materials to undertake health projects and programs.	Empowerment of Local Leadership Local Determination	Local projects and programs are established using TA materials and regional and sub-regional groups are successful in implementing programs.	$23,745.00

PROJECT	NEED	PROCESS	IMPACT MEASUREMENT	GUIDING PRINCIPLE(S)	OUTCOME	COSTS
GROUND PREPARATION (continued)						
3.f: Integrate Programs into DRA Leadership Institute	The Delta Leadership Institute participants are identified local leaders. Health program information needs to be integrated into its development programs to help these leaders quickly initiate projects.	Redesign course work to include materials about Workforce Health, Improvement programs, and resources available.	Number of LI participants that incorporate health initiatives and projects in their local community programs.	Empowerment of Local Leadership Coordination/Alignment	Increased number of health initiatives throughout the region as LI participants use the information from the training programs.	$11,195.00
Health Advisory Committee	Senior leadership monitoring of projects and progress to ensure accountability and make mid-course corrections as needed	Quarterly reports and meetings as required to review progress.	Quarterly reports on all projects, progress, expenditures, outcomes.	Accountability, Coordination/Alignment, Monitoring/Updating.	Completion of projects on time, on budget, with expected outcomes.	$28,000.00
TOOL PROVISION						
2: County Data Reports	Uniform, reliable, easy-to-use data for local leadership to use in benchmarking and grant applications.	Compile county-level data and prepare county, state and regional reports; provide access on DRA website; update annually.	Number of times website is accessed, reports downloaded; number of planning documents & grant proposals using data reports.	Empowerment of Local Leadership Accountability Monitoring/Updating	Increased use of quality information through the region; increased investment in the region through grants, contracts, business development.	$78,005.00

PROJECT	NEED	PROCESS	IMPACT MEASUREMENT	GUIDING PRINCIPLE(S)	OUTCOME	COSTS
TOOL PROVISION (continued)						
3a: Improve Health Data by Convening/ Coordinating State Data Efforts	Lack of standardized data elements across the region to support benchmarking and comparisons. Strongest need in areas of workforce productivity.	Two-stage process: (1) information gathering on data areas and individuals with knowledge/responsibility; (2) convening of working groups.	Progress in standardization of specific data measures based on number of measures addressed; increased use of data in planning documents and grant proposals; meaningful progress on specific health measures.	Coordination/Alignment	Local projects and programs are implemented with Improved workforce productivity measures.	$69,720.00
3.b: Set up Tool Kit Information on DRA Web Site	Local leaders don't always have the resources or time to research programs that might help improve the health of their citizens. They need easy access to proven projects and programs.	DRA web site will feature the successful programs that already exists in the region or elsewhere.	Number of times website is accessed to download tool kit information.	Empowerment of Local Leadership Local Determination Coordination/Alignment	Local projects and programs will be implemented quicker and with higher levels of success.	$12,360.00
3.g: Establish a Wiki-Style Input Capability on Web Site	Local citizens need assistance in sharing information that can benefit others in the region.	Web consultants will establish capabilities for citizens to submit information and comments. The submissions will be reviewed and approved by DRA before displayed.	The number of posts to the web site will indicate the interest, involvement, and activity within various parts of the region.	Empowerment of Local Leadership Local Determination Coordination/Alignment Monitoring/Updating	Information sharing will occur that will allow faster, better implementation of health projects and programs.	$9,045.00

PROJECT	NEED	PROCESS	IMPACT MEASUREMENT	GUIDING PRINCIPLE(S)	OUTCOME	COSTS
TOOL PROVISION (continued)						
3.c: Convene and Coordinate Rural Health Advocacy Organizations	There may be overlap with existing national advocacy programs and those DRA intends to initiate. Coordination is needed to assure that resources are used most efficiently and that citizens get the most impact from the various programs.	DRA will convene officials from the national advocacy to encourage coordination in the application of programs and services. Technical assistance will be coordinated. Establish ongoing relationship.	Number of advocacy programs that support and complement DRA activities.	Coordination/Alignment Monitoring/Updating	Local projects and programs will utilize DRA and other groups to enhance success of health initiatives that are well coordinated with little or no overlap or waste.	$40,800.00
3.d: Convene and Coordinate Rural Health Governmental Agencies	There may be overlap with existing governmental programs and resources, and those DRA intends to initiate. There is a need to coordinate with DRA programs for maximum effectiveness.	DRA will convene officials from the governmental programs to encourage coordination in the application of programs and services. Technical assistance will be coordinated. Establish ongoing relationship. Meeting should be held in Washington.	Number of governmental programs that support and complement DRA activities.	Coordination/Alignment Monitoring/Updating	Local projects and programs will utilize DRA and other groups to enhance success of health initiatives that are well coordinated with little or no overlap or waste.	$29,200.00
SEED PLANTING						
1: Grant Program	Support of local groups is needed to undertake projects and activities to improve local health and workforce productivity.	Set aside $1M/year to support local projects (consistent with the federal grant program); accountability for projected outcomes.	Local leaders must identify significant & quantifiable measures of program success and meet targets or return funds.	Empowerment of Local Leadership Local Determination Accountability Coordination/Alignment	Improvement/Increase in significant & quantifiable measures specified by local project leaders.	$1,034,480.00
Total Program Costs						**$1,500,000.00**

DELTA REGIONAL AUTHORITY
PROJECTED TIME LINE
GROWING A HEALTHY DELTA

Month

		1	2	3	4	5	6	7	8	9	10	11	12		Costs
GROUND PREPARATION															
Employ Full-Time Director of Health Programs															$134,450
3.h:Organize Regional and Sub-regional Workforce Task Groups															$29,000
3.e:Establish Technical Assistance Programs															$23,745
3.f: Integrate Programs into DRA Leadership Institute															$ 11,195
Health Advisory Committee															$28,000
TOOL PROVISION															
2: County Data Reports															$78,005
3a: Improve Health Data by Convening/ Coordinating State Data Efforts															$69,720

		1	2	3	4	5	6	7	8	9	10	11	12		Costs
3.b: Set up Tool Kit Information on DRA Web Site															$12,360
3.g: Establish a Wiki-Style Input Capability on Web Site															$9,045
3.c: Convene and Coordinate Rural Health Advocacy Organizations															$40,800
3.d: Convene and Coordinate Rural Health Governmental Agencies															$29,200
SEED PLANTING															
1: Grant Program															$1,034,480

Appendix A

Narrative for Action Plan Projects

COMPONENT ONE

Preparing the Ground for a Healthy Delta

PROJECT: Employ a full-time Director of Health Programs

NEED:

The Delta Regional Authority is undertaking major projects to improve the health and wellness of the citizens of the region. These projects are far reaching and require continuous oversight. To assure the success of these programs DRA needs to employ someone to provide day-to-day management and operational control. Much of the Directors time is envisioned to be meeting, organizing, and supporting the groups throughout the Delta as they undertake health improvement programs. The director will also monitor health issues and advise DRA of policy positions as well as assure that projects are appropriately directed and coordinated with other grant and health promotion organizations.

GUIDING PRINCIPLES:

Empowerment of local leadership, Local Determination, Accountability, Coordination/ Alignment, Monitoring/Updating.

PROCESS:

DRA will establish a job description, perform a nation-wide search, and employ a full-time Director of Health Programs. The individual employed should have previous healthcare industry experience, experience in coordinating projects, outstanding communications skills, and the ability to handle extensive travel. An advanced degree in healthcare or management is preferred. The position will report directly to the Federal Co-Chair.

The Director will be equipped with appropriate communications and computing capabilities (cell phone, laptop computer, printer, and other supplies as required). Since the Director will be traveling extensively office equipment requirements will be minimal. Travel expenses and mileage compensation have been budgeted.

IMPACT MEASUREMENT:

Success will be measured by the number of successful projects that are implemented and the subsequent identification of quantifiable improvements in the health of the communities where projects are undertaken.

OUTCOME:

The Delta communities will have established health programs that significantly improve the health and wellbeing of their citizens with direct support from the DRA offices. Communities will have a contact in DRA to assist with the programs and provide support when necessary.

BUDGET:

Budgeted salary is based on an average GS-12 level with a 30 percent benefit package. Hiring costs include the allowance for posting advertisements and other hiring expenses related to the recruitment effort. Office equipment and supplies includes acquisition and monthly fees for a cell phone, laptop computer, internet access, printer, and standard office supplies. Travel expenses include a mileage allowance estimated for 37,500 miles per year and hotel and food per diem expenses based on standard federal allowances for the region.

Estimated Product Costs:	
Resource	**Subtotal**
Salary:	$ 70,000
Benefits:	$ 21,000
Hiring Costs:	$ 2,000
Office Equipment and Supplies	$ 7,700
Travel	$ 33,750
Total:	**$134,450**

PROJECT: Organize Regional and Sub-Regional Healthy Workforce Task Groups to Disseminate Health Information and Opportunities (Recommendation 3h)

NEED:

The goal of this project is to strengthen community organizations so that they can undertake specific health related projects to improve the health of their citizens. Communities are often not organized sufficiently to take advantage of resources that are available to them. They need assistance in getting started with projects and assistance in sustaining the programs.

GUIDING PRINCIPLES:

Empowerment of local leadership, Local determination.

PROCESS:

DRA will do this by identifying existing health networks in communities and starting other networks as required overseeing the grass roots efforts throughout the Delta region. It is expected that this project will draw on the initial efforts of the Delta States Rural Development Network program that was instituted by the Office of Rural Health Policy at HRSA.

This project will consist of efforts by DRA staff, specifically the Director of Health Programs, and consultants to contact and provide program information to community leaders in Delta areas. The DRA Leadership Institute should also be involved in this effort.

Once networks are identified, they will be monitored for activities and regular communication and follow up will be required.

IMPACT MEASUREMENT:

Success will be measured by the number of active projects that are established during specific time periods. Sustained activities by engaged community groups and coalitions should be an indicator of long-term impact.

OUTCOME:

Successful projects will result in improved health and wellness of the communities where projects are initiated.

BUDGET:

This project will entail multiple meetings throughout the region. Expenses have been budgeted for conducting these meetings. The expenses will include room rental, food and refreshments, and related expenses. An estimated 30 meetings are projected for the first year. Also, during the initial stages of the DRA programs before a Director is fully engaged, the DRA research consultants will assist in organizing the groups, setting up the proper protocols for engagement of the groups, and establishing proper reporting and monitoring systems necessary for ongoing operational support. Two hundred hours of support are projected for the first year.

Estimated Product Costs:	
Resource	**Subtotal**
Contact with Regional Leaders and Community Organizers:	$15,000
Consultant Costs:	$14,000
PROJECT TOTAL COST:	**$29,000**

PROJECT: Establish Technical Assistance Programs through HRSA and/or USDA to Support Funding of Local Health Initiatives (Recommendation 3e)

NEED:

It is often difficult for communities to marshal the resources necessary to constructively identify community problems, develop programs to address these problems, and apply for federal assistance for these community programs. Technical assistance with strategic planning, grant applications and project implementation is sorely needed in many Delta communities. DRA will organize and convene representatives from communities to introduce them to the resources available and to provide technical assistance in order to educate the Delta communities regarding the services available, facilitate increased use of these resources by Delta communities, and coordinate technical assistance resources whenever possible with other organizations such as USDA and HUD. DRA will also work to educate representatives from these various federal agencies regarding the new DRA health programs that may be helpful to local Delta communities as they develop and implement their programs.

GUIDING PRINCIPLES:

Empowerment of local leaders. Local determination.

PROCESS:

Technical assistance programs will be developed and presented in all states within the region. It is expected that early efforts will be directed to communities and organizations that display existing strong organizations and capabilities. These organizations will be used to pursue the initial projects and then will used to demonstrate for other communities the processes and techniques for successful implementation.

A major portion of the technical assistance will be the development of web-based support for the groups and coalitions. DRA will add to its existing web site capabilities to provide the data and information on the health measures and metrics that accurately portrait the health situation in each of the counties in the Delta region. The web development will also allow other

components to be added for interaction with individuals and groups, posting Tool Kit information and other resources, and support for the DRA grant program.

IMPACT MEASUREMENT:

The number of technical assistance programs presented and the number of participants will be a strong measures of the effort made in this project. Another measure will be the number of groups or coalitions that undertake projects based on the technical assistance training received.

OUTCOME:

Local projects and programs will be established using the Technical Assistance materials and support. Regional and sub-regional projects will dramatically improve the health and well-being of the citizens in the region.

BUDGET:

Web development will include the web design, setting up the grant section, and setting up domain registration and URL redirect capabilities. Meeting and travel costs are budgeted for interaction with the web development company. An estimated three sessions are expected to put the web resources in place. Consultant costs are projected for assistance with implementation of data sections of the web site.

Estimated Product Costs:	
Resource	**Subtotal**
Web Development:	$11,995
Meeting and Travel Costs:	$ 3,000
Consultant Costs:	$ 8,750
PROJECT TOTAL COST:	**$23,745**

PROJECT: Integrate Health and Wellness program information into DRA Leadership Institute Activities (Recommendation 3f)

NEED:

One key resource for the promotion and dissemination of these programs is the Delta Leadership Institute. The DLI participants are local leaders that are already motivated. The health program information needs to be integrated into its development programs to help these leaders quickly initiate programs.

GUIDING PRINCIPLES:

Empowerment of local leaders. Coordination/Alignment.

PROCESS:

This project will provide for the development of materials and programs for use during DLI programs to educate attendees about the new programs. Successful health improvement programs will be showcased and technical assistance resources will be featured. The goal of this project is that all DLI members will become familiar with the tools and programs available, the support resources that can be used, and the financial assistance that will be necessary to undertake such projects.

IMPACT MEASUREMENT:

Measurement should be of the number of Leadership Institute participants that incorporate health initiatives and projects in their local community programs.

OUTCOME:

Incorporating the health programs into the material that participants in the Leadership Institute review during the program will lead to an increase in the number of health initiatives throughout the region.

BUDGET:

Educational and promotional materials will be developed for use in the Leadership Institute programs. These materials can also be incorporated into the DRA web site. While developing the materials a logo for use on the web site and materials will be developed. Sixty hours of consultant costs are projected for assistance in coordinating the educational material and logo development.

Estimated Product Costs:	
Resource	**Subtotal**
Educational and Promotional Materials:	$ 2,000
Logo Design	$ 4,995
Consultant Costs:	$ 4,200
PROJECT TOTAL COST:	**$11,195**

PROJECT: Health Advisory Committee Activities

NEED:
Senior leadership must monitor projects and activities. To ensure that progress in establishing programs and projects continues, the Health Advisory Committee needs to monitor activities in their state. The Committee can provide valuable input and feedback to the Federal Co-Chair and can assist in making any corrections in the direction of the programs in a timely fashion.

GUIDING PRINCIPLES:

Accountability, Coordination/Alignment. Monitoring/Updating.

PROCESS:

Regular meetings and communications with the Health Advisory Committee members will be instituted to review progress.

IMPACT MEASUREMENT:

Quarterly reports on all projects, progress, expenditures, and outcomes will be presented and reviewed.

OUTCOME:

Completion of projects will be on time, on budget, and will produce the expected outcomes.

BUDGET:

Meetings will be held regularly to review progress and assure that all health programs are proceeding as expected. Feedback from each state will be provided to the Federal Co-Chair and opportunities for additional input will be provided.

Estimated Product Costs:	
Resource	**Subtotal**
Conduct regular meetings of the Health Advisory Committee	$ 28,000
PROJECT TOTAL COST:	**$ 28,000**

COMPONENT TWO

Providing the Tools to Grow a Healthy Delta

PROJECT: Produce County Health Data Reports on the DRA Web Sites (Recommendation 2)

NEED:

One of the key findings of the health research study was that there was a need for better information and data in addressing the health and wellness of the DRA communities. Uniform, reliable, easy-to-use data for local leadership to use in benchmarking and grant applications will increase the quality of information and help assure that project initiatives are successful.

GUIDING PRINCIPLES:

Empowerment of local leadership, Accountability, Monitoring/Updating.

PROCESS:

The main objective of this proposal is to create 252 County Health profiles using data compiled for the DRA report titled ***'An Analysis of the Health and Wellness of the Delta Workforce'.*** These County Health Profiles will be created in an easy to use, accessible web format and housed on the existing DRA site. The plan and proposed budget for this project are developed from a proposal by the Louisiana Public Health Institute (LPHI), which would perform the development activities. Examples of the data and information that will be provided on the web site are shown in ***Appendix C*** of this report.

The project will include the development of a web site attached to the existing DRA web program that will allow easy access to the county information. The web design organization will work with LPHI to integrate the web capabilities and information for easy access and use.

IMPACT MEASUREMENT:

Measures to be used for this project include the number of times that the website is accessed, reports are downloaded, the number of planning documents and grants applications that use the data reports.

OUTCOME:

An expected increase in the use of quality information throughout the region can be expected due to the improved access and accuracy of the data. There will be an increased investment in the region through grants, contracts, and business development as information and data become more available and useful.

BUDGET:

The Louisiana Public Health Institute will provide software and support the web development organization to set up the web system for providing county-specific data on the DRA web site. An annual maintenance contract with LPHI is included as is consultant support for the process of setting up the site and assuring the accuracy of the products. An estimated 175 hours of consulting time is included.

Estimated Product Costs:	
Resource	**Subtotal**
Hardware:	N/A
Software development by LPHI	$55,275
Web Design by Aristotle:	$ 5,780
Consultant Support:	$12,250
Annual Maintenance Contract	$ 4,700
Total:	**$78,005**

PROJECT: Improve Health Data by Convening/Coordinating State Data Efforts (Recommendation 3a)

NEED:

Another finding of the research group was that there is a lack of standardized data elements across the region. Each state reports differently and uses different metrics. Measures of the health, productivity and outcomes vary in scope and collection process.

GUIDING PRINCIPLES:

Coordination/Alignment

PROCESS:

The main objective of this project is to identify state health and workforce data that are likely candidates for standardization and to bring the appropriate individuals together to develop standardization plans. We anticipate a project that will have two main phases: (1) information gathering – simultaneous identification of possible data areas and individuals in the eight states of the Delta Region who have knowledge of/responsibility for these data collection areas; and (2) convening of working groups – holding one large or a series of smaller meetings to bring individuals from the various states together to identify data collection standards for a particular data area and develop plans for implementing these standards in each of the eight states. Experts in data standardization for each area will be used to facilitate meetings.

IMPACT MEASUREMENT:

The level of progress in standardization of specific data measurements based on the number of measures addressed. There should be an increase in the use of data in planning documents and in grant proposals measured by the number of submissions. Regional support and agreement on meaningful progress on specific measures, especially workforce health measures will be monitored.

OUTCOME:

Local projects and programs will be implemented with improved workforce productivity and other meaningful measures.

BUDGET:

Project Support Consultant Time is requested primarily to cover the costs related to information gathering and compilation, with a small amount of time for coordinating/attending/summarizing the phase II meetings. Each state's data will have to be collected and analyzed. This portion of the project is expected to require 400 hours of consultant time. Meeting and Travel Costs will cover the costs of 35 individuals (average of four individuals from each state plus three support personnel) attending the working group meeting(s) to develop plans for standardization (at an approximate cost of $1,000 per person). Finally, the Meeting Consultant Costs will cover the costs of 4 different consultants to plan the working group meetings, serve as moderators/coordinators of the meetings, and assist in the preparation of meeting summary documents.

Estimated Product Costs:	
Resource	**Subtotal**
Project Support Consultant Time:	$28,000
Meeting and Travel Costs:	$35,000
Meeting Consultant Costs:	$ 6,720
PROJECT TOTAL COST:	**$69,720**

PROJECT: Set up Tool Kit Information on the DRA Web Site (Recommendation 3b)

NEED:
Local leaders don't always have the resources or time to research projects that might help improve the health of their citizens. They need easy access to proven projects and programs.

GUIDING PRINCIPLES:

Empowerment of local leadership, Local determination, Coordination/Alignment.

PROCESS:
The purpose of this project is to provide access to knowledge and ideas about successful health intervention projects that have been successfully administered in the Delta or elsewhere in the country. During the original study *Growing a Healthy Workforce in the Delta* many such projects were identified. A web page on the DRA web site will be developed that will showcase these and other projects that can be informative to Delta communities that wish to improve the health of their citizens.

The web site will be set up with support from the DRA web consultant firm, to provide areas for Tool Kit information. The site will offer information about the type of project, the potential resources necessary to emulate the existing project, the expected costs and potential outcomes. Contact information will allow communities to contact the program leaders of the existing programs so that information can be shared.

IMPACT MEASUREMENT:

Success of this project will be measured by the number of times the website is accessed to download tool kit information.

OUTCOME:

Local projects and programs will be implemented quicker and with higher levels of success.

BUDGET:

Costs for the development of the portion of the website that will contain and display tool kit information by the web developer is included. Consultant costs required to oversee development and assure accuracy and capabilities is estimated at 85 hours.

Estimated Product Costs:	
Resource	**Subtotal**
Development of Tool Kit Web Site:	$ 6,410
Consultant Costs:	$ 5,950
PROJECT TOTAL COST:	**$12,360**

PROJECT: Establish a Wiki-Style Information Input Capability on the DRA Web Site (Recommendation 3g)

NEED:

Local citizens need assistance in sharing information that could be beneficial to others in the region. A key element in the DRA efforts to enhance the healthcare of the region is to identify and share programs, resources and information that will allow the communities and the citizens of the Delta to improve their health. While DRA officials, Health Advisory Committee members, and their consultants have been able to identify significant programs for many types of services, it is impossible for this limited group to have knowledge of all existing programs. This project is designed to allow community citizens to post valuable information to the DRA web site so that it can be shared efficiently with others in the Delta region.

GUIDING PRINCIPLES:

Empowerment of local leadership, Local determination, Coordination/Alignment

PROCESS:

Submissions of successful projects to this site will be encouraged and other requested projects that intend to allow access to the site through Wiki-type technology should make this a very vibrant and active site for information exchange. Aristotle will provide technology that will also allow an interactive message board and an e-Newsletter.

A section of the DRA web site which will house the DRA health initiative will be structured to allow input from the public. This Wiki-type capability will allow anyone to post information which can later be verified, enhanced, and expanded through participation from other citizens.

The goal is to empower the citizens to share and assist each other in building their communities. Information sharing will occur that will allow faster, better implementation of health projects and programs.

IMPACT MEASUREMENT:

The number of posts to the web site will indicate the interest, involvement, and activity within various parts of the region.

OUTCOME:

Information sharing will occur that will allow faster, better implementation of health projects and programs.

BUDGET:

Costs for developing the Wiki capabilities by the web development organization are included. Consultant support to oversee the effectiveness of the capabilities and assure coordination with other parts of the health program are estimated at 60 hours.

Estimated Product Costs:	
Resource	**Subtotal**
Development of Wiki Capabilities on Web Site:	$4,845
Consultant Costs:	$ 4,200
PROJECT TOTAL COST:	**$9,045**

PROJECT: Convene and coordinate Rural Health Organization Health Improvement Efforts (Recommendation 3c)

NEED:

Health Advocacy Organizations such as the National Rural Health Association, the Rural Health Resource Center, Robert Wood Johnson Foundation and others have long-standing and ongoing programs with the mission of improving health throughout the United States. There will be some overlap between the DRA programs and these existing programs that will need to be coordinated.

GUIDING PRINCIPLES:

Coordination/Alignment, Monitoring/Updating

PROCESS:

This project is intended to use the DRA relationships to convene all organizations that work within the Delta region so that existing and planned programs for improving and promoting health can be coordinated and promoted throughout the region. A planned DRA healthcare grant program, planned in a separate appropriations request, needs to be coordinated with other existing programs. Other programs from federal and non-federal agencies that offer financial and technical assistance often overlap. Providing a forum for regular communications should eliminate waste by reducing overlap, allowing coordination of effort, and provide for easier and coordinated dissemination of information about potential resources.

Organizations that should be invited include the National Rural Health Association, Rural Policy Research Institute (RUPRI), Rural Health Resource Center, Robert Wood Johnson Foundation and others that may be suggested from these identified groups. An estimated eight groups will be invited.

Two meetings will be convened during the first year.

IMPACT MEASUREMENT:

The number of advocacy programs that ultimately support and compliment the DRA activates will be monitored.

OUTCOME:

Local projects and programs will utilize DRA and other groups to enhance the success of health initiatives that are well coordinated with little or no overlap or waste.

BUDGET:

Meeting and travel costs are estimated at $1,000 per participant and an estimated 12 participants, including DRA and consultants, will participate in each of the two meetings. Consultants time will be required to organize the meetings, coordinate and select the participants. An estimated 240 hours of time will be required.

Estimated Product Costs:	
Resource	**Subtotal**
Meeting and Travel Costs:	$24,000
Consultant Costs:	$16,800
PROJECT TOTAL COST:	**$40,800**

PROJECT: Convene and Coordinate Rural Health Government Agency Funding for Health Initiatives (Recommendation 3d)

NEED:

As with the advocacy organizations, there is a need to coordinate and seek support from federal programs that focus on rural initiatives, including health. For maximum effectiveness and to assure best application of resources, DRA will convene representatives from federal and other agencies that provide financial support for community projects. The purpose of the meeting is to review potential funding sources for health related programs and ensure that programs developed and instituted by DRA are coordinated and complimentary to existing programs. DRA can also ensure that communities have access to all available resources and that these resources are promoted throughout the region.

GUIDING PRINCIPLES:

Coordination/Alignment, Monitoring/Updating

PROCESS:

Those groups that will be invited to send a representative include the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), United States Department of Agriculture's Rural Development program, Housing and Urban Development (HUD), and the Centers for Medicare and Medicaid (CMS). Others may be identified during the planning of this project. An estimated five groups will be invited. The meeting is expected to occur in Washington, D.C. limiting the number of attendees who will have to travel to the meeting. Two meetings are anticipated during the first year.

IMPACT MEASUREMENT:

The number of governmental programs that support and complement DRA activities will be measured.

OUTCOME:

Local projects and programs will utilize DRA and other groups to enhance the success of health initiatives that are well coordinated with little or no overlap or waste.

BUDGET:

Meeting costs are estimated at $1,000 per participant with a total of nine participants including DRA staff and consultants. Consultants time will be required to organize the meetings, coordinate and select the participants. An estimated 160 hours of time will be required.

Estimated Product Costs:	
Resource	**Subtotal**
Meeting and Travel Costs:	$ 18,000
Consultant Costs:	$ 11,200
PROJECT TOTAL COST:	**$ 29,200**

COMPONENT THREE

Fertilizing the Seeds for a Healthy Delta

PROJECT: Institute a grant program, similar to its Federal Grants Program, to fund health initiatives throughout the region. (Recommendation 1)

NEED:

Support for the local groups that will undertake the health improvement projects is needed. The local groups will apply for assistance and must show actual improvements as a result of their efforts. Using identified and accurate health metrics the groups will seek approval and be awarded appropriate funding. Local workforce productivity and health will be key measures that should be considered.

GUIDING PRINCIPLES:

Empowerment of local leadership, Local determination, Accountability, Coordination/Alignment

PROCESS:

The DRA Healthy Delta Grant Program will be administered and reviewed in a similar fashion to the Federal Grants Program with the similar expectation of proven outcomes. Administration of the grants would be similar to that of the Federal Grants Program and would hold local groups accountable for the outcomes.

Projects targeted through the Delta Leadership Institute to organized groups should receive priority for early activities. With early successes from existing and motivated groups, DRA will

be able to provide regional demonstrations of valuable projects. Efforts should be made to provide such opportunities throughout the eight states.

IMPACT MEASUREMENT:

Local leaders must identify significant and quantifiable measures of program success for each grant. If there is not sufficient progress the funds will be returned.

OUTCOME:

Improvements and increases in the health of citizens will result from successful projects that are properly conducted, accurately monitored, and effectively measured.

BUDGET:

Funding for the grant program will be taken from non-operational funding, estimated at $1,034,480.

Estimated Product Costs:	
Resource	**Subtotal**
Grant Funding	$ 1,034,480
PROJECT TOTAL COST:	**$ 1,034,480**

Appendix B

Relationship of Guiding Principles to Action Plan Projects

Delta Regional Authority

Principle #1 - Empowerment – sustainability requires that local leadership be empowered to own their health issues and the local solutions.

Empowerment of local leadership is a major goal of the current Action Plan. Eight of the twelve projects specifically address this principle:

- **Employ Full-Time Director of Health Programs** – This full-time Director will oversee the day-to-day health-related activities of the DRA, meeting, organizing, and supporting groups throughout the Delta as they undertake health improvement programs. This Director will be instrumental in identifying local leaders, recognizing their needs, coordinating and encouraging their efforts, and connecting them with the appropriate resources at the right time to ensure continual progress toward goals. He or she will be part teacher, part coach, part cheerleader and part friend. The on-the-ground efforts of the Director are critical to getting local leaders to recognize that the status quo is no longer acceptable and they are the force for change.

- **Organize Regional and Sub-Regional Workforce Task Groups** – Task groups will be comprised of local individuals who know their own communities' strengths and weaknesses. Organizing and operating the task groups at the regional and sub-regional level will encourage group members to identify the problems of their own communities that should be addressed, recognize the potential solutions in light of their own community characteristics, and own the process that will take them to health improvement.

- **Establish Technical Assistance Programs** – Technical Assistance Programs will target specific communities identified by the Federal Co-Chair as exhibiting strong organizations and capabilities, only needing modest support to "pull it all together." The

focus will be on providing empowerment skills and knowledge that will serve as building blocks for future health improvement efforts for these communities.

- **Integrate Health and Wellness Program Information Into DRA Leadership Institute Activities** – The DRA Leadership Institute is already focused on local empowerment, "growing" local leaders by providing tools, information, and networks. This project will augment the level of health and wellness information available in those activities.

- **County Data Reports** – Good information specific to a community continues to be hard for local leaders to find, forcing them to rely on outside assistance or consultants. The County Data Reports will be uniform, reliable, up-to-date and easy-to-use information that will encourage local leaders to independently benchmark their progress toward health and wellness goals and will facilitate submission of grant applications.

- **Set Up Tool Kit Information on DRA Web Site** – While local leaders can identify the problems of their own communities that should be addressed and can recognize the potential solutions in light of their own community characteristics, they do not always have the resources and time to research possible programs. The tool kit will provide easy access to proven programs encouraging local leaders to consider new and innovative solutions to community health issues.

- **Establish a Wiki-Style Input Capability on Web Site** –This form of information exchange will allow communities to share positive information about what they are doing, an activity that is likely to be empowering to those involved as they share information and ideas with "sister" communities.

- **Grant Program** – Many times, the only element missing from a brilliant community plan is the funds to get started. The Grant Program will empower community individuals to get their programs "off the ground".

Principle #2 - Local Determination/Local Effort – similar to "Local Empowerment", local solutions should be driven by grassroots efforts so that programs are tailored to the unique needs of each area and local leadership is invested in the process and outcomes.

Six of the twelve projects in the current Action Plan directly address this principle:

- **Employ Full-Time Director of Health Programs** – The full-time Director of Health Programs will be committed to local determination/local effort because he or she knows that this is the only manner to generate long term successful change. The Director cannot BE the change. Only when local leaders determine the needs, select the projects, and own the process, will the change be real and sustained.

- **Organize Regional and Sub-Regional Workforce Task Groups** – Just as organizing and operating the task groups at the regional and sub-regional level will empower local leadership, this micro-approach will allow the members of individual communities to tailor health and wellness programs to meet the unique needs of their community and own the process that will take them to improved health outcomes.

- **Establish Technical Assistance Programs** – Because the focus of the technical assistance programs will be on providing skills and knowledge, rather than identify needs and programs, individual communities will be placed in the "driver's seat" when it comes to identifying opportunities for improvement and programs to fit community needs.

- **Set Up Tool Kit Information on DRA Web Site** – The tool kit will provide easy access to proven programs that can meet individual community needs. Local leaders can review the case studies to determine what programs will be right for their community.

- **Establish a Wiki-Style Input Capability on Web Site** – Similar to the Tool Kit, this project also provides a rich resource for local communities to identify programs that will be right for their community.

- **Grant Program** –The Grant Program will require *complete* local determination. It will require that local leaders: (a) identify specific problems in their own communities that they seek to address, (b) single out the potential solutions in light of their own community characteristics, and (c) propose a process and set of goals that will lead them to improved health outcomes.

Principle #3 - Accountability – all investments require accountability to ensure efficient and appropriate use of resources. The current Federal Grant Program requires that local agencies sign a contract to deliver promised outcomes or forfeit grant monies. A similar approach should be used with the health program to ensure that realistic goals lead to specific, pre-defined, and measurable improvements in health outcomes and responsible management of funds.

Four of the twelve projects in the current Action Plan directly address the principle of accountability:

- **Employ Full-Time Director of Health Programs** – The full-time Director of Health Programs will be directly responsible for and fully committed to the principle of accountability throughout the health programs. This individual will be responsible for assisting local leaders in developing community-specific measures of program success to which they will be held accountable. The Director will also lead efforts to evaluate local projects funded by grant monies to ensure that they have met their stated outcome goals. Finally, the Director of Health Programs will provide quarterly reports to and meet with the Health Advisory Committee (HAC) in order to monitor all projects and programs.

- **Health Advisory Committee (HAC)** – The HAC will meet every three months to review quarterly progress reports prepared by the Director of Health Programs on all projects and programs. This committee of senior leaders appointed by the Federal Co-Chairman (?) and representing health care individuals from across the Delta Region will provide additional oversight for the projects, making recommendations on mid-course corrections to the Director of Health Programs or the Federal Co-Chairman (?) as appropriate.

- **County Data Reports** –The uniform, up-to-date and easy-to-use information available in the County Data Reports will provide one important set of measures for local leaders to

use in benchmarking their progress toward specific health and wellness goals listed in their grant/contract materials.

- **Grant Program** – The grant program proposed in this Action Plan incorporates strong measures of accountability. All grant proposals must provide specific, significant and quantifiable measures and goals for health improvement and contractual funds will be tied to the achievement of these measureable goals.

Principle #4 - Coordination/Alignment – building on its strengths as coordinator, facilitator and relationship-builder, the DRA should emphasize activities that

- leverage other federal, state, and local funding,
- bring together various agencies and groups with similar interests or responsibilities,
- compile and organize information on health needs, best practices, and available funding so that it is easily accessible for local leadership in the Delta, and
- work to eliminate fragmentation and duplication of federal, state and local efforts.

Nine of the twelve projects in the current Action Plan directly address the principle of Coordination/Alignment:

- **Employ Full-Time Director of Health Programs** – The full-time Director of Health Programs will be directly responsible for and fully committed to the principle of coordination/alignment throughout the health programs. This individual will be responsible for connecting local leaders with existing resources and fostering working relationships among local leaders and communities and between regional and national government and non-government agencies and local communities in order to create synergetic programs and projects that capitalize on the opportunities, strengths, and resources available. Consistent with this critical coordination/alignment role, the Director will attend DRA Leadership Institute programs, the Health Advisory Committee (HAC) meetings, meetings to coordinate state data efforts (Project #3a), oversee tool kit information on the website (#3b), oversee the Wiki interface on the website (#3c), organize and attend the convening of Rural Health Advocacy Organizations (#3d) and Rural Health Government Agencies (#3e), and oversee the Health Grant Program. The incorporation of all these responsibilities under a single person will ensure cohesiveness as the DRA moves forward with its Health Programs.

- **Integrate Health and Wellness Program Information Into DRA Leadership Institute Activities** – The DRA Leadership Institute is already providing critical leadership training for local leaders throughout the Delta region. The integration of health and wellness information generated under this Health Program will ensure coordinated efforts between two important DRA programs.

- **Health Advisory Committee (HAC)** – At the quarterly HAC meetings, the coordination/alignment of each project with the overall Health Programs of the DRA will be specifically addressed to ensure appropriate adherence to this principle.

- **Improve Health Data by Convening/Coordinating State Data Efforts** – These convening meetings will be devoted entirely to coordinating state data collection efforts in order to move the quality of available data forward.

- **Set Up Tool Kit Information on DRA Web Site** – The tool kit will compile and organize information on best practices across the region and the country. These case studies will highlight proven programs that can meet individual community needs.

- **Establish a Wiki-Style Input Capability on Web Site** – The Wiki-Style site will bring together various agencies and groups with similar interests, issues, responsibilities, and opportunities. Through the Wiki forum, individuals and communities will be able to efficiently share information and, potentially, coordinate on-line resources.

- **Convene and Coordinate Rural Health Advocacy Organizations** – These convening meetings will be devoted entirely to coordinating efforts in order to eliminate fragmentation, reduce duplication, and enhance the resources that are available to communities in the DRA region.

- **Convene and Coordinate Rural Health Government Agencies** – Similar to the convening meetings for rural health advocacy organizations, these convening meetings

will be devoted entirely to coordinating efforts in order to eliminate fragmentation, reduce duplication, and enhance the resources that are available to communities in the DRA region.

- **Grant Program** – The grant program will make every effort to leverage federal, state, and local funding in order to maximize the impact of the DRA's investment in the region.

Principle #5 - Monitoring and Updating – to ensure maximum relevance and impact, the DRA must continuously monitor and update the information it makes available and its communication and coordination methods.

Six of the twelve projects in the current Action Plan directly address the principle of Coordination/Alignment:

- **Employ Full-Time Director of Health Programs** – The full-time Director of Health Programs will be directly responsible for and fully committed to the principle of monitoring and updating throughout the health programs. This individual will initiate the appropriate contracts to ensure that the County Data Reports are updated at least annually with the most recently available data. In addition, he or she will periodically review all communication materials and methods, including information and interactions available through the web site, to ensure that the DRA is making use of the most effective and efficient means for communicating and facilitating communication regarding health and wellness improvement for the Delta workforce.

- **Health Advisory Committee (HAC)** – The HAC will also be fully committed to monitoring and updating the health and wellness information the DRA communicates and how it is communicated. At least annually, the HAC will specifically review information content and methods to ensure maximum relevance and impact.

- **County Data Reports** – County data reports will be updated at least annually to incorporate the most recently available data. The contracted agency responsible for preparing the county data reports will also be asked to make an annual review of additional county-level data elements that should be considered by the HAC and the Director of Health Programs for inclusion in the annual update.

- **Establish a Wiki-Style Input Capability on Web Site** – The Wiki-Style site will be monitored by the Director of Health Programs to ensure appropriateness of material. Annual reviews will also be conducted to update materials internally as appropriate.

- **Convene and Coordinate Rural Health Advocacy Organizations** – These convening meetings will take place on multiple occasions in order to update materials and relationships and to monitor progress toward goals.

- **Convene and Coordinate Rural Health Government Agencies** – These convening meetings will take place on multiple occasions in order to update materials and relationships and to monitor progress toward goals.

Appendix C

Examples of County Data Reports and Information

Healthy Delta County Profile:

Coahoma County, MS

County Descriptors

Urbanicity

Metro/Micro Status: Micropolitan
Rural/Urban Status: Urban Population of 20,000 or more, not adjacent to a metro area
Population: 27,272

Economic Activity[1]: Services-Dependent

Disadvantaged[2]

Housing Stress: Yes
Low Education: Yes
Low Employment: Yes
Persistent Poverty: Yes
Population Loss: Yes

Other[3]

Non-metro Recreation: No
Retirement Destination: No

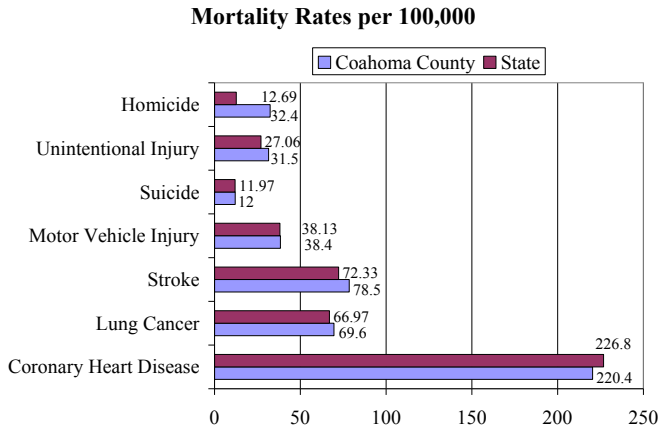
Healthy Workforce

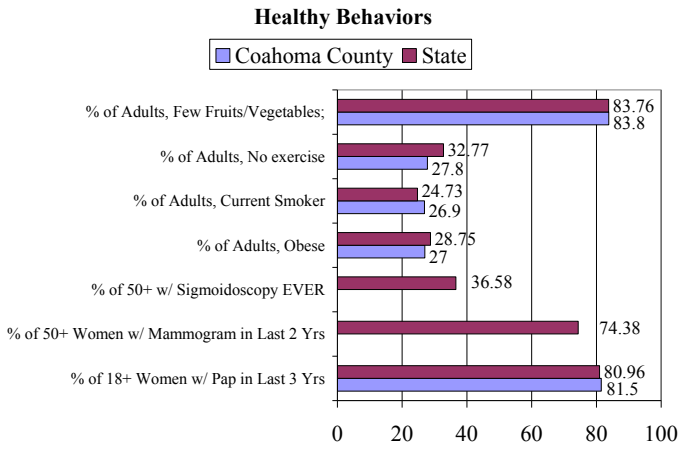
General Health Measures

	Coahoma County	State
Self-Rated Health Status (% Fair/Poor)	22.1	24.52
Avg # of Unhealthy Days in Past Mo	6.1	7.07
Avg Life Expectancy	70.1	73.32
% Low Birthweight	12.2	10.76
Infant Mortality per 1,000: All	16.98	10.57
Infant Mortality per 1,000: Black	19.07	14.58
Infant Mortality per 1,000: White	n/a	7.13

Incidence of Preventable Diseases

% of Population with:	Coahoma County	State
Diabetes	9.1	9.96
High Blood Pressure	n/a	31.77





Healthy Workforce

Healthcare Costs

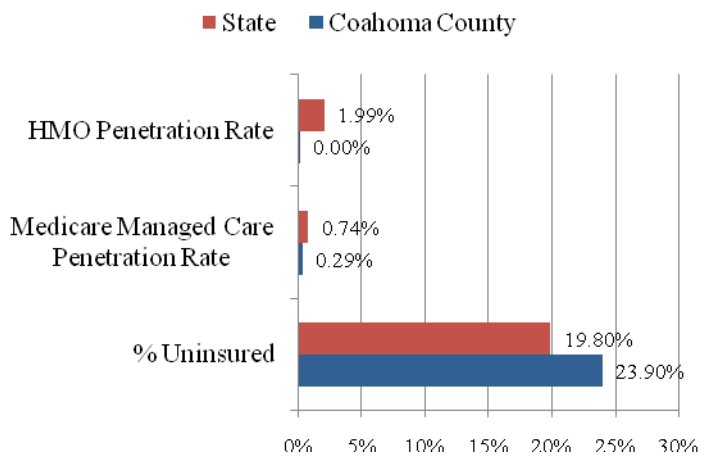
	Coahoma County	State Average/ County
Medicare Pt A Avg Pmt Rate	$439.24	$383.67
Medicare Pt B Avg Pmt Rate	$396.13	$346.02
ER Visits per 1,000	955.12	610.60
Hospital Admissions per 1,000	249.23	148.77
Hospital Inpatient Days per 1,000	1,225.32	979.41

Disability

	Coahoma County	State Average/ County
# employed with disability	2,005	2,418
# not employed with disability	2,880	2,591

Access to Health Care

Insurance Coverage

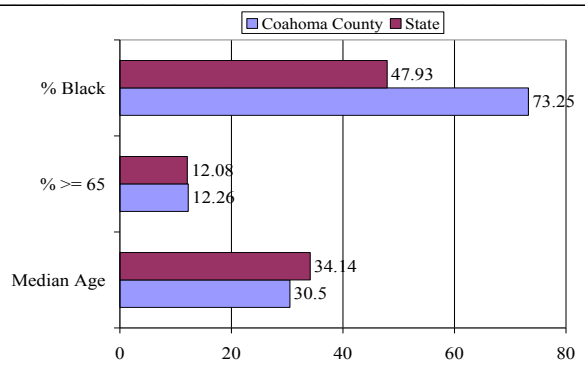


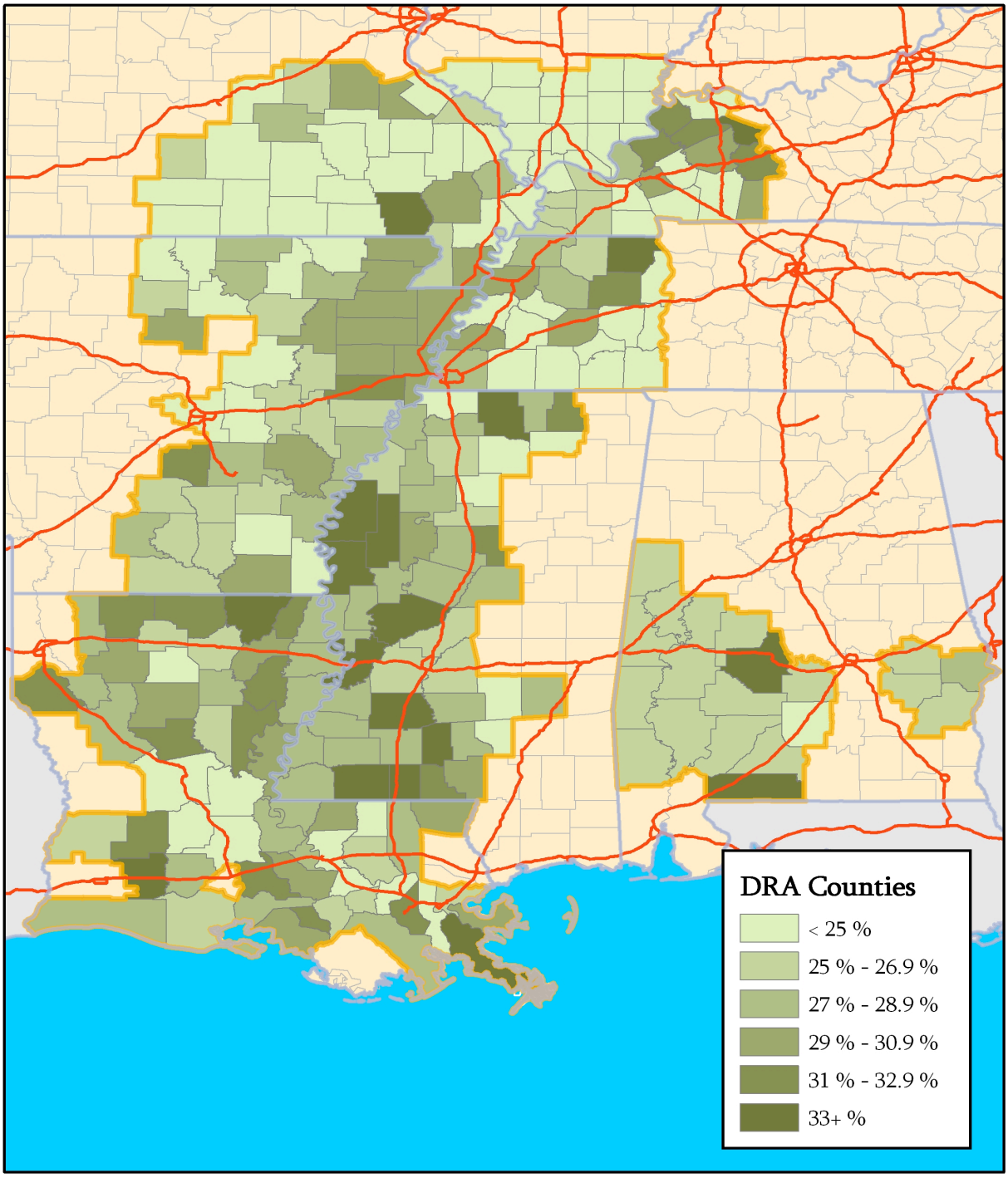
Health Professionals	Coahoma County	State
Physicians per 100,000	175.93	97.39
PCPs per 100,000	66.85	43.26
Specialty Phys per 100,000	158.34	67.48
Nurses per 100,000	missing	103.67
Adv Pr Nurses per 100,000	57.54	21.94
Dentists per 100,000	missing	6.26

Healthcare Facilities	Coahoma County	State
Hospital Beds per 1,000	6.72	3.84
Medicare NH Beds per 1,000	0	1.29
Community Health Centers	2	142
Hospices	2	108
Community Mental Health Centers	0	6
Home Health Agencies	1	56
Ambulatory Surgery Centers	0	64

Demographics

	Coahoma County	State
Median Household Income	23728	$30,460
Median Home Value	51200	$61,739
% Owner Occupied Housing	57.30%	75.60%
% Working Outside County	19.30%	31.87%
Population per Square Mile	49.70	62.65





Delta Regional Authority

DRA Counties Percent of Adults Classified as Obese

Source:
Behavioral Risk Factor
Surveillance System (BRFSS) data, 2000 - 2006

Produced by SAGE Laboratory
University of Memphis, May 4, 2009

Appendix D

DRA Health Advisory Committee and Research Team

History of the Project

In September of 2008 the Delta Regional Authority leadership invited several regional academic and healthcare professionals to Memphis to discuss the need for an investigation of health for the citizens, and especially the workforce, of the eight-state Delta region. Under the leadership of Bill Triplett, Senior Advisor to the Federal Co-Chair of the Delta Regional Authority, the research team worked with the DRA Health Advisory Committee to undertake an extensive analysis of the health, health measures and needs of the 252 counties that comprise the Delta region.

That study was published in the summer of 2009 with extensive recommendations. Meetings led by Mr. Triplett with the Health Advisory Committee and the research team expanded the recommendations to a proposed Action Plan that suggests activities, time frame and costs related to undertaking the recommended initiatives.

Below is a listing of the Health Advisory Committee members and brief biographies of the research team members.

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Project Research Team

William S. Triplett

William S. Triplett is the Senior Advisor to the Federal Co-Chairman -- Delta Regional Authority. He has been with the Delta Regional Authority (DRA) since September 16, 2002, serving as its Director of Policy until August 2004, and since then, as the Senior Advisor to the Federal Co-Chairman (Pete Johnson), in the Office of the Federal Co-Chairman, which is the nexus for Authority's policy development.

Specifically, Mr. Triplett provides management advisory services to the Federal Co-Chairman (FCC), which includes the design and implementation of transparent, accountable, strategic initiatives, plus, the review/approval of Authority documents, such as its audits and communications to Congress. Additionally, three of the Authority's recent major initiatives, the "Delta Development Highway System", "iDelta" and "Multimodal Assets, Needs and Recommendations" were directed by Mr. Triplett. Mr. Triplett is also the FCC's designee for the DRA's 2009 healthcare initiative.

From 1982 to 1990, during three Administrations, Mr. Triplett served as senior staff in the Mississippi Governor's Budget Office, specializing in quantitative policy analysis and econometric modeling of revenue issues. Additionally, from 1984 to 1987, Mr. Triplett served as an Adjunct Professor at Jackson State University, teaching graduate courses in economics and public finance.

From 1990 to 1992, Mr. Triplett was Director of the Governor's Policy Office, and in 1991, he was recognized by the National Association of State Budget Officers (NASBO) as "the nation's outstanding budget/management professional" for his work in creating Mississippi's first, formal capital improvement program.

From 1992 to 1996, Mr. Triplett served as Director of Policy (non-accounting) for the Office of the State Auditor, where his work in performance-accountability systems helped "re-invent" Mississippi's budget and planning processes and was used as the primer for the state of Florida's reform processes.

From 1996 to 1999, he worked in the private sector as the CEO of a medical bill review company and CFO of a medical case management company.

In 1999, Mr. Triplett re-entered government service as a Business Development Officer with the state's housing finance agency, the Mississippi Home Corporation (MHC) and was quickly promoted to Vice President of Business Development. After six months in that position, he was elevated to Chief of Staff. Mr. Triplett's major initiative at MHC was the creation of the nation's first, statewide "lease-to-own" housing program, a $25 million partnership.

Mr. Triplett is a resident of Ridgeland, MS and is married to Linda Dieth Triplett. They have two children: Taylor, a recent graduate of the University of the South, and Jennifer, a second-year junior at Tulane University (Dean's Honor Scholar) and a 2008 US Department of Education "Presidential Scholar". The family members are communicants at St. Andrew's Episcopal Cathedral. Mr. Triplett's education includes a BSBA from Mississippi College and an MBA from Millsaps College, and an executive program at Duke University.

Jerry M. "Mickey" Trimm, Ph.D.

Dr. Mickey Trimm is Associate Professor of Healthcare Management at The University of Alabama at Birmingham. Dr. Trimm teaches in the areas of Healthcare Strategy, Healthcare Information Technology and Operations Management. He also oversees the undergraduate internship program for the School.

He has been involved in healthcare strategy and operational analysis for over 30 years, with experience in healthcare environments ranging from large multi-hospital systems to small, rural facilities. Dr. Trimm has performed various consulting assignments in the strategic planning,

facilities development, performance and productivity improvement, quality management, and information systems areas of healthcare operations.

As the president and principal consultant for TwoMark Healthcare Associates, a healthcare management consulting company based in Birmingham, Alabama, Dr. Trimm has extensive experience working with communities and organizations to plan, design, and build healthcare facilities. These projects typically include the project planning requirements, facilities design and equipment planning along with construction coordination. Dr. Trimm has worked on the design and equipping of hospitals, nursing homes, ambulatory care centers, and primary care facilities.

A native of West Alabama, Dr. Trimm is currently working with many communities in the Black Belt area of Alabama where he has been supported by grants from the Robert Wood Johnson Foundation's Southern Rural Access Program, the Delta Regional Authority, and local community development programs. He currently serves as Co-chair of the Governor's Black Belt Action Commission Healthcare Task Force and is Healthcare Advisor for the Governor's Alabama Rural Action Commission

Dr. Trimm received his Ph.D. in Healthcare Strategic Management at the University of Alabama at Birmingham. His dissertation addressed physician relations with healthcare organizations. Dr. Trimm also holds degrees in Industrial Engineering from the University of Alabama and business (MBA) from Samford University. He began his healthcare experience in 1979 in Management Engineering at The Baptist Health System in Birmingham.

Dr. Trimm is a fellow in the Healthcare Management and Information Systems Society (HIMSS) and past national president of the Society for Health Systems (SHS).

Teresa Waters, Ph.D.

Dr. Teresa Waters is a health economist and associate professor at the University of Tennessee School of Medicine. She earned her B.A. in Accounting at Dordt College (Sioux Center, Iowa, 1987) and her Ph.D. in Economics at Vanderbilt University (Nashville, Tennessee, 1992). Her research focuses on health care financing and health policy. She has received research funding

from numerous federal and private agencies, including the Agency for Healthcare Research and Quality (AHRQ), the Health Resources and Services Administration (HRSA), the Centers the National Cancer Institute (NCI), The Robert Wood Johnson Foundation (RWJ) and the Kaiser Family Foundation (KFF). Her research has been published in a number of well-known journals, including the *Journal of the American Medical Association*, *Health Affairs*, *Medical Care*, *Inquiry*, and *Quality and Safety in Health Care*.

Prior to her tenure at the University of Tennessee, Dr. Waters was a research associate professor and Deputy Director at the Institute for Health Services Research and Policy Studies at Northwestern University (1992 – 2000). In this position, she was responsible for managing the Institute's $7 million budget, overseeing faculty research, and leading strategic planning efforts. She also served as Principal Investigator on numerous grants and taught health economics in the Department of Economics.

Since arriving at the University of Tennessee (2000), Dr. Waters has been an associate professor in the Department of Preventive Medicine, conducting health economics and policy research, teaching courses in health services research, and overseeing master's and dissertation research. During her tenure at the University of Tennessee, she has also served as Associate Director for Research at the Center for Health Services Research and Director of Research for the Outreach Center.

Eric Baumgartner, M.D., M.P.H.

Dr. Eric Baumgartner is a career public health physician engaged in a variety of community and national activities focused on issues of population health and access to care. Currently he serves as Policy and Program Planning Director for the Louisiana Public Health Institute and as a member of the Georgia Health Policy Center Technical Assistance Program team for HRSA's Rural Health Network Development grantees. Dr. Baumgartner also served as Director for the Tulane University School of Medicine Preventive Medicine Residency in 2006. He is currently an ex-officio member of the LA Task Force for the Working Uninsured. In addition, Dr. Baumgartner continues to engage in public speaking, facilitation and community coaching for access to care initiatives nationally.

Formerly, Dr Baumgartner served as the Director of the Community Access and State Planning Programs of the federal Health Resources and Services Administration in Rockville, Maryland. Prior to that position, he served in a variety of posts in state public health agencies in the states of Mississippi, Hawaii, Texas and Louisiana. While in Louisiana, he served as the State Health Officer for three years. In Texas, he served as the Chief of the Bureau of Managed Care of the Texas Department of Health where he shared in the responsibility for converting Medicaid to managed care.

Dr. Baumgartner received his Medical Degree from Louisiana State University School of Medicine and his Masters of Public Health from Tulane University School of Public Health and Tropical Medicine. He completed a residency in general pediatrics at the University of Arkansas and completed a second residency in general preventive medicine at Tulane. He is board certified by the American Board of Preventive Medicine and by the American Board of Pediatrics