

## From the Louisiana Partners . . .

In 2002, a ground-breaking program was established by Congress for the Health Resources Services Administration's Federal Office of Rural Health Policy. Known nationally as the Mississippi Delta States Rural Development Network program, this initiative in Louisiana is known as “Better Health for the Delta.” Although Phase I of this grant initiative has reached its sunset in Federal funding, it continues to have a determining influence in shaping the community health of 25 rural parishes in Louisiana. This report chronicles the story of the legacies presented through records of accomplishment, challenges, and grassroots initiatives that have taken hold with the volunteer efforts of nearly 300 individuals and community organizations.

This Federal award was made to Southeast Louisiana Area Health Education Center on behalf of the state-level network partners in the Better Health for the Delta initiative. The network partners joined together in an approach that called for the identification of “Community Encouragers” in each parish and the creation of broad-based community coalitions. The Better Health for the Delta funding provided start-up resources that encouraged innovation in the leveraging of local human resources, existing programs, and in-kind support. In each parish there was a community assessment process that yielded grassroots perceptions of health priorities and unmet needs. Program implementation was reflected in a range of projects that included dental care, transportation, health promotion and wellness, medical services, telemedicine, mental health strategies, health care workforce development, faith-based preventive health, and pharmacy access.

Culminating in a qualitative program review at the three-year mark, an assessment process identified three key factors related to program impact: (1) community leadership, (2) breadth of innovation, and (3) synergy found in community coalitions. Together, these rural community-based initiatives attracted additional funds in excess of \$3.6 million, which served as a platform to enhance, expand, and create additional community initiatives.

This legacy document does not mark the end of a program but instead represents a solid beginning. The momentum established through the building of local coalitions, the enhanced recognition of opportunities by local communities, and the potential benefits of multi-parish collaboration exemplified in the HRSA-awarded Phase II funding continuation—each holds promise for the future success of programs established through the Better Health for the Delta program.

The challenges of the disasters created by Hurricanes Katrina and Rita have accentuated the value of the “network system” and its capacity to respond. This is but an example of Louisiana's commitment, leadership, and grassroots response to rural health care needs. The legacies of the Louisiana Better Health for the Delta project have only begun.

The partners greatly acknowledge the vision of Senate and House of Representatives leadership in making funding available to improve access to health care in the Mississippi Delta Region.

Further we appreciate the Louisiana state legislative leadership for their voices and expertise in helping create parish coalitions.

Southeast Louisiana AHEC Board of Directors  
Participants of the Louisiana Delta States Rural Development Network  
Better Health for the Delta Staff

# INTRODUCTION TO A LEGACY

The approach taken in response to an opportunity often is the best indicator of the potential for a successful outcome. The Better Health for the Delta federal initiative encompassed eight states, with a focus on the health care challenges of the rural population. Each state proposed a method in its grant application to influence the very difficult dilemmas posed by lack of access to health services in rural communities. Louisiana did not propose a specific program, but rather an approach that would create an environment of community problem-solving, innovation, and grassroots commitment.

The Better Health for the Delta program in Louisiana has its roots in earlier state initiatives supported by the Robert Wood Johnson Foundation through the Louisiana Rural Health Access Program (LRHAP). LRHAP has four core interventions, including community capacity-building through planning and network development, health care provider retention and recruitment, a rural loan fund to provide resources for rural health care infrastructure projects, and practice management. These have served as model programs and several have since expanded their reach across the entire state.

Better Health for the Delta was nurtured by these earlier initiatives, and led by a team of visionaries who believe in the potential of grassroots collaboration. An initial step in the process was drawing together the appropriate partners on a state level. These partners formed an alliance that would lead to a model for local coalition building, and that would leverage the foremost resource in the state: Its people. The Louisiana Delta State Development Network

Better Health for the Delta Partners include:

- *Louisiana Department of Health and Hospitals-  
Bureau of Primary Care and Rural Health*
- *Louisiana State University Health Sciences Center-  
New Orleans*
- *Central Louisiana Area Health Education Center*
- *Southeast Louisiana Area Health Education Center*
- *Southwest Louisiana Area Health Education Center*
- *Community Health Systems of LA, Inc.*
- *Louisiana Public Health Institute*
- *Louisiana Primary Care Association*
- *Robert Wood Johnson Foundation-  
Louisiana Rural Health Access Program*
- *Louisiana Rural Health Association*
- *Rapides Foundation*
- *Rural Hospital Coalition, Inc.*
- *Rural Hospital Performance Improvement Program*
- *Louisiana Public Facilities Authority*

Many of Louisiana's rural health problems are not unique. Rural communities across the nation have been slow in developing health care services due to lack of an empowered, connected local leadership, a lack of foundational services, a dispersed population, a lack of local resources, and a history in which programs, priorities, and direction have been established by institutions or influences from outside the community. The changing demographics of the rural populations, rising costs associated with health care, and an enhanced expectation that services should be more available has created demand for unmet needs in the delivery of rural health care.

Several factors are indeed unique to Louisiana and its health care issues. Significant geographic barriers—forests, bayous, the meandering Mississippi River, and a limited infrastructure—all

combine to make travel difficult. In many instances, people cannot easily travel to get to advanced medical services. The ensuing lack of connectedness between communities discourages shared efforts and joint problem-solving. There is also a rich and diverse cultural heritage reflected in traditions and lifestyles. Louisianans recognize the need for health care improvement, and the Delta partners will help propel the necessary changes.

The selection of the “Community Encourager” approach in Louisiana considered the limitations imposed by these barriers, and directed the design to lower the interference of historic issues and build grassroots solutions. This decentralized coordination was very different from the more centralized efforts of other states. The Louisiana program focused intensely on building local leadership and developing coalitions. Leadership provided the means to facilitating community health assessments, priority-setting, and implementation, while the coalition leveraged existing programs, identified new sources of funds, and brought together individuals, organizations, communities, and state providers to build momentum toward sustainability.

Decentralization also meant that the funds from the grant were dispersed in increments of \$17,000 per parish per year, and that the administrative support staff would spend much of their time in the local communities. The limited funding provided to each parish created a “bootstrapping” effect that promoted higher levels of innovation and leveraging of other resources. The grassroots initiative also meant that the participating parishes would not all go in a single direction

imposed by an external administration. Instead, the community-driven assessment process in each parish identified “perceived” local needs and problems that in many cases would be more effectively addressed because they were local priorities.

Because of the wide community involvement engendered by this approach, there was a limited need to create new agencies. Instead, the coalitions leveraged existing organizations—health care, aging services, schools, government, workforce, and others—to solve the local problems identified by local people.

The Community Encouragers were selected from within their own communities, and, through the local Delta initiative were empowered to take action. The Encouragers built coalitions, organized assessments of health issues and resources, assisted the communities in prioritizing their issues, and served as leaders and motivators. Through the training provided by the Delta administrators and the actual experience of leadership, a well prepared group of community leaders has been identified and networked throughout each parish.

The Louisiana Community Encourager story contains outstanding examples of how to build a parish-level system that is effective and that adds value to the health of the rural population. Networking, assessment, innovation, leveraging, learning, and implementing—these words express the theme and essence of this report. This legacy document tells how—when given an opportunity and appropriate direction—a small group of people working together can make a substantial contribution to healthcare improvement in the rural parishes of Louisiana.

# South Louisiana







## MENTAL HEALTH NETWORK

“We started from scratch, went door to door, and never gave up,” reflected

Stacy Fontenot,  
Community Encourager.

“This is how we made sure the coalition got started, kept on going, and became a formalized community organization.”

Stacy represents the strong young leadership that has developed as a result of the Delta Phase I initiative.

## ASSUMPTION PARISH

*Lead Agency:* START Corporation  
Charles Vandercook  
Executive Director

*Community Encourager:* Stacy Fontenot

*Project Phase:* Phase I, Year 3

### PROJECT HIGHLIGHTS:

This Better Health for the Delta project developed a strong vertical network of 17 partners known as “Assumption Community Enrichment Incorporated (ACE, Inc.),” and is working toward becoming a formal 501.c.3 nonprofit organization. This is especially noteworthy because these are the first coalition activities taking place in a rural parish with significant geographic and cultural barriers, and few health resources. Serving as a grants clearinghouse, ACE, Inc.'s mission is to assist and financially support parish initiatives that ensure access to appropriate mental health services and create healthier communities. The partners developed this goal based on a local survey

### ***Strong young leadership has developed as a result of the Delta Phase I initiative.***

of unmet health needs and the high incidence of mental health related problems seen in the parish. To overcome the barrier posed by negative perceptions about mental illness, the Community Encourager and coalition partners have held community education forums and published news articles on mental health awareness. The partners are working toward implementing a pilot “teen screen” program in conjunction with the local Boys and Girls Club. They have also engaged in a strategic planning process that will guide the network in implementing additional mental health services in the parish.

# EAST FELICIANA PARISH

*Lead Agency:* *Primary Care Providers for a Healthy Feliciana*  
*Ginger Hunt,*  
*Chief Executive Officer*

*Community Encourager:* *Dawn Taylor*

*Project Phase:* *Phase I, Year 3*

## PROJECT HIGHLIGHTS:

The East Feliciana Better Health for the Delta project has been exemplary in its ability to maintain a vision for better health in the parish, and then capitalize upon available opportunities to make that vision a reality. The lead organization operates two rural health clinics and has recently been awarded 330 grant funding to develop a federally qualified health center operation. The Better Health for the Delta funds and support helped the organization validate priority health needs in the parish, which include:

- (1) No specialty medical care;
- (2) few mental health services;
- (3) need for pharmacy assistance;
- (4) no public transportation; and
- (5) limited dental services for low income, uninsured, and Medicaid patients.

The project enabled the Community Encourager to establish an interrelated system of coalition partners, and leverage an opportunity to obtain \$500,000 in telemedicine technology to bring specialty medical services into the parish. The project also leveraged an opportunity to provide dental sealants to elementary and middle school students, develop a pharmacy assistance program providing \$300,000 worth of medications per year, and improve available mental/behavioral health services.



## USING TELEMEDICINE TECHNOLOGY

Using telemedicine technology to bring specialty medical services into a rural parish where no such services exist “could not have happened without the support of the Better Health for the Delta Phase I initiative,” according to Community Encourager Dawn Taylor. Not only has the project's success promoted a “can do” attitude within the parish, but the telemed system is now being expanded regionally through a multi-parish initiative supported by Better Health for the Delta Phase II.

## IBERIA PARISH

*Lead Agency:* Iberia Parish School Board  
*E. N. Baudry, Jr., Superintendent*

*Community Encourager:* Joan Wilson

*Project Phase:* Phase I, Year 1 (Project Completed)

### PROJECT HIGHLIGHTS:

This Delta project formed a “Health Academy,” a school-based training program designed to reduce local health care workforce shortages among nurses, ex-ray and pharmacy technicians, medical records coders, medical office staff, certified nursing assistants, first responders, and others. Through the support of Better Health for the Delta Phase I, a steering committee of 20 people came together that included the local hospital, private practices, pharmacists, and school leaders from area high schools, university, technical, and community colleges. There is now built-in sustainability in place with a written, community-relevant

training curriculum in the parish's two largest high schools, trained teachers, a business support software package, and student internships in local settings. Some 60 students in each high school participate on a yearly basis. This project applied for and received an additional \$893,000 in Learning Community Grant funds for the Health Academy over a three-year period. Because of their high level of success in the first two years, these partners graciously declined Delta funding assistance during the final year while expressing gratitude because “the Delta program really got us going.”

## IBERVILLE PARISH

*Lead Agency:* Eastside Community Health Center  
*Phyllis Adams, CEO*

*Community Encourager:* Anthony Edwards

*Project Phase:* Phase I, Year 3

### PROJECT HIGHLIGHTS:

Following a hiatus prompted by changes in the lead agency's administrative and Community Encourager positions, the Iberville Better Health for the Delta Phase I project is taking a new look at coalition development and the identification of priority health care needs in the parish. Goals include the completion of a needs assessment and the development of

a viable Community Health Plan. The Community Encourager is continuing to make contacts in the community, and through a regularly-published health newsletter, *Healthy Avenues*, is targeting the goal of better health awareness in Iberville Parish.

# TANGIPAHOA/ WASHINGTON PARISHES

*Lead Agency:* *Southeastern Louisiana University  
Dr. Randy Moffett, President  
Donnie F. Booth, Ph.D., Dean  
College of Nursing and Health  
Sciences*

*Community Encourager:* *Jean Urick, RN, MN*

*Project Phase:* *Phase I, Year 2*

## PROJECT HIGHLIGHTS:

This Better Health for the Delta workforce development project has been exemplary in fostering partnerships between higher education and the medical practitioner community. The project focused on solving existing shortages in specialty care nursing and among certified nursing assistants (CNA) in Tangipahoa and Washington Parishes. By using a logic model, the coalition partners developed implementation strategies to overcome these shortages, with the goal of serving as a model for other regions in the state. A pilot program to help nursing students meet specialty care experience requirements through hospital preceptor rotations was implemented during the summer of 2005. A second pilot strategy involves repositioning some course work for advanced nursing students which will allow them to sit for the state LPN exam following the junior year; this strategy will enable

***“...we will feel satisfied  
because we tried...”***

these students to be hired as LPNs as they begin their senior year of study, thus providing them an opportunity for income as well as meeting needed experience requirements. The partners are still hard at work in considering ways to overcome the barriers imposed by lack of transportation, limited child care, and low salaries, all of which contribute to the CNA shortage.



## LOOKING BEYOND THE OBVIOUS

This Better Health for the Delta project became innovative because the partners were willing to look beyond existing preparatory programs to the use of “articulation” and preceptor strategies to fill training and experience gaps to overcome specialty care nursing shortages in Washington and Tangipahoa Parishes. Asked whether the actions taken in developing this project “seem worth the risk,” the project staff concluded that even if the new strategies do not work as well as expected, “we will feel satisfied because we tried.” The pilot workforce programs in specialty care nursing have in fact been so successful that plans are to double enrollments in the coming year.



## GRAND IDEAS FROM WITHIN

The support of the school superintendent and a school system highly supportive of children without doubt have been significant success factors in this prevention-oriented mental health project. “This program is all about becoming better,” stated Project Consultants Janice McDermott and Joan Stewart, who are both licensed social workers. Initial school data already suggest that suspension rates are lower among student participants.

## WEST FELICIANA PARISH

<i>Lead Agency:</i>	<i>West Feliciana Parish School Board Lloyd Lindsey, Superintendent</i>
<i>Community Encourager:</i>	<i>Amy Betts</i>
<i>Project Consultants:</i>	<i>Janice McDermott, LCSW and Joan Stewart, LCSW</i>
<i>Project Phase:</i>	<i>Phase I, Year 3</i>

### PROJECT HIGHLIGHTS:

This Better Health for the Delta project is an impressive example of utilizing a prevention-oriented mental health strategy within a local school system, and validating its use through applied behavioral research. The project staff organized a five-member coalition and conducted a needs assessment by evaluating existing demographic and other indicators,

### *This program is all about becoming better...*

including a relatively high juvenile crime rate and lack of mental health services in the parish. They developed a strategy to implement a guided imagery program, known as “Grand Ideas From Within,” targeted for middle school students in the public school system. This preventive program is intended to help students gain control over their own behavior and emotions, take responsibility, and reduce negative behaviors. Project data are being analyzed by Louisiana State University to validate the program as an evidence-based strategy that can be used in other public schools. The project staff has developed teacher scripts and a guide book that will help in the dissemination and replication of this innovative project.



# Central Louisiana



## AN INTEGRATED RURAL DENTAL INITIATIVE

“What will happen if we fail?” was the question that motivated the staff through every setback of this rural dental initiative. The project did not fail, but instead went on to achieve exemplary success—726 kindergarteners received a toothbrush kit and were taught to “build a habit out of brushing,” 231 second and sixth graders received dental sealants, and 7,200 parish residents now have access to fluoridated water. When learning that the project will serve as a model for other parishes, Project Director Donna Newton smiled, “It’s good to know we’re ‘first’ in something!”

## ALLEN PARISH

*Lead Agency:* The Health Enrichment Network  
*Donna Newton*  
*Executive Director*

*Dental Coordinator/  
 Encourager:* Amy Karam

*Project Phase:* Phase I, Year 3

### PROJECT HIGHLIGHTS:

Because of the significant unmet dental care needs in this rural parish and surrounding areas, this Better Health for the Delta project planned and implemented an integrated prevention oriented dental care initiative consisting of:

- (1) Dental education for kindergarten children;
- (2) Dental sealants for eligible second and sixth grade students across the parish; and
- (3) A water fluoridation program.

### “It’s good to know we’re ‘first’ in something!”

The project was planned and implemented by The Health Enrichment Network (THEN), a nonprofit network in its fifth year of operation. By organizing a dental coalition of strategic partners and leveraging \$38,400 in funding and \$63,968 in in-kind resources from Crest, Oral Health American, Louisiana Office of Public Health, LSU Health Sciences Center, dedicated providers including a local dentist and dental hygienist, school-based clinic nurses, dental and fluoridation “teams,” and others, all three components were successfully implemented within a three-year period. The exemplary success of this project has led to its expansion into a multi-parish initiative that will be implemented during Delta Phase II.

## AVOYELLES PARISH

*Lead Agency:* *Bunkie General Hospital  
Don Cannady, Administrator  
Lonnie Dufour, Assistant Administrator*

*Community Encourager:* *Terri Gremillion*

*Project Phase:* *Phase I, Year 3*

### PROJECT HIGHLIGHTS:

This Better Health for the Delta project has established a motivated coalition of eleven partners that plans to apply for formal non-profit status. The coalition partners conducted the parish's first general health care survey, with the unmet needs identified including OB-GYN services within the parish, prescription access, an aquatics program, and anger/stress management for children. The needs assessment helped solidify a decision by local medical providers to bring an OB-GYN physician into the parish one day per week, and an 18-month pilot youth mentoring program is now underway.

The Community Encourager has presented health awareness information to over 2,000 residents, and is spearheading the development of a health resource directory. This Delta project has been very effective in breaking down barriers of polarization across the parish. A “ripple” effect beyond the core project is that a senior coalition is now being developed in the parish. This project has also done an exemplary job of supporting long-term sustainability by “growing” young leadership whose impact will be demonstrated in the parish for years to come.

## CATAHOULA PARISH

*Lead Agency:* *Sicily Island Medical Center  
Emma Tarver, Chief Executive Officer*

*Community Encourager:* *Ben Sandifer*

*Project Phase:* *Phase I, Year 3*

### PROJECT HIGHLIGHTS:

The Better Health for the Delta project in Catahoula Parish established a coalition of eleven members from seven organizations, and conducted a needs assessment to identify the unmet health care needs in the parish. The primary strategy has been to utilize an existing mobile dental clinic to extend dental screening to children in parish schools whose parents do not have transportation. Hands-on dental screening by a local dentist was provided to 350 school children, and strategies are now being considered to provide restoration services to those who need them. There are many challenges present in a highly rural

parish with significant poverty and the presence of numerous health access barriers. The Community Encourager was instrumental in recruiting a new physician into the parish which is a designated Health Professional Shortage Area, and he has provided health awareness activities to several community organizations. There is a growing sentiment in the parish that local health care services can be improved. The coalition will be challenged to sustain its efforts, and is considering ways to seek out and mentor additional leadership for the parish.