

Delta Promise Neighborhood (DNP) Project
Lead Applicant: Delta Health Alliance 501c3

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NEED FOR PROJECT

The Mississippi Delta is among the poorest and most disadvantaged areas in the U.S. with a long history of lack of access to appropriate services, poor health outcomes, and intergenerational poverty. The Delta Health Alliance (DHA) - a 501(c)3 organization - was founded in 2001 to support community-based healthcare initiatives that would target critical health and wellness issues in the Mississippi counties of Desoto, Tunica, Tate, Panola, Quitman, Coahoma, Tallahatchie, Bolivar, Sunflower, Carroll, Leflore, Washington, Humphreys, Holmes, Yazoo, Sharkey, Issaquena, and Warren. These counties share similar characteristics that impact the health of their residents: they are located in rural areas, have high levels of poverty, and their populations have relatively high percentages of African Americans, making them particularly vulnerable to the disproportionate economic and health burdens that accompany our nation's existing racial and ethnic health disparities. The MS Delta includes only 20% of Mississippi's population but is responsible for reducing state averages in economic and health measures to the point where MS is at the bottom of many nationwide rankings. Of the U.S.'s poorest rural counties, five of the top twenty across the nation are in the MS Delta, including Issaquena, Leflore, Sharkey, Sunflower and Washington counties.¹ The DHA proposes a comprehensive planning process under Absolute Priority Area 2 targeting the rural Delta town of Indianola, MS, (Sunflower County) for the proposed **Delta Promise Neighborhood (DPN)** project.

According to a July 2009 report issued by the Alliance for Excellent Education, only 61% of MS students graduate with a high school diploma in four years. Moreover, this same report found the following graduation disparities among the various racial groups: White (66%), Asian (57%), African American (55%), Hispanic (43%) and Native American (37%). The Alliance for

¹ "Poverty Rate Jumps in Rural America" *Main Street Economics*, Nov 23, 2009.
<http://www.dailyonder.com/poverty-rate-jumps-rural-america/2009/11/23/2466> Accessed 6/2/10.

Excellent Education estimates that dropouts for the class of 2008 alone cost Mississippi approximately \$4 billion in lifetime lost wages. This is an economic reality that we can ill-afford in a state that traditionally lags behind the nation and southeast region economically; moreover, with the unwelcome distinction as the “fattest” state in nation (adult and childhood obesity rates of 33% and 44%, respectively), the prospects for Mississippi’s next generation are very bleak.²

Table A: Demographics of Targeted Service Area Compared to State and National Statistics³

	2009 US Census Population Estimate	Population under 5 years age	Percent adults >16 years old in labor force	Percent African American	Percent non-Hispanic Caucasian	Percent Individuals Below Poverty	Per Capita Income	Adults High School Graduates
Sunflower	30,922	7.2%	41.1%	71.3%	26.7%	37.2%	\$11,287	70.1%
Mississippi	2,918,790	7.3%	60.1%	37.1%	60.0%	21.0%	\$19,880	78.8%
U.S.	301M	6.9%	65.2%	12.3%	74.3%	13.2%	\$26,178	84.5%

Risk factor research strongly suggests that youth who live in economically depressed environments are at greater risk for substance abuse, delinquency, violence, school dropout, and teen pregnancy. The Centers for Disease Control and Prevention’s (CDC) *2007 Youth Risk Behavior Survey (YRBS)* is a representative sample of 9th through 12th grade students in public and private schools in the U.S. that monitors six categories of priority health-risk behaviors among youth and young adults found that Mississippi students versus students nationally are at

² Robert Wood Johnson Foundation. F as in Fat 2009. Retrieved 5/30/10. www.rwjf.org/childhoodobesity.

³ U.S. Census Bureau, 2006-2008 American Community Survey 3-Year Estimates, <http://factfinder.census.gov>

greater risk for lifetime cigarette use at 58% versus 50%; currently sexually active at 42% versus 35%; and obese at 18% versus 13%, respectively. The Annie E. Casey Foundation, a leading voice for child well-being and welfare in America, ranks Mississippi 50th in over all child well-being— an appalling distinction the state has worn since 1999.⁴

Targeted Geographic Area

The DHA is targeting the rural town of Indianola, MS as our Promise Neighborhood and will include all schools within the Indianola Public School District (IPSD)⁵, which is currently under State Conservatorship due to a historical failure to meet the state's minimum standards of academic performance. Indianola is located in northwest MS in the heart of the Delta in Sunflower county. The town is traversed by U.S. Highways 49W and 82, and is located approximately 98 miles north of the capital city of Jackson, MS, and approximately 137 miles south of Memphis, TN. Indianola has a proud cultural heritage, is the birthplace of blues icon B.B. King, and relies upon local farm-raised catfish as its primary industry. According to the 2000 Census, the population of Indianola is 12,066 of which 45% are males and 55% are females. A total of 979 individuals are ages 5 years and under; 8,095 are 18 years and older; and 1,285 are age 65 and older. Along racial lines, approximately 26% of residents are white; 73% are black; and less than 1% are Other. Census data reports that only 65% of Indianola residents graduate from high school and only 15% possess a bachelor's degree or higher.

Economically, approximately 1 in 4 (23%) Indianola families live in poverty, while nearly 1 in 3 (27%) individuals live below the poverty level. Per capita income, measured in 1999 dollars, is dismal at \$12,082 compared to \$15,853 for MS and \$21,587 for the U.S.

Likewise, median household income lags behind both state and national levels at \$26,308 versus

⁴ Annie E. Casey Foundation. Kids Count Data Book Online. www.aecf.org. Accessed 5/11/2010.

⁵ Eligible for funding priority under the Rural & Low Income School Program (NCES LEA ID: 2802070)

\$37,818 and \$52,029, respectively (2008 dollars). The MS Delta has been among the hardest hit areas during this recent economic downturn. As of April 2010, the unemployment rate in Sunflower County was 16% compared to 11% statewide and 10% nationally. In 2008, Sunflower county was ranked 19th among rural counties with the highest poverty rates nationwide.⁶

According to the 2008 MS Youth Court Report, there were a total of 210 youth court referrals for various delinquent offenses committed by Sunflower County youth, which was down slightly from the 249 referrals cited for 2007. For both years, the bulk of juvenile crimes were committed by African-American males at 112 referrals versus 10 referrals for all other males in 2008 and 141 versus 1 referral for all other males in 2007. Juvenile offenses included acts such as arson, burglary, disorderly conduct, malicious mischief, shoplifting, sexual offenses, simple assault/domestic violence, and weapon offenses. The Federal Bureau of Investigation's (FBI) Uniform Crime Report revealed a total of 160 violent crimes and 101 property crimes in Sunflower County during 2008.

In terms of health-related indicators, the University of Wisconsin's Population Health Institute and the Robert Wood Johnson Foundation's, *County Health Rankings: Mobilizing Action Toward Community Health Report*, ranks Sunflower County (Indianola) 72 of 81 counties in terms of Health Outcomes and 75 of 81 for Health Factors—the former deals with mortality and morbidity issues, while the latter addresses health behaviors, clinical care, social and economic factors, and physical environment. Sexually Transmitted Diseases (STDs) are rampant within our target community. According to the MS Department of Health (MDH), Chlamydia rates in Sunflower County ranged from 981.1 cases per 100,000 in 2005 to a staggering 1,426.8 in 2009 compared to a 2009 State rate of 802.8; Gonorrhea rates ranged from 241.4 cases per

⁶ "Poverty Rate Jumps in Rural America" *Main Street Economics*, Nov 23, 2009.
<http://www.dailyonder.com/poverty-rate-jumps-rural-america/2009/11/23/2466> Accessed 6/2/10.

100,000 in 2005 to 345.3 in 2009 compared to a 2009 State rate of 246.41; HIV rates peaked at 872.8 cases per 100,000 in 2005 but fell to a rate of 811.2 in 2009 , yet considerably higher when compared to the 2009 State rate of 313.5; and Syphilis rates ranged from 0 in 2005 to 13 cases per 100,000 in 2009 compared to a 2009 State rate of 8.0 cases per 100,000.

Teenage pregnancy is another significant problem in Indianola. According to the CDC's *National Vital Statistics Report* for 2006, MS had the highest teen birth rate in the nation at 68.4 births per 1,000.⁷ Of the 199 total births reported for Sunflower County in 2008, 55 (28%) were to teen mothers; only one of which was born to a Caucasian teen mother. Often many of these teen mothers do not receive adequate prenatal care, thus, the State's 2008 infant mortality rate was 9.9 per 1,000 live births, while along racial lines the rate was 7.4 for Whites and 12.9 for Non-whites. Finally, all of these health-related problems are further compounded by the fact that according the Health Resources and Services Administration (HRSA) Sunflower County, as is the case for most of MS, is located in a Health Professional Shortage Area (HPSA) and Medically Underserved Area/Population (MUA/P). The significant shortage of primary care providers only further exacerbates the problem of inadequate access to care for our unhealthy population.

Our target school district, Indianola Public School District, meets the Rural Low-income School Program (RLIS) eligibility requirements of the U.S. Department of Education as listed online at: www2.ed.gov/programs/reaprlisp/eligibility.html. Beginning during the 2010-11 school term, IPSD will operate four schools as follows, all of which will be a part of this planning initiative: 1) Lockard E.S. (K-2); 2) Carver E.S. (3-6); 3) Robert L. Merritt M.S. (7-9); and 4) Gentry H.S. (10-12). According to the MS Department of Education (MDE) the 2008/09

⁷ Centers for Disease Control and Prevention (CDC). *National Vital Statistics Reports*, Volume 57, Number 7.

IPSD student enrollment was 2,387. Of this number, the student body gender composition was 1,162 females (49%) and 1,225 males (51%). Along racial lines, IPSD is overwhelmingly an African-American majority school district with 2,308 (97%) African-American students. The remainder of the student body population consists of 50 Caucasian (2%), 23 Hispanic (1%), and 6 Asian students. Approximately 92% of IPSD students versus 66% of students statewide receive free and reduced lunches.⁸ Of the 166 teachers employed by IPSD, zero (0) are nationally board certified teachers.⁹ IPSD's *Children's First Annual Report* cites a district graduation rate of 67% versus 72% statewide and a 24% dropout rate compared to 16% statewide. Less than three-quarters (69%) of IPSD students sit for the ACT exam compared to 94% statewide, and for those taking the exam during 2007-08, the average ACT score was 16.7 versus 18.9 statewide.¹⁰ Finally, per pupil spending in IPSD was sixteen dollars less than the statewide average at \$8,721 versus \$8,737, while the national per pupil spending was approximately \$9,963.

In terms of academic achievement, IPSD received a 2009 State Accountability Label of "Failing," and as mentioned earlier, the District is currently under Conservatorship by the MS Department of Education (MDE). Specifically, Carver Elementary and Pennington Junior High Schools were rated as failing; Robert L. Merritt Middle School was placed on the academic watch list; and Gentry High School was rated as a failing school. Cassie Pennington Junior High School was closed at the end of the 2009-10 school term by the state appointed Conservator, Dr. George Gilreath. Data from the 2007-08 and 2008-09 school terms reveal that IPSD schools have consistently had a majority of its students score below proficient in both reading and math. Approximately 70% to 80% of 3rd-5th graders attending Carver Elementary scored below

⁸ The Children First Annual Report. www.msreportcard.com. Accessed 6/2/10.

⁹ Ibid

¹⁰ The Children First Annual Report. www.msreportcard.com. Accessed 6/2/10.

proficient in math and reading. Approximately 70% to 75% of 6th-8th graders attending Robert L. Merritt Middle School scored below proficient in reading and math. Approximately 62% of 9th graders attending Pennington Jr. High scored below proficient in Algebra I, while 81% scored below proficient in Biology I. Among secondary school students, approximately 81% of students attending Gentry High School scored below proficient in Biology I; 71% below proficient in English II; 78% below proficient in Algebra I; and 53% below proficient in U.S. History. Consequently, IPSD is examining all facets of its operations including leadership, board policies, organizational structure, primary curriculum, extracurricular activities and professional development. While the situation is unfortunate, it creates a perfect window of opportunity for the development of a Promise Neighborhood and as such, planning for this program has been embraced by the IPSD, City of Indianola and its residents.

Specific Gaps in Services, Infrastructure, and Opportunities to be Addressed

Prior to the Promise Neighborhood announcement, DHA previously initiated efforts to begin planning for a comprehensive community-based program entitled the *Delta Promise Community project (DPC)*, which is patterned after the Harlem's Children Zone. To gain clearer insights into the Indianola community, DHA conducted a community needs assessment, sponsored a series of nine (9) focus groups as recent as January 2010, and developed a strategic plan. Needs assessment and focus group data clearly establish the magnitude of gaps and weaknesses present in Indianola.

The most significant findings from this preliminary needs assessment were as follows:

- Currently, there 17 facilities with capacities to care for 818 children, yet many of these are not learning-based programs. Additionally, full participation is limited due to MS's Child Care Certificate program, which requires daycares to charge non-certificate parents the same

fees (\$360/mo.) they charge certificate holders. Additionally, the local Head Start Program can only accommodate 90 three-year olds and 170 four to five-year olds.

- There is an almost complete lack of After-School academic or recreational programs targeting adolescents in Indianola. The only existing program, offered at Merritt Middle School, addresses the remedial needs of 6th through 8th graders.
- Public transportation services are nonexistent.
- Although the majority of surveyed individuals stated that "everybody gets along", a high degree of segregation among blacks and whites continues to persist in social, business and academic settings.
- There is a significant lack of parental initiative to become involved in their children's school and recreational activities. Historically parents do not attend PTA meetings or children's sporting events in significant numbers.
- Only two career readiness programs exist in Indianola. The Indianola Career & Technical Center offers a two-year trade-based program and a local Community Action Agency operates the Workforce Investment Act Program; however, the greatest self-reported barrier facing these two programs is the lack of motivation among young adults.
- A dramatic healthcare gap exists for children in Indianola due to the absence of any pediatricians. Three Family Practice physicians care for approximately 70% of children in Indianola. Access to mental health services are very limited for both children and adults because the local mental health facility, Life Help, Inc., only operates two days a week.
- The Sunflower County Health Department and Families First Resource Center provide teen pregnancy prevention services; however, more services are needed given the area's high teen pregnancy rate. Unfortunately, there is a pervasive cultural acceptance of young unwed

mothers which makes pregnancy prevention programming challenging. Moreover, services targeting young parents are limited in their effectiveness because of transportation issues and simple ignorance of the proper stages of child development and good parenting.

Focus groups of residents between the ages of 13 to 50 years and older provided additional insights into community conditions. Echoing the findings from the preliminary needs assessments, focus groups came to a consensus that children in Indianola, in their own words, "[do not have] nothing to do." Many African-American residents voiced concerns about the lack of good paying jobs and high-quality public education, particularly since educational choices are limited to a failing public school district and an unaffordable private academy. Likewise, focus group participants echoed the lack of recreational programming except for services offered through local churches and the B.B. King Museum and Delta Interpretive Center, which mostly focuses on arts and music. Many participants indicated tepid race relations by discussing that "strong racial boundaries" exist in the community. Many African-American residents are very distrustful of law enforcement and local government, which they view as corrupt; however, the incumbent mayor was recently voted out of office during fall elections¹¹ and early indications are that the new mayor, Steve Rosenthal, will be more engaging and has already expressed his whole-hearted support for the Promise Neighborhood initiatives.

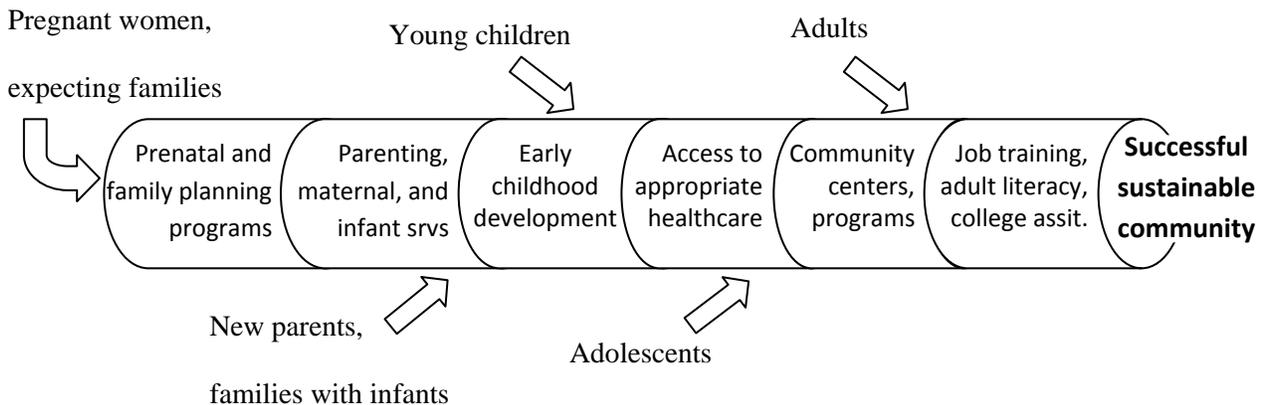
QUALITY OF THE PROJECT DESIGN

The DHA in conjunction with the DPN Project Steering Committee (DSC) and Promise Neighborhood Partners (PNPs) will conduct a comprehensive planning process to build the DPN Continuum of Care by harnessing the collective expertise, networks, programs, and resources of

¹¹ "A new year and new political changes for Indianola... what's next?" January 3, 2010. <http://mstrong3.wordpress.com/tag/steve-roenthal> Accessed 6/18/10.

our various PNPs. We will conduct monthly DSC meetings and site visits with all PNPs for project planning purposes. To the extent feasible, we will make effective use of DHA's existing conference call and video teleconferencing capabilities for meeting and planning purposes. All future partners will be required to demonstrate alignment of their vision and theories of change and action as existing partners have done. We will create individualized process and outcomes measures for each PNP to monitor their progress and contributions to the DPN continuum. The Delta Promise Neighborhood will be integrated with over a dozen existing programs that the DHA already administers, which already cover a wide spectrum of services such as early childhood programs encompassing health and early learning; education and literacy at each level; family, community, and health programs; foster care prevention services; and workforce development, all of which will be seamlessly integrated into the DPN continuum. Monthly partner meetings and involvement of the community in this planning process will minimize duplication of services and ensure integration with existing programs. The following figure represents a conceptualization of these programs, once planning is complete.

Figure 1. Delta Promise Neighborhood Pipeline of Programs



Academic Programs: During the planning year we will utilize the expertise of several key players to address the academic components of the continuum including high-quality early childhood education, primary and secondary education, after school tutoring, and college and career preparatory programs and services. First, the **Indianola Public School District (IPSD)** Conservator, Dr. Gilreath, and superintendent, Dr. King David Rush, both have committed to working with the DPN as well as to serving on the DSC. Their support is vital given that IPSD has already initiated School Transformation strategies, thus, any proposed academic programs will need to align with conservatorship plans. Secondly, the DHA will partner with the **Mississippi Center for Educational Innovation (MSCEI)**. MSCEI is an action/think tank dedicated to improving the quality of education in Mississippi. The Center was started in 2007 through a multi-year, multi-million dollar investment from the W.K. Kellogg Foundation as well as the organizational efforts of Hank Bounds, then state superintendent of education. MSCEI has two broad objectives: 1) To raise the profile, urgency and accomplishments of education for children in MS from infants to post-secondary education, and 2) to seed, nurture and develop education innovation in the Mississippi Delta. Center goals include: 1) reducing the high school dropout rate to 13 percent by 2013, 2) for state students to reach the national average on national academic assessments by 2013, and 3) to ensure that all students exit third grade reading on level by 2020.

This planning project will also enable Indianola to work closely with Mississippi State University's Extension Service (MSU) to incorporate the **MS Delta Early Learning Initiative (MDELI)** into the DPN continuum. MDELI seeks to build high quality educational experiences for Delta residents from birth throughout the human lifespan, with a special focus on children ages birth to ten. As children are connected to parents, guardians, family members, child care

providers, and teachers, the programs proposed by MSU are designed to educate, mentor, and strengthen individuals of all ages by helping them to acquire the tools needed for healthier lives. By leveraging our existing network of training with the proposed programs, we can serve a broad spectrum of people. Thus, MSU will be able to supply the continuum both localized programs that provide intensive service to smaller numbers of clients and wide-ranging educational initiatives designed to impact children birth to school-age and the many adults who influence them. The DHA is committed to two of the fundamental variables known to break the cycle of childhood poverty: education and healthcare. MDELI's presence as a PNP will ensure that our planned continuum addresses the needs of the Delta's children, parents, and teachers through systemic interventions that target the health and education of each group, primarily through training opportunities. Both group and individual audiences will be served through workshops and one-on-one mentoring. Once we have aligned the necessary mix of programs and services, then customized goals, objectives, evaluative measures, and a Work Plan Matrix will be created for each PNP.

Another PNP that will help us to build the DPN continuum is the **Children's Defense Fund - Southern Regional Office (CDF-SRO)** who has committed up to \$150,000 in non-federal in-kind support. CDF-SRO theories align with the DPN project as their ultimate goal is to improve the educational and developmental outcomes for all MS children. CDF-SRO's work involves identifying and developing mutually beneficial programs and projects to support planning activities. The DPN project will infuse the following CDF-SRO banner programs into the continuum: 1) SPARK Mississippi (SPARK-MS); 2) CDF Freedom Schools®, 3) Young Women's Leadership Institute and 4) Young Adult Leadership Training, with latter functioning as a Family and Community Support Program.

In addition to statewide and regional-level participation, the Indianola-based **Retired Education Personnel of Sunflower County (REPSC)** has committed to incorporate their volunteer program into the DPN continuum. Specifically, REPSC will provide expertise in planning and developing new curriculums, afterschool academic programs, tutoring, and mentorships; moreover, when DPN proceeds to the implementation phase, REPSC has pledged the in-kind services of four (4) retired teachers who will work an estimated total of 40 hours per week for 32 weeks. The DPN project will operate in a culturally competent manner, working with local community-based organizations such as REPSC and other faith-based groups and churches which will ensure a diversity of input and opinions in the development of the DPN continuum. The DHA anticipates generating even greater local-level participation by utilizing Delta Health Initiative (DHI) funds to competitively solicit new PNPs whose vision and mission align with that of the DPN project.

Family and Community Support: Through our initial DPC efforts, the DHA has already taken considerable steps during the past year to engage the Indianola community including conducting focus groups, a needs assessment, a *Promise Community* orientation with assistance of Harlem Children Zone personnel, and strategic planning. Some of our early efforts include assisting one of the most distressed areas in Indianola, namely the Southgate neighborhood, to create their very first neighborhood association including the naming of block leaders. This activity has already helped to increase safety by fostering improved communication between community residents and Indianola law enforcement. Additionally, planning for the creation of a community playground is already underway, which will help to improve health among community children. The DHA will expand these existing DPC activities by

incorporating them into DPN planning activities, as well as ensuring that Indianola residents serve on the DSC.

To further Family and Community Support planning activities, key local institutions of higher learning, economic development and business have committed to joining the DPN project. Quality workforce development services for customers, youth, job seekers, and employers are provided through the **Delta Workforce Investment Area Board (WIA)**. The goal of the system is to provide customers with information, resources, and assistance needed to improve long-term employment outcomes. South Delta Planning & Development District is the designated fiscal agent for the 14-county Delta WIA since its inception in 2000. **WIN Job Centers** in the Delta WIA allow citizens to receive core and intensive services as well as Individual Training Accounts and On the Job Training through area businesses. A major focus this past year has been on increased business services to employers and increased customer service to individuals. WIN Job Center staff and Delta WIA staff are involved in various training sessions to improve skills and provide better services to clients. Training includes topics such as Power Point, Excel and Spanish for Requesting Personal Information and Data. Youth employment opportunities are facilitated through programs such as Senior SELECT, In School, Out of School and Summer Youth Employment in Sunflower (Indianola). The DPN project will work closely with the Delta WIA to increase employment opportunities in Sunflower County.

In terms of community stability, entities such as the **Delta Council** will be an integral part of continuum and project planning. The Delta Council serves to coordinate many of the business and economic development interests of the region. First organized in 1935, Delta Council focused on three main areas of activity: the promotion of agriculture, including agricultural research and legislation relating to agricultural programs of special significance to

area farmers; flood control and drainage which are imperative to the area's welfare; and the promotion and development of transportation facilities and services with special attention to the development of a modern highway system throughout the entire Delta. Later Delta Council expanded its focus to cover all aspects of the Delta's economy; consequently, Delta Council's involvement is crucial to any comprehensive undertaking in the 18-county Mississippi Delta, and will be of great value to address transportation solutions for the DPN. The Delta Council also embraces the importance of strong education and health policies to support long-term financial prosperity for the region. Council members support higher education needs in both the region and the State. Committee members meet with key legislative leaders to stress the importance of adequate funding for all eight public universities and the community college system.

Local colleges and universities provide additional expertise and resources that will be incorporated in the DPN planning process. In particular, the DHA has worked closely with Delta State University (DSU), Mississippi Valley State University (MVSU)- a Historically Black College and University (HBCU), and Delta Community College (DCC). The DHA has funded various School of Nursing programs at DSU including programs designed to recruit, train, and retain high-quality nurses, especially given the region's shortage status. MVSU has received funding to provide early childhood education services in the past, while DCC, through its Charles W. Capps, Jr. Technology Center located on the outskirts of Indianola, provides workforce training in the region, which will be utilized in the training of high school dropouts and GED learners, as well as parents.

The **City of Indianola** has pledged its support for the DPN project. The City will provide approximately \$20,000 worth in volunteer hours. Specifically, the City will coordinate a massive volunteer effort to plan, design, and build a park near the Southgate neighborhood to serve as a

center for the community's activities. Public officials and staff including personnel from the Mayor's Office, Public Works, Parks & Recreation, and the Chief of Police will work to streamline public services, while City employees in general will contribute an additional \$5,000 in in-kind support for the DPN project.

Parents for Public School (PPS), a nonprofit organization started in Jackson, works to fill gaps and create networks of grassroots citizens who have the knowledge, skills, and motivation to work with teachers and administrators to change district and school policies and be more engaged in the educational process. PPS services will be incorporated into the DPN continuum. This partnership is very timely given that PPS has already conducted independent reviews of IPSD school officials to determine the level of parental/community engagement in IPSD schools, which was found to be virtually non-existent. PPS will help to provide family and community support along the DPN continuum by reaching out to parents and providing a structured setting where they can consistently and continuously receive information about their schools, engage in dialogue around problem-solving, and gain new strategies and skills for addressing issues they and their children face in school. PPS will use creative arts to recruit parents. Using the *LifeShards* program as a model, PPS recruits local artists to design art workshops for families that build or strengthen connections to each other, their school, and their community. Families will create individual pieces of art and also create a common project for public installation either in the school or in the community. Visual art provides a “safe” method for everyone to participate and relate and also provides a powerful connection to the heritage and history of the Delta region. Artists will be selected by researching local artists and soliciting input from parents to see who is best suited to help develop art workshops that support the dialogue we want to have with parents and the information we want to share. PPS will also work

with school representatives to identify regularly scheduled events for parents and develop strategies for drawing more parents into the school, reaching out to parents more effectively, and making schools more welcoming to parents.

In terms of **Healthcare services**, the DHA has extensive resources and partnerships to bring to bear in planning for this component. The DHA will identify, design, promote and implement programs that will help children in Indianola be healthier, which will support higher educational achievement. **Health and Health Care** – the focus here will be: (a) increased access to primary care; (b) increased access to dental care; and (c) increased access to services for healthy babies. **Primary Care** – we plan to work closely with two physicians at the Indianola Family Clinic who have expressed a strong interest in becoming a PNP. The DHA will meet with the two doctors to discuss closing gaps in creating an ideal model of a family-centered medical home that provides preventive, acute, and chronic care to the target population. The goal is that this practice will be a referral source when school-based screenings identify issues that require follow-up. **Dental Care** – we will conduct planning to identify local and/or regional-based dentists willing to travel to Indianola to provide regular care to the 0-18 population, including a DHA-funded state Department of Health dental care project. **Healthy Babies** – planning will be conducted to address prenatal care and parenting support. The key measurements here are infant mortality and low birth weight babies. Planning activities will include gathering more information on prenatal care services, including identifying OB/GYN doctors who serve Indianola, assessing county-level Health Department services, and determining how the current DHI-funded Maternal Infant Health Outreach Worker (MIHOW) program can be incorporated into the DPN continuum. We will assess whether there are any gaps in prenatal care (especially for high-risk women) and if so, what they are and how we can help fill them. We also will plan

for interconceptional care provided to women between pregnancies to encourage adequate birth spacing (at least two years) and follow-up on conditions that may affect pregnancy outcomes.

In terms of **parenting support**, it is our current thinking that the best way to affect individual behaviors is direct, intensive, continuous contact of the target population by trained staff workers. DPN will plan ways of incorporating roll-up-your-sleeves, day-to-day work in the area of parenting support. We will also collaborate with existing parenting support programs in Indianola. Neighborhood Associations will be recruiting grounds for Parent Teacher groups and programs will be designed to teach parents how to become effectively involved in their children's academic futures. **Child and Adolescent Wellbeing** – planning will focus on: (a) improving parent-child relationships; (b) reducing teen pregnancy rates; (c) reducing obesity rates; and (d) improving special needs/learning disabilities and behavioral assessments. **Parent-child relationships** – services will be provided through the DHI-funded MIHOW program as well as literacy and male mentoring programming. **Teenage pregnancy** – planning will be done to identify age-appropriate and medically accurate teenage pregnancy prevention programs. We will also plan to address this risk factor as part of our MIHOW/Sisterhood efforts, especially given that 60 female students at Gentry High School were pregnant at the end of the 2010 school year. Fortunately, DHA is currently working with approximately two-thirds of these students in our Sisterhood program, thus demonstrating our ability to incorporate experienced staff in DPN continuum planning.

Obesity – Planning will include concrete plans of how to increase exercise, provide healthy meal planning, and screenings. Community gardens and access to the Delta Farmer's Market will be a definite component of this plan, building upon the success that the DHA has had working with the MS Department of Health to engage neighborhoods in the design and

implementation of gardens in partnership with twelve African American church congregations in four Delta counties, including Endtime Encounter Ministry in Indianola. Each participating church has received up to \$3,000 for tools, seeds and other supplies needed to design, plant and



Delta Church Garden, Fall 2009 Planting

maintain the gardens. Labor for the gardens comes from volunteers recruited from the communities. Participating churches have received education on vegetable gardening, and they have developed a plan for implementing their gardening project with help from the volunteer Master Gardeners program of MSU's Ag Extension Service. Church youth are always involved in the planning and maintenance of gardens to encourage their interest in the final product.

Approximately 13% of adults in Sunflower County were diagnosed with diabetes in 2007 compared to the state and national rates of 10% and 8%, respectively. We will work collaboratively with the MS Department of Education, Office of Healthy Schools to explore further policy changes designed to curb access to unhealthy foods by students during the school day. Finally, **special needs assessments and referral programs** – will be planned to determine what the needs and services gaps are for persons diagnosed with learning/developmental/behavioral disabilities that would impair a child's ability to do well in school, and the establishment of formal referral programs to help children overcome those disabilities.

Strategy for Significant Improvements in Indianola School System

The DPN continuum of solutions will incorporate the Transformation Intervention Model utilized by the IPSD for its current school improvement efforts. The Transformation Intervention

Model includes four essential components that are research-based and provide a clear framework to increase instructional accountability and improve academic achievement. Those components are 1) instructional leadership, 2) instructional effectiveness, 3) assessment/data, and 4) literacy. To achieve these goals, experienced leadership coaches from Lead Partners, which will be solicited through a RFP process, will coach and mentor the transformational leader/principal one day per week to monitor the alignment between curriculum, assessment, and instruction; will assist the leader in observing and providing corrective feedback to teachers; and will coach and assist the leader in the formation of site-based Leadership Teams that will conduct regular meetings to continually monitor the alignment between curriculum, instruction, and assessment.

Instructional coaches will provide on-site and job-embedded professional development for teachers at least twice a week to ensure that teachers can implement comprehension strategies across the curriculum. These coaches will help teachers to plan and create curriculum maps. They will help teachers utilize formative assessment to inform their instructional practices or change their teaching strategies to reflect information gleaned from the data. Additionally, the instructional coaches will model and provide corrective feedback about the implementation of comprehension strategies across the curriculum.

Data/assessment coaches will provide the transformational leader/principal and teachers technical assistance and training on how to use a digitally differentiated instructional program to design individual learning plans and to group and schedule students for performance level instruction. Data/assessment coaches will also help the transformational leader and teachers in using an adaptive assessment tool to identify students' performance levels, will help them to analyze and interpret the data from the assessment tool to plan students' learning paths, and will help them to adjust their teaching strategies to meet students' needs. These coaches will assist the

transformational leader/principal in creating a data plan and sharing that data plan with all stakeholders as well as using that plan to make instructional decisions. Data coaches will assist teachers in writing formative and summative assessment items that are comparable to the rigor of the objectives in the MS Curriculum Frameworks.

Two Reading Specialists will be hired to provide direct reading instruction for students who score at or below the 29th percentile in reading on the adaptive assessment. As noted in the National Association of Education Progress (2009) report, literacy is the fastest route to improving students' performance on state tests. For example, over 50% of the students at Carver Elementary score minimal or basic on state tests, (at or below the 39th percentile) when compared to other students in the state. Poor performance on the state tests also affects the district's dropout rate and the school's accountability rating.

Literacy is another component of the intervention. Literacy coaches will assist teachers in engaging students in the reading process using best practices across the curriculum. These coaches will coach and model for teachers how to use instructional technology to differentiate reading at students' performance levels and will assist teachers in establishing reading goals for individual students, classrooms, and school. Improving students reading skills will improve their academic performance as well as students' performance on state assessments. The components of the Transformation Intervention Model are designed to provide a clear framework to increase instructional accountability and improve academic achievement.

Carver Elementary is a Tier III school and has a "Failing" status at the state level. For the 2010-2011 year, Carver will have a new transformational leader/principal. Merritt Middle is a Tier III school and is on "Academic Watch." What follows are eleven specific Transformation strategies that IPSD will implement to make significant improvements at both schools.

1. Carver Elementary will replace its principal in the 2010-2011 school year, while Merritt Middle School replaced its principal during the 2007-08 school year.
2. Both schools will use a rigorous, transparent, and equitable evaluation system for teachers and administrators that includes a system using multiple observations of teacher performance tied to student growth and increased graduation rates.
3. Both schools will identify and reward school leaders, teachers, and other staff who have increased student achievement and high school graduation rates with financial incentives and other means of recognition. Both will also identify and remove school leaders, teachers and other staff who have not improved their professional practices after opportunities have been provided through the professional development and instructional programs in the Transformation Intervention Model.
4. Both schools will collaborate with partners to provide ongoing, job-embedded professional development that is aligned with the schools' comprehensive instructional programs. Professional development programs will be designed with school staff to ensure they are equipped with effective teaching strategies that will facilitate the implementation of the Transformation Intervention Model of school reform.
5. Both schools will provide signing bonuses and reimburse moving expenses as financial incentives and will increase opportunities for promotion and career growth that will assist the school in teacher recruitment, placement, and retention of staff that is necessary to meet the needs of the students in the Transformation Intervention Model.
6. Both schools will collaborate with several partners to use data to design and implement a research-based instructional program that is aligned to the state's academic standards. A

leadership team will be used to assist teachers in vertically and horizontally aligning the state frameworks as well as assist in implementation of the instructional program.

7. A data team will be used to promote continuous use of student data to inform and differentiate instruction to meet the academic needs of students. A nationally-normed computerized adaptive assessment system and a differentiated instructional program will be utilized to create learning paths for individual students. The computerized adaptive assessment will also be used to provide performance level instruction in small groups.
8. Both schools will increase learning time by creating a 90 minute reading block for students scoring below the 29th percentile in reading on the computerized adaptive assessment. Additional time will also be scheduled for flexible grouping based on the results of the adaptive computerized assessment.
9. Both schools will provide a number of opportunities to engage family and community in the Transformation Intervention Model such as hosting quarterly parent/community meetings, recruiting parents/community to assist with the development of school reform initiatives, using parent surveys to collect data, and partnering with surrounding community colleges and universities to provide evening GED classes.
10. A leadership coach will serve as a mentor to both principals to build management skills and capacity in instructional leadership.
11. Both schools will receive ongoing, intensive technical assistance from the DHA and partners to assist with the Transformation Intervention Model for school improvement.

Program Management, Decision-Making, Stakeholder Engagement & Success Measurement

The DPN project will make data-driven decisions to guide project planning activities.

Project and Program Indicator Data will be collected and analyzed via a comprehensive

management information system (MIS) to be developed by a contracted vendor. The DHA has extensive MIS experience having implemented electronic health records projects throughout the MS Delta and most recently receiving 1 of 15 coveted Recovery Act Beacon Health Information Technology grants awarded through Health and Human Services. Consequently, we have a highly experienced in-house MIS team to assist DPN project staff to develop system specifications and choose an appropriate vendor. The DPN MIS will serve as the official data entry, storage, and retrieval portal. The system will permit the regular update of longitudinal data, i.e., academic and family and community support data, and will feature a tracking mechanism that will enable our team and stakeholders to gauge change over time in each indicator, complete with a table function for rendering numeric and visual displays of time series analyses. The system will be fully capable of exchanging data with other systems and will be compatible with the 12 elements of Statewide Longitudinal Data Systems (LDS) as called for by the U.S. Department of Education's Institute of Education Sciences. Data extracted from the DPN MIS will allow for continuous program improvement and will feature accessible, intuitive reporting functions including table and graph capabilities that will be used to generate reports for meetings thereby facilitating quality control and continuous program improvements.

Academic, Family and Community Support Indicators

The DHA will enlist the services of the Southern Research Group (SRG), a marketing research firm with 20-plus years of experience based in Jackson, MS, to design the DPN project needs assessment in close consultation with the DSC and PNPs. SRC will collect Promise Neighborhood academic indicators and family and community supports indicators, including both project and program indicators. **Academic Indicators:** *Children Ready for Kindergarten* (number and percentage of young children demonstrating age-appropriate functioning; have a

medical home; and participate in early learning programs); *Students Proficient in Core Subjects* (number and percentage of students at or above grade level according to 3rd-8th grade and H.S. assessments); *Successful Middle School to High School Transition* (6th-9th grade attendance rate); *High School Graduation* (Gentry H.S. graduation rate); and *College/Career Success* (number and percentage of students with post secondary degrees or other credentials without need for remediation). **Family and Community Supports (Program Indicators):** *Students are Healthy* (number and percentage of children participating in 60 minutes of daily physical activity daily and consume five or more servings of fruits and vegetables daily; number and percentage reduction in youth and adult obesity rates; and number and percentage increase in students physical and/or cognitive developmental diagnoses; and number and percentage increase in referrals for students with developmental disabilities); *Students Feel Safe* (number and percentage of students who feel safe at school and traveling to and from school as measured by a school climate survey); *Students Live in Stable Communities* (Student mobility rate); *Family/Community Support Learning* (number and percentage of students with a caring adult at home, school, and community; number and percentage of parents who read to children; and number and percentage of families that attend parent-teacher conferences); *Students w/ 21st Century Learning Tools* (number and percentage of students with school and home access to broadband and connected computing device); and *Increased Access to Healthcare* (number and percentage of students with access to primary care and access to dental care; number and percentage reduction in teen pregnancy rate; number and percentage reduction in infant mortality and number and percentage reduction in low birth weight babies). *Children's Health* (number and percentage of children birth to five years old who have an appropriate place where they usually go when they are sick or in need of advice about their health).

Partnership with the Department of Education and National Evaluator

The Delta Health Alliance, Inc., agrees to fully participate in any national-level evaluation requirements of the Promise Neighborhood project. DHA is accustomed to complying with such requirements having operated several cooperative agreements with stringent evaluation requirements as well as maintained responsibility for several medically-based research projects with substantial evaluation requirements, including human subjects testing/Institutional Review Board requirements. Additionally, DHA benefits from the evaluation expertise of Mathematica Policy Research, Inc., who DHA has on retainer and can freely access PhD-level evaluation and other social science expertise. Finally, given our vast federal grants management experience we are accustomed to working with various national-level evaluation firms, technical assistance providers, and participating in cross-site evaluation efforts.

Coordination with Similar Efforts and Appropriate Community, State, and Federal Resources

Coordination is at the heart of the proposed DPN project, as solutions will only be effective and sustainable when they are developed in a cooperative fashion that eliminates duplication of services, makes the best possible use of existing community resources and only develops new services that are needed by and supported within the community to be served. As the lead agency for this partnership, the DHA has effectively managed and awarded contracts totaling more than \$25M annually to various state agencies, universities, hospitals, and community and faith-based organizations with support from the Health Resources and Services Administration (HRSA), the Agency for Healthcare Research and Quality (AHRQ), US Dept of Agriculture (USDA), MS Department of Health, and various foundations including Sanofi Aventis, Entergy, and King's Daughters and Sons. Since 2001, we have partnered with more than 40 agencies in the planning and supervision of various community-based projects. We

believe that health is an engine that drives economic development, and as such we will partner with the MS Department of Health (MDH), county health departments, Federally Qualified Health Centers (FQHCs), municipal and county government, and public colleges and universities in planning for the DPN project. DHA will place added emphasis on locating and collaborating with experienced Delta providers given the social, economic, and political landscape of the Delta. Moreover, these local PNPs are likely to be culturally competent organizations capable of being responsive to our target population. MSCEI will strengthen our education planning and eventual implementation activities by adding a macro policy perspective given its close ties with the MS Department of Education, while the CDF-SRO, given its vast experience championing children poverty issues will help to ensure balance between our academic and family and community support efforts. Realizing the value of local entities, the DHA will reach out to various Indianola/Sunflower County community-based organizations similar to the partnership forged with the Retired Education Professionals of Sunflower County, who will be instrumental in continuum plans for afterschool tutoring and other educational services. We will continue to reach out to the faith-based community as it is often a pillar in rural communities. We also anticipate identifying numerous other partners via the comprehensive needs assessment, information dissemination activities, focus groups, and town hall meetings. Finally, other measures include researching and contacting state and federal agencies to determine the types and amounts of dollars flowing into the Indianola/MS Delta, thereby exploring ways of leveraging other federal and state dollars to sustain programs and fill gaps in services.

QUALITY OF PROJECT SERVICES

Many of the services to be provided are outlined in the previous Quality of the Project Design section. All proposed academic continuum components will work in conjunction with

Transformation Strategies planned by IPSD. Academic Components will utilize the concepts of a school reform model to sustain and transform the existing school into a successful, high performing school. The teaching component of the reform model supports the core belief that a student-centered approach is critical to improve learning. The assessment part of the model states that data will be analyzed and interpreted from all available data sources to make instructional decisions. The learning piece of the model advances the idea that learning should be student-centered instead of teacher-centered and will provide the transformational leader/principal the skills needed to effectively use teacher observations to provide corrective feedback and to implement “assess to know” strategies to guide differentiated instructional practices that will improve student learning. This part of the model will also supports using coaching and mentoring to assist teachers in their efforts to plan and organize meaningful lessons, to write formative and summative assessments items to monitor their instructional effectiveness, and to monitor and adjust instruction based on students’ performance levels to maximize and actively engage students in the learning process.

Improvements in the Academic Achievement of Students

DPN academic components will be designed to ensure that all children are ready for kindergarten. The proposed continuum will fill gaps in early learning programs by increasing access to programs such as the Delta Promise School, which is a school readiness summer program that helps to develop basic language skills among disadvantaged children. Gains among elementary students will be realized by enhancing literacy skills among students, while also providing professional development opportunities for teachers through programs such as the MSCEI's partnership with the Barksdale Reading Institute's "Effective Reading Instruction" three-day professional development training for K-1st grade teachers and "Teach Up" interns

who assist teachers to increase use of instructional technology. Academic progress will be measured comparing baseline indicators against annual standardized test scores.

Utilization of Needs Assessment and Segmentation Analysis

As a key component of the Indianola Promise Neighborhood planning project, the DHA will work with its partners to conduct a more comprehensive Needs Assessment and Segmentation Analysis, building upon the findings already obtained from our preliminary assessments and focus groups. Southern Research Group will develop and conduct a Behavioral Risk Factor Surveillance Survey for the city of Indianola, and the MS Center for Education Innovation will work with the DHA to develop a broader assessment for educational needs. Findings from these efforts will be used to prioritize service rollout and resource allocation among various subpopulations, to ensure that the children with the highest needs receive appropriate services to meet academic and developmental outcomes.

QUALITY OF PROJECT PERSONNEL

The Delta Promise Neighborhood will be developed under the leadership of Dr. Karen Fox, a Mississippi native, who returned to the region in 2006 to lead the DHA, sharing this non-profit agency's dedication to improving the life and long-term well-being of residents of the MS Delta. Under her leadership the DHA has grown from a small organization of four personnel coordinating one grant program to a network that involves over 20 different partnering agencies working together on over a dozen different cooperative agreements with federal, state and local funding support. Dr. Fox has overseen the development of the region's largest electronic health network and has published over a dozen articles relating to outcomes of the various community-based initiatives managed by the DHA.

Dr. Karen C. Fox, PhD, is the President and CEO of the DHA who began her training with a Bachelor's of Science degree from the University of Mississippi. Prior to joining the DHA, she worked at the University of Tennessee as the Executive Director for the Outreach Center for Healthcare Innovation and Community Outreach. She will provide oversight of the planning process and bring together additional partners from across the state who can contribute to the final implementation plans. Dr. Fox will also oversee evaluation, ensure that the Steering Committee is kept informed and its decisions are translated back into program operations.

Eligah Johnson, MPH, has been working with the DHA since the fall of 2009 to manage the Delta Promise Community project targeting Indianola, MS. He earned his Master's of Public Health from Jackson State University and prior to joining the DHA, worked as a Department Director at the Delta Regional Medical Center. Mr. Johnson's salary support is paid by HRSA and he is 100% dedicated to efforts in Indianola, involved in supervising staff, directing DPN headquarters, serving a DPN liaison, supervising PNPs and other vendors, and reporting to the national evaluator.

Roshunda Sample, MPH, is a resident of Indianola and will serve as the project manager at 50% FTE. Ms Sample will be responsible for the daily program operations including coordinating DSC and PNP meetings, conference calls, DSC meetings, volunteers, assisting with data collection, and preparing monthly reports.

Ashley Tucker, MBA, will serve as the research assistant in a 50% FTE capacity. Her primary duties will include assisting with project needs and resource assessments, focus group planning, and researching evidence-based programs for inclusion in the DPN continuum.

Community Organizer, TBH, will serve as a 100% FTE to coordinate all DPN project events including and recruiting project volunteers and in-kind services. The ideal candidate will possess a bachelor's degree, reside in or near Indianola and have a minimum of four years of community organizing experience.

Relevant Experience: Current programs of the DHA have been designed to meet a variety of needs in the Delta, and include school based programs, rural diabetes clinics, early childhood development programs, tobacco cessation efforts, neighborhood gardens, workforce development programs, and the region's largest electronic health record system. Dr. Fox, along with Mr. Johnson and Ms. Simple, have been involved in the design, development, implementation and evaluation of a variety of programs similar our proposed project. The following are a small sample of DHA current and past programs with similar focus. *Delta Early Learning Program:* In partnership with Mississippi State University (MSU), an early learning initiative to provide preschool academic enrichment, EPSDT screening and vaccinations. This year 113 teen mothers have received parental training and 238 children have been served by the Delta Early Learning School program. *D.A.R.E.:* In partnership with Delta Council, development and implementation of D.A.R.E. programs in 14 counties previously not served by this program. *Enhancing our Workforce through Training and Technology:* In partnership with the Charles W. Capps, Jr. Technology Center in Indianola, development and provision of career training programs designed to provide career training. Project has served 1,626 Delta residents to date. *Maternal Infant Home Outreach Worker Program (MIHOW):* In partnership with Mississippi Valley State University and Mississippi State University, a program to utilize trained lay people to deliver prenatal and post-natal education and coordination of services to low-income parents in the Delta. The program is currently providing an average of 125 visits per month to clients.

Imagination Library: A program that utilizes volunteers to read to and then leave books with pre-school children in Leflore, Washington and Humphreys county, with 902 families enrolled. -

Meeting Food and Nutrition Needs of Students in the School Setting: In partnership with the University of Mississippi, this school based nutrition program serves Panola, Quitman and Bolivar counties. The program includes healthy cooking classes for students, diabetes prevention programs, and the development of five school-based gardens and one greenhouse. Students are involved in the design, building, maintenance of and harvesting from these gardens. Church

Garden Project: With funding support from the MS Department of Health, the DHA currently works with 12 African-American church congregations in Bolivar, Leflore, Sunflower, and Washington Counties to grow fall, winter, and spring gardens for their members.

Lessons Learned: The DHA has been working with various stakeholders in Indianola since the fall of 2009, discussing the possibility of a Promise Community, identifying what priority needs exist and cataloguing available resources that could be made available as a part of the overall solution. IPSD is in under conservatorship as mentioned previously, the problems of which are so significant that the school district was put under state control. In speaking to teachers, administrators and parents, we have learned that pre-school preparedness, meaningful curriculums and high school drop-out rates are the greatest problem for the system. Working with the neighborhoods and its residents have resulted in a tremendous amount of pride in their community and willingness to help, but uncertainty in how to effect change and where to begin. Our experience with data collection and evaluation has taught us the value of meaningful data systems that are developed correctly before services even begin, to ensure that outcomes can be tracked to allow for mid-course corrections and realistic evaluations of what works and what does not. The lesson of the importance of creating formal and informal relationships cannot be

overstated as sustainable change can only come when it is supported by the community itself.

And the importance of a long-range, realistic business plan that addresses funding support must rely upon a variety of different sources, not only to spread the risk but also to create buy-in and support from all participating partners.

QUALITY OF THE MANAGEMENT PLAN

Dr. Karen Fox, CEO, will serve as the Principal Investigator for the DPN project. Dr. Fox will maintain overall project responsibility including budget oversight and accomplishment of project objectives within specified time periods. She will supervise all project staff and execute contracts and MOUs. Daily project activities will be carried out a full-time project director based at DPN project headquarters in Indianola.

Timeline and Milestones: for first 12 months of planning plus projection of future activities

		<i>Planning</i>				<i>Implement</i>			
<i>Activities / Quarters</i>		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Admin	Hire research coordinator, provide training								
	Identify national evaluator								
	Conduct Steering Committee meetings								
	Design and implement database								
Early Childhood	Identify and catalog existing programs								
	Conduct community survey to identify needs, analyze results								
	Identify resources possible for future development								
	Meetings, site visits and strategy sessions to develop plan								

	Presentation of plan to Advisory Committee for modification								
	Design of a pilot program to test solutions								
	Community review of plans for pilot programs								
	Review and approval by Advisory Committee								
	Implementation of pilot programs								
	Future Activity: Mid-course review, program modifications								
	Future Activity: Expansion to roll out for full services								
Evaluation	Develop overall program outcome measures								
	Development of outcome measures for each initiative								
	Analysis and reporting of planning process								
	Future Activity: Analysis and reporting of implementation								

Governance Structure: The *Delta Promise Community (DPC)* project was formed in the fall of 2009 as a DHA-funded initiative. From its earliest conception, the DPC was initiated by the people of Indianola for the people of Indianola. The *Indianola Advisory Board* was developed to include not only the people in control of potential resources in Indianola but more importantly the "common folk," all of whom have an active role in decision-making and policy development. Though ambitiously and strategically developed, the *Delta Promise Community (DPC)* project falls short of the comprehensive cradle through college to career continuum outlined in the Promise Neighborhood program. Consequently, we propose folding the existing *DPC project* into the Promise Neighborhood Planning Grant process and rebranding it as the Delta Promise Neighborhood (DPN) project. Likewise, the *Indianola Advisory Board* will expand to become

the Delta Promise Neighborhood Steering Committee (DSC). The DSC consists of twenty-one (21) members mostly who are residents of Indianola or Sunflower County. Representations include local business leaders, parents, school personnel, Indianola Mayor, IPSD superintendent, an attorney, bank president, former teachers, state university, child advocacy organization, faith-based organization, and economic development organization. The DSC is co-chaired by Dr. Cassie Pennington, retired school superintendent, and Mr. Tom Gresham, local businessman. The DSC is intended to give Indianola residents an active role in DPN project decision-making. DSC business is governed by Robert's Rules of Order.

Diversity of Perspectives

The Delta Promise Neighborhood project will benefit from a wide array of partners with varying resources, networks, and potential solutions. All agencies have worked with one or more partners on previous efforts, allowing this effort to build upon an existing foundation of trust and cooperation. The DSC membership is racially and economically diverse. We will ensure diversity of perspectives through the use of anonymous data collection tools. We conduct town hall meetings and open and targeted focus groups at different locations throughout the community, including 39 houses of worship in Indianola. Efforts will be made to reach out to youth, the elderly and employed as well as unemployed. We will also instruct our needs assessment vendor - Southern Research Group, to take all necessary steps to ensure diversity in sampling and focus group activities. We will encourage project partners to hire and utilize diverse staff in service delivery activities. Likewise, we will seek diversity by encouraging participation from women and minority owned businesses.

Sustainability and Ability to Implement the Indianola Promise Neighborhood

The sustainability plan for the Delta Promise Neighborhood project does not simply consider future funding streams or how to continue to implement developed solutions beyond the 12-month planning period provided by this grant program. It was developed to ensure that the community could secure and nurture commitments from local businesses, faith-based groups, residents and local, State, and Federal agencies who would work together to foster an infrastructure of policies, resources and systems that would support ongoing operations. The DHA will maintain an active role in operations for an expected ten-year minimum, training residents of Indianola over time to take an increasingly active role in self-management of their own concerns.

Sustainability will be a key focus during all phases of this project, not something that will only be considered in phase three when federal funding is set to expire. Research and site visits conducted with other similar projects have demonstrated significant challenges in maintaining educational and health services after grant funding has elapsed. Targeted initiatives with clearly defined deliverables tend to have greater success and as such, the DHA will work with Indianola to identify multiple funding sources, each supporting different aspects of the Promise Neighborhood's continuum of services. Locally, the City of Indianola is expected to continue to play a significant role by providing maintenance of the public park and public places, assistance with the recruitment and coordination of volunteers, and expertise of city officials. External partners are expected to include federal grants, MS Departments of Education and Health, the MS Center for Education Innovation, and foundations including Entergy, Kellogg and Robert Wood Johnson.

SIGNIFICANCE

The proposed DPN project holds great promise for breaking intergenerational poverty in Indianola thereby resulting in long-term systems change and improvement. We were inspired to create a "promise community" after a group of DHA management along with Delta residents and business people traveled to Harlem, New York to observe the Harlem Children's Zone (HCZ). As a result of our HCZ site visit, the group was inspired to replicate the HCZ in the Delta with the following offerings:

- Early childhood development;
- Charter schools and redesigned curriculums;
- Adult literacy and job training;
- Development of community centers for after school, weekends and summers;
- Access to primary care and dental services;
- Access to prenatal care and family planning services; and
- College assistance programs.

The DHA was able to fund the newly created "*Delta Promise Community*" project using federal funds from the multi-year, multi-million dollar Delta Health Initiative (DHI) grant awarded by HRSA in 2006. Consequently, we have taken several key start-up steps to establish a comprehensive service program such as hiring full-time staff, inviting HCZ's Rasuli Lewis to conduct a community orientation for Indianola residents, conducting a series of nine focus groups, completing a community needs assessment, forming a project steering committee conducting strategic planning activities, and began the process of securing community "buy-in."

The DHA was instrumental in helping one of Indianola's most distressed areas, Southgate Community, create its very first neighborhood association to help instill a sense of pride and

provide the citizens with a voice to address their problems. Another positive outcome of this activity was improved relations between Southgate residents and local law enforcement, which prior to DHA's efforts was adversarial. In addition, the DHA began working KaBOOM!, a national nonprofit organization dedicated to saving play for America's children, to create a neighborhood park for Southgate children. After establishing our footprint in just one year, the DHA will soon open an approximately 3,000 square foot DPN project office and future health clinic to begin the important work of making Indianola children and families healthy, while also garnering support from the newly elected mayor and police chief who have pledged ample City support. Finally, project staff have made inroads with IPSD superintendent and conservator to begin discussions around how the DPN project can contribute to stronger students and schools. We are confident that our early work coupled with the Promise Neighborhood comprehensive framework will enable us to create strong schools and family and community supports necessary for long-term systems change for children and families in Indianola, MS.

Building of Local Capacity to Provide, Improve, and Expand Services & Development of New Strategies that Build Upon Existing Strategies

The DHA propose to build local capacity to provide continuum services by identifying local community- and faith-based organizations. We will conduct a competitive Request for Proposals (RFP) process to support grass-roots solutions to identified needs. The subgrant and other contract partners will benefit from the comprehensive needs assessment that will be conducted during the planning year, which enable all partnering entities to better target their efforts and resources, while also allowing DHA to fill gaps in service. Secondly, in addition to funding subgrant awards, the DHA will provide technical assistance and project management support. Thirdly, the DHA will foster local-level input by recruiting target community members such as

parents and students to serve on the DSC. DPN listserv, social networks and church bulletins will be used to connect partners. Finally, we will conduct quarterly PNP meetings where we will spotlight the work of several partners along with a formal training agenda, and program progress report to disseminate evaluation data for program improvement.

Potential for Implementation of the Indianola Promise Neighborhood in Other Settings

Indianola, MS was chosen in part because it is representative of the majority of towns in the Delta - struggling with problems that have continued for generations and have become entrenched for its residents. Indianola is not the easiest rural community in which to implement such a systematic and visionary approach, but it is ideal in that it is perfectly poised to be open to such change due to academic systems that are in conservatorship and residents that are ready for a new approach. If the Promise Neighborhood program can show sustainable improvements in the future of its families, other Delta communities are likely to recognize its value and embrace similar measures. The DHA, with its extensive partnerships in the region, is poised to be a driving force in this replication, using the Promise Neighborhood model as an engine to turn our communities around and drive them into a new direction. Deliverables from this effort will include planning documents that are open-source and available to other communities, toolkits, sample surveys, evaluation plans, pilot program designs, and other tools that can be customized to meet the needs of similar rural communities. Replication of this program across the Delta will be a critical step to gradually reverse long-time trends of high poverty and hopelessness in our region.