

WORKING  
**TOGETHER**  
FOR HEALTHIER COMMUNITIES

THE WELLMARK FOUNDATION 2005 ANNUAL REPORT



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## Table of Contents

Foundation Mission & Vision	1
Message from the Chairman	2
The Wellmark Foundation 2005 Priorities	3
2005 Approved Grants	5
Case Study: Diabetes	10
Grants Closed in 2005	15
Case Study: Depression	18
Case Study: Health Literacy	24
About The Wellmark Foundation	30
2005 Financial Report	32

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## VISION

We will measurably improve the health of Iowans, South Dakotans, and their communities.

## MISSION

The mission of The Wellmark Foundation is to efficiently and effectively facilitate the continual improvement of health status within Iowa and South Dakota communities by providing financial and technical assistance.



## MESSAGE FROM THE CHAIRMAN

What would happen if...

...more people were educated about their health conditions?

...caregivers were provided with additional information and resources to give them a better understanding of what is happening to their loved ones?

...health departments, schools, and non-profits of all kinds worked together to improve the health of their communities?

These questions are how most projects funded by The Wellmark Foundation start. Someone identifies a problem; then a coalition, group or organization begins answering the question, "what would happen if...?"

Since The Wellmark Foundation began funding grants in 1991, a tremendous number of worthwhile projects and programs have helped provide answers to these and many more questions. With these community-based projects, Iowans and South Dakotans from small and large communities have worked together solving problems that affect the health of their neighbors, their co-workers, and their families.

We've also discovered that many of these health improvement projects are replicable in other communities, and even other states. For example, a 2004 mini-grant from The Wellmark Foundation to the Visiting Nurse Services (VNS) has begun to change the way child-care centers in Iowa and South Dakota approach asthma care. The Wellmark Foundation-funded project focused on best practices in asthma management in child-care settings and trained licensing consultants, child-care health consultants, and child-care providers on how to implement asthma management practices. The original mini-grant targeted child-care centers only in Polk County, Iowa. This was followed by a larger grant from the Foundation to expand the project to several other Iowa counties. In 2005, the Foundation provided VNS with \$54,138 to take the project statewide.



**John D. Forsyth**

A similar project also is underway through the American Lung Association of South Dakota. A \$5,000 mini-grant is being used to provide training for 150 child-care providers who serve 1,500 children statewide. The *Counting on You – Responding to Kids with Asthma* project empowers providers to reduce the presence of environmental asthma triggers in child-care settings and to partner with parents and the health community to improve asthma management.

This effort to make project ideas, concepts, and best practices more portable represents a major motivation for us to assemble this annual report. Our hope is that community leaders will see what's working in other areas, even other states, and determine if the same basic concepts, with modifications to localize the effort, might work in their communities. Not all projects funded by the Foundation will achieve this end result, but those that do can have a powerful impact on others. The effort in one community can ripple through to others.

When reading this annual report, you will notice similarities in several projects as communities begin to learn from each other and replicate successes. We are seeing organizations across both states doing just that. Undoubtedly you will need to adjust programs to fit the circumstances and realities of your community. We encourage you to take the good ideas you see and determine if you could do the same thing in your community. The Wellmark Foundation stands ready to act as a catalyst to help you answer the question, "What would happen if...?"

# THE WELLMARK FOUNDATION

## 2005 PRIORITY AREAS FOR GRANT MAKING

### **ASTHMA**

Asthma is the most common hospital admitting diagnosis for low-income children and adults. Although nationally recognized guidelines on treating and preventing asthma are available, implementing them effectively is a challenge for communities and providers. Families of individuals with asthma may not understand how to recognize breathing difficulties or may put a low priority on asthma treatment. For these reasons, the need for better asthma care and supportive environments for such care is essential for those with this disease.

### **DIABETES**

Because self-management is a critical element in all chronic care, The Wellmark Foundation's focus in this area is to support diabetes patient-centered educational programs. Likewise, community-based programs and linkages to effective community resources are recognized as important components of diabetes self-management. Our grant funding can assist innovative community approaches to reaching high-risk populations. While therapeutic measures can assist in controlling diabetes, the burden of diabetic care increasingly lies with patients and their families.

### **CARDIOVASCULAR DISEASE**

The Wellmark Foundation promotes partnerships for a comprehensive approach to cardiovascular health education and disease prevention at the local level, including:

- Organization and support of community partnerships for cardiovascular health promotion and disease prevention;
- Access to cardiovascular prevention services for underserved populations;
- Coordination and technical assistance for integrating cardiovascular services and resources to benefit patients and communities; and
- Provision of support to programs seeking to improve case management and patient outcomes.

### **DEPRESSION**

Improving how depression is diagnosed and treated is the focus of this priority area. Collaborative models designed to improve coordination and follow-up by a multidisciplinary team can be used to improve the community-based disease management of this common condition. Depression is a serious and prevalent chronic disease that should be conceptualized in a way that is parallel to other chronic conditions (asthma, diabetes, etc.). Longitudinal chronic-illness care approaches to depression treatment are effective, but not currently implemented by health systems and practitioners. Putting these approaches in place requires a combination of clinical and economic strategies at multiple levels, and engaging patients/consumers, providers, practices, plans, purchasers, and community partners.

### **END-OF-LIFE CARE WITH AN EMPHASIS ON PAIN CONTROL**

Our grant program seeks to advance comfort, choice, and control in care at the end of life for Iowans and South Dakotans. We want to encourage and empower individuals, communities, and health care providers to take active steps to help improve the quality of care that individuals (and families/caregivers) near the end of their lives receive. Our grant funding is a starting point for initiatives that will potentially contribute substantially to the improvement of end-of-life care in Iowa and South Dakota.



WELLMARK FOUNDATION FUNDS  
57 PROJECTS IN 2005

From local projects focusing on specific priority areas to statewide collaborations charged with improving health outcomes, the 57 projects funded in 2005 by The Wellmark Foundation brought to life the dreams of hundreds of health improvement advocates across our two states. The projects comprising the \$1,464,648 awarded this year are listed by priority areas of focus.

## 2005 WELLMARK FOUNDATION AREAS OF PRIORITY

- Asthma
- Diabetes
- Cardiovascular Disease
- Depression
- End-of-Life Care with an Emphasis on Pain Control

## ASTHMA

### Visiting Nurse Services – Des Moines, Iowa

**Grant Award: \$54,138**

#### *Taking Asthma Management Statewide for Child Care*

This project assists child-care providers in improving asthma management for children in their care. The project focuses on implementing best practices in asthma management in child-care settings and also trains licensing consultants, child-care health consultants, and child-care providers in the implementation of asthma management practices.

### Community Health Services of Marion County – Knoxville, Iowa

**Grant Award: \$5,000 (mini-grant)**

#### *South Central Iowa's Rural Children Asthma Education Coalition*

Community partners will form a coalition in the south central counties of Iowa to develop programs to educate rural families about improving the health of children with asthma.

### American Lung Association of South Dakota – Sioux Falls, S.D.

**Grant Award: \$5,000 (mini-grant)**

#### *Counting on You — Responding to Kids with Asthma*

This project will provide training for 150 child-care providers who serve 1,500 children statewide, empowering them to reduce the presence of environmental asthma triggers in child-care settings and to partner with parents and the health community to improve asthma management.

## CARDIOVASCULAR DISEASE

### Webster County Health Department – Fort Dodge, Iowa

**Grant Award: \$26,457**

#### *Webster County Healthy Beats*

The Webster County Health Department, along with community partners of the Webster County Cardiovascular Disease Coalition, will integrate a unique home cardiovascular management program with a focus on disease prevention and health restoration at the local level. The program will offer bi-monthly visits to participants in their home environments to provide education on self-care management, including risk reduction techniques, medication compliance, and methods to adhere to a long-term cardiovascular regimen.

### First Light Christian Fellowship – Marion, Iowa

**Grant Award: \$4,990 (mini-grant)**

#### *Search Your Heart*

The American Heart Association and First Light Christian Fellowship are working together to implement The *Search Your Heart* program into churches in Linn County. This grant will help bring education, awareness, and prevention of cardiovascular disease and stroke to a high-risk population.

**Iowa State University Extension - Adair County - Greenfield, Iowa**

**Grant Award: \$5,000 (mini-grant)**

*HEART (Health, Education, Activity, and Resource Team)*

This project seeks to host a community forum, bringing together various local partners to educate them about the cardiovascular health of Adair County and to engage community members in developing and implementing a long-term plan.

**Webster County Health Department – Fort Dodge, Iowa**

**Grant Award: \$4,945 (mini-grant)**

*The Webster County Kid-Vascular Program*

The Webster County Health Department will collaborate with the Head Start program and five licensed day-care facilities in Webster County to address the priority area of cardiovascular disease by implementing an educational and skills-development program, targeting physical activity and healthy eating for child-care providers and children who are currently underserved by traditional cardiovascular prevention programs.

**Trinity Health Foundation – Fort Dodge, Iowa**

**Grant Award: \$40,350**

*Fort Dodge on the Move*

This is a community-based initiative designed to promote cardiovascular health and disease prevention at the local level by: 1) educating individuals on making informed choices regarding healthy eating and active living; and 2) organizing a community walking initiative.

**DEPRESSION**

**Crawford County Home Health Hospice and Public Health – Denison, Iowa**

**Grant Award: \$31,360**

*Depression: From Awareness to Treatment*

This project addresses the priority area of depression by improving the evaluation and treatment of major depression in elderly, Hispanic, and child/adolescent populations in Crawford County, Iowa. Project activities will include utilizing standardized screening tools, providing affordable and effective mental health treatment, improving collaboration, and increasing community awareness.

**Higher Plain, Inc. – West Branch, Iowa**

**Grant Award: \$75,723**

*Expansion in Iowa of Beyond Depression: Tools for Collaboration*

(See story on page 18.)

This project focuses on the dissemination of three related toolkits regarding best-practice treatment of major depression among Iowa primary care providers, consumers, family members, and community members.

**South Dakota Voices for Children – Sioux Falls, S.D.**

**Grant Award: \$70,000**

*South Dakota Children's Mental Health Initiative*

This initiative achieves ongoing health improvement, addressing major depression by focusing on professionals – child-care workers, school personnel, and health care providers. The goals are: 1) to increase understanding of strategies and resources to help emotionally healthy children; and 2) to increase community recognition of the efficacy of early detection, intervention, and treatment of mental illness as well as the emotional and developmental precursors of mental illness in children.

**Howard Center, Inc. – Sac City, Iowa**

**Grant Award: \$4,531 (mini-grant)**

*Stall Notes*

The Stall Notes project consists of newsletters that students can read in two minutes or less that deal with issues of depression. These will be located in the school restrooms.

**DIABETES**

**Greene County Medical Center Foundation – Jefferson, Iowa**

**Grant Award: \$47,482**

*Diabetes Education Center Project*

Diabetes hospitalization rates from 1999-2001 in Greene County were higher than the state rate. This project takes a multidisciplinary approach to providing local access to quality service by collaborating with local physicians and public health services to meet the community needs. The project will increase public knowledge regarding the prevalence and seriousness of diabetes in the community as well as educate the community on the risk factors for developing diabetes and the strategies to prevent or delay the onset and/or complications of diabetes.

**University of Iowa Foundation – Iowa City, Iowa**

**Grant Award: \$31,700**

*Tele-diagnosis of Retinal Diseases in Rural Iowa*

(See story on page 10.)

The goal of this project is to make the early diagnosis of diabetic retinopathy more accessible to rural residents of Iowa in order to prevent needless visual loss and blindness from diabetes. A digital camera installed in a family care clinic is used to photograph the retina. The photographs are transmitted over a secure Internet connection to the retinal experts at the University of Iowa, and their diagnosis is transmitted back to the family care clinic.

**Mercy Foundation – Des Moines, Iowa**

**Grant Award: \$64,500**

*Improving Chronic Diabetes Care: Ensuring the Success of a Disease Management System*

This project enables project partners to significantly improve the health status of its 8,000 patients with diabetes by incorporating the role of a population health manager into three clinic locations. The population health managers will utilize data derived from the disease registry to track the diagnosis and treatment of patients with diabetes using the American Diabetes Association's standards of care, resulting in proactive treatment and improved patient management of their condition.

**St. Mary's Foundation – Pierre, S.D.**

**Grant Award: \$5,000 (mini-grant)**

*Regional Limb Recovery Program*

The goal of this project is to build a model of care that coordinates existing services and expands community collaborations for persons with diabetes. This model of care will reduce amputations by up to 80 percent in persons with diabetes in St. Mary's Healthcare service area, focusing efforts in the Lower Brule, Fort Thompson, and Rosebud areas.

**Siouxland Community Health Center – Sioux City, Iowa**

**Grant Award: \$5,000 (mini-grant)**

*Wellness on Wheels (WOW)*

Free blood glucose diagnostic testing will be provided to targeted populations in northwest Iowa at selected sites and events.

**Shenandoah Healthcare Foundation – Shenandoah, Iowa**

**Grant Award: \$5,000**

*Therapeutic Lifestyle Changes*

The Therapeutic Lifestyle Changes (TLC) grant will be a model project that can be replicated throughout the state to assist individuals in developing lifestyles to prevent or delay diabetes or cardiovascular disease.

**Cheyenne River Sioux Tribe (CRST) Health Department –**

**Eagle, Butte, S.D.**

**Grant Award: \$5,000 (mini-grant)**

*CRST Health Providers Coalition*

The CRST Health Providers Coalition will create a vehicle for local health care providers to reach consensus guidelines for diabetes mellitus care, with input from patients with diabetes. The goal of the project is to achieve maximum effectiveness of limited resources and improve the quality of life for those with diabetes and their family members.

**Prairie Lakes Health Care Foundation – Watertown, S.D.**

**Grant Award: \$3,500 (mini-grant)**

*Watertown Area Diabetes Coalition*

The Watertown Diabetes Coalition promotes the knowledge and understanding of pre-diabetes, type 1, and type 2 diabetes to those affected by these diseases in the Watertown area. It is the goal of the coalition to equip the citizens of the Watertown area with the tools needed to recognize the symptoms of diabetes, easily seek screening, and receive current education regarding diabetes care and management.

**Iowa Department for the Blind – Des Moines, Iowa**

**Grant Award: \$5,000 (mini-grant)**

*Diabetes Educational Materials for Blind and Handicapped Iowans*

The Iowa Department for the Blind will utilize this grant to help purchase equipment for a recording studio in which diabetes educational materials will be recorded for use by blind, visually impaired, physically handicapped, and reading-disabled Iowans.

**Eastside Neighborhood Center – Pierre, S.D.**

**Grant Award: \$55,000**

*Eastside Neighborhood Center Diabetes Control Project*

Eastside Neighborhood Center works with patients with diabetes and those persons at high-risk of developing diabetes mellitus in

an education/preventive diabetes program. The program stresses family, peer group, and community involvement in order to maximize individual healthy-lifestyle changes. In small towns, the schools are the center of activities; therefore, the program is focused there. The coordinators will demonstrate the portability of the project by expanding the program to a new location.

**Communication Services for the Deaf, Inc. – Sioux Falls, S.D.**

**Grant Award: \$5,000 (mini-grant)**

*Deaf and Hard-of-Hearing Health Education and Advocacy Initiative*

Deaf and hard-of-hearing individuals are considered to be high risk for misunderstanding important medical information due to cultural and language barriers. The primary goal of the Deaf and Hard-of-Hearing Health Education and Advocacy Initiative is to develop culturally competent educational materials in American Sign Language (ASL), specifically focusing on diabetes.

**END-OF-LIFE CARE**

**Mercy Medical Center-Sioux City Foundation – Sioux City, Iowa**

**Grant Award: \$50,407**

*A Growing Legacy of Hope: Hereditary Cancer Prevention*

This initiative expands a collaborative palliative care model to improve quality of life for northwest Iowa's cancer patients and their families through prevention and relief of emotional suffering. The program addresses barriers centered on immobilization due to fear, lack of education regarding hereditary cancer risk, and concern for cost. Through family counseling, clients are being introduced to evidence-based recommendations that reduce or prevent recurrence of hereditary cancers. Through collaboration, three regional health care organizations are actively pursuing the integration of health promotion, disease prevention, and end-of-life care.

**West Central Iowa Healthcare Foundation – Manning, Iowa**

**Grant Award: \$51,239**

*Breaking Down the Conspiracy of Silence*

With an aging population, and many of those persons suffering from chronic disease, southern Carroll County is in need of a comprehensive end-of-life program with emphasis on pain control. This project focuses on three areas: 1) end-of-life

education for medical providers and health care staff in Manning; 2) implementation of new palliative standards of care; and 3) public awareness of new services available to residents.

**Iowa State University Extension - Cherokee County - Cherokee, Iowa**

**Grant Award: \$5,000 (mini-grant)**

*End-of-Life Pain Management Program*

A coalition composed of Cherokee County Extension, Sioux Valley Memorial Hospital Hospice, local physicians, area long-term care facilities, and Cherokee County Public Health work together to develop an end-of-life pain management program that provides education to better inform staff on pain management techniques and how to exercise the newly learned practices with patients in need.

**Iowa Hospice Organization – Des Moines, Iowa**

**Grant Award: \$5,000 (mini-grant)**

*Developing Consumer Demand for Pain Management*

This grant allows the Iowa Hospice Organization to use a marketing firm to help determine avenues for educating the general public regarding pain management at the end of life, with the intent that this will increase the demand for appropriate end-of-life pain management throughout Iowa.

**St. Mary's Foundation – Pierre, S.D.**

**Grant Award: \$5,000 (mini-grant)**

*Reaching Out*

St. Mary's Foundation has developed an extensive end-of-life care program through funding from The Wellmark Foundation. The success of this program has been recognized throughout central South Dakota. Area communities are now seeking technical assistance in bringing similar services to their communities. This mini-grant funding will help with project expansion and/or replication.

**Siouxland Human Investment Partnership – Sioux City, Iowa**

**Grant Award: \$65,875**

*The Omaha Model: An Automated Documentation System for Interdisciplinary Care Coordination*

Siouxland Palliative Care will work with five area primary-care clinics to identify patients/caregivers in need of community-based care and support who are at-risk for frequent hospitalizations and/or emergency room visits before the pattern of accessing these

services occurs. While providing community-based palliative care services, a new documentation tool, The Omaha System, will be implemented and tested, which will provide a more organized approach to identifying needs, defining interventions, and tracking outcomes of care.

**The University of South Dakota – Vermillion, S.D.**

**Grant Award: \$59,961**

*The South Dakota End-of-Life Education Partnership*

The purpose of this partnership is to deliver a one-and-one-half-day, end-of-life education seminar focusing on pain management to nurses working in nursing homes in South Dakota. One hundred participants will demonstrate mastery of essential content and, in turn, provide education to nursing home staff, review pertinent pain policies, and complete a written report. These nurses will become end-of-life advocates and change agents in their respective communities.

**PROJECTS INCORPORATING MORE THAN ONE PRIORITY AREA**

**Hawkeye Community College – Waterloo, Iowa**

**Grant Award: \$57,320**

*HCC Student Health Services Screening and Intervention Project*

Eight community health and human service organizations, along with Hawkeye Community College (HCC), established a campus-based Student Health Center in the fall of 2004. Student health screening and intervention services as well as mental health counseling are currently provided on a limited basis. Additional funding was provided by The Wellmark Foundation to expand the current health services focusing on the priority health issues of depression, cardiovascular disease, and diabetes.

**Youth & Family Services – Rapid City, S.D.**

**Grant Award: \$67,713**

*For the Health of It*

This comprehensive program promotes healthy eating and increases physical activity among girls, ages 5-17, through Youth & Family Services' *Girls Incorporated* program. The goal of the project is to reduce child obesity and lessen the associated risk factors leading to type 2 diabetes and cardiovascular disease.

**Calhoun County Department of Health – Rockwell City, Iowa**

**Grant Award: \$46,575**

*Calhoun Area Medical Home Partnership*

This model project blending private and public resources will be expanded to emphasize early and periodic screening, disease detection, and health education to families with children. This partnership between private clinicians and public health services will continue to maximize the number of children enrolled in a comprehensive, physician-based “medical home,” as defined by the American Academy of Pediatrics.

**Iowa Coalition for Housing and the Homeless – Des Moines, Iowa**

**Grant Award: \$5,000 (mini-grant)**

*Homeless Health Care - Capacity Building Program*

This program is designed to increase the ability of community health centers to work effectively with homeless people, where there is a high instance of asthma, diabetes, cardiovascular disease, and depression.

**Drake University – Des Moines, Iowa**

**Grant Award: \$5,000 (mini-grant)**

*Innovative Model for Delivery of Medication Therapy Management Services (MTMS) to Patients in the Community*

This project involves the implementation of a mobile pharmacist consultation practice model to increase access to medication therapy management services (MTMS) for patients with chronic diseases, such as depression, asthma, diabetes, and cardiovascular disease. The pharmacist will use the technology to provide services in a variety of community locations.

**Iowa State University Extension - Winnebago County - Thompson, Iowa**

**Grant Award: \$5,000 (mini-grant)**

*Got Health*

The project will target families of second-grade children to increase fruit and vegetable consumption to five servings a day and to increase family physical activity, which in turn will likely decrease the onset of diabetes and cardiovascular disease.

*continued on page 12*

## DIABETES CASE STUDY

# DIGITAL PHOTOS SERVE NEW PURPOSE IN RURAL IOWA



**Cindie Wolff, M.D., demonstrates how the digital camera works.**

Carol Welch knows she should see an ophthalmologist for an annual retinal eye exam. After all, she's been living with diabetes for 26 years.

Unfortunately, family commitments, the farm, and her part-time Avon business always seem to get in the way. And there's the distance issue. The 62-year-old lives near Akron, Iowa, a small community on the Iowa/South Dakota border and miles away from the nearest eye specialist.

"I usually go once a year to Sioux City to get my eyes examined for my glasses; sometimes, I'll go a little longer between visits because I'll get busy," the homemaker admits. "It's easy to put off going unless it's bothering you, and it wasn't bothering me."

Diabetic retinopathy is one of the leading causes of blindness in the United States. It's recommended that people with diabetes have a retinal eye exam at least once a year because early diagnosis and treatment can stave off vision loss. Inconvenience, cost, and fear are some reasons why people don't have the exam.

With funding from The Wellmark Foundation, the Department of Ophthalmology at the University of Iowa, the University of Iowa (UI) Foundation, and an Akron family practice physician teamed up to eliminate these barriers by bringing a virtual ophthalmologist to the family doctor's office. "Tele-diagnosis of Retinal Diseases in Rural Iowa" provides patients of Akron family physician, Cindie Wolff, M.D., with the same specialized eye care their counterparts in cities receive without having to travel.

A digital camera installed in the family doctor's office is used to photograph the retinas of patients. During a visit to the family physician, a brief interview takes place and photographs are taken of the retina using the digital camera. In most cases, no dilating drops are needed.

The photographs and the answers to the interview questions are directly transmitted over a secure Internet connection to the University of Iowa Department of Ophthalmology and Visual Sciences, where ophthalmologists are notified that the photographs are available for examination. The photographs are then reviewed by an ophthalmologist and a formal written evaluation immediately is available for the family physician to be printed. The patient is contacted by the family doctor's office with the ophthalmologist's conclusions. Depending on the results, the patient is either advised to return the next year for retinal tele-diagnosis or to visit an ophthalmologist.

"There's ample evidence that early diagnosis of diabetic retinopathy using digital cameras can prevent visual loss and blindness," notes Michael Abramoff, M.D., PhD, a UI professor in the Department of Ophthalmology and Visual Sciences and coordinator of this grant project. "Fewer than 50 percent of all patients with diabetes have an annual eye exam. It's hard to reach these patients because of distance, cost, or fear of going blind."

The logical place to do the eye exam is at the office of the family doctor who is caring for the patient with diabetes, continues Abramoff. "The best way to ensure people get their retinal eye exams is to work with the family physicians who already know the patients. They know if their patient is under stress, has elevated blood pressure or blood sugar, or is pregnant, all of which increase the risk of damage to the eyes of these patients. Best of all, the family physician is close by."

"There's ample evidence that early diagnosis of diabetic retinopathy using digital cameras can prevent visual loss and blindness...fewer than 50 percent of all patients with diabetes have an annual eye exam. It's hard to reach these patients because of distance, cost or fear of going blind."

Michael Abramoff, M.D., PhD

Dr. Wolff agrees. "My patients have been very supportive of the tele-diagnosis and I'm very happy with it. This way, I have a specialist looking at their retinas, and I get a chance to see what's really going on. It's made a big difference in how I take care of my patients."

One of these patients is Carol Welch. While visiting Dr. Wolff for a routine exam last December, Welch was offered the retinal eye exam using the digital camera. "It was painless and no big deal," she remembers. "It didn't take very long"

While the exam was "no big deal," the results were. Dr. Abramoff reviewed the photos and diagnosed diabetic retinopathy. Dr. Wolff followed up with Welch, and her office scheduled an appointment with a Sioux City ophthalmologist, who performed laser surgery on Welch's eyes.

Wolff credits the ease and convenience of this 21st century way of treating patients with a positive outcome. "Carol (Welch) always meant to get to an ophthalmologist. With this technique, the ophthalmologist came to her, via the Internet. She's had her laser surgery and is doing great! For her, tele-diagnosis was a vision saver."

continued from page 9

**Northern State University – Aberdeen, S.D.**

**Grant Award: \$5,000 (mini-grant)**

*Northeastern South Dakota Regional Aging Council*

The establishment of a regional aging council created a planning, coordination, and advocacy voice for older adults in the 12-county area, which works to strengthen and expand depression screening and treatment, diabetes education and care, end-of-life care and other older-adult services for the region.

**Interchurch Council of Lucas County – Chariton, Iowa**

**Grant Award: \$5,000 (mini-grant)**

*Lucas County Disease Management Coalition*

Lucas County's health risks of asthma, diabetes, cardiovascular disease, depression, and aspects of end-of-life pain control are exacerbated by the county's abnormally high rate of obesity, giving rise to the development of a Lucas County Disease Management Coalition, which is composed of several community organizations and agencies.

**Dakota State University – Madison, S.D.**

**Grant Award: \$5,000 (mini-grant)**

*HealthAdventure.com: Designing the Framework for a Web-Based Health Education Curriculum for South Dakota High Schools*

(See story on page 24.)

The project develops a comprehensive, standards-based, health-education curriculum Web site for South Dakota high schools, focusing on health risks related to asthma, diabetes, cardiovascular disease, and depression.

**Upper Des Moines Opportunity – Storm Lake, Iowa**

**Grant Award: \$5,000 (mini-grant)**

*Project FOCUS - Finding Our County's Unique Story - Phase II*

Project Focus II is an exploration process utilizing data obtained from Phase I, a community needs assessment consisting of nearly 300 face-to-face interviews with low-income and minority residents residing in Buena Vista County. Phase II examines unexpected results, including depression, through facilitated community focus groups with the target population. Another project activity will be sharing data obtained in Phase I with community members, utilizing such activities as town meetings and links on project partner Web sites. These activities will continue to build community capacity for systemic planning and obtaining and sustaining health care resources.

**Iowa Health Foundation – Des Moines, Iowa**

**Grant Award: \$5,000 (mini-grant)**

*Community-Wide Training in Health Realization*

Nine training sessions in health realization, an empowering change model used internationally, will be offered to support community development, prevention, intervention, and treatment within all areas of health and human services to residents, health professionals, managers, and youth. The project will target the Annie E. Casey Foundation's Making Connections neighborhoods of Des Moines.

**Avera Health Foundation/Avera Rural Health Institute – Sioux Falls, S.D.**

**Grant Award: \$5,000 (mini-grant)**

*Phase I: Assessing Community-Level Capacities for Improving Health Outcomes Related to Cardiovascular Conditions, Diabetes, and Asthma*

The project will begin the necessary groundwork and steps toward the development of a system to produce annual community health assessments focused on causes and conditions that contribute to morbidity and mortality related to cardiovascular conditions, diabetes, and asthma.

**Avera Health Foundation/Avera Rural Health Institute – Sioux Falls, S.D.**

**Grant Award: \$5,000 (mini-grant)**

*Phase II: Assessing Community-Level Capacities for Improving Health Outcomes Related to Depression and End-of-Life Care with an Emphasis on Pain Control*

The project continues the work from an earlier mini-grant, which focused on cardiovascular conditions, depression, and asthma. The project outcome is increased community awareness and knowledge of the magnitude of the problems associated with cardiovascular conditions, diabetes, asthma, depression, and end-of-life care, and the causes and conditions that contribute to these health conditions. The project impact is the availability of an ongoing and consistent source of valid and reliable health data to be used for priority setting, planning, continuous quality improvement, policy making, and grant writing.

**Healthy Henry County Communities –Mount Pleasant, Iowa**

**Grant Award: \$37,720**

*Team Lunchroom 2: Children's Meal Ticket to Good Nutrition*

This project is a continuation of Healthy Henry County Communities' first-year grant, *Team Lunchroom*, which was

formed to reduce the risk of developing diabetes and cardiovascular disease. This grant project promotes healthy lifestyle changes through the improvement of the nutritional status and physical activity of students in the Henry County schools and members of the community. A student nutrition/physical activity competition will also be implemented. Area 4-H clubs will provide a student leadership component.

**Sioux Valley Foundation – Sioux Falls, S.D.**

**Grant Award: \$48,310**

*Stepping Into Good Health (SIGH) Project*

The Stepping Into Good Health (SIGH) Project will use foot-care clinics as a first step to link underserved individuals to diabetes screening education and cardiovascular disease prevention and education. It also provides needed foot care and ongoing educational support for individuals diagnosed with diabetes or cardiovascular disease who are referred to these clinics. Everybody attending a SIGH Clinic receives professional foot care and a glucose, cholesterol, and triglyceride screening. Parish nurses will interview all attendees regarding their overall state of wellness, and knowledge of diabetes and heart disease, and offer individualized patient education. Diabetes management and healthy heart classes will be offered at the clinic locations.

**Healthy Linn Care Network – Cedar Rapids, Iowa**

**Grant Award: \$46,208**

*The Power of Health*

The Healthy Living Coalition's social marketing campaign will empower Linn County residents with the confidence to make healthy lifestyle choices. The project focuses on promoting established area resources, disseminating a consistent message to improve health through informed decision-making, encouraging medical professionals to discuss risk factors for cardiovascular disease and diabetes with patients, identifying current gaps in wellness services, and collaborating with various sectors of the community to create a supportive environment that facilitates healthy development.

**Polk County Department of Health – Des Moines, Iowa**

**Grant Award: \$875 (mini-grant)**

*Prize Yourself: Taste a Better Life*

With their new skills, participants at *Prize Yourself: Taste a Better Life* will be able to make the changes in their diets necessary to

reduce the risk of diabetes and cardiovascular disease. The funding support will specifically be used to hire Bosnian, Arabic, and Nuer interpreters for the conference activities and learning.

**Aberdeen Area Tribal Chairmen's Health Board – Aberdeen, S.D.**

**Grant Award: \$5,000 (mini-grant)**

*Northern Plains Smoke-Free Homes Campaign*

The Aberdeen Area Tribal Chairmen's Health Board, through the Northern Plains Tobacco Prevention Project, will address second-hand smoke exposure, a major risk factor for asthma and cardiovascular disease in American Indian communities by partnering with South Dakota tribes to provide community-based education and to reduce second-hand smoke exposure in homes and vehicles.

**Wellness Council of Iowa – Des Moines, Iowa**

**Grant Award: \$57,769**

*Modeling Wellness for Youth*

The project uses a three-pronged approach to better nutrition and higher activity levels in young people as a way to reduce the risk of cardiovascular disease and type 2 diabetes. These are: direct learning through classroom activity; modeling from a school community that has embraced wellness; and creating awareness and support in their communities. The approach can be adopted by schools, which must meet a federal mandate by the 2006-2007 school year.

**DEDICATED GRANTS**

In addition to the traditional and mini-grant programs, The Wellmark Foundation also approved eight dedicated grants:

**The Iowa Department of Public Health** in Des Moines, Iowa, received a \$45,000 dedicated grant to support the *Governor's Conference on Public Health: Barn Raising V - Building Iowa as a Healthy Community*, as part of The Wellmark Foundation's long-standing commitment to growing public health capacity within Iowa.

**South Dakota Public Health Association** received a \$30,000 dedicated grant to support the conference, *Forging Ahead on the Frontiers of Public Health: South Dakota Public Health Conference*. The South Dakota Public Health Conference was held June 22-24 in Pierre.

**Iowa Health Foundation** in Des Moines received a \$25,000 dedicated grant to support its initiative, *Promoting Patient-Provider Communication Through Use of AskMe3™ in Health Care Systems and Community Settings*. This effort recognizes that, to improve outcomes, the Chronic Care Model calls for an informed, activated patient and a prepared, proactive practice team. Health literacy-related skills, including empowering patients to ask questions about their care and use of teach-back by health care providers, can support a productive interaction that improves care. Through collaboration and use of *AskMe3*, based on clear communication and health literacy principles, the Iowa Health Foundation acts on the recommendations of the Institute of Medicine's Health Literacy Report by addressing both the provider and patient components of health communication. Through its health literacy teams, Iowa Health System will implement *AskMe3* throughout its system and, through existing and new external partnerships, promote adoption and use of *AskMe3* among consumers.

**South Dakota Department of Health** in Pierre, South Dakota, received a \$50,000 dedicated grant to support its Healthy South Dakota Project. This project grows from work on a variety of health promotion/chronic disease screening and prevention programs. The establishment of the National Governors Association work group and the Governor's Health Care Commission has reinforced programming to support making healthy lifestyle choices for nutrition and physical activity and to address the growing obesity epidemic. The efforts of this dedicated grant will improve the health of South Dakotans by increasing physical activity and improving nutrition in order to decrease the incidence of chronic disease. The Department of Health also will facilitate development of community pilot projects to assist in assessment and piloting of research-based strategies throughout South Dakota.

**The University of Northern Iowa Foundation** in Cedar Falls, Iowa, received a \$10,000 dedicated grant to support its New Iowans-Immersion Trips project. This dedicated funding is intended to leverage participation in leadership training and programs for local community leaders. Scholarships fund tuition for specific local health leaders to become Wellmark Foundation Scholars, who are charged with telling their community stories in Foundation workshops and conferences. These funds have also been used to allow local health leaders to participate in immersion trips to learn about the culture and health circumstances of new immigrants in order to better serve

them. One of the largest local health issues is the influx of immigrants, which is creating a cultural shift in some communities. Traditional health services are not meeting the needs of these new immigrants. The education gained from these immersion trips is intended to make the provider more aware of the patients' backgrounds and comfortable with treating the health needs of new immigrants. When used in this way, the funds become a subsidy to group learning for community teams, which include physicians, nurses, public health workers, and other local providers. These teams then pilot programming locally to create models for other communities struggling with similar issues.

**Cerro Gordo County Department of Public Health** in Mason City, Iowa, received a \$10,000 dedicated grant for the Community Assessment Technical Specialists (CATS) project, a community planner interest group that provides technical support for counties with no planner and very little expertise in the community planning process. This group consists of individuals hired as community planners on a local level. The dedicated grant funding allows CATS to expand their knowledge and application of the art and science of community planning within Iowa counties.

The Wellmark Foundation Board of Directors approved a \$50,000 contribution to the **Bush-Clinton Katrina Fund** of New York, New York. The Bush-Clinton Katrina Fund works primarily with the governors of Louisiana, Mississippi, and Alabama, but also with established national and local organizations that are working directly with those affected by Hurricane Katrina in identifying and addressing funding and social service gaps.

**Kirkwood Community College Foundation** in Cedar Rapids, Iowa, received \$25,000 to create a community model of care delivery and patient safety using ISO 9001 management principles as a framework for establishing a community anti-coagulation therapy clinic in Cedar Rapids. Employing such key ISO 9001 principles as auditing and common document control systems enables cooperation among numerous community health care providers. This Kirkwood Community College Foundation support leverages an Agency for Healthcare Research and Quality (AHRQ) award of \$600,000 over a two-year period.



38 PROJECTS

REPRESENTING A VARIETY OF  
HEALTH IMPROVEMENT  
STRATEGIES CLOSE IN 2005

The Wellmark Foundation saw 38 grant projects close in 2005. The grant descriptions and outcomes of the projects are described on the pages that follow. They are listed in the order they closed throughout the year.

“We consider many of our funded grant projects successful,” says Matt McGarvey, director of the Foundation. “We have a process in place that helps ensure that projects meet Foundation goals, either by providing technical assistance or working on extensions to help them meet their goals. We are always very pleased by the caliber of Foundation grant projects.”

All organizations receiving funding from The Wellmark Foundation are required to submit quarterly progress reports on the status of their grant projects. These grants are rated based on three scores worth five points each:

- Goal progress
- Timeline
- Communication and information

A score of one means the grant is not meeting expectations or needs technical assistance from the Foundation while a score of five means all goals are being met and significantly exceeded. Every year, one or two projects score high enough to be an “honors grant.” This means they either have received a perfect 15 or are close to it. Exceptional grants are those projects with a score of 10 to 12; and successful grants are those with scores of five to nine points.

## HEALTH IMPROVEMENT

**Grant Description:** Ankeny Community School District in Ankeny, Iowa, received \$45,018 for its *Ankeny Bridging Strategies Project*. This effort was designed as a community and school district collaboration to improve the health and safety of 6,220 Ankeny children and youth through improvements on benchmarks for specific health and safety behaviors. The project, in conjunction with Robert Wood Johnson Foundation (RWJF), created consumer education tools and conducted back-to-school and related social marketing efforts utilized throughout Iowa.

**Project Outcome:** This project closed achieving successful grant status. Within the mentoring area, 25 additional adult/child matches were achieved and additional adult recruitment materials were developed for the fall of 2005. The Family Resource Center at Ankeny’s Kirkendall Library continues to grow and an annotated Directory of Family Resources was successfully developed and released in October 2004. Project coordinators are working with area businesses to plan an “@ Work” mentoring/job shadowing program. The project engaged adolescent youth and families to manage their health more effectively through the decisions they make.

## INFANT INFLUENZA

**Grant Description:** The Iowa Department of Public Health in Des Moines, Iowa, received \$48,005 for its *Iowa Infant Influenza Child-Care Study*, which investigated the efficacy of influenza vaccination related to common endpoints in healthy infants enrolled in child-care centers during the winter of 2003-2004. The study included a pilot investigation on the effects of influenza vaccination on pneumococcal colonization.

**Project Outcome:** The project closed achieving successful grant status. Nineteen child-care centers and 171 families participated in the four-county influenza study. Immunizations were given to 120 participants enrolled in the project. The small sample size limited the ability to assess markers of the vaccine efficacy, so a no-cost time extension was given to extend the funding period and allow the project coordinators to work at promoting influenza prevention messages for day-cares throughout Iowa leading into the 2004 flu season. Materials were distributed in September 2004 and a template was produced for future flu prevention campaigns. There was marginal success in recruiting families into the study compared to a well-constructed grant plan, but the initiative did succeed in increasing parental and child-care center staff awareness of influenza and immunizations as well as promoting the public health department’s efforts in disease prevention.

## CARDIOPULMONARY RESUSCITATION

**Grant Description:** The Sioux Empire American Red Cross in Sioux Falls, S.D., was awarded \$9,650 for its project, *CPR/First Aid for Spanish-Speaking Students (and Migrant Workers) of Sioux Falls and Surrounding Areas*. When a medical emergency occurs and emergency personnel respond, valuable time and treatment can be delayed if there is a language barrier. Red Cross cardiopulmonary resuscitation (CPR) and first-aid classes were offered in Spanish to teach Spanish-speaking residents how to administer potentially life-saving CPR without having to wait for translation in an emergency situation.

**Project Outcome:** The project closed achieving successful grant status. Four bilingual instructors completed training to become certified CPR instructors. Training agreements are now in place with several organizations with large Hispanic employee populations. The Sioux Empire Red Cross learned that the need for reaching other populations goes well beyond simple language translation. The project worked with Our Lady of Guadalupe Church and Multi-Cultural Center of Sioux Falls to enlist support and outreach to encourage the Hispanic population to utilize this training opportunity.

### CHRONIC CARE

**Grant Description:** The Iowa Chronic Care Consortium (ICCC) in Des Moines received a \$42,500 grant for its project, *Planning to Create and Deploy a National Medicare Chronic Care Demonstration in Iowa*. The project was to prepare an application to the Centers for Medicare and Medicaid Services (CMS) for a statewide demonstration project using telemanagement with Medicare recipients who have diabetes or congestive heart failure.

**Project Outcome:** ICCC did not pursue the CMS grant. The funding support was used to fund a Governor's Leadership Council to begin preparing Iowa for work to be done in conjunction with the National Governors Association's focus on addressing chronic conditions.

### CHILDHOOD IMMUNIZATIONS

**Grant Description:** The Iowa Department of Public Health in Des Moines received a \$13,717 grant to demonstrate that an immunization registry used in the private provider offices could be cost-effective, increasing clinic efficiency, increasing immunization rates of their patients, and assuring that children returned not only for immunizations, but for other health services, thus ensuring a medical home.

**Project Outcome:** The project met the goals originally established for the initiative. The Immunization Registry Information System (IRIS) is now in all public health clinics in the 99 counties in Iowa as well as in 15 community health centers, more than 250 private provider clinics, and three hospitals. The data in the IRIS program was used by five health insurance providers for HEDIS measurements and also by the Iowa Foundation on Medical Care for Medicaid immunization rates. There are almost one million patient records in IRIS and close to 7.5 million vaccinations recorded. The grant is completed, but the work itself is ongoing.

### LEAD POISONING

**Grant Description:** Webster County Health Department in Fort Dodge, Iowa, received a \$7,138 mini-grant to work with faith-based community leaders to provide lead screenings and lead prevention education to minority populations in the Fort Dodge area.

**Project Outcome:** More than 350 at-risk children were screened for lead poisoning following the informational campaign. More than 700 parents, teachers, and personnel staff within Webster County received the promotional materials. The collaboration continues through six area churches to reach up to 350 youth for testing. Twelve lead clinics targeting the African-American population were completed by the end of the grant support.

### LEAD POISONING

**Grant Description:** The Siouxland District Health Department in Sioux City, Iowa, was awarded a \$7,625 mini-grant to increase the number of Woodbury County children screened for lead, utilizing new lead-testing technology that uses a capillary blood sample collected in an office setting.

**Project Outcome:** At the time of the final report, local public health is better able to provide inexpensive blood lead testing because of the new equipment the Foundation grant helped provide. The health department staff is trained and the testing program is certified through Clinical Laboratory Improvement Amendments (CLIA), enabling the department to continue lead testing of children. Screening guidelines were created in collaboration with the Woodbury County Lead Coalition, and materials were developed and distributed throughout the community in both English and Spanish. The project reached its targeted goal of providing 700 blood lead tests to children ages 1 through 6.

### SIDS & FAS

**Grant Description:** The Aberdeen Area Tribal Chairmen's Health Board in Aberdeen, S.D., was awarded a \$54,490 grant to support a project designed to develop, implement, and evaluate a culturally appropriate education program to inform young American Indian women, ages 12-16, about the effects of alcohol on the risk of sudden infant death syndrome (SIDS) and fetal alcohol syndrome (FAS) and to link pregnant women to appropriate alcohol treatment programs.

**Project Outcome:** The Pine Ridge Indian Reservation in southwest South Dakota is home to 40,000 Oglala Lakota people experiencing up to 80 percent unemployment and a high rate of

# TOOLKITS FOCUS ON MENTAL HEALTH OF RURAL IOWANS



As a former director of a community mental health center, Joan Blundall, MS, HCA, knows all too well what untreated depression can do.

"I've seen too many children who were unable to develop normally because of a parent who had an untreated condition of depression; I've seen too many marriages break up because there was a medical condition like depression that was treated too late or inadequately; I've seen too many people slip on the economic ladder because their work was impacted by depression; and I've seen too many people in nursing homes who entered prematurely because of their chronic conditions," the mental health advocate recalls.

What she hasn't seen is a long-term plan of action to help rural communities deal with issues surrounding depression. "If we don't see services changed for the entire community — medical providers, the community at large, those who live with depression, etc. — we won't see our systems change," she says. "There are too many one-shot attempts to try and deal with the problem. We have to look at how we get information about the treatment of depression to all levels of the community."

Major depression causes more disability than any other disorder in the United States and is recognized as a major public health problem, according to Blundall. In Iowa, the problem of treating major depression is compounded because many parts of Iowa are medical and mental health shortage areas.

So, in 2004, with a grant from The Wellmark Foundation, Blundall, now executive director of Higher Plain, Inc., and Carol Hodne, PhD, developed “Beyond Depression: Tools for Collaboration in Cedar County, Iowa.” A \$75,723 grant from The Wellmark Foundation in 2005 allowed Higher Plain, Inc. to expand its rural depression project statewide to include urban issues and targeted groups.

The set of four toolkits focuses on three different audiences: medical providers, those who live with depression, and the community. There is also a desk reference for medical providers. The toolkits were developed with input from the medical community, the general community, and consumers and their families. Higher Plain, Inc., a non-profit corporation, is providing administrative oversight and consultation.

Blundall says extensive peer review led to the development of the separate toolkits. “We listened really hard to what people wanted and realized the design of the toolkits needed to be different. We thought we could just compile things differently, but that wasn’t the case. Consumers needed more of a workbook. Medical providers wanted a nuts-and-bolts desk reference. We also had to compile the research to back up the toolkit.”

Higher Plain staff worked with the MacArthur Foundation's Initiative on Depression and Primary Care to incorporate its best-practice toolkits into the local medical provider reference guides.

Blundall is receiving calls from professionals around the country who are using the toolkits in different ways, but it is the feedback she is hearing locally that inspires her. She's heard from members of the clergy, who tell her how the material has allowed them to incorporate the topic into

“We listened really hard to what people wanted... Consumers needed more of a workbook. Medical providers wanted a nuts-and-bolts desk reference... I've been amazed by how much of a need there is out in the community.”

Joan Blundall

their sermons. Consumers have told her how they have been able to work with their depressed family members and get them to seek treatment.

For the mental health advocate, these toolkits are just a beginning. “It's one step on the pathway,” Blundall explains. “I've been amazed by how much of a need there is out in the community and the people we have been working with have asked what's next.”

And, that's what Blundall is working on now. She cites caregiver stress, working on ways to keep people from prematurely entering nursing homes, and even health literacy issues, such as developing toolkits for the visually impaired, as areas that can be improved. “I see these initial toolkits as the beginning of having the basic information for the future that allows us to then spring forth and determine how we respond to those in need.”

The toolkits are available free of charge to providers and consumers. They may be downloaded using either of the following Web addresses: [www.higherplain.org](http://www.higherplain.org) or [www.beyonddepression.info](http://www.beyonddepression.info). For more information on the project, contact Blundall at (319) 643-5628, or by e-mail at: [joan-blundall@higherplain.org](mailto:joan-blundall@higherplain.org).

*continued from page 17*

alcoholism, including during pregnancy. Traditional ceremonies still practiced by the Lakota (Sioux) people were blended with scientific information. Young girls attending these ceremonies used these teachings to prevent risky behaviors and were able to understand the serious consequences of alcohol and tobacco use while pregnant. The project was unique in that the community served is geographically challenged; however, the tribes formed this natural alliance to conduct business.

### **LEAD POISONING**

**Grant Description:** The Cerro Gordo County Department of Public Health in Mason City, Iowa, was awarded a \$5,000 mini-grant to support an effort partnering public health agencies in Cerro Gordo, Hancock, and Worth counties to ensure there is a comprehensive, systematic approach to reducing the prevalence of lead poisoning in children under the age of 6.

**Project Outcome:** The project demonstrated the effectiveness of the new XRF X-ray-fluorescence lead-paint analyzer unit and the impact this tool has had on the Cerro Gordo, Hancock, and Worth counties' Empowerment Lead-Free Kids Program. The new XRF model is a quick, compact, hand-held device allowing for direct data download into office computer systems. Technology and the efficiency of the system do not allow for human error when uploading and reporting data for program evaluation.

### **ASTHMA**

**Grant Description:** Greenbelt Home Care in Eldora, Iowa, was awarded a \$4,348 mini-grant to support the creation and distribution of a survey to determine the prevalence of children, ages 6 months to 10 years, in Hardin County with asthma. The project was also designed to evaluate the documented statistics to determine the need to apply for additional funding to address associated environmental allergenic and socioeconomic factors influencing the child with asthma. It also determines the best methods for education of parents and the public.

**Project Outcome:** A successful survey was developed to collect data to help Greenbelt Home Care in further grant writing endeavors. The survey was also used to determine if Hardin County had a higher percentage of children with asthma than other similar-size counties in Iowa. Nearly 2,000 surveys were distributed to four school districts, two day-care centers, and one Head Start program with 759 (59 percent) of the surveys completed. The results yielded concerns that physicians are not diagnosing asthma, even

though they may be treating it. The survey results also demonstrated that parents/caregivers lacked basic knowledge in recognizing that their children even have asthma, let alone the triggers identifying the need for treatment.

### **END-OF-LIFE CARE**

**Grant Description:** Hospice of Central Iowa Foundation in West Des Moines received a \$5,000 mini-grant to support developing a program to provide access to quality end-of-life care for individuals who are hard of hearing or deaf, who currently are unserved or underserved by traditional hospice and palliative care programs.

**Project Outcome:** The successful mini-grant demonstrated the importance of having a trained and certified deaf interpreter at every hospice visit when working with a deaf or hard-of-hearing patient, family member, or caregiver. Three deaf volunteers received training in March 2005. The project was successful in teaching organizational leadership and staff that the deaf and hard-of-hearing community represents a segment of the hospice population that needs coordinated care as much as any other language population.

### **END-OF-LIFE CARE**

**Grant Description:** Mercy Medical Center Foundation in Sioux City used its \$5,000 mini-grant to implement the Omaha System, an interdisciplinary practice and documentation tool to assist in the assessment, intervention, and outcome tracking of community-based palliative care services provided to individuals and families with advanced illnesses. The tool has a demonstrated influence on the reduction of pain and suffering at the end of life.

**Project Outcome:** Grant funding was used to purchase four Omaha System manuals for planning team members. The group studied and identified key components needed for implementation, including education and training. Full implementation of the Omaha System began on Sept. 1, 2005.

### **CHRONIC CARE**

**Grant Description:** Upper Des Moines Opportunity in Storm Lake, Iowa, was awarded a \$5,000 mini-grant to support Project FOCUS, a comprehensive needs assessment in Buena Vista County. The purpose of the assessment was to gather data on individuals with chronic health conditions, including diabetes, heart disease, and depression, and identify the social determinants

of health affecting their quality of life in order to provide a foundation for future service planning by project partners.

**Project Outcome:** The highly successful initiative worked with experts from the University of Northern Iowa's Project EXPORT Center on Health Disparities to design a 75-question, 12-part questionnaire related to chronic illness and social determinants of health. Those interviewed (287 interviews, including Lao and Spanish-speaking individuals) felt empowered that their opinion mattered as a contributing member of the community. The data from this project was the foundation for a national grant submitted by Project EXPORT, which in turn, will support future research on health disparities in Buena Vista County. The completed report can be found at: [www.csbs.uni.edu/dept/csbr/findings.html](http://www.csbs.uni.edu/dept/csbr/findings.html).

## DEPRESSION

**Grant Description:** Higher Plain, Inc. in West Branch, Iowa, received an \$87,810 grant to support the implementation of science-based best practices for major depression assessment and treatment. Protocols are often based on urban resources, conditions, and research. This project provided a rural context for education, community involvement, practice change, and community support. Three toolkits were developed from input from three constituencies: the medical community, the general community, and consumers and their families. These toolkits and processes developed by Higher Plain can now be shared with other rural communities.

**Project Outcome:** This honors project resulted in a better understanding of the needs of the targeted audiences. (See story on page 18.) This is an exemplary project that: (1) yielded high quality, coordinated toolkits; (2) activated Cedar County professionals and residents; and (3) provided a strong foundation for expanding the initiative to other parts of Iowa.

## DEPRESSION

**Grant Description:** Catholic Charities in Des Moines was awarded a \$37,504 grant to address the prevalence of major depression in the growing Hispanic population in Iowa. Major depression is a critical issue in new-immigrant/Latino families. This project expanded upon four pilot projects — three rural and one in Des Moines to provide bilingual counseling for new clients in conjunction with a new promotora outreach component; introduce a new community education component to address limited Spanish-language counseling resources in Des Moines; and connect a larger number of community members with tools to recognize and cope with depression.

**Project Outcome:** The successful project completed the planned number of community presentations in all four program-area communities, with increased collaboration with area agencies. The program's counselor provided 340 direct-service hours during the project period. The project staff and leadership learned that the most successful source of referrals comes from individuals and service providers who have already established trust with prospective clients. Though not utilized to the degree hoped, the project was successful in strengthening relations in the outreach communities targeted outside Des Moines and benefited from this relationship even after the completion of the project. The project did much to enhance organizational knowledge regarding the nature of depression in new-immigrant/Latinos in central and southwest Iowa. At the close of the project, the bilingual counselor was receiving nearly twice as many requests for services as at the beginning of the project year.

## DIABETES

**Grant Description:** Mercy Foundation in Des Moines received a \$51,960 grant to incorporate a diabetes disease registry to improve the health status of Mercy Clinic, Inc.'s (MCI) 8,000 patients with diabetes. The registry tracked the diagnosis and treatment of diabetes using the American Diabetes Association's standards of care, resulting in proactive treatment and improved patient management of their condition.

**Project Outcome:** This honors project successfully integrated diabetes patient and process improvements into practice. MCI has surpassed its goal of implementing SECAT, the diabetes registry, into six clinics with plans to enter into eight clinics by the end of the extension period. The current pilot clinics have 2,849 patients with diabetes enrolled in the diabetes registry. Performance

improvement teams are now functioning within these clinic settings. MCI remains committed to spreading the use of a disease registry as well as Wagner's care model throughout its clinic system and statewide. This is an exceptional project in which the following was learned: clinical measurement and feedback to providers led to improvement as shown in HgA1c and micro albumin data; this data opens the doors to involvement with other groups, which are more willing to partner if you have the data to demonstrate the impact of your interventions; and patients will respond if contacted proactively. Program planners have found that nearly 90 percent of patients will schedule an appointment when mailed a reminder or called by the clinic.

#### END OF LIFE

**Grant Description:** Sioux Valley Foundation in Sioux Falls was awarded a \$15,800 grant to train parish nurses in the community in the use of the Five Wishes™ document. This document, which has been used by more than one million Americans of all ages, allows people to record their medical, personal, emotional, and spiritual wishes for the end of their lives. This living will then becomes a legal document providing answers and guidance for families and the health care team. The nurses were also trained in the assessment of pain control near the end of life for the purpose of comfort and peace at life's end.

**Project Outcome:** The honors project accomplished its goal of recruiting 40 nurses from 40 different churches to participate in the Five Wishes initiative. Eighteen of the 40 nurses/churches participating are in Sioux Falls and 22 are in rural areas as far as 125 miles from the surrounding Sioux Falls area. Nearly 1,900 people received education and a copy of the Five Wishes document. Presentations were given in a variety of settings, including adult Sunday school classes, adult forums, church suppers, church staff meetings, long-term care facilities, and a cancer support group. Testimonials from program participants highlighted in the report are extremely powerful and help people shape and express their wishes around end-of-life care. The project proved very valuable by sharing best practices for discussing, planning for, and allowing families and individuals to learn what they can demand for positive end-of-life care. Churches, synagogues, mosques, and similar locations can provide an ideal setting to introduce this thinking to individuals, families, and caregivers.

#### HEALTH IMPROVEMENT

**Grant Description:** Buena Vista County Health Department in Storm Lake, Iowa, used its \$47,083 grant to expand breast and cervical cancer awareness and screenings to underinsured and uninsured women ages 40 to 55 years of age in Buena Vista County, with special emphasis on reaching women who have never had a mammogram. Community partners mobilized women to engage in a health program that included education, clinical breast exams, Pap smears, and mammograms.

**Project Outcome:** This successful project closed having reached 500 women. The project was essential in helping women who otherwise would not have had access to mammograms and Pap smears, but grant organizers reported the project was more labor intensive than they had anticipated, including more women needing follow-up care than expected. There were many positive outcomes and many other needs were uncovered that a proposed health navigator system would help alleviate. A no-cost time extension involved working with a Buena Vista University graphic design class to help complete a bilingual brochure on health access as identified as a need from the community health needs assessment/health improvement plan. This project will have an impact on the access to health care for new members of the community and has been successful already in allowing the health care agencies of Storm Lake to collaborate on a common goal.

#### ASTHMA

**Grant Description:** Van Buren County in Keosauqua, Iowa, received a \$24,042 grant for a coalition of Van Buren County health providers to improve the diagnosis and treatment of asthma among its residents. The project was designed with a strong education component for the medical providers to assist them in their diagnosis and treatment of asthma patients and for the general public to develop a clearer understanding of asthma.

**Project Outcome:** The grant project closed achieving exceptional grant status. The physicians participating have received the diagnosis matrix and asthma management for approval and implementation. The project utilized American Lung Association program guidance as the software of choice, and asthma educators provided patients with instructions on how to utilize the software and access it from home or school. Training was conducted for all participating school personnel, teachers, non-certified staff, coaches, EMS staff, and community members. Customized educational packets were provided to patients based on their medical histories and physician assessments. Bi-monthly asthma

clinics are now in place for those with asthma or those who believe they may have asthma. The staffs at all day-care centers, preschools, and public schools were educated on asthma with asthma plans now in place. The coalition has already observed changes in practice approaches to asthma care and believes these changes will continue beyond the grant period.

## DIABETES

**Grant Description:** West Central Iowa Healthcare Foundation in Manning, Iowa, was awarded a \$49,928 grant to demonstrate improved health outcomes for rural people with diabetes and those at risk for developing diabetes. This was accomplished through educational and interventional strategies that resulted in behavioral changes. More than 400 individuals received free blood sugar, blood pressure, and body mass index (BMI) screenings at a health fair focusing on diabetes awareness. In addition, a 16-session seminar series targeting people with diabetes and those at risk for developing the disease focused on lifestyle changes.

**Project Outcome:** The grant project closed achieving exceptional grant status. The project coordinators believed holding a health fair focusing on diabetes awareness would help move people from pre-contemplation to the contemplation stage of making positive lifestyle changes and adjustments. The fair held on October 28, 2004, met this objective. More than 450 people participated in free blood sugar, blood pressure, and BMI screenings. The main purpose of the fair was to educate the community about the 16-session diabetes awareness and prevention series *Healthy Lifestyles Balance Program*. The program averaged 40 participants versus a goal of 35. The effort taught people how to make behavioral changes to eat right and exercise regularly. Of the 24 individuals who underwent pre- and post-test screenings, 13 had lower A1C readings, 22 had lower blood pressure readings, 10 had lower cholesterol readings, and a total of 122 pounds were lost.

## HEALTH IMPROVEMENT

**Grant Description:** St. Mary's Foundation in Pierre received a \$65,200 grant for its *Work Place-Healthy Place* initiative, a collaborative effort of St. Mary's Foundation, Capital Area Counseling, and community business partners to improve the health of workers and reduce health care costs to employers. This initiative included assessment and treatment for health improvement in preventive and chronic conditions including diabetes, heart failure and cardiovascular risk factors, major depression, and asthma. The

three levels of service included screening assessments, health promotion, and disease prevention and/or treatment.

**Project Outcome:** The grant project closed achieving exceptional grant status. The project progressed well, due in large part to pre-grant planning meetings with the business partners involved in the initiative, who were instrumental in designing the program to best fit their needs. The effort provided 500 personal wellness screenings fully achieving the project goal. All employees received their personal wellness reports that outlined not only the screening results, but also a personal plan for wellness and health. Incentive programs were used at each work site specific to individual needs and by their own wellness teams. Project partners worked hard on sustainability of the program and the effort will likely be expanding to more businesses during 2006 through the area Chamber of Commerce and other requests.

## END-OF-LIFE CARE

**Grant Description:** St. Mary's Foundation in Pierre was awarded a \$65,000 grant for an end-of-life project. Pierre Area Palliative Care is a community-based, comprehensive, and holistic program focusing on meeting patient needs at the end of life, including pain management. Funding from The Wellmark Foundation served to provide an interdisciplinary approach to meeting the needs of patient and family, educate health care providers and educate the community about palliative care, hospice, and pain management, and measure outcomes to best meet community needs.

**Project Outcome:** The grant project closed achieving honor grant status. In a six-month period prior to the project, hospice services were provided to 27 patients. From May 2004 to September 2005 (span of grant project), 137 patients received hospice services. A volunteer base was developed, meeting hospice support needs (growing from four to 20 persons). Community education on advanced-care planning began in January 2005. Public service announcements were developed to provide a strong visual message to the community on end-of-life care. The project has been a catalyst for capitalizing on a desire to help patients and families by focusing on policies and procedures, education, and social marketing to support better end-of-life care delivery. A supplementary mini-grant allowed for targeted support to surrounding communities to expand and replicate the effort into other geographic areas.

# WEB SITE HELPS SOUTH DAKOTA TEACHERS WITH HEALTH CURRICULUM



South Dakota children, like their counterparts across the country, are not getting enough exercise or eating enough of the right kinds of foods — and it's starting to show.

Twenty-three percent of South Dakota high school students are overweight or at risk of becoming overweight, according to the Centers for Disease Control and Prevention. To combat this, the South Dakota Legislature passed a bill in 2004 mandating an additional graduation requirement of one-half credit of health or physical education effective with the incoming freshman class in 2006. Unfortunately, this new state requirement came without a way to fund additional resources to teach the classes.

A \$5,000 mini-grant from The Wellmark Foundation, along with a federal grant, is helping a collaboration of public and private organizations develop a Web-based curriculum to assist schools with the health education curriculum.

“South Dakota teachers already struggle with finding time and resources to teach quality health education and many school districts are not staffed with a health or physical education teacher who can fulfill the requirements of this non-funded legislative mandate,” explains Dawn Dittman, co-project coordinator for Health Edventure, a Web site designed to provide interactive curriculum to teachers, students, and parents from kindergarten through high school. The curriculum adheres to the state's health education standards and is free to schools and educators.

"It's a one-stop wellness Web site focusing on disease prevention, disease information, and healthy lifestyles," says Dittman, who serves as a project coordinator, along with Marsha Kucker from the Education Resources Center of South Dakota.

Features of the K-12 Web site include:

- Interactive K-12 lesson plans based on health, physical education, math, science, social studies, language arts, and guidance and counseling standards.
- Separate sites for kids (K-5), teens, parents, and educators that are secure and password protected.
- A health library featuring articles and references on different health topics for students, parents, and educators.
- A "fitness center" that includes a health planner/journal as well as a site for parents and students to set goals for nutrition and exercise and track progress.
- Experiments and lab exercises for each lesson as well as games and quizzes.
- A parent site that includes information and activities for parents to do with their children.
- A teacher site that provides a suggested plan of study for each grade level, standards correlation, instructional strategies, lesson plans, resources for each topic, and an assessment/rubric bank.

What makes this program unique, according to Dittman, is the curriculum is being developed by teachers across the state. "There are lots of curriculum resources out there, but they are not based on South Dakota standards. A curriculum expert reviews each lesson to make sure it is in line with the standards," says Dittman, who works for Dakota State University in Madison. Other organizations involved in the collaboration include South Dakota Department of Education, Education Resource Center of South Dakota, South Dakota

"South Dakota teachers already struggle with finding time and resources to teach quality health education...we are hoping this site will help teachers who don't have a background in health by providing them with lesson plans and other information to incorporate health into their curriculum."

Dawn Dittman

Department of Health, South Dakota Department of Human Services, South Dakota Dental Association, Great Plains Foundation, and Avera Health.

Five schools are involved in piloting the project: Chester School District, St. Joseph Elementary in Pierre, Tri-Valley School District in Colton, Vermillion School District, and Watertown Middle School. These schools and teachers working on the project are developing and testing the Web-based lesson plans as well as evaluating the site. Other schools in the state will have access to Health Edventure this fall when the Web site goes live.

The Wellmark Foundation funding is being used to develop curriculum focusing on asthma, diabetes, cardiovascular disease, and depression, explains Matt McGarvey, director of the Foundation.

Dittman says the long-term goal is to sell the Web site to other states, but for now, the focus is helping teachers and students in South Dakota. "We are hoping this site will help teachers who don't have a background in health by providing them with lesson plans and other information to incorporate health into their curriculum."

For more information, contact Dittman at: (605) 256-5002; or by e-mail at: dawn.dittman@dsu.edu.

## DIABETES

**Grant Description:** Primary Health Care, Inc. in Des Moines was awarded a \$33,663 grant for a project that provided diabetes education to indigent patients through a centralized pharmacy (CAP) established by Health Access Partnership (HAP). This included training on free blood glucose meters for patients referred by Primary Health Care, Inc. (PHC), a Polk County safety-net provider (federally-designated community health center). PHC providers determined the level and type of diabetes education and monitoring needed per protocol. Testing of A1c in the pharmacy was also available for patients per PHC protocol.

**Project Outcome:** Early in the project, the Diabetes Collaborative Team determined the level and type of diabetes self-management education and monitoring needed for patients referred to CAP. CAP pharmacy staff received training on the new Outcomes software purchased for the purposes of tracking pharmacy interventions and outcomes related to the project. The project reached its enrollment goal of 51 patients. Of these 51 patients, 73 percent completed all five follow-up appointments. Diabetes education was provided to 57 percent of the patients. Project coordinators identified a need for transportation assistance to enable patients to keep their appointments for follow-up care and nutrition/diabetes education. The plan is to continue the diabetes education program in conjunction with Drake University College of Pharmacy, Mercy Medical Center-Des Moines, and Primary Health Care, Inc.

## ASTHMA

**Grant Description:** Guthrie County Hospital Foundation in Guthrie Center, Iowa, received a \$20,670 grant for its Pediatric Asthma Community Education (PACE) project, which provided asthma education and treatment management guidelines to schools, day-care centers, and the parents of children with asthma in Guthrie County. This was accomplished through a series of presentations held throughout the county. In addition, parents were given a color-coded, pocket-sized card system that provided basic asthma information as well as individualized critical care cards that helped caregivers determine the level of medical attention a child required.

**Project Outcome:** The project closed achieving successful grant status. Coordinators learned they needed to be more aggressive in their family recruitment efforts to pilot the educational materials they developed. Advertising in area newspapers encouraged

attendance at the evening asthma-management presentations, which included a health care provider, licensed respiratory therapist, and adults who experienced asthma as children telling their stories. Coordinators revised the informational packets to align the information with the guidelines set forth by the National Asthma Education Prevention Program. With these modifications made, planners strongly feel they ended the grant period having successfully put the Pediatric Asthma Community Education program in place for future opportunities to provide asthma education in the community.

## HEALTH IMPROVEMENT

**Grant Description:** Healthy Henry County Communities in Mount Pleasant, Iowa, was awarded a \$35,034 grant to address obesity affecting youth in Henry County. This project's focus was to reduce the risk for developing diabetes by promoting healthy lifestyle changes through the improvement of the nutritional status of students in the Henry County Schools.

**Project Outcome:** The grant project closed achieving successful grant status. The initial work on increasing community and parent awareness of the "5 a Day the Color Way<sup>TM</sup>" campaign through the local farmer's market and Women, Infant & Children (WIC) presentations was successful. The introduction of the Iowa State University Extension's *Pick a Better Snack<sup>TM</sup>* bingo cards to increase community participation and knowledge of the importance of eating fruits and vegetables also proved to be a valuable family engagement tool. The project experienced some difficulty engaging schools in the importance of implementing *Pick a Better Snack* in classrooms, largely due to the already full schedule teachers have. The Henry County early childhood specialist implemented a pre-kindergarten nutrition series with area day-care providers. An advisory committee formed in each school district was charged with developing school policies to promote a healthy student-centered nutrition environment utilizing the TEAM Nutrition materials as a guideline. Overall, each participating school district felt strongly the grant raised awareness around the role of schools in improving the nutritional environment for their students.

## DIABETES

**Grant Description:** Eastside Neighborhood Center in Pierre received \$50,000 to identify persons with diabetes and persons at high risk of developing diabetes, and to develop and implement an education/preventive diabetes program. The program stressed an exercise program, nutritional program, and a mental health support program in addition to traditional medical treatment. Positive reinforcement and personalized health plans were used to maximize healthy lifestyle changes.

**Project Outcome:** The grant project closed achieving successful grant status. Health screenings were completed by 645 students from Takini, Tiospaye Topa, and Buchanan schools. An additional 854 students were screened in Eagle Butte. One hundred students at risk for diabetes and nine children with diabetes were identified through this screening. All of the identified participants are in a follow-up and education program to monitor success and teach self-management techniques. The grantee's working relationship with schools and the nursing staff improved because of the direct working relationship between the school nurses and Eastside leadership.

## ASTHMA

**Grant Description:** HealthCare Development Network of Lamoni, Iowa, was awarded a \$32,741 grant to support Decatur County's *Breathing Made Easier* project, a collaborative effort of community partners, including Decatur County Public Health that targets all age groups from birth to seniors. The intent was to provide a structured education, therapeutic exercise, and support mechanism for residents of Decatur and surrounding counties who have asthma, emphysema, or chronic obstructive pulmonary diseases.

**Project Outcome:** The grant project closed achieving successful grant status. During the project period, a public health nurse collaborated with all local medical clinics, seven schools, and more than 20 day-cares and preschools. Throughout the year of the grant, 17 families were enrolled in the in-home asthma education program. There were some problems experienced around hesitation by families to participate in the in-home education because some felt they were already managing their children's asthma. Project coordinators found that, once they were acquainted with the families and were in their homes, parents became more receptive to the asthma in-home educational efforts. The project creatively addressed barriers encountered during implementation.

## HEALTH IMPROVEMENT

**Grant Description:** Polk County Department of Health in Des Moines was awarded an \$875 mini-grant to support a unique facet of its conference, *Prize Yourself: Taste a Better Life*. With their new skills, participants at *Prize Yourself: Taste a Better Life* were able to make the changes in their diets necessary to reduce the risk of diabetes and cardiovascular disease. The Wellmark Foundation funding was used to hire Bosnian, Arabic, and Nuer interpreters for the day's conference activities.

**Project Outcome:** The mini-grant closed achieving successful grant status. More than 200 people attended the conference event in 2005. The goal of *Prize Yourself* was to give people the skills (and connect them to resources) to change their behaviors. With their new skills, participants were empowered to make changes in their diets necessary to reduce their risks for diabetes and heart disease. This primary goal was successfully met. Given Polk County's growing Hispanic and African-American populations, it was essential that *Prize Yourself* was open and accessible to the entire community.

## DIABETES

**Grant Description:** University of Iowa Foundation of Iowa City was awarded a \$60,340 grant to support the project, *STRIDE: Self-Tracking in Diet and Exercise: or Can Minimal Behavioral Interventions Improve Fasting Glucose and Insulin?* The risk factors for diabetes are known well before the onset of diabetes or impaired glucose tolerance (pre-diabetes). This grant funded a program designed to find individuals with risk factors only and develop a simple program of exercise and modest dietary change to decrease the potential of developing diabetes.

**Project Outcome:** The grant project closed achieving successful grant status. Twenty-nine participants were recruited from the University of Iowa Hospitals and Clinics and the Diabetes Clinical Research & Programs recruitment database. Following a baseline visit, participants wore their pedometers while they continued their usual activities, recording their step counts at the end of the day. Twenty-four participants were actively continuing in the study at the time of the final visit in November 2005. Tips to help participants incorporate increased steps as well as more fruits and vegetables into their lifestyles enabled them to meet their daily goals. The University of Iowa committed to assume the program assistant expenditure into its diabetes research program.

## ASTHMA

**Grant Description:** The American Lung Association of South Dakota in Sioux Falls received a \$5,000 mini-grant in 2004 to support the South Dakota Asthma Coalition Project in bringing together key individuals and organizations in South Dakota to form a strong coalition to plan a comprehensive program response to improve patient care, patient self-management, and asthma control.

**Project Outcome:** The mini-grant closed achieving successful grant status. The South Dakota Asthma Coalition has been a very rewarding project bringing together individuals and groups that have a keen interest in improving asthma care, management, and control. With this foundation, the coalition is positioned to help make a difference for those who live with asthma every day throughout South Dakota.

## DIABETES

**Grant Description:** Community Health Care, Inc. of Davenport was awarded a \$5,000 mini-grant in 2004 to support its *Dia-Beat-It Store* project. This project focused on patient self-management by offering incentives to encourage patients to improve their self-care in order to reduce the progression and complications of diabetes.

**Project Outcome:** The mini-grant closed achieving successful grant status. Eighty-five percent of the 28 project participants are working toward diabetic self-management goals (versus 50 percent in the overall diabetic collaborative population). This project is assisting patients with diabetes as evidenced by their increased emphasis on self-management goal setting. The program itself provides a dual benefit. Not only does it provide patients with the opportunity to learn the proper tools to manage their disease process, but program coordinators are also helping them establish healthy habits in their lives while giving them positive reinforcement when they do make healthy changes. The incentives earned by accruing points for self-management milestones appear to be important in motivating patients to take ongoing accountability for their diabetes management.

## HEALTH IMPROVEMENT

**Grant Description:** Mercy Foundation of Des Moines was awarded a \$5,000 mini-grant in 2004 to support its effort, titled *Informing Iowa's Deaf/Hard-of-Hearing Community About Heart Disease, Depression, and Diabetes: An Educational Series About Understanding Health Risks and Accessing Resources*. Mercy

Foundation's Department of Interpretation Services, with assistance from the Deaf Services Commission of Iowa, coordinated and presented a six-part educational series specifically focused on three of the chronic diseases (heart disease, depression, and diabetes) most likely to affect Iowa's deaf and hard-of-hearing population.

**Project Outcome:** The mini-grant closed achieving successful grant status. The project successfully coordinated and presented the six-part educational series to the state's deaf and hard-of-hearing population. Each session averaged 25 persons. Mercy Foundation leveraged this mini-grant experience to pursue and receive a Catholic Health Initiatives Mission & Ministry grant of \$500,000 to target access to care, education, and other opportunities within the deaf and hard-of-hearing community.

## LEADERSHIP TRAINING

**Grant Description:** The University of Northern Iowa Foundation in Cedar Falls, Iowa, was awarded a \$10,000 grant to leverage participation in leadership training and programs for local community leaders. Scholarships funded tuition for specific local health practitioners to become cultural competency leaders, who could tell their community stories at workshops and conferences. These funds were also used to allow local health leaders to participate in immersion trips to learn about the culture and health circumstances of new immigrants to better serve them. One of Iowa's largest local health issues is the influx of immigrants, which has created a cultural shift in some communities. Traditional health services are not meeting the needs of these new immigrants. The education was intended to make providers more aware and comfortable treating the health needs of new immigrants. When used in this way, the funds became a subsidy to group learning for community teams, which included physicians, nurses, public health workers, and other local providers. These teams then piloted local programming to create models for other communities struggling with similar issues.

**Project Outcome:** The grant closed achieving successful grant status. To develop a deeper understanding for and appreciation of the health issues of newcomers from Mexico, the Iowa Center for Immigrant Leadership and Integration provided opportunities for cultural immersion trips to Santa Rita, La Barca, Guadalajara, and Jalisco. Four participants met with private and public-sector physicians and visited private and public hospitals and clinics at the local, regional, and state levels. Participants were placed with

non-English speaking families to help them develop a sense for the difficult situation in which their immigrant and refugee patients find themselves in Iowa.

#### END-OF-LIFE CARE

**Grant Description:** Sioux Valley Foundation in Sioux Falls was awarded a \$4,670 mini-grant in 2004 for its project, *Improving End-of-Life Care in the Nursing Home*. This was a community-based project led by Sioux Valley Hospital/University of South Dakota Medical Center and Hospice collaborating with nursing homes located in Iowa and South Dakota. It included an eight-hour education (train-the-trainer program) on end-of-life care, including pain management for designated nursing home trainers.

**Project Outcome:** The mini-grant closed achieving successful grant status. End-of-life training was held in early 2005 in several nursing homes. Lecture topics included quality care at the end of life, pain symptom management, ethics/legal issues, communication, preparation and care at the time of death, and nursing care at the end of life. Written education was provided on cultural issues and grief/bereavement. Thirty-one individuals attended the training, representing 20 nursing homes. All 20 nursing homes (100 percent compliance) have engaged in some form of train-the-trainer activities in this successful effort with the lessons learned being vital in gaining additional grant funding support.

#### HEALTH LITERACY

**Grant Description:** The University of South Dakota in Vermillion was awarded a \$4,945 mini-grant in 2004 for its effort, *Improving Health Literacy - A Key to Reducing the Burden of Chronic Disease*. This project supported the interdisciplinary planning and groundwork necessary to prepare for an October 2005 submission of a National Institutes of Health (NIH) grant proposal designed to improve health literacy and health outcomes related to cardiovascular disease and diabetes on the Rosebud Indian Reservation.

**Project Outcome:** The mini-grant closed achieving successful grant status. The team of individuals working on this project made significant progress leading to the submission of a health literacy research proposal for submission to NIH in October 2005. If funded, the effort will evaluate the relationship between health literacy, various types of media, and the health issues of cardiovascular disease, diabetes, HIV/AIDS, and suicide/depression. The hope is that the information will be valuable to providers and

community members as they package educational information in an effort to promote healthy behaviors.

#### ASTHMA

**Grant Description:** Veterans Memorial Health Care Foundation in Waukon, Iowa, was awarded a \$5,000 mini-grant in 2004 supporting its project, *Allamakee Child-care Asthma Education*. This project sought to provide educational training and skill development for child-care providers caring for children with asthma or other chronic respiratory illnesses as well as establishment of a trained child-care provider database to be used for continued contact with these providers.

**Project Outcome:** The mini-grant closed achieving successful grant status. Training was developed, marketed, and provided to 64 participants representing 15 day-care providers caring for 270 children. Free asthma action plans were available for day-care providers to give to parents to take to their children's physicians. Participants were happy to receive the Iowa Department of Public Health's *Managing Asthma in Iowa Child-care Facilities and Schools* with information on effective asthma management. Many of the centers in attendance plan to use the materials during new staff training.

#### OTHER

**Grant Description:** South Dakota Public Health Association received \$30,000 and Iowa Department of Public Health received \$45,000 to support statewide public health conferences in 2005.

**Project Outcome:** The Wellmark Foundation was the lead sponsor for these public health conferences. These dedicated grants provided the seed money that leveraged other public and private funding support to plan and implement each major conference. More than 400 people were present for this highly successful learning opportunity on June 22-24 in Pierre. Equally successful, The Iowa Governor's Conference on Public Health: Barn Raising V, drew more than 800 participants to Drake University in Des Moines on July 28-29. These events represented the culmination of a tremendous amount of work to successfully create forums for program planning, best practice sharing, and networking support to public health professionals and practitioners in our two states.



ABOUT  
THE WELLMARK FOUNDATION

The Wellmark Foundation has provided nearly \$8.77 million to fund 258 health-related grants in Iowa and South Dakota since 1997. The Foundation has also provided \$2.2 million to United Way organizations in both states since 1997.

**HOW THE WELLMARK FOUNDATION IS FUNDED**

The Wellmark Foundation was established in 1991 as a private foundation according to the Internal Revenue Code.

Initially endowed with a corpus by Wellmark, Inc. and enhanced with subsequent contributions, the current corpus stands at approximately \$39 million. About \$1.7 million is available in 2006 for the grant-making process.

One of the benefits of having a foundation is that it provides consistent annual funding of philanthropic efforts. The money distributed to the various projects each year comes from the interest and earnings of the Foundation's investment portfolio.

**WELLMARK FOUNDATION SUPPORTS UNITED WAY**

The Wellmark Foundation provided \$250,000 to United Way organizations in Iowa and South Dakota in 2005 by matching contributions from Wellmark, Inc. employees up to \$250,000.

This dedicated funding recognizes the importance of supporting service organizations with sustained funding. The measurable health improvement goals and funding priorities of The Wellmark Foundation's traditional grants typically do not allow for the ongoing support that United Way provides in our communities.

**GRANT REVIEW AND SCORING**

A committee consisting of community health stakeholders and Wellmark Foundation staff reviews proposals. A scoring tool is used that applies numeric values to the proposal sections outlined previously. The total score is 100 and the sections are scored as follows:

**Objective Criteria:**

Description of Need	15 points
Project Design	30 points
Feasibility	25 points
Community Involvement	15 points
<b>Subtotal:</b>	<b>85 points</b>

**Subjective Criteria:**

Up to an additional 15 points may be awarded based on reviewer's subjective opinion of the value of the idea.

<b>Total Points Possible</b>	<b>100 points</b>
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A copy of the score sheet may be found on the Foundation's Web site: [www.wellmark.com](http://www.wellmark.com), or by contacting Wellmark Foundation staff at (515) 245-4819.

**THE WELLMARK FOUNDATION STAFF**

- Cliff Gold, Executive Director
- Matt McGarvey, Director
- Stephanie Perry, Communications Consultant

**WELLMARK FOUNDATION CONTACT INFORMATION**

If you have questions, would like to discuss a project idea, or want to learn more about The Wellmark Foundation, here is how to reach us:

- Phone:** (515) 245-4819
- Fax:** (515) 235-4445
- E-mail:** [mcgarvey@wellmark.com](mailto:mcgarvey@wellmark.com)
- Web site:** [www.wellmark.com/foundation](http://www.wellmark.com/foundation)
- Address:** The Wellmark Foundation  
636 Grand Avenue, Station 150  
PO Box 9232  
Des Moines, Iowa 50306-9232

# THE WELLMARK FOUNDATION

## 2005 FINANCIAL REPORT

### THE WELLMARK FOUNDATION STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2005

	December 31, 2005	December 31, 2004
<b>ASSETS</b>		
Cash and short-term investments	\$ 154,494	\$ 309,263
Investments	38,998,058	29,732,798
Receivables		
Contribution from Wellmark, Inc.	-	4,000,000
Investment receivable for securities sold	11,258	928
Accrued investment income	3,662	3,024
Total receivables	14,920	4,003,952
<b>Total assets</b>	<b>\$ 39,167,472</b>	<b>\$ 34,046,013</b>
<b>LIABILITIES</b>		
Grants payable	\$ 945,169	\$ 518,781
Payable to Affiliates	-	6,842
Federal taxes payable	186,326	3,426
Investment payable for securities purchased	46,731	-
<b>Total liabilities</b>	<b>1,178,226</b>	<b>529,049</b>
<b>NET ASSETS</b>		
Unrestricted net assets	37,989,246	33,516,964
<b>Total net assets</b>	<b>37,989,246</b>	<b>33,516,964</b>
<b>Total liabilities &amp; net assets</b>	<b>\$ 39,167,472</b>	<b>\$ 34,046,013</b>

### THE WELLMARK FOUNDATION STATEMENTS OF ACTIVITIES YEAR ENDED DECEMBER 31, 2005

	December 31, 2005	December 31, 2004
<b>REVENUE</b>		
Contributions from Wellmark, Inc.	\$ 4,331,342	\$ 4,498,799
Investment income	808,555	764,406
Realized and unrealized gains on investments	1,990,747	2,386,653
<b>Total unrestricted revenue</b>	<b>7,130,644</b>	<b>7,649,858</b>
<b>EXPENSES</b>		
Grants	2,134,167	1,486,969
Administrative	331,195	498,782
<b>Total expenses</b>	<b>2,465,362</b>	<b>1,985,751</b>
<b>Excess of revenues over expenses before federal excise taxes</b>	<b>4,665,282</b>	<b>5,664,107</b>
Federal excise taxes	193,000	5,600
Increase in unrestricted net assets	4,472,282	5,658,507
Unrestricted net assets at beginning of year	33,516,964	27,858,457
<b>Unrestricted net assets at end of year</b>	<b>\$ 37,989,246</b>	<b>\$ 33,516,964</b>





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