

BLUE CORNERSTONESM

SUMMER 2007



SUPPORTING HEALTH IMPROVEMENT IN OUR COMMUNITIES

REPLICATION STRATEGIES LISTED ON FOUNDATION'S WEB SITE

The Wellmark Foundation Web site serves as one of the Foundation's primary tools of communication with current and prospective grantees.

A new section, entitled Replication Strategies, has been added to the Web site. The intent of this section is to share many of the tangible outputs produced by Foundation grantees in order to meet the following goals:

1. Foster portability and replication of projects.
2. Share ideas and provide clarity regarding project processes.
3. Ease project implementation by providing tools and materials that only require modification rather than full production.
4. Link persons considering a project to those who can share experiences and expertise.



The Replication Strategies page can be found at http://www.wellmark.com/foundation/apply/replication_strategies.htm. Grants are sorted by current funding priorities, including depression, diabetes, end-of-life care, and health literacy. A section on community assessments is also provided in support of our capacity-building grant funding cycle. To encourage direct communication and information sharing, the site provides links to e-mail addresses of the primary grant contacts from the grantee organizations. Finally, the site links to additional Web resources that can assist readers who are determining if a project is appropriate for their community. ■

THE WELLMARK FOUNDATION FUNDS ELEVEN HEALTH IMPROVEMENT PROJECTS IN IOWA AND SOUTH DAKOTA IN COMMUNITY RESPONSIVE GRANT CYCLE 2

The Wellmark Foundation Board of Directors approved funding for 11 health improvement grants totaling \$610,311 at its recent meeting. Iowa and South Dakota organizations receiving awards in the designated health priority areas include:

DEPRESSION

- A \$26,500 grant will allow the AIDS Project of Central Iowa in Des Moines to develop a mental health and counseling program for persons living with HIV/AIDS in central Iowa. The program will strive to improve health literacy in the area of depression and help clients overcome barriers to accessing mental health services in their communities.
- South Dakota Voices for Children in Sioux Falls received a \$77,250 grant to continue a statewide children's mental health initiative. The project was launched in 2004 to improve the mental health of South Dakota children by addressing major depression. Previous Wellmark Foundation grants provided core funding for implementation of the first two phases of the initiative. The third phase of the project will educate parents and professionals who work with children about strategies to help develop emotionally healthy children.
- A \$66,183 grant will allow Visiting Nurse Services in Des Moines to create a postpartum depression education program for women in central Iowa. The program will be created and implemented in cooperation with four hospitals and clinics located in Des Moines. The program will provide training, high-risk screening and assessment, counseling, and more.

DIABETES

- The Sanford Health Foundation was awarded \$54,162 in grant funds to continue an outreach program to the medically underserved community in Sioux Falls. The project was originally launched in 2005 through support of a Wellmark

Foundation grant. The second phase of the program will focus on enhancing underserved individuals' access to diabetes prevention and management services.

END-OF-LIFE CARE

- A \$50,334 grant will allow the Aberdeen Area Tribal Chairmen's Health Board in Rapid City to develop an education project for Native American caregivers of cancer patients. The project will provide education, training, and tools to family members, friends, and community health providers, all of whom may serve as caregivers in Native American communities. Tribal health leaders will be consulted throughout the development of the project.
- The Fund for Advancement of Medical Education and Research in Sioux Falls will use \$88,417 in grant funds to create a pediatric palliative care program. The program, a cooperative project of the University of South Dakota's Sanford School of Medicine and the Sanford Children's Hospital in Sioux Falls, is designed to improve the standard of care for children at the end of life.
- The Siouxland Human Investment Partnership in Sioux City received a \$48,233 grant to develop a pediatric comfort care pilot program in northwest Iowa. The program will provide palliative care, pain management, and community support services to seriously ill children and their families.

HEALTH LITERACY

- The Healthy Linn Care Network in Cedar Rapids received a \$33,702 grant to continue a health literacy project in Linn County. Two previous grants from The Wellmark Foundation supported the Network's launch of the project in 2005 and

implementation of the second phase in 2006. The third phase of the project will develop educational strategies for specific populations challenged by health literacy issues.

- A \$47,800 grant will allow Horizon Health Care, Inc., headquartered in Howard, S.D., to implement a diabetes and depression awareness and treatment program for underserved patients in two rural South Dakota communities. The program will use telemedicine strategies to assist health professionals in educating and empowering patients to manage their diabetic condition and linking them to needed speciality health services for treatment of diabetes and depression.
- The Iowa Healthcare Collaborative in Des Moines received a \$50,530 grant to develop a health care campaign promoting improved patient and provider communications. The campaign will promote improved communications through the use of the MedCard, a folded information sheet housed in a billfold-sized plastic sleeve. The card is designed to help patients keep track of their medications and to encourage more frequent and effective communication with their health care providers.
- The South Dakota Dental Foundation in Pierre received a \$67,200 grant to continue a statewide oral health education program for children. The program, which was launched in 2006 through a Wellmark Foundation grant, is designed to improve oral health and reduce oral health diseases in children of low-income families across the state. This phase will focus on improving health literacy through continued oral health education of children and parents in underserved populations.

The Wellmark Foundation has provided more than \$12.77 million to fund 374 health-related grants in Iowa and South Dakota since 1997, including a total of \$1,854,175 to date in 2007. Visit The Wellmark Foundation's Web site at www.wellmark.com/foundation for a list of grant recipients and grant application instructions. ■

HEALTH LITERACY

WEB LINKS



NEW HEALTH LITERACY ONLINE TUTORIAL

Learn about the challenges associated with low health literacy, meet some of the new health literacy practitioners in the field, hear about successful strategies and practices, and apply what you have learned to a challenging health literacy scenario. *Health Literacy: New Field, New Opportunities* is an online tutorial designed for health and literacy educators interested in addressing health literacy barriers to good health in their work. The tutorial was developed by World Education with funding from the National Network of Libraries of Medicine New England Region. To view the tutorial, go to <http://www.healthliteracy.worlded.org/docs/tutorial/SWF/flashcheck/main.htm>.

ABSTRACT OFFERS RESPONSE TO HEALTH LITERACY CHALLENGES

In *Plain Language: A Strategic Response to the Health Literacy Challenge*, an abstract printed in the *Journal of Public Health Policy* in 2007, authors Sue Stableford and Wendy Mettger discuss the health literacy challenge confronting American and international health organizations. They address plain language as a logical, flexible response to create text-based health information that is accessible to the public. While plain language is only one of many broad-based solutions needed to address low health literacy, the benefits to everyone demand increased use by health organizations. To read the entire abstract, visit <http://www.palgrave-journals.com/jphpl/journal/v28/n1/pdf/3200102a.pdf>.

2007 CLOSED GRANT SUMMARY

The following previously funded Wellmark Foundation grants closed between Jan. 1, 2007, and April 30, 2007. Brief summaries of the projects are listed below arranged by state and priority area of focus, including cardiovascular health, depression, diabetes, end-of-life care, and health literacy. Projects include large community responsive grants, mini-grants, and dedicated grants. Please note that different funding priority areas were in place in previous years.

IOWA AWARDS BY PRIORITY AREA

In the first four months of 2007, The Wellmark Foundation closed eight grants in Iowa totaling \$280,953.

CARDIOVASCULAR DISEASE

WELLNESS COUNCIL OF IOWA

West Des Moines, Iowa - \$57,769 - Community Responsive Grant Modeling Wellness for Youth

OVERVIEW: The project used a three-prong approach to establish better nutrition and higher activity levels in young people as a way to reduce the risk of cardiovascular disease and type 2 diabetes. The three areas of focus included direct learning through classroom activity, modeling from a school community that has embraced wellness, and creating awareness and support in their communities.

OUTCOME: Wellness curriculum notebooks were distributed to participating school districts and districts originally considered, but not chosen to participate in the project. The notebook will assist districts in implementing nutrition and physical activity into their core subject areas and implementing wellness policies. Seventy percent of returning students completed a second pediatric health risk assessment which revealed the overall health risk improved in the study schools versus the control school.

DEPRESSION

NATIONAL CATHOLIC RURAL LIFE CONFERENCE

Des Moines, Iowa - \$4,800 - Mini-grant Iowa Rural Faith Care Connection

OVERVIEW: The Iowa Rural Faith Care Connection addressed issues of depression in rural communities through community conversations, information sharing, educational initiatives, and outreach.

OUTCOME: Four planning meetings of the Interfaith Task Force were held to guide this initiative. A final summary was prepared to serve as a building-block for future projects and grant proposals

on depression in rural faith-based communities. The impact of depression in rural areas was examined, barriers to care were identified, and ways that the church might address these barriers were discussed.

DIABETES

CAMP HERTKO HOLLOW

Des Moines, Iowa - \$5,000 - Mini-grant Diabetes 101

OVERVIEW: Diabetes 101 is an educational program that teaches caregivers of children with diabetes, including teachers, coaches, day care providers, non-diabetes specialty camp staff, and after-school program staff, to safely and effectively care for children with diabetes.

OUTCOME: Diabetes 101 was offered at the Diabetes Education and Camping Association (DECA) meeting at Camp Hertko Hollow in October 2006. Eighteen persons, primarily school nurses, attended this one-day program. A program manual was developed and distributed to the program attendees, more than 150 DECA campers, and nearly 100 participants at a regional American Camp Association meeting. Additional distribution to all Iowa school nurses and camp staff is currently being planned.

IOWA/NEBRASKA PRIMARY CARE ASSOCIATION (IA/NEPCA)

Des Moines, Iowa - \$60,000 - Dedicated Grant Center for Value in Health Care and Diabetes Collaborative Replication

OVERVIEW: This project funding provided infrastructure support to the IA/NEPCA Center for Value in Health Care. The main project goal is to gather specific data identifying the cost effectiveness of the Iowa Community Health Center (CHC) diabetes disease management strategies used in the Wagner model chronic care collaborative. Additional goals include spreading the model to more CHCs and developing the skills and expertise to continue additional projects in the future.

OUTCOME: A chronic care manager was hired to oversee and provide assistance to CHC members' chronic care management efforts. In 2006, data was available in the registry for 5,500 people with diabetes. Blood glucose control measured by average hemoglobin A1c levels (HgA1c) improved from 8.3 to 7.5, better than Midwest and national averages. Using the IMPACT software, it is estimated that this improvement in HgA1c could result in \$3.6 million dollars of health care system savings over three years. Health disparities consistent with national findings

were documented in all CHC sites except in Des Moines, where African Americans had the best HgA1c levels.

END-OF-LIFE CARE

IOWA HOSPICE ORGANIZATION

*Des Moines, Iowa - \$39,510 - Dedicated Grant
Iowa End-of-Life Coalition*

OVERVIEW: The Iowa Hospice Organization (IHO) is leading an effort to rejuvenate a statewide coalition around the four global areas of end-of-life care, including advanced care planning, out-of-hospital do not resuscitate orders, caregiver support, and pain management. The mission of the Iowa End-of-Life Coalition is to improve and promote quality of life for Iowans with life-limiting illnesses, as well as their families and caregivers.

OUTCOME: Brochures, public service announcements, news releases, and presentations on pain management were developed for the general public and professional caregivers, and are available on IHO's Web site. Data were collected on pain management in nursing homes to measure the effectiveness of nursing and health aide education on improving pain management. An additional question regarding pain was added to the Iowa Behavioral Risk Factor Surveillance System surveys that will provide baseline measures for future pain management studies. A series of family caregiver instructional programs aired on the local access cable channel in north Iowa and was distributed to local cable channels throughout the state. A companion workbook was also developed. All hospices received the DVD "Wounded Warrior," which highlights specific differences in care required for veterans at the end of life. Additional presentations were developed for general and professional audiences addressing do not resuscitate orders and advance directives.

SIouxLAND HUMAN INVESTMENT PARTNERSHIP PROGRAM

*Sioux City, Iowa - \$65,875 - Community Responsive Grant
The Omaha Model: An Automated Documentation System for Interdisciplinary Care Coordination*

OVERVIEW: Siouxland Palliative Care worked with five area primary care clinics to identify patients and 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. A new documentation tool, The Omaha System, was implemented and tested while community-based palliative care services were provided.

OUTCOME: The process resulted in 52 referrals and 51 placements in the palliative care program. Key factors found to indicate the need for community-based palliative care services were comorbidities requiring need for in-home education, changing health status, need for medication management, need for community resources,

and a frail or compromised caregiver. The Omaha System helped staff identify and prioritize current problems leading to more focused interventions within family systems and facilitated the documentation of outcomes and trends. Standardized care plans and documented interventions allowed for consistency among staff. Pain scores and patient suffering scores decreased and quality of life scores increased significantly.

DALLAS COUNTY HOSPITAL FOUNDATION

*Perry, Iowa - \$4,999 - Mini-grant
Hispanic End-of-Life Awareness Pilot*

OVERVIEW: This project provided education and awareness of end-of-life care to Hispanic individuals in the community of Perry, Iowa. The effort represents a collaboration of community partners working together to provide culturally competent education on this important topic.

OUTCOME: Three educational sessions reached more than 30 people and resulted in one referral to hospice. The link with the Catholic Church was critical to the pilot's success, as the local priest attended all of the education sessions that were held at the church after services. For many Hispanics whose families live in Mexico, the grieving process can be even more challenging. Due to the long distance, individuals may not be able to be present during an illness, at death, or at a funeral. Bereavement counseling was provided that addressed these unique issues. The pilot program successfully recruited four new Hispanic volunteers for the hospice program, one of whom was placed on the Hospice Advisory Board.

HEALTH LITERACY

MERCY FOUNDATION

*Des Moines, Iowa - \$43,000 - Dedicated Grant
Improving Iowa's Medical Interpretation Services*

OVERVIEW: Mercy Foundation expanded its medical interpreter training and cultural competency programs to areas outside of central Iowa. The goal of this effort was to increase the professional education opportunities available to bilingual interpreters throughout Iowa and to enhance the interpretation services of health facilities across the state. This project replicated successful interpreter trainings formalized over three years in central Iowa through a Healthy Communities Access Program federal grant.

OUTCOME: Fifty-three individuals attended one of four traveling Basic Interpreter Training classes held across the state. Four languages, including Arabic, Bosnian, Chinese, and Spanish, were represented from settings such as hospitals, hospice, social services agencies, manufacturing companies, and colleges. Five advanced level interpreter training classes were given to professional interpreters with 94 individuals attending the classes. Medical

vocabulary classes were offered in Bosnian and Spanish. A total of seven people attended three Bosnian sessions and 23 people participated in one Spanish session. Mercy Medical Centers in Dubuque and Sioux City received resources and materials related to cultural competency.

SOUTH DAKOTA AWARDS BY PRIORITY AREA

From January through April 2007, The Wellmark Foundation closed seven grants in South Dakota totaling \$244,814.

DEPRESSION

SOUTH DAKOTA VOICES FOR CHILDREN

*Sioux Falls, S.D. - \$70,000 - Community Responsive Grant
South Dakota Children's Mental Health Initiative*

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

OUTCOME: A referral schematic for South Dakota titled, *Children's Mental Health Services: A Roadmap to Care*, was developed and 1,000 copies were distributed. An on-line statewide mental health resource directory was created at www.sdsuicideprevention.org/toolsforcommunities. Six tool kits were developed for teaching the Socio-Emotional Foundations of Early Learning Curriculum. School personnel were trained in the Response Ability Pathways at the South Dakota Education Association (SDEA) Current Trends Workshop. The American Psychiatric Foundation selected the initiative to pilot the Typical or Troubled Program for high school teachers at three sites. Nine members participated in a national school-based mental health conference, which resulted in selection for a \$10,000 seed grant on school-based mental health using Positive Behavior Intervention and Supports. One-on-one education and provision of the mental health practice guidelines were provided to 60 pediatricians and family practice doctors.

INSTITUTE FOR EDUCATIONAL LEADERSHIP & EVALUATION

*Rapid City, S.D. - \$5,000 - Mini-grant
Black Hills Community Assessment*

OVERVIEW: This project implemented a comprehensive community health needs assessment in four counties in the Black Hills of South Dakota. The assessment studied the prevalence of

depression in each community as well as the resources available to meet each community's needs for mental health services.

OUTCOME: A comprehensive community needs assessment was performed for Pennington, Meade, Lawrence, and Butte Counties. One survey for community members and another survey for service providers were developed with input from 16 community partners. A total of 20,000 community members and 300 service providers were surveyed. The main issue identified by 80 percent of survey participants was the lack of good paying jobs, up from 62 percent in 2001. The second largest issue identified in the community was addiction. Other major issues included lack of affordable medical care, lack of medical insurance, mental health needs, lack of affordable housing, and lack of positive youth activities in the community.

DIABETES

ST. MARY'S FOUNDATION

*Pierre, S.D. - \$5,000 - Mini-grant
Regional Limb Recovery Program*

OVERVIEW: This project built a model of care that coordinates existing services and expands community collaborations for persons with diabetes. This model of care intends to reduce amputations in persons with diabetes in the Fort Thompson and Rosebud area.

OUTCOME: The Diabetes Limb Recovery Team met with the Tribal Diabetes Management Teams, including 35 physicians, physician assistants, nurses, and administration, to discuss the Diabetes Limb Recovery Program. Informational brochures were developed for patients and providers. A more efficient process of referral and communications with tribal clinics has been implemented.

COMMUNITY HEALTHCARE ASSOCIATION OF THE DAKOTAS

*Sioux Falls, S.D. - \$49,828 - Dedicated Grant
South Dakota Health Disparities Collaborative State Summit*

OVERVIEW: This funding supports and enhances the participation of Community Health Centers (CHCs) in the National Quality of Care initiative, the Health Disparities Collaborative (HDC). The project funding provides an opportunity to expand and support the success of the Collaborative in the participating CHCs through a state level response and support mechanism.

OUTCOME: A summit of CHCs was held to facilitate the growth of community health centers' collaborative teams, share expertise, support each other, and spread knowledge. Topics included best practices for diabetic group visits, vision referrals, specialist referrals, laboratory recall management, patient education, diabetes self-management goal setting and follow-up, depression screening, medication adjustments, diabetes education, use of the

patient registry, and meeting the unique needs of each patient with diabetes. Other goals achieved through the summit were the mentoring of newer teams by veteran teams, orientation to the HDC for new teams, increased Model for Improvement activities and data sharing, and patient registry training for data entry staff. In addition to the summit, other support provided to the CHCs included training and technical assistance through the CHAD Clinical Network and improved networking and educational opportunities.

END-OF-LIFE CARE

UNIVERSITY OF SOUTH DAKOTA

*Vermillion, S.D. - \$59,961 - Community Responsive Grant
The South Dakota End-of-Life Education Partnership*

OVERVIEW: The purpose of this community based end-of-life (EOL) education partnership was to deliver an education seminar with a focus on pain management to nurses working in nursing homes throughout South Dakota. After demonstrating mastery of the essential content, participants provided education to nursing home staff, reviewed pertinent pain policies, completed a written report, and served as end-of-life advocates and change agents in their respective communities.

OUTCOME: A total of 88 individuals representing 40 long-term care (LTC) facilities participated in one of four seminars offered in locations across the state. Pre- and post-knowledge surveys revealed the seminars were successful in increasing the knowledge of LTC staff in pain management for EOL care residents. Nearly 30 facilities completed assigned activities, including providing one EOL care education activity for staff, coordinating a review of their pain policies, and submitting a written report of activities. To enhance the use of non-pharmacological approaches to pain management, three guided-imagery CDs and a small stipend to purchase a portable CD player were given to each participating facility. An additional conference on pain assessment and management in older adults was attended by 80 professionals.

UNIVERSITY OF SOUTH DAKOTA

*Vermillion, S.D. - \$45,025 - Dedicated Grant
Partnership for Improving End-of-Life Care in South Dakota*

OVERVIEW: Since its inception in 1999, the Partnership for Improving End-of-Life Care in South Dakota has generated creative and substantive strategies to accomplish its mission. This grant sought to: 1) solidify the identity and infrastructure of the Partnership; 2) build a statewide web of interdisciplinary, inter-organizational coalitions; and 3) document and disseminate the mission and work of the Partnership. Although the primary emphasis of the efforts are conducted at the state level, local teams of expert interdisciplinary palliative care practitioners were

created, and the entire project was linked to the national arena of palliative care through consultation, presentations, and publication.

OUTCOME: The Partnership created a branded identity and logo as LifeCircle South Dakota. A detailed database of more than 1,000 persons throughout South Dakota with an interest in EOL care was generated for mailings and other outreach. More than 120 persons representing 35 communities attended a statewide conference, Connecting Communities, Creating Relationships, held in 2006 in Sioux Falls, S.D. Local coalitions were created to support improvements in EOL care at the local level and small mini-grants of approximately \$250 were provided to support their activities. Local coalitions held collective quarterly conference calls to discuss progress and receive further education. The grant funds also provided valuable EOL care resources to local coalitions.

OTHER

ST. MARY'S FOUNDATION

*Pierre, S.D. - \$10,000 - Dedicated Grant
South Dakota Grant Writers' Network Development - Phase I*

OVERVIEW: The initiative supported the development of statewide resources for people engaged in grant writing in the health, welfare, and community development arenas. The Grant Writers' Network will focus on education, training, and the creation of a forum for project collaboration among nonprofit and public organizations of all kinds.

OUTCOME: The highlight of this grant was the 2nd Annual South Dakota Grant Writers' Group Conference that was held in 2006 in Chamberlain, S.D. More than 100 individuals from five states received grant writing, community planning, and prospect research training from a panel of expert trainers from throughout the Midwest. This forum achieved its goal of building individual governmental and nonprofit capacity to better approach funders for grant support. The conference drew a 20 percent increase in attendance and participation of 10 new organizations, including Native American representation. A steering committee was established and its 16 members are geographically distributed and multi-sectored. A listserv was also created and its membership continues to grow. ■

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AMA FOUNDATION RELEASES NEW HEALTH LITERACY KIT

The American Medical Association (AMA) Foundation has released its updated health literacy kit, *Health Literacy and Patient Safety: Help Patients Understand.*

The 2007 version of the health literacy kit includes the following revisions:

- The instructional video is now on DVD and CD-ROM formats, rather than VHS and CD-ROM.
- The manual for clinicians contains updated health literacy research data.
- An extra packet of tear-off pads for the patient reception area display (for a total of two pads) is included.

The kit's instructional video and manual for clinicians are both available to download at no charge on the AMA Foundation's health literacy website at www.amafoundation.org/golhealthliteracy. Hard copies of the kits may be purchased for \$35 through the AMA Bookstore at www.amabookstore.com or (800)621-8335.

The Health Literacy Kit is Item #OP221007. ■

GRANT WRITING WORKSHOP

The Wellmark Foundation and Iowa Department of Public Health are collaborating with the Winneshiek County Community Foundation to sponsor a grant-writing workshop on October 4, 2007, in Decorah, Iowa. Registration information will be coming soon. Check out The Wellmark Foundation's Web site at www.wellmark.com/foundation for more details. ■



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