

BLUE CORNERSTONESM

FALL / WINTER 2006



SUPPORTING HEALTH IMPROVEMENT IN OUR COMMUNITIES

TIPS FOR WRITING A HEALTH LITERACY GRANT PROPOSAL

Health literacy, defined by Healthy People 2010, is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

The Wellmark Foundation's grant program focuses on community-based approaches to improving health literacy in Iowa and South Dakota. Health literacy was named a priority funding area by The Wellmark Foundation Board in 2006. The purpose of this article is to share our intent for the health literacy priority area, and guidance to help grant seekers determine if their projects fit with our intent.

DEFINITION. Health literacy, defined by *Healthy People 2010*, is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

The American Medical Association (AMA) Council of Scientific America more specifically defines functional health literacy as "the ability to read and comprehend prescription bottles, appointment slips, and the other essential health-related materials required to successfully function as a patient."

Similar to a traditional understanding of literacy, health literacy incorporates a range of abilities to: read, comprehend, and analyze information; decode instructions, symbols, charts, and diagrams; weigh risks and benefits; and, ultimately, make decisions and take action. However, health literacy also extends to the materials, environments, and challenges specifically associated with disease prevention and health promotion. The Wellmark Foundation's funding



Writing a Health Literacy Grant Proposal

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in this area intends to support a range of innovative approaches designed to equip people with the skills they need to understand and act on health information.

GUIDANCE. Health literacy is a cross-cutting issue with broad application that touches every aspect of health care. The Wellmark Foundation utilizes its funding to support projects that have the intent and potential to impact health literacy. The question we face is determining if the project truly *impacts and measures* health literacy, or if the project impacts another area of health care, which by definition *involves* health literacy. The Wellmark Foundation believes that health literacy should be considered when planning and implementing projects in all disease-based priority areas.

This guidance is focused on helping grant seekers determine if their potential project matches the intentions and priorities of The Wellmark Foundation's emphasis on health literacy as a priority funding area; and is not meant to stifle creative thinking utilized in developing grant proposals. Please consider the following questions when determining your proposal's fit to The Wellmark Foundation's health literacy priority.

1. WHAT IS THE PRIMARY ACTIVITY OF YOUR PROPOSAL? The primary activity of a health literacy grant should be to develop or test a program or project that intends to improve health literacy. A secondary outcome might be to improve health status of a population. Therefore, budget should support health literacy efforts rather than health status improvement efforts.

2. WHAT IS THE CAUSE OF THE PROBLEM YOU HOPE TO RESOLVE? Low health literacy is the root cause of a multitude of problems resulting in inadequate health care. Once you have identified a problem, you should determine if health literacy is a major contributor to the problem. Then consider what interventions can be implemented to improve health literacy that may have the potential to alleviate or resolve your defined problem.

3. HOW DO YOUR OUTCOME MEASURES SUPPORT ONGOING HEALTH LITERACY INITIATIVES? Your outcome measures should contribute to the body of knowledge related to health literacy. Your outcomes should answer questions for others so that your project might be replicated elsewhere resulting in improved health literacy, or might be adapted into a different approach that might be even more successful.

Examples and Explanations.

The following grant proposal examples and explanations of how they compare to The Wellmark Foundation's intent for health literacy grant funding are provided for reference as you prepare grant applications.

A. A community coalition would like to screen for several basic indicators of health status at a community forum with hopes of empowering residents to seek medical care as needed and establish a medical home. The demographics of this community show that a relatively high percentage of residents have low literacy and low health literacy. The coalition would like funding for the screenings, promotional materials, and planning costs. Outcomes will be measured by participation and referrals to primary care providers. *This example is unlikely to be funded by The Wellmark Foundation as a health literacy grant. The primary activity of the grant is to identify undiagnosed illness and to promote the establishment of a medical home. Although the rate of low health literacy in the community is likely a contributory cause to suboptimal health care, the primary activity and grant funds are in support of the screenings. The outcome measures do not answer questions related to health literacy or provide information for future initiatives.*

B. A community coalition recognizes its community demographics indicate residents are at higher risk for low health literacy. Residents utilize the emergency room at a higher rate than residents in other communities, and are less likely to report having a primary care provider. The coalition hypothesizes that low health literacy is contributing to the population's utilization pattern and likelihood to inappropriately and inefficiently access health care. The coalition proposes a project to hire a consultant with expertise in health literacy to develop educational and outreach materials to promote appropriate use of the emergency room and instructions on how to establish a medical home. One of several avenues to distribute these materials is through a community health fair where residents will have health screenings and meet local primary care providers. Budget items include consultant fees, printing costs, facility costs for the screenings (local providers will donate screening activities and supplies), and promotional costs for the health fair. Measured outcomes will include a short survey of a sample of residents receiving the materials to determine if their knowledge increased; a survey of emergency room and primary care providers to determine their perception of utilization patterns; and referrals from the health fair screening. *This grant is similar to the first example but is more likely to be considered for funding for several reasons. First, the primary activity is the development and distribution of appropriate educational materials rather than the provision of a health screening. The educational materials will be developed in response to a defined*

problem that is exacerbated by low health literacy. The primary activity intends to influence the root cause of the problem, i.e., low health literacy.

C. A health system observes there is a high incidence of a particular disease in their community. A community-based patient- and family-centered educational program on preventing this disease may reduce this incidence. The proposal asks for a grant to hire an expert in this disease to develop and test an educational program while observing health literacy principles. The budget includes consultant fees, testing and other developmental costs, and delivery of the program to 20 people. Outcomes measured will include disease incidence and patient satisfaction with the program. *Health literacy issues must always be considered in the management of a medical condition. However, the primary activity of this proposal is developing and delivering an educational program rather than a specific health literacy intervention. Health literacy is a consideration in all facets of health care, but evidence should exist that health literacy is a contributing factor to a defined problem. Outcomes do not support future initiatives to improve health literacy, so this grant application will likely not be funded.*

D. A health system observes there is a high incidence of a particular disease in their community. This particular disease requires a great deal of patient self-management and can be quite overwhelming and difficult to understand. The proposal will test a new educational strategy for patient self-management and compare it to the current care model. The budget includes consultant fees to support development and testing of the new strategy, delivery of the program to 20 patients, and a survey of participants in the current program and the new program. Outcomes measured will include appropriate disease markers for the disease and assessment of changes in program participants' knowledge and actions. *This proposal is similar to the previous example but certain factors suggest this is more likely to be a successful grant. First, there is more evidence that this disease requires substantial patient involvement and low health literacy is likely to be a root cause of poor outcomes. Although this proposal also develops an educational program, it intends to compare the new program to a current standard of care, and therefore, has the potential to determine if this method of communicating education is a better strategy than the current methodology. Increased knowledge as an outcome measure will help to answer whether the person learned the information, and altered patterns will determine if implementation of the information was a barrier. ■*

MEETINGS TO REVIEW OUR 2007 REQUEST FOR PROPOSALS (RFP):

SOUTH DAKOTA

RAPID CITY

TUESDAY, JANUARY 9, 2007

9:00 a.m. to 10:30 a.m. (MST)

Institute for Educational Leadership & Evaluation (Chiesman Center)

1641 Deadwood Avenue

Rapid City, SD 57702

PIERRE

WEDNESDAY, JANUARY 10, 2007

9:00 a.m. to 10:30 a.m. (CST)

Pierre Area Chamber of Commerce
(Chamber Community Room)

800 West Dakota Avenue

Pierre, SD 57501

SIOUX FALLS

THURSDAY, JANUARY 11, 2007

12:00 noon to 1:00 p.m.

Siouxland Libraries – Main Branch

201 North Main Avenue

Sioux Falls, SD 57117

(Brown Bag Lunch at the Library Grant
Writing Series)

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Meetings to review our 2007 request for proposals

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IOWA

IOWA ICN SITES

MONDAY, JANUARY 15, 2007

10:00 a.m. – 11:30 a.m. CST

CAMANACHE

Camanche High School (node 682)
937 9th Street, Room 632
Camanche, IA

CEDAR FALLS

University of Northern Iowa (node 48)
Schindler Education Center, Room 130C
Corner of Hudson Rd. & 23rd Street
Cedar Falls, IA

CLEAR LAKE

Area Ed Agency 267 Reg. Office (node 176)
9184B 265th Street, State Room
Clear Lake, IA

COUNCIL BLUFFS

Loess Hills Area Education Agency 13
(node 205)
24997 Hwy 92
Council Bluffs, IA

DES MOINES

IDPH (node 115/origination site)
Lucas State Ofc. Bldg, ICN Room
6th Floor, NW Quad
Des Moines, IA

DUBUQUE

Keystone Area Education Agency 1
(node 311)
2310 Chaney Rd, Room #2
Dubuque, IA

FORT DODGE

Fort Dodge Public Library (node 781)
424 Central Avenue
Fort Dodge, IA

IOWA CITY

Iowa City Public Library (node 694)
123 South Linn Street, Meeting Room D
Iowa City, IA

OTTUMWA

Indian Hills Community College – 7
(node 447)
651 Indian Hills Drive
Videoconferencing & Training Ctr.
Ottumwa, IA

SIOUX CITY

Department of Human Services
(node 304)
Trosbar Hoyt Co. Services Bldg, 4th floor
822 Douglas Street
Sioux City, IA

SPENCER

Spencer Public Library (node 592)
21 East Third Street
Spencer, IA

2007 GRANT DEADLINES

	FIRST COMMUNITY RESPONSIVE GRANT CYCLE	MINI-GRANT CYCLE	SECOND COMMUNITY RESPONSIVE GRANT CYCLE	CAPACITY-BUILDING GRANT CYCLE
RFP BIDDER CONFERENCES/ COMMUNITY FORUMS SOUTH DAKOTA IOWA	JANUARY 9 – 11 JANUARY 15			
PROPOSALS DUE TO WELLMARK FOUNDATION	FEBRUARY 13	APRIL 17	JUNE 19	SEPTEMBER 12
REVIEW COMMITTEE MEETS	MARCH 5	MAY 7	JULY 16	OCTOBER 1
BOARD REVIEW – GRANT AWARD AND DECLINATIONS DISTRIBUTED	APRIL 2	NOT APPLICABLE	AUGUST 16	NOT APPLICABLE
FIRST GRANT PAYMENT DISTRIBUTED	MAY 1	JUNE 1	SEPTEMBER 1	NOVEMBER 1

A SIGH OF RELIEF

Reprinted with permission from the Sioux Valley Foundation in Sioux Falls, S.D.

A unique program in Sioux Falls, S.D., is helping connect the community while offering some health care relief to people in need.



Stepping Into Good Health, or SIGH, is a project of the Sioux Valley Parish Nurse Institute that brings together the community's underserved people, parishioners from 10 local churches, and Sioux Falls medical professionals. The program provides foot care and general health screenings for blood pressure, blood glucose, and cholesterol levels. It also provides diabetic education and self-management, cardiovascular health promotion, and disease prevention strategies. The program is funded through the Sioux Valley Foundation and a grant from The Wellmark Foundation.

SIGH, WHICH BEGAN LAST NOVEMBER, has touched the feet and lives of more than 300 men and women from the Sioux Falls community, utilizing more than 170 volunteers from 11 local parishes. Volunteers give at least one day of their time to visit, serve snacks, and wash feet. According to SIGH Coordinator, Ingrid Rasmussen, clients of the program are often unable to read or write, are unable to navigate the system of care, are uninsured, and cannot bear the financial burden of health care. Thanks to SIGH, volunteers walk through the process with each client, pharmacists educate with visual stimuli, and foot care nurses provide 20 to 30 minutes to trim toenails and buff, test, and massage the feet in a full diabetic foot screening. Each care session concludes with a gift of new socks.

"Our circle of clients continues to expand. Of the 300 clients we've seen, at least 30 percent have high blood pressure, 24 percent are diabetic, and 15 percent have problems with their cholesterol."

The volunteers' attention to education is proving successful, according to Rasmussen. She reports that 13 percent of clients returned with improved blood pressure, 5 percent with improved blood glucose levels, 3 percent showed improvements in their cholesterol, and 95 percent showed improvement in foot care.

Rasmussen believes SIGH does as much for the entire community as it does for its underserved population. "Our hope is that this project will continue the healing process of the community by uniting people of different backgrounds, ethnicities, and socio-economic classes," she said.

To learn more about SIGH, contact Ingrid Rasmussen at 605-254-6067. ■

THE WELLMARK FOUNDATION FUNDS 10 CAPACITY-BUILDING GRANTS IN IOWA AND SOUTH DAKOTA

The Wellmark Foundation funded 10 capacity-building grant requests from Iowa and South Dakota organizations totaling \$49,978. The one-year grants are part of a new Wellmark Foundation grant program designed to increase the capacity of Iowa and South Dakota organizations to better meet community health needs on a long-term basis. The following awards were given:

- Avera Rural Health Institute in Sioux Falls, S.D., received \$5,000 to provide community leadership training for staff. Participants will learn to facilitate community health planning and conduct community health needs assessments focused on depression, diabetes, end-of-life care, asthma, and cardiovascular disease.
- Community Health Centers of Southern Iowa in Leon, Iowa, was awarded \$5,000 to conduct a strategic planning process to integrate health care services in Decatur County. A professionally facilitated strategic planning process involving local medical and behavioral health care providers will result in increased collaboration and more effective use of limited resources in the community.
- The Iowa Department of Public Health (IDPH) in Des Moines, Iowa, was awarded \$4,982 to develop a health literacy training package for personnel at local public health agencies across Iowa, IDPH bureaus, and other health care partners. Training pieces will include a DVD, discussion materials, and writers' guide.
- A \$5,000 grant will allow the Iowa Health Foundation in Des Moines, Iowa, working in collaboration with the

New Readers of Iowa and Drake University Adult Literacy Center, to develop health literacy mentorship skills for adult learners to become health literacy leaders in their communities across Iowa. The project will also include development of a health literacy leadership training conference.

- Iowa State Registry Interpreters for the Deaf will use a \$5,000 grant to co-host a statewide health care interpreting conference with Mercy Medical Center-Des Moines and Deaf Services Commission of Iowa. The conference will emphasize a public-private blend of health care interpreting delivery, policy making, advocacy, civil rights enforcement, and leadership development to improve health care delivery to diverse groups.
- A \$5,000 grant will allow the Mercy Medical Foundation - North Iowa in Mason City, Iowa, to enhance and expand its new hospital-based palliative care service. Key staff will acquire cutting-edge knowledge, skills, and resources by attending a national training program, and will transfer the information to the palliative care team, key physicians, staff, and community members.
- The National Alliance for the Mentally Ill (NAMI) of Greater Des Moines received \$4,996 to increase its volunteer base, which will result in expanded capacity to serve the community. The project will also include development of a Web site and information technology assessment and training.
- Northern State University in Aberdeen, S.D., was awarded \$5,000 to develop and implement a series of surveys to discover what information and services older people need to better manage

their health care. Survey results will be used to develop a resource directory and educational videos.

- Primary Health Care, Inc. in Des Moines, Iowa, received \$5,000 to develop a series of training sessions to continuously improve performance at its centers. Training sessions designed for management and staff will focus on service excellence, effective communications, and diversity.
- Proteus, Inc. in Des Moines, Iowa, will use a \$5,000 grant to develop a strategic plan focused on migrant health issues. The plan will enable the organization to expand its capacity to operate the Migrant Health Project that provides quality health care services to migrant farm workers in Iowa.

The Wellmark Foundation has provided more than \$1.6 million to 59 health-related grants in Iowa and South Dakota during 2006, including \$49,978 approved during this capacity-building grant cycle. For more information on applying for a Wellmark Foundation grant, visit our Web site at www.wellmark.com/foundation or contact Matt McGarvey, Director, at 515-245-4819; or Cheryl Clarke, Senior Program Manager, at 515-245-4997. ■

A HEALTH LITERACY CHALLENGE: FOOD LABELS



A recent study reported in the American Journal of Preventive Medicine revealed that poor food label comprehension had a high correlation to low-level literacy and numeracy skills. Results showed that even those with acceptable reading skills struggled with the dietary information on food labels due to lack of the required math and computation skills.

The study included 200 patients who were given a nutrition label survey and standardized tests of reading and math skills. Patients represented a wide socioeconomic range and had a mean age of 43 years. Only 69 percent of the patients answered food-label questions correctly, despite the fact that 89 percent indicated that they could interpret food labels.

Many patients showed an inability to consider the serving size in relationship to the food container. For example, only 32 percent of the patients could accurately calculate the number of grams of carbohydrates consumed from a 20-ounce bottle of soda that contained 2.5 servings. Similarly, only 60 percent could determine the number of carbohydrates consumed if they ate one-half of a bagel when the serving size on the label was one bagel. Other common errors included the inability to find relevant information on the food label and incorrect math computations. The use of fractions and decimals were identified as specific problems.

In addition, only 37 percent of the patients demonstrated ninth-grade level or higher math skills on the tests, while 77 percent demonstrated ninth-grade level or higher reading skills. These results contradicted the fact that 75 percent of the patients had at least a high school education and 68 percent had at least some college education.

The report's authors suggested future studies to examine the optimal design of food labels and the role of improved patient-provider communication to enhance patient comprehension and behavior.

Health literacy is a priority funding area for The Wellmark Foundation. This study serves as an excellent reminder that health literacy is about more than reading skills. Numeracy, processing, and other skills are necessary to enable patients to make informed decisions related to their health.

REFERENCE:

Rothman, RL, et al, "Patient Understanding of Food Labels: The Role of Literacy and Numeracy," American Journal of Preventive Medicine 2006; 31 (5): doi: 10.1016/j.amepre.2006.07 Accessed www.medpagetoday.com, Sept. 27, 2006. ■

NAAL HEALTH LITERACY REPORT NOW ON THE WEB

The U.S. Department of Education has posted its report on the health literacy findings from the 2003 National Assessment of Adult Literacy (NAAL). The report is available from the Department of Education NAAL web site at <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006483>. This report represents one of the first times health literacy data has been collected and reported on this scale in the United States.

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SAVE THE DATE

APRIL 3-4, 2007

**2007 PUBLIC HEALTH CONFERENCE
(IOWA PUBLIC HEALTH ASSOCIATION)**

Iowa State University
Scheman Conference Center
Ames, IA

JUNE 20-22, 2007

SOUTH DAKOTA PUBLIC HEALTH CONFERENCE

Ramkota River Center
Pierre, SD

AUGUST 2-3, 2007

GOVERNOR'S CONFERENCE ON PUBLIC HEALTH: BARN RAISING VI – CELEBRATING HEALTHY COMMUNITIES

Drake University
Des Moines, IA

Watch for more information about these premier educational opportunities in future publications.



Rural Assistance Center — Great Web Resource (www.raconline.org)

The Rural Assistance Center (RAC) was established in December 2002 as a rural health and human services “information portal.” The website, www.raconline.org, is a great web resource for health care professionals. RAC helps rural communities and other rural stakeholders access the full range of available programs, funding, and research that can enable them to provide quality health and human services to rural residents. The center was developed as part of the U.S. Department of Health and Human Services’ Rural Initiative.



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