

2010

## Health Literacy Dallas

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## Big iDeas at SMU

Deadline for Submission: Thursday, January 29, 2010  
Method of Submission: Electronically, to [bigiDeas@smu.edu](mailto:bigiDeas@smu.edu)  
Length of Proposal: No specific word minimum or maximum, but approximately 3-5 pages is expected

Content: Please include the following in your proposal. You may use this form or a submission that includes all the following information.

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### 1. Title of Project: Health Literacy Dallas

### 2. List of Student Participants

Student name: Matthew C. Gayer (Executive Director, Board of Directors member)  
Email: [mgayer@healthliteracydallas.org](mailto:mgayer@healthliteracydallas.org); [mgayer@smu.edu](mailto:mgayer@smu.edu)  
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Year of Study: Sophomore

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Year of Study: Sophomore

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Year of Study: Sophomore

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Year of Study: Senior

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Year of Study: First Year

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Year of Study: Sophomore

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Year of Study: Sophomore

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Year of Study: Sophomore

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Year of Study: Sophomore

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Major(s): Political Science  
Year of Study: Sophomore

**3. Faculty cooperators, if any** Megan Knapp M.P.H.

**4. Statement of the problem or issue, proposed methodology, and rationale.**  
**Statement of the Problem –**

Health literacy can be defined as a patient's ability to obtain, understand, and use medical information correctly that is given to them by their doctors, nurses, or other sources. Health literacy affects over 47 million American adults, and costs the United States between \$78-\$247 billion annually. The conservative mid range estimate of this cost could afford to insure every uninsured American to put things in perspective. Patients with poor health literacy are more likely to have higher personal health care expenditures, more emergency room visits, longer hospital stays, more frequent and longer lasting illness, less patient satisfaction, etc. In addition to this, the problem is compounded by the fact that health literacy disproportionately affects minorities, poor, single mothers, and the elderly. These groups are often those with the greatest need of healthcare. Health communication serves as a major barrier to accessing quality healthcare and is often ignored by mainstream healthcare or media. It has recently grown to more prominence, as organizations realize it is not a small quality improvement issue but a main staple of any future healthcare system in America. Our country is only getting more diverse and having more medical issues, as these problems increase so will the issue of health communication. If you would like more information, research, or statistics, please go online to [www.healthliteracydallas.org/resources](http://www.healthliteracydallas.org/resources). This webpage on our website has a list of independent published research, as well as presentations that

Executive Director Matthew Gayer has made as well. Overall, health communication issues are rising to the forefront of healthcare concerns, and will only gain in importance over the coming decade.

**Proposed Methodology –**

Health Literacy Dallas will follow the same methodology we have used so far in regards to our research projects. We are currently conducting two research projects. The first project is a survey of medical professionals to determine their attitude and beliefs about health communication. We are currently working to secure a partnership with UT Southwestern for this provider research project. We have completed a pilot test of this survey with three local hospitals. From this survey, we hope to have a better idea of if medical professionals are aware of the issue, how it relates to them, and if they have been trained on this topic before. The actual survey is available upon request from Health Literacy Dallas, and will be posted on our Resources page in the coming months. The other research project we are working on is a public assessment of health literacy levels. This project will allow us to break health literacy levels down by zip code, gender, age, race, and other demographic qualifying information. We are hoping with this information we will be able to determine if there are any disparities existent in the levels of Dallas health literacy. If disparities exist, it will show where to focus education efforts in the future, as well as to alert medical professionals in those areas that serve that clientele to be specifically aware of the health communication issue. Beyond that, HLD will be moving forward with community projects this year. HLD hopes to participate in local health fairs and health events this year. This is meant not just to raise awareness about HLD, but also to raise awareness of the issue and advance our public research. HLD will be partnering with various professional organizations and local non-profits in order to improve health communication environments. This will include readability assessments and re-writing of materials, surveying population base, assessing current communication techniques, training staff, and developing policies for improved communication. By doing this, we hope to begin to actively improve Dallas health communication, while working to create a path for others to follow. Everything HLD does and makes is open source, and we give it freely to anyone who asks for it. It is our goal to create a toolkit of sorts for other similar organizations and groups to follow in their own efforts outside of Dallas. Also, our website is another large component of our methodology. It has received positive praise from other professionals across the country and we are hoping to expand it this year. We also track the number of hits per month, etc. we get on the website to track its effectiveness. Everything we do is evidence based and data is recorded on all efforts and activities at Health Literacy Dallas.

**Rationale –**

The rationale of this project is simple – to improve health communication in Dallas, Texas. Beyond that, if we achieve this goal patient health will be improved, health care costs will lower, and our healthcare system will improve. Access to quality care will increase, especially for those who lack it currently. A greater sense of cultural competency and appreciation will result from more culturally competent medical care communication. Also, everything done here, successful or not, will serve as a lesson to others in the field. The costs incurred are completely worth the benefit the organization can have, and is having, on Dallas. It has not yet been a year, but HLD has achieved more success than expected and HLD will continue to move forward. This year looks to

be another great year with even more action in the community as we move out of our research phase. Also, with a large dedicated staff now, HLD has the capacity to undertake large scale projects.

**5. Proposed Timeline** – To make it simpler I will break our timeline in different categories:

Research – Have both projects underway at UNT Health Science Center and UT Southwestern by May 1<sup>st</sup>, 2009. Have both projects completed by December 1<sup>st</sup>, 2009. Have a Community Health Communication Assessment released by February 1<sup>st</sup>, 2010.

Community Projects – Have participated in four local health fairs/health events by December 31<sup>st</sup>, 2010. Have partnered and worked with five local organizations by December 31<sup>st</sup>, 2010. Have partnered/networked with three state/national organizations by December 31<sup>st</sup>, 2010. Have website updated and expanded to include video trainings by December 31<sup>st</sup>, 2010. Have performed at least two staff trainings by December 31<sup>st</sup>, 2010. Have participated in at least two professional conferences by December 31<sup>st</sup>, 2010.

Administrative – Have applied for at least two outside grants by December 31<sup>st</sup>, 2010. Have received 501c(3) status by December 31<sup>st</sup>, 2010. Have held at least one fundraising event by May 31<sup>st</sup>, 2010. Have all staff trained on health literacy and cultural competency by March 1<sup>st</sup>, 2010. Have all staff positions filled by February 1<sup>st</sup>, 2010.

The groundwork/infrastructure for any item listed above has been completed already during the past year of HLD efforts. Other projects that will be completed this coming year include develop of refugee health education curriculum, medical professional training at local Dallas hospital, holding three separate ‘roundtable’ discussions with local stakeholders, and produce a quarterly newsletter. All of these tasks have work that has been started already. Other projects may come out as well in the next twelve months.

**6. Anticipated Budget<sup>1</sup>** Complete in detail the following:

Supplies and equipment (e.g., pH meter, video camera)	<u>\$725</u>
-SPSS software (analyze research results), Canopy tent (for health fairs), Readability Calculations (software to analyze reading level of written materials)	
Travel	<u>\$1,081.70</u>
-Two professional conferences, including speaking engagement October 2010	
Copying or printing expenses	<u>\$350</u>
-Poster Board (professional poster board presentation), Miscellaneous copy and printing expenses	
Mailing expenses	<u>\$250</u>
-Local, State, and National partnerships	
Other (specify)	<u>\$2,446.30</u>

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<sup>1</sup> The budget is subject to SMU policies relating to grant expenditures—thus, for instance, purchase of computer or video equipment requires specific justification and a statement of how the items will be used, and these funds may not be used for purchase of phones.

Total anticipated budget: \$4,803  
Person responsible for funds: Matthew C. Gayer  
Signature of person responsible for funds: \_\_\_\_\_

Itemized Budget:

1. Travel – The total travel cost is \$1,081.70. This will cover the travel and hotel costs at two professional conferences. The first conference is the Institute for Healthcare Advancement’s Health Literacy Conference. It is the largest national health literacy conference and offers important resources for our organization. Also, we are applying to present as a Poster Presenter as well. The second conference is the San Antonio Health Literacy Conference. We attended this conference last year as well. It provides good local contacts for us, and we will likely speak again at the conference this year.
2. Professional Fees – The cost of fees is \$983. This will cover two conference registrations at the IHA Health Literacy Conference, two conference registrations at the San Antonio Conference, and five conference registrations at the University of Texas at Austin Health Literacy conference. It also will include state non-profit filing fees and registration with the Texas Association of Nonprofit Organizations (TANO).
3. Mailing Expenses – The cost of this is \$250. This will allow us to mail professional communications, printed newsletters to select organizations, develop a fundraising campaign, and respond to professional correspondence.
4. Supplies – The cost of supplies is \$580. This includes \$200 of office supplies, including necessary presentation folders, notebooks, general office supplies, and related items as needed. This also includes \$300 of program materials, which will include any flyers, brochures, or other items needed to promote or carry out HLD programs and initiatives. The \$80 will cover HLD’s promotional items.
5. Technology Expenses – The cost is \$458.50. This will include SPSS software, which will make data analysis of research possible. It will also include the renewal of our website domain and associated fees. The remained will include Readability software that assesses the grade level of written materials. This will better help us help community organizations to reform their materials for the public.
6. Canopy Tent – The tent’s cost will be \$400 or less. Although HLD expects to get a canopy tent for around \$200-\$300, it was decided to include the \$400 just to make sure everything was covered (storage case, extra stakes, etc.). This tent will allow HLD to attend more community events and health fairs. This is a critical method to HLD for meeting the public, raising awareness, and making professional connections.
7. Professional Poster Presentation – The cost will be \$300 or less. Executive Director Matthew Gayer is applying to present a poster presentation at the IHA Health Literacy conference and University of Texas at Austin Health Literacy conference. Both of these conferences will allow HLD to spread information about our work, identifying resources, and add to the professional community. The board should cost less than \$300, but after consulting with other professionals

who have spoken before, it was decided to include the \$300 amount to make sure everything was included, i.e. copying, shipping, etc.

8. Program Expenses – The cost of program expenses will be \$750. This will include \$300 for the three roundtable discussions. HLD will host roundtable discussions with local non-profit leaders, adult educators, and hospital administrators in order to learn more about the local health communication environment and HLD's role in improving communication and literacy. Funds will cover costs for refreshments and supplies. It also will include \$300 for the refugee project. HLD is working with a local refugee center to promote culturally appropriate health information to refugees. This program will have a direct impact on refugees. Funds will cover costs for material creation and supplies. The program expenses will also include \$50 for fundraising expenses. After HLD receives 501c(3) status, fundraising efforts will be taken to expand the scope of HLD. Funds will cover the costs of advertising and supplies. The final program expense will be for the two research projects and will cost \$100. This will cover materials and supplies for the study, data analysis, and data presentation.