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Project in grant proposal writing

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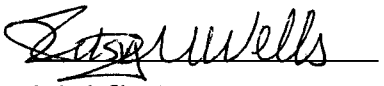

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A Project

in Grant Proposal Writing

(TITLE)

BY

Betsy Wells

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
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Abstract:

This thesis explores the process of grant proposal writing from beginning to end. It includes research and theory on preparing a feasibility report, searching for funding opportunities, using narrative in proposal writing, and repurposing text in the medical field and grant proposal writing. Documents included in this thesis are a feasibility report and two grant proposals written as a project for a small community hospital.

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Table of Contents

Introduction

For my thesis project, I completed a feasibility report and two grant proposals for Paris Community Hospital/Family Medical Center in Paris, Edgar County, Illinois, a rural, medically underserved area designated as a Health Professional Shortage Area (HPSA). PCH/FMC is the only hospital within 20 miles/25 minutes of Paris.

The 25-bed Critical Access Hospital and its three Rural Health Clinics are accredited by the Joint Commission (JCAHO) and are a not-for-profit 501(c)(3) corporation. PCH/FMC strives to meet the medical needs of 18,576 (2010) Edgar County residents, its mission to "undertake, promote, and engage in scientific, educational, and charitable work." Though the target market for PCH/FMC is Edgar County, the organization also sees many patients from neighboring counties, including Clark, Douglas, Coles, and Vermilion, as well as Vigo and Vermillion counties in Indiana. PCH/FMC provides 24-hour emergency care and inpatient and outpatient services.

Erin Frank, the director of PR/Marketing & Grant Writing, and Randy Simmons, the President & CEO of the hospital, asked me to write a grant proposal to fund an aquatic therapy pool and facility. By removing the limitations of gravity and providing the resistance of water, aquatic therapy offers many benefits to patients with various diagnoses during their rehabilitation including strength, balance, endurance, range of motion, and circulation. Many healthcare facilities choose to provide aquatic therapy in order to give their patients more options for rehabilitation and a better quality of life. When I began this project, I thought I would be doing a grant for a program called Senior Care at PCH/FMC. The fact that the project changed so drastically so quickly demonstrates the uncertainty involved in grant proposal writing. Grant writing can be compared to navigating a mine field: "Although it is remotely possible that

someone ignorant of the field could wander through it successfully, the odds are heavily stacked against it" (Sultz & Sherwin 2). From planning the project for a grant to searching for funding opportunities and writing the grant proposal, changes occur and adaptations are necessary at every moment along the way. Knowing what to expect and how to handle the unexpected when it does arise, because it will, is a grant writer's best defense.

The first document that I created for PCH/FMC was a feasibility report. Initially, Erin sent me a list of attributes that she and Randy believed the pool should have. I researched aquatic therapy and pools and gave them recommendations based on their ideas and my research. While I was working on the feasibility report, I was also searching for funding opportunities for the project. By the time I met with Erin to discuss my findings, I had two funders in mind: the Community Foundation of East Central Illinois and Omron Foundation, Inc. After meeting with Erin, I began working on the Community Foundation of East Central Illinois grant proposal. This grant had an application and guidelines that were released the last Friday of July, and proposals were due the last Friday of August. The final document I created was the Omron Foundation, Inc. proposal. This grant had no application, guidelines, or deadline; the foundation accepted proposals throughout the year to be reviewed at quarterly board meetings. My two main goals while writing both of these proposals was to make the project attractive to funders and to write in a way that represented the company properly. In working towards these goals, I discovered the importance of narrative in grant proposal writing and how to properly recycle text in documents.

Preparing a Feasibility Report*

When Erin first emailed me about the considerations to keep in mind about the aquatic therapy pool and asked me to research the benefits and cost of each, I knew I wanted to give her my findings in a formal report. A feasibility analysis is a document that answers the question, "Is this a good idea?" (Lannon 608). The overall goal of this feasibility report was to assist PCH/FMC in the decision of whether or not to pursue the aquatic therapy project. Within this feasibility report, there was also a comparative analysis for the considerations of fiberglass vs. concrete and salt water vs. chlorine.

The first, and most extensive, step in preparing the report was research. Because of the subject matter, my research was conducted entirely on the Internet. I found a website for a distributor of pools specifically designed for aquatic therapy and requested that the company send me its information kit in the mail. This information kit was the only hard copy source that I used in the feasibility report. Most websites that I found were retailers that contained biased information because they were trying to sell a product. The most reliable sources I could find happened to be pool blogs, and I used two different ones in my research: PoolCaptain.com and RiverPoolsandSpas.com. I used these in my comparative analysis because they presented the pros and cons equally. Most textbooks that address grant seeking, such as *Grant Seeking in an Electronic Age* and *Writing in the Health Professions*, only focus on online research using databases and online news publications with very little about finding reliable sources. And since library research and online database research resulted in no hits, I simply had to use my best judgment, past experience, and common sense in conducting this research.

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* See Appendix A for complete Feasibility Report.

In preparing the feasibility report, I primarily referenced Lannon's chapter on formal reports in *Technical Communication.* Lannon states, "A superficial analysis is basically worthless" and goes on to describe there should be an adequate, not excessive, amount of data (609). The feasibility report that I prepared was seven pages long including the tables and the Works Cited page. I made sure to include just enough information and research to present a clear understanding but not enough to overload the readers, causing them to skim important sections.

Lannon also recommends providing an accurate and balanced data, cautioning writers to "[a]void stacking the evidence to support a preconceived point of view" (610). This was something that I struggled with in writing the report because I was ultimately supposed to make recommendations based on my findings. It was difficult to not make the option that I was going to recommend seem better in my discussion of that option. However, "[a]n ethically sound analysis presents a balanced and reasonable assessment of the evidence" (Lannon 612). This was my goal throughout the entire process. Ultimately, I succeeded by spending equal time on each option or decision and by presenting my recommendations in a separate section at the end of the report. This way, I could keep the report free of my opinion until the very last section.

The recommendations section was perhaps the most important section of the report. Lannon states, "When you do achieve definite conclusions and recommendations, express them with assurance and authority. Unless you have reason to be unsure, avoid noncommittal statements" (614). There were some issues that, no matter how much I researched, I couldn't find a clear answer for. For example, in Erin's email of considerations to keep in mind during my research, she stated that Randy believed the pool should be an oval shape. In all of my research, I found no aquatic therapy pools that were oval, but I also didn't find any reason why they shouldn't be. I

based my decision in part on the fact that HydroWorx, one of the leading distributors of aquatic therapy pools, offers only rectangular pools. Ultimately, I went with the majority when I stated in the feasibility report, "Shape is a personal preference. If there is no specific reason for wanting an oval pool, I might suggest getting a rectangular one simple because the aquatic therapy pools that I came across in my research were all rectangular."

My last decision in preparing the feasibility report was whether or not to include tables or charts. Heifferon discusses the importance of presenting written materials visually in *Writing in the Health Professions*. She states, "The process of creating images is no longer as class-based as it was in the past. Graphics has become a new language in which many of us can speak" (234). However, graphics should only be used when needed and only if they enhance the readability of the text. The two main decisions that PCH/FMC would have to make about the pool were described in the comparative analysis sections of my report: Salt Water vs. Chlorinated and Fiberglass vs. Concrete. I decided that the information that would be helpful in making these two decisions was best summarized in tables that compared the costs involved. For each decision, I created simple tables that broke down and compared the costs of each. One table compared the yearly maintenance costs between salt water and chlorinated pools, and the other table compared the 15-year costs between fiberglass and concrete pools. This not only showed, more simply and efficiently than prose, which choice would be cheaper, but it also showed the approximate cost of my recommendation and its alternative.

After I had completed the feasibility report, I emailed it to Erin so that she and Randy could discuss my findings before meeting with me. I met with Erin a few weeks later to discuss the project as well as the funding opportunities that I had found.

Searching for Funding Opportunities

During the time that I was preparing the feasibility report, I was also searching for grant opportunities to fund the project. Heifferon oversimplifies the process of searching electronically for funding opportunities when she states, "Previously a health writer had to leaf through large volumes listing foundations and granting organizations, often not well indexed or intuitively arranged, to find appropriate grants. Now we have the Internet and good searching techniques, which can find many applicable grants" (187-88). Heifferon accurately describes the evolution of searching for funding opportunities, but doesn't spend any time discussing the pitfalls of searching electronically. Mikelonis, Betsinger, and Kampf describe it a bit better in stating, "The Internet is a wonderful tool when you know exactly what you want to find and how to get there. Often, however, getting exactly what you want on the Internet quickly is not easy" (102). While I agree with Heifferon that I wouldn't want to look through large hard copy volumes of foundation listing, Internet searching can create its own frustrations.

In searching for funding opportunities, it is often difficult to conduct a search that returns just the right amount of hits. Too few returns and too many returns can both be bad for the search. The two main online databases that I used in my searches were grants.gov and the Foundation Center. Grants.gov was much more difficult to use. The federal Requests for Proposals (RFPs) were much more difficult to understand than the foundation RFPs because of the dense text and technical language. A majority of the federal RFPs were research grants as opposed to project grants. I tried to spend an equal amount of time searching both databases, but in the end, both of the grant proposals that I selected were for foundation grants: Community Foundation of East

Central Illinois* and Omron Foundation, Inc.** In using the advanced search option on the Foundation Center, I found that narrowing down the location and the fields of interest categories were the most helpful in finding a funding source. Both of the foundations I wrote proposals for listed Illinois or central Illinois as a geographic focus and health care as a field of interest.

Miner and Griffith state, "Foundations award grants to those organizations that can present a convincing case that they will help the foundations reach their long-term goals" (23). While it isn't always the case, most federal grants are research grants designed to encourage individuals and organizations to increase the information pool in this country. On the other hand, foundations are more community-oriented, and most have a goal that aligns with making the surrounding area a better community for its members. Although I kept an open mind about federal grants, it seemed inevitable that foundation grants would be the smarter choice for this project.

The main difference between the two grant proposals that I wrote was that one had an official application and guidelines along with a specific and strict due date (Community Foundation of East Central Illinois) and one had no application, no guidelines, and no due date (Omron Foundation, Inc.). The number one rule of grant proposal writing is if there are guidelines, follow them. Funders will have such an overwhelming number of applications that any mistake could cause an applicant to be removed from the running. While I had to be more careful in constructing the proposal for the Community Foundation of East Central Illinois proposal, ultimately it was easier to write with specific guidelines in mind. This made the proposal for

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* See Appendix B for complete Community Foundation of East Central Illinois grant proposal.

** See Appendix C for complete Omron Foundation, Inc. grant proposal.

Omron Foundation, Inc. seem a bit more difficult. However, since I had already written one proposal, it was easy to create the second proposal. I did take advantage of the lack of a length requirement and included more information in the Omrom Foundation, Inc. proposal. Since the Omron Foundation, Inc. proposal asked for a much larger amount of money, it seemed appropriate that more time should be spent in explaining the PCH/FMC organization, the project, and the budget.

When I met with Erin about the feasibility report and the funding opportunities, she expressed how pleased she and Randy were with the report including the amount of research I conducted and the recommendations that I suggested. At that point, they did not have any questions for me other than about the funding opportunities that I had found. Erin listened to me describe the opportunities and why I chose them. Throughout out meeting, and the entire project, she mostly listened, agreed, and offered a few suggestions here and there. Not once did I feel like she felt the need to "take over" in any way. I felt a tremendous amount of trust from Erin and Randy as I moved forward with the project.

At this meeting, Erin recommended that we include statistics from PCH/FMC in the proposals. She informed me that they could run a database query to find the number of rehab patients in certain categories. A few days later I emailed her with a list of diagnosis categories and asked for the number of patients they are currently treating in those categories. It was at this time that I also began writing the proposals.

The Use of Narrative in Proposal Writing

In writing these proposals, the main strategy that I used was the use of narrative. Narratives are easy to follow and make a text more interesting. A famous quote by Muriel Rukeyser states, "The universe is made of stories, not of atoms." This quote speaks true of the way that the world works. In literary genres, narrative is the most important aspect of the text. While it may not be quite as important in rhetorical genres, the narrative is still present and serves as an integral part of the text. Narratives are present in many types of documents: "The parameters that define what narratives accomplish are too vast to disclose, though we can allude to their variety – medical histories, legal testimonies, psychological portraits, texts of pure fiction, news stories, autobiographies, conversations. Stories can openly declare themselves as stories, or they can be hidden" (Young & Saver 72). Many nonfiction genres, including history textbooks, newspaper articles, resumes, business reports, and proposals, contain aspects of narratives. Even grant proposals depend upon narrative for success.

For most non-profit organizations, their survival depends upon outside funding. Many would not be able to continue without grants, whether they be federal or from foundations. A grant proposal for a non-profit organization is a story, set within a specific structure, about that non-profit and their current situation, need, statistics, etc. A narrative allows a writer to play on the readers' emotions, beliefs, principles, and assumptions. Grant proposals need to tell a story (and tell it well) to make the funder care enough about the non-profit organization to give them a substantial amount of money.

Most grant proposals will begin with the background of the organization: how and when the organization was formed, the success that it experienced, and the obstacles it had to overcome.

The grant proposal will also contain a section about the need that the organization is currently experiencing. This need will be addressed early on in the proposal so as not to lose the attention of the reader. In the need section, the grant proposal writer discusses the change that caused the need for funding. For example, PCH/FMC recently hired an orthopedic surgeon, which added an orthopedic/sports medicine department to the hospital. This resulted in a greater need for rehabilitation services. It is very important for funders to see the story of the organization develop in the proposal and how they can fit into that narrative.

In our first meeting about the project, Erin Frank, Randy Simmons, and I discussed grant opportunities and project ideas. A phrase that Randy liked to use in discussing projects that needed funding was whether or not the project was "sexy." By sexy, he meant, "Is it attractive to possible funders?" or "Would a funder be interested in what we are trying to accomplish through this project?" I'm going to extend this to also mean, "Are you making an alluring case for your needs?" or more simply, "Is the narrative interesting?" For example, simply asking for money to replace old equipment for a program that is already in place wouldn't necessarily be attractive to a funder because there is no new service being offered or obvious impacting benefit to the community. On the other hand, introducing a new program to a successful non-profit organization, such as a day program to a grant-funded homeless shelter, would be attractive to many funders. The President/CEO of that hospital knew that a good story was needed in order to be successful in securing grant funding. If a proposal doesn't contain a solid narrative and an interesting story, the readers will have nothing to pull them through the entire proposal. While proposals are often separated into sections, the narrative is the thread that holds all of those sections together.

Writing Winning Business Proposals recognizes the use of narrative but refers to it as a story instead. This book walks readers through the process of writing a business proposal to a company. It is written in the first-person point of view; the narrator is speaking to the readers as if they are consultants and the narrator is their potential client. In the discussion of how to write the situation and objectives slot of a proposal, the text includes a description of "The Story Component" (144). The narrator says

> Why tell a story? Because I and my colleagues like stories and become involved in them. History is a story. So are biographies, plays, movies, novels, newspaper articles, soap operas, and even jokes. I like, read, and need stories so much that even when I sleep I can't help but tell stories to and about myself: I dream. Stories are inherently interesting – I've never met anyone who didn't like them. And inherently interesting to me and everyone else on the buying committee is a story about our organization and our current situation. (144-45)

In this context, and throughout my argument, narrative and story are interchangeable. The chapter continues with explicit examples in how to turn facts into stories in business proposals and the importance of doing so to fulfill the goal of the proposal. The goal of a business proposal is to convince a business that they need your services, and according to this narrator point-of-view, story is what will catch and hold a committee's attention. Even in a rigidly structured genre like a business proposal, it is still important for a narrative to be present.

On the most basic of levels, a proposal needs to have an introduction, a body, and a conclusion. Each section also needs these three parts. In genres, we might label these parts a beginning, a middle, and an end. The entire narrative structure needs to have these three parts, and each

section also needs to have these three parts. Richard Johnson-Sheehan compares each section of a proposal to "a miniature essay with three parts: an introduction, body, and conclusion" (64). A grant proposal doesn't have to contain only three parts or be framed chronologically for it to have a beginning, middle, and end. In fact, most grant proposals will begin with a summary of the project that needs funded with the goal being to get as much information to the reader before he/she moves on to the next application. This is the strategy that I employed in writing the Omron Foundation, Inc. proposal. However, I would still argue that the proposal was written using narrative. Each section (Project Summary, Project Narrative, and Budget Narrative) worked independently and as a team to tell a story about a hospital in a small community trying to offer better care to its patients.

Like most narratives, proposals should not contain needless information that will only distract the readers from the true purpose of the text. Johnson-Sheehan states, "The seemingly endless details can distract the readers from the more important need-to-know issues in the proposal … the leaner proposal highlights the crucial points for readers. The bloated proposal, meanwhile, blurs the crucial points by hiding them among noncrucial details" (34). A proposal should not only contain a narrative, but it should also be tight and well constructed, similar to a well-written creative text.

The Community Foundation of East Central Illinois proposal application asked for four sections. In the first section, which I titled "Organization History and Background," I was able to tell the story of PCH/FMC including demographic information, history, and statistical facts. The second section, "Description of the Project or Program" told the current situation and need for an aquatic therapy program. While this entire section was a story in itself, I also included two smaller

narratives about specific Paris residents who had a need for such a program. The third section, "Project or Program Budget," described the cost of the aquatic therapy pool and how the hospital planned on funding the entire program. It was in this section that I asked the foundation, in a way, to become a part of PCH/FMC's story in helping to fund the project. In the last section, titled "Evaluation," the narrative concludes as readers look into the future at how this project may be evaluated if it comes to fruition.

Issues of Plagiarism in the Medical Field and Grant Proposal Writing

Along with learning how to integrate narrative into a proposal, I also learned how to use recycled text. In the field of technical and professional writing, sometimes the lines between plagiarism and acceptable practice seem fuzzy and blurred. In the medical field, statistics and studies are often helpful and needed, and with tight deadlines, Google, a research tool usually frowned upon in academic writing, is often a professional writer's best friend. Research for a professional writing document can call for different types of evidence that would not be found in a traditional academic library database. This was definitely the case for me in researching and drafting the feasibility report. In a grant writing office, templates, layouts, even portions of text are recycled daily. Even in this small project for PCH/FMC, I recycled bits of text in each document that I created. Before studying professional writing, I would have labeled this kind of text recycling as plagiarism. However, in professional writing, many instances of what one may call "plagiarism" have even become commonplace.

In the field of medicine and science, the difference between common knowledge, factual information, and someone else's words can be difficult to distinguish. How much information can you borrow? What is the proper way to cite that information? What is even considered plagiarism? The answers to these questions are important and relevant in any type of writing, but in professional writing plagiarism rules are a bit different, and the research on this debate is conflicting.

Jessica Reyman explores plagiarism in technical communication and how what students are taught about plagiarism contrasts with the real world experiences of professional writers. Reyman states, "Technical communicators commonly perform a variety of types of composing

activities that could be considered plagiarism in the context of the classroom" (61). She uses examples like boilerplate materials, templates, layouts, collaborative writing, honorary authorship, and cutting, pasting, and repurposing content as the types of things professional writers do that might be considered plagiarism in the field of literary writing.

Students are taught that no words or ideas can be borrowed without proper citation to the source. Common knowledge and factual information is a different story. The problem comes with telling the difference between the two. The most common type of plagiarism in technical writing is called mosaic plagiarism. In this type of plagiarism, a writer takes words, phrases, sentences, and ideas from a source or multiple sources and weaves these along with their own original words and thoughts. (Das & Panjabi) In using a source like WebMD, a writer may find that some of the information is common knowledge. Although much factual information might be considered common knowledge, the way in which it is presented is not. While is still important to cite sources and use original language in the presentation of facts and common knowledge, the goals of professional texts may differ from the goals of academic writing. Academic texts may be judged by their originality and creativity. On the other hand, professional writers strive to provide accuracy, consistency, and, sometimes, branding for a company through their texts.

For example, in a hospital PR office, there are often sample press releases for major events, such as breast cancer awareness month, on the organization's website. These documents are presented to writers to use and adapt to promote dates, events, and organizations. In the case of sample press releases, writers have the freedom to change and adapt the words to their own needs. Grant writing involves a great deal of text recycling and adaptation as well especially in the use of boilerplates. For a novice in the field, these issues can be confusing and may result in either

unintentional plagiarism or the irrational fear of plagiarism. Reyman states that 'attention given to Turnitin.com and other "plagiarism detection technologies" has created a culture of fear among student writers who understand that such technologies may be used for policing their writing practices' (61). She argues that the way plagiarism is treated in professional and technical writing classrooms is detrimental to students when they find themselves in the workplace facing issues of "plagiarism."

Common sources in medical writing include studies and statistics. Since the more important issue in studies and statistics isn't how they say something but what they say, plagiarism becomes even more difficult to navigate. Most of the time, a writer needs to be worried that they are conveying the idea in their own words because "in scientific writing the scientific content, is more important than the author and wordings as long as the text is comprehensible, no matter if it is written by a layperson or a well-educated first-class eloquent author … Here, the originality is not in wordings; it is in the scientific content" (Habibzadeh & Shashok 576). This article makes a comparison here between plagiarism in literary fields and plagiarism in scientific fields. However, Reyman would surely argue that the comparison made isn't a helpful one. Instead, Reyman argues that the two cannot be compared because they serve entirely different purposes. She argues that plagiarism cannot be taught the same to students in a literature or composition course as it is to students in a technical communication source:

> Distinctions between the ethical implications of copying, borrowing, reusing, and repurposing text and plagiarism in various contexts should be made. Not all copying is "theft"; that is, not all copying of materials is a dishonest or unethical act. Some copying and re-use, instead, reflect common composing processes that

> carry context-specific values, such as that which occurs in the workplace. (Reyman 63)

If a professional writing student is not taught these distinctions, how will they know when the work they are doing is ethical or unethical, copyright infringement or not? Reyman proposes that the teaching of plagiarism in technical communication courses be handled differently than it would in a literature or composition course.

In the discussion of plagiarism, the crime isn't limited to stealing the work of others. Much of the research in professional writing also discusses the act of plagiarizing from your own work. Das and Panjabi refer to it as "self-plagiarism" (69); Habibzadeh and Shashok call it "duplicate publication and redundant publication" (576); Carver, Dellva, Emmanuel, and Parchure refer to it as "self-plagiarism" or "text recycling" (125). Reyman on the other hand would call it a necessary act used in composing in the workplace of a technical writer: 'While the concept of "reusable" text has become commonplace for technical communicators in industry settings, it has yet to be reconciled fully with current approaches to plagiarism in academic contexts' (61). Again, Reyman's main argument is technical communication courses and textbooks do not adequately address issues of "plagiarism" that students will encounter in the workplace as a professional writer: "Broadly speaking, approaches in contemporary technical communication textbooks appear to have a common goal of exposing plagiarists, with the ultimate intention of denouncing and punishing them" (64). Instead, textbooks should demonstrate and relate useful practices of what may be considered "plagiarism" in other fields. This way, students will be able to confidently and ethically navigate issues of plagiarism that they may encounter in the workplace. In the workplace setting, reusing and repurposing text is seen in a positive way to

create consistency across an organization's documents. Internal style guides are even created to addresses how the organization talks about itself, its products, and its customers.

In grant writing, where the individual is obscured, recycling text from one grant proposal to the next isn't really an issue of plagiarism. Often, the individual drafting the text is not an author in the traditional sense as his or her name may never appear publically in relation to that text. In my project, Erin gave me a past grant proposal for the Senior Care program as well as a current grant proposal for a YMCA community pool. She encouraged me to use the demographic information about PCH/FMC and its community in the grant proposals I was drafting. Much of the background information about PCH/FMC in the grant proposals I wrote was exactly what they had put in their most current grant with only a few changes for conciseness and relevance. Since I had previously worked with PCH/FMC during my internship in professional writing, I was, for the most part, comfortable with the kind of text recycling that was encouraged. However, I still couldn't help but feel as if I was doing something dishonest in copying and pasting sections from one grant proposal to another. Because I was so used to composing single-author work, it took me awhile to realize that I was writing for an organization not myself.

The revision and editing suggestions that I received from Erin and Mike, her associate in the PR/Marketing/Grant Writing office, were minimal. Most of the edits consisted of cutting a few words or restructuring a sentence to make it more concise or cutting sentences that were irrelevant. While there were a few content edits such as adding a sentence or two about other possibilities for an aquatic therapy pool such as weight management classes, group therapy classes, etc., for the most part, the edits were surface level. This could be in part because I was able to recycle and repurpose text from previous PCH/FMC documents that they had given me. I

felt confident in adopting the writing style of PCH/FMC, and I think this is the main reason that the edits were so minimal. Seeing previous grant proposals writing in the grant writing department at PCH/FMC and being able to repurpose sections of text helped me to write in the proper voice and tone and to include relevant information.

So, what do we call the type of composing that occurs in the professional writing field, the gray area of plagiarism that isn't covered in technical communication courses and text books? Reyman states, "Unfortunately, contemporary approaches to plagiarism in many introductory technical communication textbooks do not offer effective strategies for addressing the range of activities that technical and professional writers engage in that might be referred to as "allowable plagiarism"' (64). The definition of plagiarism seems simple enough, but the actual practices that occur in professional writing that may constitute plagiarism are not so clear. Yet students are sent into the real world with no real education basis in understanding what plagiarism really means to professional writers. In writing these documents for PCH/FMC, I gained confidence in how to properly repurpose and recycle text and continued on my path as a professional in the field, on my way to being proficient in the traditions of professional writing.

Conclusion

Johnson-Sheehan states, "We write proposals because the world around us is endlessly evolving and shifting, often creating new opportunities and new problems. [...] Even the most successful plans, the strongest buildings, and the securest relationships need to be reimagined, reconsidered, and rebuilt to keep up with a world in flux. Proposals are instruments for managing those changes" (1). I also believe that proposals can be catalysts for change. The people at PCH/FMC saw a need for an aquatic therapy program, and I wrote a feasibility report so that they could decide if fulfilling that need would be worth the cost. When the findings of my report showed them that it would, in fact, be worth it, I wrote two grant proposals in the hope of securing partial funding for the program, learning along the way how to use narrative in the genre and repurpose text in a professional manner. If the grants are awarded to PCH/FMC, there will be many positive changes surrounding the aquatic therapy program coming to the community.

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Appendices

Appendix A: Feasibility Report

Aquatic Therapy Pool

Feasibility Report

Paris Community Hospital/Family Medical Center

Betsy Wells

Introduction

By removing the limitations of gravity and providing the resistance of water, aquatic therapy offers many benefits to patients with various diagnoses during their rehabilitation including strength, balance, endurance, range of motion, and circulation. Many healthcare facilities choose to provide aquatic therapy in order to give their patients more options for rehabilitation and a better quality of life. The decision to construct a facility and a pool for aquatic therapy must be an informed one because there are many details and options to consider.

In researching the feasibility of an aquatic therapy pool for Paris Community Hospital/Family Medical Center, I considered the following information:

- The size of the pool will be large enough to accommodate an exercise class with 10 participants.
- The pool will maintain a temperature of 90 degrees.
- The pool will be an oval shape with steps into it as well as a lift.
- The pool will have a stainless steel rail in the center for patients to hold on to.
- The pool will be used primarily for athletes, orthopedic patients, rheumatoid arthritis patients, and arthritis exercise classes.
- The pool will have a window so therapists can watch the patients walk.
- A salt water pool is preferred to a chlorinated pool.
- A fiberglass pool is preferred to a concrete pool.

Size

Initially, it was thought that the pool would need to be 20 feet by 30 feet in order to accommodate an exercise class of 10 participants. However, the Carle Foundation Hospital in Urbana, IL has a therapy pool that measures 15 feet by 25 feet, and it can accommodate a class of 11 to 15 participants (aquaticnet.com). Size also becomes an issue when making the decision

between a concrete pool and a fiberglass pool. Due to the shipping considerations with fiberglass pools, they can be no wider than 16 feet. In researching distributors of aquatic therapy pools, I did not find any pools as large as 20 feet by 30 feet. For example, the largest pool that HydroWorx offers is 12 feet by 16 feet.

Shape

I could not find any research to support an oval shape over a rectangle or vice versa for aquatic therapy. All of the distributors I researched only offered rectangular pools. The only benefit that I could find for having an oval pool over a rectangle one is the ease of swimming laps, according to various online customer reviews. My research for both concrete and fiberglass pools said that both materials allow for flexibility in the shape of the pool.

Salt Water vs. Chlorinated

While the cost of installing a salt water pool is more than a chlorinated pool, the maintenance is significantly cheaper. According to HomeFellas.com, a leading website that offers reviews, news, and tips in home improvement, chlorinated pools can cost between $150 and $200 per year plus an additional $10 to $20 per week to maintain. On the other hand, salt water pools only cost approximately $30 per month to maintain. PoolCaptain.com, a pool contractor and repair business that also hosts a non-biased blog about pools, discusses that salt water pools additionally need a salt generator that must run all day, which contributes to costs since it will need to be replaced often. Salt generators cost anywhere from $500 to $1100 or more. However, even with the initial installation costs and the costs of a salt generator, salt water pools still remain cheaper overall as compared to chlorinated pools (See Table 1).

Although maintenance to a salt water pool is lower, you do have to evaluate it more frequently. In salt water pools, the pH level can elevate quickly, which may become problematic. Salt water pools must be kept free of mineral deposits in order for them to work properly. (PoolCaptain.com)

Another disadvantage to having a salt water pool is the damage it can do to the equipment in the pool. Replacement parts tend to be more expensive than those for chlorinated pools as well. There are solutions to this problem. For example, Valutech offers equipment made especially for heating a salt water pool. This equipment is "impervious to the corrosive effects of salt water" and is "designed with corrosion resistant cupro-nickel tubes and bronze end covers making a perfect fit for heating salt water pools" (ValutechInc.com). As more people are opting for salt water pools, pool equipment is becoming more resistant to the effects of salt water.

Salt water pools are also more beneficial to the swimmers' health. "Chemical created chlorine is very hard on your skin and can cause allergic reactions in many people. However, salt in a salt water swimming pool is similar to that found in our bodies. In addition, it is easy to handle and store in comparison to chemical created chlorine" (PoolCaptain.com). Many people make the switch to salt water pools solely because it is more natural and safer than chlorine. "Chlorine's attraction to, and corrosion of organic material doesn't end at the bacteria in the water. Chlorine also attacks your hair, skin, and lungs, as they are organic as well. Chlorine can leave your hair dry and brittle and make your skin flaky and itchy. It can also trigger negative reactions in children, the elderly, and people with chlorine-sensitivity" (FeelGoodWellness.com). Salt water on the other hand is used for therapeutic and cleansing purposes. "Holistic health practitioners use sea salt and water solutions internally and externally to treat a variety of medical conditions, including colds, constipation and skin irritation" (LiveStrong.com). Additionally, "Salt water may help reduce joint inflammation, promote relaxation and relieve pain" (HomeFellas.com). Based on my research, maintenance and upkeep may have to be more frequent for salt water pools, but the cost is cheaper and the health benefits are more.

Table 1: Comparison of Yearly Maintenance Costs Between Salt Water and Chlorinated Pools

	Salt Water Pools	Chlorinated Pools
Annual Cost	$250 – salt generator ($1000 replacement every 4 years)	$175 – annual chemical treatment
Cost per Month	$30 –maintenance kit	$75 – chemical treatment
Total Average Yearly Cost	$610	$1,075

Fiberglass vs. Concrete

Fiberglass pools are typically $5,000 to $10,000 cheaper than concrete pools. (PenguinPool.com) Additionally, the 15-year maintenance cost of a concrete pool is approximately $25,000, whereas a fiberglass pool is closer to $5,000. (McClurePools.com) To break down the initial cost a bit more, the shell of a fiberglass pool less than 26 feet in length ranges from $10,000 to $19,000. Basic installation price, which includes the shell, shipping, pump/filter system, excavation, backfill, pool full water, and concrete ranges from $23,000 to $45,000. (RiverPoolsandSpas.com) Overall, fiberglass pools are cheaper (See Table 2), but there are other benefits to having a fiberglass pool as opposed to a concrete pool.

Fiberglass pools have low maintenance, little to no lifetime cost, a non-abrasive surface, and quick installation. The surface of fiberglass pools is non-porous, which inhibits the growth of algae, causing maintenance costs to be significantly lower than that of concrete pools. This also results in less need for the use of chemicals in maintaining the surface of the pool. The main advantage to having a concrete pool is the flexibility of design, as they can be made into any shape, size, depth, etc. with more design features. The main reason for choosing a concrete pool over a fiberglass pool is in the interest of landscaping and design. (RiversPoolsandSpas.com) I could not find any research to support one over the other for an aquatic therapy pool. However, based on the pros and cons that I found, it seems that fiberglass pools would be more desirable for therapy due to their non-abrasive surface and the fact that they don't need large amounts of chemicals to remain clean.

Table 2: Comparison of 15-Year Costs Between Fiberglass and Concrete Pools

	Fiberglass Pools	Concrete Pools
Initial Cost of Pool	$45,000 (estimate)	$55,000 (estimate)
Acid Baths	N/A	$1,500 (5 acid baths)
Remarciting	N/A	$6,000 (2 times)
Tile Replacement	N/A	$1,800 (2 times)
Chemicals	$2,700	$7,200
Electric Cost	$2,160	$3,600
Pool Service	N/A	$5,400
Total Cost	$49,860	$80,500

Other Considerations

An aquatic therapy pool can be made to include the desired features of steps, a lift, a rail, etc. For most distributors, these are standards features and do not add to the cost of the pool. Instead of a window for therapists to view their patients' movement, underwater cameras can be installed with a monitoring system of video monitors for patients and therapists to see the movement on a screen. This would be a more convenient, technological, and cheaper alternative to the window.

Other features that may be considered in an aquatic therapy pool include a removable underwater treadmill, resistance jets, massage hoses, multiple water depth, variable water depth (allows for the changing of the depth of the pool), and zero depth access (a fully adjustable pool floor).

Medicare

According to the *Medicare Benefit Policy Manual*, there are not different guidelines for billing insurance depending on the diagnosis of a patient. Aquatic therapy is included in physical therapy. The only explanation of a specific guideline about aquatic therapy deals with a physical therapist using a public pool and billing insurance. In that case, "It is appropriate to use #11 as the place of service code and bill for those services ONLY if you rent the entire pool and it is used exclusively for PT services while you are there" (AquaticNet.com). According to my research, aquatic therapy in a pool owned by the hospital can be billed to insurance with little to no restrictions.

In a specific example from HydroWorx, "When utilizing the pool for therapy, the Procedure Codes (CPT codes) are used to bill your insurance provider. HyrdroWorx rehabilitation is accepted under insurance guidelines for Aquatic Therapy, Therapeutic Exercise, Neuromuscular Reeducation, Gait Training, Therapeutic Activities, and Group Therapy."

Recommendations

I believe that 20 feet by 30 feet is too large of a pool for the needs of PCH/FMC. Larger pools become more expensive in the initial cost as well as the maintenance. I understand having a pool too small may be a risk but having one too large may also be a mistake. I recommend a pool somewhere in the range between 12 feet by 16 feet and 15 feet by 25 feet.

Shape is a personal preference. If there is no specific reason for wanting an oval pool, I might suggest getting a rectangular one simply because the aquatic therapy pools that I came across in my research were all rectangular.

More people are choosing salt water pools over chlorinated pools for health reasons. It seems appropriate that an aquatic therapy pool promote health in all ways possible. Salt water not only feels more natural to swim in, but it is more natural to the body. In addition to the fact that salt water is simply healthier to swim in, it is also cheaper to maintain.

The initial cost of a fiberglass pool when compared to a concrete pool is about the same. However, the lifetime cost of a fiberglass pool is significantly lower. A fiberglass pool would meet the needs of the hospital. The non-abrasive, non-porous surface is an appropriate benefit to the patients using an aquatic therapy pool.

The need for additional features in an aquatic therapy pool depends on the care and programs that PCH/FMC wants to provide. I recommend an underwater camera and monitoring system at the very least. I believe resistance jets with massage hoses would be a good addition. These can be used for exercise, therapy, rehabilitation, swimming, or deep tissue massage. Additional features including the zero depth access and an underwater treadmill may be considerations to make once a clear aquatic therapy program is developed.

Conclusion

Adding an aquatic therapy pool is a major financial decision, but it is a step that can provide patients with a higher level of care in therapy and rehabilitation. There are many considerations to take and an ample amount of research for each choice. In this report, I have presented the basic facts in short so that PCH/FMC may move forward with the decision with solid information.

Appendix B: Community Foundation of East Central Illinois Grant Proposal

Organization History and Background

The Hospital & Medical Foundation of Paris, Inc. (HMFP), doing business as Paris Community Hospital/Family Medical Center (PCH/FMC) is located in Paris, Edgar County, Illinois, a rural, medically underserved area designated as a Health Professional Shortage Area (HPSA). PCH/FMC is the only hospital within 20 miles/25 minutes of Paris.

The 25-bed Critical Access Hospital and its three Rural Health Clinics (Paris, Chrisman, Kansas) are accredited by the Joint Commission (JCAHO) and are a not-for-profit 501(c)(3) corporation. HMFP strives to meet the medical needs of 18,576 (2010) Edgar County residents, its mission to "undertake, promote, and engage in scientific, educational, and charitable work." Though the target market for PCH/FMC is Edgar County, the organization also sees many patients from neighboring counties, including Clark, Douglas, Coles, and Vermilion, as well as Vigo and Vermillion counties in Indiana. PCH/FMC provides 24-hour emergency care and inpatient and outpatient services.

The organization serves a 20.4% Medicaid and 8.7% uninsured population, with charity care for 2011 of $2.3 million or 3.6% of gross revenue.

Paris Hospital was donated to the community by Drs. Charles McClelland and Gordon Sprague in the 1950s. Following that donation, the Hospital & Medical Foundation of Paris, Inc. was formed and officially incorporated on December 30, 1958. Since that time, the Paris community has owned the hospital and governed the organization through a board of directors. PCH/FMC is funded through that foundation.

Description of the Project or Program

PCH/FMC will use the grant to help fund an aquatic therapy pool and facility that will address the needs of rehabilitation patients in the community.

Having a facility and pool for aquatic therapy would benefit the majority of rehabilitation patients at PCH/FMC. Aquatic therapy would be a treatment option for patients suffering with musculoskeletal conditions including but not isolated to knee joint replacements, hip joint replacements, rotator cuff repair, ACL repair, arthritis, lower back disorders, post stroke, Parkinson's disease, and fibromyalgia. Information collected from visits between January 2011 and June 2012 totaled 997 patients in these categories, 44% of which were seniors (age 55 or older). By removing the limitations of gravity and providing the resistance of water, aquatic therapy offers many benefits to patients including strength, balance, endurance, range of motion, and circulation. Aquatic therapy will give the patients of PCH/FMC more options for rehabilitation and a better quality of life. In addition to providing treatment options, aquatic

therapy would also be used as a prevention method through activities such as arthritis classes and weight management programs.

While PCH/FMC has not offered aquatic therapy for a number of years, the local YMCA had filled a similar need offering aqua therapy classes and open swim until its closure in 2009. An 81-year-old Paris woman, who has osteoporosis, rheumatoid arthritis, and osteoarthritis, says she would not have survived without the YMCA pool, stating she swam five days a week for 12 years before its closure. The gentle exercise associated with a pool helped her recover from hip replacement surgery and a broken leg. Another woman used the YMCA pool daily to help with her disease. When it closed, she had to drive 25 miles (one way) each day to use a public pool. PCH/FMC is working with the YMCA to bring aquatics back to our community.

Pool attributes will include the following: (1) accommodations for a class of 10-15 participants, (2) fiberglass structure, (3) a stainless steel rail in the center for patients to hold on to, (4) an underwater camera and monitoring system, and (5) resistance jets with massage hoses.

Project or Program Budget

While the cost of maintaining a salt water pool is significantly cheaper, the initial cost is a bit more due to the fact that a salt water generator must be purchased. PCH/FMC has made preliminary decisions about the pool with the patient in mind. Salt water is more natural and healthy for the patient. Additionally, an underwater camera and monitoring system will greatly enhance a therapist's diagnostic capabilities when evaluating a patient's progress.

PCH/FMC requests $2960 to purchase an underwater camera and monitoring system ($1600) and a quality salt generator ($1000) as well as cover maintenance for the first 12 months ($360). PCH/FMC is applying for a larger grant to help fund the construction of the pool itself. If the construction of the pool is funded by grants, the board will approve a budget to fund the cost of the construction of the facility to house the pool. PCH/FMC currently has the space and staffing to accommodate this addition. Should the project come to fruition, it will be sustained by billable therapies administered in the pool.

Evaluation

Within the first year that the pool is in service, it is the goal of PCH/FMC to utilize the aquatic therapy pool as treatment for 75% of the approximate 600 patients per year suffering with musculoskeletal conditions including knee joint replacements, hip joint replacements, rotator cuff repair, ACL repair, arthritis, lower back disorders, post stroke, Parkinson's disease, and fibromyalgia.

Not only will this project benefit current rehabilitation patients of PCH/FMC, but it will also bring in new patients in the community currently in need of rehabilitation and aquatic therapy

services. Therefore, it is the goal of PCH/FMC to increase the number of rehabilitation patients that would benefit from aquatic therapy by 10% within the first year.

Appendix C: Omron Foundation, Inc. Grant Proposal

Project Summary

PCH/FMC will use the grant to help fund an aquatic therapy pool and facility that will address the needs of rehabilitation patients in the community.

By removing the limitations of gravity and providing the resistance of water, aquatic therapy offers many benefits to patients including strength, balance, endurance, range of motion, and circulation. Aquatic therapy will give the patients of PCH/FMC more options for rehabilitation and a better quality of life.

Having a facility and pool for aquatic therapy would benefit the majority of rehabilitation patients at PCH/FMC. Aquatic therapy would be a treatment option for patients suffering with musculoskeletal conditions including but not isolated to knee joint replacements, hip joint replacements, rotator cuff repair, ACL repair, arthritis, lower back disorders, post stroke, Parkinson's disease, and fibromyalgia through group aquatic classes, one-on-one aquatic therapy, and aquatic treatments.

In addition to providing treatment options, aquatic therapy may also be used as a prevention method through activities such as arthritis classes and weight management programs. Adding an aquatic therapy pool is a step that can provide patients with a higher level of care in therapy and rehabilitation.

Project Narrative

Background

The Hospital & Medical Foundation of Paris, Inc. (HMFP), doing business as Paris Community Hospital/Family Medical Center (PCH/FMC) is located in Paris, Edgar County, Illinois, a rural, medically underserved area designated as a Health Professional Shortage Area (HPSA). PCH/FMC is the only hospital within 20 miles/25 minutes of Paris.

The 25-bed Critical Access Hospital and its three Rural Health Clinics (Paris, Chrisman, Kansas) are accredited by the Joint Commission (JCAHO) and are a not-for-profit 501(c)(3) corporation. HMFP strives to meet the medical needs of 18,576 (2010) Edgar County residents, its mission to "undertake, promote, and engage in scientific, educational, and charitable work." Though the target market for PCH/FMC is Edgar County, the organization also sees many patients from neighboring counties, including Clark, Douglas, Coles, and Vermilion, as well as Vigo and Vermillion counties in Indiana. PCH/FMC provides 24-hour emergency care and inpatient and outpatient services.

The organization serves a 20.4% Medicaid and 8.7% uninsured population, with charity care for 2011 of $2.3 million or 3.6% of gross revenue.

Paris Hospital was donated to the community by Drs. Charles McClelland and Gordon Sprague in the 1950s. Following that donation, the Hospital & Medical Foundation of Paris, Inc. was formed and officially incorporated on December 30, 1958. Since that time, the Paris community has owned the hospital and governed the organization through a board of directors. PCH/FMC is funded through that foundation.

Statement of Need

This project will primarily affect residents of Edgar County, a rural community located in East Central Illinois. According to the US Census Bureau, the population of Edgar County in 2010 was 18,576. The county is primary white (98.3%), and females account for 51.5% of the population.

Senior citizens are a primary age group that this project will impact. Nearly 19% of the population in Edgar County is age 65 and older and has increased over the years, which is reflected in historical US Census data. Edgar County's senior population is significantly higher than the state average of 13%. For many of these seniors, who often suffer from arthritis and other chronic illnesses, water activities and aquatic therapy are an important source of their physical activity and treatment.

The rehabilitation unit at PCH/FMC has grown significantly over the past several years. Recently, PCH/FMC began offering Orthopedic & Sports Medicine. This has brought more community members to the hospital as well as increased the number of rehabilitation patients. Aquatic therapy is the next logical step in offering more services and better care for the community.

Having a facility and pool for aquatic therapy would benefit the majority of rehabilitation patients at PCH/FMC. Aquatic therapy would be a treatment option for patients under the following categories: knee joint replacements, hip joint replacements, rotator cuff repair, ACL repair, arthritis, lower back disorders, post stroke, Parkinson's disease, and fibromyalgia. Information collected from visits between January 2011 and June 2012 totaled 997 patients in these categories, 44% of which were seniors (age 55 or older).

While PCH/FMC has not offered aquatic therapy for a number of years, the local YMCA had filled a similar need offering aqua therapy classes and open swim until its closure in 2009. An 81-year-old Paris woman, who has osteoporosis, rheumatoid arthritis, and osteoarthritis, says she would not have survived without the YMCA pool, stating she swam five days a week for 12 years before its closure. The gentle exercise associated with a pool helped her recover from hip replacement surgery and a broken leg. Another woman used the YMCA pool daily to help with her disease. When it closed, she had to drive 25 miles (one way) each day to use a public pool. PCH/FMC is working with the YMCA to bring aquatics back to our community.

Project Objectives

The goal, project objectives, expected outcomes, and outcome measurements are provided below for each portion of this project.

Goal: To provide better rehabilitation care through the aquatic therapy pool for current and future patients.

Project Objective #1: To utilize the aquatic therapy pool as treatment for 75% of the approximate 600 patients per year falling under the following categories: knee joint replacements, hip joint replacements, rotator cuff repair, ACL repair, arthritis, lower back disorders, post stroke, Parkinson's disease, and fibromyalgia.

Expected Outcomes: The aquatic therapy pool will allow PCH/FMC to better accommodate and treat existing patients by recommending that aquatic therapy become a part of their treatment if needed.

Outcome Measurements: After a year of operation, PCH/FMC will evaluate how many existing patients were treated using aquatic therapy.

Project Objective #2: To increase the number of new rehabilitation patients that would benefit from aquatic therapy by 10% within the first year by bringing in new patients currently in need of rehabilitation and aquatic therapy services.

Expected Outcomes: Once the facility and pool are constructed, PCH/FMC will create a PR plan to bring awareness about aquatic therapy to the community in order to recruit new rehabilitation patients that may currently be going out-of-town for treatment.

Outcome Measurements: After a year of operation, PCH/FMC will evaluate how many more new patients from the identified diagnosis groups were treated using aquatic therapy compared to the previous year.

Project Description

The aquatic therapy pool will be an addition to the current rehabilitation department. The heated salt water pool will maintain a temperature of 90 degrees. PCH/FMC has made preliminary decisions about the pool with the patient in mind. Salt water is more natural, healthier, and cheaper than chlorinated water. The rectangular 15-foot by 25-foot pool will be made of fiberglass because of its non-abrasive, non-porous surface. Pool attributes will include the following: (1) accommodations for a class of 10-15 participants, (2) fiberglass structure, (3) a stainless steel rail in the center for patients to hold on to, (4) an underwater camera and monitoring system, and (5) resistance jets with massage hoses.

Budget Narrative

PCH/FMC requests $35,000 to be used for expenses related to the basic installation price of the fiberglass pool, which includes the shell, shipping, pump/filter system, excavation, backfill, pool full water, and concrete. Fiberglass pools are typically $5,000 to $10,000 cheaper than concrete pools. Additionally, the 15-year maintenance cost of a concrete pools is approximately $25,000, whereas a fiberglass pool is closer to $5,000. Fiberglass pools have low maintenance, little to no lifetime cost, a non-abrasive surface, and quick installation.

PCH/FMC is applying for another smaller grant to fund the purchase of a salt generator, underwater camera and monitoring system, and the first 12 months of maintenance. If the construction of the pool is funded by grants, the board will approve a budget to fund the cost of the construction of the facility to house the pool. PCH/FMC currently has the space and staffing to accommodate this addition. Should the project come to fruition, it will be sustained by billable therapies administered in the pool.