

**Evaluating and Promoting Health Literacy in Recovering Alcoholics and Addicts at
the Seattle Salvation Army Adult Rehabilitation Center**

Conducted by the
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Express Outreach Award Final Report

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by

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Narrative Description

1. Summary/Intro:

This outreach project was carried out to assess and promote health literacy in a local population of adults in recovery. A secondary goal was to share experiences and lessons learned with others working with this population in support of long term recovery. The participants included a University of Washington (UW) group of students, faculty, and staff participating in an interdisciplinary community service practicum (currently numbered UCONJ 444C) and the residents (known as beneficiaries) of the Seattle Salvation Army Adult Rehabilitation Center (ARC). The project term occurred over five academic quarters (Spring 2005- Spring 2006) of which the UW practicum convened during four of the quarters (Summer 2005 quarter was dormant).

The UW group assessed the level of health literacy in a subset of volunteers, conducted community needs assessments to determine beneficiaries' most desired/needed health education topics, provided health education classes based on the needs assessments, obtained feedback on and indications of learning from the education classes, and began development of a website of resources for people in recovery.

During the course of the project, due to administrative and program schedule changes at the ARC, project activities at the ARC were curtailed. This prompted us to seek out other community organizations where we could continue activities. We maintain an open line of communication with the ARC and are in discussion with another organization, the downtown Seattle Union Gospel Mission (UGM) to establish a similar relationship and pattern of activities.

2. Geographic region/number of counties: **Downtown Seattle, King County, WA**

3. Collaborations/partnerships: organizations, current status of partnerships, challenges encountered, lessons learned

a. Seattle Salvation Army, Adult Rehabilitation Center;

i. ongoing collaboration on a smaller scale than the past few years.

ii. challenges include

1. change in administration

2. working in a structured, faith-based program

iii. communication difficulties (very busy, new administration immersed in development of new program)

iv. lessons learned:

1. be flexible and resilient in order to adjust to community organization's needs

2. be persistent and forthright in communications

3. be open and willing to be creative

b. Union Gospel Mission, Downtown Seattle.

i. in discussions with the intent to forge a formal collaborative agreement with the UW

- ii. challenge in determining the best fit of activities with the existing program
 - iii. lessons learned: you never know until you try. UGM was an unknown and a simple phone call opened a wide range of possibilities!
- 4. **Training:** The health education classes were carried out by two School of Pharmacy faculty members, two Health Sciences librarians, and several students from four of the six UW Health Sciences Schools (Pharmacy, Medicine, Nursing, and Public Health) and the UW Information School. Roughly 90-100 beneficiaries attended each of a total of 16 health education classes over the one-year period of the project. It was estimated that 30-40% of the beneficiary population at any given time were from minority populations.

Spring 2005 – topics covered

- 1. Anxiety
- 2. Diabetes and High Blood Pressure
- 3. Exercise and Nutrition
- 4. Dental Problems
- 5. Financial Health
- 6. Hepatitis

Fall 2005 – topics covered

- 1. Addiction and Families
- 2. Community Resources
- 3. Coughs, Colds, and Flu
- 4. Diabetes and High Blood Pressure
- 5. Mental Health
- 6. Methamphetamines
- 7. Recovery: An Inside Job (Spirituality)
- 8. STDs

Winter 2006 – topics covered

- 1. STDs

Spring 2006 – topics covered

- 2. HIV/AIDS and Hepatitis
- 5. **Training sites:** All health education classes occurred on site at the Seattle Salvation Army Adult Rehabilitation Center Chapel. Classes consisted of large group presentations using PowerPoint slides and projection to a large screen at the front of the chapel. One class used a small group, “round robin” format that required use of smaller rooms adjacent to the chapel.
- 6. **Exhibits:** no exhibits occurred although it was our hope to be able to put on a health fair at the ARC which would have included a booth on finding health information
- 7. **Resource Materials:**
 - a. Attached is the presentation and handout for the health education class titled “Community Resources” which highlights print and online resources for finding available community resources in support of

better health. Included in the PowerPoint presentation is a video clip demonstrating the use of MedlinePlus.

- b. A similar website highlighting certain available community resources was in the planning stages when internet access from the ARC became unavailable. This website is still an option and will be promoted at future meetings with the ARC and the UGM.**
 - c. A poster for the ARC is being developed to provide health information to the beneficiaries that would otherwise have been covered by our previous weekly visits which no longer occur.**
 - d. All health education classes provided an opportunity for beneficiary feedback via forms we provided. We also supplied MedlinePlus pens for this purpose with the hope that the beneficiaries might come to recognize the name as a place for reliable health information.**
- 8. websites: see above note. Joanne Rich will be responsible for maintenance of this website. It is hoped that the website will gain a larger audience through a collaboration with the UGM thus bringing more tools for self-help to people in recovery.**
- 9. Document Delivery and Reference Services: these activities are not part of the project.**
- 10. Approaches and interventions used: Describe the steps or activities used in the following areas:**
- a. identifying and scheduling sessions – gathered feedback from the general beneficiary population during and after the classes and incorporated beneficiary liaisons into a “Health Advisory Board” for discussions. Generally, the faculty members would present the first couple of topics in each quarter allowing the current cohort of students some time to prepare their own presentations**
 - b. promotion/marketing – no promotion or marketing was required. The beneficiary population is a residential one bound to the scheduling of the ARC program. Attendance was not a problem.**
 - c. Training – beneficiaries did not receive specific training; web training had been planned. Unfortunately the computers were stolen before any training could be done and internet access was not available for the rest of the project.**
 - d. personnel/staffing – professional faculty already in place; student assistant was recruited via flyers in the Health Sciences Building**
 - e. website development – student input was sought regarding content and layout; decisions were based on observations at the ARC and on feedback received either on survey forms or verbally; students from the informatics and information and library science fields contributed greatly**
- 11. Evaluation:**
- a. How was the project evaluated?**
 - i. Ongoing evaluation occurred via written and verbal feedback from beneficiaries and students**

- ii. **Final evaluation will continue with analysis of the data collected in the surveys and feedback forms**
 - b. **What results were achieved based on the objectives of the project?**
 - i. **community needs assessments were carried out to verify beneficiaries' health information/education needs**
 - ii. **roughly 100 completed health literacy surveys including assessments of health literacy were obtained**
 - iii. **for the two quarters when we were able to attend the ARC regularly, we provided a minimum of six health education classes per quarter**
 - iv. **a website of resources is in an advanced developmental stage**
 - v. **due to loss of onsite computer equipment, web training was not possible**
 - vi. **due to lack of internet access and a live website, website evaluation was not possible**
 - vii. **a manuscript reporting on the project is being prepared for journal publication in an open access journal**
12. **Problems or barriers encountered: In the summer of 2005, the ARC underwent an extensive administrative staffing change. Since the collaboration between the ARC and the UW had been exclusively carried out under a single administrative tenure, this implied significant impacts on the project.**
- a. **Promotion/marketing: Due to programmatic changes at the ARC under the new staffing, we were unable to continue with regular visits at the ARC during Winter 2006 and Spring 2006. We foresaw that our interface time with the beneficiaries would be severely limited, thus we reduced our activities accordingly.**
 - b. **Training: Training on the use of the proposed website was forestalled by the theft of the computers at the ARC.**
 - c. **Equipment/telecommunications:**
 - i. **late in the Spring 2005 quarter (early on in the project term), the computers at the ARC were stolen. To our knowledge, replacement computers have not yet been re-installed.**
 - ii. **lack of an internet connection at the ARC (for general use) has limited the presentations to static ones where live demonstration of websites such as MedlinePlus is not possible.**
 - d. **Personnel/staffing: after the Autumn 2005 quarter, the student assistant resigned from the project as a result of a decision to take time off from attending school.**
 - e. **Website development: This was complicated by a number of factors:**
 - i. **the lack of computer/internet access at the ARC**
 - ii. **the likelihood that our presence at the ARC would be minimized due to administrative and programmatic changes at the ARC, thus limiting our ability to design and implement a website and train beneficiaries in access and use.**
 - iii. **the lack of a clearly defined target audience for the website**

- iv. **the lack of a clear idea of the utility of the website given all of the above**

13. Continuation plans:

- a. **Of the project: the project will remain active as long as the faculty involved continue to facilitate the UCONJ 444C course. The faculty are sensitized to the health literacy needs of recovering addicts and alcoholics. Whether or not the course collaborates with the ARC or another community organization, attention to promoting the health literacy of the client population will persist.**
- b. **Of the activities: the activities will be adjusted to meet the needs of the community organization and the students of the UCONJ 444C. Evaluation and feedback surveys will be obtained for all health education classes presented. Website development will continue to be an option. The health literacy surveys will not continue as sufficient data has been collected.**
- c. **Funding/staffing: at the time of this writing, there is no immediate funding to support the UCONJ 444C. However, the faculty are committed to supporting an enriching community-based experience among community clients and UW Health Sciences students. The Spring 2006 quarter is well underway with high hopes of a successful collaboration with a community organization serving a similar client population as the ARC, the Union Gospel Mission of downtown Seattle.**

14. Impact:

- a. **Perceived/actual impact of the project on the library/institution/consortium: We feel that the project has had a deep and broad impact. The project has heightened the awareness, directly within the beneficiary population, and by word-of-mouth across the community, and across the academic community, of the commitment of the Health Sciences Library, the UW School of Pharmacy, the Center for Health Sciences Interprofessional Education, and the UW as a whole in support of health. We feel this has increased the likelihood that members of the client community will take advantage of the resources available to them through the UW, through the public library, and/or through their health care provider. This is an important step in moving the individual toward a more informed health decision. Indeed, we have had several comments from beneficiaries that indicated appreciation for the importance of the role of a healthy body and mind in the recovery process.**

15. Recommendations for improvement:

- a. **Methods:**
 - i. **obtain health literacy surveys from beneficiaries with more limited health literacy; volunteers self-selected and it was apparent that the vast majority of them were confident in their health literacy skills.**

- ii. **the ability to track longer-term individual progress with regard to health literacy would be helpful**
- b. **Training materials: closer attention to literacy level of health education classes slides and handouts**
- c. **Promotional materials:**
 - i. **the population is largely a transient one, possibly homeless: What kinds of promotional materials are available that such an individual might keep that would be of use to them in times of information needs? The MedlinePlus pens were a big hit, we are curious to have other promotional giveaways that would send them to MedlinePlus or other sources of information. Ex. Fridge magnets are not so handy if you have no fridge**

Follow-Up Questions

Were your original project goals and objectives met? If not, why not?

1. Were your original project goals and objectives met? If not, why not?
 - **The main goal of enhancing health literacy in the beneficiary population was met. Increased knowledge of health issues was demonstrated on beneficiary feedback forms. The beneficiaries also demonstrated actions that would move them toward a more positive health status.**
 - **The goal of promoting health interventions that can be integrated into the development of long term recovery plans was met. It was evident through surveys and feedback responses that the importance of maintaining the best possible health is vital to a successful recovery plan.**
2. What significant lessons were learned which would be of interest or use to others conducting outreach projects? Which strategies were the most effective in implementing the project?
 - **Lessons learned:**
 - a. **It is imperative that one remain aware of the factors affecting the work done collaboratively with community groups - that financial concerns, agency administrative issues, sustainability of programs, political factors, etc. may impact the work we do in the community. Sometimes we have to step aside from these collaborations so that the agencies involved can "recover" themselves.**
 - b. **It is also helpful to be open to change and to be flexible in order to adapt to these changes.**
3. If you were to start all over again, what if anything, would you change about your goals, project plans, etc.?

Upon reflection over the past year's events, it is easy to say that we wish certain things had turned out differently. However, on closer inspection, the things we wished to have changed, such as the changes to the ARC program schedule, were beyond our

control. We feel we entered into this project with eyes wide open and made sound decisions based on current knowledge during the planning stages and throughout the duration of the project. Our receptiveness to possibilities and adaptability to change has served us well. Despite changes in the ARC programmatic structure which limited the time we were able to spend at the ARC, we remained true to our goals to provide useful health information to the population at the ARC. This commitment did not go unnoticed and was greatly appreciated and acknowledged by the beneficiaries and the administration of the ARC. We would not change our project plan, goals, or activities if we had to do it all over again.

4. What advice or recommendations would you give to anyone considering a similar outreach effort?

- **start early, act quickly, formulate short-term objectives that do not rely on consistently stable conditions in the long term**
- **remain open to change from the collaborating organization or within your own**
- **be prepared to be flexible in order to react/adapt to changes**
- **be mindful of the forces and stressors that affect the collaborating organization as well as your own**
- **expect to learn and experience the unexpected**
- **remain consistent to your initial goals and objectives for clarity**