

Evaluation of Patient Education Materials for the SMART Clinic

Mariah Hedner Beckius

St. Catherine University

Master's Project completed in partial fulfillment of the Master of Arts in Occupational Therapy

Degree

## Contents

Chapter 1: Introduction.....	1
Chapter 2: Literature Review.....	3
Chapter 3: Needs Assessment.....	13
Environmental Scan .....	14
Needs Assessment .....	16
Chapter 4: Description of Project Activities .....	23
Chapter 5: Description of Assessment Processes and Data Gathering .....	32
Chapter 6: Results and Recommendations.....	35
Chapter 7: Reflection.....	41
References.....	44
Appendix A: Literature Matrix .....	<b>Error! Bookmark not defined.</b>
Appendix B: Miniature Literature Review .....	64
Appendix C: Anxiety Toolkit .....	67
Appendix D: Depression Toolkit .....	73
Appendix E: Sleep Toolkit .....	<b>Error! Bookmark not defined.</b>

## Chapter 1: Introduction

This portfolio is my master's project working with the Saint Mary's Medical and Rehabilitative Therapies Clinic (SMMART) located on St. Catherine University's campus. The SMMART Clinic is a valuable asset to both the clients it serves as well as St. Catherine University. The SMMART clinic provides free health care services to improve quality of life for low-income, uninsured patients throughout the Twin Cities Metro area. Usually, but not always, patients who receive care at the SMMART clinic include undocumented Latino immigrants. The SMMART clinic provides primary care to this population as well as rehabilitative therapies physical therapy and occupational therapy. To further grow and improve the SMMART clinic we chose to complete our Master's Project on improving the SMMART clinic and how it serves its patients.

To start off our project on improving the SMMART clinic I did a literature review to look at the Latino population and disparities they face. After completing our individual literature reviews, we completed a needs assessment at the SMMART clinic to find out what shareholders within the clinic saw strengths and as areas of need to improve the clinic. After conducting the needs assessment, we set out to make a website and toolkits as a way to provide outside resources to patients when they are not at the clinic to improve overall patient care. To trial our website and toolkits we sent out a survey to shareholders utilizing an assessment to assess our website and toolkits readability, understandability, and usability. We sent out the survey to ensure that the patient educational materials we made could be a useful and positive tool for our patients. After completing our survey, we made the necessary adjustments to our patient educational materials to ensure our patients would get the most out of our resources. Overall, our project was focused on making materials that would improve the overall quality of care for

our patients and make the SMMART clinic run smoother so it continues to be a valuable asset both for the patients it serves and for the St. Catherine University community.

## **Chapter 2: Literature Review**

### **Occupational Therapy's Role with Chronic Pain in Primary Care**

Occupational therapy in primary care is a vital aspect of the interdisciplinary team, as occupational therapists recognize the importance of meaningful occupations that promote mental, physical, emotional, and social well-being. Occupational therapists can look at these factors of well-being that impact a person's ability to participate in their special activities and can help aid in interventions that help facilitate occupational engagement and satisfaction. Working within primary care, occupational therapists can help individuals with their health and well-being through interventions that focus on the physical, mental, emotional, or social areas that the client is struggling with. That said, occupational therapy can help a wide variety of conditions within primary care. However, a major one that occupational therapy helps with is chronic pain and chronic disease management.

#### **Chronic Pain and Occupational Therapy**

Chronic pain and chronic disease management impact participation in occupations. Chronic pain lasts over three months and extends past the body's typical healing phase. Chronic pain can always be present or may come and go. Chronic pain differs from acute pain because it continues long after recovering from the injury or illness that caused the pain. Chronic pain can also occur for no apparent reason. Because of this, managing chronic pain and chronic disease can decrease one's quality of life due to limiting and disabling factors (Nielsen et al., 2022; Toole et al., 2013; White et al., 2013).

Chronic pain impacts many different aspects of one's life. Chronic pain can impact a person's mood, attitude, and overall disposition, leading to inactivity, sleep disturbances, unhealthy eating, tobacco use, alcohol use, and mental stress (Toole et al., 2013). Many

individuals that live with chronic pain experience lower quality of life and have associated anxiety and depression from living with chronic pain. When living with chronic pain, a person experiences both physical and psychological disturbances to their routines. Psychological problems include anxiety and depression, which add to the complexity of chronic pain and greatly impact that person's life and ability to engage in meaningful occupations. People with chronic pain cannot participate in many of their desired daily occupations due to pain limiting their participation (Fisher et al., 2007). Chronic pain not only impacts participation in desired daily physical occupations but also impacts both social participation and emotional well-being (Fisher et al., 2007). Occupational therapy interventions can work with those dealing with chronic pain, increase their quality of life, and increase their participation in occupations. Occupational therapy interventions are used to take a holistic and comprehensive approach to evaluate structural, physiological, environmental and personal factors that influence pain. Once these factors are identified they can be used to apply self-management strategies, functional activities, hands-on techniques, and exercises to improve function and participation.

Chronic pain interventions in occupational therapy have been shown to enhance the quality of life and improve overall functioning within chronic disease management and pain reduction (Hand et al., 2011; Nielsen et al., 2022). Interventions have been found to improve functions in activities of daily living (ADLs) and instrumental activities of daily living (IADLs), improve overall well-being, and improve social participation (Hand et al., 2011). Interventions that have been shown to help include goal setting, energy conservation, exercise, use of assistive devices, and coping strategies (Hand et al., 2011). These interventions work on pain management and how to best navigate everyday life by finding ways to live with and combat chronic pain.

Using these interventions and adaptations, people have found an increased benefit to their daily activities and improved overall occupational performance and participation (Fisher et al., 2007).

Occupational therapy is used to help individuals with chronic diseases establish and maintain self-management skills by empowering individuals with becoming more aware of their condition and what can improve it. One significant role of occupational therapy is to encourage the management of daily activities, tasks, and responsibilities. This can be achieved by making recommendations on energy conservation, strategies to reduce or prevent pain, simplification of activities to make them less physically demanding, and improving the overall ease of function in the home or work environments (Reeves et al., 2022; White et al., 2013).

Along with working on more physical environmental changes, occupational therapy practitioners can work on changing thinking and behaviors surrounding chronic pain and chronic disease management. Working on changing thinking and behaviors allows the person with chronic pain to take charge of their care and work towards sustaining occupations that are important to them, improving the overall quality of life. Improving the overall quality of life will allow the person to feel more in control of the effects and progression of their condition (Hand et al., 2011; Reeves et al., 2022). Changing thinking and behaviors can be as simple as coming to terms with and understanding emotional challenges associated with chronic pain and how to best combat those feelings to take care of their health. A part of this acceptance involves changing thinking & behaviors to start shifting towards better health management and care of their chronic pain and disease. These changes in behaviors can be incorporated into relationships with family and loved ones to best support the person and their chronic pain.

The overall goal of occupational therapy, chronic pain, and chronic disease management is to provide client-centered care that puts the client's needs first and foremost. Together, it helps

to support the challenges the person is facing while helping them engage more fully in their daily activities. A considerable part of intervening with chronic pain is to address it earlier rather than later to set a base of self-management skills to cope with and combat chronic pain. Primary care is central to approaching chronic pain and chronic disease because primary care often addresses health issues first and provides accessible care to all individuals. Occupational therapists can start helping with chronic pain and chronic disease management within primary care settings by working closely with general practitioners and becoming a more centralized part of primary care to best serve those facing chronic pain and chronic disease.

### **Primary Care and Occupational Therapy**

In primary care, occupational therapy utilizes self-management techniques to help those with chronic pain and chronic disease management improve their overall quality of life. Occupational therapy is an important aspect of primary care being that occupational therapists understand the significant impacts that managing chronic pain can have on habits and routines. Therefore, occupational therapy practitioners focus on an individuals' health and wellness, including identifying barriers and solutions to managing chronic pain. Because of this viewpoint on chronic pain, occupational therapy utilizes self-management in primary care to help individuals overcome their barriers to participation and manage their pain independently. Self-management tools and interventions include helping with social and emotional health promotion and maintenance, symptom and condition management, communication with the health care system, medication management, nutrition management, and physical activity. These activities help develop, manage, and maintain self-sustaining skills to improve health and support participation in occupations (*American Occupational Therapy Association, 2020*). Self-management improves overall occupational participation and reduces chronic pain (Hand et al.,



2011; Lorig et al., 2001; Nielsen et al., 2022). Shifting therapy control into the clients' hands allows them to take responsibility for their behavior and well-being. Self-management allows the person experiencing chronic pain to take charge and control of their condition by implementing tips and strategies that best help manage their chronic pain and chronic diseases. By implementing self-management techniques, those with chronic pain can see significant improvement in health behaviors, such as an increase in exercise, cognitive symptom improvement and management, and better communication with their physicians (Lorig et al., 2001). Using self-management skills can also improve overall self-efficacy and health status symptoms such as less fatigue, less pain, increased role function, decreased depression and anxiety symptoms, and decreased overall health distress (Lorig et al., 2001). By learning to implement self-management strategies and techniques, those with chronic pain and chronic disease can help improve their overall health literacy and, in turn, their health outcomes (Mackey et al., 2016; Reeves et al., 2022).

Health literacy is crucial for chronic pain and chronic disease management. Higher health literacy and implementing self-management strategies and techniques tend to lead to decreased emergency and medical visits (Mackey et al., 2016). Moreover, decreased medical visits result in a higher quality of life and a decrease in health-related stress (Loring et al., 2001). Increased health literacy allows individuals to have basic knowledge on health information and services to inform their overall healthcare decisions. Occupational therapists working within primary care can provide skills and knowledge on health promotion, chronic disease management, lifestyle interventions, and adaptive equipment that can benefit clients. This helps improve clients' overall care received within primary care. Occupational therapy helps individuals grow their health literacy by providing knowledge and education on a wide breadth of topics to help empower and

improve their client's health. Occupational therapy is important in this process to help individuals improve their overall health outcomes and quality of life by working with the client to find the best tips and solutions to help them manage their chronic pain and disease.

### **Exercise as Intervention**

Occupational therapy in primary care can use exercise as an intervention to help improve chronic disease and chronic pain management. Exercise has been shown to help improve overall life quality and life satisfaction. Research shows that being active and exercising has specific benefits in reducing the severity of chronic pain and more general benefits associated with improved overall physical and mental health (Geenen et al., 2017). For those with chronic pain, following an exercise routine can greatly reduce pain levels after exercising and decrease overall pain levels on an everyday basis. Following exercise interventions and routines, physical function can improve drastically, which can lead to overall improvements in psychological function and quality of life (Geenen et al., 2017). A broad spectrum of exercises can be used. Exercises incorporating aerobics, strength training, flexibility training, range of motion, core stability, and balance training through yoga, Pilates, & Tai Chi are the best to use. These exercises have many benefits and can help with various aspects of chronic pain and disease. Exercising can increase muscle strength, endurance, and overall functioning, decreasing pain severity and improving overall physical function (Geenen et al., 2017).

Physical activity and exercise are good interventions for those with chronic pain because they are proven to benefit the individual and have minimal to no negligible adverse effects on chronic pain and chronic disease. Exercise as an intervention can be personalized and adaptable for individuals and their needs. Exercise is adaptable because it can happen at home, a gym, or in other preferred areas. Exercise can be done individually and at one's own pace. It is important to

know that when starting to use exercise as an intervention for chronic pain, it is best to start gradually and progress slowly. It is suggested to tailor the exercise interventions to the individual's needs, so they do not encounter pain 'flare-ups' from pushing themselves too hard (Geenen et al., 2017). When tailored to the individual safely, physical activity and exercise interventions can effectively reduce pain intensity and frequency. Exercise as an intervention can be used as a preferable or adjunct therapy to pharmacological treatments for chronic pain.

Exercise as chronic pain management can promote personal involvement in an individual's pain treatment. This approach creates self-efficacy and the ability to self-manage symptoms, which is an optimal goal within occupational therapy and chronic pain management. Occupational therapy gives individuals skills and tricks to help them self-manage, improve self-efficacy, improve the overall quality of life and increase occupational performance and participation. The individual can have less pain by utilizing exercise and independent choice to reduce pain. Less pain means more occupational participation and greater occupational performance satisfaction.

### **Lifestyle Redesign Intervention**

Occupational therapy can be used as a restorative and nonpharmacological pain treatment when helping those with chronic pain. Occupational therapy incorporates a broad scope when addressing a patient and their goals. When approaching pain management within occupational therapy, the Lifestyle Redesign Program can be implemented to improve functioning, self-efficacy, and quality of life. The Lifestyle Redesign program is used to acquire health-promoting habits and routines within one's life. The program utilizes pain education, coping strategies, activity pacing, fatigue management, energy conservation, stress management, and exercise routines to help improve health and health behaviors (Uyeshiro & Collins, 2017). This

intervention has been shown to reduce health risks and healthcare costs for individuals with chronic pain and conditions. It does so by promoting self-care habits to manage chronic health conditions.

Occupational therapy aids in creating a habit of prioritizing self-care tasks through sensory, cognitive, emotional, and physical approaches. Engaging the client in all these aspects shifts the focus towards meaningful activities that are helpful motivators and sources of outlets to reduce pain and increase endorphins (Uyeshiro & Collins, 2017). Endorphins can act as a natural pain killer for pain. Increased endorphins can boost overall mood, happiness, and engagement. With Lifestyle Redesign, an individual can learn skills to lessen their pain and live a more meaningful and engaged life.

Lifestyle Redesign and an individualized exercise plan are both beneficial occupational therapy interventions that have had success in mitigating chronic pain and chronic disease. The importance is that both interventions are safe, effective, and result in increased engagement and life satisfaction. Occupational therapy helps maximize health, well-being, and quality of life for all people, populations, and communities to ensure inclusive all-encompassing care.

### **Populations affected**

Studies have shown that chronic pain is experienced at similar rates across races and ethnicities; however, chronic pain is not viewed and treated the same in all cultures. Chronic pain within the Hispanic culture tends to be undertreated, which leads to perpetual chronic pain. This population's chronic pain tends to be undertreated due to differing cultural views. The Hispanic culture values gender roles and remaining strong for one's family, which can deter people from seeking aid for their chronic pain (Hollingshead et al., 2016). The Hispanic culture values keeping family matters private, and they do not like advertising their problems to others. An

approach to pain like this makes it hard for individuals to go to primary care for chronic pain, let alone see an occupational therapist to help improve their pain.

Chronic pain happens within this population because the Hispanic disproportionality work more in blue-collar and manual labor jobs, resulting in greater safety risks, occupational hazards, and increased overall body pain (Hollingshead et al.,2016). The Hispanic population also tends to have less access to healthcare due to lower socioeconomic status. Because of this, an essential role of occupational therapy within primary care settings is addressing cultural beliefs and attitudes surrounding chronic pain within different cultures and adapting interventions to meet the individual where they are to support their wellbeing. This can be done by teaching clients energy conservation tips, work and home ergonomics, and stress management techniques to reduce occupational hazards, and improve chronic pain and overall quality of life. Overall, occupational therapy allows individuals to improve their life and lifestyle across all populations to ensure individuals are living to their fullest potential.

### **Optimal level of functioning**

Occupational therapy, overall, helps people with chronic pain and chronic disease return to their optimal level of functioning. A big part of occupational therapy within primary care is managing chronic pain and working on education of health management skills to improve an individual's overall health and functioning. Education on health management includes improving health behaviors, utilizing coping strategies, and improving overall health literacy and health efficacy (Hand & McColl, 2011). Much of the focus in occupational therapy is on improving physical, mental, emotional, and social aspects to enhance a person's overall functioning and quality. Occupational therapy's unique lens emphasizes balance and engagement in desired occupations while minimizing chronic health maladaptation. See Appendix A & B for our

literature matrix used within this project as well as an additional literature review that guided our research.

### **Chapter 3: Needs Assessment**

The Saint Mary's Medical and Rehabilitation Therapy (SMMART) Clinic is a joint collaboration between St. Catherine University and St. Mary's Health Clinics. Together they provide healthcare and resources to clients with identified needs through the collaboration of faculty and students from occupational therapy, physical therapy, physician assistant, and nutrition. To further future growth and more adequately meet the needs of current clients, Master of Occupational Therapy students conducted a needs assessment at the SMMART Clinic to determine the clinic's strengths, weaknesses, challenges, and opportunities for their Master's Project. This needs assessment will synthesize research from the environmental scan, interviews from current student and faculty members at the clinic, and overall identified needs to help determine future goals for the clinic. Once identified, OT students will implement an intervention in the hopes that change will improve the care at the clinic. With this inclusion of new practices within the clinic, the goal is to provide a better system for the students and faculty within the clinic and improve the holistic care being given to clients.

#### **St. Mary's Health Clinics**

St. Mary's Health Clinics (SMHC) are a ministry of the Sisters of St. Joseph of Carondelet that has been providing affordable healthcare since 1992. St. Mary's Health clinics provide high-quality, and accessible healthcare to underserved communities. All services are provided free of charge, with volunteer medical professionals providing primary, preventative and mental health care to patients at community clinic sites within the metropolitan area in Minnesota. The clinics are located throughout the twin cities in Minneapolis, St. Paul, Fridley & Shakopee, MN. The clinic's main purpose is to deliver affordable, medically necessary healthcare services for low-income, and uninsured individuals (St Mary's Health Clinic, 2020).

Most patients at the clinics are non-English speaking and face the additional challenges of having no permanent immigration status. Because of this, St. Mary's Health clinics provide services in Spanish that are holistic and integrate appropriate cultural perspectives.

The SMMART clinic is under St. Mary's Health Clinics and provides care to individuals who are in need of primary care. Often but not always these individuals include undocumented Hispanic immigrants. Due to this demographic, the SMMART clinics mission is to advance social justice, through transformative, holistic care. Care is provided to clients pro-bono and is made up of a group of students and faculty that provide interdisciplinary, comprehensive care. The one thing that separates the SMMART clinic from other St. Mary's sites is that the SMMART clinic is the only clinic to provide supporting services such as physical therapy and occupational therapy.

The Bienestar Clinic is a new mental health addition to the SMMART clinic, with its name meaning 'wellness' in Spanish. The Bienestar clinic is a mental health resource for individuals to address mental health concerns in a culturally appropriate way as it follows Hispanic/Latino customs. Currently, the Bienestar clinic provides group sessions focused on patient education and open communication to address mental health concerns (M. Espita., personal communication, Feb. 24, 2023). In its recent inauguration, the Bienestar clinic has proven to be a valuable addition to the SMMART clinic as it has provided an opening and welcome environment for individuals to discuss and improve their mental health and overall wellbeing (M. Espita., personal communication, Feb. 24, 2023).

### **Environmental Scan**

The SMMART and Bienestar clinics are located in the Highland Park Neighborhood in St. Paul, MN, within St. Catherine University's Whitby Hall on the fourth and first floors. The



building is located right off of Randolph Ave and is just beyond an arched entrance into St. Catherine's. Once in front of Whitby, it is accessible with an entrance for wheelchair users on the garden level, and an elevator can be used to access the first and fourth floors of the building. The SMMART clinic is located on the fourth floor, and includes eight patient rooms. At the end of the hall is a large classroom where interdisciplinary students and faculty collaborate and document the needs of patients. Currently, client records and documentation occurs on paper. During clinic, a suitcase is brought over from St. Mary's Health clinic with all of the patients' physical files for the night. When providing care for clients, students and faculty utilize a supplies cabinet located in the connecting space of the eight patient rooms. This supply cabinet has an OT toolkit textbook and a PT toolkit textbook, both full of interventions (Hall, 2013a; Hall, 2013b), orthotics (shoe inserts), dynamometers (grip and pinch strength), goniometers, wrist braces (over-the-counter types), therabands, tennis balls, and ADL equipment. These resources are available for faculty and staff to provide the best care. Any handouts or guides that students use out of the toolkit textbooks or pre-made handouts are provided free of charge to clients. The clinic has some meditation and other Spanish books that are free for clients to take home and use as part of their interventions.

The Bienestar clinic is located on the first floor of Whitby Hall in a large classroom and conference room. The Bienestar clinic is in its first stage of inauguration; however so far the clinic is receiving charts the same way as the SMMART clinic, and charts are brought over the night of in a suitcase. From our experience working with the SMMART clinic and interacting briefly with the Bienestar clinic, we know that the Bienestar clinic is currently following a protocol developed by two level 1 OT fieldwork students Jessica Jenny and Maddie Prosner. This protocol was developed in the Fall of 2022 and is now being implemented. Because of this

the resources the Bienestar clinic uses include the one's listed above that the SMMART clinic utilizes as well as the materials developed in the protocol.

### **Locations and Neighborhood**

Patients can access the SMMART Clinic and Highland Park Neighborhood by bus, with multiple bus stops located on Randolph Avenue and throughout the Highland community. If patients choose to drive to the SMMART clinic, parking is also available at St. Catherine University but is limited, with few accessible parking spots near Whitby Hall. When looking at the Highland Park neighborhood surrounding the SMMART clinic it is important to note community resources within the neighborhood. These features include parks, food shelves, grocery and fast food places that add to the appeal of the SMMART clinic. Parks near the clinic include Mattock Park, Hillcrest Park, and Highland Park which are all located within two miles of the clinic. For some clients access to parks can be very beneficial for both their physical and mental health. As well, there is a public food shelf within two miles of the clinic that clients can stop at if they are needing more food support outside of what they receive at the clinic's food shelf. Just within a mile or so from the clinic is a little hub of fast food restaurants and a mini Target that clients can stop at for food and shopping needs. All of these community resources help to facilitate continued client satisfaction and interaction within the clinic and its community.

### **Needs Assessment**

When conducting the needs assessment to gather information on the SMMART Clinic, structured interviews were held with the student and faculty participants; questions were crafted to correspond with their role as either a practitioner or student at the clinic. A SWOC was also

used to highlight areas of strengths, weaknesses, opportunities, and challenges within the clinic. The SWOC resulted in the following findings.

### **Strengths**

The SMMART and Bienestar clinics have many strengths and benefits for students, faculty, and clients. At the SMMART clinic, one strength is that interpreters are a part of the interdisciplinary team and are involved in the care process of the clients (J. Nguyen; L. Shields, personal communication, February 16, 2023). Interpreters help practitioners to understand cultural nuances and build rapport from a cultural standpoint. Having interpreters available, allows for care to remain client centered as interpreters enable clients and healthcare providers to communicate effectively at the clinic. When given the opportunity to be on a team with multiple professions, including interpreters, first-year, occupational therapy students expressed that working on an interdisciplinary team is eye-opening. The students were able to see how other professions address clients' needs (M. Turk; K. Cox; J. Nguyen; L. Mccaughtry; J. Ruff, personal communication, February 16, 2023). When working with other students and professionals from other disciplines, occupational therapy students receive an in-depth understanding of how the care they provide is similar and different from the other disciplines. Leading to further collaboration in the hopes of providing appropriate interdisciplinary care to SMMART clinic clients.

The interdisciplinary nature of the clinic can also be seen in different forms of collaboration between professions. For example, physical therapy and physician assistant students are willing to provide guidance with charting (J. Ruff, personal communication, February 16, 2023) when collaborating with occupational therapy students. This teamwork between students leads to independence in documentation skills and confidence, which in turn

allows for comprehensive care to be provided to SMMART clinic clients. An additional strength of the clinic is that all disciplines utilize an electronic track board. An electronic scheduling system ensures that clients can receive care promptly and attend other appointments at the clinic to keep the team on track, and it is helpful to decrease patient wait time (E. McElyea, personal communication, February 16, 2023). Another opportunity that is provided at the SMMART clinic is grand rounds which are beneficial and help to keep care client-centered (J. Nguyen, personal communication, February 16, 2023). After attending grand rounds earlier that day, prior to the interview, the student expressed the value of participating in grand rounds and in turn working on an interdisciplinary team to provide care. Grand rounds provides and educates the students and faculty members at the clinic on a real case example of a client, their condition, and the care they were provided, these presentations happen about once a month. By participating in grand rounds everyone involved at the SMMART clinic gets to see how different professions interact and work through a client's case. Grand rounds is another learning opportunity in which students and faculty get to see interdisciplinary client centered care, demonstrated outside of the clinic.

These educational opportunities and the interdisciplinary, holistic approach of the clinic ensure that clients are cared for in various ways. Nutrition appointments are one referral that clients can receive at the clinic. Nutrition faculty members and students provide food security screens and help to locate food shelves in clients' zip codes during every session (A. Crusan, personal communication, February 16, 2023). The clinic also partners with St. Kate's food shelf,

which is open at every clinic, and on days the food shelf is available to community members to provide food to clients (A.Crusan, personal communication, February 16, 2023).

The faculty and students at SMMART Clinic and Bienestar have also provided clients with resources for legal and domestic violence services. Sleep, relaxation, and anxiety journals are also given to address client's occupational needs (J. Ruff; L. McCaughtry; L.Shields; K. Cox; M.Turk; J. Nguyen, personal communication, February 16, 2023). Recently, the addition of Bienestar will increase who the SMMART clinic is providing care for and help with the psychological needs of clients (K. Cox, personal communication, February 16, 2023).

Individuals are seen as a whole person, and cultural components are considered when treating patients (E. McElyea, personal communication, February 16, 2023). When clients are viewed as a whole person and their culture is taken into account, healthcare professionals can tailor their care to meet the client's current needs and listen to their goals which can be included in the client's treatment plans at the SMMART clinic. The overall feel of the clinic was described as having a welcoming atmosphere, filled with friendly people who are easy to talk to (M. Espitia, personal communication, February 24, 2023). These strengths are evidence to show that the SMMART and Bienestar clinics are living up to St. Mary's mission of providing interdisciplinary, culturally sensitive, and holistic health care to uninsured and low-income Hispanic clients free of charge.

### **Weaknesses**

While the SMMART clinic has many strengths, strengths don't come without weaknesses. Some weaknesses identified within the SMMART clinic include a limited availability of qualified interpreters which can impact communication with clients at times, and impact quality of care given. There have been more than a few instances where students have

had to help interpret with their limited Spanish speaking skills ( L.Shields, & L. McCaughtry, personal communication, February 16, 2023). Another weakness within the clinic is that currently patient charts are paper. Because paper charts only allow one person to look at them at a time, sometimes this impacts interdisciplinary flow. As well, the charts can be overwhelming, and hard to navigate being they include all of the patients known medical history at St. Mary's Clinics, therefore, locating all necessary information within the chart can be difficult at times (E.McElyea, personal communication, February 16, 2023).

While the SMMART clinic is a great resource for individuals, it is not entirely accessible being it may be hard for clients to find and there is not an accessible entrance into Whitby Hall, aside from a garden level ramp which can further impact finding the clinic on the fourth floor (J.Ruff, personal communication, February 16, 2023). In addition to the difficulty in finding the clinic, currently the clinic is run two times a month, on the 1st and 3rd Thursdays of the month. While it is great that the clinic is provided two times a month there are complaints that it is not enough to be seeing all the clients that need to be seen. During interviews it was found that students think that overall availability is not being met, especially since some clients would like to be seen more frequently (C. Venegas & M. Brandt, personal communication, February 16, 2023). While the SMMART clinic has overall more strengths than weaknesses, working towards addressing these weaknesses within the clinic will help to improve overall flow of the clinic as well as improve patient/provider experiences.

### **Challenges**

Some challenges that the SMMART Clinic and Bienestar Clinic experience include the current lack of funding resources, particularly for the food shelf, which limits the hours of this service (A.Crusan, personal communication, February 16, 2023). Additionally, food costs

continue to increase, impacting food availability at St. Kate's food shelf (A.Crusan, personal communication, February 16, 2023). Limited clinical space and providers also exist (A. Kelly, personal communication, February 16, 2023), impacting how many clients the clinic can serve during clinic hours and possibly inhibiting the potential growth of the clinic. In Whitby, there are limited and small patient rooms. Available classrooms on the first and fourth floors, where the Bienestar clinic is housed and where interdisciplinary students and faculty meet, are not set up as a clinical environment. Due to the many interdisciplinary team members and students, these environments become crowded when working with clients. Additionally, the ever-changing schedules of students and faculty and the absence of compensation for providers restrict the number of clinicians and students available to provide client services. Yet, the clinic will continue to expand and is looking toward new ways to address its client's needs.

### **Opportunities**

The SMMART clinic has many opportunities to help improve and grow the clinic. One way to help improve the overall workflow and organization is to switch to electronic health records to allow for charts to be accessible to multiple people at one time (M.Turk, K. Cox, & L. Shields, personal communication, February 16, 2023). Having electronic health records would allow for multiple disciplines to review patient charts at once, improving interdisciplinary flow and collaboration. Another opportunity identified was having more resources. Having toolkits for clients before group sessions at Bienestar would be beneficial for clients who are in need of mental health resources right away (J. Ruff, personal communication, February 16, 2023). Having additional outside resources such as digital resources could be very beneficial for clients to access when they are not at the clinic to help with attainment and accessibility of educational materials (L.Shields, J. Ruff., E. McElyea, personal communication, February 16, 2023). Within

the Bienestar clinic an opportunity presented was having one on one counseling to benefit clients with mental health challenges (L. Shields & J.Ruff, personal communication, February 16, 2023). Providing one on one counseling would give both providers and clients a more personal connection, as well as provide the client with more immediate and focused mental health care. Along with possibly providing one on one counseling another area could be to help clients get resources on steps to getting a green card (L. Mccaughtry, personal communication, February 16, 2023). Providing more information on citizenship would allow patients to not only increase their health at the clinic but also decrease their anxiety around citizenship. A final opportunity would be to implement a shared curriculum for all disciplines within the clinic to increase awareness on topics that impact clients such as social determinants of health, or social justice to help provide better care (A. Kelly, personal communication, February 16, 2023). These identified opportunities helped to pinpoint the future goals of the clinic.

### **Future Goals**

The future goals of the SMMART clinic and Bienestar are to improve the current challenges and weaknesses of the clinics while working on more opportunities that will help enhance overall patient care and interdisciplinary collaboration. For this reason and from opportunities identified by participants, we chose to develop a website for patient resources and new mental health resources that can be provided to clients before group sessions at Bienestar and after to meet the immediate and long-term mental and physical health needs of clients.



## **Chapter 4: Description of Project Activities**

While gathering information from our needs assessment, we primarily focused on responses from our stakeholders for improvements envisioned on behalf of the SMMART Clinic. The intended population that the clinic serves are low-income, undocumented Latino individuals who do not have access to primary healthcare. The significant impact of environmental and personal factors such as immigration, lack of resources, and non-English proficiency contribute to attaining healthy lifestyles. Collectively, our literature reviews were reflected through profound research on common experiences of adversity and chronic health conditions. The future goals of the SMMART clinic and Bienestar are to address the current challenges and weaknesses of the clinic while working on more opportunities that will help enhance overall patient care and interdisciplinary collaboration. Following the SMMART and Bienestar clinic interviews, we wanted to attempt to bridge the gap between health disparities prevalent among the Latino population by proposing an intervention to improve continuity of care.

Therefore, the responses received from our Needs Assessment Interviews have given our Master's Project a direction for developing an online forum in which clients can access intermittently between therapy clinic visits. In this chapter, we focused on developing toolkits that accumulate client education resources and activities to promote occupational participation in regard to mental health challenges for anxiety, depression, and sleep. Specifically, the toolkits are individualized according to the individual's specific needs with guided activities and worksheets that are completed throughout the week. These resources are instructed for clients to review prior to attending group therapy and afterwards to remediate their immediate and long-term mental and physical deficits.

## **Why Toolkits**

Results from our needs assessment conclude that with the recent inauguration of the Bienestar Clinic, clients would benefit from receiving additional resources that explicitly incorporate the set of skills, strategies, and interventions that were introduced in group therapy. There are three different toolkits that were designed for individuals experiencing anxiety, sleep, and depression with at least five to six handouts of engaging activities.

## **Methods**

When making these toolkits, we first began by looking at the National Institute of Health (NIH), Center for Disease Control (CDC), Health.gov, and American Occupational Therapy Association (AOTA) to look at best practices for patient materials in regards to health literacy and accessibility. Using these specific websites ensured that our information was accurate, relevant, and evidence-based. Throughout our search we found that patient materials should be understandable and read at a 6th to 8th grade reading level. Meaning, that patient materials should be in simple terms that allows clients to understand their condition and understand what they can do in regards to their condition. After learning about best practices to follow we set out to begin our toolkits. Our group's first initiative was to gather and evaluate resources that the SMMART Clinic already utilizes. The handouts had to be relevant to the most identified and prevalent issues found at the clinic which include sleep, depression, and anxiety. Roles were divided to find the most appropriate resources and create interactive worksheets to keep the clients engaged at home. The criteria of this was to allow clients to be proactive in their plan of care and participate in activities to improve sleep, depression, and anxiety. A prior master's group created handouts to give to patients after therapy sessions. We were able to analyze those handouts to see if any could be utilized within our toolkits for the Bienestar Clinic. We were able

to incorporate their original ideas to expand the vision for our toolkits. Furthermore, the nutrition department's affiliation with the SMMART clinic also incorporated nutrition handouts such as physical activity, food budgeting, pain, parks, and food shelves. These resources were able to be incorporated into our toolkits. After finalizing resources incorporated from both the Master's SMMART clinic resources as well as the SMMART clinic nutrition resources we set out to develop additional resources to add to each of the toolkits. For developing additional resources we wanted them to be supplemental to the handouts we already had as well as providing substantial information with good readability. Utilizing what we had learned from the NIH and CDC it was very easy to make readable patient education materials that provided good information while sticking to the basics. For our overall theme of the toolkits we chose to make additional resources that had links to apps, videos, and worksheets/activities to help individuals implement small changes into their lives to help with their mental health struggles. We wanted the toolkits to be the beginning building blocks of change for individuals to help them outside of therapy sessions.

### **What the toolkits include**

The Anxiety Toolkit (Appendix C) allows individuals who are experiencing anxiety to participate in activities that include mindfulness, guided meditation, apps for anxiety, videos for anxiety, and a worksheets to help combat anxiety provoking symptoms. In this toolkit clients will find a handout on mindfulness including what it is, the benefits of it and how to utilize it in their everyday lives. Following this handout there is a handout on guided meditation that focuses on the same elements of the mindfulness worksheet by explaining what guided meditation is, its benefits, and how to participate in it. In addition there are two handouts that provide links to anxiety related resources. These resources include apps that are useful for anxiety including apps

focused on breathing techniques, daily affirmations, mood tracking, and guided meditation and guided mindfulness. The other resource focused on anxiety related YouTube videos that walks viewers through guided breathing, guided meditation and utilizing a grounding technique to reduce anxiety.

The Depression Toolkit (Appendix D) includes a focus on the benefits of physical activity, stress management, and different coping skills. In this toolkit, clients will find a handout containing the location of parks near-by the SMMART clinic. Here, the clients will find the physical addresses of each of the parks, along with the benefits of spending time outside and information on why going to parks can be beneficial to both their mental and physical health. Additionally, in this toolkit clients will find a stress management handout which outlines common symptoms of stress and ways to cope. The last two handouts within this toolkit include interactive worksheets that clients can take home/fill out and bring to their next appointment at the Bienestar clinic. The first worksheet is a 'thought record' form which has the client document and track events throughout their week that trigger feelings of sadness, worry, or stress. This way they can look back on how they have responded to these triggers in the past and reflect on alternative/healthier ways to react to these events in the future. Lastly, the coping skills worksheet has a gratitude section which has clients reflect on the things that make their life enjoyable. It also has a section for them to choose and reflect on a new activity to participate in. These activities include socialization, self-care, exercise, and/or a hobby of their choice.

Lastly, the Sleep Toolkit (Appendix E) focuses on the impact that sleep has on overall quality of life. Clients who are often affected by sleep deprivation are more prone to experiencing poorer sleep quality which interfere with meaningful occupations such as work, life roles and responsibilities, self-care and hygiene, and social functioning (Sheth & Thomas, 2019).

To promote positive sleep hygiene, the Sleep Toolkit was curated for individuals who wanted to increase the number of hours during sleep, reduce pain, and implement relaxation strategies before bedtime. The SMMART Clinic had many resources for sleep, however, we chose the most relevant handouts to include in our sleep toolkit. Additionally, we created two handouts: sleep tracker, reflection and sleep activities in preparation for sleep. The toolkit consists of free and accessible apps for managing sleep, sleep positioning, sleep tracker that interprets routines and patterns, and following were sleep activities. For each of the handouts, instructions for the client were listed at the top of the page which was to complete the activities for a full week and then bring the results to their next OT visit to discuss their overall experience.

Although client's will be given a toolkit at their therapy session, the online website also offers digital options in case the client loses access to the tangible document. The clinic website is also well-versed with information for the public to access the mission, vision, services, and understanding the roles and responsibilities of health professionals. Here is a link to access the clinics website [SMMART Clinic Website](#).

### **Self- Evaluation**

To self-evaluate the accessibility and readability of our toolkits we used the Simple Measure of Gobbledygook (SMOG), the Flesch-Kincade (F-K), and the Gunning FOG Index (FOG). The first assessment we used was the SMOG. The SMOG is used to help to determine if the grade level of patient education is appropriate. The SMOG readability calculator allows anyone to paste in their text which allows them to check the reading score, reading level and note, quantity of characters, words, sentences, and syllables. The hand-scored method through counting 10 sentences at the beginning, middle and end of the document (Grabeel et al., 2018). Within these sentences the evaluator counts every word of 3 or more syllables in those 30

sentences throughout the document (Grabeel et al.,2018). Once the multisyllable words have been counted, the evaluator applies the SMOG formula to obtain a grade level (Harvard university, n.d.). We chose to use the SMOG being it is an easy assessment tool to compare written materials against. For the purpose of our project, the SMOG evaluation tool was used for our toolkits on anxiety, sleep, and depression and we found that our instructions were all between a 6-9th grade reading level and met most of the other accessibility/readability criteria according to this tool's guidelines. Essentially, our goal is to ensure that our toolkits are readable and accessible to all of our patients regardless of their educational level.

Next we used the Flesch- Kincade (F-K) as another tool to check the reading grade level of our patient materials. The Flesch-Kincade is a part of Microsoft Word through the spelling and grammar tools. Once a user clicks on Microsoft's spell-check feature, the document's readability statistics are calculated and displayed automatically (Grabeel et al., 2018). The F-K is an exceptional tool to use with patient materials as it is easy to use on a computerized platform (Grabeel et al.,2018). Since our patient materials are online toolkits, the F-K worked well for checking the grade level online. When comparing our patient handouts we found that our information was in alignment with our results of the SMOG. By utilizing the F-K tool we realized the importance of carefully considering the terminology we used and minimizing jargon, along with using concise sentences and using transition words for smooth transitions between ideas. We made sure that sentences stayed 20 words long or between 50-60 characters, and paragraphs were kept to a maximum of 150 words. This tool was a key part of our self-evaluation process and helped us keep our patient education material information accessible to all of our clients.

Finally, we used the FOG as the final tool to check reading grade level. The FOG generates a reading level from 0-20 with the levels corresponding to the education level required to understand the text (Readable, 2021). A FOG level of 6 is considered easily readable for 6th graders and a reading level of 17 or more is considered at a graduate level (Readable, 2021). Typically, text that is distributed to the public should be at around an 8th grade level which also aligns with general health literacy and accessibility guidelines. The formula for the FOG is to use  $0.4x [(total\ words/ total\ sentences) + 100 (complex\ words/total\ words)]$  (Readable, 2021). We chose to use the FOG being a simple scale to follow and shows the calculated grade level of our text. When utilizing the FOG against our handouts we found that our overall average FOG score was 9. Many of our patient materials were scored at 8. However, we had a few patient materials that scored around 11 which increased our overall average FOG score. Of the patient materials that scored 11 we were unable to change any more words to decrease the FOG score as it would alter the message that was trying to be conveyed.

### **Peer- Evaluation**

Upon completion of our toolkits, content was reviewed by other project group members. They provided suggestions on each resource individually. The overall suggestions across our toolkits were to increase the font size, include more bolded text, change the text format, and improve the layout for ease of readability. Based on the feedback we received these changes were made across the toolkits. Overall, our patient materials were easy to read and understandable but incorporating suggestions made by peers will overall increase the accessibility, readability, and success of our patient materials.

**Why would an OT want to use this toolkit?**

As we reflect over the process of developing client education handouts and toolkits for our Bienestar clients, we have gained plenty of knowledge on the benefits of having accessible patient education materials for both clients and healthcare professionals. An occupational therapist's role is well-rounded as part of their scope of practice involves client education on a variety of conditions. In order to promote adequate patient care, ensuring the use of 6-7th grade health literacy across diverse demographics is important for clients to understand their plan of care to the best of their ability. Furthermore, OT's would highly benefit from the use of the anxiety, depression, and sleep toolkits. The toolkits not only provide information on how to care for your condition but it keeps the client engaged through hands-on activities that can be implemented into daily routines to maximize occupational performance in deficit areas. Each toolkit is personalized with only specific and relevant information that the client needs such as determining healthy sleeping habits, prioritizing self-care as a way to reduce feelings of stress, and the positive effects that self-affirmation has on your thoughts and behaviors. Overall we are certain that occupational therapists and clients receiving services would benefit greatly from having access to these toolkits/client education materials.

**Limitations**

A limitation that was evident when conducting this project was the lack of Spanish resources available. The handouts that we created were inspired from resources that were already existing from national websites such as NIH, CDC, and the AOTA. Although these were helpful in providing exceptional information, we did not have the ability to translate them as we are not proficient in Spanish language and there are limited interpreters available. With this in mind, there are future plans to apply for grants and funding in order to translate the toolkit documents



into Spanish so that Hispanic clients are able to follow recommendations appropriately. Another limitation was using the self- evaluations tools in comparison to our toolkits. While the self- evaluations were fairly simple to complete, we found out that it can be hard to get patient materials into a 6th to 8th grade literacy level. Some of the toolkits wording were unable to be simplified either due to lack of synonyms or the fact that changing the words would change the context of the text.

### **Conclusion**

In conclusion, we found that having these (sleep, depression and anxiety) resource toolkits, along with creating a website to access these resources was a gap at the Bienestar clinic that we could help fill. After reviewing previous OT student-created handouts regarding nutrition and mental health & wellbeing, we found that there were several relevant informational handouts that could be pulled together/utilized to help us form these toolkits. Additionally, we spent time researching interactive ideas to create worksheets and take-home activities for the clients who visit the Bienestar clinic and are looking for more ways to apply their treatment plan to their daily lives. We then self-evaluated and peer-evaluated to assure that our toolkits and website were accessible, user-friendly, valid and reliable. Our hope is that these toolkits can help both clients and practitioners at the Bienestar clinic fill any current gaps when it comes to access to helpful resources. We also hope to provide clients with a way to leave the clinic and feel confident that they can apply what they have learned from Bienestar to their lives at home.

## **Chapter 5: Description of Assessment Processes and Data Gathering**

This chapter primarily reflects over the effectiveness of our master project's activities. During this stage, we first completed an Institutional Review Board (IRB) application. Stakeholders were asked to evaluate the toolkits specific to anxiety, depression, and sleep, and take a survey answering questions based on their satisfaction with the materials.

### **IRB Application**

Upon completion of our toolkits, we filled out an IRB application to request approval from St. Catherine University for our research involving human subjects. The purpose of our research was to evaluate the readability of mental health and wellness education materials on the SMMART clinic website, including accessible toolkits for Latino individuals experiencing anxiety, depression, and sleep challenges. We provided an explanation to each pertinent section on the IRB that states the research process, methods, tools, active participants and stakeholders, and data analysis. In regard to questions about benefits and risks to participation in our study, we concluded that risks nor benefits were included in participation. Furthermore, the importance of confidentiality will remain anonymous as there was no identifiable information collected. IRB approval was received with exempt status.

### **Methods**

For the evaluation of our toolkits, we chose to use the Patient Education Materials Assessment Tool (PEMAT) (Appendix F). The PEMAT focuses on understandability and actionability of materials to best help clients understand and utilize the information they are reading. We chose the printable version of the PEMAT to look at our toolkits as this was the best fit for our research question. We chose the PEMAT to have stakeholders answer either 0=disagree, or 1=agree to the questions on the PEMAT compared to our toolkits to see if our

toolkits were understandable and actionable. We also chose the PEMAT being its reliability and validity has been found to have moderate to excellent interrater reliability (Vishnevetsky et al., 2018) and has been shown to be a useful supplement to assessing reading level in patient education materials (Vishnevetsky et al., 2018). It also has strong internal consistency and has strong evidence of construct validity (Shoemaker et al., 2014). We chose to utilize the PEMAT for both its reliability and its validity being it has great interrater reliability and strong construct validity. Having strong validity and reliability helped us provide readable and accessible patient education materials for our population. Utilizing the PEMAT allowed our shareholders to apply the ideals of the PEMAT to our patient education materials to ensure they are within an appropriate reading level, easy to understand, and applicable to the population we serve.

### **Participants**

The participants of our survey include all current and past SMMART clinic faculty, volunteers, and student volunteers. The healthcare disciplines involved are occupational therapy, physical therapy, physician assistants, and nutrition. Exclusion criteria included faculty and students that are working on this master's project to reduce bias.

### **Survey**

In order to identify themes and assess the user-friendliness of our toolkits, we conducted an online survey that was distributed to the shareholders of the SMMART clinic. Our online survey consisted of the PEMAT questions to answer if our toolkits either met or didn't meet the PEMAT objectives. We used the PEMAT to guide our research on if our patient education materials and website are effective, accessible, and user-friendly. The survey was sent to shareholders through email. After sending out the survey email, we made an announcement at the beginning of the SMMART clinic to remind stakeholders to take the survey. We also placed

QR codes throughout the clinic that same night to help individuals access our survey.

Participants used the survey to look at the website we developed as well as look at the three embedded toolkits on the website. The survey included four qualitative questions:

- How might you use this handout in the clinic?
- What are the strengths of this handout?
- What would you change/add to this handout?
- Any additional comments?

Utilizing the PEMAT and the qualitative questions against our toolkits allowed us to get in-depth information on how our toolkits accurately reflect the ideals of the PEMAT of being understandable and actionable.

## **Conclusion**

Overall, we sent out our survey to our shareholders and utilized the PEMAT as a tool to rate our patient education materials reading level and usability. We utilized the PEMAT with hopes to review our patient materials to provide accessible and readable materials to best serve our population at the SMMART clinic. In addition, the shareholders' answers to our qualitative questions will help us make edits to our patient education materials to ensure that they are user friendly, readable and understandable for all our patients within the SMMART clinic.

## **Chapter 6: Results and Recommendations**

### **Participants**

To get input on our toolkits accessibility and readability from stakeholders at the clinic, we emailed out a Google Form survey to evaluate our developed patient education materials against the PEMAT. Participants that participated in the google survey, compared our toolkits to the PEMAT's 24 questions to assess readability and accessibility of our toolkits as well as answer 4 qualitative questions about the strengths and weaknesses of our materials. We emailed the PEMAT questions to shareholders within the clinic including 25 individuals including current faculty and students, as well as past students that completed volunteer work in the clinic. In addition to our email, an announcement was made prior to the clinic to increase responses across a wide variety of disciplines. Overall, our survey was distributed to students and faculty across OT, PT, PA, and nutrition. Our survey ended up receiving 12 responses of mostly OT students, OT faculty as well as faculty from PA and nutrition. We did not receive any feedback from the PT department nor did we receive feedback from students with PA or Nutrition. Due to this, we can not accurately calculate response rate as the survey was open to all SMMART clinic students and faculty participants.

While developing the website and toolkits, we envisioned an online forum to be accessible for clients to interact with activities intermittently between therapy sessions. Responses from faculty and students covered a variety of feedback, including suggestions and recommendations that we acknowledged are a work in progress.

### **Qualitative Results**

The qualitative questions utilized within the survey allowed us to identify themes from shareholders' responses. The first qualitative question was - "how might you use this website in

the clinic?” The first theme that emerged from this question was that practitioners said the website was easy to navigate, easy to read and provided accessible patient materials. In addition, a second theme was identified that utilizing the website to connect patients to helpful materials and resources would be a very beneficial resource within the clinic. A lot of the respondents stated that as well as using the website as a resource for clients they thought it would also be a useful tool for themselves to utilize. One respondent stated that they would use the website “to generate ideas of how to work with clients, to print out worksheets to give to them, to have an outline on how to provide education, to give them the link to refer others.” Most respondents agreed this online forum would be beneficial for both clients and practitioners. Our original intention was to create this online hub for patients so finding out that practitioners found it useful as well was a good surprise, and we will keep that in mind moving forward with the prototype to include both patient and practitioner resources. In addition, future masters projects could also approach making just an online forum focused on practitioners that could be utilized in the clinic to help with organization of helpful worksheets and interventions to utilize with clients.

The second qualitative question was- “what are the strengths of this website?” A theme that emerged from this question included that the website was easy to follow and comprehend. One respondent stated that the website was “organized nicely, good resources, takes into account language barrier and socioeconomic status, includes local resources, includes accessible resources (apps)”. The theme that emerged matched our intentions of making the website and toolkits easy to navigate, understandable and accessible for all as we did research on universal website design and ensuring our patient educational materials are within an appropriate reading and understandability level.

The third qualitative question was- “what would you change/add to this website?” Themes that emerged from this question included translating the website and toolkits into Spanish to make them more accessible for clients and embedding more cues on the website to help patients with accessibility of toolkits. One respondent stated, “I think it would be great if this were in Spanish because that is the language that the majority of patients speak. While there is great information, it might not be useful for many patients.” The translation theme was consistent with our plans for the website and toolkit as we have plans to translate both into Spanish in the future. We recognize in hindsight we should have been more clear in our directions of the survey that the website was a prototype and in the future these materials will be translated into Spanish. When looking at the theme to embed more cues within the website, this came as a surprise to us as we did try to follow accessibility guidelines as closely as possible however this feedback is a great idea and can help our prototype in regards to improving patient interaction with the final product. Embedded cues can improve patient access, understandability and overall navigability of the website so patients are able to interact to their best extent with the website to fulfill our original intention of providing an accessible online resource hub.

The fourth qualitative question was- “any additional comments?” The theme that emerged from this question was that overall, we did a good job. One respondent stated “Great job, I think this will be very helpful in the future!” The theme that emerged was good to hear and we are happy we were able to create a platform that was received well and will be helpful for both patients and practitioners in the future.

### **Interpretation of Results**

Based on the survey results, our interpretations conclude that websites and toolkits matched our purpose for this project in providing helpful resources for patients with an

indication that practitioners would also benefit from these resources as well. Many of the qualitative questions include mostly OT students and faculty. Overall, there was positive feedback on the idea of having a website with accessible client education handouts. The common trend in the written responses stated that the website was easy to follow, the handouts were comprehensive, well organized, and concise with relevant resources. Additionally, one of the qualitative questions asked for suggestions on critique and changes. Responses were consistent for a sense of clarity in practitioner descriptions, Spanish versions of the handouts, and to specify its intent for client education.

## **Discussion**

### ***Limitations***

We preface that due to the limited amount of time given to complete our master project, the initial goal was to create client education materials as a prototype for Bienestar Clinic since their recent launch in January of 2023. The expectation is that future masters of occupational therapy students will expand on this project in different ways, shapes, and forms for the SMMART Clinic. After careful consideration, we prioritized the most pertinent issues and created our materials in the form of a prototype. Initially, we wanted to create client education materials. Then, receive feedback on each individual handout before having all the documents translated. The reason for this was to allow for efficiency through trial and error as it is not considered the final product. Once we collected the responses from the survey, it would give us a broader perspective on the direction that next year master projects will resume. Many of the responses included OT students and a few members of faculty from various disciplines. However, we were limited in responses from PT and PA students which did not include an accurate representation of a broad range of perspectives as we were anticipating. Initially, the



materials were designed to be printed to be given for clients at their therapy sessions. The participants completing the survey did not get a chance to review the tangible version. They were only prompted to view the toolkits through the Bienestar website, as a result, it did not capture the entirety of the toolkit that we envisioned. The toolkit would eventually be printed and organized in a packet with a front cover that gives a brief description of either anxiety, depression or sleep, followed by the individual handouts that lists a variety of activities and resources to participate in. The expectation was that clients could write on the toolkit and make it unique to their conditions. This may have skewed the results as participants were unsure how to answer some of the questions in comparison to our toolkits. Moving forward we plan to incorporate these improvements into the prototype as well as for the future expansion of resources at the clinic.

### ***Next Steps***

For future improvements, we plan to integrate more videos into the website and toolkits. This would include videos that are already developed by the nutrition department. In addition, there are plans to edit and revise the website and toolkit to meet the needs that were stated in the survey. Upon completion of the edited materials, the next step will be to have a translator translate the client education handouts in Spanish so Hispanic individuals are able to use the resources as intended. In order to have these translated, it is undecided whether a volunteer will take on this task or if incentives will be provided.

### **Conclusion**

As we reflect over the evaluation process, we discovered the website and toolkits are an important component to the SMMART Clinic that will help clients and providers to collaborate on a plan of care related to mental health concerns. The materials that we created are essential to

providing client education in ways they can advocate for their mental health and well-being until their next appointment. While there are improvements to overcome, we hope these resources equip providers with helpful tools so that clients remain engaged in their meaningful occupations.

## **Chapter 7: Reflection**

Throughout this project I have learned a lot both personally and professionally.

Personally, I have learned a lot about myself throughout the course of this Master's Project such as my writing style, my ability to work and lead others and my passion for working on projects that help others. I found that I have learned how to work with different personality types and make the best of disagreements. As well I have learned a lot about how to silently lead by example and provide others with compassion and empathy while holding others accountable for their actions. Throughout the course of this project, I found it to be very rewarding to be working towards a project that would further help patients improve their quality of life outside of therapy sessions. It was a very rewarding experience to be able to create resources for individuals to use at any time outside of the clinic to provide resources that could hopefully result in symptom reduction.

Professionally I have learned how to best work with others with differing personalities and how to best use my therapeutic use of self with others even during times of disagreement. As well I have learned how to incorporate feedback positively instead of negatively which I tended to do before. Receiving constructive feedback throughout this process has allowed me to perceive positive intentions and factor feedback into my life easier knowing it is coming from a place of wanting to see growth within myself.

### **Leadership Development**

This project has contributed to my leadership development by showing me that I can be a quiet but strong leader. I feel like throughout the course of this Master's Project I was able to help my peers by setting deadlines and helping divvy up parts to both decrease the workload but also guiding who would be best to work on different parts. Throughout our project I was paired

with each and every one of my classmates which was very fun and also beneficial for me to help work on my leadership skills with different personalities. I learned that while I may not be a typical leader, I do possess some leadership qualities such as accountability, empowerment, and empathy. I quickly learned I possessed these skills throughout this process when working on the project and encountering differences between classmates. On a few occasions I had to take accountability for procrastinating or not having done something I said I would do. Likewise, I had to hold a few of my classmates accountable for not completing their fair share of work. However, with that being said along with holding others accountable, I also showed them empathy. During this last semester of our Graduate degree we all had busy, challenging, and just hard weeks. I always strived to acknowledge my peers as well as try to show empathy and compassion for things going on outside of our control within our masters project.

### **Advancing OT**

This project will advance services at this site being it will give patients an online platform that they can access outside of clinic time. Which is huge being the clinic is only run two times a month currently. As well this project will allow individuals to pursue actionable steps to decrease mental health symptoms and increase their quality of life. I feel that this project will advance OT practice as it will allow practitioners to use an online platform to interact with patients, provide patients with a resource, as well as use themselves to utilize and interact with the resource. I think OT practice within the clinic will benefit from having a forum where patient educational materials are stored not only for ease of access but also for the simplicity of giving patients materials to best help them in their occupational therapy journey.

## **Mission and Vision**

This project relates to the mission of the St. Catherine Graduate OT program being that it helped us as occupational therapists serve the broader community by creating an online platform and resources that will enhance clients at the SMMART clinics care and outcomes. The mission of the St. Catherine Graduate OT program is to “prepare occupational therapists to lead and educate in community, clinical, and emerging practice areas with grounding in evidence-based research, critical thinking, ethics, and social justice.” (St. Catherine University, 2021). And our project was focused on helping the SMMART clinic patient population by implementing an intervention that would include accessible patient educational materials that will take into account social justice to best serve the Latino population and improve their quality of life and care within the SMMART clinic.

This project relates to the mission of St. Catherine University and Catholic social teaching being this project utilized core aspects of the Catholic social teaching as this project was focused on solidarity, rights and responsibilities, and options for the poor and vulnerable (St. Catherine University, 2021). Our Master’s project was focused on helping the SMMART clinic within the St. Catherine University community optimize its care by putting its patients first and giving them resources outside of the clinic to improve their quality of life.

Please see Appendix G for our final PowerPoint presentation.

## References

- AHRQ. (n.d.) *Pemat for printable materials (PEMAT-P)*. <https://www.ahrq.gov/health-literacy/patient-education/pemat-p.html>
- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process—Fourth edition. *American Journal of Occupational Therapy*, 74(Supplement\_2), 31-32. <https://doi.org/10.5014/ajot.2020.74s2001>
- Americans with disabilities act. DOL. (n.d). <https://www.dol.gov/general/topic/disability/ada>
- Barkley, L. C., & Reams, P. (2021). Exercise and chronic disease management. *Current Sports Medicine Reports*, 20(8), 387–388. <https://doi.org/10.1249/jsr.0000000000000865>
- Bergart, C. (2020). *How occupational therapists support patients with chronic pain*. Pathways. <https://www.pathways.health/how-occupational-therapists-support-patients-with-chronic-pain/#:~:text=Gentle%20passive%20and%20active%20range%20of%20motion%20exercises,another%20important%20component%20of%20proactive%20chronic%20pain%20management.>
- Bricca, A., Harris, L. K., Jäger, M., Smith, S. M., Juhl, C. B., & Skou, S. T. (2020). Benefits and harms of exercise therapy in people with multimorbidity: A systematic review and meta-analysis of randomized controlled trials. *Ageing Research Reviews*, 63, 1-14. <https://doi.org/10.1016/j.arr.2020.101166>
- Centers for Disease Control and Prevention. (2021). *Guidance & tools*. Centers for Disease Control and Prevention. <https://www.cdc.gov/healthliteracy/developmaterials/guidancestandards.html>
- Develop & Test Materials Health Literacy. (2021) *CDC*. <https://www.cdc.gov/healthliteracy/developmaterials/index.html>

- Doheny, K. (n.d.). *Practical pain management: Chronic pain treatment and assessment*.  
<https://www.practicalpainmanagement.com/>
- Findeis, A., & Patyk, M. (2020). Guidelines for developing patient education materials. *Creating a Lifestyle Medicine Center*, 145–160. [https://doi.org/10.1007/978-3-030-48088-2\\_14](https://doi.org/10.1007/978-3-030-48088-2_14)
- Fisher, G. S., Emerson, L., Firpo, C., Ptak, J., Wonn, J., & Bartolacci, G. (2007). Chronic pain and occupation: An exploration of the lived experience. *American Journal of Occupational Therapy*, 61(3), 290–302. <https://doi.org/10.5014/ajot.61.3.290>
- Garvey, J., Connolly, D., Boland, F., & Smith, S. M. (2015). OPTIMAL, an occupational therapy led self-management support programme for people with multimorbidity in primary care: A randomized controlled trial. *BMC family practice*, 16, Article 59.  
<https://doi.org/10.1186/s12875-015-0267-0>
- Geneen, L. J., Moore, R. A., Clarke, C., Martin, D., Colvin, L. A., & Smith, B. H. (2017). Physical activity and exercise for chronic pain in adults: An overview of Cochrane Reviews. *The Cochrane Database of Systematic Reviews*, 4(4), CD011279.  
<https://doi.org/10.1002/14651858.CD011279.pub3>
- Grabeel, K. L., Russomanno, J., Oelschlegel, S., Tester, E., & Heidel, R. E. (2018). Computerized versus hand-scored health literacy tools: a comparison of Simple Measures of Gobbledygook (SMOG) and flesch-kincaid in printed patient education materials. *Journal of the Medical Library Association* 106(1), 38–45.  
<https://doi.org/10.5195/jmla.2018.262>
- Gunning Fog Index. (n.d.). <http://gunning-fog-index.com/index.html>
- Hall, C. (2013a). *Occupational therapy toolkit: Treatment guides and handouts for physical*

- disabilities and geriatrics* (6th ed.). Cheryl A. Hall.
- Hall, C. (2013b). *Physical therapy toolkit: Treatment guides and handouts for physical disabilities and geriatrics*. (6<sup>th</sup> ed.). Cheryl A. Hall.
- Hand, C., Law, M., & McColl, M. A. (2011). Occupational therapy interventions for chronic diseases: A scoping review. *American Journal of Occupational Therapy*, 65(4), 428–436. <https://doi.org/10.5014/ajot.2011.002071>
- Harvard University. (n.d.). SMOG overview. <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2012/09/smogoverview.pdf>
- Health Literacy. (2015). *National Institutes of Health (NIH)*. <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/health-literacy>
- Hollingshead, N. A., Ashburn-Nardo, L., Stewart, J. C., & Hirsh, A. T. (2016). The pain experience of hispanic americans: A critical literature review and conceptual model. *The Journal of Pain*, 17(5), 513–528. <https://doi.org/10.1016/j.jpain.2015.10.022>
- Lagueux, É., Dépelteau, A., & Masse, J. (2018). Occupational therapy's unique contribution to chronic pain management: A scoping review. *Pain research & Management*, 2018, 1-20. <https://doi.org/10.1155/2018/5378451>
- Lorig, K. R., Sobel, D. S., Ritter, P. L., Laurent, D., & Hobbs, M. (2001). Effect of a self-management program on patients with chronic disease. *Effective Clinical Practice*: 4(6), 256–262.
- Mackey, L. M., Doody, C., Werner, E. L., & Fullen, B. (2016). Self-management skills in chronic disease management: What role does health literacy have? *Medical Decision Making*, 36(6), 741–759. <https://doi.org/10.1177/0272989X16638330>



- Nielsen, S.S., Skou, S. T., Larsen, A. E., Bricca, A., Sondergaard, J., & Christensen, J. R. (2022). The effect of occupational engagement on lifestyle in adults living with chronic pain: A systematic review and meta-analysis. *Occupational Therapy International*, 2022, 1-15. <https://doi.org/10.1155/2022/7082159>
- Rao, A. K. (2014). Occupational therapy in chronic progressive disorders: Enhancing function and modifying disease. *American Journal of Occupational Therapy*, 68(3), 251–253. <https://doi.org/10.5014/ajot.2014.012120>
- Readable. (2021). The Gunning Fog Index. <https://readable.com/readability/gunning-fog-index/>
- Reeves, L., Sako, M., Malloy, J., Goldstein, A., Bennett, K. (2022). Role of occupational therapy in comprehensive pain management. American Occupational Therapy Association. <https://www.aota.org/practice/practice-essentials/quality/quality-resources/role-of-ot-pain-management>
- Restemayer, A., & Lutz, A. (2023) St. Mary's Medical and Rehabilitative Therapy Clinic (SMMART Clinic). [https://sites.google.com/d/1f07vZUxoMINvZ\\_Az1u9HsbTh\\_NhpDtPn/p/1rgiqyJhQH6ZZxSo3jREAQ4RJEU5xeEPL/edit](https://sites.google.com/d/1f07vZUxoMINvZ_Az1u9HsbTh_NhpDtPn/p/1rgiqyJhQH6ZZxSo3jREAQ4RJEU5xeEPL/edit)
- Robinson, K., Kennedy, N., & Harmon, D. (2011). Review of occupational therapy for people with chronic pain. *Australian Occupational Therapy Journal*, 58(2), 74–81. <https://doi.org/10.1111/j.1440-1630.2010.00889.x>
- Sheth, M., & Thomas, H. (2019). Managing sleep deprivation in older adults: A role for occupational. *The American Occupational Therapy Association*. [https://www.aota.org/~media/Corporate/Files/Publications/CE-Articles/CE-Article-March-2019-Managing-Sleep-Deprivation-Older-Adults.pdf](https://www.aota.org/~/media/Corporate/Files/Publications/CE-Articles/CE-Article-March-2019-Managing-Sleep-Deprivation-Older-Adults.pdf)

- Shoemaker, S. J., Wolf, M. S., & Brach, C. (2014). Development of the patient education materials assessment tool (PEMAT): A new measure of understandability and actionability for print and audiovisual patient information. *Patient Education And Counseling*, 96(3), 395–403. <https://doi.org/10.1016/j.pec.2014.05.027>
- St. Catherine University. (2021). MAOT Student Handbook. <https://stkate.app.box.com/s/e050bjsb5dmvh6v9qutran838a303e71>
- St. Mary's Health Clinics. (2020). *Necessary and accessible health services for the medically underserved*. <https://www.stmaryshealthclinics.org/get-to-know>
- Ten Attributes of Health Literate Health Care Organizations. (n.d.). <https://www.ahrq.gov/health-literacy/publications/ten-attributes.html>
- Toole, L. O., Connolly, D., & Smith, S. (2013). Impact of an occupation-based self-management programme on chronic disease management. *Australian Occupational Therapy Journal*, 60(1), 30–38. <https://doi.org/10.1111/1440-1630.12008>
- Universal design: Process, principles, and applications.(n.d.). *Universal Design: Process, Principles, and Applications*. <https://www.washington.edu/doit/universal-design-process-principles-and-applications>
- U.S. Department of Health and Human Services. (n.d.). *Clear communication*. National Institutes of Health. <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication>
- Uyeshiro Simon, A., & Collins, C. E. R. (2017). Lifestyle Redesign for chronic pain management: A retrospective clinical efficacy study. *American Journal of Occupational Therapy*, 71(4), 1–7. <https://doi.org/10.5014/ajot.2017.025502>

- Vishnevetsky, J., Walters, C. B., & Tan, K. S. (2018). Interrater reliability of the patient education materials assessment tool (PEMAT). *Patient Education And Counseling*, *101*(3), 490–496. <https://doi.org/10.1016/j.pec.2017.09.003>
- What & why of usability (n.d.) *Usability.gov*. <https://www.usability.gov/what-and-why/index.html>
- White, Lentin, P., & Farnworth, L. (2013). An investigation into the role and meaning of occupation for people living with on-going health conditions. *Australian Occupational Therapy Journal*, *60*(1), 20–29. <https://doi.org/10.1111/1440-1630.12023>
- World Health Organization (2016). Ninth global conference on health promotion, Shanghai 2016. *World Health Organization*. <https://www.who.int/teams/health-promotion/enhanced-well-being/ninth-global-conference/health-literacy>

### Appendix A: Literature Matrix

Table A.1

#### Literature Matrix Format

APA Reference	Type of Article	Type of Publication	Research Question/Purpose	Population	Method	Results	Conclusion/Recommendations
Mirza, M., Gecht-Silver, M., Keating, E., Krischer, A., Kim, H., & Kottorp, A. (2020). Feasibility and preliminary efficacy of an occupational therapy intervention for older adults with chronic conditions in a primary care clinic. <i>The American journal of occupational therapy : Official publication of the American Occupational Therapy Association</i> , 74(5), 7405205030p1–7405205030p13. <a href="https://doi-org.pearl.stkate.edu/10">https://doi-org.pearl.stkate.edu/10</a>	Randomized control trial	Peer reviewed journal	To assess the feasibility of using a primary care occupation-focused intervention for older adults with chronic disease called the i-PROACTIF	18 adult volunteers all $\geq 50$ years old with different types of chronic diseases such as heart disease, arthritis, & uncontrolled diabetes	Administering the i-PROACTIF that focused on preserving functional independence for 2 assessment sessions and 6 weekly treatment sessions	Patient outcomes, including perspectives on chronic illness care, occupational performance, and overall well-being were collected, full scale trial is needed to isolate and characterize the i-PROACTIF	<ul style="list-style-type: none"> <li>This study looked at this intervention tool and how it could help deliver an occupation-focused intervention for helping functional independence in older adults with chronic disease. Recommendations included: that the intervention used needs to be in further efficacy trials however it was feasible and easy to use and would be helpful in clinical primary care settings. I</li> </ul>

.5014/ajot.2020.03984

2

would personally not use this article in my paper because it needs more trials to finalize the use of this assessment and is not helpful in answering my research question of what OT does in primary care for chronic disease management.

<p>Garvey, J., Connolly, D., Boland, F., &amp; Smith, S. M. (2015). OPTIMAL, an occupational therapy led self-management support programme for people with multimorbidity in primary care: a randomized controlled trial. <i>BMC family</i></p>	<p>Randomized control trial</p>	<p>Peer reviewed journal</p>	<p>The primary objective of this study was to see the effectiveness of an occupational therapy led self management</p>	<p>50 participants with multimorbidity completed the 6-week community based programme led by occupational therapists</p>	<p>Pragmatic feasibility randomized controlled trial was used to see the efficacy of OPTIMAL. OPTIMAL focuses on problems associated</p>	<p>There was a significant improvement in frequency of activity participation, compared to the control group. There were also significant improvements in perceptions of</p>	<ul style="list-style-type: none"> <li>• It was found that this program significantly improved frequency of activity participation, self-efficacy and quality of life for patients with multimorbidity</li> <li>• I like this article and will be using it</li> </ul>
---	---------------------------------	------------------------------	--	--	--	--	---

<p><i>practice</i>, 16, 59.  <a href="https://doi-org.pearl.stkate.edu/10.1186/s12875-015-0267-0">https://doi-org.pearl.stkate.edu/10.1186/s12875-015-0267-0</a></p>	<p>nt support program called OPTIMAL that is meant to address the challenges of living with a chronic disease in a primary care setting</p>	<p>with managing activity multimorbidity. The primary outcome was frequency of activity participation. Secondary outcomes included self-perception of satisfaction with and ability to perform daily activities, independence in activities of daily living, and self-efficacy.</p>	<p>performance and satisfaction, self-efficacy, independence in daily activities and quality of life. Additionally, the intervention group demonstrated significantly higher levels of goal achievement, following the intervention.</p> <p>in my research being that it shows that individuals with chronic disease management can see improvement in overall life satisfaction due to occupational therapy services</p>
--	---	---	---

<p>Richardson, J., Letts, L., Chan, D., Stratford, P., Hand, C., Price, D., Law, M. (2010). Rehabilitation in a primary care setting for persons with chronic</p>	<p>Randomized control trial Peer reviewed journal</p>	<p>Determine whether adults with chronic illness within primary</p>	<p>313 participants: 152 were in the intervention group and 151</p> <p>Assessments and questionnaires were used along with rehabilitation intervention to</p> <p>The 36-Item Short Form Survey (SF-36) was used to assess participants health status,</p>	<ul style="list-style-type: none"> <li>Results of the study found that rehab did not result in improved health status however it did help patients</li> </ul>
---	---	---	---	---

<p>illness – a randomized controlled trial. <i>Primary Health Care Research &amp; Development</i>, 11(4), 382-395. doi:10.1017/S1463423610000113</p>	<p>care benefit from rehabilitation intervention and improve health status</p>	<p>were in the control group</p>	<p>assess if rehab helped improve health status</p>	<p>the Late-Life Function and Disability Instrument (LLFDI) was used to assess function, the client and therapist worked together to address impairments, activity limitations etc.</p>	<p>with improved self-management</p> <ul style="list-style-type: none"> <li>• The participants reported satisfaction with rehabilitation staff (OT)</li> <li>• I would use this article in my paper because I like that it stated that OT was very beneficial for chronic disease management patients and that within primary care OT can use known assessments already to help improve overall health status for patients</li> </ul>
--	--	----------------------------------	---	---	---

<p>Toole, L. O., Connolly, D., &amp; Smith, S. (2013). <i>Methods</i>. Impact of an occupation-based self-</p>	<p>Peer reviewed journal</p>	<p>Purpose of this article was to assess the Sixteen participants completed a six-week</p>	<p>The quantitative approach was a quasi-</p>	<p>Outcomes, measures included participation in</p>	<p>This study looked at how occupation based self-management worked for individuals within a</p>
--	------------------------------	--	---	---	--

management programme on chronic disease management. *Australian Occupational Therapy Journal*, 60(1), 30–38.  
<https://doi.org/10.1111/1440-1630.12008>

feasibility and potential impact of an occupation-based self-management program. Assessments were conducted at baseline, immediately post-intervention and at eight-week follow-up. Sixteen community living individuals with multiple chronic conditions.

program. Assessments were conducted at baseline, immediately post-intervention and at eight-week follow-up. Sixteen participants provided immediate follow-up data and 15 participants provided eight-week follow-up data.

experimental pre-test post-test design with two programs conducted consecutively. Quantitative data were used to provide information about potential intervention effects, suitability of out-come measures, response rates and power calculations for a larger study. After program completion, a focus group was held with each group. The questioning route was semi-structured and asked participants for

occupations; perceptions of **occupational** performance and satisfaction; self-efficacy; depression, anxiety and quality of life.

community living facility and managing chronic health conditions. It was found that programs used to help with chronic multimorbidity can be effective in improving satisfaction with occupational performance. I will use this article in my paper because it applies to my overall question, and it was relevant to how OT can help with chronic disease management!



their perceptions of the impact, if any, of the programme on occupational participation, and perceptions of program content and delivery

<p>Ahmed, S., Ernst, P., Bartlett, S. J., Valois, M. F., Zaihra, T., Paré, G., Grad, R., Eilayyan, O., Perreault, R., &amp; Tamblyn, R. (2016). The Effectiveness of Web-Based Asthma Self-Management System, My Asthma Portal (MAP): A Pilot Randomized Controlled Trial. <i>Journal of medical Internet</i></p>	<p>Randomized control trial</p>	<p>Peer reviewed journal</p>	<p>The purpose of this study is compare the impact of access to a Web-based asthma self-management patient portal linked to a case-</p>	<p>Participants included 100 adults with confirmed diagnosis of asthma from 2 specialty clinics.</p>	<p>A randomized controlled trial was conducted using an algorithm based on overuse of fast-acting bronchodilators and emergency department visits, and</p>	<p>A total of 49 individuals were randomized to MAP and 51 to usual care. Compared with usual care, participants in the intervention group reported significantly higher asthma quality of life was not seen in</p>	<ul style="list-style-type: none"> <li>• This study found that MAP can be used to enhance asthma quality of life but it did not help with asthma control</li> <li>• I will not be using this article in my research being that this study found that this protocol does not help with asthma as a chronic disease</li> </ul>
---	---------------------------------	------------------------------	---	--	--	---	--

*research*, 18(12), e313.  
<https://doi-org.pearl.stkate.edu/10.2196/jmir.5866>

managem  
 nt system  
 (MAP) over  
 6 months  
 compared  
 with usual  
 care on  
 asthma  
 control and  
 quality of  
 life

asthma-relatedthe control  
 quality of life group.  
 was assessed  
 using the Mini-  
 Asthma  
 Quality of Life  
 Questionnaire  
 (MAQLQ).  
 Secondary  
 mediating  
 outcomes  
 included  
 asthma  
 symptoms,  
 depressive  
 symptoms,  
 and self-  
 efficacy.

management. It is  
 great that this  
 protocol can help  
 improve quality of  
 life but it is not able  
 to help with asthma  
 control. This article  
 also does not  
 utilize occupational  
 therapy.

Mackenzie, L., Clemson, L., & Irving, D. (2020). Fall prevention in primary care using chronic disease management plans: A process evaluation of provider and consumer	Qualitative study	Peer reviewed journal	Falls are an important issue in primary care. General practitioner s (GPs) are	Two general practitioners, 3 OT's and 8 participants completed interviews on	An independent researcher conducted interviews. These were audiotaped, transcribed and analyzed	After the interviews key themes emerged from the perspectives of providers and consumers. The program was implemented as	<ul style="list-style-type: none"> <li>The results of this article found that Chronic Disease Management project indicated that the falls prevention management program was</li> </ul>
--	----------------------	-----------------------------	--	---	---	--	--

perspectives. *Australian Occupational Therapy Journal*, 67(1), 22–30.  
<https://doi.org/10.1111/1440-1630.12618>

in a key position to identify older people at risk of falls on their caseload and put preventative plans into action. Chronic Disease Management (CDM) plans allow GPs to refer to allied health practitioners (AHPs) for evidence-based falls interventions.

using thematic analysis. Data were also collected from the implementation of the program. intended, adherence to the exercise diaries was variable and the falls calendars were fully completed for three months of follow-up.

largely acceptable with minor modifications need to be made but overall it could be adopted with minimal changes to usual practice.

- I liked that this article touched on chronic disease management for fall prevention. This article could be helpful for me to talk about how chronic disease management is important not just for older adults but for all ages

<p>Lorig, K. R., Sobel, D. S., Ritter, P. L., Laurent, D., &amp; Hobbs, M. (2001). Effect of a self-management program on patients with chronic disease. <i>Effective clinical practice : ECP</i>, 4(6), 256–262.</p>	<p>Before-after cohort study</p>	<p>Peer reviewed journal</p>	<p>To evaluate outcomes of a chronic disease self-management program to improve health status and reduce health care utilization</p>	<p>489 participants from hospitals and clinics with chronic diseases were recruited to participate in a 7-week intervention</p>	<p>The Chronic Disease Self-Management Program is a 7-week, small-group intervention attended by people with different chronic conditions. It is taught largely by peer instructors from a highly structured manual. The program is based on self-efficacy theory and emphasizes problem solving, decision making, and confidence building.</p>	<p><b>Main outcome measures included</b> improved health behavior, improved self-efficacy, improved health status, and a decrease in health care utilization, assessed at baseline and at 12 months by self-administered questionnaires</p>	<ul style="list-style-type: none"> <li>• Results of this study found that At 1 year, participants in the program experienced statistically significant improvements in health behaviors (exercise, cognitive symptom management, and communication with physicians), self-efficacy, and health status (fatigue, shortness of breath, pain, role function, depression, and health distress) and had fewer visits to the emergency department and regular physician visits</li> <li>• I really liked this article and the fact that it uses a self-management program that</li> </ul>
---	----------------------------------	------------------------------	--	---	---	---	---

improved more than just disease management it also helped clients with self-efficacy, improved health behaviors etc.

<p>Pyatak, E., King, M., Vigen, C. L., Salazar, E., Diaz, J., Schepens Niemiec, S. L., Blanchard, J., Jordan, K., Banerjee, J., &amp; Shukla, J. (2019). Addressing diabetes in primary care: Hybrid effectiveness–implementation study of lifestyle redesign® occupational therapy. <i>The</i></p>	<p>Mixed methods</p>	<p>Peer reviewed journal</p>	<p>To report on the implementation and preliminary clinical outcomes of a Lifestyle Redesign® (LR)–occupational therapy (LR–OT) diabetes management intervention in a</p>	<p>38 adults aged 18-75 with diabetes completed the study</p>	<p>: Patients were randomized to be offered LR–OT or to a no-contact comparison group. Eight 1-hr individual sessions of LR–OT focused on diabetes disease management for those in the LT-OR group. In the LR-OT intervention they used the</p>	<p>Clinical and health behavior outcomes were assessed via electronic medical record review and self-report surveys of patients receiving LR–OT at initial evaluation and discharge.</p> <ul style="list-style-type: none"> <li>• Clinical outcomes among program completers indicate beneficial changes in diabetes self-care, and overall health status.</li> <li>• I liked this article because it focused on diabetes as a chronic disease and how OT can help implement intervention strategies that best help chronic disease</li> </ul>
---	----------------------	------------------------------	---	---	---	--

<p><i>American Journal of Occupational Therapy</i>, 73(5).  <a href="https://doi.org/10.5014/ajot.2019.037317">https://doi.org/10.5014/ajot.2019.037317</a></p>	<p>primary care clinic.</p>	<p>REAL diabetes treatment manual that focused on suggested goals, activities and client resources.</p>	<p>management within this population</p>		
<p>Bricca, A., Harris, L. K., Jäger, M., Smith, S. M., Juhl, C. B., &amp; Skou, S. T. (2020). Benefits and harms of exercise therapy in people with multimorbidity: A systematic review and meta-analysis of randomised controlled trials. <i>Ageing Research Reviews</i>, 63, N.PAG.  <a href="https://doi.org.pearl.stkate.edu/10.1016/j.arr.2020.10116">https://doi.org.pearl.stkate.edu/10.1016/j.arr.2020.10116</a></p>	<p>Systematic review of randomised controlled trials (RCTs).</p>	<p>Peer reviewed journal</p>	<p>To investigate the benefits and harms of exercise therapy on physical and psychosocial health in people with multimorbidity. 3373 participants across RCT that investigated the benefit of exercise therapy in people with multimorbidity, defined as two or more of the following conditions: osteoarthritis (of the knee or</p>	<p>Meta-analyses Exercise therapy using a random-effects model to assess the benefit of exercise therapy and the risk of non-serious and adverse events. Exercise therapy was not associated with an increased risk of non-serious adverse events. By contrast, exercise therapy was associated with a reduced risk of serious adverse events. Found that exercise also reduced anxiety</p>	<ul style="list-style-type: none"> <li>• This study found that exercise therapy appears to be safe and to have a beneficial effect on physical and psychosocial health in people with multimorbidity.</li> <li>• I liked that this article looked into possible exercise programs for those with chronic health conditions! I will use this article in</li> </ul>

hip), hypertension, type 2 diabetes, depression, heart failure, ischemic heart disease, and chronic obstructive pulmonary disease on at least one of the following outcomes: Health-related quality of life (HRQoL), physical function, depression or anxiety.

and depression in those with chronic diseases.

my research to show how different types of interventions can be used in primary care OT with chronic disease management

White, Lentin, P., & Farnworth, L. (2013). An investigation into the role and meaning of occupation for	Mixed methods	Peer reviewed journal	More people are developing on-going health	This study used an emergent, mixed methods	The first interview was more of a get to know you interview while	Occupation fulfils four distinct, but interrelated, roles for people	<ul style="list-style-type: none"> <li>The results of this study found a greater understanding of how people</li> </ul>
---	---------------	-----------------------	--	--	---	--	---

people living with on-going health conditions. Australian Occupational Therapy Journal., 60(1), 20–29. <https://doi.org/10.1111/1440-1630.12023>

conditions design. A total of 16 adult participants, with one or more on-going health conditions that impacted on their participation in occupations, were interviewed using two semi-structured occupation interviews. This article investigates the role and meaning of occupation from a client-centered perspective.

the second interview was used to focus on relationships between occupations and health. It was found that many of the participants tried to tie occupations that could have resulted in their chronic illnesses.

living with on-going health conditions. Engaging in occupation can reveal, explain, manage and overcome on-going health conditions. The core concept, 'occupation empowers', integrates the different roles of occupation and reflects the meaning of occupation for people with on-going health conditions.

experience on-going illness, in the context of their occupations and daily life, and how it can strengthen occupational therapy response to the growing incidence of on-going health conditions. Client-centered practice can assist health professionals to address illness and its consequences and support people to participate in activities that promote their health.

- I will for sure use this article in my research because it provides good mixed methods qualitative data that helps with my overall connection of primary care and



---

chronic disease  
management.

---

---

---

---

## **Appendix B: Additional Literature Review**

To supplement our learning from our independent literature reviews we conducted a joint literature review on healthy literacy, accessibility principles and universal design to implement when making our patient educational materials. Throughout our literature review we wanted to focus on the best ways to address individuals with low health literacy by incorporating accessibility principles and universal design to ensure all of the patients within the SMMART clinic can utilize our patient educational materials.

### **Health literacy**

Throughout the literature, we found various national websites that promote health literacy as a tool for healthcare providers to ensure patient materials are easy to use such as the National Institute of Health (NIH), Centers for Disease Control and Prevention (CDC), and National Center for Education Statistics (NCES). Health literacy is important to “Emphasize people’s ability to *use* health information rather than just understand it” (NIH, 2015). These tools are essential in providing effective public health practice so patients can comply with their health plans as recommended by their physicians. Additionally, websites such as the CDC offer tips and strategies to compare existing patient education resources with identifying the three A’s which informs users that information should be accurate, accessible, and actionable (CDC, 2021). Each website also provides users with basic education that enforces guidelines, laws, and standards to maintain health literacy in their practice and ensure that health literacy is kept at a minimum. Users are able to follow the recommendations by answering self-reflected questions and checklists.

### **Accessibility**

Ensuring accessibility is a crucial step when creating patient education materials because it confirms that information is available and understandable to individuals with diverse needs and abilities. By making materials accessible, healthcare providers can impact a wider patient population and eliminate barriers that may prevent individuals from accessing essential healthcare information. Accessibility promotes inclusivity by considering individuals with visual, hearing, cognitive, or physical impairments, as well as those with limited literacy or language proficiency. It enables equal access to knowledge, empowers patients to make informed decisions about their health, and improves overall health outcomes (WHO, 2016). Additionally, accessibility aligns with ethical and legal obligations, such as the Americans with Disabilities Act (ADA), which mandates equal access to information and services for individuals with disabilities (ADA, n.d.). Ultimately, prioritizing accessibility in patient education materials is an essential step toward ensuring equitable healthcare for all.

### **Universal Design**

Universal design is achieved through following and applying 7 principles to any product, service, or environment to achieve usability, accessibility, and inclusivity. These principles include equitable use, flexibility in use, simple and intuitive, perceptible information, tolerance for error, low physical effort, and size and space for approach and use (*Universal design: Process, principles, and applications*, n.d.). Universal design is meant to have "the design of teaching and learning products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design." (*Universal design: Process, principles, and applications*, n.d.). We looked into universal design to ensure that the patient educational materials we made were able to be used by all patients within the SMART clinic.

We applied universal design to our educational materials by implementing the 7 principles as well as ensuring they followed accessibility and health literacy guidelines.

**Conclusion**

Overall, health literacy, accessibility, and universal design are essential when working with patients. Implementing these concepts promote best practice with the anticipated outcome to enhance patient understanding on how to care for their chronic health condition. Patients will be able to follow recommendations and take action steps to alleviate their symptoms properly.

## Appendix C: Anxiety Toolkit



ST. CATHERINE  
UNIVERSITY  
Occupational Therapy

## Anxiety

---

Enclosed in this packet are handouts, activities and videos that can help you navigate your day with these anti-anxiety strategies! Using these strategies to reduce anxiety can help you improve your quality of life and improve your day to day life!

## Apps for Anxiety

### The Breathing Butterfly



- Is an app designed to help users relax, breathe, enjoy the moment and decrease anxiety
- Helps teach users how to change their reactions by using calming breaths
- Is a free app
- Is in 28 languages including English & Spanish

### Calm



- Is an app designed to help relieve stress, lower anxiety, and refocus your attention
- Has an large collection of guided meditation, breathwork, music & stretching exercises
- Cost is \$14.99/month or \$69.99/year
  - Is in 7 languages including English and Spanish

### Headspace



- Is an everyday mindfulness and meditation app
- Helps individuals learn how to relax, manage stress, find your focus, and release tension in both the mind and body
- Cost is \$12.99/month or \$69.99/year
- Is in 5 languages including English and Spanish

### I am



- Is an app that supplies daily affirmations to help rewire the brain with positive thoughts, build self esteem and change thought patterns
- Cost is \$1.66/month or \$19.99/year
- Is in 17 languages including English and Spanish

### Daily Bean



- Is a diary app that allows you to record and track your mood daily
- Cost is \$2.99/month or \$19.99/year
- Is in 9 languages including English and Spanish

## Youtube videos for Anxiety

### Breathing butterfly:



- Is a youtube video version of the Breathing Butterfly app
- This 3 minute video guides viewers in guided breathing that is insynch with the butterflies wings
- Is a great, short video to take calm, deep breaths to reset and calm your body
- Spoken in Spanish

### Guided relaxation:



- This 6 minute guided relaxation/meditation video helps individuals let go of anxiety and depression through positive affirmations
- Is a great video to start out one's day to set a positive mood going into the day
- Spoken in Spanish

### Grounding technique:



- This 6 minute video uses a 5,4,3,2,1 grounding technique to help individuals get back to the present moment and release stress and anxiety
- Uses the 5 senses to focus on what is happening in the moment to help calm the body and diminish anxiety
- Spoken in Spanish

Think about things that make me feel happy, safe, and confident.

## Positive Self Talk -for anxiety-

Take deep slow breaths to calm my body down!

Read the statements and see which you could use the next time you feel anxious!

Just focus on the things that I can control!  
Forget about the things that I can't!

Focus on the positive! What's the best thing that could happen?

I know what my anxiety is trying to do, but I won't let it!

Worrying is not solving any of my problems.  
What can I do instead?

Feelings come and go. This one won't last forever. It will be over soon!

Focus on the things that are happening around me right now. What do I see, hear, taste, smell and feel?

In the empty clouds, write in your own





## What is Mindfulness?

- Mindfulness is a way of thinking and understanding what is going on around you. It helps you to be aware of what your body is feeling.
- It can involve deep breathing and relaxation of the body.
- Using mindfulness can help to move thinking away from stressful thoughts and to interact with people around you.



## What are the Benefits of Mindfulness?

- Decrease stress
- Decrease pain
- Decrease sadness
- Improve sleep
- Increase attention to loved ones or coworkers
- Recognize negative thoughts

## How Can I Participate In Mindfulness?

- Anyone can practice mindfulness
- Mindfulness can be practiced anywhere: at home, at work, in the car, and more
- It can be practiced while sitting, walking, standing, moving, or laying down
- It is not just a practice, but also a way of living
- Examples:
  - Take time to take in your surroundings with your senses
  - Focus on your breathing when you have sad thoughts

## Check out These Free Mindfulness apps:

In English:



In English & Español:



## For more information visit:





## What is guided meditation?

- A wellness practice that trains the mind to improve awareness, attention, and compassion
- Meditation involves focusing on your breath and allowing thoughts to come and go without judgment
- Guided meditation is when a person or a recording of a person helps lead you through the practice

## Who is guided meditation for?

- Everyone!

## What are the benefits of guided meditation?

- Lowers stress
- Improves focus
- Improves self-esteem
- Relieves pain
- Helps control anxiety
- Decreases chance of illness
- Improves sleep
- Help against addiction or cravings



## Tips for Guided Meditation

- Start with short sessions of 2-5 minutes and slowly increase the time
- Find a quiet and comfortable location
- Meditate at the same time every day
- When your mind begins to wander, return to focusing on breathing

### For more information, see:

Headspace <https://www.headspace.com/meditation/guided-meditation>

Insider <https://www.insider.com/meditation-definition>

Mayo Clinic <https://www.mayoclinic.org/tests-procedures/meditation/in-depth/meditation/art-20045858>

National Center for Complementary and Integrative Health  
<https://www.nccih.nih.gov/health/meditation-in-depth>



**Appendix D: Depression Toolkit**

ST. CATHERINE  
UNIVERSITY  
Occupational Therapy

## Depression

---

Included in this packet are educational handouts, and interactive activities and worksheets to log your feelings and help manage your depression! Please use this packet as a helpful resource following your appointment, and bring it back each visit to track your progress!



### Why is physical activity important?

It is one of the most important things that you can do for your health! Some benefits include:

- Stronger bones and muscles
- Increases endurance
- Reduces risk of disease/health complications
- Improves mental health and reduces stress
- Helps manage weight
- Lowers blood pressure, blood sugar, and cholesterol
- Helps improve quality of sleep

### How can physical activity be incorporated into daily life?

Doing things around the house and throughout the day is considered physical activity. However, planning for 30 minutes of physical activity each day will help to make it into a routine. Try these tips to help include exercise into your routine:

- Make an exercise schedule for the week
- Planning to exercise in the morning can be helpful to get it done before you start your day
- 10 minutes at a time can help with time management
- Try exercising with a friend to stay accountable and make it more enjoyable

### What counts as physical activity?

Physical activity can come in many forms. Physical activity is any movement that requires the use of energy. It ISN'T just exercise! Some forms of physical activity include:

- |                       |                     |
|-----------------------|---------------------|
| • Swimming            | • Mowing the lawn   |
| • Yoga                | • Taking the stairs |
| • Take a walk         | • Biking            |
| • Gardening           | • Running           |
| • Cleaning your house |                     |



- This photo illustrates the three levels of intensity for physical exercise and the activities that would qualify for each category:
  - Moderate-intensity
  - Vigorous-intensity
  - Muscle-strengthening
- Incorporating a variety of activities at different intensity levels will help allow your body to recover.

<https://tracyjanenutrition.com/what-is-the-most-effective-exercise-for-pcos/>

### When is a good time to exercise?

Exercise can be done at any point throughout the day, whenever it fits best within your schedule. However, it is best to avoid exercising late at night, especially right before going to bed, as it can make it difficult to fall asleep. Working out in the morning can help to improve metabolism, feel a sense of accomplishment, and allow your body to feel more alert throughout the day.

### Important Considerations When Exercising

- Don't forget to drink plenty of water!
- Food is fuel - don't forget to eat something before and after
- Rest in between physical activities - allow for a cooling down time
- Warm-up and stretch before physical activity to minimize the risk of injury
- Don't exercise if you're ill or feeling fatigued

### Community Resource

- St. Paul Fitness in the Park
  - No registration required
  - Free
  - Open to all fitness levels
  - <https://www.stpaul.gov/departments/parks-and-recreation/activities-events/summer-activities-events/fitness-parks/>



## Coping Skills

*List, describe, or draw 5 things that make your life enjoyable:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*Choose at least 1 activity that you are likely to complete this week then write a brief reflection on your experience:*

1. **Socialization:** call or text a friend or family member, join a new club/activity, organize a social outing.
2. **Participate in a new or existing hobby:** gardening, walking, cooking, art, music, dance, sports.
3. **Self-care:** do a relaxing activity, take yourself on a solo date, prepare/eat a healthy meal, meditate.
4. **Exercise:** go for a walk, bike-ride, yoga, guided youtube workout, gym.

**Reflection (write about your experience):**

---



---



---



---



## Parks Near SMMART Clinic & The Benefits of Spending Time Outside

---

### Mattocks Park

- **Address:** 441 S Macalester St, St Paul, MN 55105
- **Amenities:** Basketball, Benches, Picnic Area, Drinking Fountain, Playground, Pickleball (Outdoor) and Tennis Court

### Highland Park

- **Address:** 1200 Montreal Ave, St Paul, MN 55116
- **Amenities:** BBQ Grills, Fire Ring, [Highland National \(18 Hole\) Golf Course](#), [Highland 9-Hole Golf Course](#), [Highland Park Disc/Frisbee Golf](#), [Highland Park Aquatic Center](#), Horseshoe Court, (2) Playgrounds, Picnic Areas, Picnic Shelter, Pavilion, Sledding Hill, and [Cross Country Ski Trails](#)

### Carty Park

- **Address:** 1705 Iglehart Ave. Saint Paul, MN 55104
- **Amenities:** Basketball (Half Court), BBQ, Grill, Benches, Picnic Area, Playgorund, and Tennis Court
- **Roaming Rec** is a free summer youth program offering outdoor games, arts and crafts and other activities at the parks
- **Fitness in the parks:** is a free outdoor exercise program offered throughout the summer. Classes are open to all ages.

## Benefits of Spending Time Outside

From Whalley Hammell (2021),

- Going outside can help improve physical and emotional health.
- Reduce stress
- Reduce blood pressure and cholesterol levels
- Improve happiness and enjoyment
- Increase social engagement
- Decrease anxiety, anger, and depression
- Lower obesity levels in children

## Why You Should Go to Parks

Research has shown that walking outside has more positive mental, emotional, and health benefits than walking in a city.

### *For more information:*

American Psychological Association: <https://www.apa.org/monitor/2020/04/nurtured-nature>

University of Washington: [http://depts.washington.edu/hhwb/Thm\\_ActiveLiving.html](http://depts.washington.edu/hhwb/Thm_ActiveLiving.html)

Mayo Clinic:

<https://newsnetwork.mayoclinic.org/discussion/outside-exercise-in-cold-conditions/>

QR code about parks and healthy living:







\*Please use this thought record to track events that happen throughout your week, especially those that bring up feelings of sadness, worry, or stress. Bring this back with you to your next appointment.

<b>Situation</b> (What happened?)	<b>Thoughts</b> (Initial thoughts/reaction?)	<b>Emotions</b> (How does it make you feel?)	<b>Behaviors</b> (What actions did you take?)	<b>Alternative Thoughts</b> (How could you approach this situation differently next time?)





---

Stress is a part of life and is a natural human reaction. It can look different for everyone.  
If you are stressed often, it can impact your health.

## Symptoms of Stress

- Trouble falling or staying asleep
- Worrying or feeling anxious
- Irritability or mood changes
- Aches in body
- Frequent headaches or migraines
- Hives, rashes, skin breakouts
- Weakened immune system
- Changes in appetite
- Chest pain or racing heart
- Upset stomach

## Ways to Cope with Stress

- Identify triggers
  - Figure out where the stress is coming from in the first place
- Work on sleep habits
  - Stop using electronics 1 hour before bed
  - Stop caffeine 4-6 hours before bedtime
- Create an exercise routine
  - Exercise makes you feel good
  - Pick from a variety of exercises that you enjoy – walking, biking, swimming, yoga, gym classes, or sports
- Do things that you enjoy
  - Spend time with family or friends
  - Find a hobby and try out new activities
  - Listen to music or read a book
  - Get outside and enjoy nature
- Use relaxation strategies
  - Try deep breathing
  - Mindful meditation or guided imagery

**For more information:**

<https://tinyurl.com/3b7nwmfz>

<https://tinyurl.com/msx5eurz>



---

Enclosed in this packet are activities and strategies that you can practice before going to sleep. It is important that your body rests at the end of each day. Healthy sleeping routines will allow you to do the things you need and want to do such as grooming, cooking, cleaning, going to work, taking care of your family, and engaging in activities that you enjoy.



## Sleep Tracker

**Directions:** Improve your sleep using the chart and then answer the questions at the end of the week. You may leave questions blank if they do not apply to you.

About your day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
How many servings of caffeine did you have?							
How many alcoholic drinks did you have?							
What time do you take daily medication?							
How long did you rest?/ How long did you nap?							
How long did you work for?							
<b>Preparing for bedtime</b>							

How many activities/tasks did you do before going to bed?							
Do you feel tired, relaxed or stressed before bedtime?							
<b>Going to bed</b>							
What time did you sleep?							
How long did it take to sleep?							
Is your sleep environment comfortable?							
<b>During the night</b>							
Did you wake up from your sleep? Why?							
Long long were you awake?							

What did you do to fall back asleep?							
<b>In the Morning</b>							
What time did you wake up?							
Do you feel energized?							
Record how many hours of sleep you received?							
Rate on a scale from 1-10 your sleep quality?							





## Sleep Tracker Reflection

---

**Date:**

Describe your sleep environment.

---

---

---

---

Did you notice a pattern with your sleep schedule, habits, and routines?

---

---

---

---



ST. CATHERINE  
UNIVERSITY  
Occupational Therapy

What strategies did you use to enhance your sleep problems? What can you change for the following week?

---

---

---

---



## Sleep Checklist

---

**Directions:** Prepare for a night's rest by creating a bedtime routine. Follow the routine for a week as best you can before going to bed.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

### Quick Checklist Before Sleeping:

- My bed is prepared for a good night's rest.
  - The room temperature is comfortable to sleep in. If not, I adjust my environment by turning on a fan, opening the window, adding an extra blanket for warmth, or changing my clothes.
  - I lay in a position that is comfortable for me. If not, I am able to adjust my position with pillows, blankets, and other items.
  - I plug in a night-light or turn the lights off for better sleep.
- Distractions are removed, such as cellphones, noise, etc.



## Night-Time Activities

**Directions:** Scan the barcode with a smart device such as a phone or tablet and spend a few minutes on the activities to calm your body and mind before going to bed. These videos will help guide you through the activity. You can also use them at any time of your day when you are having trouble sleeping.

**Guided Meditation Video:** This activity will help you to relax your body before bed. Pay attention to how your body feels and what your thoughts are in the moment.

- Lay down on your bed or sit in an upright position
- Play the video and listen for at least 6 minutes
- Close your eyes and relax your body
- Listen to the video for 6 minutes



**Breathing Exercises:** This activity will help you decrease levels of stress and relax your mind and body to get ready for sleep. Try this until you feel relaxed or sleepy.

- Lay down on your bed or sit in an upright position
- Play the video and watch for a few minutes
- Pause the video and try it on your own
- Place your hands on your belly and slowly breathe in for 5 seconds and breathe out for 5 seconds



**Aromatherapy:** The use of essential oils, herbs, and calm scents can be used for relaxation. The video shows you how to make a simple aromatherapy using items that you may already have at home. You may use scents that you like and are familiar to you.





## Apps for Better Sleep

---

### Calm



- Ranked as the number one app for sleep, calm, and relaxation
- Guided meditation sessions in many lengths (3-25 mins)
- Bedtime stories to help with falling asleep
- Cost: \$14.99/mo or \$69.99/yr

### Headspace



- Helps to decrease stress and increase sleep
- Meditations for dealing with sadness, anger, and change included
- Cost: \$12.99/mo or \$69.99/yr

### Insight Timer



- Guided meditation and talks from professionals
- Helps with calming the mind, reducing levels of anxiety, managing stress, sleeping, and improving overall happiness.
- **FREE** with optional purchase

### Sleep Cycle



- Sleep analysis with sleep cycle sound technology
- Detailed sleep facts and graphs
- Variety of alarm sounds and snooze options
- **FREE** with optional purchase

### Sleepzy



- Smart alarm clock function and sleep pattern tracking
- Collection of sounds and music to help relax
- Breathing techniques and daily tips
- **FREE** with optional purchase

**\*All apps are android and IOS compatible. All apps are offered in English and Spanish.\***



# Sleep Positioning

## Back Sleeping

- Generally the best position for reducing back pain
- Place a small pillow under knees and lower back to keep spine neutral
- Use a thin pillow under your head.
- Weight is more evenly distributed, reducing pressure points
- Can increase snoring

## Side Sleeping

- Usually most comfortable with a slight bend in knees
- Use a thicker pillow and place only head on pillow, keeping shoulders off
- Place a pillow between the legs to reduce pressure on hips and lower back
- Avoid tucking in chin
- Recommended for pregnant women, specifically on the left side



## Stomach Sleeping

- Not recommended
- Increases chance of neck and back pain
- Increases restlessness
- Can increase breathing difficulties
- Best to use a very soft pillow or no pillow so your neck can remain as neutral as possible

**The most important thing is to find a position that is comfortable for you and keeps your head and spine neutral.**

## Why is sleep important?

- Sleep sets us up to participate in our daily activities.
- Sleep is essential for our health and safety, physical and mental well-being, learning, and memory.
- Sleep impacts everything we do



### What is a healthy amount of sleep for adults?

- Between 7-9 hours each night

### What can happen when you sleep TOO MUCH or TOO LITTLE?

- Increased stress
- Increased risk of illness
- Fatigue
- Anxiety
- Memory problems
- Low mood
- Irritability
- Weight gain
- Decreased memory
- Difficulty concentrating
- Headaches
- Back pain

### For more information:

[www.bettersleep.org](http://www.bettersleep.org)



[www.sleep.org](http://www.sleep.org)



## Appendix F: PEMAT

### Understandability

Item #	Item	Response Options	Rating
Topic: <b>Content</b>			
1	The material makes its purpose completely evident.	Disagree=0, Agree=1	
2	The material does not include information or content that distracts from its purpose.	Disagree=0, Agree=1	
Topic: <b>Word Choice &amp; Style</b>			
3	The material uses common, everyday language.	Disagree=0, Agree=1	
4	Medical terms are used only to familiarize audience with the terms. When used, medical terms are defined.	Disagree=0, Agree=1	
5	The material uses the active voice.	Disagree=0, Agree=1	
Topic: <b>Use of Numbers</b>			
6	Numbers appearing in the material are clear and easy to understand.	Disagree=0, Agree=1, No numbers=N/A	
7	The material does not expect the user to perform calculations.	Disagree=0, Agree=1	
Topic: <b>Organization</b>			
8	The material breaks or "chunks" information into short sections.	Disagree=0, Agree=1,	



		Very short material <sup>i</sup> =N/A	
9	The material's sections have informative headers.	Disagree=0, Agree=1, Very short material <sup>i</sup> =N/A	
10	The material presents information in a logical sequence.	Disagree=0, Agree=1	
11	The material provides a summary.	Disagree=0, Agree=1, Very short material <sup>i</sup> =N/A	
Topic: <b>Layout &amp; Design</b>			
12	The material uses visual cues (e.g., arrows, boxes, bullets, bold, larger font, highlighting) to draw attention to key points.	Disagree=0, Agree=1, Video=N/A	
Topic: <b>Use of Visual Aids</b>			
15	The material uses visual aids whenever they could make content more easily understood (e.g., illustration of healthy portion size).	Disagree=0, Agree=1	
16	The material's visual aids reinforce rather than distract from the content.	Disagree=0, Agree=1, No visual aids=N/A	
17	The material's visual aids have clear titles or captions.	Disagree=0, Agree=1, No visual aids=N/A	
18	The material uses illustrations and photographs that are clear and uncluttered.	Disagree=0, Agree=1, No visual aids=N/A	

19	The material uses simple tables with short and clear row and column headings.	Disagree=0, Agree=1, No tables=N/A	
----	---	--	--

**Total Points:** \_\_\_\_\_

**Total Possible Points:** \_\_\_\_\_

**Understandability Score (%):** \_\_\_\_\_

(Total Points / Total Possible Points x 100)

**Actionability**

Item #	Item	Response Options	Rating
20	The material clearly identifies at least one action the user can take.	Disagree=0, Agree=1	
21	The material addresses the user directly when describing actions.	Disagree=0, Agree=1	
22	The material breaks down any action into manageable, explicit steps.	Disagree=0, Agree=1	
23	The material provides a tangible tool (e.g., menu planners, checklists) whenever it could help the user take action.	Disagree=0, Agree=1	
24	The material provides simple instructions or examples of how to perform calculations.	Disagree=0, Agree=1, No calculations=NA	
25	The material explains how to use the charts, graphs, tables, or diagrams to take actions.	Disagree=0, Agree=1, No charts, graphs, tables, or diagrams=N/A	

26	The material uses visual aids whenever they could make it easier to act on the instructions.	Disagree=0, Agree=1	
----	--	---------------------	--

**Total Points:** \_\_\_\_\_

**Total Possible Points:** \_\_\_\_\_

**Actionability Score (%):** \_\_\_\_\_

(Total Points / Total Possible Points x 100)

## Appendix G: PowerPoint Slides

Slide 1

Evaluation of Patient Education Materials for the SMMART Clinic

Mariah Hedner Beckius, Aimee Lutz, Anna Restemeyer, Emenet Sime, and Kyia Wu

Faculty Advisor: Kimberley Persons, DHS, OTR/L, CLA

ST. CATHERINE UNIVERSITY

Slide 2

Introduction

Sisters of St. Joseph of Carondelet

Clinic Extension

Learning Opportunity

ST. CATHERINE UNIVERSITY

Slide 3

Our Project Overview

The SMMART Clinic and its affiliates

Improved patient engagement

Website and toolkits

ST. CATHERINE UNIVERSITY

Slide 4

## Literature Reviews

ST. CATHERINE UNIVERSITY

Slide 5

### Acculturation Stress and the Latinx Population

- Definition of Acculturation Stress
- Impact of acculturation stress on Latinx individuals
- Cultural, social, and generational differences
- Discrimination and stigma impact on health resources utilization
- Implication on OT practice



(Bakhshale et al., 2018; Curtin et al., 2019; Escovar et al., 2018; Mata-Greve & Torres, 2020; Moyce et al., 2022; Lopez et al., 2018; Sanchez et al., 2019)

ST. CATHERINE UNIVERSITY

Slide 6

### Occupational Therapy Response to Climate Change Related Disasters

- Climate change impact on physical and mental well-being of Hispanic/Latino individuals
  - Exacerbation of physical conditions leading to elevated mental health concerns
- Education on stress and disease management
- Occupational therapy in primary care



(Bernstein et al., 2022; Hammel, 2021; Ikiugu et al., 2015; Quintero et al., 2016; Thompson, 2018)

ST. CATHERINE UNIVERSITY

Slide 7

## Chronic Health Conditions and Equal Access to Healthcare

- Common health conditions specific among the Latinx population
- The effects of low-income and access to medical insurance
- Addressing health literacy and proper patient education



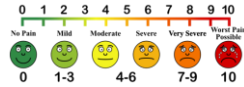
(Cabassa et al., 2014; Cariello et al., 2022; Osborn et al., 2022; Ro et al., 2022; Saluja et al., 2022)

ST. CATHERINE UNIVERSITY

Slide 8

## Occupational Therapy's Role With Chronic Pain In Primary Care

- OT's can use exercise as an intervention to improve chronic pain
- Another intervention OT's use is Lifestyle redesign to improve a patient's chronic pain and improve their lifestyle
- Overall OT's can optimize care for individuals facing chronic pain within primary care by minimizing chronic health maladaptation



(Geenen et al., 2017, Uyeshiro & Collins, 2017, Hollingshead et al., 2016)

ST. CATHERINE UNIVERSITY

Slide 9

## Improving Mental Healthcare For Immigrants And Refugees In Primary Care Settings

- Language barrier, secure employment, housing, access to healthcare, and navigate cultural differences
- Immigrants use fewer medical services across the board



(Ku, 2009)

ST. CATHERINE UNIVERSITY

Slide 10

## Building a Case

ST. CATHERINE UNIVERSITY

Slide 11

## Bienestar Clinic

- Research and literature reviews
- What is the Bienestar Clinic?
  - Founded January 2023
- What we found
  - There needs to be online mental health resources
  - Website is needed to house the toolkits



ST. CATHERINE UNIVERSITY

Slide 12

## Needs Assessment Interviews Conducted

Amy Kelly, MD, MPH (SMMART Clinic Director)  
Ambria Crusan, PHD, MS, RD/LD (Nutrition Faculty)  
Maria Espitia, CHW (Social & Behavioral Health Service Coordinator)  
Carol Harrington (SMMART Clinic Nurse)  
Lisa Shields, MA, DNP, RN (Bienestar Clinic Preceptor)  
Casondra Voigt, PA student, (Bienestar Clinic Coordinator)  
Stephanie de Sam Lazaro, OTD, MA, OTR/L (Director of iSAIL)  
Darla Coss, OTD, OTR/L, CHT (OT Faculty & SMMART Founder)  
John Fleming, EdD, OTR/L (OT Faculty & SMMART Founder)  
David Chapman, PT, PhD (PT Faculty & SMMART Founder)  
OT and PT students associated with SMMART Clinic

ST. CATHERINE UNIVERSITY

Slide 13

## Needs Assessment

- Limitations
  - Availability of interpreters
  - Paper patient charts
  - Changing availability of volunteers
  - Operation hours and space
  - Resources
- Strengths
  - Student-led
  - Interpreter access
  - Trackboard
  - Environment
  - Bienestar
  - Community connections

ST. CATHERINE UNIVERSITY

Slide 14

## Needs Assessment (cont.)

### Aspirations

- Resources offered in both Spanish and English
  - Hard copies especially
- Switch to electronic health records
- Increased hours of operation

ST. CATHERINE UNIVERSITY

Slide 15

## What Was Made


ST. CATHERINE UNIVERSITY

Slide 16



## Website Development

- Platform: Google Sites
  - Easy to use and additional collaborators can be added.
- Universal Design principles
  - Font size between 14 and 18 point for headings and titles.
  - Contrasting colors of words and background of the website.
- Layout of Website
  - Simple and informative format - blocks and themes were pre-established on Google Sites.
- Our website is a prototype and not ready to use with clients.



(Accessibility Guidelines Working Group, n.d.; North Carolina State University, 1997; usability.gov, 2013)

ST. CATHERINE UNIVERSITY

Slide 17

## Website Pictures - Home Page



Resource Hub

Home

Resources

About

### St. Mary's Medical And Rehabilitative Therapy Clinic (SMMART)

#### About the Clinic

The Saint Mary's Medical and Rehabilitation Therapy Clinic (SMMART) is a community-based, student led clinic that is an extension of the St. Mary's Health Clinics. The clinics were founded on the Sisters of St. Joseph's mission to make affordable, accessible, quality healthcare available to all individuals, especially those who are medically underserved and underserved. The SMMART clinic is situated on the campus of St. Catherine University, located in the Highland Park area of St. Paul, Minnesota.

ST. CATHERINE UNIVERSITY

Slide 18

## Subpage - Bienestar Clinic



### Bienestar

The Bienestar clinic is a new program offered at the SMMART clinic. It's a free, mental health program that offers appointments for group sessions that focus on four major areas:

1. Depression
2. Anxiety
3. Sleep
4. Pain

These group sessions are run by students, primarily from the occupational therapy department, but students from all departments are encouraged to help lead sessions. These group sessions are available to anyone who wants to participate and can be scheduled in the same way that individual medical and therapy appointments are. The sessions will occur twice a month during the times between 3pm-4pm.

ST. CATHERINE UNIVERSITY

Slide 19



Slide 20



Slide 21

### Internal Evaluation of Website

Centers for Disease Control Clear Communication Index, Part A (CDC CCI part A)

- Assesses the main message and the call to action, language, information design, and state of the science
- Scored out of 11 possible points

(CDC, 2023; Porter et al., 2018)

ST. CATHERINE UNIVERSITY

Slide 22

### CDC CCI Part A

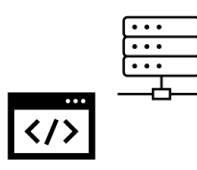
Part A: Core		Information Design	
The items in this section (1-11) apply to all materials.			
Questions	Score	Questions	Score
Main Message and Call to Action			
<p><b>1. Does the material contain one main message?</b>  <i>A message is the information you are trying to communicate to another person or group of people. If the material contains several messages, and there is no obvious main message, answer no. (User Guide page 5)</i></p>			
	<input checked="" type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0		
<p><b>2. Is the main message at the top, beginning, or front of the material?</b>  <i>If the material is a single print page, answer yes if the main message is in the top fourth. For a Web material, answer yes if the main message is visible without scrolling. (User Guide page 6)</i></p>			
	<input checked="" type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0		
<p><b>3. Is the main message emphasized with visual cues?</b>  <i>If the main message is emphasized with font, color, shapes, lines, arrows or headings, mark as "What you need to know." answer yes. (User Guide page 7)</i></p>			
	<input checked="" type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0		
<p><b>4. Does the material contain at least one visual that conveys or supports the main message?</b>  <i>For example, using photographs, line drawings, people and infographics as visuals. If the visual doesn't have a caption or label, answer no. If the visual has human figures who aren't performing the recommended behaviors, answer no. (User Guide page 8)</i></p>			
	<input checked="" type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0		
		<p><b>8. Does the material use bulleted or numbered lists?</b>  <i>If the material contains a list with more than 7 items, and the list is not broken up into sub-lists, answer no. If the list is for additional information or references only or at the end of the material, answer no. (User Guide page 14)</i></p>	
		<input checked="" type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0	
		<p><b>9. Is the material organized in chunks with headings?</b>  <i>This item applies to prose text and lists. If the chunks contain more than one idea each, answer no. If the headings don't match the information chunks, answer no. (User Guide page 15)</i></p>	
		<input checked="" type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0	
		<p><b>10. Is the most important information the primary audience needs summarized in the first paragraph or section?</b>  <i>The most important information must include the main message. (User Guide page 17)</i></p>	
		<input checked="" type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0	
State of the Science			
		<p><b>11. Does the material explain what authoritative sources, such as subject matter experts and agency spokespersons, know and don't know about the topic?</b>  <i>If the material addresses both, answer yes. If the material addresses only one (what is known or not known), answer no. (User Guide page 18)</i></p>	
		<input type="checkbox"/> Yes = 1 <input checked="" type="checkbox"/> No = 0	
<b>Part A score</b>		<b>Total 7 / 11</b>	

(CDC, 2023) ST. CATHERINE UNIVERSITY

Slide 23

## Limitations

- Accurate assessment tool
- Coding knowledge
- Design options
- Allocated time

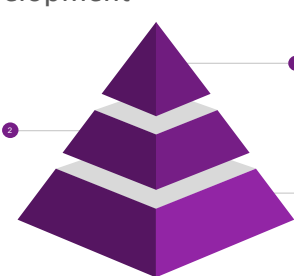


ST. CATHERINE UNIVERSITY

Slide 24

## Toolkit Development

Existing SMMART Clinic Handouts **2**



**3 Evaluation**

- Gunning FOG Index (FOG)
- Flesch-Kincaid (F-K)
- Simple Measure of Gobbledygook (SMOG)

**1 Nutrition Handouts**

ST. CATHERINE UNIVERSITY

Slide 25


## Anxiety Toolkit

- Focused on resources that individuals can use on a daily basis to combat anxiety
- Resources include:
  - Apps for anxiety
  - Videos for anxiety
  - Handouts with guided meditation, mindfulness, & positive self-talk information

ST. CATHERINE UNIVERSITY

Slide 26

## Toolkit Example



**Anxiety**

---

Enclosed in this packet are handouts, activities and videos that can help you navigate your day with these anti-anxiety strategies! Using these strategies to reduce anxiety can help you improve your quality of life and improve your day to day life!

ST. CATHERINE UNIVERSITY

Slide 27

## Anxiety Handout Example

Think about things that make me feel happy, safe, and confident.

**Positive Self Talk -for anxiety-**

Read the statements and see which you could use the next time you feel anxious!

Take deep slow breaths to calm my body down!

Just focus on the things that I can control! Forget about the things that I can't!

Focus on the positive! What's the best thing that could happen?

I know what my anxiety is trying to do, but I won't let it!

Worrying is not solving any of my problems. What can I do instead?

Feelings come and go. This one won't last forever. It will be over soon!

ST. CATHERINE UNIVERSITY

Slide 28


## Depression Toolkit

- Benefits of physical activity, stress management, and different coping skills
- Location of parks nearby the SMMART clinic
- Common symptoms of stress and ways to cope
- Interactive worksheets and activities

ST. CATHERINE UNIVERSITY

Slide 29

## Depression Handout Example



ST. CATHERINE UNIVERSITY  
Occupational Therapy


\*Please use this thought record to track events that happen throughout your week, especially those that bring up feelings of sadness, worry, or stress. Bring this back with you to your next appointment.

Situation (What happened?)	Thoughts (Initial thought/reaction?)	Emotions (How does it make you feel?)	Behaviors (What actions did you take?)	Alternative Thoughts (How could you approach this situation differently next time?)

ST. CATHERINE UNIVERSITY

Slide 30

## Depression Handout Example



ST. CATHERINE UNIVERSITY  
Occupational Therapy

### Coping Skills

List, describe, or draw 5 things that make your life enjoyable:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Choose at least 1 activity that you are likely to complete this week then write a brief reflection on your experience:

1. **Socialize:** call or text a friend or family member, join a new club/activity, organize a social outing.
2. **Participate in a new or existing hobby:** gardening, walking, reading, art, music, dance, sports.
3. **Self-care:** try a relaxing activity, take yourself on a solo date, prepared a healthy meal, shower.
4. **Exercise:** go for a walk, bike ride, yoga, guided youtube workout, gym.

Reflection (write about your experience):  
\_\_\_\_\_

ST. CATHERINE UNIVERSITY

Slide 31

### Sleep Toolkit

- Focused on the impact that sleep has on overall quality of life and participation
- Resources include:
  - Sleep tracker and reflection, sleep activities, apps, positioning, environmental adaptations, and free apps for sleep

ST. CATHERINE UNIVERSITY

Slide 32

### Sleep Handout Example

**Sleep Tracker**

*Directions: Improve your sleep using the chart and then answer the questions at the end of the week. You may leave questions blank if they do not apply to you.*


About your day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
How many servings of caffeine did you have?							
How many alcoholic drinks did you have?							
What time do you take daily medication?							
How long did you med? / How long did you med?							
How long did you work for?							
Preparing for bedtime							

ST. CATHERINE UNIVERSITY

Slide 33


### Internal Evaluation of the Toolkits

- Gunning Fog Index (FOG):
  - Generates a reading level from 0-20 to indicate education level required to read materials
  - Found by using a formula to access total words, total sentences, & complex words
- Flesch- Kincade (F-K)
  - Checks reading level
  - Is a part of Microsoft Word
    - Uses spelling and grammar tools to access a documents readability



ST. CATHERINE UNIVERSITY

Slide 34

Internal Evaluations of Toolkits (cont.) 

- Simple Measure of Gobbledygook (SMOG):
  - Determines reading score, reading level, and notes quantity of characters, words, sentences, and syllables
  - Scored by applying a formula to the number of syllables within 10 sentences at the beginning, middle and end of a document to obtain a grade level

ST. CATHERINE UNIVERSITY

Slide 35

Data Gathering

ST. CATHERINE UNIVERSITY

Slide 36

Assessment Process and Data Gathering

- Google Survey
  - Emailed out to individuals, faculty, and student volunteers at the SMMART clinic
  - Contained the Patient Education Material Assessment (PEMAT) and 4 additional qualitative questions
- SMMART Clinic Announcement
  - Talked to shareholders before clinic, put up QR codes around the clinic to engage in the survey

ST. CATHERINE UNIVERSITY

Slide 37

### Assessments in the Survey

- The survey took around 10 minutes to complete
- Utilized the PEMAT and 4 qualitative questions
- The PEMAT analyzes understandability, actionability, usability, readability, and applicability of materials
  - Participants rated questions as either 0=disagree or 1=agree on questions

(Shoemaker, 2014)

ST. CATHERINE UNIVERSITY

Slide 38

### PEMAT

#### Understandability

Item #	Item	Response Options	Rating
<b>Topic: Content</b>			
1	The material makes its purpose completely evident.	Disagree=0, Agree=1	
2	The material does not include information or content that distracts from its purpose.	Disagree=0, Agree=1	
<b>Topic: Word Choice &amp; Style</b>			
3	The material uses common, everyday language.	Disagree=0, Agree=1	
4	Medical terms are used only to familiarize audience with the terms. When used, medical terms are defined.	Disagree=0, Agree=1	
5	The material uses the active voice.	Disagree=0, Agree=1	

#### Actionability

Item #	Item	Response Options	Rating
20	The material clearly identifies at least one action the user can take.	Disagree=0, Agree=1	
21	The material addresses the user directly when describing actions.	Disagree=0, Agree=1	
22	The material breaks down any action into manageable, explicit steps.	Disagree=0, Agree=1	
23	The material provides a tangible tool (e.g., menu planners, checklists) whenever it could help the user take action.	Disagree=0, Agree=1	
24	The material provides simple instructions or examples of how to perform calculations.	Disagree=0, Agree=1, No calculations=NA	

ST. CATHERINE UNIVERSITY

Slide 39

ST. CATHERINE UNIVERSITY



Slide 40

# Results

ST. CATHERINE UNIVERSITY

Slide 41

I am a:  
12 responses

Respondent Type	Percentage
OT student	75%
Faculty member	25%

**Number and Type of Respondents**  
12 total, majority OT Department

ST. CATHERINE UNIVERSITY

Slide 42

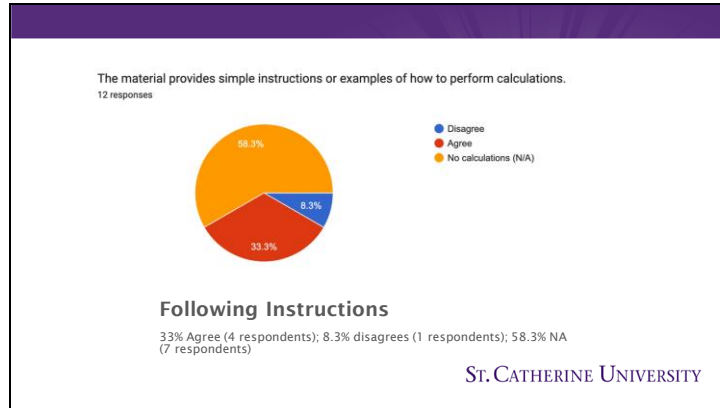
The material uses common, everyday language.  
12 responses

Response	Percentage
Agree	91.7%
Disagree	8.3%

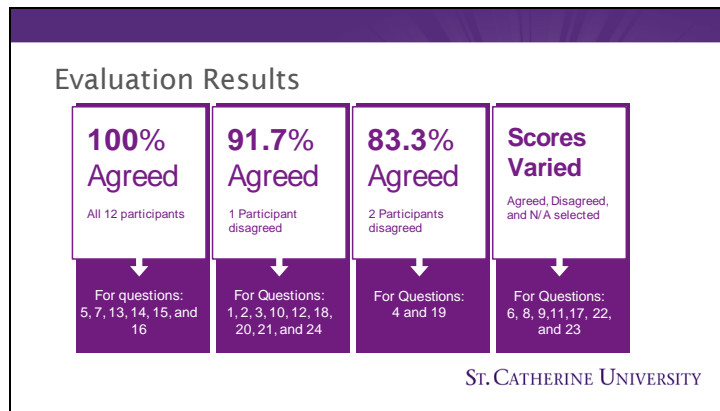
**Readability Check**  
91.7% agree (11 respondents); 8.3% (1 respondent) disagree

ST. CATHERINE UNIVERSITY

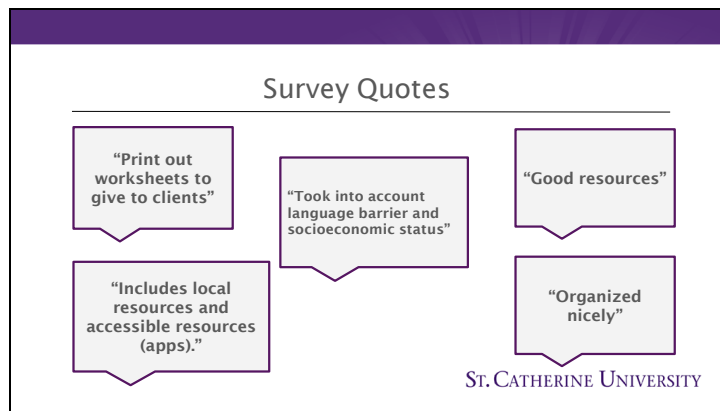
Slide 43



Slide 44



Slide 45



Slide 46

Qualitative Themes

**Strengths**

- Material is well organized
- Appropriate resources for targeted patients
- Comprehensive

ST. CATHERINE UNIVERSITY

Slide 47

Qualitative Themes

**Improvements**

- Translate website and documents into Spanish
- Consistency
- Provide contact information

ST. CATHERINE UNIVERSITY

Slide 48


Reflection

ST. CATHERINE UNIVERSITY



Thank you,  
Questions?

QR code to website



ST. CATHERINE UNIVERSITY