

## Final Report Outline for NN/LM Pacific NW Region Subcontracts and Outreach Awards

Please save as a Word document and submit as an email attachment to the appropriate NN/LM PNR staff contact.

### COVER SHEET

Title of the Project:	<b>Enhancing Health Literacy of Rural Seniors</b>
Name of Institution:	<b>Montana State University</b>
Project Leader's Name:	<b>Clarann Weinert, SC, PhD, RN, FAAN, Professor</b>
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Time Period Covered:	<b>01/01/10 – 01/15/11</b>
Date Submitted:	<b>12/02/10</b>

## NARRATIVE DESCRIPTION

1. Executive Summary: Summarize the project's major accomplishments.

**This project built upon an ongoing USDA funded project, in rural communities in eastern Montana, deigned to further strengthen and build community capacity in the area of health literacy by delivering health literacy enhancement webinars with evaluations. The five monthly webinars were conducted for four communities (Forsyth, MT; Scobey, MT; Terry, MT and Wibaux, MT) from February – June, 2010. Webinar topics were selected with the intent to increase health literacy skills of the rural elderly and were predominately focused on finding quality health-related information on the internet. Over the course of the webinar series, there were 174 attendees. The topics and speakers were as follows: Gail Kouame, MS, *Paths to Quality Health Information*; Kay Van Norman, MS, *The Nocebo Effect: How ageism creates barriers to well-being*; Lynn Paul, EdD, RD, *Steps to Healthy & Tasty Eating*; Cathy Costakis, MS, *Active Living: The path to health and well-being*; and Deborah Haynes, PhD, *Health & Wealth*.**

2. Geographic region/number of counties: List the geographic regions or all the counties that were impacted by the project.

**Four rural communities in Montana (Forsyth – Rosebud County, Scobey – Daniels County, Terry – Prairie County, & Wibaux – Wibaux County), in addition there were attendees in Bozeman, MT – Gallatin County.**

3. Collaborations/Partnerships: Include names and types of organizations with which there was collaboration at any time during the project. Provide the current status of the partnerships, challenges encountered, and lessons learned.

**We collaborated with the Renne Library staff at Montana State University. We utilized their webinar software and equipment to deliver the presentations to the four rural communities. The collaboration was fairly seamless. The library staff worked with our research team in the preparation of the series and conducted training sessions with the staff to familiarize us with the equipment and techniques. They handled technical support and worked with us to iron out problem issues conveyed by feedback from attendees as the webinar sessions progressed. The library staff also handled practice sessions for the presenters to acclimate themselves to the technology. They recorded the sessions so we could make them available on our website for those who could not attend and for those who wished to view the webinar a second time The Renne Library was an enormously helpful partner in this project; although our partnership is over, we would not hesitate to work with them in the future.**

**We also collaborated with the senior citizen centers in each of our four communities: Forsyth, MT (Senior Citizen Center); Wibaux, MT (Wibaux Senior Center); Scobey, MT (Scobey Senior Center); Terry, MT (Prairie Senior Center). The webinars were held immediately following the congregate meals at the senior centers, in order to capture**

the largest audience. The senior centers provided space to hold town hall meetings, computer trainings, webinars, and library space for printed materials provided by the HERE project. In addition, they provided space and internet service for a desktop computer and printer (purchased with funds from another grant), which were intended for seniors to use to increase their web skills and follow-up with resources mentioned during the webinar trainings. The senior center staff assisted with advertising and marketing all project activities. We discovered in our final evaluations that not all residents over the age of 65 utilize services at the senior center. In addition, much of the information presented in the webinar series would have benefited residents over the age of 50, therefore utilizing a more neutral organization such as a public library or a community center may have increased participation. However, working in communities that had good community support (such as Wibaux) where the senior center director and the public health nurse advertised and recruited participants seemed to help the turn out. In addition, Wibaux's local weekly newspaper ran an advertisement each month. Wibaux has the smallest population, but had the largest number of participants in the webinar series.

4. Training: \*NOTE: If you haven't already done so, please complete a record of Training/Demonstration Sessions using the form at <http://n.nlm.gov/evaluation/datacollection/ActivityInfo.pdf> and fax to your PNR staff contact at (206)543-2469. In this final report, provide a summary of the training events and participants:

Total # of sessions for the Project:	5
Total # of sessions in which half or more of participants were from minority populations:	0
Total # of participants for the Project:	<u>174</u>

**Breakdown of the count of participants by:**

Health care or service provider, with a subtotal for public health personnel	_____
Health sciences library staff member	_____
Public/other library staff member	_____
Member of the general public	<u>specific data not collected</u>
-	_____

5. Training sites: Provide a brief description of training sites.

**The training sites consisted of the senior centers in each of the four rural communities and Renne Library at Montana State University.**

**Senior Citizen Center, Forsyth, MT: Forsyth has a population of 1,857, 17.4% of whom are over the age of 65. The senior center serves a congregate meal 5 days a week. The project offered programs in conjunction with congregate meals. The senior center provided space for which to offer town hall meetings, computer training and webinars. In addition, senior center staff assisted with advertising and marketing project**

**activities.**

**Senior Citizen Center, Scobey, MT:** Scobey has a population of 891, 27.7% of whom are over the age of 65. The senior center serves a congregate meal one day a week. The project offered programs in conjunction with congregate meals. The senior center provided space for which to offer town hall meetings, computer training and webinars. In addition, senior center staff assisted with advertising and marketing project activities.

**Prairie Senior Center, Terry, MT:** Terry has a population of 544, 31.3% of whom are over the age of 65. The median age of the county is 52.7, which makes Prairie County the most elderly county in the state. The elderly population is predominately lower to middle class and has multiple chronic health conditions. The senior center serves a congregate meal two days a week and dispenses monthly commodities for seniors. The project offered programs in conjunction with congregate meals. The senior center provided space for which to offer town hall meetings, computer training and webinars. In addition, senior center staff assisted with advertising and marketing project activities.

**Wibaux Senior Center, Wibaux, MT:** Wibaux has a population of 465, 26.8% who are over the age of 65. The senior center in Wibaux serves a congregate meal on Thursday and provides a senior transportation service. The senior center provided space for which to offer webinars.

**Renne Library** is located on the campus of Montana State University in Bozeman, MT. Staff from the university library assisted with facilitating the webinars. In addition to a space from which to conduct the webinars, the project used its software to facilitate the webinars and its telephone system to call the participating senior centers. The library was able to record the webinars so that they could be offered online via the HERE Project website.

6. Exhibits: List all the exhibits connected with the projects (if applicable). Include the meeting name, dates, location, estimated number of contacts made, demonstrations given and general impressions of success. \*NOTE: If you haven't already done so for all exhibits, please complete an exhibit report found at <http://nlnm.gov/pnr/funding/ExhibitReportOutline09-12-02.doc> and submit with this report.

**No exhibits were conducted.**

7. Resource materials: Provide a brief description of any materials that were developed for training or for promotion/marketing (include newspaper announcements, brochures, etc.). Include copies of materials developed. If web-based resources were developed, please provide the URL for the site where the materials are located. URLs for all web-

based training materials should also be sent the National Training Center and Clearinghouse (NTCC) for inclusion in the Educational Clearinghouse (<http://nnlm.gov/train/>). Provide verification that this has been done or provide a date by which it is expected that URLs of web-based training materials will be sent to the NTCC's Educational Clearinghouse.

**Fliers were mailed to each of the four communities to be distributed before the webinars; the fliers included the presenters name and picture, a title and description of the presentation and the time and location of the webinar. A flier was also mailed before the series began listing the entire schedule. A copy of each of the fliers is attached.**

**A website was developed to describe the project in addition to providing resources for rural elderly or those interested in health issues for rural elderly. (see below)**

8. Web sites: Detail the current status of web sites created as part of the project. Include URL, plans for future maintenance, and impact.

**A website was developed for this HERE project and can currently be viewed at <http://www.montana.edu/cweinert/here.html>. The site will soon be moved to the Montana State University's Extension service website and maintained by David Young <http://www.msuextension.org/CommRes/HERE/here.cfm>. The website was developed to disseminate information of interest to rural elderly. It includes the following navigation bars: Overview; News; Reports and Publications; Meetings and Conferences; State and National Links; HERE Webinars and final brochure; Tutorials; Resources, and Toolkits. Impact was not measured.**

9. Document delivery and reference services: If document delivery services and reference services were provided, please provide appropriate statistics.

**Not applicable.**

10. Approaches and interventions used: Describe the specific steps or activities used in the following areas: identifying and scheduling sessions; promotion/marketing; training; personnel/staffing; web site development.

**The project team consisted of Dr. Clarann Weinert (PI), David Young (Co-Investigator), Amber Spring (Project Manager) and an undergraduate student research assistant. The leadership and direction for this project was provided by Dr. Weinert, with the assistance Dr. Young. The project manager and handled the day-to-day operations and maintained communication with the community and library contacts. Drs Weinert and Young developed the evaluation materials, conducted the town hall meetings, attained and evaluated resources and delivered and setup technical equipment. Data**

collection, management and analysis were conducted by Dr. Weinert with the assistance of the team.

Five monthly webinars were scheduled on Thursday afternoons from 1:00-2:00pm. The dates and times were chosen to closely follow the congregate meals in each of the senior centers. One flier advertising the series was mailed to the communities to be widely distributed in their towns. Additional fliers were mailed two weeks prior to the webinars, advertising the speaker and topic for the month.

The descriptions follow: Gail Kouame, MLS, Consumer Health Coordinator, NNLM/PNR, University of Washington developed and delivered the webinar entitled, "Paths to Quality Health Information". This webinar focused on where to find quality health information resources on the internet. Ms. Kouame presented great starting places for health and wellness information, as well as, how rural elders can prepare for interacting with their health care providers.

Kay Van Norman, MS, Founder & Director, Brilliant Aging, developed and delivered the webinar entitled, "The Nocebo Effect: How ageism creates barriers to well-being". As an internationally known author, speaker and leader in the field of older adult wellness, Kay Van Norman brought over 20 years experience in working with seniors and health. In this session, she outlined how ageism creates a "Nocebo Effect" (will do harm), which influences what adults believe is probably and possible as they age. She described how reframing aging can positively impact health beliefs, behaviors, and outcomes, and provides three practical strategies to begin neutralizing the Nocebo Effect.

Lynn Paul, EdD, RD, Extension Nutrition Specialist & Professor, Montana State University Extension Service, developed and delivered the webinar entitled, "Steps to Healthy & Tasty Eating". Dr. Paul has worked with MSU Extension for over 18 years sharing information on the power of nutrition and strategies for *successfully* making healthy changes in nutrition. Lynn highlighted the Powers of Nutrition: 5 Key Points and then provided easy to understand strategies on how to make healthy nutrition behavior changes. In addition, she presented 4 practical strategies to improve health that have received a "stamp of approval" from Montana men and women.

Cathy Costakis, MS, Physical Activity Coordinator, Montana Nutrition & Physical Activity Program, Montana State University, developed and delivered the webinar entitled, "Active Living: The path to health and well-being". During this webinar, Cathy shared information about the new national Physical Activity Guidelines for Americans and how they specifically related to rural elders as well as the practical ways to include physical activity into their daily lives. Cathy described how to work in rural communities to improve the options available for safe, accessible, and pleasant places to be physically active.

**Deborah Haynes, PhD, Associate Professor, Family & Consumer Sciences, Montana State University, developed and delivered the webinar entitled, “Health & Wealth: Improving Your Health Through Smart \$ Management”. In this session, Dr. Haynes talked about having the financial resources to take care of your health. She presented topics such as boosting income, keeping track of finances, getting professional help with finances, filing and tracking medical expenses with Medicare and insurance companies, and avoiding fraud with rural elders.**

**Following each of the webinars, the participants filled out a three page evaluation. A website was developed to disseminate information of interest to rural elderly. Further information can be seen in #8 above.**

11. Evaluation: How was the project evaluated? What results were achieved based on the objectives of the project?

**Webinar sessions were evaluated through paper evaluations distributed to participants immediately following the session. The results are as follows: including research team members and MSU Renne library staff, there were 174 participants in the webinar series. 128 participants in the four rural communities completed the webinar evaluations. A breakdown of their participation follows: Forsyth = 13, Scobey = 9, Terry = 36, Wibaux = 70. In regard to demographic of participants, 78.5% were women, 21.5% were men. The average number of years of education was 13. 61.5% were retired, 4.6% were disabled, 4.6% considered themselves homemakers and 29.2% were still employed. The average number of hours worked per week was 38. On a scale of 1 “Strongly Disagree” to 7 “Strongly Agree” participants agreed that they would be able to apply the information from the webinar to their lives and 75 (93.8%) of the participants would recommend the webinar to others. On a scale of 0 “No Skills” to 10 “Expert Skills” most participants indicated that their computer skills were between 3 and 5. Similarly, on a scale of 0 “Not confident at all” to 10 “Very confident” most participants felt they were between 4 and 5 in regard to their confidence in using the internet for health information. About half of the participants stated that they had internet available to them at home. With respect to sources of health information, including television, magazine, internet, senior centers, health care providers and others, participants reported that their primary source of health information was their health care provider. Their secondary source was the internet.**

**We conducted overall project evaluations (which included the programs supported by the USDA funds) during closure town hall meetings and interviews with key stakeholders to learn the communities’ perceptions of the HERE Project. There were a number of expected and unexpected findings. One of the more surprising outcomes was that in the largest town there was the least interest in attending the webinars after the congregate noon meal. Other findings of particular note were as follows:**

- **The senior centers are not only a gathering place for seniors, they are also the central point of contact and clearinghouse for transportation to medical**

appointments out of town. Transportation for seniors in one town was being coordinated between the senior center and the nursing home which had just purchased a new van.

- It would have been better to start the webinars at 12:30pm rather than 1:00pm.
- There appears to be two separate age-related subsets of elderly in some of our settings: (a) the younger elderly (60's) who use the senior centers for early morning exercise programs, but do not participate in the congregate meals; and, (b) the older elderly (70s-80s+) who do not participate in the exercise classes, but attend the congregate meals. The perception is that the younger elders feel the congregate meals are for "old" low-income people who are "needy". The younger group was not at the congregate meals which immediately preceded the Webinar sessions and the older group did not see a need to stay for the sessions.
- There appears to be two separate subsets of elderly with respect to level of computer and internet competency: (a) those who use the computer and internet and are interested and motivated to learn more; and (b) those who are not computer/internet savvy and do not appear to be interested in learning.
- It was suggested that any replication of the HERE Project should include individuals in their 50s as part of the target population. It was also suggested that future 'hands-on' workshops for elderly using laptops should employ a larger mouse because of limited hand dexterity with elderly affected with arthritis and poor hand-eye coordination. It would be advantageous to start off the workshops with some computer games like solitaire to aid the elderly in becoming familiar with the mouse, cursor and monitor. Likewise, more than one hands-on session is needed as a follow-up to reinforce computer skill building.
- It was suggested that a connection with a local high school where students in computer classes could help teach elderly how to use the computer and search the web for health information would be advantageous.
- Several communities were looking forward to using their new equipment provided on the grant for upcoming webinars
- One community said that there was just too much information in the webinars for the elderly to grasp in one setting.

12. Problems or barriers encountered: Provide details on problems encountered in the areas of promotion/marketing; training; equipment/telecommunications; personnel/staffing; and web site development.

**The biggest disappointment we had was attendance. During our final project evaluations it came to our attention that some residents over the age of 65 did not consider themselves "seniors". Thus they were not utilizing the senior center or its services and not participating in the webinars. In addition, we were dependent on our community contacts to advertise and promote the webinars.**

13. Continuation plans: Report on how you plan to continue the project. Will all or some of the project's activities continue? Who will provide the funding and staffing to do so?

**Although the project's activities will not continue, the website will be updated with information affecting the health of rural elders and offers a link to view the webinars (which were recorded). As an aim of this project was to build infrastructure within each of the four rural communities to continue to offer health literacy building activities, each senior center now has the equipment to continue to offer webinar sessions. Participating senior centers will be alerted to upcoming health-related webinars for seniors by the Community Resources Program, MSU Extension Service. In addition, future webinars will be posted on the HERE website for viewing by interested parties. Through Gail Koaume's webinar, the seniors were taught skills to seek and find quality health information on the internet. With access to a computer and internet at the senior center, rural seniors are able to access the internet to find information applicable to their health issues and questions.**

14. Impact: Include information on the perceived and actual impact of the project on the library, institution, or consortium. This can include the effect of the project on the library's image, increased utilization of the library, etc.

**Through the combined efforts of this project and the project funded by the USDA, we were able to build an infrastructure to assist the rural communities in continuing to be able to provide opportunities and resources to improve health literacy. In order to facilitate and sustain increased health literacy by building community capacity, each senior center in the four rural communities were provided with a desktop computer and a printer, an LCD projector, a screen, and a speakerphone. Over the course of the project, the senior centers and project participants were mailed a variety of publications, e.g. "Talking with your Doctor" and "Health Hotlines". A website for the HERE Project was developed to disseminate information of interest to rural elderly. The website was designed to include the following navigation bars: Overview; News; Reports and Publications; Meetings and Conferences; State and National Links; HERE Webinars and final brochure; Tutorials; Resources, and Toolkits. Although we have not measured impact, we have provided the communities with the equipment to continue providing health program opportunities (such as webinars or invited speakers) and resources (use of the internet, a library of health information periodicals).**

15. Recommendations for improvement: Include suggestions for alternative methods, training materials, promotional materials, etc.

**As with all rural projects, the geographic distance to participants can be a struggle on multiple levels. When research team members visited the four sites it was a four day 1200 mile round trip. The research team members thought we may have been more successful in terms of participation numbers, if we had been able to work more closely with key contacts in each of the communities. We could have assisted more with**

**publicity, marketing, recruitment and facilitation. Working with communities closer to Bozeman, MT and Montana State University would facilitate more frequent and intense contact with the key community contacts. Other suggestions are outlined in #4 below.**

### **FOLLOW-UP QUESTIONS**

If answers to the follow-up questions are contained elsewhere in your report, indicate where they are located.

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

**The overall goal of the Enhancing Health Literacy of Rural Seniors project was to improve the health literacy of rural seniors so that they can make well-informed health care decisions, better manage their own self-care, and enhance their overall health and well-being. Short-term objectives were evaluated by analyzing information and data from webinar evaluations, the stakeholders' unstructured interviews, and the closing Town Hall meetings with community members.**

**Objective #1 was to enhance the capacity of rural seniors to access, understand, and use basic health information resources. Each of the webinars focused on assisting rural elders to access, understand, and use web-based health information in a variety of areas. Overall participants indicated that they increased their knowledge by attending the webinars and would recommend them to others.**

**Objective #2 was to motivate rural seniors to take more responsibility for their own health and self-care management. This was not measured directly. But it talking with older residents at the closure Town Hall meetings there was a sense of awareness about the need for them to wisely care for their health.**

**Objective #3 was to enhance community human resource capacity to sustain efforts for improving health literacy of seniors. In providing equipment, resources and training, this project worked toward enhancing health literacy of seniors.**

2. What significant lessons were learned which would be of interest or use to others conducting outreach projects? Which strategies were the most effective in implementing the project?

**We have discussed this throughout this report.**

3. If you were to start all over again, what, if anything, would you change about your goals, project plans, etc.?

**As we look to the future and consider the next phase of our research with older individuals we have reviewed the experience of the HERE Project and the Enhancing Health Literacy of Rural Seniors Project. Some considerations are: to work with communities that are closer to Bozeman so that we can have more direct contact, to have more focused interactions with one key stakeholder in each community who can "champion the program", to include adults in their 50 and reduce the emphasis on**

**“elderly” in our language, use a more neutral site for activities such as the public library, have more hands on computer activities lead by research team members, and then followed with webinar refresher sessions, and reduce the amount of content in each webinar session.**

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

**In regard to the logistics of this type of outreach project several things are recommended:**

- **The library staff provided time for each of the webinar presenters to conduct a run through. This helped familiarize the presenters with the software and set-up prior to their presentation. In addition, it allowed an opportunity to test the PowerPoint slides with the webinar software.**
- **Several participants mentioned that in addition to seeing the PowerPoint slides on the screen in the webinar, it would have been helpful for them to have printouts to follow along and have something to take home with them. It may be helpful to provide “take-home” material for the participants.**
- **We chose to use speakerphones instead of speakers/headphones and microphones. Speakerphones enabled the communities to mute during the presentation and the clarity and volume of the speaker was better.**

**With any similar outreach effort, it cannot be assumed that all seniors in a rural setting utilize the services offered at the local senior center. A location that is neutral, such as a library or community center may be a better fit for attracting a target population of a specific age group.**

**As with all projects that are facilitated at a distance, developing key contacts in the communities are of the utmost importance. Although Forsyth was the largest community, it had the lowest turnout, whereas Wibaux was the smallest community and had the highest turnout. In Wibaux, both the senior center director and county public health nurse actively advertised and recruited participants. The editor of their weekly newspaper advertised the webinars monthly. It’s fair to say that as a community Wibaux was invested in the project and their participation numbers were evidence of its efforts.**

5. Please describe plans for disseminating lessons learned and other information about the project, such as through a conference presentation or publication. In accordance with the NIH Public Access Policy (<http://publicaccess.nih.gov>), project directors are asked to submit voluntarily to the NIH manuscript submission (NIHMS) system (<http://www.nihms.nih.gov>) at PubMed Central (PMC) final manuscripts upon acceptance for publication.

**A poster was recently presented at a national health literacy conference: Young, D. & Weinert, C. (2010, October). *Improving Health Literacy for Rural Elderly*. Poster session presented at the Health Literacy 2<sup>nd</sup> Annual Research Conference, Hyatt Regency Hotel, Bethesda, MD.**

**Kouame, G. (2010, October). *Improving Health Literacy for Rural Elderly*. Podium session presented at the Pacific Northwest Chapter of the Medical Library Association, Portland, OR.**

**With the assistance of a graphic artist, we developed a professionally printed multi-color brochure summarizing our project and the efforts we made to increase health literacy of rural elderly in four small rural communities in Montana. The brochure was mailed to various organizations and agencies including the Board of Regents, 176 senior centers in the state of Montana, extension agents, nursing faculty, etc. In addition, the brochure was distributed at one state-wide conference (*Rural Community Conference*, August 31-September 2, 2010, Montana State University, Bozeman, MT) and one national conference (*2<sup>nd</sup> Annual Health Literacy Research Conference*, October 18-19, 2010, Hyatt Regency, Bethesda, MD).**

**As data analysis has recently been completed, two manuscripts are being developed and will be submitted to professional scientific journals. One article will focus on the development and implementation of the project in a rural community. The other will focus on the implications of the project – how can what we found be used to develop or strengthen other projects focusing on increasing health literacy of elderly in rural communities.**