

## **Improvements in Health Literacy in the CooperRiis Community**

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### **Abstract**

Current research demonstrates the importance of considering health literacy, or the ability of individuals to understand basic health information, in order to design physical health promotion materials for a particular audience. Incorporating awareness of health literacy levels in health settings can improve access to care, enhance learning, and inform decision making. The purpose of this project was to improve the health literacy of multiple documents and to create new materials for CooperRiis's Community Work and Service orientations, volunteer and intern orientations, and Family Education Program. Organizational needs and preferences for material design were discussed with CooperRiis and the materials were enhanced and created utilizing evidence-based health literacy guides and literature. The materials will be utilized in the future to assist with the transitions of residents, volunteers, and interns into the CooperRiis Community as well as to better inform the residents' families on the importance of community work and engagement in the healing community setting.

**Key Words: health literacy, CooperRiis Health Community, Community Work and Service Program, Family Education Day**

### **Origins of the Project**

CooperRiis is a progressive healing community with one location in Mill Spring, NC, and one in Asheville, NC. They support individuals who are recovering from mental health challenges and create an environment that cultivates personal growth and optimal health. The program is based on seven wellness domains. The organization's goal is to help those individuals reach their highest levels of fulfillment and functionality.

As an intern at CooperRiis, I helped support resident growth and recovery. I believed that completing a public service project at CooperRiis would not only benefit the organization, but would enable me to deepen my understanding of the organization and my connection to the community. The idea for this project came from a discussion about upcoming events at CooperRiis with Colette Featherston, the Community Work and Service Program Director (CWS). This discussion included learning about the current needs in the community.

Colette Featherston provides orientations to the CWS program to new residents, volunteers and interns. She also educates parents and families of the residents about the CWS program and of its link to the third domain, “purpose/productivity/fulfilment”.<sup>1</sup> Materials associated with each of these efforts required major reformatting in addition to the need for the design of new materials.

Considering that the CooperRiis community is focused on personal interactions, the associated paperwork often fails to meet modern health literacy standards. This indicated an important need in the community. Health literacy is defined as “the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.”<sup>2</sup> Almost half of U.S adults have a challenging time reading printed materials and many studies demonstrate a gap in the reading level of health materials and the average adult reading level.<sup>2</sup> Considering this information, improving the printed materials for the Community Work and Service Program was vital. New residents, visiting relatives, and new volunteers and interns who are already facing the task of orienting themselves to the community do not need the added challenge of trying to understand printed materials that lack consideration of health literacy standards. Doak asserts that those who do not read well do not comprehend and obtain information from health materials as well as skilled readers.<sup>3</sup> The lack of understanding prevents them from taking full advantage of the information and making informed decisions. In the case of CooperRiis, poorly designed materials could prevent residents, their families, interns, and volunteers from fully understanding the Community Work and Service Program. Upon addressing this issue, Colette was very enthusiastic about the potential to improve some of the materials

## **Methods and Work Undertaken**

### **Intern and Volunteer Orientation Manual**

All new residents, volunteers, and interns receive an orientation to the Community Work and Service Program upon their entry into the CooperRiis community. There was one document specific to residents and one specific to volunteers that needed a total redesign. Additionally, multiple elements for the CWS booth for the bi-annual Family Education Program required attention. My advisor, Colette Featherston, requested a redesigned informational tri-fold and a brochure to hand out to parents and family members. A power point with pictures of the residents participating in CWS was also created.

First, I began working on the “Volunteer and Intern Orientation Manual,” as the rest of the materials were to be based on this document. I read the manual, which includes both the general manual for volunteers and interns and the CWS orientation for residents, prior to reviewing the scholarly sources on health literacy. This enabled me to make comments and initial suggestions based on my first impressions. I approached these documents with an unbiased by academically

accredited design methods which ensured that the document maintained a natural flow as would be desired by the average reader. For example, after my first overview, I was able to notice the lack of organization and missing elements such as a table of contents and the CooperRiis mission statement.

While making the initial comments I considered the following questions:

- 1) What is the point of the document?
- 2) Can I understand the information on each page in 5 seconds?
- 3) What are the important points to convey?
- 4) What is it missing?

With these in mind I made suggestions and began the creation of the revised document using the “Review” feature in Microsoft Word. This feature enabled me to track the changes made to the document and require their approval from Colette before being officially implemented. Some of the changes included utilizing pictures consistent with CooperRiis’ Manual of Policies, Procedures, and Practices, and adding the section for the intern or volunteer’s schedule to the front cover. The new schedule utilizes a section for each weekday for those with varied schedules whereas it previously displayed one line to write the schedule on.

Throughout the document, I suggested changes to the language in order to better represent CooperRiis’ goals and mission. For example, although resident and staff boundaries play a crucial role in resident healing, staff enter each work shift as a community member. I, therefore, changed the title “Work Shift,” to “Schedule,” to subtly emphasize this nuance. Additionally, language in the resident CWS orientation section was changed from phrases such as “The Community Work & Service Program provides opportunities for residents to fill their day with meaningful activities,” to “The Community Work & Service Program provides opportunities for you to fill your day with meaningful activities.” This change transformed the resident orientation manual to be more personalized to the audience.

For the revision of this material, I found my status as a new intern to be extremely helpful. Considering that I had just received a number of orientations, I reflected upon the various materials I had received in orientation and suggested new additions to this document. The benefits of the additions included the creation of a more comprehensive manual, and less work for the orientation leaders. With more of the documents in one place, the responsibility of having the correct paperwork is placed on the new trainees instead of the orientation leaders.

### **Family Education Program CWS Brochure**

The creation of the Family Education Program CWS brochure was undertaken with a similar method to the orientation manual. I first drafted a brochure and then reviewed health literature materials to enhance the design and readability. The purpose of the brochure was to give families a brief overview of the CWS program in the form of a physical takeaway. For the draft, I included the following categories:

- 2) Why CWS?

- 3) Crews and Activities
- 4) Daily Life
- 5) CWS Team Members

Originally, the colors scheme was designed to match the CooperRiis logo and focused on reds, golds, and blues, common to the design elements in the CooperRiis 85 Z location. Other information included was the address and telephone number for 85Z, and pictures of the CWS crews working. The pictures visually demonstrate the types of activities each crew completes.

### **Application of Health Literacy Design Principles**

After the initial drafting and revising stage, I reviewed various health literacy and design resources to conduct an educated critique of the materials and apply evidence-based principles of design to improve the presentation and content of both the brochure and the orientation manual. The CDC explains that identifying specific audience segments is key to developing effective health communication materials. Knowing the audience in terms of their demographics, values, and characteristics increases the ability of materials and specific messages to reach the audience in meaningful ways.<sup>4</sup> With this in consideration, I catered the design and language for the brochure and resident CWS orientation to the health literacy levels of the average U.S adult with an 8<sup>th</sup> grade reading level, and I catered the language for the volunteer and intern orientation to the level of a college graduate which is the education level obtained by most of the staff and volunteers at the organization.<sup>3</sup> Many of the sources utilized gave similar instructions for improving readability. For the purpose of the paper, only some specific examples are included.

The Design for Readability emphasized the importance of white space and large margins. After considering this principle, significant changes were made to the brochure which was previously overloaded with color.<sup>5</sup> The design was altered to be primarily white with small amounts of color.

The Health Literacy Environment of Hospitals and Health Centers' Print Communication guide encouraged asking the questions:<sup>2</sup>

- “What will the readers do after reading the materials?”
- “Do the materials prepare the readers to take recommended action?”
- “What topic is most important to you?”
- “What information is missing?”

I directed these questions to Colette to ensure that the materials were successful in this manner and to give her prompts to consider when reviewing the drafted materials. Some of the other changes made as indicated by health literacy guides included the use of a plain language guide to simplify complicated words and make appropriate substitutions for the Resident CWS Orientation Manual and the brochure.<sup>6</sup> A serif font was used with 12 pt font for the brochure and manual to improve readability.<sup>7</sup>

After meeting with Colette and discussing the brochure draft and the changes applied to the volunteer and intern manual, some suggestions were made. With her assistance, the language for

the brochure and manual was further catered to be “recovery-language,” or language that promotes communication and trust, and avoids being stigmatizing, marginalizing, or patronizing.<sup>8</sup> In general, the documents were well received by Colette and the materials were ready to be pre-tested. She also decided that the creation of a trifold on the CWS Program for the Family Education Program would be redundant and unnecessary due to effectiveness of the brochure.

Pre-testing involved asking for CWS staff comments on the brochure design and content. At the time of writing this paper, we were unable to test the brochure or manual with their respective audiences. However, it is a possibility that this could be done in the future by an intern or staff member.

After pre-testing with the staff, the pictures on the brochure were updated and the descriptions for the CWS crew activities were altered. At the time of completion we were still waiting to insert some of the additional materials I suggested, such as the boundaries sheet, to the Intern and Volunteer Manual.

During the final stage, a PowerPoint of CWS activities was created to display during the Family Education Program. I took pictures during CWS crew times and acquired pictures from CooperRiis employees for the PowerPoint. Since the presentation contains resident photos, it is specified only for internal use and cannot be displayed or shared with the university.

## **Ties to Academia**

UNCA’s Health and Wellness Promotion major cultivates student learning based on the understanding that “health promotion is defined as any planned combination of educational, political, regulatory, or organizational approaches that supports actions and conditions of living conducive to the health of individuals, groups, or communities.”<sup>9</sup> The department’s teaching and courses are based on the dimensions of wellness which include the social, spiritual, environmental, emotional, occupational, physical, and intellectual dimensions.<sup>10</sup>

The general structure and idea behind the completion of a Public Service Project has served to reinforce the important health promotion principle, *Principle of Community Participation*<sup>11</sup>, and the importance of health equity.<sup>12</sup> The *Principle of Community Participation*<sup>11</sup> exerts the importance of receiving community input for any health promotion practice because communities are the ones who best understand their needs and how to improve the vitality of their communities. Health equity is a concept that ties into this which asserts that equity is achieved when “every person has the opportunity to attain his or her full health potential” and no one is disadvantaged due to social circumstances.<sup>12</sup> The Public Service Project supports these notions by mandating that the project be community-driven. In addition, the project provides opportunities to use their voices in decisions around health which increases the likelihood of equity.

One of the major’s keystone courses, *Health Communications*, teaches the importance of considering how health information is created and communicated to different audiences and in-turn the ways in which the information interacts in society from the level of individuals to public policies.<sup>13</sup> This course proved to be extremely informative for the purposes of this project and

made it possible for my first drafts of the materials to contain qualities of well-designed materials before I conducted the evidence-based review. Course contributions to this assignment include knowledge on creating social media campaigns. The process has significant parallels to designing new materials including market research, a literature review, the application of health literacy principles, and the process of pre-testing.

Creating effective materials is not as simple as compiling the necessary information in one location and hoping it is successful. It is the responsibility of health promoters and public health professionals alike to understand health literacy principles and the necessary components to developing and marketing effective materials. This is essential for successfully reaching the intended audience and achieving the desired effect. This is true whether the aim is to advocate for a national policy change or create an informational brochure.

### **Challenges Faced and Responses to those Challenges**

Transforming the previously existing Intern and Volunteer Manual into a new, succinct, format was the most challenging and time-intensive component of this project. The original document lacked sufficient organization and general consistency with other CooperRiis materials. The process of reading the document and considering what could be added to improve the effectiveness required extensive knowledge of the content and of the document's main priorities. After multiple organization sessions the structure finally emerged and was vastly improved even prior to communicating with Colette about the suggested changes.

Additionally, ensuring that Colette was able to view and edit the documents proved to be challenging. We discovered that the Microsoft Word package CooperRiis uses is the 2007 version and I use the 2013 version. This meant that every time I sent her the manual or brochure, the format would shift and fail to display the intended revisions. To solve this problem, I saved the documents in a older file format and used a CooperRiis computer to ensure the documents maintained their proper forms.

Aside from revision of the manual and the technological challenges, the process of creating the new materials and applying health literacy principles was fairly straight forward. After searching through the plethora of material design guides, I selected the most credible sources and read through them to improve the format and contents of the materials I was working on. Had I completed this project 20 years ago this component may have been extremely difficult. Luckily, the importance of considering health literacy levels for health communications is becoming increasingly well-known and a variety of guides to creating and reformatting materials are now available online and in print.

### **Results**

After the suggestions from the final pre-testing stage where CooperRiis staff reviewed the newly designed Volunteer and Intern Manual and the new CWS brochure were applied, the materials were well received. In regards to the Family Education Program, they are expected to vastly improve the families' understanding of the CWS program by providing a succinct, physical takeaway. Additionally, the efficiency of the brochure allowed Colette to completely avoid

setting up a booth to give an overview of the CWS program during the Family Education Program. She will now be able to utilize her time in a more efficient manner during the program. The brochures will be placed on each individual CWS crew booth to provide the families of residents with a physical overview of the CWS program. The staff were very excited to utilize the brochure for the upcoming event and for countless ones to come. Figures 1 and 2 display the completed brochure and figures 3-5 display before and after examples of changes made to the manual.

*With the guidance from the CWS staff, residents have the opportunity to explore a variety of work and community related activities that are meaningful and necessary to the life of CooperRiis.*

*In the morning every resident awakens with a sense of purpose knowing that the community needs them, not as a 'patient,' but as a gardener, a woodworker, an artist, a chef, a housekeeper...*



*"When I visited, I saw that CooperRiis staff walk the talk of what the model promises, that there's an innate capacity for hope and healing in everyone's life and that we can't expect it."*

*The integration of residents into the work-life of the community is one way of helping them to restore their identity as responsible citizens of the community of which they are a part.*

## CWS Team

 <b>Colette Featherston</b> <i>Community Work &amp; Service Director</i> 828.777.1264 <a href="mailto:colette.featherston@cooperriis.org">colette.featherston@cooperriis.org</a>	 <b>Ingrid Johnson</b> <i>Community Service Crew Managers</i>	 <b>Brian Grasso</b> <i>Community Service Crew Managers</i>
 <b>Amy Kerns</b> <i>Campus Crew Managers</i>	 <b>Christopher Haug</b> <i>Kitchen Manager</i>	 <b>Christopher Stuecker</b> <i>AOS Sous Chef</i>
 <b>Judd Faircloth</b> <i>Sous Chef</i>	 <b>Kitchen Staff</b>	 <b>Roscanne Capone</b> <i>Sous Chef</i>
 	 	 



**CooperRiis**  
*Healing Community*  
*Mind and Heart Working Together*

### Community Work and Service Program (CWS)



85 Zillicoa St, Asheville, NC 28801

Figure 1. CooperRiis brochure

<b>Why CWS?</b>	<b>CWS Crews &amp; Activities</b>	<b>Daily Life</b>
<p>The CWS Program supports the Purpose, Productivity, and Fulfillment domain.</p>  <p><i>It provides opportunities for residents to fill their days with meaningful activities which are critical to the optimal functioning of the community.</i></p> <p><b>CWS support residents in achieving their goals. Some examples include:</b></p> <ul style="list-style-type: none"> <li>• Following a structured schedule</li> <li>• Gaining work skills</li> <li>• Increasing physical activity</li> <li>• Managing symptoms</li> <li>• Interacting with others in a positive, healthy way.</li> <li>• Maintaining a healthy, clean environment</li> </ul>	<p>After joining the community, <i>each resident spends a week with each crew. After this time, they choose which Community Work &amp; Service crew that they would like to join as their regular crew.</i></p>  <p><b>1) Campus Crew Activities</b></p> <ul style="list-style-type: none"> <li>• Campus clean up</li> <li>• On-campus gardening and food production and preservation</li> <li>• Creation of handmade, all-natural body products, sold online</li> </ul> <p><b>2) Community Service Crew Activities</b></p> <ul style="list-style-type: none"> <li>• Connecting with non-profit organizations in the greater Asheville community</li> <li>• Off-campus volunteering</li> <li>• Off-campus food production</li> <li>• Hydroponics/Construction</li> </ul> <p><b>3) Kitchen Crew Activities</b></p> <ul style="list-style-type: none"> <li>• Food prep for campus meals</li> </ul>	 <p><b><u>Schedule</u></b></p> <p><b>8:45 am:</b> Morning Meeting  <b>9:00 am – 12:00 pm:</b> CWS Crew  <b>12:00 pm- 1:00 pm:</b> Lunch  <b>1:00- 4:00 pm:</b> CWS Crew</p>  <p><i>This structure is provided to support residents in having a daily routine.</i></p> <p>The day contains opportunities to connect with staff and residents as well as participate in diverse activities. Attendance is taken at all meetings and CWS crew times.</p>

Figure 2. CooperRiis brochure

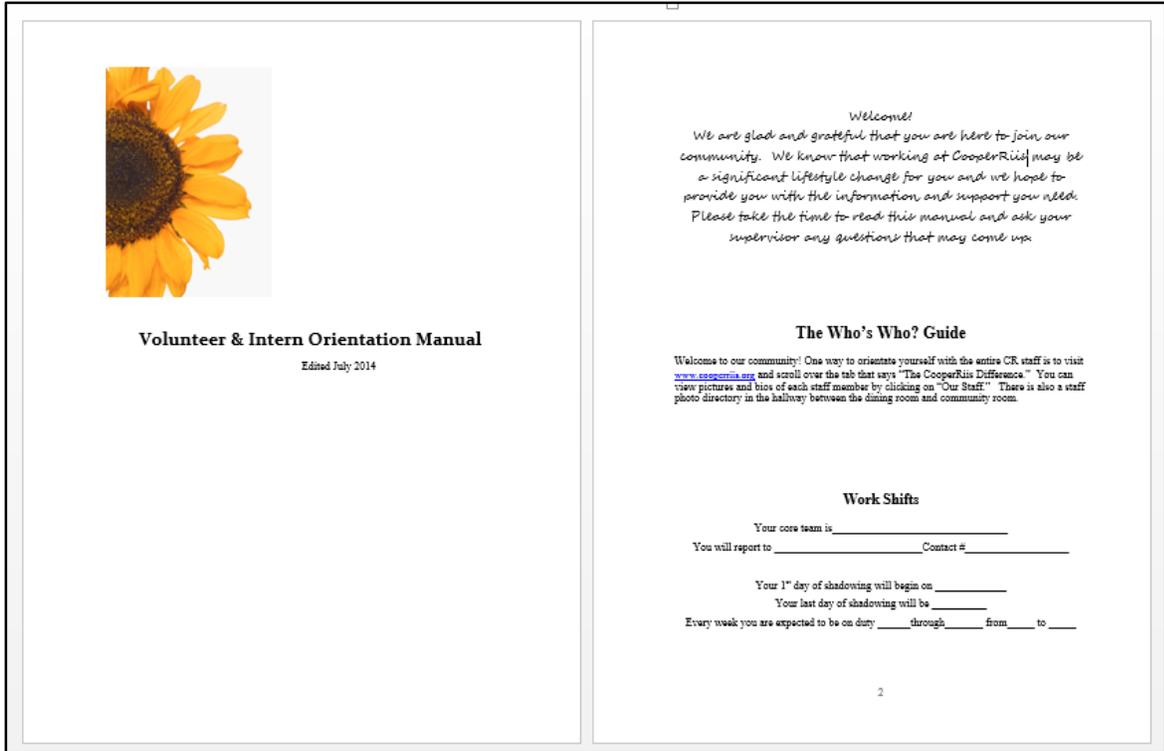


Figure 3. Manual page 1 and 2 before

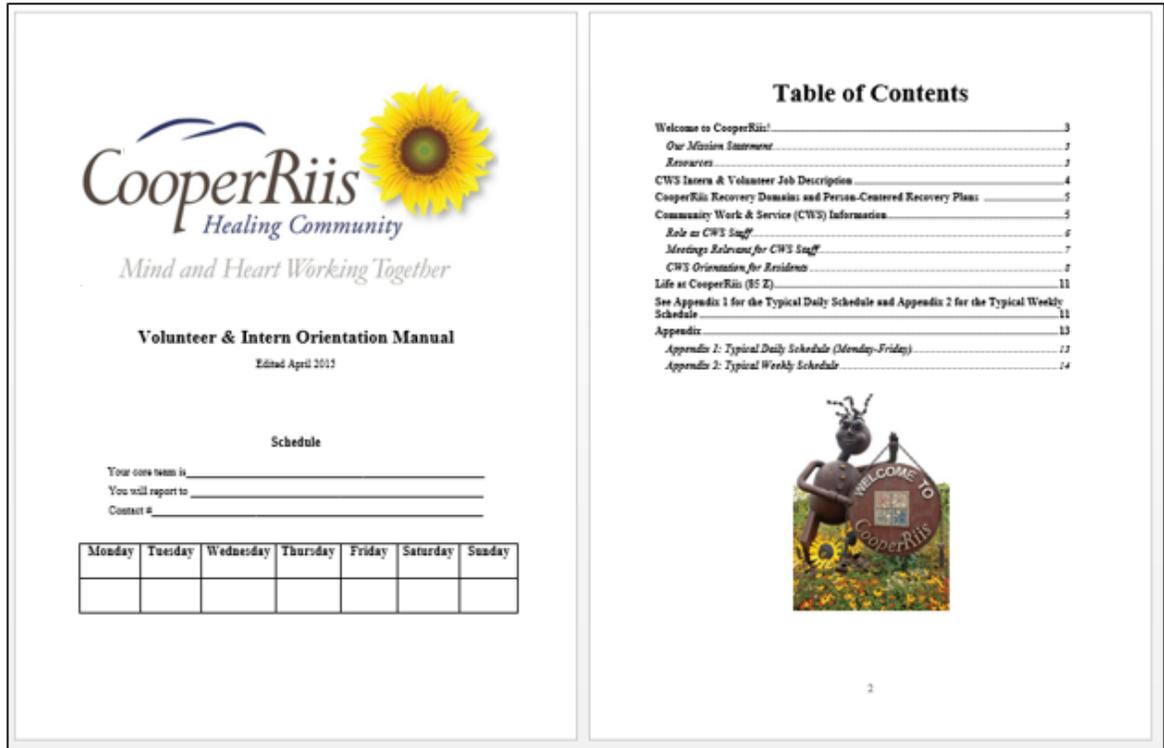


Figure 4. Manual page 1 and 2 after

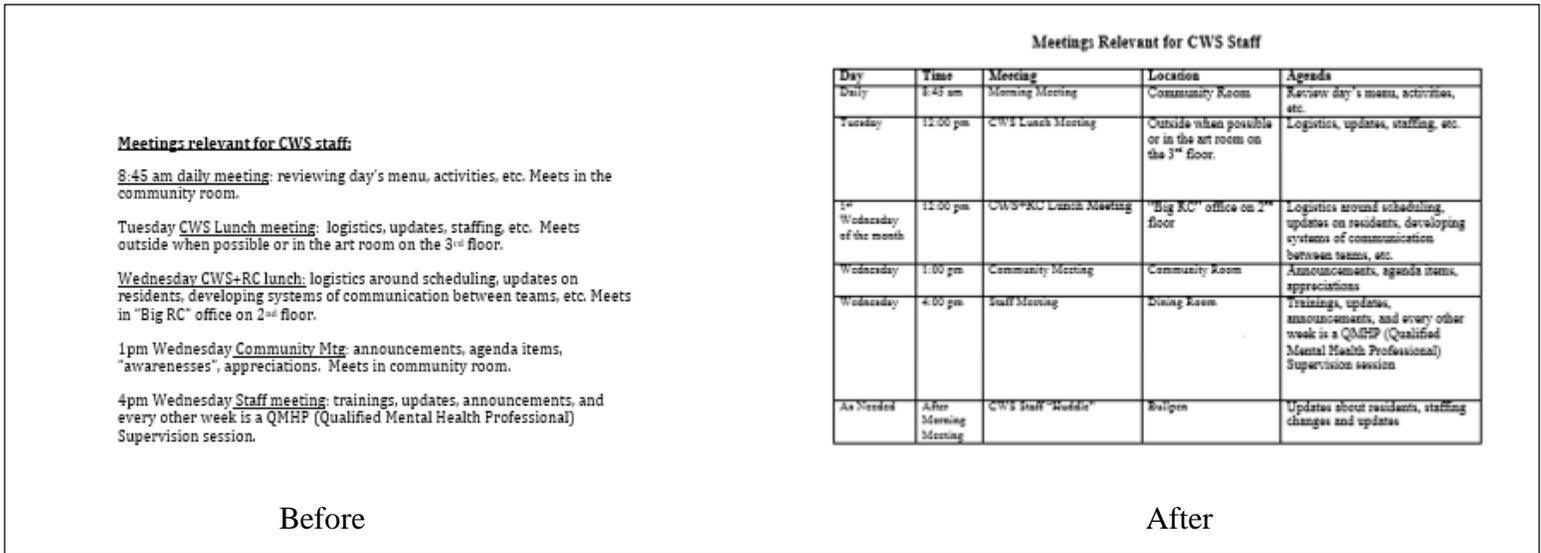


Figure 5. CWS crew meetings before and after

The PowerPoint of CWS activities inspired significant interest among the CWS staff. It provides gratification to the staff and residents involved by demonstrating the amazing variety of activities they are involved in, in a format that can be easily updated and shared with the residents' families.

Colette and I discussed an exciting additional application for the brochure after it was completed. I informed her the resident CWS manual may still be challenging for new residents to comprehend when entering the program. We decided the brochure could be used in this orientation as well since it would appeal to visual learners and contains less text than the official manual. When the families of residents and residents view the brochure it will help them to understand how each CWS booth they visited works to serve the Purpose, Productivity, and Fulfillment domain at CooperRiis and how the CWS program remains an essential component to residents' recovery.

From this experience I learned not only new skills on creating effective materials, I gained an understanding of the progressive nature of the Health and Wellness Promotion Department at UNCA. When I learned about many of the principles and techniques I applied to this project, I assumed that they were for the most part, universally used in professional settings. Now I am aware that this is not the case. These principles and techniques do exist, but they are by no means universally applied in the professional world. Encouraging this transition is a huge responsibility that can be propelled through advocacy efforts and projects like this one.

## Sustainability

I was excited to assist CooperRiis with this project as the sustainability will be significant. The materials I have improved and created will be utilized regularly in the CooperRiis Community

among residents, their families, interns, and volunteers. My supervisor will have full access to the electronic versions of the materials and will edit them as needed for the foreseeable future.

Ideally, the success of this project will inspire the organization to include projects such as this for other interns. Interns typically spend time interacting with the various Community Work and Service Crews but are not assigned additional tasks by CooperRiis. However, if completing an internship through school, they may need to complete a project in accordance with their class syllabus. Adding a “project” component would serve to benefit the CooperRiis community by reducing the workload for the staff and allowing for improvements that may not have otherwise been a priority. It would also enhance the interns’ experiences and understanding of the organization.

## **Conclusion**

A quick glance at the before and after materials and the brochure can demonstrate the power of effective material design and the application of health literacy principles. Although many people are not aware of the background work that goes into creating effective materials, the benefits are clearly visible and are essential for any organization communicating important health information. From my personal experience I can say that I am thankful for the opportunity to complete this project as it has allowed me to enhance my understanding of creating effective print materials and utilize skills learned through my major in order to benefit an organization. Most importantly, it has offered me the opportunity to improve an important aspect CooperRiis’s work with the community which I hope to continue serving in the future.

## References

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- <sup>1</sup> The Recovery Philosophy. CooperRiis.org. Retrieved from <http://www.cooperriis.org/programs/>
- <sup>2</sup> Rudd, R., & Anderson, J. (2006). The Health Literacy Environment of Hospitals and Health Centers. Retrieved from <http://cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2012/09/healthliteracyenvironment.pdf>
- <sup>3</sup> Doak, C. C., Doak, L. G., & Root, J. H. (1996). *Teaching patients with low literacy skills*. Philadelphia: J.B. Lippincott. Retrieved from <http://www.hsph.harvard.edu/healthliteracy/resources/teaching-patients-with-low-literacy-skills/>
- <sup>4</sup> Gateway to Health Communication & Social Marketing Practice: Audience. (2012). Retrieved from <http://www.cdc.gov/healthcommunication/audience/index.html>
- <sup>5</sup> Anderson, E. (2013, April 8). Design for Readability. Retrieved from <http://www.fammed.wisc.edu/sites/default/files/webfm-uploads/documents/research/wren/wihls13/anderson-design-readability.pdf>
- <sup>6</sup> Simple Words and Phrases. (n.d.). Retrieved from <http://www.plainlanguage.gov/howto/wordsuggestions/simplewords.cfm>
- <sup>7</sup> Beyond the Brochure: Alternative Approaches to Effective Health Communication. (1994). Retrieved from <http://www.cdc.gov/cancer/nbccedp/pdf/amcbeyon.pdf>
- <sup>8</sup> A Guide to the Use of Recovery-Oriented Language In Service Planning, Documentation, and Correspondence. (2012). Retrieved from <http://www.mhaac.net/Files/Admin/The Use of Recovery-Oriented Language 8-21-12.pdf>
- <sup>9</sup> Green, L. & Krueter, M. (1999). *Health Promotion Planning: an Educational and Ecological Approach* (3<sup>rd</sup> ed.). Mountain View, CA: Mayfield
- <sup>10</sup> Seven Dimensions of Wellness. (2007). Retrieved from [https://wellness.ucr.edu/seven\\_dimensions.html](https://wellness.ucr.edu/seven_dimensions.html)
- <sup>11</sup> Vandiver, L. Vikki. (2009) *Integrating Health Promotion and Mental Health*. New York: Oxford University Press, Print.
- <sup>12</sup> Health Equity. CDC. Retrieved from <http://www.cdc.gov/chronicdisease/healthequity/>
- <sup>13</sup> Health Communication Concentration. (n.d.). Retrieved from <http://www.hsph.harvard.edu/health-communication/>