

Creating and Conducting Trauma-Informed Health Education Classes at a Local Homeless Shelter

Introduction/Background

- More than 35,000 individuals experience homelessness in the South Bay Area (PBS 2021)
- Individuals experiencing homelessness (IEH) face substantial needs in reliable healthcare and health education
- IEH are disproportionately more likely to be uninsured, face transportation challenges, have lower health literacy, and have chronic conditions such as hypertension, diabetes, and asthma
- Stanford Cardinal Free Clinics (CFC) provide health counseling on diet, exercise, and chronic conditions
- CFC patient social needs screens revealed health education inequities among those with housing insecurity

We partnered with a local homeless shelter, WeHOPE, to create health education seminars aiming to:

- (1) Broaden accessibility of health information to homeless populations.**
- (2) Engage patients in goal-setting and empower them to seek care.**
- (3) Empower volunteers to provide health education and address inequities in health literacy.**

WeHOPE Homeless Shelter

“Helping people become healthy, employed, and housed using innovative solutions.”

- Homeless shelter located in East Palo Alto serving unhoused populations.
- Services include: a full homeless shelter, mobile shelters, emergency food and shelter, job training and life skills

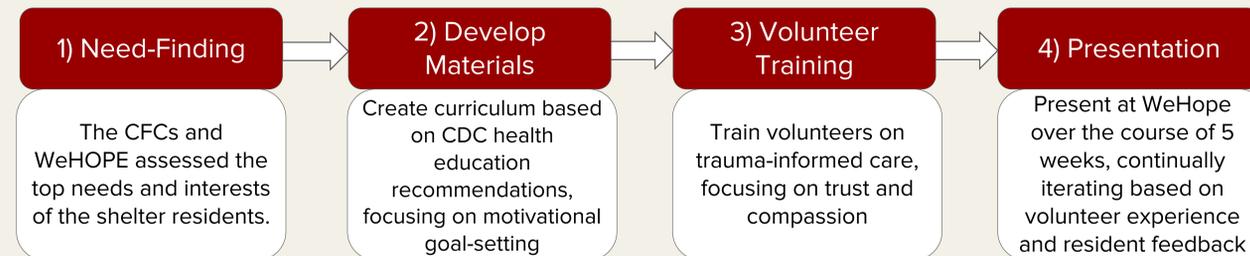
Address: 1854 Bay Rd, East Palo Alto, CA 94303

Phone: (650)-330-8000

Website: <https://www.wehope.org/>

Project Description

We developed and presented a 5-week curriculum on: hypertension, diet and exercise, hyperlipidemia, diabetes, and primary care referrals/accessing Medicaid, following the developmental process below. We focused on hands on interventions along with traditional health education, such as BP screenings.



Outcomes

In total, 21 unique volunteers presented on the 5 topics above and offered BP screenings, 1-on-1 goal setting, and social services counseling during each of the weeks to a total of 40 residents at the shelter (see Figure 1 below).

| Date | Topic | Intervention | Shelter Residents | Volunteers |
|---------------|-----------------------------------|----------------------------|-------------------|------------|
| 10/16/2021 | Hypertension | BP Screenings | 7 | 5 |
| 10/23/2021 | Diet and Exercise | 1 on 1 Goal-setting | 6 | 5 |
| 10/30/2021 | Hyperlipidemia | 1 on 1 Goal Setting | 10 | 4 |
| 11/6/2021 | Diabetes | 1 on 1 Goal Setting | 6 | 4 |
| 11/13/202 | PCP Referrals, Accessing Medicaid | Social Services Counseling | 12 | 3 |
| TOTAL: | | | 40 | 21 |

Figure 2. Slides were designed with accessible goals and information. Below is an example for hypertension.

What can we do?

2 big things:

Diet and Exercise!

- Exercise about 15 minutes of cardio a day
- Eat less salt, and more whole grains (Brown rice, oatmeal)
- Eat foods that are low in fat

Talk with a Doctor about:

- Medication (which can help you with your high blood pressure)
- Getting screened for blood pressure every year



“I’ve shown my social worker my goals, and we were able to talk about my medical needs. I’m going to see a doctor next week about this.”

“I’m going to eat this banana right now, and try to eat one every day so my blood pressure doesn’t get too high!”

Figure 3. WeHOPE residents found the seminars engaging and informative, setting attainable goals in lifestyle changes and connecting with long-term sources of care.

Lessons Learned

- By involving our volunteers and community partner every step of the way, we were able to:
 - Empower residents to seek healthcare
 - Provide culturally-appropriate resources for medical and social care
 - Empower volunteers to give health education and hands-on interventions
- Continued iterations to improve curriculum
 - Handouts were more effective than powerpoint presentations, as residents could reference the curriculum and keep their goals on hand
 - Interventions with clear numbers and next steps were the most informative (i.e: blood pressure numbers)

Recommendations

- Pairing an informational presentation with actionable goal-setting and 1-on-1 interventions increases engagement and long-term efficacy of health education
- Volunteer training in trauma-informed care is important for compassionate care and forming connections.
- Context-driven goal setting means understanding the needs and capacity of the shelter, and creating goals with residents based on available resources
- Health education classes and goal-setting can benefit many populations → curriculum adapted for Mandarin speaking senior center as a next step

Acknowledgements

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