



ALABAMA

Logic Model

- Confidence in one's ability to manage their health needs
- Improved dietary changes
- Understanding of medication regimen



Outcomes

- Increased water intake Maintaining dietary changes even weeks after discussion
- Desire to better one's health
- Increased confidence in one's ability to improve their health status

Activities

Inputs

- Patient interviews and discussions to set health goals and track progress Reviewing medication regimens
- Creating infographics for visual aid and understanding of health topics
- Time
- Mentor advice
- Creativity
- Knowledge/tools from pharmacy curiculum

the **FOUNDRY** Ministries



Introduction

The Changed Lives Christian Center, in affiliation with The Foundry Ministries, provides housing, spiritual support, and medical care to men recovering from substance abuse. The clinic at the CLCC is managed and lead by Dr. Bowers and Dr. Patton from UAB School of Nursing. Many of these men are experiencing chronic health issues like hypertension and diabetes, which can be difficult to understand and manage on their own. My project sought to educate participants on medication regimens and discuss ways the participants could take charge of their own health through diet and exercise.

Impact

After increasing health status knowledge (e.g., daily caloric needs, benefits of lowering HbA1c/blood glucose), several individuals made diet changes that decreased sodium intake and decreased sugar-sweetened beverages while increasing water. This was verified after conducting patient interviews and tracking lab values.

Critical Assessment

Over the course of my fellowship year, I encountered many challenges such as participants dropping out of the CLCC recovery program, lack of available participants to interview on a regular schedule, and balancing schoolwork with ASF tasks. I worked through these barriers by learning to lean on my mentors' support and being flexible with my project plan. It took consistent reassessment of the clinic's top needs and areas I could serve in order to find practical ways I could make a positive change. My original plan looked more like neat time blocks of interviews dedicated to different disease states, but it ended up including more personal cheerleading, creating education materials, and researching guidelines for care. While my project did not follow my original vision, I learned a lot from this experience that I will take with me in my career.

Acknowledgements

Dr. Amy Broeseker and Dr. Deborah Bowers guided me all year long, and I learned so much from their example and encouragement. And to Dean Michael Crouch for his commitment to opportunities such as ASF for students in Samford's College of Health Sciences. Thank you!

Assessing and Educating Certain Health Components in an Underserved Population Madison Hartley

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